

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

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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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*

pressure ulcers. 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.

TASK	DETAILS	PROJECT QUARTER	
		Q1	Q2
Completion of Facility Profile (self-assessment) (Attachment 6)	Each participating unit within the nursing home completes this self-assessment and submits to study staff.	X	
Completion of Facility Questionnaire on Pressure Ulcer Practices (Attachment 7)	A staff member with facility-wide understanding of house practices for pressure ulcer prevention completes this brief questionnaire and submits to study staff.	X	
Site visit by Abt and other study staff	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.	X	
Monthly pressure ulcer incidence data submission. Data collected retrospectively – October – December, 2009 and January – September, 2010	Via Abt secure web server, facility will submit monthly census and pressure ulcer information for all participating units for twelve months.	X Oct Nov Dec 2009	X Jan - Sep 2010

Second site visit by evaluation staff, if needed	Abt staff will visit to help nursing home resolve any difficulties in collecting and submitting the data, and to tie up any "loose ends."		X
Participate in optional MDS 3.0 training			X

The work plan "spreads out" monthly pressure ulcer incidence data submission across two quarters. However, nursing homes may submit the data on an accelerated schedule if they wish to.

VI. Timeframes for Control Sample Selection

Anticipated timeframes for this solicitation are shown below.

EVENT	TIMEFRAME
SOI released	May 19, 2010
Applicant Conference Call	June 3, 2010
Questions due	June 4, 2010
Questions and answers posted on the Department's website (anticipated)	June 11, 2010
Applications due	July 23, 2010
Results announced	August, 2010

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:

- **Application Face Page.** Use Attachment 4.
- **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.
- **Key Components of On-Time Quality Improvement for Long Term Care.** Complete Attachment 9.

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 3829494564. 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 REHABILI
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

BUENA VIDA CONTINUING CARE
CABRINI CENTER FOR NURSING AND REHABILITATION SNF
CARILLON NURSING & REHAB CENTER
CATSKILL REGIONAL MEDICAL CTR SNF
CEDAR LODGE NURSING HOME
CENTER FOR NURSING AND REHABILITATION SNF
CENTRAL ISLAND HEALTHCARE
CENTRAL PARK REHABILITATION AND NURSING CTR
CHARLES T SITRIN HEALTH CARE SNF
CLIFFSIDE REHAB & H C C
CLIFTON SPRINGS HOSPITAL & CLINIC EXTENDED CARE
COBBLE HILL HEALTH CENTER INC
COLD SPRING HILLS CENTER FOR NURSING AND REHABILIT
COLER-GOLDWATER SPECIALTY HOSPITAL SNF
CONCORD NURSING HOME
CONCOURSE REHABILITATION AND N
CONESUS LAKE NURSING HOME
CORTLAND REGIONAL MEDICAL CENTER INC
CORTLANDT HEALTHCARE LLC
CREST HALL H R F
CROWN NURSING AND REHAB CENTER
DALEVIEW CARE CENTER
DAUGHTERS OF JACOB GERIATRIC CENTER
DAUGHTERS OF SARAH NURSING CENTER
DELAWARE NURSING AND REHABILITATION CENTER
DEWITT REHAB AND HEALTH CARE CENTER
DITMAS PARK CARE CENTER
DR WILLIAM O BENENSON REHABILITATION PAVILION
DRY HARBOR S N F
DUMONT MASONIC HOME
DUTCHESS CENTER FOR REHAB AND HEALTHCARE
EAST HAVEN NURSING AND REHAB C
EAST NECK NURSING & REHAB CENTER
EAST ROCKAWAY CARE FACILITY
EASTCHESTER REHAB AND HEALTH CARE CENTER
EASTERN STAR HOME AND INFIRMAR
EDDY VILLAGE GREEN
EDNA TINA WILSON LIVING CENTER
EGER HEALTH CARE CENTER OF STA
ELANT AT BRANDYWINE INC
ELANT AT FISHKILL INC
ELANT AT GOSHEN INC
ELANT AT NEWBURGH INC
ELCOR HEALTH SERVICES
ELDERWOOD HEALTH CARE AT BIRCHWOOD
ELDERWOOD HEALTH CARE AT CRESTWOOD
ELDERWOOD HEALTH CARE AT HEATHWOOD
ELDERWOOD HEALTH CARE AT LAKEWOOD
ELDERWOOD HEALTH CARE AT LINWOOD
ELDERWOOD HEALTH CARE AT MAPLEWOOD

