

Nursing Care Center Accreditation

**Key Ways
Accreditation Drives
Profitability in
Nursing Homes**

Your Speaker



Monnette Geronimo is the Business Development Manager for the Nursing Care Center Services of The Joint Commission.

Monnette assists and guides organizations as they on-board and move forward toward achieving Joint Commission Nursing Care Center accreditation. She advises nursing care center leadership on where Joint Commission accreditation and the Joint Commission enterprise can deliver significant value for the organization given their unique business models and objectives.

Objectives:

- Discuss key features of the Joint Commission Nursing Care Center Accreditation program and process
- Highlight how the accreditation program features and process help drive profitability in nursing homes:
 - Supporting revenue generation
 - Minimizing costs of operation

In its simplest terms...



- Census
- Payer Reimbursements
- Acuity: PDPM

Value Based Healthcare Environment

- Encourage healthcare providers to deliver best quality care at the lowest possible cost
- In 2015, US DHHS: tie 85% of Medicare payment to quality or value by 2016 and 90% by 2018
- CMS Seema Verma: “One of our key initiatives is innovative payment models that align financial incentives for providers to deliver efficient, high quality care.”
- SNF VBP 10/2018
- HUD Section 232 – provides funding for loans associated with senior care/housing – beginning to look at star ratings and quality metrics
- State and Private payers following suit

Quality Matters.

Standards as Foundation for Quality



**ACCREDITED
ORGANIZATION**

Leadership & Staff Competencies

Policies and Processes

Leadership & Staff Knowledge

**Environment of
Care/Life Safety**

**Clinical
Operations**

**Management
Operations**

STANDARDS

Standards Development



Concept

Ideas
Law & Reg
Stakeholder
Initiatives
Best Practices
Experts

Evidence

Literature
Review
Clinical
Practice
Guidelines
Next Steps

Validate

Technical
Advisory Panel
Face to Face or
Remotely

Develop

Draft
Edit
Review
Repeat

Test

Surveyors
Standards
Review Panel
Learning
Visits

Publish

Pilot Test
Manuals
E-dition

Notification

Perspectives
Online Posts
Surveyor
Education
Q&A

MM 03.01.01

The organization safely stores medications

Rationale for MM.03.01.01

Medication storage is designed to assist in maintaining medication integrity, promote the availability of medications when needed, minimize the risk of medication diversion, and reduce potential dispensing errors. Law and regulation and manufacturers' guidelines further define the organization's approach to medication storage including guidelines for medications that require refrigeration.

Nbr	Elements of Performance (EPs)	CMS	New	FSA	DOC
2	The organization stores medications according to the manufacturers' recommendations or, in the absence of such recommendations, according to a pharmacist's instructions.	§483.45(a) §483.45(b)(2) §483.45(b)(3)...		R	
3	The organization stores controlled (scheduled) medications to prevent diversion, in accordance with law and regulation.	§483.45(a) §483.45(b)(2) §483.45(b)(3)...		R	
4	The organization follows a written policy addressing the control of medication between receipt by an individual health care provider and administration of the medication, including safe storage, handling, wasting, security, disposition, and return to storage.	§483.45(a) §483.45(b)(2) §483.45(b)(3)		R	D
6	The organization prevents unauthorized individuals from obtaining medications in accordance with its policy and law and regulation.	§483.45(a) §483.45(b)(2) §483.45(b)(3)...		R	
7	All stored medications and the components used in their preparation are labeled with the contents, expiration date, and any applicable warnings.	§483.45(g)		R	
8	The organization removes all expired, damaged, and/or contaminated medications and stores them separately from medications available for administration.			R	
9	The organization keeps concentrated electrolytes present in patient and resident care areas only when patient or resident safety necessitates their immediate use, and precautions are used to prevent inadvertent administration. (See also MM.01.01.03, EP 2)			R	
18	The organization inspects all medication storage areas periodically, as defined by the organization, to verify that medications are stored properly.	§483.45(b)(2) §483.45(b)(3)		R	

Joint Commission Accreditation Standards

Environment of Care
Emergency Management
Human Resources
Information Management
Leadership
Life Safety
Medication Management

National Patient Safety Goals
Provision of Care
Performance Improvement
Record of Care
Rights of Individual
Waived Testing

