

**RFA Number 0704271204**

**On-Time Quality Improvement  
for Long Term Care**

**Questions and Answers**

- 1. Is the Department of Health endorsing the two vendors mentioned in the RFA? Can other vendors contract with nursing homes funded under this RFA to produce the reports?**

**Answer:** The Department does not endorse the two vendors mentioned in the RFA nor does it endorse any other vendors. Nursing homes may contract with any vendor that they determine has the capability to produce the five required On-Time reports within the timeframes specified in the RFA.

- 2. Is the Department of Health partnering with any particular vendor on this RFA?**

**Answer:** No. Participating nursing homes are responsible for selecting the vendor they want to contract with for automated CNA documentation and to produce the On-Time reports.

- 3. Is there a list of vendors that AHRQ has been working with on this project?**

**Answer:** No.

- 4. What is the Department doing to help nursing homes identify qualified vendors other than those mentioned in the RFA?**

**Answer:** The RFA directs nursing homes to first talk with their current vendors about the project. It recommends that nursing homes give their current vendors a copy of the complete RFA with attachments, because sample reports as well as column definitions are attached to the RFA. This is information that vendors need to begin to assess their capability to produce the reports.

In addition, a series of conference calls was scheduled between the consultants, nursing homes, and any vendor that wished to participate. The purpose of these calls was to help nursing homes and vendors understand software requirements and, thus, the vendors' capability to produce the reports. The first two calls were listed in the RFA and mentioned in the August 8<sup>th</sup> live webcast. Subsequent to the webcast, four additional calls were scheduled and announced on the Department's website. Thus six vendor conference calls have been held to date:

Monday, August 13, 20 or 27, 2007, 2 - 3 PM ET and Tuesday, August 14, 21 or 28, 2007, 10 – 11 AM ET.

Additional vendors calls may be scheduled and, if they are, will be announced on the Department's website.

- 5. Are the vendor conference calls going to provide options for homes that are not currently using HIT?**

**Answer:** That is not their purpose. The RFA provides information on the only two software vendors currently producing the reports. However, other vendors may have the capability of developing and debugging the required software within the timeframes specified in the RFA. The vendor conference calls are offered in order to assist these vendors to assess their capability to produce the reports within the required timeframes.

**6. How do we find vendors to use?**

**Answer:** Please see questions and answers above. If the options mentioned in the above answers do not work for you, you could contact other nursing homes or provider associations that may be able to suggest vendors, search the web or contact vendors who advertise in health provider trade journals.

**7. Will AHRQ or the Department of Health provide a forum (e.g., webinar, links on a website, symposium) that gives nursing homes the ability to see all the HIT vendors that offer systems that can readily produce the On-Time reports?**

**Answer:** No. We do not know all the vendors that can readily produce the On-Time reports.

**8. During the webcast, someone mentioned the benefit of applying for multiple site implementation. However, the face sheet requires the operating certificate number of just one facility. In the case of a multi-site nursing home, should just one site submit a proposal (as the lead agency) or were you suggesting multiple sites of the same organization file separate proposals? If just one nursing home applies, would technical support be available to all participating sites? If each nursing home is applying separately, would multiple nursing homes from the same organization have the same likelihood of being funded as independent nursing homes?**

**Answer:** Applicants must be individual nursing homes. Groups of nursing homes may not apply. Regarding multi-site nursing homes, or several nursing homes under common ownership, each individual nursing home with a unique operating certificate is eligible to apply if it meets the 10% threshold for high risk pressure ulcers. Applications will be scored without regard to multiple submissions from the same organization or common ownership.

Currently, we plan to provide technical assistance from the consultants to only the nursing homes whose applications are funded. However, the nursing homes selected to participate in this initiative may share what they learn with other nursing homes, e.g., the reports, communication mechanisms, streamlined CNA documentation, work flow processes, etc. Nursing homes do not need to be funded under this initiative to implement the On-Time approach.

Additional information about the On-Time quality improvement model can be accessed at <http://www.ahrq.gov/research/puwebcast.htm>.

**9. Is there a scoring advantage or disadvantage for nursing homes to apply as a group or collaborative if the homes are in one system, or are using the same vendor, or have a relevant relationship?**

**Answer:** Groups of nursing homes are not eligible to apply. Each applicant must be an individual nursing home. Nursing homes awarded funds may work together if they wish to and in fact the On-Time model provides several on-going opportunities for nursing homes funded under this initiative to work together and to share their experiences.

