



LONG-TERM CARE QUALITY IMPROVEMENT PROGRAM DETAILED SPECIFICATIONS

2022 MEASUREMENT YEAR

Published: January 1, 2022

Revised: August 3, 2022



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I. Program Contact Information

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Webpage: [Long-Term Care Quality Improvement Program](#)

II. Program Overview & Background


Partnership HealthPlan of California (PHC) has value-based purchasing programs in the areas of primary care, hospital care, specialty care, and mental health. The Long-Term Care (LTC) Quality Improvement Program (QIP) was established and implemented in January 2016 and suspended in August 2020. Beginning January 1, 2022, the LTCQIP will be re-established to offer sizeable financial incentives to support and improve the quality of long-term care provided to our members. A simple, meaningful measurement set has been developed and includes measures in the following areas: Clinical, Functional Status, Resource Use, and Operations.

Eligibility Criteria

The LTC QIP is eligible to LTC facilities within the 14 counties PHC serves. The facility must have a PHC contract prior to the beginning of the measurement year (January 1, 2022) to be eligible. The facility must remain contracted through December 31, 2022, to be eligible for payment. In certain circumstances and at the discretion of PHC, LTC facilities in nearby counties may be invited to participate. Facilities who are invited to participate must be in Good Standing with state and federal regulators as of the month the payment is to be disbursed and prior to the beginning of a new Measurement Year. In addition, PHC has the sole authority to further determine if a provider is in Good Standing based on the criteria set forth below:

1. Provider is open for services to PHC members.
2. Provider is financially solvent (not in bankruptcy proceedings).
3. Provider is not under financial or administrative sanctions, exclusion or disbarment from the State of California, including the Department of Health Care Services (DHCS) or the federal government including the Centers for Medicare & Medicaid Services (CMS). If a provider appeals a sanction and prevails, PHC will consider a request to change the provider status to good standing.
4. Provider is not pursuing any litigation or arbitration against PHC.
5. Provider has not issued or threatened to issue a contract termination notice, and any contract renewal negotiations are not prolonged.
6. Provider has demonstrated the intent to work with PHC on addressing community and member issues.
7. Provider is adhering to the terms of their contract (including following PHC policies, quality, encounter data completeness, and billing timeliness requirements).
8. Provider is not under investigation for fraud, embezzlement or overbilling.
9. Provider is not conducting other activities adverse to the business interests of PHC.

Furthermore, facilities indicated in abuse-related citations associated with the following criteria may not be eligible for payment:

1. “Red hand”  icon indicating a facility has been cited for abuse as reported to the official Medicare [website](#).

2. Class A violation as defined by:
 - a. Imminent danger of death or serious harm to patients, or
 - b. A substantial probability of death or serious physical harm to patients
3. Class AA violation as defined by:
 - a. Meets the definition of a Class “A” violation, and is direct proximate cause of patient death

For more information regarding Class A and abuse-related citations, please visit <https://www.medicare.gov/>.

Measure Selection

The measurement set for the LTC QIP is reviewed and developed annually. In order to maintain a stable measurement set, major changes are generally made no more frequently than every other year. With input from the LTC provider network and internal departments, the measurement set requires approval from PHC’s Physician Advisory Committee. Once approved, the finalized set for the next year is shared with the network and specifications are developed. It is possible for the measurement set to change slightly during the measurement year due to new information becoming available (i.e. evaluation of the previous program year, or a change in financial performance). Any mid-year changes to the measurement set will be announced through e-mail to all providers as well as through the program’s newsletter and the facility’s provider relations representative

Measures may evaluate a provider’s utilization of a certain service or provision of treatment. PHC recognizes the potential for underutilization of care and services and takes appropriate steps to monitor for this. The processes utilized for decision making are based solely on the appropriateness of care and services and existence of coverage. PHC does not offer incentives or compensation to providers, consultants, or health plan staff to deny medically appropriate services requested by members, or to issue denials of coverage.

Payment

LTC QIP incentives are separate and distinct from a facility’s usual reimbursements. Contracted facilities participating in the LTC QIP will be eligible to achieve a portion of an individually established incentive pool.

