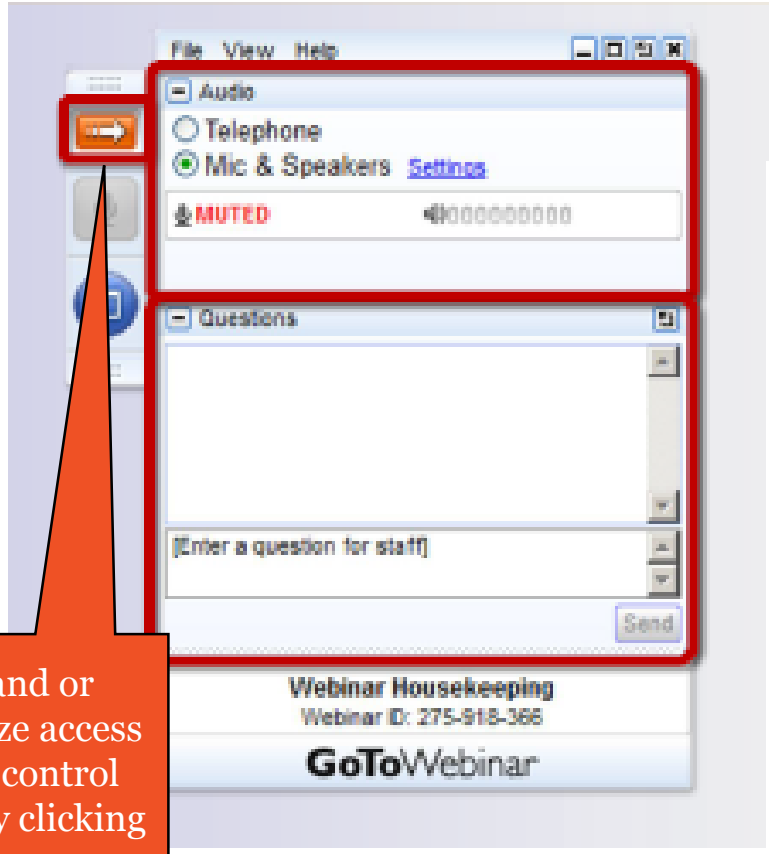
Nursing Care Center Accreditation

How Accreditation Addresses the Most Common Challenges in Nursing Homes

The Joint Commission

Housekeeping Notes



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- Lines will be muted so please use your control panel to communicate. You may need to expand view if you can’t see the panel. (see directions)
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Nursing Care Center Accreditation

How Accreditation Addresses the Most Common Challenges in Nursing Homes

The Joint Commission

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.

The Joint Commission

The Joint Commission

- Independent, not-for-profit mission-driven organization
- The leader in quality and safety standards development in healthcare
- Joint Commission Gold Seal : most widely recognized and respected indicator of quality in healthcare
- Currently accredits close to 90% of the nation's hospitals
- Pioneer in the accreditation of nursing homes which began in 1966
- Largest and only full continuum accreditor
- Leading health care organizations toward high reliability and ZERO patient harm