Joint Commission Standards Chapters At-A-Glance

Patient Safety Systems

- Describes an integrated resident safety system
- Provides approaches and methods that may be adapted to increase the reliability of an organization's systems in making visible and removing risk of resident harm
- Identifies methods for establishing leadership and staff accountability, trust and knowledge while reducing the impact of fear and blame
- Describes how centers can work to prevent or respond to patient or resident safety events
- Explains how orgs can continually evaluate status and progress of their resident safety systems

Joint Commission Standards Chapters At-A-Glance

Environment of Care

- Fosters a safe, functional and effective environment for patients, staff, and other individuals in the organization
- Three basic elements:
 1. Building space
 2. Equipment
 3. People

Focus on safety and minimize risk in all 3 elements.

Emergency Management

- Effective disaster preparedness
- Four phases: mitigation, preparedness, response, recovery
- EOP (emergency operations plan): scalable to emergencies which escalate in complexity, scope or duration.

Joint Commission Standard Chapters-At a Glance

Human Resources

- Process of staff management
- Organization's responsibility to verify qualifications, orient and provide training to staff
- On the job competency assessment
- Credentialing and privileging of licensed independent practitioners

Information Management

- How the provider obtains, manages, and uses information to provide, coordinate, and integrate services
- Plan for meeting internal and external information needs; promote efficiency, accuracy, privacy and security
- Plan for information disruption or failure

Joint Commission Standard Chapters-At a Glance

Infection Control and Prevention

- Develop an effective program to address a wide range of IC situations
- Demonstrate leadership commitment to IC and provide effective resources
- Partner with residents, family and community to prevent and control infection

Leadership

- Focus on establishing a culture of safety for everyone
- Proactive risk assessment to correct process and reduce likelihood of risk
- Competency of staff and role of leaders to manage diversity and complexity of responsibilities

Joint Commission Standard Chapters-At a Glance

Life Safety

- Covers requirements for ongoing maintenance of building safety requirements during and after construction
- Promotion of fire safety environment

Medication Management

- Addresses the stages of medication use, including: selection, storage, and safe management of medications, ordering, dispensing and monitoring of effect and evaluation of the process
- Framework for safe medication management

Joint Commission Standard Chapters-At a Glance

National Patient Safety Goals

- Specific actions health care organizations are expected to take in order to prevent medical errors
 - *Use of two resident identifiers*
 - *Anticoagulation therapy*
 - *Medication reconciliation*
 - *Hand hygiene*
 - *Pressure ulcers*
 - *Falls*
 - *UTI*
 - *Central line infections*
 - *Multi-drug Resistant organism infections*

Provision of Care

- Covers four basic areas: planning care, implementing care, special conditions, and discharge or transfer
- Focus on the continuum of care over various time frames
- Focus on entry into the organization through discharge or transfer

Joint Commission Standard Chapters-At a Glance

Performance Improvement

- Focuses on using data:
 - monitor performance
 - identify improvement opportunities

Record of Care

- Covers the complete clinical record:
 - authenticity
 - timeliness
 - record retention

Joint Commission Standard Chapters-At a Glance

Rights of Individual

- Requirement to help organization recognize and respect resident rights:
 - informed consent
 - receiving information
 - participating in decision making
 - services provided to respect patient rights

Waived Testing

- For CLIA-approved laboratory testing, covers:
 - policies
 - identifying staff responsible for performing and supervising waived testing
 - competency
 - quality control
 - record keeping

The Joint Commission: Pioneers in Quality & Safety

- The leader in quality and safety standards development in healthcare
- Independent, not-for-profit mission-driven organization
- Joint Commission Gold Seal: most widely recognized and respected indicator of quality in healthcare
- 53 years experience accrediting nursing homes and skilled nursing facilities, predominant accrediting body for U.S. nursing homes, accrediting 94% of all accredited nursing homes in the country
- Close to 900 accredited centers to-date



JAMDA Study Revealed:

Accredited Providers had fewer and less JKL and JKLHIF level deficiencies

Scope		
Isolated	Pattern	Widespread
J	K	L
G	H	I
D	E	F
A	B	C

Accredited Providers experienced less frequent payment denials and paid lower fines than non-accredited organizations



Accredited organizations showed higher overall star rating and scores in key quality metrics that figure in value-based contract requirements and payment models



