Solicitation of Interest (SOI)

New York State
Department of Health
Division of Residential Services

Participation in a Study of On-Time Quality Improvement for Long Term Care

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KEY DATES

SOI Release Date: May 19, 2010
Applicant Conference: June 3, 2010
Questions Due: June 4, 2010
SOI Updates Posted: June 11, 2010
Applications Due: July 23, 2010

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Bureau of Credentialing
Division of Residential Services
161 Delaware Avenue
Delmar, NY 12054
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NOTE: There is no funding associated with this initiative.

I. Purpose of Solicitation of Interest (SOI)

The purpose of this Solicitation of Interest (SOI) is to recruit between 12 to 15 New York State nursing homes to participate in a study of quality improvement in long term care related to pressure ulcer prevention. The study will compare a group of nursing homes that have implemented the On-Time Quality Improvement for Long Term Care program (On-Time) and a group of nursing homes that have not implemented On-Time but may have implemented other quality improvement efforts.

On-Time is an innovative evidence-based quality improvement project that combines health information technology for CNAs, clinical decision making reports, and process improvements with front-line caregiver teams. However, it has not been rigorously evaluated by comparing its effectiveness to pressure ulcer quality improvement projects other than On-Time.

This SOI is for nursing homes who have not implemented On-Time QI but may have implemented other QI projects that focus on pressure ulcer prevention. Up to four units in each of the selected nursing homes will participate in the study as members of the control sample of nursing homes. There is no requirement for control sample nursing homes to implement any new QI activities. Control sample nursing homes may continue any QI activities currently underway and may also start new QI activities as long as they don’t implement On-Time. Participating nursing home units must be non-ventilator chronic care units with a six-month average 2% or higher incidence rate for in-house acquired pressure ulcers.

Project duration will not exceed 6 months. Anticipated project start date is September, 2010. Abt Associates in Cambridge, Massachusetts, will conduct the study and assist nursing homes in the data collection process. Nursing homes will enter into an agreement with Abt Associates that describes both parties’ roles and deliverables. There will be no contracts between nursing homes and the New York Department of Health.

II. Why Study Quality Improvement Initiatives in Long Term Care Related to Pressure Ulcer Prevention?

The Department has partnered with nursing homes, hospitals, home care agencies, provider associations, advocacy groups, New York’s Quality Improvement Organization (IPRO) and the Center for Medicare and Medicaid (CMS) to reduce pressure ulcer rates for populations at risk of developing them. The Department is currently working with these stakeholders as a member of the New York Statewide Pressure Ulcer Improvement Initiative. This group has developed the Gold STAMP (Success Through Assessment Management and Prevention) Program to Reduce Pressure Ulcers in New York State. The Gold STAMP program will provide evidence-based resources and education to health and long term care providers across the continuum of care in New York State to help them reduce the incidence of pressure ulcers among their residents and patients.

A second major initiative implemented in 15 NY facilities from 2008-2010 is “On-Time Quality Improvement for Long Term Care”. This approach, implemented in more than 50 nursing homes across the nation, has shown great promise in reducing pressure ulcer prevalence. An important next step is a formal evaluation.

III. Incentives to Participate in the Study

The New York Statewide Pressure Ulcer Improvement Initiative

The New York Statewide Pressure Ulcer Improvement Initiative fully supports this project. Nursing homes can use participation in this study to support their own internal quality improvement projects to prevent
First, nursing homes would need to collect the incidence data required to be collected as part of this project, to ascertain the success of their own internal quality improvement efforts. Second, the Facility Profile and the Nursing Home Questionnaire on Pressure Ulcer Practices are useful self-assessment tools. The information that the nursing home collects about itself on these tools can also be used to support and evaluate the success of its own internal project.

Training on Minimum Data Set 3.0 Section M Skin Conditions

Control nursing homes will be offered expert training on the completion of the Minimum Data Set 3.0 Section M Skin Conditions. Minimum Data Set Version 3.0, slated for implementation in October, 2010, will include significant changes in a number of areas from the 2.0 version implemented in 2002. Section M on Skin Conditions has been revised to include items that require assessors to determine pressure ulcer risk, identify wound bed tissue types, and recognize unstageable pressure ulcers and deep tissue injury. Assessors will also be asked to provide pressure ulcer dimensions and to compare pressure ulcer stages on previous assessments to the resident’s current pressure ulcer status.

Abt Associates has engaged a certified wound consultant and experienced MDS 3.0 trainer to provide a half-day session focusing on MDS 3.0 items in Section G (ADLs) and Section M (Skin Care). A nurse for 27 years and former director of nursing, MDS coordinator, and Joint Commission surveyor, the trainer is a contributing author to the MDS 3.0 instruction manual and served on the team that finalized the new item sets of MDS 3.0. She will serve as an instructor for the two upcoming national training and education programs designed specifically for the Centers for Medicare and Medicaid Services’ (CMS) staff, state survey and regional office Resident Assessment Instrument (RAI) coordinators, state agencies and national associations and organizations impacted by the use of the RAI/MDS.

These half-day training sessions will be provided free-of-charge to control nursing homes in either November, 2010 or January, 2011 and will be open only to participating control nursing homes. By this time, nursing homes will have had several months’ experience with the MDS 3.0 and should have identified areas in need of clarification. The locations will be determined at a later date, but are expected to be within 60 miles of facilities. Travel and meal expenses will be the responsibility of the facilities.

Pressure Ulcer Data Analysis and Comparisons to Other Nursing Homes

At the conclusion of the project, project staff will share study results with each participating nursing home. Also, project staff will share with each nursing home its own incidence rates over time compared to those of: (1) the control group of nursing homes as a whole, and (2) the experimental group of nursing homes as a whole.

IV. Project Activities

The study involves largely retrospective data collection in order to calculate pressure ulcer incidence rates for the 12-month period from October 1, 2009 to September 30, 2010.

