



Advancing Excellence in America's Nursing Homes Quality Campaign

State Results: New York May 16, 2011



This material was prepared by CFMC, the Medicare Quality Improvement Organization for Colorado, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. PM-4050-016 CO 2011

Table of Contents

Executive Summary	1
Introduction	3
Campaign Overview.....	3
Clinical Goals: CMS Quality Measures.....	3
Target Setting: Percentile Improvement.....	4
Table 1. Percentile Improvement Example.....	5
Operational Goals.....	5
Phase 2 Progress	7
Operational Goals	7
Figures 1-5. National Maps - Goal Selection and Data Submission	
Staff Turnover.....	9
Consistent Assignment.....	10
Advance Care Planning.....	11
Resident/Family Satisfaction.....	12
Staff Satisfaction.....	13
Table 2. Goal Selection and Data Submission Rates.....	14
Figure 6. Percent Registered/Selected/Submitted by Goal.....	15
Staff Turnover	16
Table 3. Annualized Turnover Rates: Descriptive Statistics by Staff Type.....	17
Figure 7. Distribution of Annualized Turnover Rates by Staff Type	
Rates up to 150%.....	18
Figure 8. Distribution of Annualized Turnover Rates by Staff Type	
Rates greater than 150%.....	19
Consistent Assignment	20
Figure 9. Percent of Residents with 8 or Fewer CNA Caregivers.....	21
Figure 10. Average Number of CNA Caregivers.....	22
Figure 11. Minimum Number of CNA Caregivers.....	23
Figure 12. Maximum Number of CNA Caregivers.....	24
Advance Care Planning	25
Table 4. Average Percent of Residents with Advance Care Plan.....	25
Resident/Family and Staff Satisfaction	26
Table 5. Nursing Homes that Assessed Satisfaction by Survey Type.....	26
Table 6. Scope and Response Rates by Survey Type.....	27
Appendix A: Percentile Levels and Quality Measure Ranges	
High Risk Pressure Ulcers.....	28
Physical Restraints.....	32
Chronic Care Pain.....	35
Post Acute Care Pain.....	38
Appendix B. National Percentile Thresholds by Quarter	42

Executive Summary

Advancing Excellence in America's Nursing Homes is a voluntary, national campaign to help nursing homes measure and improve care. Phase 1 of the campaign was launched in September 2006. Phase 2 was launched in October 2009. The campaign is supported by the Centers for Medicare & Medicaid Services (CMS), advocate and provider associations, and a broad spectrum of professional and other stakeholder groups. The purpose of the campaign is to help nursing homes improve care delivery systems and clinical outcomes, enhance quality of life for residents, and lead to a more stable workforce. The campaign works closely with other national nursing home quality initiatives, such as the Quality Improvement Organizations' (QIO) 9th Statement of Work (SOW), the Nursing Home Quality Initiative, Quality First, and the Culture Change movement, in efforts to ensure alignment and synergize activities and results.

The Advancing Excellence Campaign is led by a Steering Committee of 30 organizations that comprise the campaign's coalition. Additionally, a coalition of nursing home stakeholders within every state (also called LANEs or Local Area Networks for Excellence) provides leadership and guidance for the campaign at the local level. The LANE Convener in each state serves as the primary "point of contact" for the campaign and acts as a liaison between nursing homes in the state, the state coalition, and the national campaign staff and Steering Committee. Steering Committee members and LANE Conveners for Phase 2 of the campaign are listed on the Advancing Excellence website (press CTRL+click to follow link: <http://www.nhqualitycampaign.org>) under the "About the Campaign" tab.

As a result of the successes of Phase 1, the campaign is continuing its quality improvement efforts with Phase 2. This second phase of the campaign has three clinical improvement goals and five operational improvement goals. Advance care planning and staff satisfaction are new goals in Phase 2. The campaign goals have been re-ordered to reflect the recognition that staffing issues are drivers of overall quality improvement in a nursing home (press CTRL+click to follow the links):

[Goal 1](#) : Staff Turnover: Nursing homes will take steps to minimize staff turnover in order to maintain a stable workforce to care for residents.

[Goal 2](#): Consistent Assignment: Being regularly cared for by the same caregiver is essential to quality of care and quality of life. To maximize quality, as well as resident and staff relationships, the majority of nursing homes will employ "consistent assignment" of CNAs.

[Goal 3](#): Restraints: Nursing home residents are independent to the best of their ability and rarely experience daily physical restraints.

[Goal 4](#) : Pressure Ulcers: Nursing home residents receive appropriate care to prevent and appropriately treat pressure ulcers when they develop.

[Goal 5](#) : Pain: Nursing home residents will receive appropriate care to prevent and minimize episodes of moderate or severe pain. Objectives for long stay and short stay are slightly different.

- Goal 5A: Long stay (longer than 90 days) nursing home residents will receive appropriate care to prevent and minimize episodes of moderate or severe pain.

- Goal 5B: People who come from a hospital to a nursing home for a short stay will receive appropriate care to prevent and minimize episodes of moderate or severe pain.

Goal 6: Advance Care Planning: Following admission and prior to completing or updating the plan of care, all nursing home residents will have the opportunity to discuss their goals for care, including their preferences for advance care planning, with an appropriate member of the healthcare team. Those preferences should be recorded in their medical record and used in the development of their plan of care.

Goal 7: Resident/Family Satisfaction: Nursing home staff will assess resident and family experience of care and incorporate this information into their quality improvement activities.

Goal 8: Staff Satisfaction: Nursing home administrators will assess staff satisfaction with their work environment at least annually and upon separation and incorporate this information into their quality improvement activities.

Real-time information regarding national and state level nursing home enrollment and progress for each of the goals is available on the campaign website under the “Progress” tab. In addition, after LANE conveners log in to the website, they are able to download a list of participating nursing homes, their goal selections and information regarding data submission for operational goals, if the nursing home has chosen to share that information with the LANE.

Previous campaign reports have presented data on the accomplishments and lessons learned related to the Quality Measures (QMs), calculated and posted by CMS on Nursing Home Compare (<http://www.medicare.gov/NHCompare>). These QMs were calculated from resident level information collected via the Minimum Data Set (MDS) 2.0. Due to the implementation of the MDS 3.0 in October 2010, updates to the publicly reported QMs are temporarily suspended. Nursing Home Compare will continue to display aggregate results from Quarters 1, 2, and 3 of 2010 until the new QMs are available. The campaign will incorporate the new QMs from MDS 3.0 as they become available from CMS. New QMs are currently projected to be available in early 2012. Background information and 2010 Quarter 3 high performance thresholds regarding the specific QMs used in the campaign have been kept in this report for reference purposes.

In the interim, this report will focus on operational goal data as entered by nursing homes via the campaign website. To allow LANEs to compare their state’s status with that of the nation as a whole, state and national data regarding goal selection and rates of website data submission are presented. The data submitted for the operational goals is very limited and not sufficient to conduct performance analyses at the state or national level. ***The data shown in this report are preliminary and should not be used performance assessment or target setting.***

Introduction

Campaign Overview

Advancing Excellence in America's Nursing Homes is a voluntary, national campaign to help nursing homes improve care delivery systems and clinical outcomes, enhance quality of life for residents, and lead to a more stable workforce. Phase 1 of the Advancing Excellence in America's Nursing Homes campaign was launched on September 29, 2006, and during the first year of the campaign, over 38.0% (N= 5813) of the nursing homes in the country registered for the campaign. The second year of the campaign saw an additional 8.9% (N= 1404) of nursing homes enroll in the campaign. By the close of Phase 1 on October 21, 2009, enrollment had increased to 47.6% (N=7481) of the nation's nursing homes. The details of national and state-level Phase 1 participation and goal selection are available in the "Progress > National" section on the Advancing Excellence website.

Phase 2 of the campaign was launched on October 22, 2009. In this phase, the goals have been re-ordered to better reflect that staffing issues are recognized as drivers of overall quality improvement in a nursing home. Although the same Quality Measures (QMs) are being used for the clinical goals, Phase 2 of the campaign has the additional goals of advance care planning and staff satisfaction. The initial recruitment period for Phase 2 of the campaign was from October 22, 2009 through January 31, 2010. Nursing homes that registered for Phase 2 of the campaign by January 31, 2010 and were also Phase 1 participants were awarded Charter Member status. The Steering Committee's national goal to register 5,000 nursing homes during the recruitment phase was met and surpassed. As of January 31, 2010, 5861 nursing homes had registered for Phase 2 of the campaign, reflecting 4728 Charter Member registrations and 1133 new nursing home registrations. Current (real-time) national registration statistics are available on the campaign website home page and for each state under the "Progress > State" tab.

Clinical Goals: CMS Quality Measures

The campaign selected four of the Centers for Medicare & Medicaid (CMS) nursing home QMs to track clinical quality in the Campaign: high risk pressure ulcers, physical restraints, chronic care (CC) pain and post acute care (PAC) pain. As previously noted, no QM data are displayed in this report due to the temporary suspension of QM updates as nursing homes transition to the MDS 3.0. The campaign will incorporate the new QMs as they are available from CMS, currently projected to be early in 2012.

Campaign registration is open to all nursing homes in the nation. CMS reports the QMs for Medicare/Medicaid certified nursing homes based on Medicare/Medicaid provider numbers. Nursing homes are asked to provide their Medicare provider number as part of the campaign registration process, however, it is not required. Nursing homes that are not able to be linked to QM data are excluded from all clinical goal analyses.

As designated by the Campaign's Steering Committee, data from 2009 Quarter 1 mark the starting point for measuring progress in the QMs during Phase 2. The sources of data for this

report are the QM scores as calculated by CMS. Documents that provide snapshot definitions of the QMs, as well as detailed descriptions of the assessment selection criteria and calculation of the QMs, are available on CMS's Nursing Home Quality Initiatives website (<http://www.cms.hhs.gov/NursingHomeQualityInits>).

In addition, the Quality Measure Resource Manual, available on QualityNet.org, contains detailed information on the QMs and is meant to be a user friendly resource to LANE members and nursing home staff (<http://www.qualitynet.org> > MedQIC > Patient Safety > Quality Improvement > Other Resources).

Target Setting: Percentile Improvement

National targets for Phase 1 of the Campaign were initially established by examining the QM data from the Quality Improvement Organization (QIO) 7th Statement of Work (SOW) and by consensus of the Steering Committee. During the QIO 8th SOW, nursing homes set individual targets for selected QMs using the Setting Targets, Achieving Results (STAR) website. This website provided nursing homes with a variety of data-driven methods for setting QM targets: Achievable Benchmarks of Care™ (ABC), percentile rankings, state averages, and the national average. For Phase 2 of the Campaign, the Steering Committee decided to apply the percentile ranking method across all Campaign goals and objectives. Using improvement in percentile rankings provides the nursing homes with a single target setting method that is easy to understand, and also provides the Campaign with a uniform method that is appropriate for analyses.

Percentile rankings are calculated in the following manner:

- 1) Individual nursing home scores are ranked from lowest to highest (lower scores indicate better performance in nursing home QMs).
- 2) The scores are divided into 100 equally-sized groups; each group is known as a percentile.
- 3) The lowest score (best performance) in the group is assigned as the starting value of that percentile; the highest score is assigned as the ending value of that percentile.
- 4) If scores are tied at the group cut-point, the score is assigned to the lower (better performance) percentile.

Using the high risk pressure ulcer QM as an example:

- 1) There were 10,600 nursing homes in the nation that had publicly reported scores for high risk pressure ulcers in 2009 Quarter 1, the baseline quarter for Phase 2 of the campaign.
- 2) Publicly reported scores were rounded to one decimal and ranked from lowest (0.0) to highest (57.1).
- 3) The scores were divided into 100 equally sized groups (percentiles). There were approximately 106 nursing homes in each group.

- 4) In 2009 Quarter 1, the first 235 nursing homes had scores of 0.0. Thus, the starting values AND the ending values of the first two groups of 106 nursing homes (percentile levels 1 and 2) are 0.0.
- 5) The highest score in the third group of 106 nursing homes was 1.8. Thus the starting value of the third percentile is 0.01, and the ending value of the third percentile is 1.8.
- 6) The first value of the fourth group of nursing homes is 1.81, and the ending value of the fourth percentile is 2.2.