Each individual incentive pool is calculated to equal 2% of the facility’s overall claims reimbursements during the Measurement Year. The QIP score achieved in the program determines the percentage of the individual incentive pool that the facility will receive.

For example, 2% of a facility’s overall reimbursements for Dates of Service performed January 1 – December 31 (paid as of March 31st of the following Calendar Year) becomes the facility’s “individual incentive pool.” Achieving a score of 100% in the LTC QIP will result in a payment of 100% of the individual incentive pool, whereas achieving a 90% QIP score will result in payment of 90% of the individual incentive pool, etc.

The incentive will be paid after the close of the LTC QIP point calculation period as seen in the example below.

	Claims Reimbursements based on Dates of Service between January 1 – December 31 of Measurement Year	Individual Incentive Pool: 2% of overall reimbursements during Measurement Year	Final QIP Score Achieved (out of 100 points)	QIP Dollars Earned
Facility 1	\$1,635,200	\$32,704	100 points (or 100%)	\$32,704
Facility 2	\$817,600	\$16,352	90 points (or 90%)	\$14,716
Facility 3	\$4,088,000	\$81,760	80 points (or 80%)	\$65,408

Guiding Principles

The LTC QIP uses nine guiding principles for measure development and program management to ensure our members have high quality care and our providers are able to be successful within the program.

1. Pay for outcomes, exceptional performance, and improvement
2. Offer sizeable incentives
3. Actionable measures
4. Feasible data collection
5. Collaboration with providers
6. Simplicity in the number of measures
7. Comprehensive measurement set
8. Align measures that are meaningful
9. Stable measures

The guiding principles outlined above are used to select measures for improvement. These measures are selected in areas such as population-level screening targets and other population-level preventive care services. The QIP serves to increase health plan operational efficiencies by prioritizing areas that drive high quality care and have potential to reduce overall healthcare costs.

III. Summary of Measures

Measure	Points Assigned	Target
Gateway Measure: CMS Five-Star Quality Rating	n/a	Target: 2 or more stars in order to be eligible for other program measures
Clinical Domain		
Percent of high-risk residents with pressure ulcers (NQF 0679)	10	Full Points: < 7.7% Partial Points: 7.7 - 8.2%
Percent of residents who lose too much weight (NQF 0689)	10	Full Points: < 6.6% Partial Points: 6.6 - 7.7%
Long-stay residents who needed and received a flu shot (NQF 0681) AND successful entry into CAIR	10	Full Points: > 98.4% Partial Points: 96.2 - 98.4%
Long-stay residents who received a vaccine to prevent pneumonia (NQF 0683) AND successful entry into CAIR	10	Full Points: > 98.1% Partial Points: 93.9 – 98.1%
Functional Status Domain		
Percent of residents experiencing one or more falls with major injury (NQF 0674)	10	Full Points: < 1.7% Partial Points: 1.7 - 3.3%
Percent of residents who have/had a catheter inserted and left in their bladder (NQF 0686)	10	Full Points: < 1.6% No Partial Points
Resource Use Domain		
Number of hospitalizations per 1,000 long-stay resident days	10	Full Points: < 1.83% No Partial Points
Operations & Satisfaction Domain		
Health Inspection Star Rating	10	Full Points: 4 or more stars Partial Points (5): 3 stars
Staffing Rating	10	Full Points: 4 or more stars Partial Points (5): 3 stars
QI Training	10	Full Points: Facilities attending PHC Hospital Quality Symposium do not need to submit evidence of attendance. Those attending other trainings must submit evidence of training attendance by February 2023 No Partial Points

IV. Gateway Measure: CMS Five Star Quality Rating

Description

To ensure that LTC QIP incentives are consistent with high quality care, facilities must have been granted a minimum of a two (2) star quality rating by the Centers for Medicare & Medicaid Services (CMS). This program component is mandatory for participation in PHC's LTC QIP. Facilities with a one (1) star rating will not be eligible to participate.

Reporting Guidelines

No reporting by the facility is required. PHC will extract summary data from Nursing Home Compare on the last business day of February 2023 following the close of the measurement year. The Nursing Home Compare Tool can be accessed on the Medicare website: [here](#).

