**Webinar:** Driving Five Star & RoP Implementation Through a QAPI Approach: Final Rule: Integrating Phase 2 New Requirements of Participation into Practice (Part 1)

**Presentation Date:** 02/15/17 Live Webinar

**Presented By:**
- Amie Martin, OTR/L, CHC, RAC-CT, Clinical Consultant
- Shelly Maffia, MSN, MBA, RN, LNHA, QCP, Clinical Consultant
  
  Proactive Medical Review and Consulting

**Course Description:** This one and half (1.5) hour webinar will focus on a comprehensive review of the Phase 2 requirements of the new Requirements of Participation (RoP). The content focuses on helping nursing facility staff understand the new Requirements of Participation that will be effective on November 28, 2017 and actions required to achieve and maintain compliance with the new rules and incorporating the new requirements into existing continuous quality improvement (CQI) facility quality programs. Self-assessment for analysis of policies and procedures, current facility practices and leadership’s role in accountability for implementation of the new requirements will be emphasized. For each requirement discussed, assessment recommendations, intervention strategies and education topics will be examined.

**Target Audience:** Nursing Home Administrators, Nursing Administration, Facility Department Heads

**Projected Learning Outcomes/Course Objectives:** At the conclusion of this course, the learner will:
1. Describe the new changes required for compliance with the new Requirements of Participation and the key actions required to achieve compliance
2. Understand the Phase 2 Requirements of Participation for nursing facilities
3. Describe a process for establishing priority actions to achieve compliance with the RoP.
4. Understand how to use a QAPI framework to implement the new changes into facility practices and maintain compliance with the new requirements.

**Instructional Level:** Intermediate

**Agenda:**
**Noon** Overview of the regulatory sections affected by the Reform of RoP in Phase 2
- Resident rights - Freedom from abuse, neglect, and exploitation
- Admission, transfer, and discharge rights - Comprehensive Person-Centered Care Planning
- Nursing Services - Behavioral Health Services

12:30 Necessary actions for achieving compliance with each section

1:00 Employing an organized QAPI approach to guide the implementation of each step
- PIP Team, Establishing goals for implementation, Identification of tools for evaluating and monitoring compliance, Plan for monitoring compliance, Implementation of changes that will result in compliance with the new requirements

1:20 Q&A

1:30 Dismissal

**Contact Hours Requested:** 1.5
Webinar: Driving Five Star & RoP Implementation Through a QAPI Approach: Final Rule: Integrating Phase 2 New Requirements of Participation into Practice (Part 2)

Presentation Date: 02/22/17 Live Webinar

Presented By:
- Amie Martin, OTR/L, CHC, RAC-CT, Clinical Consultant
- Shelly Maffia, MSN, MBA, RN, LNHA, QCP, Clinical Consultant

Proactive Medical Review and Consulting

Course Description: This one and half (1.5) hour webinar will focus on a comprehensive review of the Phase 2 requirements of the new Requirements of Participation (RoP). The content focuses on helping nursing facility staff understand the new Requirements of Participation that will be effective on November 28, 2017 and actions required to achieve and maintain compliance with the new rules and incorporating the new requirements into existing continuous quality improvement (CQI) facility quality programs. Self-assessment for analysis of policies and procedures, current facility practices and leadership’s role in accountability for implementation of the new requirements will be emphasized. For each requirement discussed, assessment recommendations, intervention strategies and education topics will be examined.

Target Audience: Nursing Home Administrators, Nursing Administration, Facility Department Heads

Projected Learning Outcomes/Course Objectives: At the conclusion of this course, the learner will:
1. Describe the new changes required for compliance with the new Requirements of Participation and the key actions required to achieve compliance
2. Understand the Phase 2 Requirements of Participation for nursing facilities
3. Describe a process for establishing priority actions to achieve compliance with the RoP.
4. Understand how to use a QAPI framework to implement the new changes into facility practices and maintain compliance with the new requirements.