As nursing homes register for the campaign, their current QM scores are ranked according to the baseline percentile levels. The target of the national Campaign is to have every nursing home improve their percentile ranking by 10 percentiles. The national targets for each clinical goal were established using this assumption. Again, using the high risk pressure ulcer QM as an example, Table 1 below shows the various amounts of improvement an individual nursing home would need to achieve in their score to reach the campaign recommended change in their percentile ranking.

Table 1. Percentile Improvement Example – High Risk Pressure Ulcers

Current Score	Current Percentile Ranking	Target Percentile Ranking (Current Percentile Ranking minus 10)	Target Score	Improvement* (% Improvement)
2.0	4 th	1 st	0.0	-2.0 (-100%)
7.1	26 th	16 th	5.4	-1.7 (-23.9%)
10.7	49 th	39 th	9.3	-1.4 (-13.1%)
14.8	72 nd	62 nd	12.9	-1.9 (-12.8%)
22.6	94 th	84 th	18.2	-4.4 (-19.5%)

*Because lower scores indicate better performance in the nursing home QMs, a negative value in this column indicates improvement.

The baseline starting and ending values for each percentile level for each QM are listed in the tables in Appendix A. Changes by quarter for the 10th through the 50th percentiles are displayed in Appendix B.

Operational Goals

In addition to the clinical goals, the Campaign developed goals for five organizational elements that are felt to influence quality of life for residents and lead to a more stable work force. Staff turnover, consistent assignment, and resident/family satisfaction were part of Phase 1 of the campaign and were expanded and refined for Phase 2. Advance care planning and staff satisfaction were newly introduced in Phase 2. Implementation resources and data collection tools for all of the organizational goals are available on the website under the *Resources > By Goal* tab.

Because information regarding these goals has not previously been collected in a systematic and consistent manner on a national basis, sufficient data are not yet available for calculation

of benchmarks and performance targets. As nursing home participants select these operational goals and report their data during Phase 2, the campaign hopes to be able to provide valuable comparative data for performance improvements and setting appropriate goals.

Phase 2 Progress

Operational Goals

In contrast to the clinical measures, calculated by CMS from MDS submissions, data for the operational goals are submitted by nursing homes directly to the campaign website using their secure login. Data collection for the operational goals began in January 2010 to coincide with the first full year of Phase 2. Data entry for staff turnover, consistent assignment, and advance care planning should occur on a monthly basis. Data for resident/family and staff satisfaction should be entered on a quarterly basis. To date, website data submissions have been limited and are not sufficient for performance analyses at a state or national level. Data presented in this report are considered preliminary and should not be used for target-setting purposes. When sufficient data are available, the campaign will carry out appropriate analyses and make this information available to the LANEs and nursing homes. LANEs are able to monitor data submissions for their state and the nation on a real-time basis after logging in to the campaign website.

The data for this report reflect submissions to the website database as of May 1, 2011. The national maps in Figures 1-5 show how goal selections compare with data submissions for each of the operational goals. Reporting of this information is suppressed if fewer than ten nursing homes in a state selected the goal. The upper map shows the percent of campaign participants in each state that selected the stated goal. The lower map displays the percent of nursing homes that selected the goal and have submitted data at least one time. Table 2 shows the number and percent of nursing homes that have selected each goal, as well as the number and percent of these nursing homes in the state and nation that have submitted data at least one time. These displays clearly show that data submission is significantly less than nursing home goal selection for each of the goals.

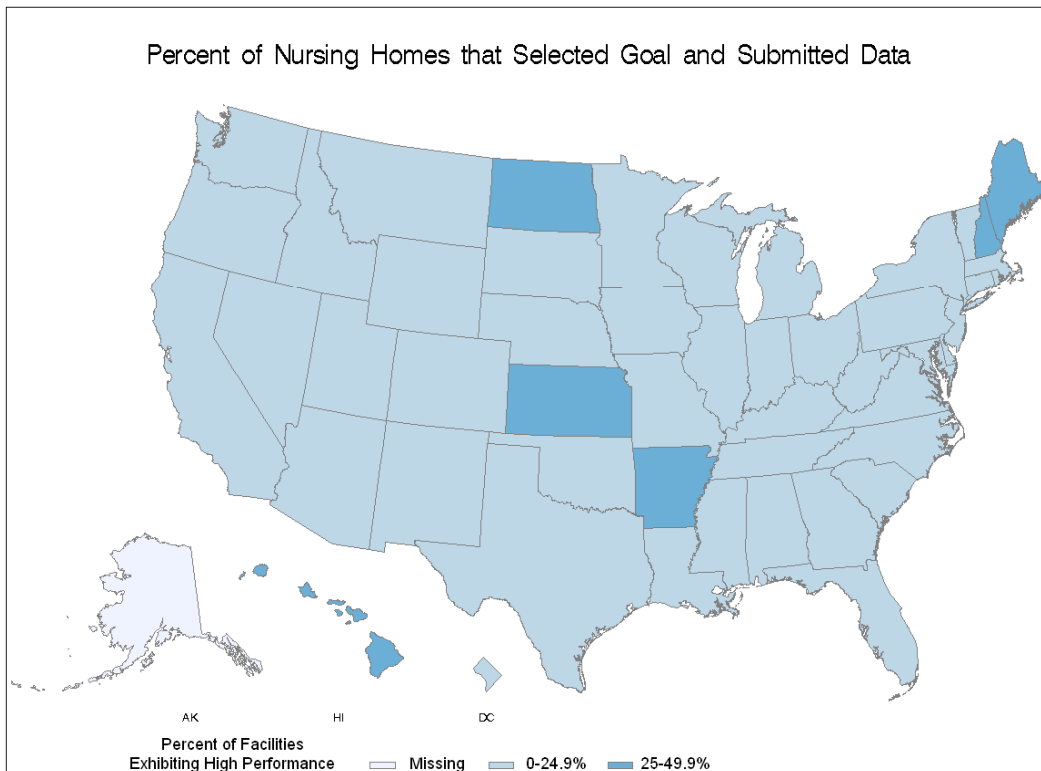
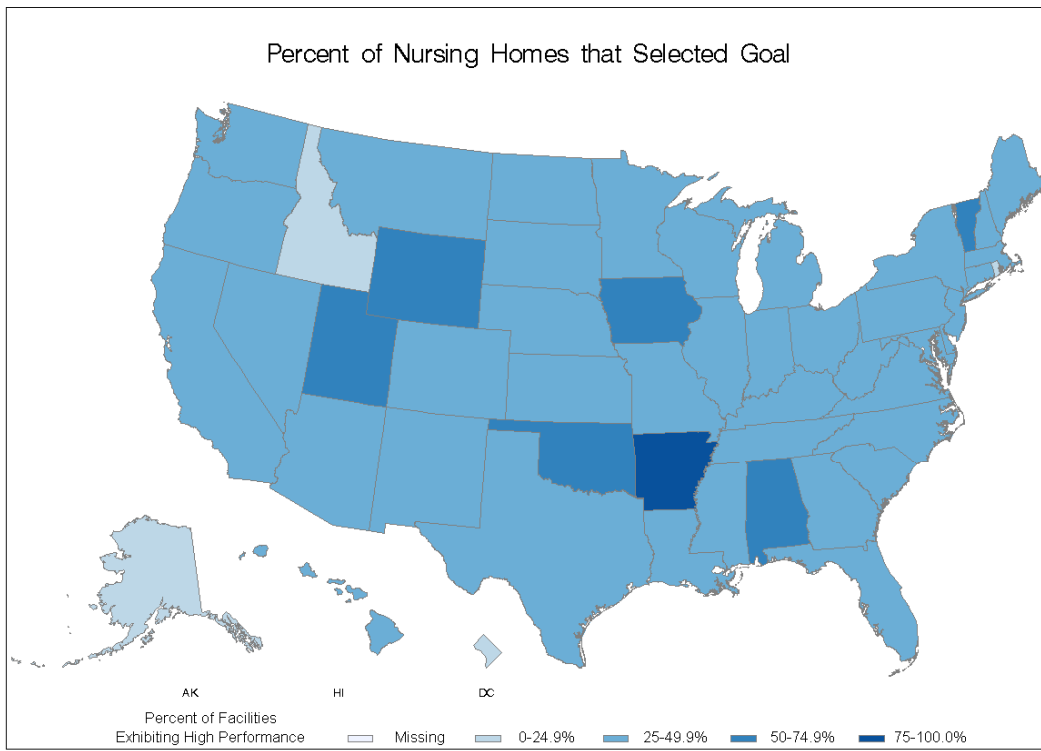
The bar graph in Figure 6 shows how state level data submission rates compare to the national rate for each of the operational goals. Two bars are displayed for each goal, one representing state level data, and one representing national level data. Each bar is divided into three sections:

- The bottom section (darkest shading) shows the number of nursing homes that selected the stated goal and have submitted data for the goal. The 'n' for this group is shown at the top of this section of the bar, and the percent of registered nursing homes corresponding to this 'n' can be found on the left vertical axis.
- The middle section (medium shading) shows the number of nursing homes that selected the stated goal but have not yet submitted any data. As with the previous group, the 'n' for this group is shown at the top of this section of the bar, and the percent of registered nursing homes corresponding to this 'n' can be found on the left vertical axis.
- The top section (lightest shading) reflects the nursing homes that registered for the campaign but did not select this goal, to result in 100% of registered nursing homes.

This graph differs from the previous displays in that percents are calculated using the total number of registered nursing homes as the denominator. Again, it is clear that more active participation in data submission is needed in order to better understand how these processes are being implemented.