IMPORTANT NOTE: LTC facilities with a one (1) star rating, who have failed their annual Health Inspection Survey, or who have recently changed ownership **AND** can demonstrate they have made changes to address these factors, can submit an appeal to the LTC QIP team at LTCQIP@PartnershipHP.org requesting PHC reconsider their exclusion from the Long Term Care QIP. Please be sure to describe the relevant details surrounding the circumstances that lead to the facility's failing their annual Health Inspection Survey or to the CMS rating, as well as the activities and efforts undertaken to address these determinations. This appeal request must be made prior to March 31, of the following Measurement Year (MY). For example, an appeal request must be submitted no later than March 31, 2023, to be considered for participation in the 2022 measurement year.

Measure 1. Percent of High-Risk Residents with Pressure Ulcers

CLINICAL DOMAIN

MAXIMUM NUMBER OF POINTS: 10

Description

The percentage of long-stay, high-risk residents with Stage II-IV pressure ulcers.

Measure Rationale and Source

Pressure ulcers can cause severe discomfort. Patients with advanced pressure ulcers often have decreased mobility and independent function. As part of the Five-Star Rating System, this measure is an important piece of understanding quality outcomes of Long-Term Care facilities.ⁱ

Specifications are extracted from the Minimum Core Set (MDS) MDS 3.0 Quality Measures User's Manual v14.0 on the CMS website: [here](#).

Thresholds

- Full points: < 7.7%
- Partial points: 7.7 – 8.2%

Denominator

All long-stay residents with a selected target assessment who meet the definition of high risk, except those with exclusions. Residents are defined as high-risk if they meet one or more of the following three criteria on the target assessment:

1. Impaired bed mobility or transfer indicated
2. Comatose
3. Malnutrition or at risk of malnutrition

Numerator

All long-stay residents with a selected target assessment that meets both of the following conditions:

- There is a high risk for pressure ulcers, where "high-risk" is defined in the denominator definition.
- Stage II-IV pressure ulcers are present.

Exclusions

Target assessment is an admission assessment or a PPS 5-day or readmission/return assessment.

If the resident is not included in the numerator (the resident did not meet the pressure ulcer conditions for the numerator).

Reporting Guidelines

No reporting by the facility is required. PHC will extract summary data from Nursing Home Compare on the last business day of February 2023 following the close of the measurement year. The Nursing Home Compare Tool can be accessed on the Medicare website: [here](#).

Measure 2. Percent of Long-Stay Residents Who Lose Too Much Weight

CLINICAL DOMAIN

MAXIMUM NUMBER OF POINTS: 10

Description

The percentage of long-stay residents who had a weight loss of 5% or more in the last month or 10% or more in the last two quarters who were not on a physician prescribed weight loss regimen.

Specifications are extracted from the Minimum Core Set (MDS) MDS 3.0 Quality Measures User's Manual v14.0 on the CMS website: [here](#).

Threshold

- Full points: < 6.6%
- Partial points: 6.6 – 7.7%

Denominator

All long-stay residents with a selected target assessment except those with exclusions.

Numerator

Long-stay residents with a selected target assessment which indicates a weight loss of 5% or more in the last month, or 10% or more in the last six months who were not on a physician prescribed weight-loss regimen.

Exclusions

Target assessment is an OBRA admission assessment. Weight loss item is missing on target assessment.

Reporting Guidelines

No reporting by the facility is required. PHC will extract summary data from Nursing Home Compare on the last business day of February 2023 following the close of the measurement year. The Nursing Home Compare Tool can be accessed on the Medicare website: [here](#).

Measure 3. Percent of Long-Stay Residents Who Needed and Received a Flu Shot

CLINICAL DOMAIN

MAXIMUM NUMBER OF POINTS: 10

Description

The percentage of long-stay residents who are given, appropriately, the influenza vaccination during the current or most recent influenza season AND the vaccination is documented in California Immunization Registry (CAIR).

Specifications are extracted from the Minimum Core Set (MDS) MDS 3.0 Quality Measures User's Manual v14.0 on the CMS website: [here](#).

Threshold

- Full points: > 98.4%
- Partial points: 96.2 – 98.4%

Denominator

All long-stay residents, regardless of payer, with a selected target assessment, accept those with exclusions.