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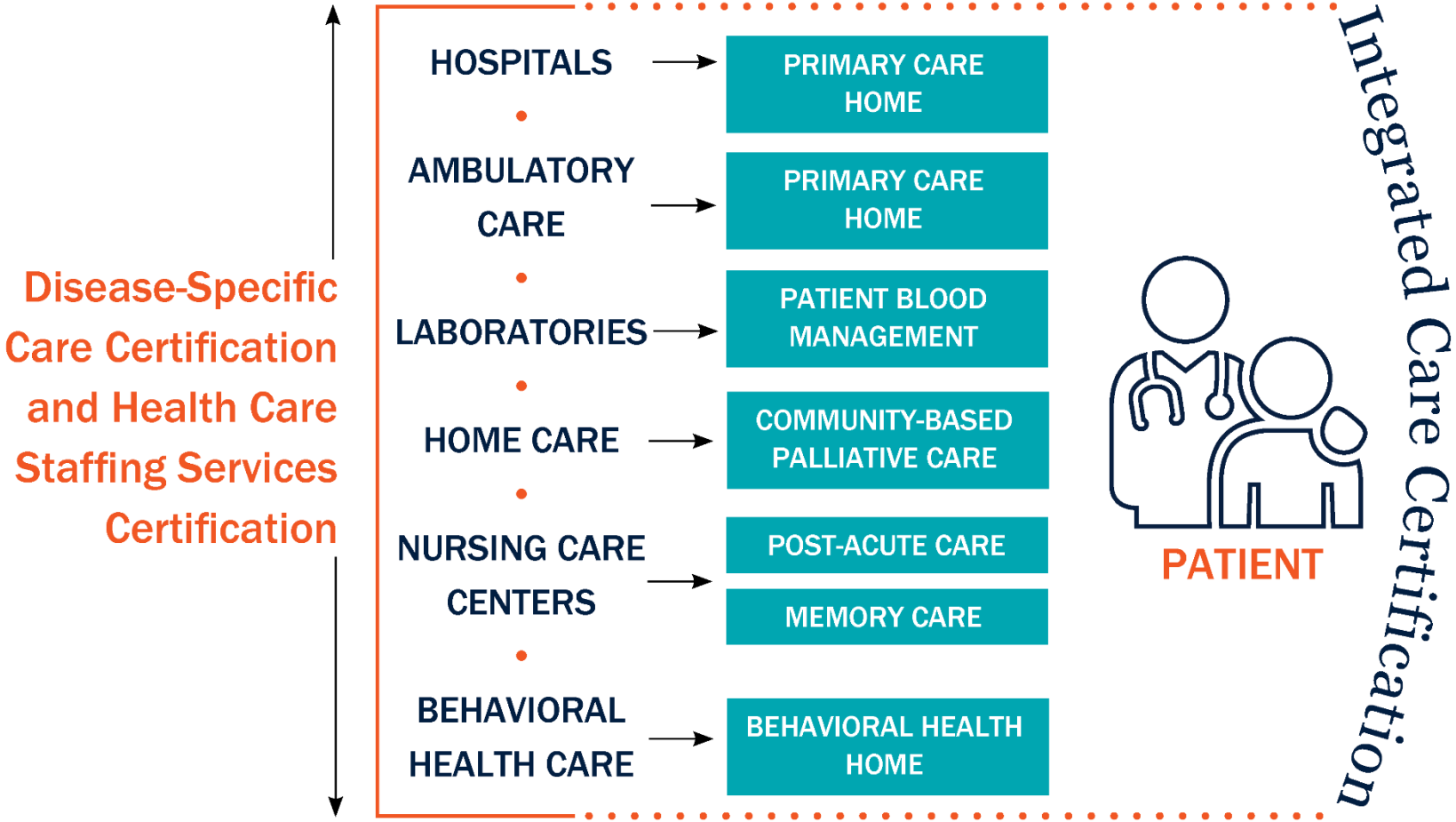
– Unique Scope Of Operations

– *Comprehensive Accreditation / Certification Services*



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– Four Entities – One Vision

All people always experience the

SAFEST,

HIGHEST QUALITY,

BEST-VALUE

health care across all settings.

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Presentation Objectives

- Cite specific ways Joint Commission Nursing Care Center Accreditation *program elements* and *process* assist in addressing common challenges and issues facing skilled nursing home providers today:
    1. Increased Scrutiny to Prove Quality
    2. Staff Shortage and Retention
    3. Financial Pressures:
        - Operational Efficiencies
        - Revenue Generation

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Challenge #1:

Increased Scrutiny to Prove Quality of Care and Outcomes

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Increased Scrutiny to Prove Quality Outcome

- Value Based Health Care: achieve better health outcomes in cost-effective ways
- Across all healthcare settings: written into legislation : 2010 Affordable Care Act
- 2014 PAMA : 2018 NHVBP
- Key quality indicator: reduction in re-hospitalization
- PDPM : transition payment from volume of care to payment appropriateness and accuracy based on patient characteristics

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THE JOINT COMMISSION

MISSION

To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value

VISION

All people always experience the safest, highest quality, best-value health care across all settings

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NCC Accreditation Program Rationale

Establish a framework or blueprint that guides nursing care centers in achieving, maintaining and demonstrating consistent excellence in quality and safety

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Joint Commission Standards Development