Control nursing homes will:

1. Schedule a one day site visit for Abt evaluation staff and consultants to assist with data collection effort. Department of Health and Abt staff recognize that providing pressure ulcer incidence data will take some effort on the facility’s part. Abt staff will visit each control nursing home at least once to assist with data collection. It is anticipated that data collection methods and process will be different at each participating nursing home. Many nursing homes have the required data in their electronic health records for residents. Other nursing homes maintain the information in hard copy records. In either case, Abt staff will work closely with nursing home staff both before and during the site visit to determine the most efficient way to collect the information. A second site visit may be scheduled if needed, e.g., if the nursing home encounters barriers to submission of the incidence and census data. Attachment 3 describes the data collection support that Abt
staff will provide to each nursing home.

2. Complete a "Facility Profile". This is a self-assessment, and is Attachment 6 to this SOI. It is included in the SOI for information purposes only. It does not need to be completed as part of the application.

This profile asks the facility to rate each of the units participating in the study (up to four units) in the following areas: wound care, pressure ulcer risk assessment, nutritional risk (i.e., risk of unplanned weight loss and dehydration), incontinence management and CNA involvement in reporting observations related to risk factors for pressure ulcers.

3. Complete a Nursing Home Questionnaire on Pressure Ulcer Practices. This is a self-assessment, and is Attachment 7 to this SOI. It is included in the SOI for information purposes only. It does not need to be completed as part of the application.

This questionnaire is completed for the entire facility (rather than individual units) and asks about practices related to pressure ulcer prevention and management.

Regarding data confidentiality, Abt will not share the nursing home’s individual data with any other entities nor will it be reported in a way that allows the nursing home or any individuals within the nursing home to be identified. It will be reported only in aggregate form, i.e., combined with the data from all other control nursing homes.

V. Work Plan and Project Timeframes

A September, 2010 start date is anticipated. All nursing homes selected to participate as controls will follow the same basic work plan over the course of the 6-month project.

<table>
<thead>
<tr>
<th>TASK</th>
<th>DETAILS</th>
<th>PROJECT QUARTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completion of Facility Profile (self-assessment) (Attachment 6)</td>
<td>Each participating unit within the nursing home completes this self-assessment and submits to study staff.</td>
<td>Q1</td>
</tr>
<tr>
<td>Completion of Facility Questionnaire on Pressure Ulcer Practices (Attachment 7)</td>
<td>A staff member with facility-wide understanding of house practices for pressure ulcer prevention completes this brief questionnaire and submits to study staff.</td>
<td>X</td>
</tr>
<tr>
<td>Site visit by Abt and other study staff</td>
<td>Abt staff will work with nursing home staff to identify the best way to collect and submit the needed data. A test run will be conducted during the site visit to verify the process.</td>
<td>X</td>
</tr>
<tr>
<td>Monthly pressure ulcer incidence data submission. Data collected retrospectively – October – December, 2009 and January – September, 2010</td>
<td>Via Abt secure web server, facility will submit monthly census and pressure ulcer information for all participating units for twelve months.</td>
<td>Oct Nov Dec 2009</td>
</tr>
<tr>
<td>Event</td>
<td>Timeframe</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>-----------------</td>
<td></td>
</tr>
<tr>
<td>SOI released</td>
<td>May 19, 2010</td>
<td></td>
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<tr>
<td>Applicant Conference Call</td>
<td>June 3, 2010</td>
<td></td>
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<tr>
<td>Questions due</td>
<td>June 4, 2010</td>
<td></td>
</tr>
<tr>
<td>Questions and answers posted on the</td>
<td>June 11, 2010</td>
<td></td>
</tr>
<tr>
<td>Department’s website (anticipated)</td>
<td></td>
<td></td>
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<tr>
<td>Applications due</td>
<td>July 23, 2010</td>
<td></td>
</tr>
<tr>
<td>Results announced</td>
<td>August, 2010</td>
<td></td>
</tr>
</tbody>
</table>

Questions on this SOI should be directed to Asante Shipp-Hilts at 518-408-1297 or profcred@health.state.ny.us. If questions are submitted to this e-mail address, nursing homes should indicate “On-Time Study SOI” in the subject field to ensure that the query is directed to the appropriate staff in a timely fashion.

An information session conference call to answer questions will be held on June 3, 2010. See Section X. below.

Questions submitted by June 4, 2010 and their answers will be posted on the Department’s public website by, it is anticipated, June 11, 2010.

VII. Who May Apply

Any nursing home licensed under Article 28 of New York’s Public Health Law is eligible to apply if it meets the following criteria:

a. CMS quality measure for high risk pressure ulcer prevalence of 10% or more in quarters one and two of 2009. A list of the nursing homes that meet this criterion can be found in Attachment 1. (Of the 639 nursing homes that were open during these two quarters, 170 were under 10% and 469 were 10% or more.)

b. Nursing home has at least one chronic care non-ventilator unit with an average in-house acquired pressure ulcer incidence of 2% or greater, averaged over the six-month period between April 1, 2009 and September 30, 2009. Incidence is the development of new ulcers. If the average is at least 2%, the unit is eligible to be included in the study. If even one unit is eligible, the nursing home is eligible.

Complete Attachment 8 to determine whether your nursing home has a unit(s) with a pressure ulcer incidence rate that meets this standard. If your nursing home is eligible, include in your application a completed Attachment 8 for the four units in your nursing home with the highest
incidence rates, regardless of whether these incidence rates are over or under 2%. (At least one of these four units will be 2% or more.)

c. Evidence of motivation to reduce pressure ulcer rates among residents, such as participation in one or more of the following initiatives:

- Quality Improvement Organization (QIO) Community of Practice for Pressure Ulcers; or
- Advancing Excellence campaign to reduce pressure ulcers; or
- New York Statewide Pressure Ulcer Improvement Initiative; or
- Other pressure ulcer quality improvement initiative.

Applicants will provide this information in their applications through their responses to question 12 in Attachment 2. A completed Attachment 2 is required to be included in the application.

d. Nursing home has not implemented more than four key components of On-Time Quality Improvement for Long Term Care. Potential applicants should answer the questions in Attachment 9 to determine whether they meet this criterion. A completed Attachment 9 is required to be included in the application.

e. Nursing home has retained and can access the information needed to calculate in-house acquired pressure ulcer incidence rates for each participating unit for the period October 1, 2009 – September 30, 2010. The nursing home’s Administrator of Record will attest to this capability on the application face page, Attachment 4. A completed Attachment 4 is required to be included in the application.