Numerator

Residents meeting any of the following criteria on the selected target assessment:

1. Resident received the influenza vaccine during the current or most recent influenza season, either in the facility (O0250A = [1]) or outside the facility (O0250C = [2]); **OR**
2. Resident was offered and declined the influenza vaccine (O0250C = [4]); **OR**
3. Resident was ineligible due to contraindication(s) (O0250C = [3]) (e.g., anaphylactic hypersensitivity to eggs or other components of the vaccine, history of Guillain-Barre Syndrome within 6 weeks after a previous influenza vaccination, bone marrow transplant within the past 6 months), **AND**
4. Facilities must submit CAIR ID by March 1, 2022 via [Appendix II](#). Facilities must provide CAIR ID, which authorizes PHC to retrieve utilization data from CAIR, by March 1, 2022.

Exclusions

Resident was not in facility during the current or most recent influenza season.

Reporting Guidelines

Facilities must submit CAIR ID via [Appendix II](#) by March 1, 2022 via email to LTCQIP@PartnershipHP.org. PHC will extract summary data from Nursing Home Compare on the last business day of February 2023 following the close of the measurement year. The Nursing Home Compare Tool can be accessed on the Medicare website: [here](#).

Measure 4. Percent of Long-Stay Residents Receiving a Pneumonia Vaccine

CLINICAL DOMAIN

MAXIMUM NUMBER OF POINTS: 10

Description

The percentage of long-stay residents whose pneumococcal polysaccharide vaccine status is up to date AND the vaccination is documented in CAIR.

Specifications are extracted from the Minimum Core Set (MDS) MDS 3.0 Quality Measures User's Manual v14.0 on the CMS website: [here](#).

Threshold

- Full points: > 98.1%
- Partial points: 93.9 – 98.1%

Denominator

All long-stay residents, regardless of payer, with a selected target assessment.

Numerator

Residents meeting any of the following criteria on the selected target assessment:

1. Have an up to date pneumococcal vaccine status (O0300A = [1]) AND vaccination was documented in CAIR; **OR**
2. Were offered and declined the vaccine (O0300B = [2]); **OR**
3. Were ineligible due to medical contraindication(s) (e.g., anaphylactic hypersensitivity to components of the vaccine; bone marrow transplant within the past 12 months; or receiving a course of chemotherapy within the past two weeks) (O0300B = [1]); **AND**
4. Facilities must submit CAIR ID by March 1, 2022 via [Appendix II](#). Facilities must provide CAIR ID, which authorizes PHC to retrieve utilization data from CAIR, by March 1, 2022.

Reporting Guidelines

Facilities must submit CAIR ID via [Appendix II](#) by March 1, 2022, via email to LTCQIP@PartnershipHP.org. PHC will extract summary data from Nursing Home Compare on the last business day of February 2023 following the close of the measurement year. The Nursing Home Compare Tool can be accessed on the Medicare website: [here](#).

Measure 5. Percent of Residents Experiencing Falls with Major Injury

FUNCTIONAL STATUS DOMAIN

MAXIMUM NUMBER OF POINTS: 10

Description

The percentage of long-stay residents who have experienced one (1) or more falls with major injury.

Specifications are extracted from the Minimum Core Set (MDS) MDS 3.0 Quality Measures User's Manual v14.0 on the CMS website: [here](#).

Threshold

- Full points: < 1.7%
- Partial points: 1.7 – 3.3%

Denominator

All long-stay residents with one (1) or more look-back scan assessments except those with exclusions.

Numerator

Long-stay residents with one (1) or more look-back scan assessments that indicate one or more falls that resulted in major injury.

Exclusions

Resident is excluded if one of the following is true for all of the look-back scan assessments:

1. The occurrence of falls was not assessed; **OR**
2. Zero (0) assessment indicates that a fall occurred; **AND**
3. the number of falls with major injury was not assessed.

Reporting Guidelines

No reporting by the facility is required. PHC will extract summary data from Nursing Home Compare on the last business day of February 2023 following the close of the measurement year. The Nursing Home Compare Tool can be accessed on the Medicare website: [here](#).