- ✓ Developed from input from health care professionals, providers, subject matter experts, consumers, government agencies and employers
- ✓ Informed by scientific literature, expert consensus and reviewed by the Board of Commissioners
- ✓ New standards are added only if they directly relate to: patient safety, quality of care, have a positive impact on health outcomes, meet and/or surpass law and regulation and can be accurately and readily measured

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Environment of Care	*Fosters a safe, functional and effective environment for patients, staff, and other individuals in the organization*
Emergency Management	*Effective disaster preparedness.*
Human Resources	*Processes for staff and staff management.*
Information Management	*How the provider obtains, manages, and uses information to provide, coordinate, and integrate services*
Leadership	*Reviews structure and relationships of leaderships, the maintenance of a culture of safety, quality and operational performance*
Life Safety	*Covers requirements for ongoing maintenance of building safety requirements during and after construction*
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.*
National Patient Safety Goals	*Specific actions health care organizations are expected to take in order to prevent medical errors*
Provision of Care	*Covers four basic areas: planning care, implementing care, special conditions, and discharge or transfer.*
Performance Improvement	*Focuses on using data to monitor performance, compiling, and analyzing data to identify improvement opportunities*
Record of Care	*Covers the planning function (components of clinical records, authentication, timeliness, record retention) and documentation of items in patient records.*
Rights of Individual	*Informed consent, receiving information, participating in decision making, and 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 and record keeping.*

Joint Commission Accreditation Survey

Objective 3rd party evaluation of care processes to inspire continuous improvements and performance excellence within your organization

- Expert surveyors, trained and employed by the Joint Commission
- Collaborative and process-oriented approach
- Nationwide perspective on best practices and emerging issues in skilled nursing facilities
- Doesn't seek to identify deficiencies to penalize but to recommend solutions and methods for improvement

"Their approach was a truly different experience for staff used to state surveys. It was refreshing because it was more of a learning experience than punitive."

- 2017 Customer Satisfaction Survey respondent -

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2016 Comparative Research in JAMDA

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

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

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Long-Stay Measures

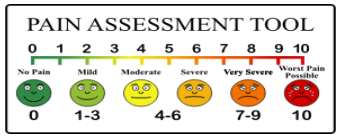
Short-Stay Measures

5/5

- Need Less help with late-loss ADL

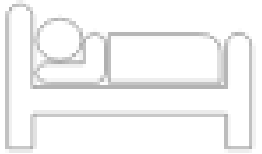
- Less likely to experience falls resulting in a major injury

- 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

- Less Likely to be given the influenza vaccination

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Other Independent Research Results

- **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*

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Pioneering Tools and Resources

- Public Portals on Emergency Management, Transitions of Care, Infection Prevention and Control
- National Patient Safety Goals – NCC
  1. Identifying patients correctly
  2. Use medicines safely
  3. Prevent infection
  4. Prevent residents from falling
  5. Prevent bed sores
- Sentinel Events and Alerts