ELDERWOOD HEALTH CARE AT RIVERWOOD
ELDERWOOD HEALTH CARE AT TIOGA
ELIZABETH CHURCH MANOR NURSING
ELMHURST CARE CENTER, INC
ERIE COUNTY MEDICAL CENTER SNF / ERIE COUNTY HOME
FAIRCHILD MANOR NURSING HOME
FAIRVIEW NURSING CARE CTR INC
FATHER BAKER MANOR
FERNCLIFF NURSING HOME CO INC
FIELD HOME HOLY COMFORTER
FIELDSTON LODGE CARE CENTER
FINGER LAKES CENTER FOR LIVING
FINGER LAKES HEALTH
FOLTS HOME
FOREST HILLS CARE CENTER
FOREST VIEW CTR REHAB NURSING
FORT TRYON REHAB & HEALTH CARE FACILITY LTHHCP
FOUR SEASONS NURSING AND REHAB
FRANKLIN CENTER FOR REHABILITATION AND NURSING
FRANKLIN COUNTY NURSING HOME
FRIEDWALD CENTER FOR REHAB AND NURSING LLC
FULTON COMMONS CARE INC
FULTON COUNTY RESIDENTIAL HCF
GARDEN CARE CENTER
GENESEE COUNTY NURSING HOME
GLEN ISLAND CENTER FOR NURSING AND REHAB
GLENGARIFF HEALTH CARE CENTER
GOLD CREST CARE CENTER
GOLDEN GATE REHAB AND HCC
GOLDEN HILL HEALTH CARE CENTER
GOOD SAMARITAN NURSING HOME
GRACE PLAZA NURSING AND REHABILITATION CENTER
GRANDELL REHABILITATION AND NURSING CENTER
GREATER HARLEM NURSING HOME CO
GREENFIELD HEALTH AND REHABILITATION CENTER
GUILDERLAND CENTER NURSING HOME
HARBOUR HEALTH MULTICARE CTR FOR LIVING
HARRIS HILL NURSING FACILITY LLC
HAWTHORN HEALTH MULTICARE CTR FOR LIVING
HAYM SALOMON HOME FOR THE AGED
HELEN AND MICHAEL SCHAFFER ECC
HEMPSTEAD PARK NURSING HOME
HIGHFIELD GARDENS CARE CENTER OF GREAT NECK
HIGHLAND CARE CENTER INC
HIGHLAND NURSING HOME INC
HILL HAVEN NURSING HOME
HOLLIS PARK MANOR NURSING HOME
HOLLISWOOD CARE CENTER INC
HOLY FAMILY HOME
HORIZON CARE CENTER

HUNTINGTON HILLS CENTER
HUNTINGTON VILLAGE REHAB & NURSING
INDIAN RIVER REHAB AND NURSING CENTER
IRA DAVENPORT MEM HOSP SNF
ISABELLA GERIATRIC CENTER INC
ISLAND NURSING AND REHABILITATION CENTER, INC
JAMAICA HOSPITAL NURSING HOME
JAMES G JOHNSTON MEMORIAL NURSING HOME
JEWISH HOME AND HOSPITAL BRONX
JEWISH HOME AND HOSPITAL FOR AGED
JEWISH HOME OF ROCHESTER
JOHN J FOLEY SKILLED NURSING FACILITY
JULIE BLAIR NURSING AND REHAB
KAATERSKILL CARE SKILLED NURSING AND REHAB
KALEIDA HEALTH DEGRAFF MEMORIAL HOSPITAL SNF
KALEIDA HEALTH MILLARD FILLMORE GATES SNF
KATERI RESIDENCE
KATHERINE LUTHER RESIDENTIAL HLTH CARE & REHAB
KESER NURSING AND REHABILITATION CENTER INC
KINGS HARBOR MULTICARE CENTER
KINGSBRIDGE HEIGHTS REHABILITA
KIRKHAVEN
KOMANOFF CTR FOR GERIATRIC & REHAB MEDICINE
LAKESIDE NURSING HOME
LAWRENCE NURSING CARE CENTER
LEROY VILLAGE GREEN R H C F INC
LEWIS COUNTY R H C F
LITTLE FLOWER FOR REHABILITATION & NURSING
LITTLE NECK NURSING HOME
LIVINGSTON HILLS NURSING & REHABILITATION CTR LLC
LONG ISLAND CARE CENTER INC
LONG ISLAND STATE VETERANS HOME
LORETTO UTICA RES H C F INC
LUTHERAN AUGUSTANA CENTER FOR EXTENDED CARE &
REHA
LUTHERAN CENTER AT POUGHKEEPSIE INC
LUTHERAN RETIREMENT HOME
MANHATTANVILLE HEALTH CARE CENTER, LLC
MARCUS GARVEY NURSING HOME
MARGARET TIETZ CENTER FOR NURS
MARQUIS REHABILITATION & NURSING CENTER
MARY MANNING WALSH NURSING HOME
MAYFAIR CARE CENTER INC
MEADOW PARK REHAB HLTH CTR LLC
MEADOWBROOK CARE CENTER
MEDFORD MULTICARE CENTER FOR LIVING
MENORAH HOME & HOSPITAL FOR AGED AND INFIRM
MERCY HOSPITAL SKILLED NURSING FACILITY
METHODIST HOME FOR NURSING AND REHABILITATION
METROPOLITAN JEWISH GERIATRIC CENTER
MICHAEL MALOTZ SKILLED NURSING PAVILLION