Measure 6. Percent of Residents Who Have/Had a Catheter Inserted and Left in Bladder

FUNCTIONAL STATUS DOMAIN

MAXIMUM NUMBER OF POINTS: 10

Description

The percentage of long-stay residents who have had an indwelling catheter in the last seven (7) days.

Specifications are extracted from the Minimum Core Set (MDS) MDS 3.0 Quality Measures User's Manual v14.0 on the CMS website: [here](#).

Threshold

- Full points: < 1.6%
- No Partial Points

Denominator

All long-stay residents with one (1) or more look-back scan assessments except those with exclusions.

Numerator

Long-stay residents with a selected target assessment which indicates the use of indwelling catheters.

Exclusions

Target assessment is an admission assessment of a PPS 5-day or readmission/return assessment.

Target assessment indicates that indwelling catheter status is missing.

Target assessment indicates neurogenic bladder or neurogenic bladder status is missing.

Target assessment indicates obstructive uropathy or obstructive uropathy status is missing.

Reporting Guidelines

No reporting by the facility is required. PHC will extract summary data from Nursing Home Compare on the last business day of February 2023 following the close of the measurement year. The Nursing Home Compare Tool can be accessed on the Medicare website: [here](#).

Measure 7. Hospital Admissions / 1000 Resident Days

RESOURCE USE DOMAIN

MAXIMUM NUMBER OF POINTS: 10

Description

The rate of long-stay residents with one (1) or more hospital admissions during the review period.

Threshold

- Full points: < 1.83%
- No Partial Points

Denominator

The denominator is the total number of days (in thousands) during the target period that all long-stay residents were in the nursing home facility after they attained long-term resident status (i.e., after 100 cumulative days at the facility). The denominator does not include the days between nursing home stays, including days that a resident is admitted to an inpatient facility or other institution, or days the resident was enrolled in hospice.

Numerator

The numerator for the measure is the number of admissions to an acute care or critical access hospital, for an inpatient or outpatient observation stay, occurring while the individual is a long-term nursing home resident. Planned inpatient admissions are not counted in the numerator since they are unrelated to the quality of care at the nursing home. Hospitalizations are classified as planned or unplanned using the same version of CMS's Planned Readmissions Algorithm used to calculate the Short-Stay hospital readmissions measure used in the Nursing Home Compare Five-Star Rating system. The algorithm identifies planned admission using the principal discharge diagnosis category and all procedure codes listed on inpatient claims, coded using the AHRQ CCS software. Observation stays are included in the measure regardless of diagnosis. The numerator also excludes unplanned inpatient admissions and observation stays that occur while a resident is enrolled in hospice.

Reporting Guidelines

No reporting by the facility is required. PHC will extract summary data from Nursing Home Compare on the last business day of February 2023 following the close of the measurement year. The Nursing Home Compare Tool can be accessed on the Medicare website: [here](#).

Measure 8. Health Inspection Star Rating

OPERATIONS & SATISFACTION DOMAIN

MAXIMUM NUMBER OF POINTS: 10

Description

Measures the resultant inspection rating conducted by federal surveyors to ensure safe and clean conditions for long term care residents.

Threshold

- Full Points: Health Inspection rating of four (4) stars or above
- Partial Points: Health Inspection rating of three (3) stars

Reporting Guidelines

No reporting by the facility is required. PHC will extract Health Inspection stars score from Nursing Home Compare on the last business day of February 2023 following the close of the measurement year. The Nursing Home Compare Tool can be accessed on the Medicare website: [here](#).

To find out more about how ratings are calculated, visit:

<https://www.medicare.gov/care-compare/resources/nursing-home/health-inspections>

Measure 9. Staffing Rating

OPERATIONS & SATISFACTION DOMAIN

MAXIMUM NUMBER OF POINTS: 10

Description

Measures the resultant inspection rating conducted by federal surveyors to ensure safe and clean conditions for long term care residents.

Threshold

- Full Points: Health Inspection rating of four (4) stars or above
- Partial Points: Health Inspection rating of three (3) stars

Reporting Guidelines

No reporting by the facility is required. PHC will extract Health Inspection stars score from Nursing Home Compare on the last business day of February 2023 following the close of the measurement year. The Nursing Home Compare Tool can be accessed on the Medicare website: [here](#).