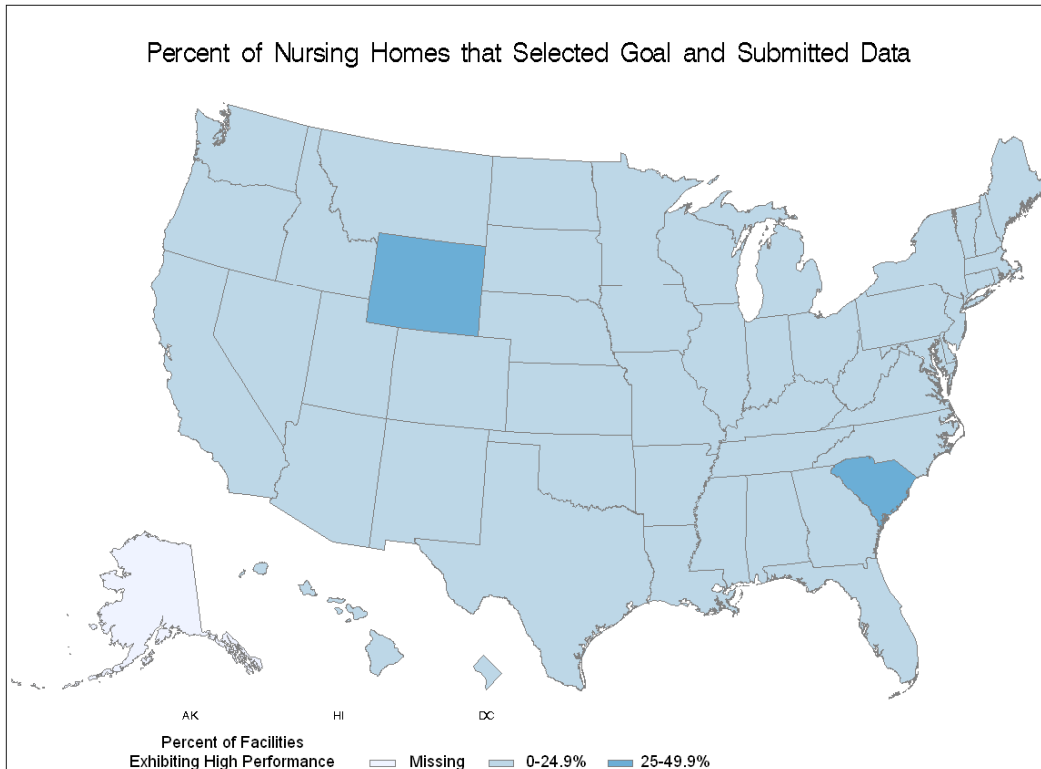
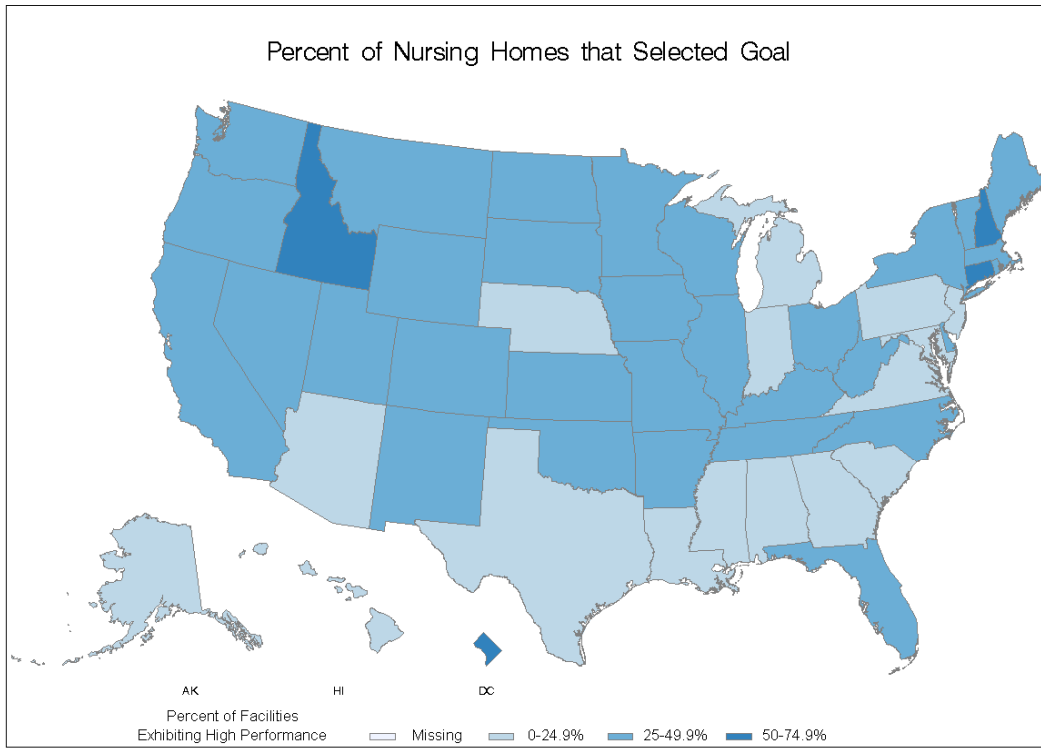
Figure 1. Goal Selection and Data Submission

Goal 1: Staff Turnover



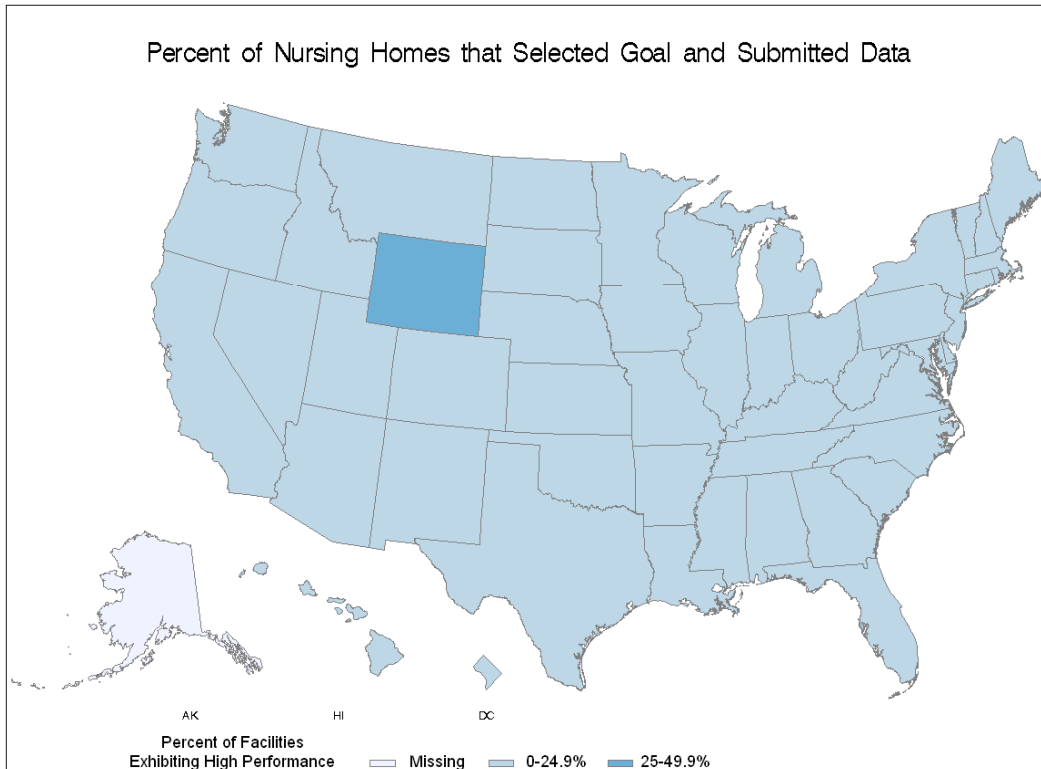
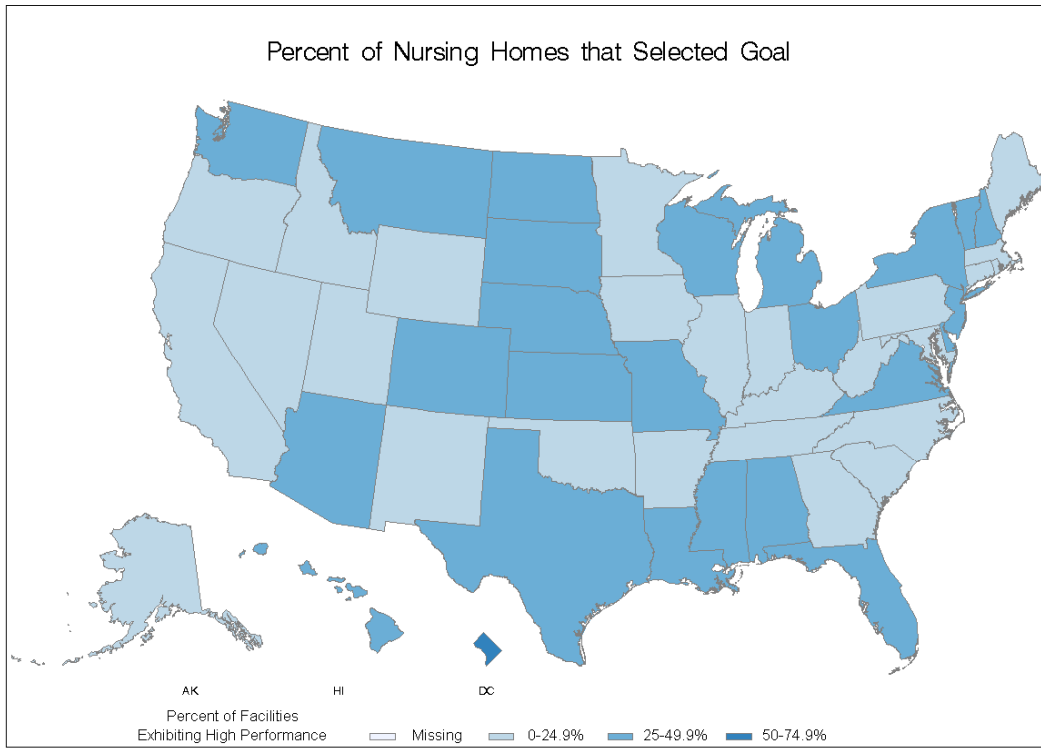
Selection and submission data as of 05/01/2011
 Data are not reported ("N/A") if fewer than 10 nursing homes selected the goal

Figure 2. Goal Selection and Data Submission
 Goal 2: Consistent Assignment



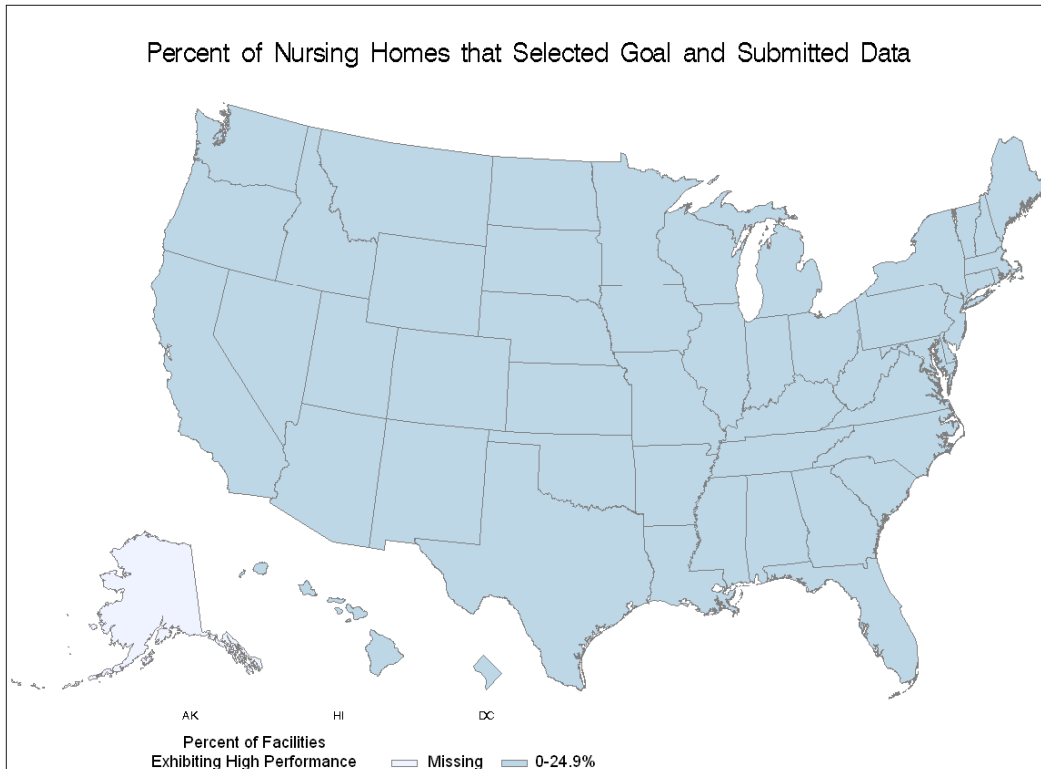
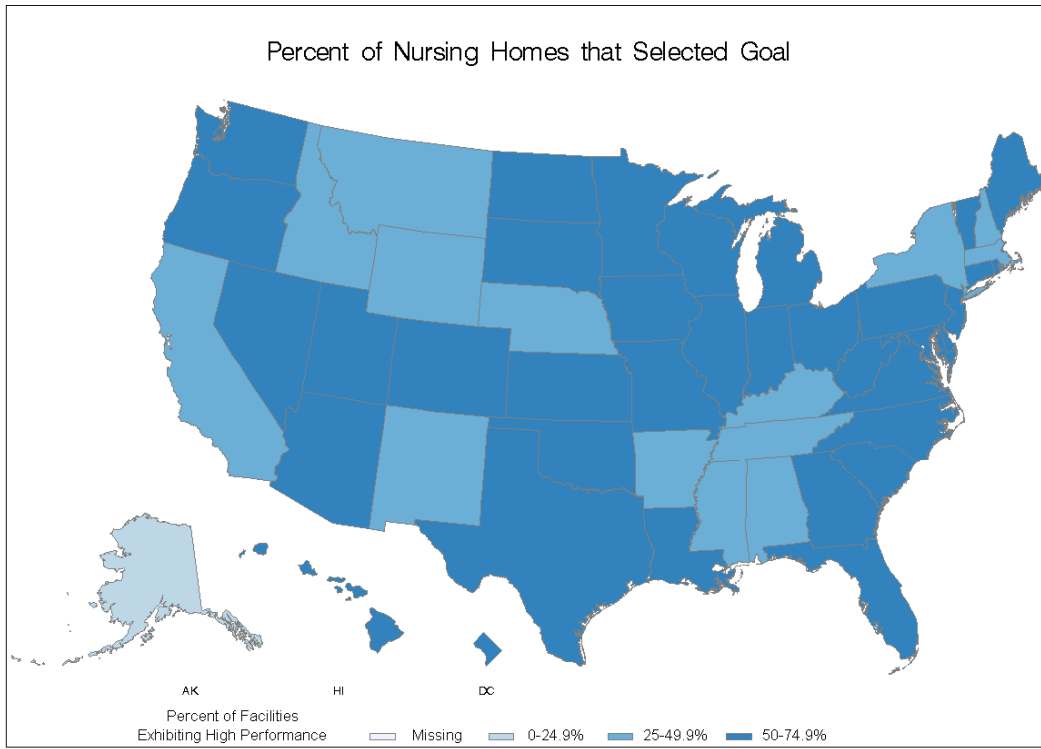
Selection and submission data as of 05/01/2011
 Data are not reported ("N/A") if fewer than 10 nursing homes selected the goal