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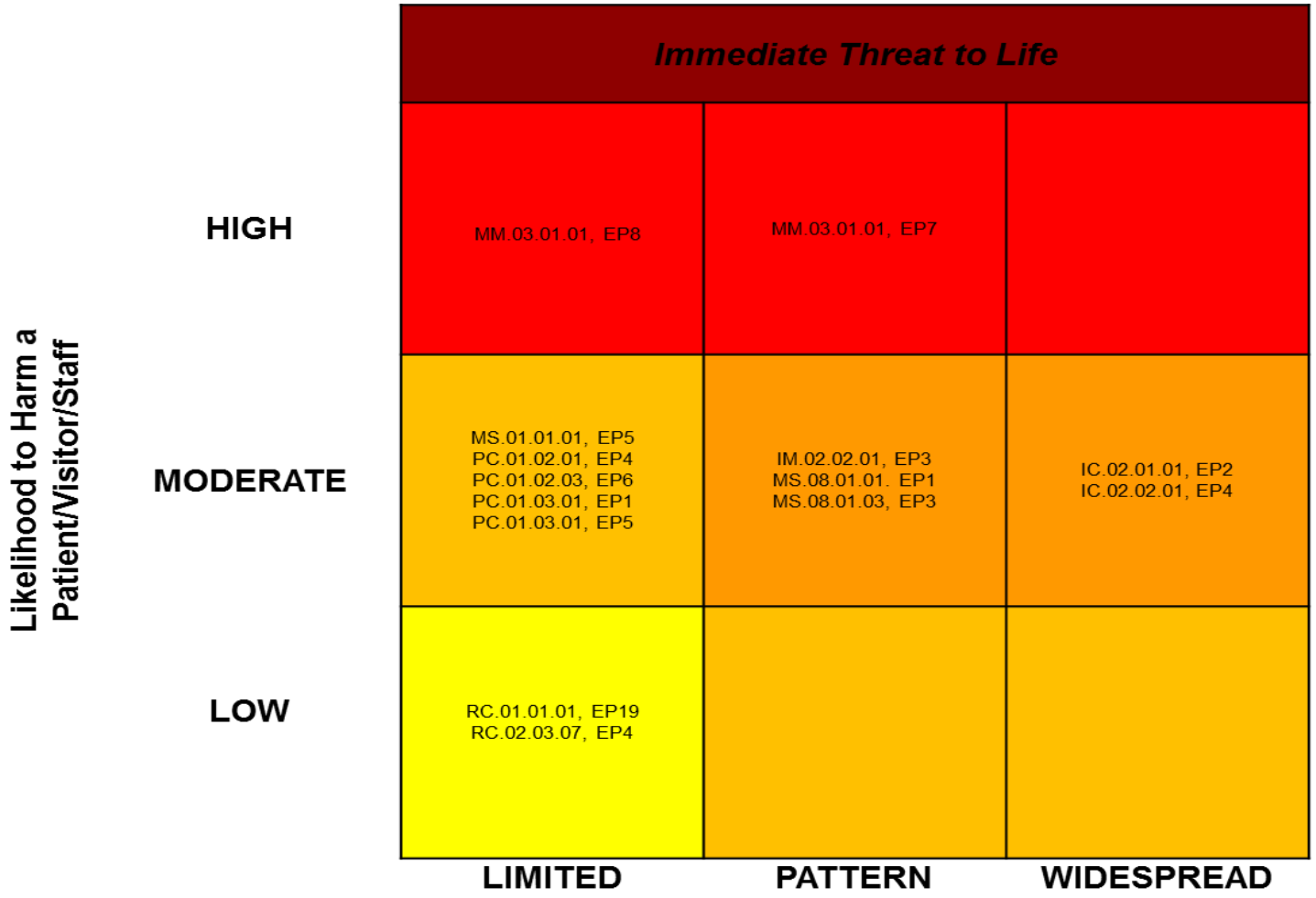
Survey Process : Tracer Methodology and the Survey Analysis for Evaluating Risk™ (SAFER)



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Joint Commission Center for Transforming Healthcare

Joint Commission Center for Transforming Healthcare

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Home > What We Offer > Targeted Solutions Tool (TST)

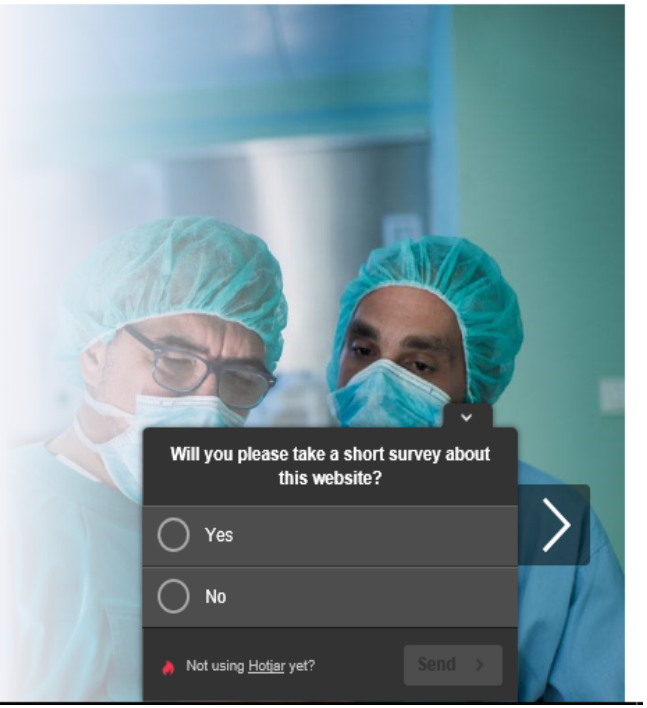
What We Offer

- High Reliability Training +
- Oro 2.0 +
- Targeted Solutions Tool (TST) –
  - Targeted Solutions Tool (TST)
  - Preventing Falls TST
  - Hand Hygiene TST
  - Hand-off Communications TST
  - Safe Surgery TST
- Advance with the Center +

Targeted Solutions Tool (TST)

Find out why you're not getting the results you need.