To find out more about how ratings are calculated, visit <https://www.medicare.gov/care-compare/resources/nursing-home/staffing>

Measure 10. Quality Improvement Training

OPERATIONS & SATISFACTION DOMAIN

MAXIMUM NUMBER OF POINTS: 10

Description

Measures the attendance of a training focusing on quality improvement methods and practices.

This measure is intended to introduce resources to all PHC network facilities to provide administrators, physicians, and staff of all levels with tools, strategies, and inspiration for improving the quality of care provided to our members. We offer this event with the desire to encourage PHC-contracted facilities to send staff of all levels to an informative learning session.

Threshold

- Full Points: Facilities attending PHC Hospital Quality Symposium do not need to submit evidence of attendance. Those attending other trainings must submit evidence of training attendance by February 2023.
- No Partial Points

Reporting Guidelines

Facility staff attending PHC's Hospital Quality Symposium do not need to submit evidence of attendance as registration and attendance of this event will be documented by PHC. Those attending other PHC-approved trainings focusing on quality improvement, must submit proof of attendance (i.e. certification of attendance). A list of approved trainings and dates can be found as [Appendix III](#) and will be updated as information becomes available.

Appendix I. Submission Timeline

Submission Timeline

Measure	Submission Required	Submission Due Date
Gateway Measure		
CMS Five-Star Rating	No; based on Nursing Home Compare data extracted February 2023	N/A
Clinical		
1. Percent of high-risk residents with pressure ulcers	No; based on Nursing Home Compare data extracted February 2023	N/A
2. Percent of residents who lose too much weight		
3. Long-stay residents who needed and got a flu shot AND successful entry into CAIR	CAIR ID Template (Appendix II) submitted to PHC	March 1, 2022
4. Long-stay residents who got a vaccine to prevent pneumonia AND successful entry into CAIR	CAIR ID Template (Appendix II) submitted to PHC	
Functional Status Domain		
5. Percent of residents experiencing one or more falls with major injury	No; based on Nursing Home Compare data extracted February 2023	N/A
6. Percent of residents who have/had a catheter inserted and left in their bladder		
Resource Use Domain		
7. Inpatient Admissions/1000 Resident Days	No; calculated using PHC data	N/A
Operations/Satisfaction Domain		
8. Health Inspection Rating	No; based on Nursing Home Compare data extracted February 2023	N/A
9. Staffing Rating		
10. QI Training	Facilities attending PHC Hospital Quality Symposium do not need to submit evidence of attendance. Those attending other trainings must submit evidence of training attendance by February 2023	February 28, 2023

Appendix II. Submission Template

Submission Template: Facility CAIR ID

Please include the required information below and submit by March 1, 2022, via email to LTCQIP@partnershiphp.org.

Federal Provider Number: _____

Facility Name: _____

CAIR ID: _____

Appendix III. Quality Improvement Trainings

Approved Quality Improvement Trainings

Trainings and conferences on this list are approved for the purposes of the 2022 LTC QIP [QI Training Measure](#). In order to earn points for this measure component, facilities should have at least two staff members participate in any of the trainings listed below during the measurement year and submit evidence of attendance (not just registration) by February 28, 2023. Trainings not found on this list will be reviewed for approval. This list will be updated as more training events are scheduled and promoted. Send certificates of attendance to LTCQIP@PartnershipHP.org.

In-person:

Date	Event Name	Host/Sponsor	Event Details
TBD	2022 Conference Schedule	CAHF	https://www.cahf.org/Portals/29/QCHF/Pre-Approved_List_Updated030520.pdf?ver=2020-03-18-114359-883

Web-based:

Date	Event Details	Registration/ Cost
Varies	Joint Commission Resources A variety of online classes available for purchase through the educational section of the Joint Commission. These trainings may be helpful to facilities considering seeking accreditation through the Joint Commission.	https://www.jointcommission.org/accreditation-and-certification/health-care-settings/nursing-care-center/nursing-care-center-on-demand-webinars/ https://www.jointcommission.org/covid-19/