VIII. Application Requirements

Applications should be typed, single-sided and paginated. The font size should be clearly readable. Note that applications do not include project narratives and work plans because those selected to participate in the study will all follow the work plan in this SOI. Applications should be organized as follows:

- Operating Certificate. Include a clear, legible copy of the applicant’s Operating Certificate.
- Application Table of Contents. Use Attachment 5.
- Application Review Criteria. Complete Attachment 2. The information provided in this document will be used to score applications. Evidence of motivation to reduce pressure ulcer rates among residents is addressed in this Attachment. In completing it, the applicant will provide the information needed to assess its activities with regard to reducing pressure ulcers.
- Pressure Ulcer Incidence Rates for Participating Units. Complete an Attachment 8 for each of the four units in your facility with the highest pressure ulcer incidence rates, regardless of whether the incidence rates are over or under 2%. However, at least one unit must be 2% or more.

IX. Application Review Criteria

The ten technical criteria are worth 35 points. Bonus points will be awarded based on the number of units eligible to participate in the study as follows: 1 eligible unit = 0 bonus points; 2 - 4 eligible units = 2 bonus points. Thus the maximum number of points available is 35 + 2 = 37 points.
The ten technical criteria are listed in Attachment 2, which must be completed and submitted as part of the application.

X. Other Information

A. Applicant Conference

An applicant conference will be held to answer nursing homes’ questions on this Solicitation of Interest. Nursing homes may participate via conference call if they are not able to participate in person. The meeting will be held on Thursday, June 3, 2010 from 9:00 to 12:00, NYS Department of Health, 161 Delaware Avenue, Delmar, NY 12054. Conference call-in number is 1-866-394-2346. Participant code is 382949464. This phone line will be kept open the entire three hours so that nursing home staff can call in whenever it is most convenient between 9:00 AM and noon. All questions and answers arising from this meeting/conference call will be posted on the Department’s public website by, it is anticipated, June 11, 2010.

Registration for the conference is requested but not required. Please let the Department know you will be attending in person or via conference call by emailing this information to profcred@health.state.ny.us.

B. How to File an Application

Two copies of the application must be received at the following address by the date and time posted on the cover sheet of this SOI. Late applications will be accepted at the discretion of the Department of Health.

Asante Shipp-Hilts
Bureau of Credentialing
NYS Department of Health
161 Delaware Avenue
Delmar, NY 12054

Applications should be clearly labeled with the title of this SOI: Participation in a Study of On-Time Quality Improvement for Long Term Care. Applications can not be accepted via fax or e-mail.
ATTACHMENT 1