Figure 3. Goal Selection and Data Submission
 Goal 6: Advance Care Planning



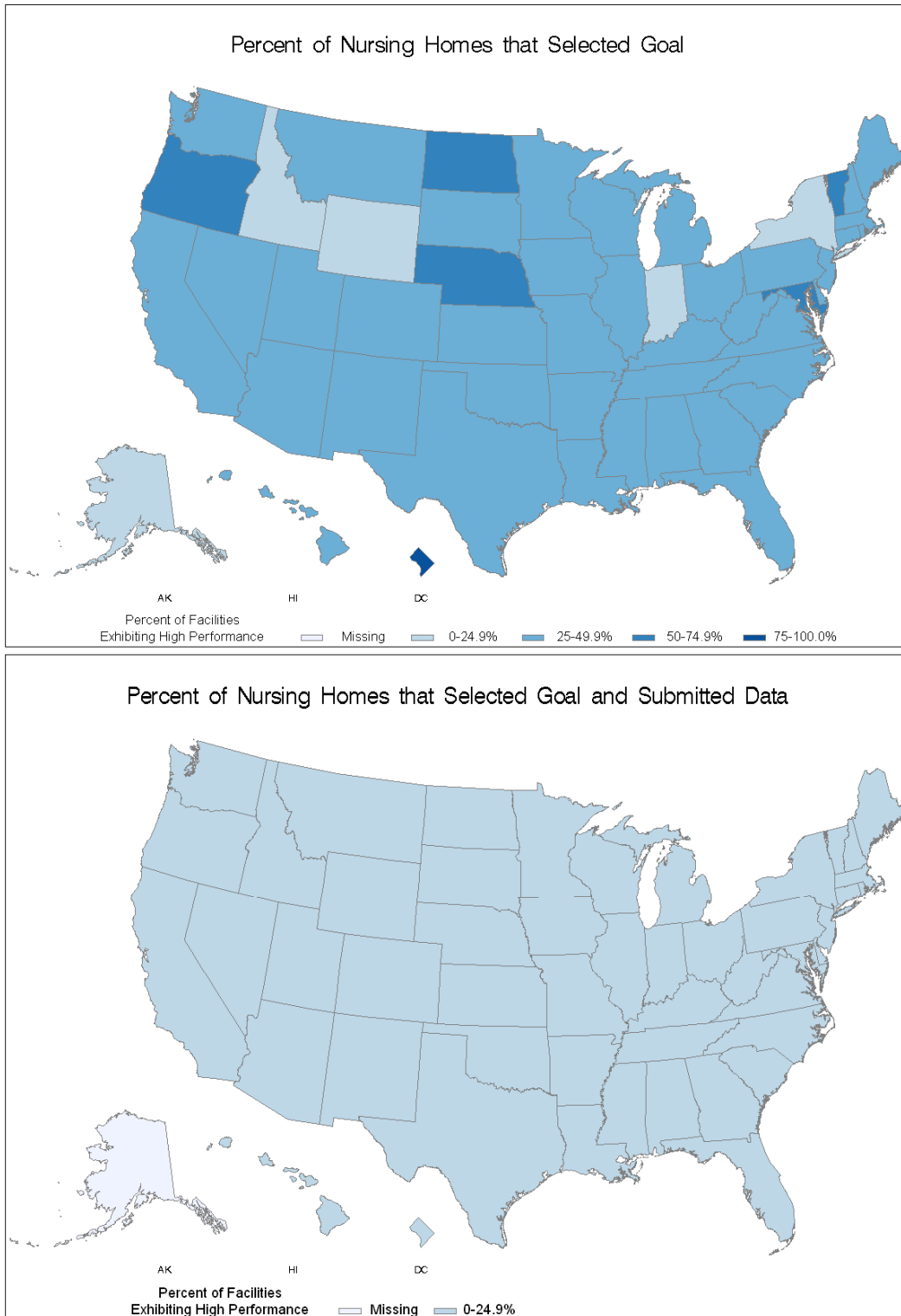
Selection and submission data as of 05/01/2011
 Data are not reported ("N/A") if fewer than 10 nursing homes selected the goal

Figure 4. Goal Selection and Data Submission
 Goal 7: Resident/Family Satisfaction



Selection and submission data as of 05/01/2011
 Data are not reported ("N/A") if fewer than 10 nursing homes selected the goal

Figure 5. Goal Selection and Data Submission
 Goal 8: Staff Satisfaction



Selection and submission data as of 05/01/2011
 Data are not reported ("N/A") if fewer than 10 nursing homes selected the goal

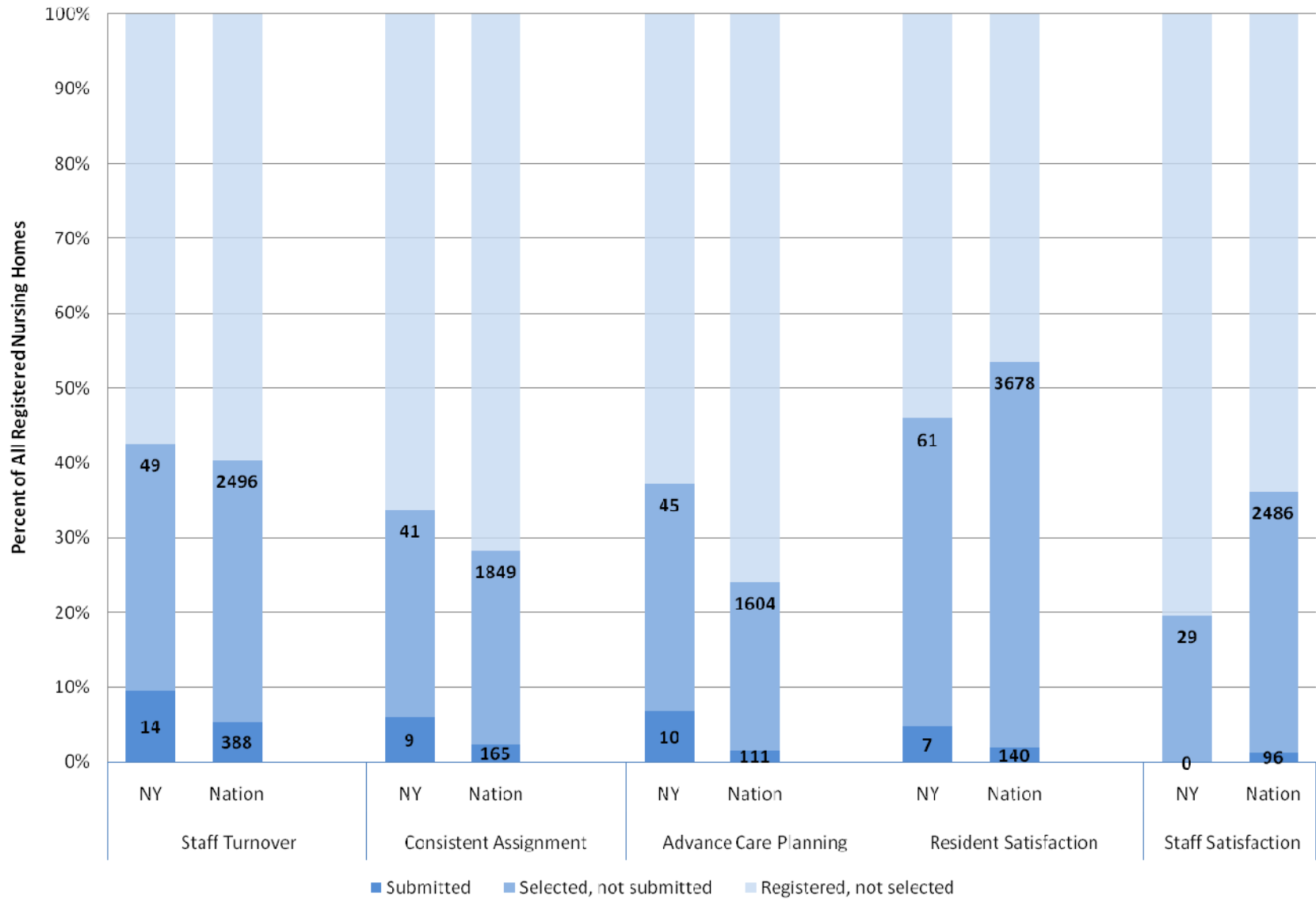
Table 2. Goal Selection and Data Submission Rates: NY

Goal	Level	Nursing Homes That Selected the Goal n(%)	Nursing Homes That Selected the Goal and have Submitted Data at Least One Time n(%)
Staff Turnover	State	63 (42.6%)	14 (22.2%)
	National	2884 (40.4%)	388 (13.5%)
Consistent Assignment	State	50 (33.8%)	9 (18.0%)
	National	2014 (28.2%)	165 (8.2%)
Advance Care Planning	State	55 (37.2%)	10 (18.2%)
	National	1715 (24.0%)	111 (6.5%)
Resident/Family Satisfaction	State	68 (45.9%)	7 (10.3%)
	National	3818 (53.5%)	140 (3.7%)
Staff Satisfaction	State	29 (19.6%)	0 (0.0%)
	National	2582 (36.2%)	96 (3.7%)

Campaign Goal: 85% of short stay residents will have 8 or fewer unique CNA caregivers in a 2-week period
 85% of long stay residents will have 8 or fewer unique CNA caregivers in a 4-week period

Website submission data as of May 1, 2011

Figure 6. Percent Registered, Selected, and Submitted by Goal



Staff Turnover

The campaign chose to measure turnover for each of three staff types: RN, LPN/LVN, and CNA. Nursing homes that select this goal collect and report, by staff type, the number of terminations and the number of staff on the first day of each month for which they are reporting data. In order to assure comparability of rates regardless of how many months of data individual nursing homes submit, annualized turnover rates are calculated as follows: $[(\text{total number of terminations}/\text{average of number of staff on the first day of the month}) * 12] / \text{number of months of data reported} * 100$. The national target for nursing homes participating in this goal is an annualized turnover rate of less than 65% for RNs, less than 65% for CNAs, and less than 35% for LPNs.

The histograms in Figures 7 and 8 show the national distribution of annualized turnover rates for calendar year 2010 by each staff type. All nursing homes that submitted at least three months of data for the calendar year (CY) 2010 were included in this display. It is important to remember that these data are self-reported, and no attempt has been made to verify the submitted data. Because of the wide range of data, Figure 7 shows the distribution of nursing homes with turnover rates up to 150%. Figure 8 shows the distribution of nursing homes with rates greater than 150%. The values on the horizontal axis of each histogram show the midpoint of the rates for each distinct bar. The vertical axis displays the percent of nursing homes that reported rates in the indicated range.