Williams PsyD, Morton PhD, Braun PhD, Longo RN MBA MSN, Baker MD MPH; Journal of American Medical Directors Association (JAMDA) 2016

JAMDA results consistent with past independent research on the program:

Joint Commission Accreditation and Quality Measures in US Nursing Homes; Policy, Politics and Nursing Practice, April 2012

- Assessment of correlation between accreditation and quality measures in nursing homes; analysis of all US nursing homes in 2010 showed a sample of 874 Joint Commission accredited facilities demonstrated improvement over all categories

Impact of Voluntary Accreditation on Deficiency Citations in US Nursing Homes, The Gerontologist, March 2012

- Accreditation was associated with significantly lower deficiency citations

Relationship of Nursing Home Safety Culture and Joint Commission Accreditation, The Joint Commission Journal of Quality and Patient Safety, May 2012

- Nursing home administrators in Joint Commission accredited organizations rated 8/11 dimensions significantly higher on the Nursing Home Survey of Resident Safety Culture than did their non-accredited counterparts

Joint Commission Recognized Quality Credential:

State Value Based and/or Quality Initiative Programs

- FL Medicaid PPS: Recognized Quality Credential = \$4-\$5/bed/day in additional reimbursement
- OH Quality Improvement Project – Joint Commission Nursing Care Center Accreditation as an accepted quality improvement initiative (a pre-requisite to renewal)
- TN QuILTSS – 10 bonus points with the achievement of Joint Commission Nursing Care Center Accreditation, collection of points are used to determine additional reimbursements

Insurance Contracting

- Insurance provider network contracting requirement or qualifier
 - Blue Cross Blue Shield of MA
 - Blue Cross Blue Shield of IL
- Partnership HP of CA Long Term Care Quality Improvement Program (LTC QIP) – points awarded for additional incentive payout when using Joint Commission accreditation tools and resources for QAPI
- Strong opportunities for discounts in liability insurance rates

Certifications for Market Distinction and Growth

Nursing Care Center Accreditation

Provides a solid foundational platform upon which optional specialty distinctions may be built; takes into account federal regulations but also go above and beyond these

Nursing Care Center Accreditation

Optional Specialty Certifications

Accredited organizations may elect optional specialty certifications

+

Post-Acute Care Certification

+

Memory Care Certification

+

Disease Specific Care Certification

Customer spotlight:

“If we consistently implement Joint Commission best practices, earn accreditation and specialty certification, Chaparral House may earn a seat the contract negotiation table, where the large local chains often have the advantage.”

- Chaparral House (CA)

“The achievement (PAC) enables us to show data that drives confidence in our organization, resulting in more referrals and more beds filled. Our return-to hospital rate has dropped measurably since achieving PAC.”

- Alden Network (IL)

Customer Spotlight

“Through accreditation we really began examining all of our data. We noticed that there was room for improvement in our re-hospitalization rates within 30 days...a lot of those readmissions were respiratory related incidences and a large percentage of those were preventable. We needed a structured path to achieve our readmission goals, we believed the CHF certification could give us that path. We worked very hard to achieve certification and have been able to lower our readmission rates for CHF.” - Fellowship Community (PA)

Assessing your market/referral partners:

	Hospital Name	Joint Commission Accredited?	Joint Commission Disease Specific Care Certified?
1	NYU Langone Tisch Hospital	Yes	Advanced Comprehensive Stroke, Stroke Rehab, Advanced Palliative Care, Advanced Ventricular Assist Device, Perinatal Care
2	Maimonides Medical Center	Yes	Advanced Comprehensive Stroke, Ventricular Assist
3	New York-Presbyterian Brooklyn Methodist Hospital (FKA New York Methodist Hospital)	Yes	
4	NYC Health and Hospitals - Harlem (FKA Harlem Hospital Center)	Yes	
5	New York-Presbyterian/Weill Cornell Medical Center	Yes	Advanced Comprehensive Stroke Center, Ventricular Assist Device
6	NYC Health and Hospitals - Kings County (FKA Kings County Hospital Center)	Yes	Primary Stroke Center
7	Mount Sinai Beth Israel (FKA Mount Sinai Beth Israel Medical Center Brooklyn Hospital Center)	Yes	Advanced Palliative Care
8	New York Community Hospital of Brooklyn	Yes	
9	Brookdale Hospital Medical Center	Yes	
10	Mount Sinai Medical Center (AKA the Mount Sinai Hospital)	Yes	Advanced Comprehensive Stroke Center, Ventricular Assist Device, Advanced Palliative Care, Comprehensive Cardiac Center, Primary Stroke Center