Instructional Level: Intermediate

Agenda:
Noon Overview of the regulatory sections affected by the Reform of RoP in Phase 2
   - Pharmacy Services, Dental Services, Food and Nutrition Services
   - Administration, Quality Assurance and Performance Improvement
   - Infection Control, Physical Environment
12:30 Necessary actions for achieving compliance with each section
1:00 Employing an organized QAPI approach to guide the implementation of each step
   - PIP Team, Establishing goals for implementation, Identification of tools for evaluating and monitoring compliance, Plan for monitoring compliance, Implementation of changes that will result in compliance with the new requirements
1:20 Q&A
1:30 Dismissal

Contact Hours Requested: 1.5
Webinar: Driving Five Star & RoP Implementation through a QAPI Approach: SNF QAPI Fundamentals
Presentation Date: 03/15/17 Live Webinar

Presented By:
• Amie Martin, OTR/L, CHC, RAC-CT, Clinical Consultant
• Shelly Maffia, MSN, MBA, RN, LNHA, QCP, Clinical Consultant
  Proactive Medical Review and Consulting

Course Description:
This 1.25 hour webinar will focus on the fundamentals of QAPI and incorporating the 5 QAPI elements into existing continuous quality improvement (CQI) facility quality programs. Self-assessment for goal setting, the QAPI written plan, policies and procedures, and leadership’s role in accountability for QAPI programs will be emphasized.

Learning Objectives

1. Describe the fundamentals of QAPI programs and the similarities and differences from other quality improvement initiatives such as CQI and the Advancing Excellence campaign.
2. Understand the 5 elements of QAPI for nursing facilities
3. Establish a framework for the written SNF QAPI plan that meets CMS QAPI Design and Scope requirements.
4. Describe a process for establishing priority QAPI goals based on facility specific assessment.
5. Understand the governing body and administrative role in development and sustenance of a QAPI culture and maintaining accountability for safety and quality in balance with resident rights and choice.

Course Content

Noon
QAPI fundamentals and the 5 elements
• Design and Scope
• Governance and Leadership
• Feedback, Data Systems and Monitoring
• Performance Improvement Projects (PIPs)
• Systematic Analysis and Systemic Actions

12:30
Leadership responsibility and accountability
12:40
Developing the written SNF QAPI plan
1:00
Identifying facility quality improvement opportunities and prioritizing performance improvement objectives
• Data collection and use
• Root cause analysis and PIP framework resources
1:10
Driving change
• Staff training for QAPI awareness and team focused improvement
• Sustaining improvement
1:15
Closing Comments/ Q&A

Target Audience: Director of Nursing, Assistant Director of Nursing, Nurse Managers, Nursing Home Administrators, Nursing staff and leaders, Quality Assurance Director, Social Services, Rehabilitation services

Instructional Level: Intermediate  Contact Hours: 1.25

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Webinar: **Health Inspections: Analyzing 5-Star Data and Applying QAPI Principles to Improve 5-Star Survey Results**

**Presentation Date:** March 30, 2017 Live Webinar

**Presented By:**
- Amie Martin, OTR/L, CHC, RAC-CT, Clinical Consultant
- Shelly Maffia, MSN, MBA, RN, LNHA, QCP, Clinical Consultant
  Proactive Medical Review and Consulting

**Course Description:**
This one hour webinar will focus on the Health Inspections component of *Nursing Home Compare’s* 5-Star Rating System. You will learn how the health inspection rating is calculated and how it impacts your overall 5-Star rating. Tips on how to analyze your data and develop plans to achieve 5-Star status will be discussed, along with application of the elements of QAPI to improve facility 5-Star Ratings and improve regulatory compliance.

**Learning Objectives**

1. Understand how the health inspection rating is calculated
2. Understand how the health inspection rating impacts the overall 5-Star Rating
3. Acquire knowledge to implement best practices for Five-Star health inspection improvement using a QAPI approach

**Course Content**

**Noon**  Overview of the Health Inspection Domain of the 5-Star Rating System
- Factors that impact Health Inspection Rating
- Example of how to calculate Health Inspection Rating

**12:30**  Survey preparation and survey management strategies

**12:50**  Developing a QAPI plan based on 5-Star health inspection data analysis
- PIP Team
- Establishing goals for implementation
- Identification of tools for evaluating and monitoring compliance
- Plan for monitoring compliance
- Implementation of changes that will result in 5-Star improvement