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 RE
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 NURSI
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
NORTH WESTCHESTER RESTORATIVE THERAPY & N C
NORTHEAST CENTER FOR SPECIAL CARE
NORTHERN DUTCHESS RHCFC INC
NORTHERN MANHATTAN REHAB AND NURSING CENTER
NORTHERN MANOR GERIATRIC CTR I
NORTHERN METROPOLITAN RHCFC
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

PARK AVENUE EXTENDED CARE FACILITY
PARK MANOR REHAB & HEALTH CARE
PARK RIDGE NURSING HOME
PARK TERRACE CARE CENTER
PARKVIEW CARE AND REHAB CENTER INC
PEARL AND EVERETT GILMOUR HEALTH CARE FACILITY
PENINSULA CENTER FOR EXTENDED
PETITE FLEUR NURSING HOME
PLEASANT VALLEY
PORT JEFFERSON HEALTH CARE FACILITY
PROMENADE REHAB AND HEALTH CARE CENTER
PUTNAM COMMONS RHCF
PUTNAM NURSING AND REHABILITAT
QUEENS BLVD EXT CARE FACILITY
QUEENS CENTER FOR REHAB AND RHC
QUEENS NASSAU REHABILITATION AND NURSING CENTER
REBEKAH REHAB AND EXTENDED CARE CENTER
REGAL HEIGHTS REHABILITATION AND HEALTH CARE
REGENCY EXTENDED CARE CENTER
RENAISSANCE REHABILITATION AND NURSING CARE CENTER
RESORT NURSING HOME
RESURRECTION NURSING HOME INC
RIVER MANOR CARE CENTER
RIVERVIEW MANOR HEALTH CARE CENTER
RIVINGTON HOUSE THE NICHOLAS A
ROCKAWAY CARE CENTER, LLC
ROCKVILLE SKILLED NURSING & REHABILITATION CENTER
ROME MEMORIAL HOSPITAL RHCF
ROME NURSING HOME
ROSCOE REGIONAL REHAB & RESIDENTIAL HCF
ROSEWOOD HEIGHTS HEALTH CENTER
ROSS HEALTH CARE CENTER INC
RUBY WESTON MANOR
SAINTS JOACHIM & ANNE NURSING AND REHAB CTR
SALEM HILLS REHABILITATION AND NURSING CTR
SAN SIMEON BY THE SOUND CTR FOR NRSG & REHAB
SCHNURMACHER CENTER FOR REHAB & NURSING
SCHOFIELD RESIDENCE
SCHULMAN AND SCHACHNE INST FOR NRSG & REHAB
SENECA HILL MANOR INC
SEPHARDIC NURSING AND REHAB CENTER
SHEEPSHEAD NURSING AND REHABILITATION CTR
SHERIDAN MANOR, LLC
SHORE VIEW NURSING HOME
SHOREFRONT JEWISH GERIATRIC CENTER
SILVER LAKE SPECIALIZED REHAB AND CARE CENTER
SKY VIEW REHABILITATION AND HEALTH CARE CENTER LLC
SMITHTOWN CENTER FOR REHAB & NURSING CARE
SOMERS MANOR NURSING HOME
SOUTH SHORE NURSING HOME

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
STEBEN COUNTY INFIRMARY
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 & NRSG
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

ATTACHMENT 2

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.