NURSING HOMES WITH PU RATES = > 10%
Q1 and Q2, 2009 Average

A HOLLY PATTERSON EXTENDED CARE FACILITY
ABSOLUT CTR FOR NURSING & REHAB AURORA PARK LLC
ABSOLUT CTR FOR NURSING & REHAB ENDICOTT LLC
ABSOLUT CTR FOR NURSING & REHAB GASPORT LLC
ABSOLUT CTR FOR NURSING & REHAB ORCHARD PARK LLC
ABSOLUT CTR FOR NURSING & REHAB SALAMANCA LLC
ABSOLUT CTR FOR NURSING & REHAB THREE RIVERS LLC
ABSOLUT CTR FOR NURSING & REHAB WESTFIELD LLC
ACHIEVE REHAB AND NURSING FACILITY
ADIRONDACK MEDICAL CENTER MERCY
ADIRONDACK MEDICAL CENTER UIHLEIN
AFFINITY SKILLED LIVING AND REHABILITATION CTR
ALBANY COUNTY NURSING HOME
ALICE HYDE MEDICAL CENTER SNF
ANDRUS ON HUDSON
APEX REHABILITATION & CARE CENTER
ATLANTIS REHAB AND RESIDENTIAL HCF
AUBURN NURSING HOME
AVALON GARDENS REHABILITATION & HEALTH CARE CENTER
BAINBRIDGE NURSING AND REHABIL
BAPTIST HEALTH N & R
BAY PARK CENTER FOR NRSG AND REHAB
BEACH TERRACE CARE CENTER
BEECHTREE CARE CENTER
BEECHWOOD HOMES
BELLHAVEN NURSING & REHAB CENTER
BERKSHIRE NURSING AND REHABIL
BETH ABRAHAM HEALTH SERVICES
BETHANY GARDENS SKILLED LIVING CENTER
BETSY ROSS REHABILITATION CTR
BEZALEL REHABILITATION AND NURSING CENTER
BISHOP CHARLES MACLEAN EPISCOP
BISHOP FRANCIS J MUGAVERO CENTER
BISHOP HENRY B HUCLES N H INC
BLOSSOM NORTH NURSING AND REHABILITATION CENTER
BLOSSOM SOUTH NURSING AND REHABILITATION CENTER
BLOSSOM VIEW NURSING HOME
BRIDGE VIEW NURSING HOME INC
BRONX CENTER FOR REHAB HEALTH
BRONX LEBANON SPECIAL CARE CEN
BRONX PARK REHABILITATION & NURSING CENTER
BROOKHAVEN HEALTH CARE FACILITY, LLC
BROOKHAVEN REHAB AND HEALTH CARE CENTER LCC
BROOKLYN CTR FOR REHAB AND RESIDENTIAL HLTH CARE
BROOKLYN UNITED METHODIST CHURCH HOME
MICHAUD RESIDENTIAL HEALTH SERVICES INC
MIDWAY NURSING HOME INC
MOHAWK VALLEY NURSING HOME INC
MONROE COMMUNITY HOSPITAL
MONTGOMERY NURSING HOME
MORNINGSIDE HOUSE NURSING HOME
MORRIS PARK NURSING AND REHAB CENTER
MOSHOLU PARKWAY NURSING AND REHAB
MOUNTAINSIDE RESIDENTIAL CARE
N Y CONGREGATIONAL NURSING CTR
N Y S VETS HOME AT MONTROSE
N Y S VETS HOME ST ALBANS
NASSAU EXTENDED CARE FACILITY
NATHAN LITTAUER HOSPITAL NURSING HOME
NESCONSET CENTER FOR NURSING AND REHABILITATION
NEW GOUVERNEUR HOSPITAL SNF
NEW SURFSIDE NURSING HOME
NEW VANDERBILT REHAB AND CARE CENTER
NEW YORK CENTER FOR REHAB AND NURSING
NEWFANE REHAB AND HEALTH CARE CENTER CORP.
NIAGARA LUTHERAN HOME & REHABILITATION CENTER, INC
NIAGARA REHABILITATION AND NURSING CENTER
NORTH SHORE UNIV HOSPITAL STERN FAMILY CTR
NORTHWESTCHESTER RESTORATIVE THERAPY & N C
NORTHEAST CENTER FOR SPECIAL CARE
NORTHERN DUTCHESS RHCF INC
NORTHERN MANHATTAN REHAB AND NURSING CENTER
NORTHERN MANOR GERIATRIC CTR I
NORTHERN METROPOLITAN RHCF
NORTHERN RIVerview HEALTH CARE
NORTHWOODS REHAB ECC HILLTOP
NORTHWOODS REHAB ECC TROY
NORWEGIAN CHRISTIAN HOME & HEALTH CENTER
NYACK MANOR NURSING HOME
OAK HILL MANOR NURSING HOME
OAK HOLLOW NURSING CENTER
OCEANSIDE CARE CENTER INC
ODD FELLOW AND REBEKAH REHAB & HLTH CARE CTR, INC
ONEONTA NURSING AND REHABILITATION CENTER
ONTARIO COUNTY HEALTH FACILITY
ORCHARD MANOR INC
OTSEGO MANOR
OUR LADY OF CONSOLATION GERIATRIC CARE CENTER
OUR LADY OF MERCY LIFE CENTER
OUR LADY OF PEACE NURSING CARE RESIDENCE
OZANAM HALL OF QUEENS NURSING
PALATINE NURSING HOME
PALISADE NURSING HOME COMPANY
PALM GARDENS CARE CENTER, LLC
PALM TREE CENTER FOR NURSING AND REHAB
SPLIT ROCK REHAB AND HEALTH CARE CENTER
SPRAIN BROOK MANOR N H
SPRING CREEK REHABILITATION AND NURSING CARE CTR
ST ANNS HOME FOR THE AGED
ST CABRINI NURSING HOME
ST CATHERINE LABOURE HEALTH CARE CENTER
ST CATHERINE OF SIENA
ST ELIZABETH ANNS HEALTH CARE AND REHAB CTR
ST FRANCIS HOME OF WILLIAMSVILLE
ST FRANCIS OF BUFFALO
ST JAMES HEALTHCARE CENTER
ST JAMES PLAZA NURSING FACILITY
ST JOHNLAND NURSING CENTER IN
ST JOHNS HEALTH CARE CORPORATION
ST JOSEPH NURSING HOME
ST JOSEPHS HOME
ST JOSEPHS HOSPITAL NURSING HOME OF YONKERS NY
ST LUKE HEALTH SERVICES
ST LUKES HOME
ST PATRICKS HOME
ST REGIS NURSING HOME INC
ST TERESA'S NURSING & REHABILITATION CENTER
ST VINCENT DE PAUL RESIDENCE
STATEN ISLAND CARE CENTER
STEUBEN COUNTY INFIRMIARY
STONEHEDGE HEALTH & REHAB CENTER-CHITTENANGO
STONEHEDGE HEALTH AND REHAB CENTER-ROME
SUFFOLK CENTER FOR REHABILITATION AND NRSG
SULLIVAN COUNTY ADULT CARE CENTER
SUMMIT PARK NURSING CARE CENTER
SUNHARBOR MANOR
SUNNYSIDE CARE CENTER
SUNRISE MANOR CTR FOR NURSING
SUNRISE NURSING HOME
SUSQUEHANNA NURSING & REHABILITATION CENTER, LLC
SUTTON PARK CTR NURSING REHAB
TEN BROECK COMMONS
TERENCE CARDINAL COOKE H C C
TERRACE HEALTH CARE CENTER
THE BAPTIST HOME AT BROOKMEADE
THE CROSSINGS NURSING AND REHAB CENTRE
THE HAMPTONS CENTER FOR REHABILITATION AND NURSING
THE HIGHLANDS AT BRIGHTON
THE HURLBUT
THE MOUNTAIN VIEW NURSING AND REHAB CENTRE
THE PINES AT CATSKILL CTR FOR NRSG & REHAB
THE PINES AT POUGHKEEPSIE CTR FOR NRSG & REHAB
THE PINES AT UTICA CENTER FOR NRSG AND REHAB
THE PINES HEALTHCARE & REHABILITATION CTR MACHIAS
THE SHORE WINDS
THE SPRINGS NURSING AND REHABILITATION CENTRE
THE WARTBURG HOME
THROGS NECK EXTENDED CARE FACILITY
TLC HEALTH NETWORK LAKE SHORE HOSP NURSING FAC
TOLSTOY FOUNDATION REHABILITATION & NURSING CENTER
TOWNHOUSE CENTER FOR REHABILITATION & NRSNG
UNITED HELPERS NURSING HOME
UNITY LIVING CENTER
VALLEY HEALTH SERVICES INC
VALLEY VIEW MANOR NURSING HOME
VAN ALLEN NURSING HOME
VAN DUYN HOME AND HOSPITAL
VAN RENSSELAER MANOR
VICTORY LAKE NURSING CENTER
VICTORY MEMORIAL HOSPITAL SNF
VILLAGE CENTER FOR CARE
WARTBURG NURSING HOME INC
WATERFRONT HEALTH CARE CENTER, INC.
WATERVIEW HILLS REHABILITATION AND NRSG CTR
WATERVIEW NURSING HOME
WAYNE CENTER FOR NURSING & REHABILITATION
WAYNE COUNTY NURSING HOME
WAYNE HEALTH CARE
WELLS NURSING HOME INC
WELLSVILLE MANOR CARE CENTER
WESLEY GARDENS CORPORATION
WEST LAWRENCE CARE CENTER L L C
WESTCHESTER CENTER FOR REHABILITATION & NURSING
WESTERN N Y S VETERANS HOME
WESTGATE NURSING HOME
WESTMOUNT HEALTH FACILITY
WHITE OAKS NURSING HOME
WHITE PLAINS CENTER FOR NURSING CARE, LLC
WHITTIER REHAB & SKILLED NURSING CENTER
WILLIAMSVILLE SUBURBAN LLC
WILLOW POINT NURSING HOME
WINDSOR PARK NURSING HOME
WINGATE AT BEACON
WINGATE AT DUTCHESS
WINGATE AT ULSTER
WOODBURY CENTER FOR HEALTH CARE
WOODCREST REHAB & RESIDENTIAL HEALTH CARE CTR LLC
WOODHAVEN NURSING HOME
WOODMERE REHAB AND HEALTH CARE
WORKMENS CIRCLE MULTICARE CENTER
WYOMING COUNTY COMMUNITY HOSPITAL SNF
**APPLICATION REVIEW CRITERIA**