Safety problems in health care persist because they are complex. Unless we understand the true reasons why something isn't working, we will



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Coming Soon

- CMS QAPI Requirements – NCC Alignment
- NCC Pre-pub Standards
  - Pain Assessment and Management
  - NPSG on Anti-coagulant use
- Assessing safety culture in healthcare organizations
- Dashboarding Features in Joint Commission Connect:
  - Benchmark against peers, state, nationwide
  - Trending reports and links to vetted/proprietary tools and resources
- Leading the Way to Zero Harm

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The Challenge:
Staffing Shortage and Retention

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What is happening?

- In 40 years, number of adults over age 65 will double from 49M to 95M while labor force will grow only by 14%[1]
- At retirement, 52% will need long-term/direct care services by an average of 2 years[1]
- Turnover in the long-term care sector ranges from 44-65% -- 1 in 4 CNAs report that they are actively looking for a job[1]
- Estimated direct cost of replacing a nursing assistant is $2,200[2]

Source: [1]Scales, Keiza PhD, June 2018, PHI Staffing in Long Term Care is a National Crisis;[2] Boushey, Heather and Sara Jane Glynn. 2012. There Are Significant Business Costs to Replacing Employees. Washington, DC: Center for American Progress

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Addressing Staffing Shortage

- Build a knowledgeable and competent talent bench from within
  - Utilize accreditation program as opportunity for continuous education and training
  - For leaders, ability to scale management/oversight, cross-train
  - Use standards in planning staff development, coaching and mentoring
- Accreditation standards promote consistency during staff turnover
- Highlight accreditation in recruitment activities

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Addressing Staff Retention

- Consider other levers for retention
  - Accreditation promotes a culture of safety and continuous improvement and learning
  - Accreditation process engages staff in identifying risk areas and initiating process changes: Staff Empowerment
  - Standards as objective reference for positive reinforcement and/or correction
  - Involves and applicable to all areas of operations: clinical/non-clinical staff
  - Recognizing improvements, celebrating success

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The Challenge:
Financial Pressure

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Achieving Operational Efficiencies

- As much as 40% of health-care dollars spent is waste
- 3 Primary forms of provider-related waste: Process Inefficiency, Overuse, Preventable Harm
- Consider cost of care: ADL, Pressure Ulcers, Scope & Severity of Survey Findings, Infection, Medication and savings realized when improvements are achieved

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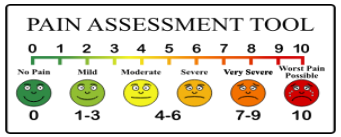

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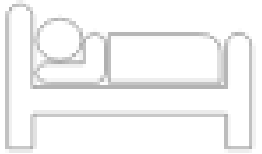

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Achieving Operational Efficiencies

- Standardization as foundational approach to risk management and quality assurance
- Consider multi-site, newly acquired facilities with varying degrees of inconsistencies in process and delivery of care
- Consider consulting costs for ad-hoc quality assurance projects/initiatives, state survey readiness
- Consider cost of shortcuts, repetition, re-training, errors

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Increasing Revenue

- Value-based recognitions (PPS in FL, IL, MA, TN, CA, Ohio and in other markets)
- Recognition by referral networks: Hospitals and insurers
- Market differentiator / Competitive advantage
- Value messaging to your communities
- Consider optional certifications to align with your communities' needs

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Nursing Care Center Accreditation Program Design

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 Certification

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FL PPS Quality Incentive Payment