Review Criterion	Response
1. Administrator: Number of months in current position in this facility. (0 or 3 points)	
2. DON/DNS: Number of years in current position in this facility: (0 or 3 points)	
3. Percent of all full time CNAs whose tenure in the nursing home as CNA is three years or more. (0 – 3 points) Calculation: # full time CNAs three years or more on May 19, 2010 = (a) ____ # CNA full time positions on May 19, 2010 = (b) ____ % full-time CNAs with tenure three years or more = (a) / (b) = ____	
4. How many hours per week is a Registered Dietician at the facility? (0 – 3 points)	
5. Do you have a dedicated position for staff educator who has no other role? (0 or 3 points)	<input type="checkbox"/> Yes If Yes, name _____ <input type="checkbox"/> No
6. How many hours per week are budgeted for staff educator, excluding hours for employee health and infection control. (0 – 3 points)	
7. Do you have CNA team leads? 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. (0 or 3 points)	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Experience with QI. Please append the following to the application: (0 – 5 points) 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. 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; 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?	Attach documents to application.

Review Criterion	Response
<p>What did you learn to inform future QI efforts?</p>	
<p>10. Wound Management (0 – 6 points)</p> <p>i) Please select one of the following that best describes wound management at your facility:</p> <p><input type="checkbox"/> One person does all the wound assessments, wound measurements, and wound treatment plans facility-wide.</p> <p><input type="checkbox"/> For nursing units: there is one person who does all the unit's wound assessments, wound measurements, and wound treatment plans.</p> <p><input type="checkbox"/> 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.</p> <p>ii) Do you have a dedicated wound team at your facility? If no, skip iii and iv. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>iii) Who participates on the Wound Team? Check all that apply.</p> <p><input type="checkbox"/> Dietary</p> <p><input type="checkbox"/> Rehab team member(s): PT, OT</p> <p><input type="checkbox"/> DON/DNS and/or Assistant DON/DNS</p> <p><input type="checkbox"/> Unit manager and/or Primary RN</p> <p>iv) How often does the Wound Team conduct wound rounds? Select one.</p> <p><input type="checkbox"/> Ad hoc</p> <p><input type="checkbox"/> Weekly</p> <p><input type="checkbox"/> Monthly</p>	
<p>11. Use of data. (0 – 3 points)</p> <p>Check all that apply:</p> <p><input type="checkbox"/> EQUIP data used in reports for care planning.</p> <p><input type="checkbox"/> Reports other than MDS or EQUIP, e.g., reports produced by vendors such as Optimus or Medicus, are used for care planning. Please describe: _____</p> <p><input type="checkbox"/> 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.</p>	

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.

Initiative	Date participation began (MM/YY)
<input type="checkbox"/> Advancing Excellence Campaign for Pressure Ulcer Prevention	____ / ____
<input type="checkbox"/> New York Pressure Ulcer Collaborative	____ / ____
<input type="checkbox"/> QIO Community of Practice around Pressure Ulcers	____ / ____
<input type="checkbox"/> Other, specify _____	____ / ____
<input type="checkbox"/> Don't know	

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. _____

ATTACHMENT 3

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

provided.

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:
 - o **In-house acquired** - # of new ulcers for this resident acquired on this unit
 - o **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.

ATTACHMENT 5

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Key Components of On-Time Quality Improvement for Long Term Care.....__

ATTACHMENT 6

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?

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

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

	Needs improvement	Fair	Adequate	Good	Excellent	Not Applicable
a. Weekly assessment for nutritional risk for all residents						
b. Dietary consult within 7 days of high risk determination						
c. Weekly weights for residents at high risk						
d. Plan to ensure adequate hydration						
e. Compliance monitoring of nutritional risk protocols						
f. Identification of residents at nutrition risk and provide prompt intervention						

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

	Needs improvement	Fair	Adequate	Good	Excellent	Not Applicable
a. Repositioning every two hours						
b. Changing position—"off loading" hourly for those sitting or in bed/recliner with head at 30 degree angle						

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

	Needs improvement	Fair	Adequate	Good	Excellent	Not Applicable
a. Staff compliance with incontinence management protocol						
b. Compliance monitoring of incontinence management protocols						
c. Identification of incontinence risk for low risk residents						

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

	Needs improvement	Fair	Adequate	Good	Excellent	Not Applicable
a. Consistent nurse or team of nurses assess the resident's wound						
b. Clear accountability for prevention and management of pressure ulcers						
c. Weekly compliance monitoring of prevention & treatment of pressure ulcers						

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

	Needs improvement	Fair	Adequate	Good	Excellent	Not Applicable
a..CNA involvement on interventions for residents at risk for pressure ulcer development						
b..CNA involvement on interventions for residents with significant decrease in meal intake						
c..CNA involvement on interventions for residents with significant weight loss						
d..CNA involvement on interventions for residents with increase or change in urinary incontinence						

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.