**1:15**  Closing Comments/ Q&A

**Target Audience:**  Director of Nursing, Assistant Director of Nursing, Nurse Managers, Nursing Home Administrators, Nursing staff and leaders, Quality Assurance Director, Social Services, Rehabilitation services

**Instructional Level:** Intermediate  **Contact Hours:** 1.25
Webinar: **Staffing: Analyzing 5-Star Data and Applying QAPI Principles to Improve 5-Star Ratings/Retention**

Presentation Date: **April 26, 2017** Live Webinar
Presented By:
- Amie Martin, OTR/L, CHC, RAC-CT, Clinical Consultant
- Shelly Maffia, MSN, MBA, RN, LNHA, QCP, Clinical Consultant

Proactive Medical Review and Consulting

**Course Description:**
This webinar will focus on the Staffing component of Nursing Home Compare’s 5-Star Rating System. You will learn how the staffing rating is calculated and how it impacts your overall 5-Star rating. Tips on how to analyze your data and develop plans to achieve 5-Star status will be discussed, along with application of the elements of QAPI to improve facility 5-Star Ratings and improve staff retention.

**Learning Objectives**
1. Understand the Staffing component of the 5-Star Rating System.
2. Understand how the Staffing component impacts the overall 5-Star Rating
3. Describe how staffing levels impact resident outcomes and satisfaction.
4. Acquire knowledge to implement best practices for Five-Star staffing improvement using a QAPI approach

**Course Content**

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<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>Noon</td>
<td>Key components of the staffing domain</td>
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<tr>
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<td>- Total Nursing hours per resident day</td>
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<td>- Registered Nurse Hours per resident day</td>
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<td>- Case-mix adjustment</td>
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<td></td>
<td>- How to calculate Staffing Rating</td>
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<tr>
<td>12:30</td>
<td>Impact of staffing on resident outcomes and best practices related to staff retention</td>
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<tr>
<td>12:45</td>
<td>Developing a QAPI plan based on 5-Star staffing data analysis</td>
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<td>- PIP Team</td>
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<td>- Establishing goals for implementation</td>
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<td>- Plan for monitoring compliance</td>
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<td>- Implementation of changes that will result in 5-Star improvement</td>
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<td>1:15</td>
<td>Closing Comments/ Q&amp;A</td>
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</tbody>
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**Target Audience:** Director of Nursing, Assistant Director of Nursing, Nurse Managers, Nursing Home Administrators, Nursing staff and leaders, Quality Assurance Director

**Instructional Level:** Intermediate  
**Contact Hours:** 1.25
Webinar: Pain: Analyzing 5-Star Data and Applying QAPI Principles to Improve Pain Quality Measure

Presentation Date: May 31, 2017 Live Webinar

Presented By:
- Amie Martin, OTR/L, CHC, RAC-CT, Clinical Consultant
- Shelly Maffia, MSN, MBA, RN, LNHA, QCP, Clinical Consultant

Proactive Medical Review and Consulting

Course Description:
This session will review the pain quality measures that impact the Quality Measure component of the Nursing Home Compare Five-Star Quality Rating system. During the session, we will review how these measures are calculated and how they impact your overall Five-Star Quality Rating. The session will focus on best practices for pain management to improve your pain quality measures using a QAPI framework with emphasis on reduction of common MDS coding errors and implementation of a facility specific Five Star road map action plan. Sample tools will be shared for driving and sustaining Five Star Quality.

Learning Objectives
1. Understand how the pain quality measures are calculated and impact the Five-Star Quality Rating score
2. Describe best practices for improving pain quality measures impacting Five-Star Quality Rating score
3. Describe a process for establishing priority QAPI goals and actions to improve pain quality measures

Course Content
Noon Review of the pain quality measures and impact on 5-Star Rating
   - Percent of long-stay residents who self-report moderate to severe pain
   - Percent of short-stay residents who self-report moderate to severe pain
   - How to calculate the pain quality measure scores in the 5-Star Rating system
12:20 Best practices related to pain assessment and management
12:45 Developing a QAPI plan based on pain quality measures data analysis
   - PIP Team
   - Establishing goals for implementation
   - Identification of tools for evaluating and monitoring compliance
   - Plan for monitoring compliance
   - Implementation of changes that will result in 5-Star improvement
12:15 Closing Comments/ Q&A