Keeping You Ahead in Quality & Safety

- Regular onsite evaluation by expert surveyors
- Full-continuum accreditor
- DC office
- Emergency Management/Infection Prevention
- Perspectives publication
- NCC Dashboards/NCC Webinar Series
- Heads Up Reports
- Leading the Way to Zero Harm



Continuous Customer Engagement-Survey Focus Areas



Short Stay Measures

CCN		Go to LongStay Measures			Accredited		CMS Overall Star Rating	
							5	
		Blue = Upper 50 Percentile Orange = Lower 50 Percentile						
ShortStay Measure Descriptions	Org's 4Q Avg Score	Accredited Avg	State Avg	National Avg	Org's Percentile			
Percentage of short-stay residents with pressure ulcers that are new or worsened <small>MDS data from: 2017Q4 - 2018Q3</small>	0.9%! <small>Lower is better</small>	0.7%	0.5%	0.9%	30			
Percentage of short-stay residents who newly received an antipsychotic medication <small>MDS data from: 2017Q4 - 2018Q3</small>	3.6%! <small>Lower is better</small>	1.9%	2.1%	1.9%	14			
Percentage of short-stay residents who made improvements in function <small>MDS data from: 2017Q4 - 2018Q3</small>	83.5%✓ <small>Higher is better</small>	66.3%	70.9%	68.2%	90			
Percentage of short-stay residents who were rehospitalized after a nursing home admission <small>Claims data from: 20170401-20180331</small>	18.8%✓ <small>Lower is better</small>	24.5%	24.1%	22.3%	72			
Percentage of short-stay residents who were successfully discharged to the community <small>Claims data from: 20170401-20180331</small>	53%! <small>Higher is better</small>	53.2%	51.9%	53.9%	40			

Counts	BD Org Counts MAP	BD Fines and Deficiencies	BD Star Ratings	BD Overall/RN Ratings all	BD Ownership Type	BD Measure Comps SFA	Overview LongStay	Overview ShortStay	Matching Issues Info
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Continuous Customer Engagement-Survey Focus Areas



Long Stay Measures

CCN	Go to ShortStay Measures	Accredited			CMS Overall Star Rating				
					5				
Blue = Upper 50 Percentile Orange = Lower 50 Percentile									
LongStay Measure Descriptions	Org's 4Q Avg Score	Accredited Avg	State Avg	National Avg	Org's Percentile				
Percentage of high risk long-stay residents with pressure ulcers <small>MDS data from: 2017Q4 - 2018Q3</small>	4.8% <small>Lower is better</small>	5.7%	5.9%	5.5%	51				
Percentage of long-stay residents with a urinary tract infection <small>MDS data from: 2017Q4 - 2018Q3</small>	1.2% <small>Lower is better</small>	2.5%	2.7%	2.9%	68				
Percentage of long-stay residents who received an antipsychotic medication <small>MDS data from: 2017Q4 - 2018Q3</small>	8.6% <small>Lower is better</small>	15.1%	14.2%	14.8%	75				
Percentage of long-stay residents experiencing one or more falls with major injury <small>MDS data from: 2017Q4 - 2018Q3</small>	2.1% <small>Lower is better</small>	3%	2.7%	3.4%	66				
Counts	BD Org Counts MAP	BD Fines and Deficiencies	BD Star Ratings	BD Overall/RN Ratings all	BD Ownership Type	BD Measure Comps SFA	Overview LongStay	Overview ShortStay	Matching Issues Info

In its simplest terms...