Name of nursing home EXACTLY as it appears on Operating Certificate:

____________________________________________________________________________

Number of long term or chronic stay beds: ________________

Number of short stay or sub-acute beds: ________________

Total number of beds on Operating Certificate: ________________

NOTE: The number of short stay and long term beds should equal the number of beds on the nursing home’s Operating Certificate.

<table>
<thead>
<tr>
<th>Review Criterion</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Administrator: Number of months in current position in this facility.</td>
<td>(0 or 3 points)</td>
</tr>
<tr>
<td>2. DON/DNS: Number of years in current position in this facility:</td>
<td>(0 or 3 points)</td>
</tr>
<tr>
<td>3. Percent of all full time CNAs whose tenure in the nursing home as CNA is three years or more. (0 – 3 points)</td>
<td></td>
</tr>
<tr>
<td>Calculation:</td>
<td></td>
</tr>
<tr>
<td># full time CNAs three years or more on May 19, 2010 = (a) _____</td>
<td></td>
</tr>
<tr>
<td># CNA full time positions on May 19, 2010 = (b) _____</td>
<td></td>
</tr>
<tr>
<td>% full-time CNAs with tenure three years or more = (a) / (b) = _____</td>
<td></td>
</tr>
<tr>
<td>4. How many hours per week is a Registered Dietician at the facility?</td>
<td>(0 – 3 points)</td>
</tr>
<tr>
<td>5. Do you have a dedicated position for staff educator who has no other role?</td>
<td>(0 or 3 points)</td>
</tr>
<tr>
<td>If Yes, name ____________________</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>[ ] No</td>
<td></td>
</tr>
<tr>
<td>6. How many hours per week are budgeted for staff educator, excluding hours for employee health and infection control.</td>
<td>(0 – 3 points)</td>
</tr>
<tr>
<td>7. Do you have CNA team leads?</td>
<td></td>
</tr>
<tr>
<td>Note: CNA team lead is a dedicated position that serves as mentor and leader to CNA peers. This position may or may not have a team assignment.</td>
<td>(0 or 3 points)</td>
</tr>
<tr>
<td>[ ] Yes</td>
<td></td>
</tr>
<tr>
<td>[ ] No</td>
<td></td>
</tr>
<tr>
<td>8. Experience with QI. Please append the following to the application:</td>
<td>(0 – 5 points)</td>
</tr>
<tr>
<td>i) Written policies and procedures for QI Committee; provide the names of the staff who are members of the QI committee and for each one specify the role, discipline, and term on the committee; describe how QI committee members are selected and how long they serve; describe how QI projects are identified and selected; describe how often the Committee meets and who determines the agenda.</td>
<td>Attach documents to application.</td>
</tr>
<tr>
<td>ii) Describe a recent QI project and the changes in resident outcomes that occurred; describe how a successful QI project has resulted in changes to every day routine work;</td>
<td></td>
</tr>
<tr>
<td>iii) Describe a recent QI project that was not successful and why it was not successful; What were the barriers and how did you address them?</td>
<td></td>
</tr>
<tr>
<td>Review Criterion</td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td></td>
</tr>
<tr>
<td>What did you learn to inform future QI efforts?</td>
<td></td>
</tr>
</tbody>
</table>

10. Wound Management (0 – 6 points)

i) Please select one of the following that best describes wound management at your facility:

- [ ] One person does all the wound assessments, wound measurements, and wound treatment plans facility-wide.

- [ ] For nursing units: there is one person who does all the unit’s wound assessments, wound measurements, and wound treatment plans.

- [ ] Nurses covering the unit are responsible for wound assessments, wound measurements, and wound treatment plan reviews that are due during their shift. Multiple nurses are involved.

ii) Do you have a dedicated wound team at your facility? If no, skip iii and iv.

- [ ] Yes
- [ ] No

iii) Who participates on the Wound Team? Check all that apply.

- [ ] Dietary

- [ ] Rehab team member(s): PT, OT

- [ ] DON/DNS and/or Assistant DON/DNS

- [ ] Unit manager and/or Primary RN

iv) How often does the Wound Team conduct wound rounds? Select one.

- [ ] Ad hoc

- [ ] Weekly

- [ ] Monthly

11. Use of data. (0 – 3 points)

Check all that apply:

- [ ] EQUIP data used in reports for care planning.

- [ ] Reports other than MDS or EQUIP, e.g., reports produced by vendors such as Optimus or Medicus, are used for care planning. Please describe:

- [ ] My InnerView reports (quality benchmarking or satisfaction reports) used in monthly QI meeting and action plans developed to improve. Please include example action plan based on My Innerview report.

Please also complete Questions 12 and 13 on the next page.
12) Is your nursing home participating in any Quality Improvement initiatives for improving pressure ulcer care?