Target Audience: Director of Nursing, Assistant Director of Nursing, Nurse Managers, Nursing Home Administrators, Nursing staff and leaders, Quality Assurance Director, Social Services, Rehabilitation services

Instructional Level: Intermediate Contact Hours: 1.25
Webinar: **Pressure Ulcers: Analyzing 5-Star Pressure Ulcer Quality Measures and Applying QAPI Principles to Improve Pressure Ulcer Quality Measures**

**Presentation Date:** June 21, 2017 Live Webinar

**Presented By:**
- Amie Martin, OTR/L, CHC, RAC-CT, Clinical Consultant
- Shelly Maffia, MSN, MBA, RN, LNHA, QCP, Clinical Consultant

Proactive Medical Review and Consulting

**Course Description:**
This session will review the pressure ulcer quality measures that impact the Quality Measure component of the Nursing Home Compare Five-Star Quality Rating system. During the session, we will review how these measures are calculated and how they impact your overall Five-Star Quality Rating. The session will focus on best practices for reducing pressure ulcers to improve your pressure ulcer quality measures using a QAPI framework with emphasis on reduction of common MDS coding errors and implementation of a facility specific Five Star road map action plan. Sample tools will be shared for driving and sustaining Five Star Quality.

**Learning Objectives**
1. Understand how the pressure ulcer quality measures are calculated and impact the Five-Star Quality Rating score
2. Describe best practices for improving pressure ulcer quality measures impacting Five-Star Quality Rating score
3. Describe a process for establishing priority QAPI goals and actions to improve pressure ulcer quality measures

**Course Content**

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<th>Time</th>
<th>Session Content</th>
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<tbody>
<tr>
<td>Noon</td>
<td>Review of the pressure ulcer quality measures and impact on 5-Star Rating</td>
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<td>- Percent of high risk residents with pressure ulcers</td>
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<td>- Percent of residents with pressure ulcers (sores) that are new or worsened</td>
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<td>- How to calculate pressure ulcer quality measure scores in the 5-Star Rating system</td>
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<td>12:20</td>
<td>Best practices related to pressure ulcer reduction</td>
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<tr>
<td>12:45</td>
<td>Developing a QAPI plan based on pressure ulcer quality measures data analysis</td>
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<td>- PIP Team</td>
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<td>- Establishing goals for implementation</td>
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<td>- Identification of tools for evaluating and monitoring compliance</td>
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<td>- Plan for monitoring compliance</td>
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<td>- Implementation of changes that will result in 5-Star improvement</td>
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<td>1:15</td>
<td>Closing Comments/ Q&amp;A</td>
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**Target Audience:** Director of Nursing, Assistant Director of Nursing, Nurse Managers, Nursing Home Administrators, Nursing staff and leaders, Quality Assurance Director, Social Services, Rehabilitation services

**Instructional Level:** Intermediate  
**Contact Hours:** 1.25

Presentation Date: July 26, 2017 Live Webinar
Presented By:
- Amie Martin, OTR/L, CHC, RAC-CT, Clinical Consultant
- Shelly Maffia, MSN, MBA, RN, LNHA, QCP, Clinical Consultant
  Proactive Medical Review and Consulting

Course Description:
This session will review falls with major injury and physical restraint quality measures that impact the Quality Measure component of the Nursing Home Compare Five-Star Quality Rating system. During the session, we will review how these measures are calculated and how they impact your overall Five-Star Quality Rating. The session will focus on best practices for reducing falls with major injury and restraints in your facility and how to improve these measures using a QAPI framework with emphasis on reduction of common MDS coding errors and implementation of a facility specific Five Star road map action plan. Sample tools will be shared for driving and sustaining Five Star Quality.