Table 3 below shows the descriptive statistics for the annualized turnover rates for each indicated staff type. Due to the extremes of the data range, percentile values, rather than the average, are displayed. Using the first row, CNA turnover, as an example:

- Column #1 indicates the staff category (CNA).
- Column #2 indicates the number of nursing homes that submitted data for the indicated category (n=320).
- Column #3 shows the 10th percentile (10 percent of nursing homes had annualized CNA turnover rates less than or equal to 15.8%).
- Column #4 shows the 25th percentile value (25 percent of nursing homes had annualized CNA turnover rates less than or equal to 28.3%).
- Column #5 shows the 50th percentile (50 percent of nursing homes had annualized CNA turnover rates less than or equal to 43.7%).
- Column #6 shows the 75th percentile (75 percent of nursing homes had annualized CNA turnover rates less than or equal to 75.0%).
- Column #7 shows the 90th percentile (90 percent of nursing homes had annualized CNA turnover rates less than or equal to 113.8%).

The second and third rows of the table display the results for LPN/LVN and RN annualized turnover rates in the same manner.

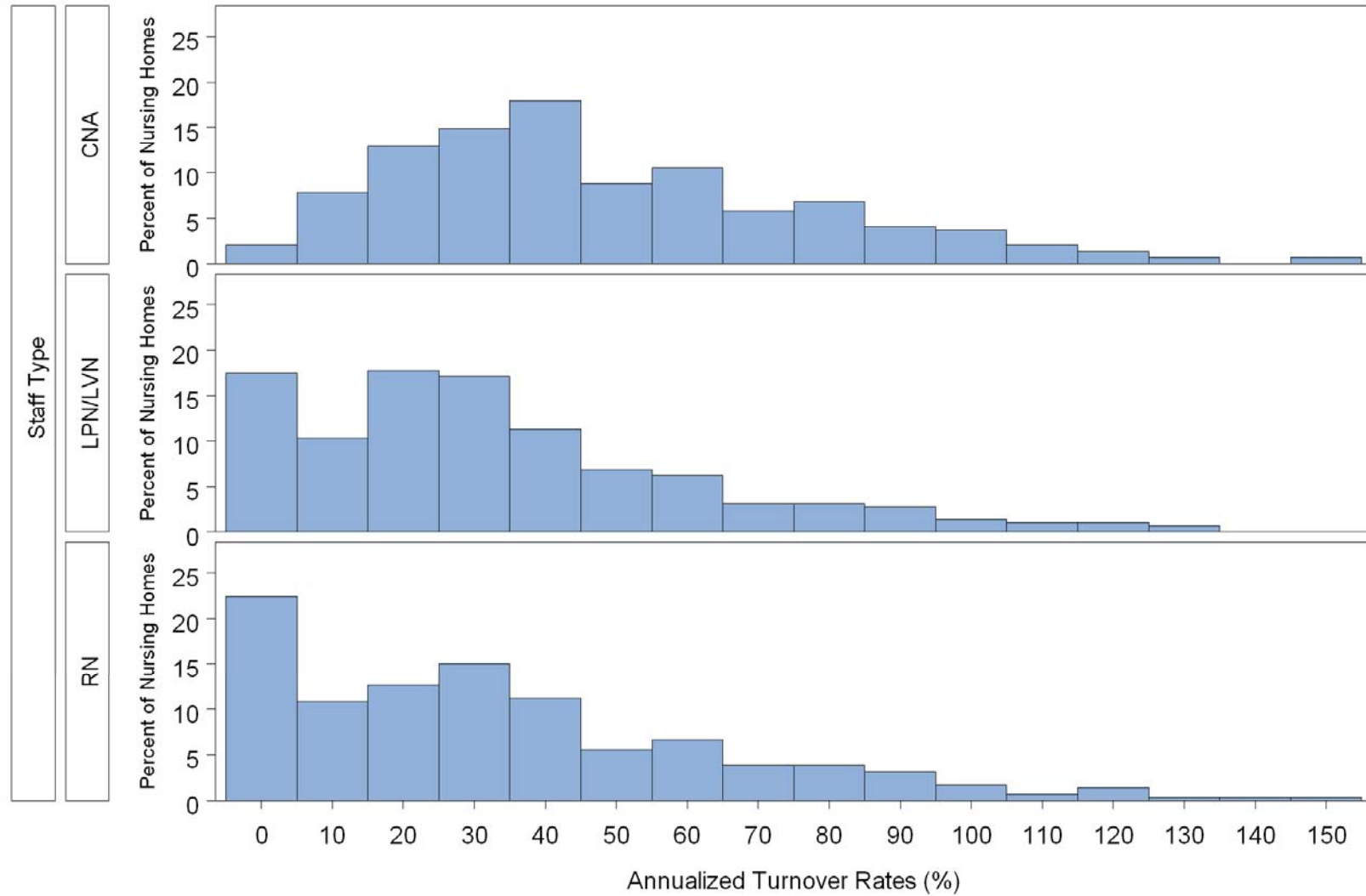
Table 3. Annualized Turnover Rates: Descriptive Statistics by Staff Type

Staff Type	Number of Nursing Homes	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
CNA	320	15.8	28.3	43.7	75.0	113.8
LPN/LVN	304	0.0	14.0	28.1	51.9	85.0
RN	308	0.0	10.3	29.3	58.5	100.0

Because only 13% of nursing homes that selected this goal have submitted data, these data are presented for preliminary information only. It is not yet prudent to interpret these data or assess performance.

Figure 7. Distribution of Annualized Turnover Rates for CY 2010
By Staff Type

Nursing Homes with Turnover Rates Less Than or Equal to 150%

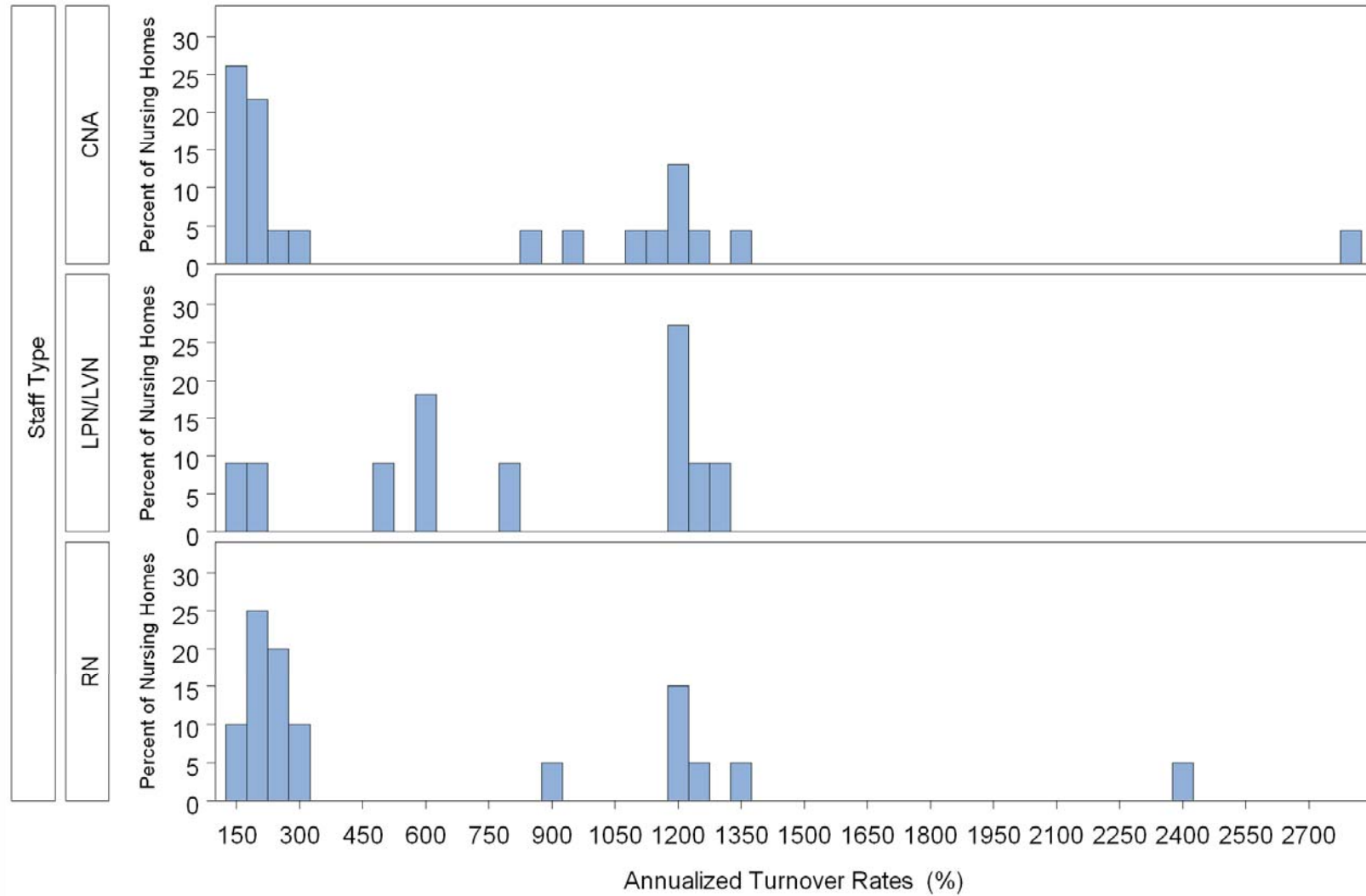


Data include nursing homes reporting at least three months of data for calendar year 2010

Figure 8. Distribution of Annualized Turnover Rates for CY 2010

By Staff Type

Nursing Homes with Turnover Rates Greater Than 150%



Data include nursing homes reporting at least three months of data for calendar year 2010

Consistent Assignment

Being regularly cared for by the same caregiver can impact quality of care and quality of life for the residents. The national target for nursing homes participating in this goal is 85% of long stay residents have a maximum of eight CNA caregivers over a four week period; and 85% of short stay residents have a maximum of eight CNA caregivers over a two week period. In addition to the percent of residents that met the campaign criterion of a maximum of eight CNA caregivers in the measurement period, nursing homes submit the minimum and the maximum number of CNA caregivers experienced by any individual resident, as well as the average number of CNA caregivers experienced by all residents during the measurement period.

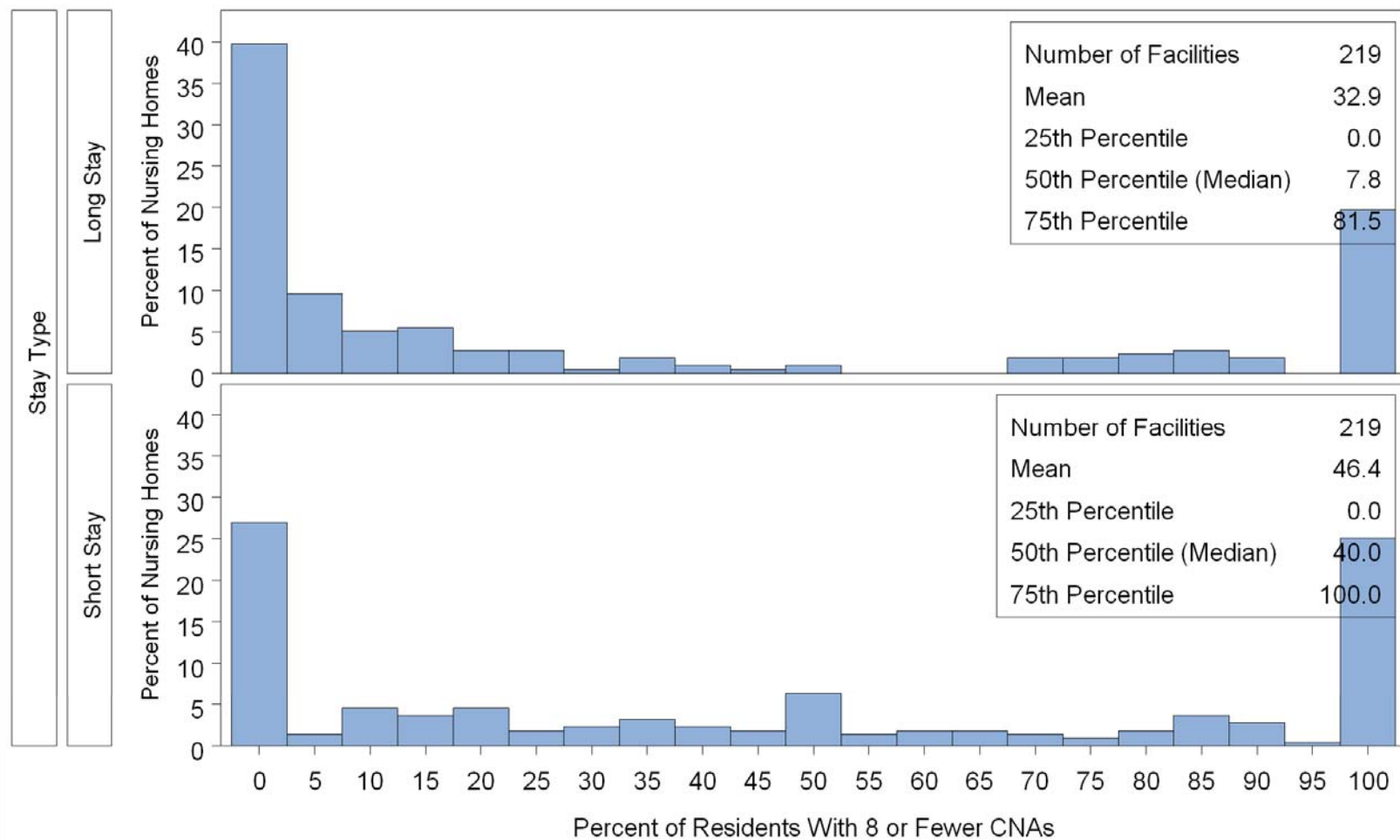
The top histogram in Figure 9 shows the distribution of the percent of long stay residents that met the campaign goal of eight or fewer CNA caregivers; the bottom histogram shows the distribution of the percent of short stay residents that met the campaign goal. The values on the horizontal axis show the midpoint of each distinct bar. The values on the vertical axis show the percent of nursing homes that had values in the range for each bar. Figures 10-12 display the distributions for the minimum, maximum, and average number of CNA caregivers in the same manner.