☐ Yes
☐ No → Go to Question 13
☐ Don’t know → Go to Question 13

If yes,

a. Which QI initiative(s)? Check all that apply, and provide date that participation began.

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Date participation began (MM/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advancing Excellence Campaign for Pressure Ulcer Prevention</td>
<td>_____ / _____</td>
</tr>
<tr>
<td>New York Pressure Ulcer Collaborative</td>
<td>_____ / _____</td>
</tr>
<tr>
<td>QIO Community of Practice around Pressure Ulcers</td>
<td>_____ / _____</td>
</tr>
<tr>
<td>Other, specify ________________________________________________</td>
<td>_____ / _____</td>
</tr>
<tr>
<td>Don’t know</td>
<td></td>
</tr>
</tbody>
</table>

13) Does your nursing home use a Health Information Technology (HIT) vendor for CNA documentation?

☐ Yes
☐ No
☐ Don’t know

If yes,

a. What is the name of the vendor?

☐ Reliable
☐ Optimus
☐ Lintech
☐ Melyx
☐ Digital Pen
☐ eHealth/Sigmacare
☐ Care Tracker
☐ Other, specify ______________________________________________
☐ Don’t know

Go to next page.
b. Which are the five clinical reports produced by your HIT system are used most commonly in your nursing home?

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________
SITE VISIT AND OTHER SUPPORT FOR DATA COLLECTION EFFORT

A key component of the support provided to nursing homes is a site visit early in the project to work with each facility to develop an individualized plan for collecting the needed data, and then doing a test run. It may even be possible to collect most of the data during this site visit. Abt staff’s experience working with nursing homes in similar data collection projects is provided below in an FAQ format.

Q1. What census data will a facility collect?

A1. The census data requested for each selected unit are:
   a. By month (information for each month within defined timeframe);
   b. For all residents on unit for at least one day during the month; and
   c. Data elements at resident level:
      - Resident ID – this is the medical record number assigned to the resident by the facility. No two residents should have the same ID.
      - Date of Birth – Resident Birth date; enter as MM/DD/YYYY
      - Gender – Resident Gender (M or F)
      - Medicare Number (HIC) – Resident Medicare Number (HIC) – this is a number assigned by CMS; it typically has 9 numeric digits followed by one or two letters. It does not contain hyphens or dashes.
      - Medicaid ID – New York Medicaid IDs are in this form: XX99999X (where X's represent letters and 9’s represent digits).
      - Number of days on unit during month

Q2. How will research team reduce data collection burden and help a facility gather the requested data?

A2. The research team will:
   - Conduct a site visit to review the nursing home’s data systems and work with the nursing home’s staff to develop a customized process of gathering data based on available electronic and paper documentation. Abt will provide step-by-step instructions on how facility team can generate the needed reports.
   - The Abt team will review at least one month’s data during the site visit to confirm the process.
   - The Abt team will schedule follow-up phone calls to support the nursing home team.

Q3. What are some common challenges or concerns and how has Abt resolved them?

A3. “We do not have ability to provide these census data in electronic format.” While it is ideal to have the data in an electronic format, this is not a requirement. We can accept the data in many different ways – even as hardcopy (e.g., paper) reports.

“We can provide all the data elements but they are on multiple reports.” Data submitted on multiple reports is not a problem. We will work with facilities to streamline the data preparation process, and if data are available only on multiple reports, Abt can link the data across the reports.

“We can access billing data that profiles date in/date out on a unit, but does not sum total days that month. Is this ok?” Yes, this is fine. Abt can compute the number of days on the unit from the series of dates
Q4. Which residents should be included for data collection?

A4. This data should include only residents who had one or more newly identified pressure ulcers during the month while the resident was on this unit. Include all such residents, even those who were discharged or expired during the month. The research team will review definitions with clinical staff responsible for these data.

Q5. What pressure ulcer data will a facility collect?

A5. For residents **with at least one newly acquired ulcer this month**, the resident-level pressure ulcer data collected are:

- **Resident ID** – this is the medical record number assigned to the resident by the facility. It is the same ID that is used on List A (census).
- **Total # of ulcers treated this month** – include all ulcers for this resident, including those already existing at the beginning of the month as well as any that were newly acquired (in-house or out-of-house) during the month.
- **Newly identified ulcers this month** – these are divided into two groups:
  - **In-house acquired** - # of new ulcers for this resident acquired on this unit
  - **Out-of-house acquired** - # of new ulcers for this resident acquired while resident was NOT on this unit (e.g. while in the hospital)

Q6. May I use existing tracking sheets?

A6. Yes. These data are typically collected as part of weekly or monthly tracking on a unit level. The only addition that may need to occur is the resident ID. We will review and confirm with you during the on-site visit.

Q7. What do I do if there are no newly acquired ulcers on the unit this month?

A7. Please fill out the top part of the tracking sheet (Facility Name, Unit Name, Month & Year), write across the form “No New Ulcers” and submit as usual. This way the research team will know that the tracking sheet was not lost or forgotten for this month.
NEW YORK STATE DEPARTMENT OF HEALTH

STUDY OF ON-TIME QUALITY IMPROVEMENT FOR LONG TERM CARE

Name of Applicant (Must be identical to Operating Certificate name, including D/B/A if on Operating Certificate):

__________________________________________________________________________

Operating Certificate Number: |__|__|__|__|__|__|__|N| PFI: |__|__|__|__|

Address (Must be identical to address on Operating Certificate):

__________________________________________________________________________

__________________________________________________________________________

Contact Person: _____________________________________________________________

Title: ______________________________________________________________________

Phone: ___________________ Fax: ___________________ E-mail: _____________________

Name of Project Director:

____________________________________________________________________________

******************************************************************************

Institutional Endorsement: This application has the full support and endorsement of the applicant’s Administrator of Record. This nursing home is able to supply in-house acquired pressure ulcer incidence data for each participating unit for the period 10/1/2009 – 9/30/2010 as per SOI specifications.