Learning Objectives
1. Understand how falls with major injury and physical restraints quality measures are calculated and impact the Five-Star Quality Rating score
2. Describe best practices for improving falls with major injury and physical restraint quality measures impacting Five-Star Quality Rating score
3. Describe a process for establishing priority QAPI goals and actions to improve falls with major injury and physical restraint quality measures

Course Content
Noon Review of the falls with major injury and physical restraints quality measures and impact on 5-Star Rating
- Percent of residents with falls with major injury
- Percent of residents with physical restraints
- How to calculate falls with major injury and physical restraint quality measure scores in the 5-Star Rating system
12:20 Best practices related to falls and restraint reduction
1:00 Developing a QAPI plan based on the falls with major injury and the physical restraint quality measures data analysis
- PIP Team
- Establishing goals for implementation
- Identification of tools for evaluating and monitoring compliance
- Plan for monitoring compliance
- Implementation of changes that will result in 5-Star improvement
1:30 Closing Comments/ Q&A

Target Audience:  Director of Nursing, Assistant Director of Nursing, Nurse Managers, Nursing Home Administrators, Nursing staff and leaders, Quality Assurance Director, Social Services, Rehabilitation services

Instructional Level: Intermediate  Contact Hours: 1.50
Webinar: Antipsychotics: Analyzing 5-Star Antipsychotic Quality Measures and Applying QAPI Principles to Improve Antipsychotic Quality Measures

Presentation Date: August 9, 2017 Live Webinar
Presented By:
- Amie Martin, OTR/L, CHC, RAC-CT, Clinical Consultant
- Shelly Maffia, MSN, MBA, RN, LNHA, QCP, Clinical Consultant
  Proactive Medical Review and Consulting

Course Description:

This session will review the antipsychotics quality measures that impact the Quality Measure component of the Nursing Home Compare Five-Star Quality Rating system. During the session, we will review how these measures are calculated and how they impact your overall Five-Star Quality Rating. The session will focus on best practices for reducing antipsychotic medications and chemical restraints in your facility and how to improve these measures using a QAPI framework with emphasis on reduction of common MDS coding errors and implementation of a facility specific Five Star road map action plan. Sample tools will be shared for driving and sustaining antipsychotic reduction efforts.

Learning Objectives

1. Understand how the antipsychotics quality measure is calculated and impacting the Five-Star Quality Rating score
2. Describe best practices for reducing antipsychotics and improving your antipsychotic quality measures
3. Describe a process for establishing priority QAPI goals and actions to improve antipsychotics reduction efforts

Course Content

Noon Review of the antipsychotics quality measures and impact on 5-Star Rating
- Percent of residents with antipsychotic medications
- Appropriate Diagnosis for antipsychotic medications
- How to calculate antipsychotics medications quality measure scores in the 5-Star Rating system

12:20 Best practices related to behavior management and compliance with gradual dose reduction
12:45 Developing a QAPI plan based on antipsychotic medications quality measures data analysis
- PIP Team
- Establishing goals for implementation
- Identification of tools for evaluating and monitoring compliance
- Plan for monitoring compliance
- Implementation of changes that will result in antipsychotic reduction

1:10 Closing Comments/ Q&A

Target Audience: Director of Nursing, Assistant Director of Nursing, Nurse Managers, Nursing Home Administrators, Nursing staff and leaders, Quality Assurance Director, Social Services, Rehabilitation services

Instructional Level: Intermediate  Contact Hours: 1.25

Presentation Date: September 20, 2017 Live Webinar
Presented By:
- Amie Martin, OTR/L, CHC, RAC-CT, Clinical Consultant
- Shelly Maffia, MSN, MBA, RN, LNHA, QCP, Clinical Consultant
  Proactive Medical Review and Consulting

Course Description:
This session will review the RoP infection prevention and control program updates and UTI and catheter insert/left in bladder quality measures that impact the Quality Measure component of the Nursing Home Compare Five-Star Quality Rating system. During the session, we will review how these measures are calculated and how they impact your overall Five-Star Quality Rating. The session will focus on best practices for reducing urinary tract infections and unnecessary catheter use in your facility and how to improve these measures using a QAPI framework with emphasis on reduction of common MDS coding errors and implementation of a facility specific Five Star road map action plan. Sample tools will be shared for driving and sustaining Five Star Quality.