Classes for CAHF Chapter Trainings: Courses found on the Quality Care Health Foundation list of Pre-Approved Classes for CAHF Chapter Trainings are approved for the 2020 LTC QIP Training Measure. The list can be found at: https://www.cahf.org/Portals/29/QCHF/PreApproved_List_Updated030520.pdf?ver=2020-03-18-114359-883

Appendix IV. Measure Rationale

Measure Rationale

Measure 2. Percent of Residents Who Lose Too Much Weight

Unmanaged or unintended weight loss in nursing home residents can further complicate existing health conditions. Weight loss complications include frailty, bone fractures, and compromised immune systems. This measure evaluates the rate of residents seeing unintended weight loss.¹

Measure 3. Flu Shot for Current Flu Season

In 2018, DHCS issued policy clarification stating that Medi-Cal Managed Care Plans are required to ensure that their contracted providers are utilizing CAIR. The California Immunization Registry is a secure, confidential, statewide computerized immunization information system for California residents. The CAIR system is accessed online to help providers track patient immunization records, reduce missed opportunities, and help fully immunize Californians of all ages. CAIR makes immunization records easily accessible, ensures accuracy, and improves efficiency. With a bi-directional interface, CAIR utilization can be automated through EHR integration.

Measure 4. Residents Receiving a Pneumonia Vaccine

Pneumonia is a common disease in many long-term care facilities and causes increases in morbidity and mortality. This measure is proposed as new to measurement set in order to evaluate adequate preventive opportunities being available to members.

In 2018, DHCS issued policy clarification stating that Medi-Cal Managed Care Plans are required to ensure that their contracted providers are utilizing CAIR. The California Immunization Registry is a secure, confidential, statewide computerized immunization information system for California residents. The CAIR system is accessed online to help providers track patient immunization records, reduce missed opportunities, and help fully immunize Californians of all ages. CAIR makes immunization records easily accessible, ensures accuracy, and improves efficiency. With a bi-directional interface, CAIR utilization can be automated through EHR integration.

Measure 5. Falls with Major Injury

A common safety concern in many nursing homes, injuries due to falls can severely impact a resident's quality of life. Additionally, residents may in turn lose motivation or confidence in independent mobility after a fall.

Measure 6. Catheter Inserted and Left in Bladder

Extended use of catheters are associated with urinary tract infections and prolonged hospital or inpatient stays. This measure evaluates the frequency of catheter use in low-risk residents without preexisting conditions.

Measure 7. Inpatient Hospital Admissions/1000 Resident Days

Hospitalizations for long-term care facility residents can disrupt their continuity of care and lead to costly complications. This measure evaluates facilities' hospitalization rates across the PHC network.

Measure 8. Health Inspection Star Rating

Because CMS requires most nursing homes to partake in these onsite inspections, this measure ensures that facilities are evaluated through a standardized process and compared objectively against a large number of facilities.

Measure 9. Staffing Rating

Higher staff to resident ratios are generally associated with greater care quality. CMS uses a standard scale to rate staffing ratios across the state. This measure is proposed as new to the measurement set as a means to ensure sufficient care staff levels for members.

Measure 10. Quality Improvement Training

Quality Improvement is the foundation of the QIP. The program encourages regular education in quality improvement methods and continuing education of clinical guidelines.

Appendix V. Works Cited for Measure Rationale

- ⁱ Fuhrer, M., Garber, S., Rintala, D., Clearman, R., Hart, K. 1993. "Pressure Ulcers in Community-Resident Persons with Spinal Cord Injury: Prevalence and Risk Factors." *Archives of Physical Medicine and Rehabilitation*, 74:1172-1177. <https://www.ncbi.nlm.nih.gov/pubmed/8239957>
- ⁱ Wilson, M., Thomas, D., Rubenstein, L., Chibnall, J., Anderson, S., Baxi, A., Diebold, M., Morley, J. 2005. "Appetite Assessment: Simple Appetite Questionnaire Predicts Weight Loss in Community-Dwelling Adults and Nursing Home Residents." *The American Journal of Clinical Nutrition*, 82(5): 1074-1081. <https://academic.oup.com/ajcn/article/82/5/1074/4607521>
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