AOR: ____________________________________________

(Print Name)

Signature: ___________________________ Date: ___________________________
ATTACHMENT 5

TABLE OF CONTENTS

Application Face Page.................................................................................................1
Operating Certificate....................................................................................................2
Application Table of Contents.....................................................................................3
Application Review Criteria........................................................................................4
Calculation of Unit Pressure Ulcer Incidence Rates ..................................................___
Key Components of On-Time Quality Improvement for Long Term Care...............___
Please **DO NOT** complete this assessment. It is **NOT** required for your application. It is provided for information purposes only. This is the self-assessment that the nursing homes selected to participate in the On-Time study will complete at the beginning of the project. A self-assessment will be completed for each unit (up to four units) participating in the study.

**FACILITY PROFILE: SELF-ASSESSMENT OF KEY PROCESSES RELATED TO PRESSURE ULCER PREVENTION AND HEALING**

Please complete a separate Part A survey for each unit (up to a maximum of four units) in your nursing home participating in the study. The Unit Manager or Unit Charge Nurse should complete the survey.

UNIT: __________________________________________________________________

NAME OF PERSON COMPLETING SELF-ASSESSMENT: _______________________

1. How would you rate your unit on each of the following processes related to Pressure Ulcer Risk?

<table>
<thead>
<tr>
<th>Needs improvement</th>
<th>Fair</th>
<th>Adequate</th>
<th>Good</th>
<th>Excellent</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Comprehensive skin assessment on admission for all residents</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Skin assessment x 4 consecutive weeks following admission for all residents</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Skin assessments monthly and quarterly for all residents</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Identify residents at pressure ulcer risk and provide prompt intervention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Daily skin assessment for residents at high risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. How would you rate your unit on each of the following processes related to Nutritional Risk?

<table>
<thead>
<tr>
<th>Needs improvement</th>
<th>Fair</th>
<th>Adequate</th>
<th>Good</th>
<th>Excellent</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Weekly assessment for nutritional risk for all residents</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Dietary consult within 7 days of high risk determination</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Weekly weights for residents at high risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Plan to ensure adequate hydration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Compliance monitoring of nutritional risk protocols</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Identification of residents at nutrition risk and provide prompt intervention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. How would you rate your unit on each of the following processes related to Repositioning?

<table>
<thead>
<tr>
<th>Needs improvement</th>
<th>Fair</th>
<th>Adequate</th>
<th>Good</th>
<th>Excellent</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Repositioning every two hours</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Changing position—&quot;off loading&quot; hourly for those sitting or in bed/recliner with head at 30 degree angle</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. How would you rate your unit on each of the following processes related to Incontinence?

<table>
<thead>
<tr>
<th>Needs improvement</th>
<th>Fair</th>
<th>Adequate</th>
<th>Good</th>
<th>Excellent</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Staff compliance with incontinence management protocol</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Compliance monitoring of incontinence management protocols</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Identification of incontinence risk for low risk residents</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. How would you rate your unit on each of the following processes related to Wound Care?

<table>
<thead>
<tr>
<th>Needs improvement</th>
<th>Fair</th>
<th>Adequate</th>
<th>Good</th>
<th>Excellent</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Consistent nurse or team of nurses assess the resident’s wound</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Clear accountability for prevention and management of pressure ulcers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Weekly compliance monitoring of prevention &amp; treatment of pressure ulcers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. How would you rate CNA involvement in the following care processes?

<table>
<thead>
<tr>
<th>Needs improvement</th>
<th>Fair</th>
<th>Adequate</th>
<th>Good</th>
<th>Excellent</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. CNA involvement on interventions for residents at risk for pressure ulcer development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. CNA involvement on interventions for residents with significant decrease in meal intake</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. CNA involvement on interventions for residents with significant weight loss</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. CNA involvement on interventions for residents with increase or change in urinary incontinence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ATTACHMENT 7

Please **DO NOT** complete this questionnaire at this time. It is **NOT** required for your application. It is provided for information purposes only. Nursing homes selected to participate in the On-Time study will complete this questionnaire as part of data collection.

**FACILITY QUESTIONNAIRE ON PRESSURE ULCER PRACTICES**

What is the name of your facility? ___________________________________________

Date questionnaire completed (mm/dd/yy): _____ / _____ / _________

Please check all of the processes below based on the level of implementation in your facility.

<table>
<thead>
<tr>
<th>Process for pressure ulcer prevention and management</th>
<th>Not in place</th>
<th>In place</th>
<th>If checked ‘In place’, when was process put in place? (check one)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>within the past six months</td>
</tr>
<tr>
<td>1. Designated skin team</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Skin team meets on routine basis:</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Multiple disciplines included in pressure ulcer prevention processes:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Nursing</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. Dietary</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. Activities</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. Restorative</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e. Rehab</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f. Social Work</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Process for pressure ulcer prevention and management</td>
<td>Not in place</td>
<td>In place</td>
<td>If checked ‘In place’, when was process put in place? (check one)</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>-------------</td>
<td>---------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>within the past six months</td>
</tr>
<tr>
<td>4. Health IT vendor supports pressure ulcer risk assessment</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Incontinence management program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Includes multi-disciplines (e.g., rehab)</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>b. Formally includes CNAs</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>6. Nurse rounds</td>
<td>☐</td>
<td></td>
<td>☐ every hour</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ every 2 hours</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ other</td>
</tr>
<tr>
<td>7. Weekly stand-up meetings with CNAs to review high risk residents (facilitated by nursing and dietary)</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>8. CNA to CNA walking rounds at change of shift</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>9. CNA lead monitors daily skin assessment for all CNAs on shift</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>10. CNA skin champions or ambassadors mentor other CNAs</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>11. Structured process to communicate residents at risk for developing pressure ulcers at the start of each shift</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>12. Functional rounds led by member of rehab team: weekly rounds to review functional needs and receive information from CNAs</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>13. Pressure relieving mattresses on all beds</td>
<td>☐</td>
<td>☐</td>
<td>If yes, when last replaced?</td>
</tr>
<tr>
<td>Process for pressure ulcer prevention and management</td>
<td>Not in place</td>
<td>In place</td>
<td>If checked ‘In place’, when was process put in place? (check one)</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>-------------</td>
<td>--------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>within the past six months</td>
</tr>
<tr>
<td>14. QI monitoring: review pressure ulcer data on at least monthly basis.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>15. QI monitoring: feedback provided to:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. CNAs</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. Staff nurses</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. Dietary</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>16. Monitoring process for nurses to review CNA documentation and sign off on CNA skin observations</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>17. Recent change in resident education materials</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>18. Recent change in staff education materials</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>19. Participated in collaborative with other nursing homes and acute standardized skin assessment</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>20. Prevention ‘bundle’ in place like NO ULCERS (Nutrition and fluid status, Observation of skin, Up and walking or turn and position, Lift [don’t drag] skin, Clean skin and continence care, Elevate heels, Risk assessment, and Support surfaces for pressure redistribution), or SKIN (Surface selection, Keep turning, Incontinence management and Nutrition)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
ATTACHMENT 8