PROCESS MEASURES	POINTS	JAMDA
Flu Vaccine	3	✓
Anti-Psychotics	3	✓
Restraints	3	
OUTCOMES MEASURES		
UTI	3	
Pressure Ulcers	3	✓
Falls	3	✓
Incontinence	3	
Activities of Daily Living	3	✓
STRUCTURE MEASURES		
Combined Direct Care Staffing (RN, LPN, C.N.A)	3	✓
Social Work and Activity Staff	3	
CREDENTIALS		
CMS 5 Star Rating (at 3-stars)	5	✓
Quality Credentials	5	✓
• Florida Gold Seal/The Joint Commission Accreditation/AHCA National Quality Awards		
Total Quality Points Possible	40	

Oct 1 2018*
643 Organizations

519 QIP
Ave = $ 21.06
Med = $ 27.37
Mode = $ 17.00
Range = $12.92 – $41.83

All Orgs
Ave = $ 17.00
Med = $ 20.91
Mode = $ 0.00

* http://ahca.myflorida.com/medicaid/cost_reim/nh_rates.shtml

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

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2016 JAMDA Study Results' Alignment with Partnership Health Plan of CA's 2019 LTC QIP

Measure	Points	JAMDA Study
Gateway Measure		
CMS Five-Star Quality Rating	N/A	✓
Clinical Domain		
1. Percent of high-risk residents with pressure ulcers	10	✓
2. Percent of residents who lose too much weight	10	
3. Percent of long-stay residents who needed and got a flu shot	5	✓
4. Percent of long-stay residents who got a vaccine to prevent pneumonia	5	✓
Functional Status		
5. Percent of residents experiencing one or more falls with major injury	10	✓
6. Percent of residents who have/had a catheter inserted and left in their bladder	10	
Resource Use		
7. Hospital Admissions	10	
Operations/Satisfaction		
8. Health Inspection Rating	10	✓
9. Staffing Rating	10	✓
10. Implementation Plan for QAPI	10	Per NCC Accreditation Process/Program elements
11. QI Training and QAPI Self-Assessment	10	Per NCC Accreditation Process/Program elements

CA Quality Assurance Supplemental Payment

2017 Quality Metrics	Points	JAMDA Study
Pressure Ulcer: Long Stay Measure	11.111	
Physical Restraint: Long Stay	11.111	
Influenza Vaccination: Short Stay	5.555	✓
Pneumococcal Vaccination: Short Stay	5.555	✓
Urinary Tract Infection: Long Stay	11.111	
Control of Bowel/Bladder: Long Stay	11.111	
Self-Report Pain: Short Stay	5.555	✓
Self-Report Pain: Long Stay	5.555	✓
Activities of Daily Living: Long Stay	11.111	✓
Staff Retention Measurement Area	11.111	
30 Day All-Cause Readmission	11.111	
Total	100	

2018: Less likely to be prescribed antipsychotic medications (long and short-stay measures) ✓ ✓

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Other Recognitions/Value-based Models for the Joint Commission NCC Program:

- **TN QuiLTSS** – 10 bonus points for Joint Commission Accreditation – used for tiering and additional reimbursement payout
- OH Department of Aging Nursing Home Quality Improvement Project – recognition of Joint Commission Nursing Care Center Accreditation in OH's Quality Improvement initiative

  https://aging.ohio.gov/nursinghomequalityimprovement
- Payer's value scorecard to boost score = higher reimbursement
- Blue Cross/Blue Shield of MA - network contracting
- Blue Cross/Blue Shield of IL – network contracting

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Accreditation : Cost or Investment?

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					**$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**

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Accreditation: Cost or Investment?

- Strategic framework/approach to quality: evidence based and leading edge standards + collaborative survey process
- Partner with a global quality improvement enterprise and resources it offers
- Attract, develop and retain talent
- Create operational efficiencies: process standardization/improvements: prevents errors, shortcuts, waste
- Maximize value-based reimbursements and incentive payment opportunities