For this display, nursing homes were excluded if their data were inconsistent with the consistent assignment calculation logic, as follows:

- The number of residents in the measurement period was '0'.
- The minimum number of CNAs for any individual resident was less than or equal to 8, but the percent of residents with 8 or fewer caregivers was '0'.
- The minimum number of CNAs for any individual resident was greater than 8, but the percent of residents with 8 or fewer CNA caregivers was greater than '0'.
- The maximum number of CNAs for any individual resident was greater than 8, but the percent of residents with 8 or fewer CNA caregivers was '100'.
- The maximum number of CNAs for any given resident was less than or equal to 8, but the percent of residents with 8 or fewer caregivers was not '100'.

It is important to remember that only 8% of nursing homes that selected this goal have submitted data, and that these data are presented for preliminary information only. It is not yet appropriate to interpret these data or assess performance.

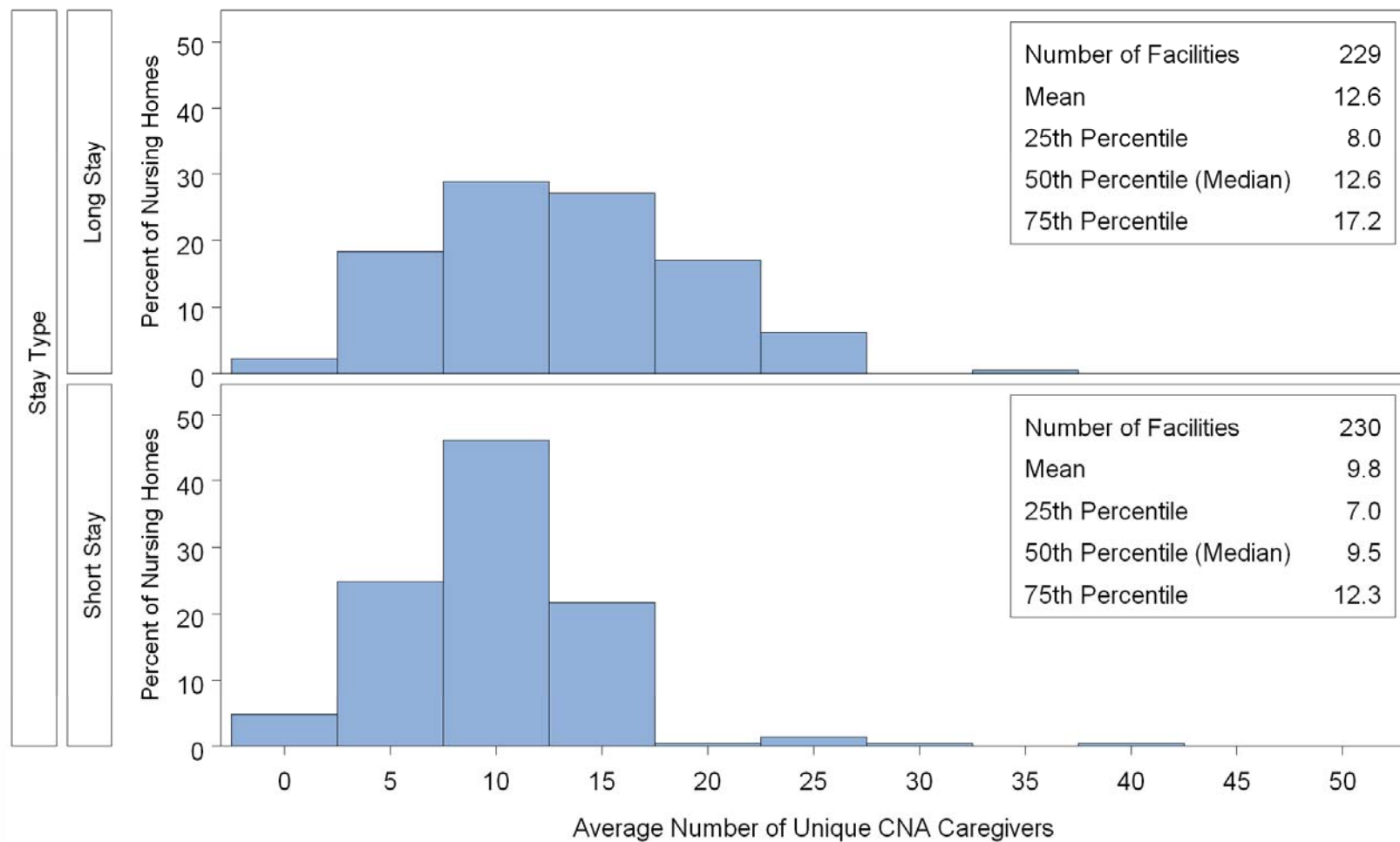
Figure 9. Consistent Assignment
 Percent of Residents With Eight or Fewer Unique CNA Caregivers
 By Stay Type



Campaign Goal: 85% of short stay residents will have 8 or fewer unique CNA caregivers in a 2-week period
 85% of long stay residents will have 8 or fewer unique CNA caregivers in a 4-week period

Website submission data as of May 1, 2011

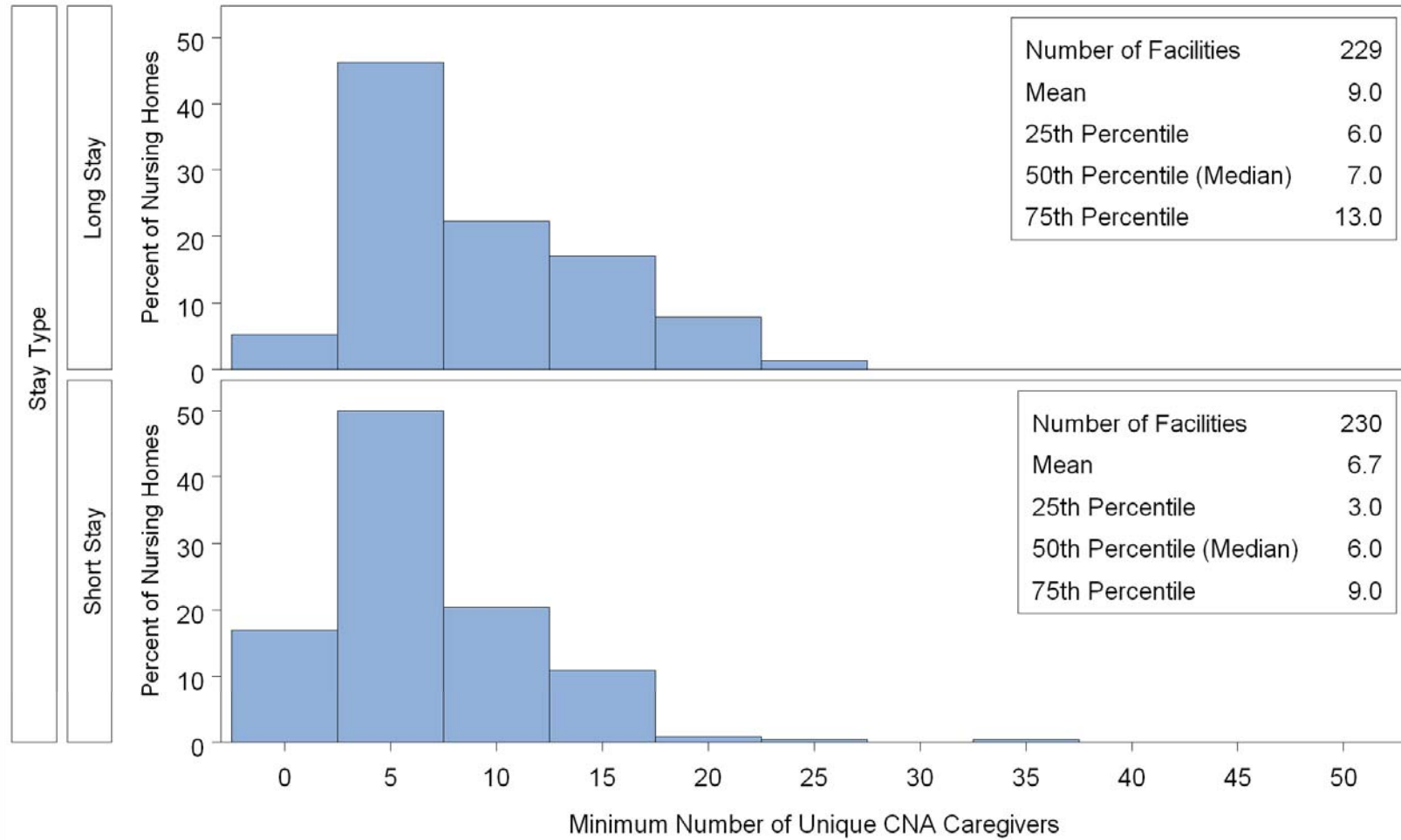
Figure 10. Consistent Assignment
Average Number of Unique CNA Caregivers
By Stay Type



Campaign Goal: 85% of short stay residents will have 8 or fewer unique CNA caregivers in a 2-week period
85% of long stay residents will have 8 or fewer unique CNA caregivers in a 4-week period