Process for pressure ulcer prevention and management	Not in place	In place	If checked ' <i>In place</i> ', when was process put in place? (check one)		
			within the past six months	6 to 12 months ago	more than 12 months ago
1. Designated skin team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Skin team meets on routine basis:	<input type="checkbox"/>	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Multiple disciplines included in pressure ulcer prevention processes:					
a. Nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Dietary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Restorative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Rehab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Social Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Process for pressure ulcer prevention and management	Not in place	In place	If checked ' <i>In place</i> ', when was process put in place? (check one)		
			within the past six months	6 to 12 months ago	more than 12 months ago
4. Health IT vendor supports pressure ulcer risk assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Incontinence management program					
a. Includes multi-disciplines (e.g., rehab)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Formally includes CNAs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Nurse rounds	<input type="checkbox"/>	<input type="checkbox"/> every hour <input type="checkbox"/> every 2 hours <input type="checkbox"/> other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Weekly stand-up meetings with CNAs to review high risk residents (facilitated by nursing and dietary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. CNA to CNA walking rounds at change of shift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. CNA lead monitors daily skin assessment for all CNAs on shift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. CNA skin champions or ambassadors mentor other CNAs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Structured process to communicate residents at risk for developing pressure ulcers at the start of each shift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Functional rounds led by member of rehab team: weekly rounds to review functional needs and receive information from CNAs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Pressure relieving mattresses on all beds	<input type="checkbox"/>	<input type="checkbox"/>	If yes, when last replaced?		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Process for pressure ulcer prevention and management	Not in place	In place	If checked ' <i>In place</i> ', when was process put in place? (check one)		
			within the past six months	6 to 12 months ago	more than 12 months ago
14. QI monitoring: review pressure ulcer data on at least monthly basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. QI monitoring: feedback provided to:					
a. CNAs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Staff nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Dietary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Monitoring process for nurses to review CNA documentation and sign off on CNA skin observations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Recent change in resident education materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Recent change in staff education materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Participated in collaborative with other nursing homes and acute standardized skin assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Prevention 'bundle' in place like NO ULCERS (<u>N</u> utrition and fluid status, <u>O</u> bservation of skin, <u>U</u> p and walking or turn and position, <u>L</u> ift [don't drag] skin, <u>C</u> lean skin and continence care, <u>E</u> levate heels, <u>R</u> isk assessment, and <u>S</u> upport surfaces for pressure redistribution), or SKIN (<u>S</u> urface selection, <u>K</u> eeP turning, <u>I</u> ncontinence management and <u>N</u> utrition)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 $0.0351 \times 100 = 3.51$. 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.***

Facility Name: _____	Unit # (Name): _____
Completed by: _____	Date: _____

Census was calculated (check one):

- First day of month
 Middle of month
 Last day of month
 ADC (average daily census)

ROW #	Month	A. ULCERS: Total # of <u>new in-house acquired ulcers</u> for the month	B. RESIDENTS: Total # of Residents with <u>new in-house acquired ulcers</u> for the month	C. Resident Census for Unit	D. PERCENT of residents with new in-house acquired ulcers (= B ÷ C X 100)
1	Apr 2009				
2	May 2009				
3	Jun 2009				
4	Jul 2009				
5	Aug 2009				
6	Sep 2009				
TOTAL (Rows 1 to 6)					
			↑ Total B	↑ Total C	
Incidence =		Total B ÷ Total C =	0. _____	← Box E	
Incidence % =		Box E X 100 =	____ . ____	← Box F	
Is value in Box F ≥ 2.0?		<input type="checkbox"/> Yes, box F at least 2.0		<input type="checkbox"/> No, box F less than 2.0	

ATTACHMENT 9

**KEY COMPONENTS OF
ON-TIME QUALITY IMPROVEMENT FOR LONG TERM CARE**

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)?

	Description of Report	Column 1 Available in your clinical information system?		Column 2 Report used in formal process by front-line clinicians?	
		Yes	No	Yes	No
1	Summary of weekly meal intake trends by resident by nursing unit (report contains trended data for at least 4 weeks)				
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)				
3	List of residents with weight loss by nursing unit each week				
4	List of residents with total observed behaviors by nursing unit each week				
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)				
6	List of CNA staff observations of skin each week (Report includes skin observations recorded by CNA staff during the week)				
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 >5% in last 30 days; unplanned weight loss >=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)				
	TOTAL				

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.