- Salary
- Non-Salary:
building facility
maintenance,
supplies,
- Insurance
- Others

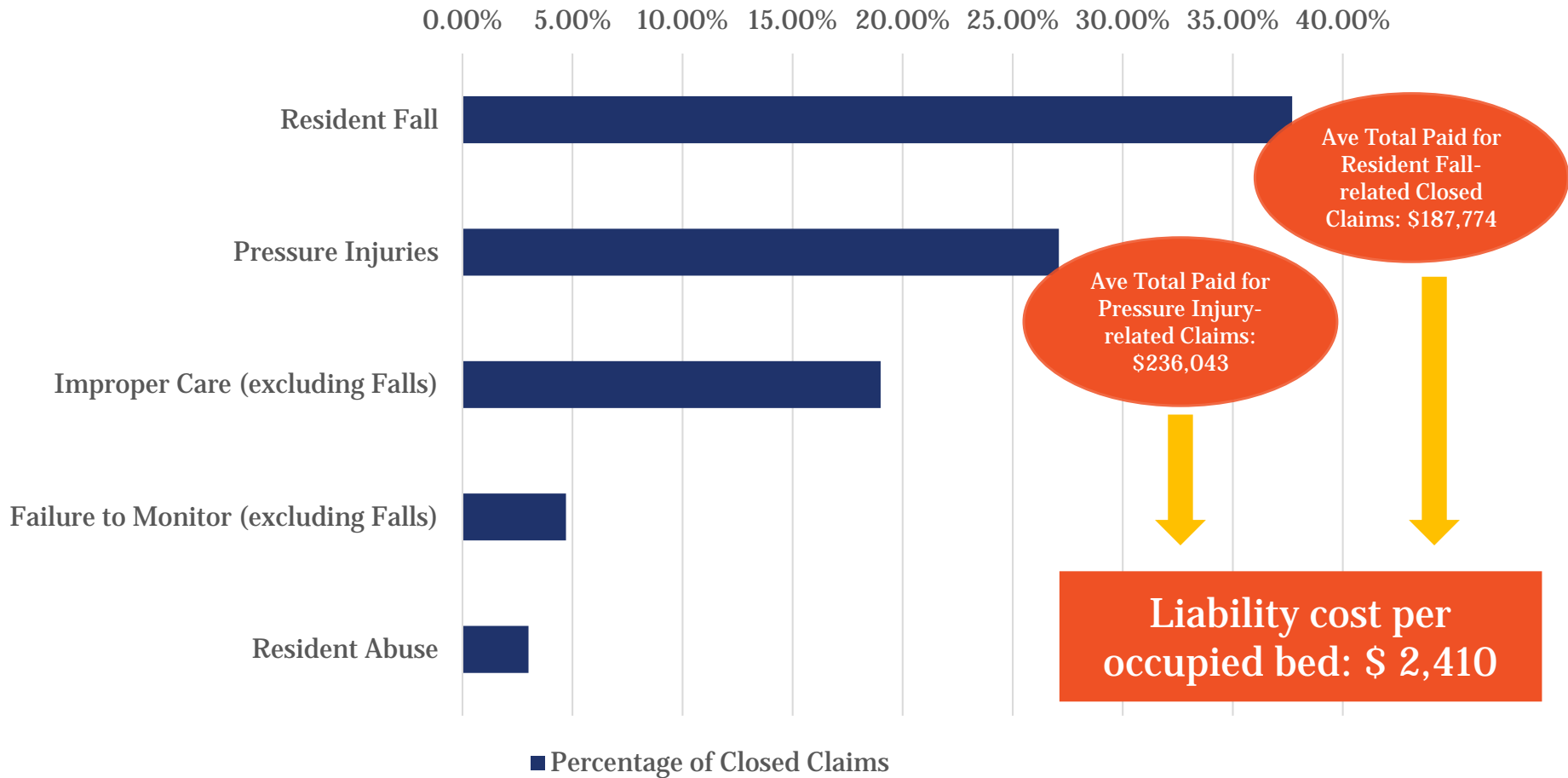
Cost Reduction

- Standardization creates operational efficiencies
 - Staff time and resources devoted in developing and testing process, correcting errors and work-arounds:
 - Medication Errors
- Accreditation as risk mitigation tool
 - Leadership and staff education and engagement
 - Fosters safety culture

Cost Reduction

- Reduction in deficiencies/errors – reduction in exposure to litigation and lawsuits
 - Infection Prevention & Control
 - Falls Reduction
 - Pressure Injuries
- Multi-site organizations

Skilled Nursing Most Frequent Allegations



Source: 2018 CNA Aging Services Claim Report
2018 Aon General & PL Benchmark for LTC Providers