Website submission data as of May 1, 2011

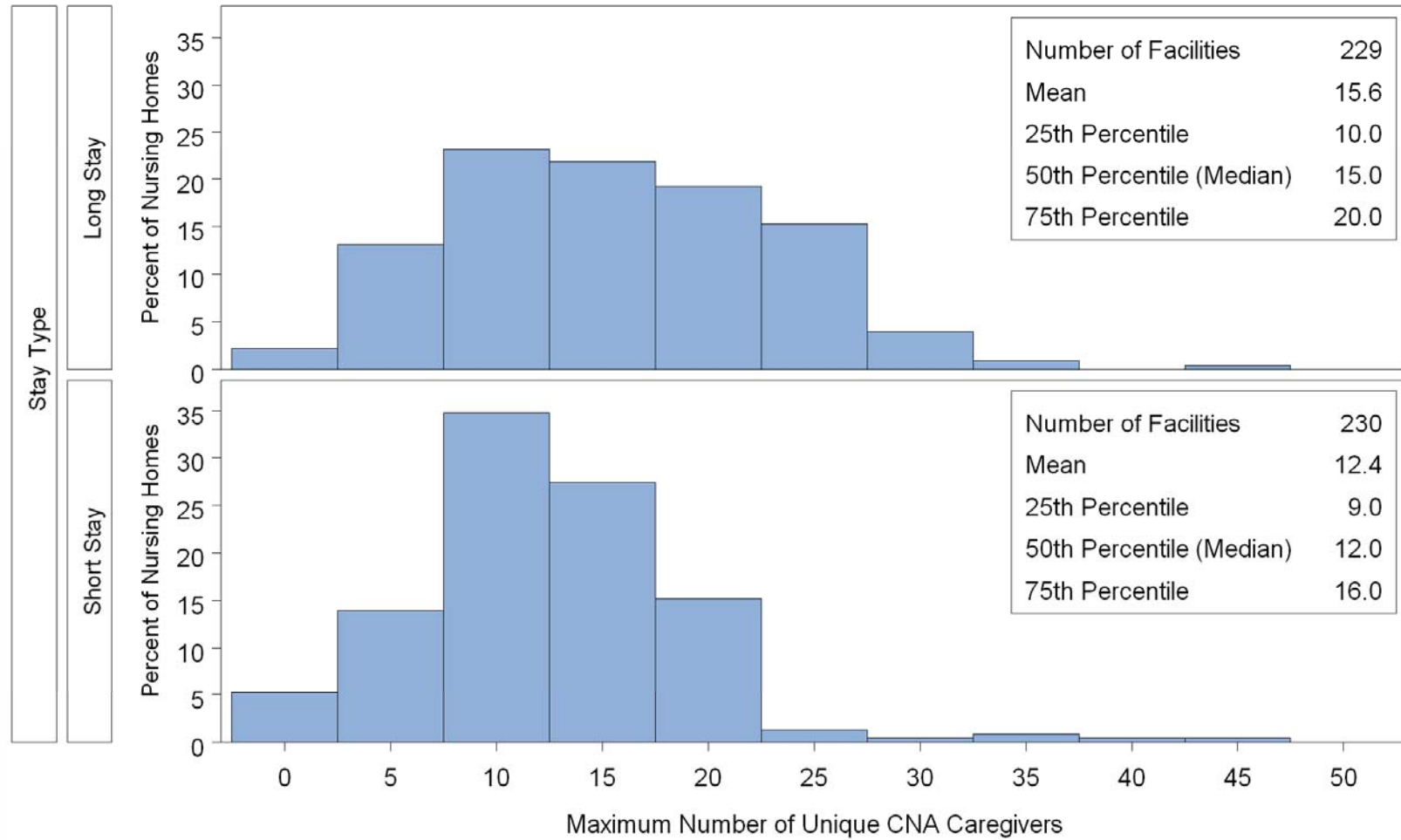
Figure 11. Consistent Assignment
Minimum Number of Unique CNA Caregivers
By Stay Type



Campaign Goal: 85% of short stay residents will have 8 or fewer unique CNA caregivers in a 2-week period
85% of long stay residents will have 8 or fewer unique CNA caregivers in a 4-week period

Website submission data as of May 1, 2011

Figure 12. Consistent Assignment
Maximum Number of Unique CNA Caregivers
By Stay Type



Campaign Goal: 85% of short stay residents will have 8 or fewer unique CNA caregivers in a 2-week period
85% of long stay residents will have 8 or fewer unique CNA caregivers in a 4-week period

Website submission data as of May 1, 2011

Advance Care Planning

Following admission and prior to completing or updating the plan of care, all nursing home residents will have the opportunity to discuss their goals for care, including their preferences for advance care planning, with an appropriate member of the healthcare team. Data collection for this goal has two distinct steps. The first step is to collect data for residents who are admitted or readmitted. The second step is to collect data for all residents from the quarterly care planning conference. The national target calls for at least 75% of newly admitted residents, re-admitted residents, and residents undergoing a quarterly care planning conference will have these discussions at least upon admission and annually. Additionally, these discussions will be recorded in their medical record. To help distinguish between advance care planning and end-of-life care planning, nursing homes also submit the number of residents who have an end-of-life plan documented in their medical record.

The approximately 6.5% of participating nursing homes that submitted data on this goal each reported 1-13 months of data from January 2010-March 2011. While nearly 80% (79.63%) submitted data for one month, the remainder submitted up to 13 months of information. These entries reflect nursing home populations ranging from 0-260 (mean 85, median 75). Ten records were excluded due to calculated percents greater than 100%.

Table 4 below shows the average, minimum, and maximum percent of new/readmitted residents and all residents having a quarterly care planning conference that have documentation of a discussion regarding advance care planning, as well as those with documentation of an end-of-life plan.

Table 4. Average Percent of Residents with Advance Care Planning Activities among Reporting Facilities

	Average Percent of Residents in Reporting Facilities Having Advance Care Discussion (minimum, maximum)	Average Percent of Residents in Reporting Facilities Having End of Life Plan (minimum, maximum)
New/Re-Admitted Residents	81.9% (0.0, 100.0)	70.5% (0.0, 100.0)
All Residents	79.2% (0.0,100.0)	64.5% (0.0,100.0)

Resident/Family and Staff Satisfaction

These goals say that almost all nursing homes will assess resident/family and staff experience of care and incorporate this information into their quality improvement activities. For resident/family experience of care, the national target is that 85% of nursing homes will conduct assessments and that 90% of those conducting assessments will incorporate the results into their quality improvement efforts. For staff satisfaction, the campaign goal is that 75% nursing homes will assess satisfaction with the work environment at least annually and upon separation, and that 85% will incorporate the results into their quality improvement efforts.

Table 3 shows the number of nursing homes that selected the goal and conducted the indicated survey type at least one time by survey type.

- Column #1 shows the type of survey: resident, family, or staff experience of care.
- Because nursing homes could choose to survey residents and/or their families, Column #2 shows the number and percent of nursing homes that chose each individual survey type.
- Column #3 shows the number and percent of nursing homes that reported assessment of resident and/or family satisfaction.
- Column #4 displays the number and percent of nursing homes that said they used the results of the surveys in their quality improvement efforts.

Table 5. Number and Percent of Nursing Homes that Assessed Experience of Care and Used Survey Results for Quality Improvement

Survey Type	Nursing Homes that Administered Survey n (%)	Nursing Homes that Administered Either Survey n (%)	Nursing Homes that Used Survey Results n (%)
Resident	113 (81.3%)	125 (89.9%)	122 (87.8%)
Family	114 (82.0%)		
Staff	77 (81.1%)		72 (75.8%)

Although the campaign is not collecting the results of the surveys, knowing the extent of residents/family and staff being surveyed and the response rates for those surveys provides important context for interpreting results. Table 4 shows the scope of survey administration by the nursing homes that have selected these goals. Using the first row “Resident Satisfaction”, as an example:

- Column #1 shows ‘Resident Satisfaction’ as the survey type and the number of times this survey type has been entered into the website database (n=143). Note that Table 3 showed 113 nursing homes that conducted resident surveys, yet there are results from 143 resident satisfaction surveys. It is apparent therefore, that some nursing homes conducted a resident satisfaction survey more than once.

- Column #2 indicates which measure is being reported (the percent of residents/family/staff given the survey or the response rate).
- The upper portion of each row in Column #3 shows the average of the percent of residents given a survey, followed in parentheses by the minimum and maximum values as calculated from the database [(number of residents given the survey/average number of residents in the time period)*100]. These percents may exceed 100 as residents are admitted and discharged during the reporting period.
- The lower portion of each row in Column #3 shows the average response rate for the resident surveys, followed in parentheses by the minimum and maximum values as calculated from the database [(number of residents that returned a survey/number of residents that were given a survey)*100]. Two records with results in excess of 100% were excluded from this display.

Table 6. Scope and Response Rates by Survey Type

Survey Type	Measure	Average (minimum, maximum)
Resident Satisfaction (n=143)	Percent of Residents Given Survey	56.9 (0.1, 165.9)
	Response Rate	65.6 (0.0, 100.0)
Family Satisfaction (n=127)	Percent of Family Members Given Survey	69.5 (0.2, 151.7)
	Response Rate	52.1 (0.0, 100.0)
Staff Satisfaction (n=80)	Percent of Staff Members Given Survey	93.6 (24.7, 166.3)
	Response Rate	70.5 (17.2, 100.0)

As with the other operational goals, the data submission for the satisfaction surveys is very limited to date, as slightly less than 4% of nursing homes that selected the goal have submitted any data via the website. Assessment of performance relative to the campaign goal is not appropriate at this time.

Appendix A. Percentile Levels and Quality Measure Ranges

Advancing Excellence Phase 2 Baseline (2009 Quarter 1)

Table 1. High Risk Pressure Ulcers

At Percentile Level:	Quality Measure Ranges:	
	From	Thru
1	0.00	0.0
3	0.01	1.8
4	1.81	2.2
5	2.21	2.5
6	2.51	2.8
7	2.81	3.0
8	3.01	3.2
9	3.21	3.5
10	3.51	3.9
11	3.91	4.2
12	4.21	4.5
13	4.51	4.8
14	4.81	5.0
15	5.01	5.2
16	5.21	5.4
17	5.41	5.6
18	5.61	5.8
19	5.81	6.0
20	6.01	6.1
21	6.11	6.3
22	6.31	6.5
23	6.51	6.6
24	6.61	6.8
25	6.81	7.0
26	7.01	7.1
27	7.11	7.3
28	7.31	7.5

If multiple percentile levels have the same range, the range is assigned to the lower (better performance) percentile. Therefore, some percentile levels are not listed in the table.

Appendix A. Percentile Levels and Quality Measure Ranges

Advancing Excellence Phase 2 Baseline (2009 Quarter 1)

Table 1. High Risk Pressure Ulcers

At Percentile Level:	Quality Measure Ranges:	
	From	Thru
29	7.51	7.7
30	7.71	7.8
31	7.81	8.0
32	8.01	8.2
33	8.21	8.3
34	8.31	8.5
35	8.51	8.6
36	8.61	8.8
37	8.81	8.9
38	8.91	9.1
39	9.11	9.3
40	9.31	9.4
41	9.41	9.5
42	9.51	9.7
43	9.71	9.8
44	9.81	10.0
45	10.01	10.1
46	10.11	10.3
47	10.31	10.4
48	10.41	10.6
49	10.61	10.8
50	10.81	10.9
51	10.91	11.1
52	11.11	11.3
53	11.31	11.4
54	11.41	11.6
55	11.61	11.8

If multiple percentile levels have the same range, the range is assigned to the lower (better performance) percentile. Therefore, some percentile levels are not listed in the table.

Appendix A. Percentile Levels and Quality Measure Ranges

Advancing Excellence Phase 2 Baseline (2009 Quarter 1)

Table 1. High Risk Pressure Ulcers

At Percentile Level:	Quality Measure Ranges:	
	From	Thru
56	11.81	11.9
57	11.91	12.1
58	12.11	12.2
59	12.21	12.5
61	12.51	12.8
62	12.81	12.9
63	12.91	13.2
64	13.21	13.3
65	13.31	13.5
66	13.51	13.7
67	13.71	13.9
68	13.91	14.1
69	14.11	14.3
70	14.31	14.6
71	14.61	14.7
72	14.71	15.0
73	15.01	15.2
74	15.21	15.4
75	15.41	15.7
76	15.71	15.9
77	15.91	16.2
78	16.21	16.4
79	16.41	16.7
80	16.71	17.0
81	17.01	17.2
82	17.21	17.5
83	17.51	17.9

If multiple percentile levels have the same range, the range is assigned to the lower (better performance) percentile. Therefore, some percentile levels are not listed in the table.

Appendix A. Percentile Levels and Quality Measure Ranges

Advancing Excellence Phase 2 Baseline (2009 Quarter 1)

Table 1. High Risk Pressure Ulcers

	Quality Measure Ranges:	
At Percentile Level:	From	Thru
84	17.91	18.2
85	18.21	18.6
86	18.61	18.9
87	18.91	19.4
88	19.41	19.7
89	19.71	20.0
90	20.01	20.6
91	20.61	21.1
92	21.11	21.6
93	21.61	22.3
94	22.31	22.9
95	22.91	23.9
96	23.91	25.0
97	25.01	26.4
98	26.41	28.6
99	28.61	32.2
100	32.21	57.1

If multiple percentile levels have the same range, the range is assigned to the lower (better performance) percentile. Therefore, some percentile levels are not listed in the table.