Learning Objectives:
1. Understand how the UTI and catheter insert/left in bladder quality measure are calculated and impact the Five-Star Quality Rating score
2. Understand the Requirements of Participation related to Infection Prevention and Control
3. Describe best practices for reducing UTIs and catheter use and improving your Five-Star Quality Rating score
4. Describe a process for establishing priority QAPI goals and actions to improve the UTIs and catheter insert/left in bladder quality measure

Course Content
Noon Review of the UTI and catheter insert/left in bladder quality measures and impact on 5-Star Rating
- Percent of residents with UTIs or catheters
- Acceptable diagnoses for catheter use and effective documentation and monitoring of catheter use and care
- Ensuring appropriate MDS coding per the RAI manual for UTI
- Review of an antibiotic stewardship program to assure appropriate use of antibiotics
- How to calculate UTI and catheter insert/left in bladder quality measure scores in the 5-Star Rating system
12:20 Best practices related to infection control and UTI prevention and the new RoP for infection control
12:45 Developing a QAPI plan based on antipsychotic medications quality measures data analysis
- PIP Team
- Establishing goals for implementation
- Identification of tools for evaluating and monitoring compliance
- Plan for monitoring compliance
- Implementation of changes that will result in 5-Star improvement
12:15 Closing Comments/ Q&A

Target Audience: Director of Nursing, Assistant Director of Nursing, Nurse Managers, Nursing Home Administrators, Nursing staff and leaders, Quality Assurance Director, Social Services, Rehabilitation services

Instructional Level: Intermediate Contact Hours: 1.25
Webinar: Increase in ADL Help, Ability to Move Independently Worsened, & Improvement in Function: Analyzing 5-Star Functional Mobility Quality Measures and Applying QAPI Principles to Improve Functional Mobility Quality Measures

Presentation Date: October 18, 2017 Live Webinar
Presented By:
- Amie Martin, OTR/L, CHC, RAC-CT, Clinical Consultant
- Shelly Maffia, MSN, MBA, RN, LNHA, QCP, Clinical Consultant
Proactive Medical Review and Consulting

Course Description:
This session will review the increase in ADL help, the ability to move independently worsened, and improvement in function quality measures that impact the Quality Measure component of the Nursing Home Compare Five-Star Quality Rating system. During the session, we will review how these measures are calculated and how they impact your overall Five-Star Quality Rating. The session will focus on best practices for reducing and preventing decline in ADL status and improving this quality measure using a QAPI framework with emphasis on reduction of common MDS coding errors and implementation of a facility specific Five Star road map action plan. Sample tools will be shared for driving and sustaining Five Star Quality.

Learning Objectives

1. Describe how the increased need in ADL help, ability to move independently worsened, and improvement in function quality measures are calculated and impact the Five-Star Quality Rating score
2. Describe best practices for improving and monitoring your quality measures in the area of increased need for ADL help, ability to move independently worsened, and improvement in function and impacting Five-Star Quality Rating score
3. Describe a process for establishing priority QAPI goals and actions to improve communication of changes in ADL status

Course Content

Noon  Review of the increased need in ADL help, ability to move independently worsened, and improvement in function measures and impact on 5-Star Rating
- Percent of residents with increased ADL help, mobility decline, and improved function
- Percent of residents with ability to move independently worsened
- How to calculate increased ADL help, mobility decline, and improved function in the 5-Star Rating system
- The importance of coding accuracy with late loss ADLs and communication of changes in ADL status

12:20  Best practices related to monitoring for resident changes in ADL status and appropriate action with decline

12:45  Developing a QAPI plan based on increased ADL help, mobility decline, and improved function data analysis
- PIP Team
- Establishing goals for implementation
- Identification of tools for evaluating and monitoring compliance
- Plan for monitoring compliance
- Implementation of changes that will result in 5-Star improvement

1:15  Closing Comments/ Q&A

Target Audience:  Director of Nursing, Assistant Director of Nursing, Nurse Managers, Nursing Home Administrators, Nursing staff and leaders, Quality Assurance Director, Social Services, Rehabilitation services

Instructional Level:  Intermediate  Contact Hours: 1.25
Webinar: Discharge to Community, Hospital Readmissions, and Emergency Room Visits: Analyzing 5-Star Quality Measures and Applying QAPI Principles to Improve Quality Measure Performance & Ensure Compliance with RoP Discharge Planning Requirements

Presentation Date: November 8, 2017 Live Webinar

Presented By:
- Amie Martin, OTR/L, CHC, RAC-CT, Clinical Consultant
- Shelly Maffia, MSN, MBA, RN, LNHA, QCP, Clinical Consultant
- Proactive Medical Review and Consulting

Course Description:
This session will review discharge to community, hospital readmissions, and emergency room visit quality measures that impact the Quality Measure component of the Nursing Home Compare Five-Star Quality Rating system. During the session, we will review how these measures are calculated and how they impact your overall Five-Star Quality Rating. The session will focus on best practices for decreasing unplanned discharges, emergency room visits, and return to hospital visits in short-term stay residents and improve your quality measures using a QAPI framework with emphasis on reduction of common MDS coding errors and implementation of a facility specific Five Star road map action plan. Sample tools will be shared for driving and sustaining Five Star Quality.