Accreditation Standards that Help Address Your Most Challenging Care Issues

Abuse/Neglect Prevention

HR 01.05.03
LD 03.06.01
PC 01.02.07
PC 01.02.09
RI 01.06.03

Behavior Management

HR 01.04.01
LD 01.06.01
MM 01.01.05
MM 07.01.01
PC 01.02.05.01, 05, 09
PC 01.03.01
PC 01.02.05, 08
PC 03.02.13
PC 01.01.01
RC 02.01.13

✓ Fall Management

EC 02.06.01
EC 02.06.03
LD 04.04.05
NPSG09.02.01
PC.01.02.03
PC 02.02.09
PC 02.03.01

Pain Management

HR 01.04.01
HR 01.05.03
HR 02.02.01
PC 01.02.01
PC 01.02.03
PC 01.02.07
PC 02.03.01
RI 01.01.01

✓ Pressure Injury Prevention

NPSG 14.01.01
PC 01.03.01
PC 02.01.05
PC 02.01.13
PC 02.01.15

Patient Centered Care

HR 01.05.03
HR 01.07.01
LD 03.01.02
PC.01.02.01
PC.01.03.01

Restraint Reduction

PC 01.01.01
PC 03.02.09
PC 03.02.13
RC 02.01.05
RC 01.06.01

Weight Loss Prevention

PC 01.02.01
PC 02.01.15
PC 02.02.03
PC 02.03.01
RC 02.01.11

Safety Culture

APR 09.02.01
HR 01.04.01
LD 03.01.01
LD 03.02.01
LD 03.03.01
LD 03.04.01
LD 03.05.01
LD 03.06.01
LD 04.04.05

Long-Stay Measures

Short-Stay Measures

5/5

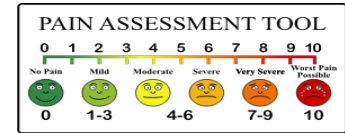
Need Less help with late-loss ADL



Less likely to experience falls resulting in a major injury



Less likely to experience moderate to severe pain (long and short-stay measures)



Less likely to be prescribed antipsychotic medications (long and short-stay measures)



Less Likely to acquire new or worsened pressure ulcers



Less Likely to be given the pneumococcal vaccination

Likelihood to be given the influenza vaccination



How much is accreditation?

Pricing for NCC Accreditation

3 x Annual Fee + Onsite Fee = Accreditation Cycle Fee

ANNUAL FEE

- Annual Fee based on average daily census (ADC), billed every Jan

<76	\$	2,300.00
76-150	\$	2,700.00
151-225	\$	3,100.00
226-300	\$	3,500.00

- Annual fee pro-rated based on application submission date

ONSITE FEE

- Cost of survey event, billed after survey is completed
- 1 surveyor, 2-day survey for accreditation, additional day for ADC > or = 200, additional day for PAC

DEPOSIT

- \$1700.00 paid at time of application, applied to future invoice

Example for ADC = 100

	Annual Fee	Total 3-Year Ann Fee ²	On-site Survey Fee ³	Total 3-Year Accreditation Fee	Ave Annual Cost
Nursing Care Center (NCC) Accreditation	\$2,700	\$8,100	\$3,880	\$11,980	
Accreditation ONLY				\$11,385	\$3,993.00
Add-On Post-Acute Care Certification (PAC)	\$550	\$1,650	\$1,135	\$2,785	
Accreditation + PAC				\$14,765	\$4,921.67
Add-On Memory Care Certification (MCC)	\$275	\$825	\$0	\$825	
Accreditation + PAC + MC				\$15,590	\$5,196.67

Per Bed Per Day Cost Accreditation

\$ 0.11

Per Bed Per Day Cost Accreditation w/ Certifications

\$ 0.14

Evaluate...



- *How might our organization benefit from the accreditation standards and process in terms of revenue generation or cost reduction?*
- *Is our organization well-positioned for value-based payment models?*
- *Are there expenses/costs that can be eliminated if we were to adopt a comprehensive, systematic approach to quality and safety?*
- *Are we prepared to position accreditation as an investment for our organization?*

Nursing Care Center Accreditation Services Business Development Team



Gina Zimmermann

Executive Director

gzimmermann@jointcommisison.org

(630) 792-5293



Monnette Geronimo

Business Development Manager

mgeronimo@jointcommission.org

(630) 792-5251

Thank you!