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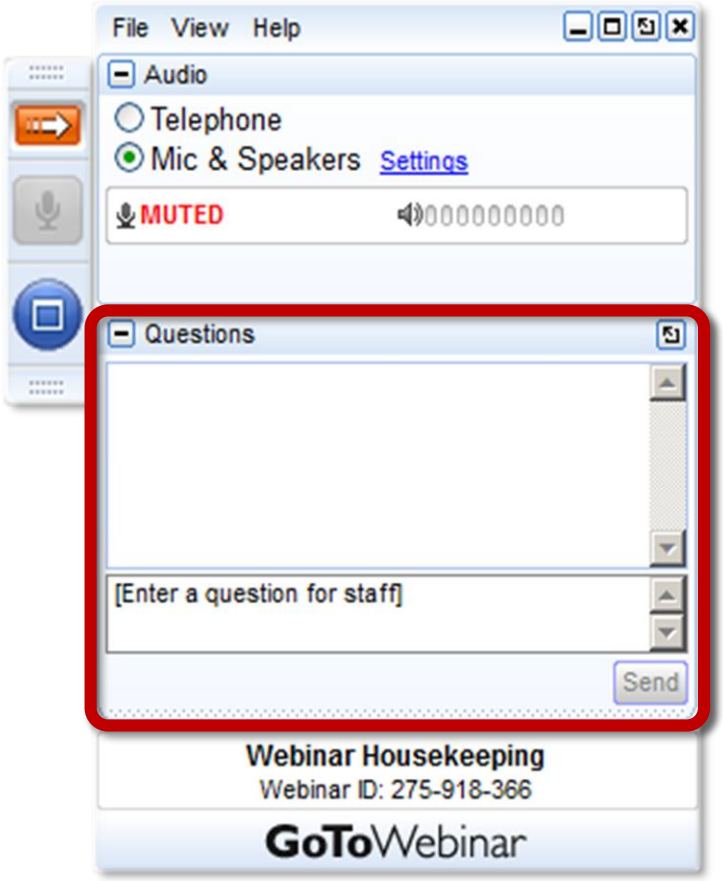
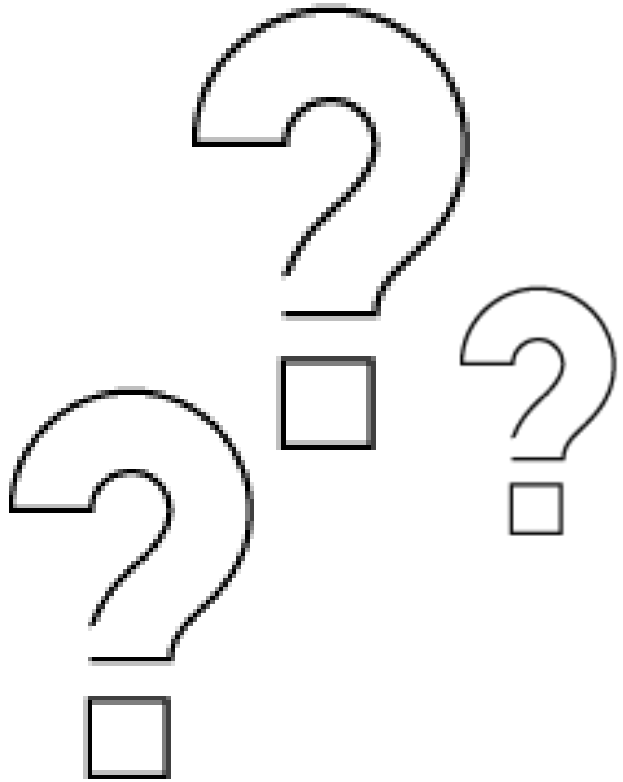
Time for Your Questions!





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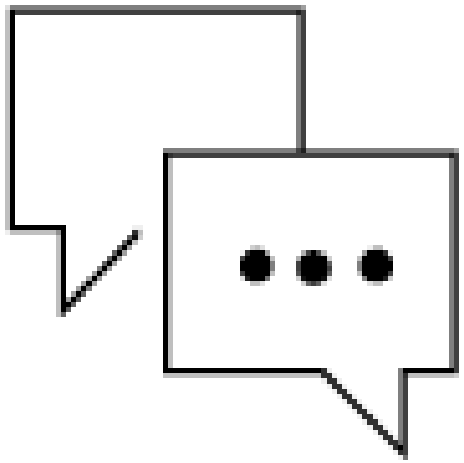
Remember…

- A recording and PDF of today's Webinar will be emailed to all attendees
- Please complete a brief survey upon exit from today's presentation
- For information on accreditation:
  - 630-792-5020
  - ncc@jointcommission.org
  - jointcommission.org/ncc



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Thank you!

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