**10. We are currently evaluating several different software vendor companies as potential partners in our development of EMR's and most likely will not make a final decision until December 2007 or January 2008. Is this an acceptable timeline for this funding opportunity?**

**Answer:** Probably not. Nursing homes selected to participate in this initiative are expected to be using the On-Time reports within the timeframes specified in the RFA. However, your EMR vendor need not be the vendor that you contract with to produce the reports.

**11. What are the estimated minimal costs associated with the consultation and education component as described on Page 5, section C of the RFA?**

**Answer:** Depending on who initiates the conference calls with the consultants, nursing homes may incur telephone charges from their long distance carrier. There may also be copying costs if the nursing home wishes to make multiple copies of some printed materials, and/or paper costs for printing electronic materials.

**12. We are a long term care facility for children receiving palliative, rehabilitation and skilled nursing care. We do not meet the 10%+ pressure ulcer requirement. Are we eligible for funds under this initiative?**

**Answer:** Your nursing home is not eligible for funds under this RFA, but you could address pressure ulcer prevention under the next RFA that is to be issued this fall. You could also learn more about the On-Time model by visiting <http://www.ahrq.gov/research/puwebcast.htm>. It is possible to implement the model without participating in the On-Time RFA project.

**13. Our pressure ulcer rate is 8.4%, but we want to be even better. Is there any way we can still participate in the project?**

**Answer:** Please see answer to above question.

**14. How are the 35 points allocated among the application sections or requirements in the RFA?**

**Answer:** Attachment Four to the RFA (Application Review Criteria) includes all technical review criteria. There are no financial review criteria. The eleven criteria shown in Attachment Four are worth 35 points. The point value of each criterion is shown in the Attachment.

**15. Can we submit our application prior to September 4, 2007?**

**Answer:** Yes. However, the review process has been modified so there isn't any advantage to submitting your application prior to September 4<sup>th</sup>. Please review the amendments to the RFA posted at <http://www.nyhealth.gov/funding/rfa/0704271204/>. They describe the modified review process and a new application requirement.

**16. What states have funds available for this program in addition to New York?**

**Answer:** To the best of the Department's, AHRQ's and the consultants' knowledge, New York is the only state providing support (along with support from AHRQ) to nursing homes to implement the On-Time approach. In California, support has come from a private foundation (California Health Care Foundation), Lumetra (California's Quality Improvement Organization or QIO) and AHRQ. In Arizona and North Carolina, the QIOs and AHRQ have provided support. AHRQ has also provided support to nursing homes in Ohio, Wisconsin, District of Columbia and South Dakota.

**17. We are a 589 bed nursing home. \$49,999 doesn't seem like enough money to implement the program.**

**Answer:** Funds are intended to subsidize costs rather than to cover costs completely. Most if not all nursing homes will have to cover a portion of the costs with their own funds. Participating nursing homes will realize significant savings when staff is treating fewer pressure ulcers.

**18. Is the 10% threshold a prevalence or incidence rate?**

**Answer:** Prevalence.

**19. Are nursing homes that specialize in only sub-acute care eligible to apply for funds?**

**Answer:** No. The RFA states on page one that participating nursing homes must commit to implementing the On-Time model for all of their chronic or long stay residents. Nursing homes that provide only sub-acute care do not have any chronic or long stay residents for whom they can implement this model and thus are not eligible to participate in this initiative.

**20. Please review the three reports that we must be able to obtain from our IT vendor.**

**Answer:** There are actually five reports that vendors must produce. These are explained in the RFA. Sample reports are appended to the RFA.

**21. The timeframes in the work plan seem inconsistent with the timeframes for the vendor to produce the reports.**

**Answer:** The first quarter of the project does not involve the vendor. It is the pre-HIT phase of preparing for use of HIT and redesigning workflow. Additionally, nursing homes will use the first quarter of their contracts with the Department of Health to develop and execute their vendor contracts. The start date for the vendor contracts will be around the beginning of the second quarter of the nursing home contracts with the Department of Health.