CALCULATION OF UNIT PRESSURE ULCER RATES

Complete this calculation and form for each of the four units in your nursing home with the highest incidence rates (rates of NEW ulcer development), regardless of whether the incidence rate is over or under 2%. At least one unit must be 2% or more.

Definition of pressure ulcer: Any sore/lesion caused by unrelieved pressure resulting in damage to underlying tissue and that usually occurs over bony prominences. (AHCPR, 1992). Most commonly occur over the coccyx or sacrum, heels and trochanter. Also occur over any bony prominence or area exposed to pressure. Include Stage I-IV and unstageable ulcers. Do not include vascular or diabetic ulcers and skin tears.

Directions:
1. Make copies of this form and use a separate form for each unit.
2. Complete the identification fields for Facility and Unit # on each form.
3. Columns A & B: For each month (Row 1 to 6), enter the number of newly identified in-house acquired pressure ulcers Stage I-IV & Unstageable.
   - Do not count existing pressure ulcers that developed in previous months
   - Do not count existing pressure ulcers on residents admitted to the unit during the month.
   - Do not include outside-acquired pressure ulcers.
   - A single resident may have more than one newly identified in-house acquired pressure ulcer (include all).
   - If a resident has an ulcer that both develops and heals during the month, it should be counted.
   - Column A is for number of ulcers; Column B is for number of residents with ulcers.
4. Column C: For each month, enter the unit census (indicate when calculated – first of month, end of month, mid-month, average daily census [ADC]).
5. Column D: Compute the percent of residents with pressure ulcers for the month by dividing Column B by Column D and multiplying by 100.
6. Sum the values in Column B for rows 1 to 6. Enter this total in the Total B box.
7. Sum the values in Column C for rows 1 to 6. Enter this total in the Total C box.
8. Incidence: Divide Total B by Total C. Enter this value in Box E. It will be a decimal number between 0 and 1. Include 4 decimal places. For example, if Total B is 9 and Total C is 256, use a calculator to divide 9 by 256. The answer is 0.03515625. Write down the first 4 decimal places in Box E. This would be 0.0351.
9. Incidence %: Multiply the value from Box E by 100. Write this value down in Box F. For this example 0.0351 X 100 = 3.51. Enter 3.51 in Box F.
10. As a check, the number in Box F should be approximately the same as the average of the six numbers in Column D.
11. In last row, check “Yes” if the value in Box F is greater than or equal to 2.0. Check “No” if the value in Box F is less than 2.0.
12. For your Facility to be eligible to apply, the value in Box F must be equal to or greater than 2.0 for at least one unit that is a chronic care non-ventilator unit.
<table>
<thead>
<tr>
<th>ROW #</th>
<th>Month</th>
<th>A. ULCERS: Total # of new in-house acquired ulcers for the month</th>
<th>B. RESIDENTS: Total # of Residents with new in-house acquired ulcers for the month</th>
<th>C. Resident Census for Unit</th>
<th>D. PERCENT of residents with new in-house acquired ulcers ( = B ÷ C X 100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Apr 2009</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>May 2009</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Jun 2009</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Jul 2009</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Aug 2009</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Sep 2009</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>TOTAL (Rows 1 to 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Incidence = Total B ÷ Total C = | 0. ___ ___ ___ | ← Box E |
| Incidence % = Box E X 100 = | ___ . ___ | ← Box F |

Is value in Box F ≥ 2.0? □ Yes, box F at least 2.0 □ No, box F less than 2.0
Please answer the following questions related to reports (described below) generated from your clinical information system. For each report, is it: (1) available in your information system and, if available, (2) used in a formal, established process by front-line clinicians (nurse, dietitian, CNAs, social work, activities, therapy department)?

<table>
<thead>
<tr>
<th>Description of Report</th>
<th>Column 1 Available in your clinical information system?</th>
<th>Column 2 Report used in formal process by front-line clinicians?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Summary of weekly meal intake trends by resident by nursing unit (report contains trended data for at least 4 weeks)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>2 Summary of weekly weights and weight trends by resident by nursing unit (report includes: weight values for previous 4 weeks, 90 days prior and 180 days prior; and weight loss of 5-10% within 30 days)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3 List of residents with weight loss by nursing unit each week</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>4 List of residents with total observed behaviors by nursing unit each week</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>5 Summary of change in resident condition by nursing unit each week (Report includes: decreased meal intake, weight loss, increased incontinence episodes, change or increased behavior problems, red areas on skin present)</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>6 List of CNA staff observations of skin each week (Report includes skin observations recorded by CNA staff during the week)</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>7 List of residents at risk for pressure ulcer development by nursing unit each week (Report uses clearly defined criteria to indicate residents at risk for pressure ulcer development, e.g., weight loss &gt;5% in last 30 days; unplanned weight loss &gt;=10% in last 180 days; 2 meals less than 50% in 1 day during previous week; weekly meal intake average less than 50%; daily urine incontinence; greater than 3 days bowel incontinence; Foley catheter; current pressure ulcer)</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Eligibility determination: If the number of “yes” answers in Column 2 is greater than 4, then you are NOT eligible to participate in the study.**