Appendix A. Percentile Levels and Quality Measure Ranges

Advancing Excellence Phase 2 Baseline (2009 Quarter 1)

Table 2. Physical Restraints

At Percentile Level:	Quality Measure Ranges:	
	From	Thru
1	0.00	0.0
37	0.01	0.6
38	0.61	0.8
39	0.81	0.9
40	0.91	1.0
41	1.01	1.1
42	1.11	1.2
44	1.21	1.3
45	1.31	1.4
46	1.41	1.5
47	1.51	1.6
48	1.61	1.7
49	1.71	1.8
50	1.81	1.9
51	1.91	2.0
52	2.01	2.1
53	2.11	2.2
54	2.21	2.3
55	2.31	2.4
56	2.41	2.5
57	2.51	2.6
58	2.61	2.7
59	2.71	2.8
60	2.81	2.9
61	2.91	3.0
62	3.01	3.1
63	3.11	3.3
64	3.31	3.4

If multiple percentile levels have the same range, the range is assigned to the lower (better performance) percentile. Therefore, some percentile levels are not listed in the table.

Appendix A. Percentile Levels and Quality Measure Ranges

Advancing Excellence Phase 2 Baseline (2009 Quarter 1)

Table 2. Physical Restraints

At Percentile Level:	Quality Measure Ranges:	
	From	Thru
65	3.41	3.6
66	3.61	3.7
67	3.71	3.9
68	3.91	4.1
69	4.11	4.2
70	4.21	4.4
71	4.41	4.6
72	4.61	4.8
73	4.81	4.9
74	4.91	5.1
75	5.11	5.3
76	5.31	5.6
77	5.61	5.8
78	5.81	6.0
79	6.01	6.2
80	6.21	6.4
81	6.41	6.7
82	6.71	7.0
83	7.01	7.3
84	7.31	7.6
85	7.61	7.8
86	7.81	8.2
87	8.21	8.6
88	8.61	9.0
89	9.01	9.4
90	9.41	9.9
91	9.91	10.4
92	10.41	11.1

If multiple percentile levels have the same range, the range is assigned to the lower (better performance) percentile. Therefore, some percentile levels are not listed in the table.

Appendix A. Percentile Levels and Quality Measure Ranges

Advancing Excellence Phase 2 Baseline (2009 Quarter 1)

Table 2. Physical Restraints

	Quality Measure Ranges:	
At Percentile Level:	From	Thru
93	11.11	11.8
94	11.81	12.5
95	12.51	13.6
96	13.61	14.8
97	14.81	16.3
98	16.31	18.3
99	18.31	22.2
100	22.21	100.0

If multiple percentile levels have the same range, the range is assigned to the lower (better performance) percentile. Therefore, some percentile levels are not listed in the table.

Appendix A. Percentile Levels and Quality Measure Ranges

Advancing Excellence Phase 2 Baseline (2009 Quarter 1)

Table 3. Chronic Care Pain

	Quality Measure Ranges:	
At Percentile Level:	From	Thru
1	0.00	0.0
13	0.01	0.3
14	0.31	0.5
16	0.51	0.6
18	0.61	0.7
19	0.71	0.8
21	0.81	0.9
23	0.91	1.0
25	1.01	1.1
27	1.11	1.2
29	1.21	1.3
31	1.31	1.4
33	1.41	1.5
35	1.51	1.6
37	1.61	1.7
38	1.71	1.8
40	1.81	1.9
42	1.91	2.0
43	2.01	2.1
45	2.11	2.2
46	2.21	2.3
48	2.31	2.4
49	2.41	2.5
51	2.51	2.6
52	2.61	2.7
53	2.71	2.8
55	2.81	2.9
56	2.91	3.0

If multiple percentile levels have the same range, the range is assigned to the lower (better performance) percentile. Therefore, some percentile levels are not listed in the table.

Appendix A. Percentile Levels and Quality Measure Ranges

Advancing Excellence Phase 2 Baseline (2009 Quarter 1)

Table 3. Chronic Care Pain

At Percentile Level:	Quality Measure Ranges:	
	From	Thru
57	3.01	3.1
58	3.11	3.2
60	3.21	3.3
61	3.31	3.4
62	3.41	3.5
63	3.51	3.6
64	3.61	3.7
65	3.71	3.8
66	3.81	3.9
67	3.91	4.0
68	4.01	4.1
69	4.11	4.2
70	4.21	4.3
71	4.31	4.4
72	4.41	4.5
73	4.51	4.6
74	4.61	4.8
75	4.81	4.9
76	4.91	5.0
77	5.01	5.2
78	5.21	5.3
79	5.31	5.5
80	5.51	5.6
81	5.61	5.8
82	5.81	6.0
83	6.01	6.1
84	6.11	6.4
85	6.41	6.6

If multiple percentile levels have the same range, the range is assigned to the lower (better performance) percentile. Therefore, some percentile levels are not listed in the table.

Appendix A. Percentile Levels and Quality Measure Ranges

Advancing Excellence Phase 2 Baseline (2009 Quarter 1)

Table 3. Chronic Care Pain

	Quality Measure Ranges:	
At Percentile Level:	From	Thru
86	6.61	6.8
87	6.81	7.2
88	7.21	7.5
89	7.51	7.8
90	7.81	8.1
91	8.11	8.5
92	8.51	9.0
93	9.01	9.4
94	9.41	10.0
95	10.01	10.8
96	10.81	11.8
97	11.81	13.1
98	13.11	14.9
99	14.91	17.8
100	17.81	50.4

If multiple percentile levels have the same range, the range is assigned to the lower (better performance) percentile. Therefore, some percentile levels are not listed in the table.

Appendix A. Percentile Levels and Quality Measure Ranges

Advancing Excellence Phase 2 Baseline (2009 Quarter 1)

Table 4. Post Acute Care Pain

At Percentile Level:	Quality Measure Ranges:	
	From	Thru
1	0.00	0.0
5	0.01	0.9
6	0.91	1.7
7	1.71	2.2
8	2.21	2.8
9	2.81	3.2
10	3.21	3.6
11	3.61	4.0
12	4.01	4.4
13	4.41	4.7
14	4.71	5.0
15	5.01	5.4
16	5.41	5.8
17	5.81	6.3
18	6.31	6.5
19	6.51	6.8
20	6.81	7.1
21	7.11	7.5
22	7.51	7.9
23	7.91	8.2
24	8.21	8.5
25	8.51	8.8
26	8.81	9.1
27	9.11	9.5
28	9.51	9.8
29	9.81	10.1
30	10.11	10.5
31	10.51	10.8

If multiple percentile levels have the same range, the range is assigned to the lower (better performance) percentile. Therefore, some percentile levels are not listed in the table.

Appendix A. Percentile Levels and Quality Measure Ranges

Advancing Excellence Phase 2 Baseline (2009 Quarter 1)

Table 4. Post Acute Care Pain

At Percentile Level:	Quality Measure Ranges:	
	From	Thru
32	10.81	11.1
33	11.11	11.5
34	11.51	11.8
35	11.81	12.1
36	12.11	12.5
37	12.51	12.8
38	12.81	13.2
39	13.21	13.5
40	13.51	13.8
41	13.81	14.1
42	14.11	14.3
43	14.31	14.7
44	14.71	15.0
45	15.01	15.3
46	15.31	15.6
47	15.61	16.1
48	16.11	16.4
49	16.41	16.7
50	16.71	17.1
51	17.11	17.5
52	17.51	17.9
53	17.91	18.2
54	18.21	18.6
55	18.61	19.0
56	19.01	19.2
57	19.21	19.6
58	19.61	20.0
59	20.01	20.5

If multiple percentile levels have the same range, the range is assigned to the lower (better performance) percentile. Therefore, some percentile levels are not listed in the table.

Appendix A. Percentile Levels and Quality Measure Ranges

Advancing Excellence Phase 2 Baseline (2009 Quarter 1)

Table 4. Post Acute Care Pain

At Percentile Level:	Quality Measure Ranges:	
	From	Thru
60	20.51	20.8
61	20.81	21.2
62	21.21	21.7
63	21.71	22.0
64	22.01	22.4
65	22.41	22.8
66	22.81	23.2
67	23.21	23.8
68	23.81	24.1
69	24.11	24.7
70	24.71	25.0
71	25.01	25.6
72	25.61	26.0
73	26.01	26.5
74	26.51	27.0
75	27.01	27.6
76	27.61	28.1
77	28.11	28.6
78	28.61	29.2
79	29.21	29.8
80	29.81	30.4
81	30.36	31.0
82	31.01	31.7
83	31.71	32.3
84	32.31	33.3
85	33.31	33.7
86	33.71	34.6
87	34.61	35.3

If multiple percentile levels have the same range, the range is assigned to the lower (better performance) percentile. Therefore, some percentile levels are not listed in the table.

Appendix A. Percentile Levels and Quality Measure Ranges

Advancing Excellence Phase 2 Baseline (2009 Quarter 1)

Table 4. Post Acute Care Pain

	Quality Measure Ranges:	
At Percentile Level:	From	Thru
88	35.31	36.2
89	36.21	37.1
90	37.11	38.1
91	38.11	39.1
92	39.11	40.6
93	40.61	42.0
94	42.01	43.4
95	43.41	45.8
96	45.81	48.0
97	48.01	51.1
98	51.11	55.0
99	55.01	60.5
100	60.51	91.4

If multiple percentile levels have the same range, the range is assigned to the lower (better performance) percentile. Therefore, some percentile levels are not listed in the table.

Appendix A. Percentile Levels and Quality Measure Ranges

Advancing Excellence Phase 2 Baseline (2009 Quarter 1)

Table 4. Post Acute Care Pain

Quality Measure ¹	Quarter	10% Performance Threshold ²	20% Performance Threshold ³	25% Performance Threshold ⁴	30% Performance Threshold ⁵	40% Performance Threshold ⁶	50% Performance Threshold ⁷
High Risk Pressure Ulcer	2009Q1	3.9	6.1	7.0	7.8	9.4	10.9
	2009Q4	3.3	5.5	6.3	7.0	8.5	10.0
	2010Q1	3.5	5.7	6.5	7.1	8.6	10.2
	2010Q2	3.2	5.4	6.3	6.9	8.5	9.8
	2010Q3	3.1	5.2	5.9	6.6	8.1	9.4
Physical Restraints	2009Q1	0.0	0.0	0.0	0.0	1.0	1.9
	2009Q4	0.0	0.0	0.0	0.0	0.0	1.4
	2010Q1	0.0	0.0	0.0	0.0	0.0	1.3
	2010Q2	0.0	0.0	0.0	0.0	0.0	1.2
	2010Q3	0.0	0.0	0.0	0.0	0.0	1.1
Chronic Care Pain	2009Q1	0.0	0.8	1.1	1.3	1.9	2.5
	2009Q4	0.0	0.6	0.9	1.1	1.6	2.1
	2010Q1	0.0	0.6	0.8	1.1	1.5	2.1
	2010Q2	0.0	0.6	0.8	1.0	1.5	2.1
	2010Q3	0.0	0.7	0.9	1.1	1.6	2.2
PAC Pain	2009Q1	3.6	7.1	8.8	10.5	13.8	17.1
	2009Q4	3.1	7.0	8.8	10.3	13.8	17.1
	2010Q1	2.8	6.3	8.1	9.7	13.0	16.3
	2010Q2	2.9	6.3	8.0	9.5	12.9	16.1
	2010Q3	3.0	6.7	8.3	10.0	13.5	16.7

¹ Lower scores indicate better performance for all measures displayed in this table.

² Ten percent of nursing homes with publicly reported scores have scores better than or equal to this value.

³ Twenty percent of nursing homes with publicly reported scores have scores better than or equal to this value.

⁴ Twenty-five percent of nursing homes with publicly reported scores have scores better than or equal to this value.

⁵ Thirty percent of nursing homes with publicly reported scores have scores better than or equal to this value.

⁶ Forty percent of nursing homes with publicly reported scores have scores better than or equal to this value.

⁷ Fifty percent of nursing homes with publicly reported scores have scores better than or equal to this value.