**22. Who has access to the information from the CNA charting and the weekly reports? Is it secure in the facility or available to outside agencies? What kind of security is in the system to protect PHI?**

**Answer:** The Department of Health does not have access to the data or the reports unless it requests the nursing home to provide the information during a survey or patient complaint investigation. The nursing home determines the staff who has access to the data and the reports within the nursing home. The contract between the nursing home and the vendor should require the vendor to provide secure transmission systems and maintain compliance with all relevant HIPAA requirements.

**23. If you are already using an IT system for CNA documentation, can the data set be obtained from this type of system or would we need to use flow sheets?**

**Answer:** It is possible that the data required for the reports could be abstracted from the data sets already in existence. Discuss this with your IT vendor.

**24. There is a lot of discussion about process but not the data component. The data collected must be input into some type of software. Does this project require electronic data entry and reporting? Is it linked into EMRs or stand-alone?**

**Answer:** The project requires electronic data entry of CNA documentation. The nursing home and its vendor decide how to do this. The RFA describes two ways that have worked well for nursing homes that have already implemented On-Time. The vendor produces the reports. This system can be stand-alone or linked to EMRs.

**25. Have you implemented this model in a unionized facility and has that been helpful?**

**Answer:** We do not know whether the nursing homes that have already implemented On-Time are unionized.

**26. Does On-Time require the nursing home to use electronic medical records?**

**Answer:** No.

**27. How costly are digital pen systems? Is the alternative to enter the data manually? Is software available to capture the data and translate it into reports, or are facilities responsible to develop the database and reports in-house?**

**Answer:** Costs depend on several factors: the hardware and software used to enter data into the database; whether the vendor has already demonstrated the capability to program and produce the reports; number of long stay beds; etc. To date there have been two vendors that have produced the reports and offer them as part of their product. The specifications are in the public domain. The software produced by the vendors is proprietary. Nursing homes either have to contract with software vendors to produce the reports or develop the software in-house. The grants of \$49,999 are intended to subsidize the costs of writing and debugging the required software or contracting with a vendor that has done this already.

**28. After CNAs fill out the documentation form, how are data translated to the reports and how are the reports printed?**

**Answer:** The data are transmitted to the software vendor or the EMR, which processes them and produces the reports. The reports are then either posted on the vendor's website with security measures in place so that only designated nursing home staff can access them and print them out, or they are available to be printed from the EMR.

**29. We are in the process of converting to an EMR, which includes hand-held data collection devices for our CNAs. How can our EMR communicate with the On-Time program?**

**Answer:** Your EMR vendor needs to assess whether it can produce the reports as per project deadlines and requirements and should review the reports and column definitions in the RFA. Additional vendor conference calls may be scheduled and if so, will be announced on the Department's website at <http://www.nyhealth.gov/funding/rfa/0704271204/>.

**30. How do you guard against the "garbage in, garbage out" phenomena in data entry?**

**Answer:** One of the five required On-Time reports focuses on CNA documentation completeness and consistency. This report helps nursing homes focus their staff education on the documentation areas that tend to have problems. In addition, in the consultants' experience, CNAs are careful to be accurate and complete when they see that their documentation is used and has an impact on the care plan and resident outcomes.

**31. We are currently using PDA and internet system for medical records. We just upgraded to Windows, internet-based, and are loving it even more. It seems we are ahead of this initiative. Do you see any benefit to our participation?**

**Answer:** We can't answer your question given the information you've provided. Please review your current pressure ulcer prevention program and high risk pressure ulcer quality measures. Do you meet the 10% + eligibility criterion? Do you think there is room for improvement? Does your current EMR system support improvement? The answers to such questions should help you decide whether the On-Time model would benefit your nursing home.

**32. Where can I see a copy of the CNA flow sheet?**

**Answer:** Examples of flow sheets are at <http://www.ahrq.gov/research/puwebcast.htm>. Keep in mind that finalizing the data elements for your facility and implementing digitized forms and digital pen technology or HIT system and hardware will be addressed during the project.

**33. Are there any initiatives that will help us address hospital-acquired pressure ulcers?**

**Answer:** Not at this time. However, the Department is open and willing to work with providers on this issue.

**34. Can you please share what the resident-to-CNA ratio was in the pilot projects?**

**Answer:** We do not have this information.