Learning Objectives

1. Understand how the discharge to community, hospital readmissions, and emergency room visits quality measures are calculated and impact the Five-Star Quality Rating score
2. Understand the Requirements of Participation related to Discharge Planning
3. Describe best practices for improving discharge to community, hospital readmissions, and emergency room visits quality measures impacting Five-Star Quality Rating score
4. Describe a process for establishing priority QAPI goals and actions to improve discharge to community, hospital readmissions, and emergency room visits quality measures

Course Content

Noon Review of the discharge to community, hospital readmissions, and emergency room visits quality measures and impact on 5-Star Rating
- Percent of successful discharges to community, re-hospitalizations, and ER visits
- How to calculate discharge to community, hospital readmissions, and emergency room visits quality measure scores in the 5-Star Rating system

12:20 Review of the Discharge Planning Requirements of Participation

12:30 Best practices related to preventing unplanned discharges and return to hospital rates

12:45 Developing a QAPI plan based on discharge to community, hospital readmissions, and emergency room visits data analysis
- PIP Team
- Establishing goals for implementation
- Identification of tools for evaluating and monitoring compliance
- Plan for monitoring compliance
- Implementation of changes that will result in 5-Star improvement

1:10 Closing Comments/ Q&A

Target Audience: Director of Nursing, Assistant Director of Nursing, Nurse Managers, Nursing Home Administrators, Nursing staff and leaders, Quality Assurance Director, Social Services, Rehabilitation services

Instructional Level: Intermediate  Contact Hours: 1.25
Webinar: Abuse Prevention & Reporting
Presentation Date: December 6, 2017  Live webinar

Presented By:
- Amie Martin, OTR/L, CHC, RAC-CT, Clinical Consultant
- Shelly Maffia, MSN, MBA, RN, LNHA, QCP, Clinical Consultant
  Proactive Medical Review and Consulting

Course Description:
This session will include an overview of elder abuse prevention in SNF/NF settings and the Elder Justice Act, including updated Requirements of Participation Emphasis will be on the application of facility best practices and QAPI programming to reduce the risk of abuse incidents and to ensure compliance.

Learning Objectives
1. Understand the importance of thoroughly investigating and reporting allegations of abuse and neglect
2. Understand trends related to abuse and neglect citations
3. Understand how to consistently report and investigate allegations of abuse and neglect
4. Participants will understand all aspects of the Elder Justice Act including reporting requirements, anti-retaliation protections for those reporting, and potential penalties for covered individuals non-compliance
5. Identify tools for the leadership team to use for monitoring data related to reports of abuse and neglect
6. Learn strategies for incorporating abuse and neglect prevention into facility QAPI processes

Course Content
Noon  Importance of thoroughly investigation and reporting abuse and neglect allegations
12:10  Industry trends related to abuse and neglect
12:15  New RoP Requirements and Elder Justice Act
12:30  QAPI in Action
  - Development of Abuse and Neglect PIP Team
  - Establishing goals for preventing abuse and neglect
  - Identification of benchmarks for performance
  - Identification of tools for monitoring trends in abuse and neglect
  - Plan for monitoring and interpretation of abuse and neglect data
  - Identification of root cause of allegations of abuse and neglect in facility
  - Implementation of changes that will result in decrease abuse and neglect allegations
1:10  Closing Comments/Q&A

Target Audience:  Director of Nursing, Assistant Director of Nursing, Nurse Managers, Nursing Home Administrators, Nursing staff and leaders, Quality Assurance Director, Social Services, Rehabilitation services

Instructional level: Intermediate/Advanced  Contact Hours Requested: 1.25