



September 2017 Commitment to Care Quality Topic

Your Top-Line Report PART II- How do I use it?

Be Watching Your Mail

In anticipation of you receiving your facility *Your Top-Line* report for quarter 3 2017; this edition of the Quality Topic of the month is designed to assist you with understanding the different sections of the report. The *Your Top-Line* report is developed on a quarterly basis by the American Health Care Association / National Center for Assisted Living (AHCA/NCAL) and available on the [LTC Trend Tracker](#) website.



The Your Top-Line report is designed to help facilities succeed in improving their Five Star performance.

Where do I go to access it now?

Make sure you are registered for LTC Trend Tracker at www.ltctrendtracker.com as a single organization. If you are part of a multi-facility organization, please have your corporate office register you for LTC Trend Tracker. You will then receive an email alerting you to your new report every quarter. In addition, all of your previous reports will be saved in your account. After logging in, click on Manage Publications and then View and Download Publications. This will allow you to select the publication you wish to view. For a detailed tutorial watch the video below.



[Where to access Your Top-Line](#)

Step by step guide to [Accessing Your Top-Line](#)

Understanding Your Top-Line

Your facility name and location will be listed as well as the Publication Number which will be the year and quarter used for the report. Next you will see four STAR Circles one for each of the 5 STAR elements and the final one represents the facility Overall Rating as shown below. Beside the *Survey Rating* you will see the ranking for your facility compared to the current number of Texas facilities. Beside the *Staffing Rating* will be your facility actual RN and Direct Care Staff (DCS) hours PPD and what you need to do to increase a star on your Staffing Rating. Finally by the Quality Measure (QM) Rating it will list the greatest opportunity to improve your QM Rating. Further information on each of the ratings is available on subsequent pages of the report.

Your Top-Line

THCA Estates
1108 Lavaca, Austin, TX 78701
Publication Number: 2017-Q3

Survey Rating



Currently ranked **1st out of 1201 facilities** in Texas on weighted 3-cycle survey score.

For more on your survey score, see Page 2.

Staffing Rating



Congratulations! You are rated 5 out of 5 stars in Staffing.

For more on your staffing breakdown, see Page 3.

Quality Measure Rating



The greatest opportunity to improve your QM rating is on **LS Mobility Decline**, where you are currently earning 20 out of 100 points.

See your performance on all Quality Measures on Page 4.

Overall Rating



Your Overall Rating Calculation

- + 5 Stars (From your **Survey Rating** being 5 Stars)
 - + 0 Stars (From your **Staffing Rating** being 5 Stars)
 - + 0 Stars (From your **Quality Rating** being 5 Stars)
- 5 Stars is your **Overall Rating**

AHCA/NCAL Quality Initiative



See which four Quality Initiative targets your facility has met on Page 5.



AHCA/NCAL Quality Awards

Your facility was a 2017 Bronze recipient. For information on continuing the journey click [here](#).

At the bottom of the first page there is a section that designates how many AHCA/NCAL Quality Initiative targets your facility has met, which is indicated as a gold trophy. Also you will note if your facility has been a recipient of an AHCA/NCAL Quality Award, the most recent level and year.

Your Survey Score Breakdown

As you can see below the second page of the report is devoted to your facilities Survey Score. You can see for each survey cycle how many points your facility has accumulated, a lower point range is better, and how many deficiencies were cited related to each type of survey. If you do not have a five star rating for Survey the table will indicate your current survey star rating and what your score would need to be to add a star.

	Score Breakdown				Deficiencies (#)		
	Initial Score	Revisits #	Revisits Score	Total Score	Standard Health	Complaint	Total
Cycle 1 on 12/01/16	16	1	0	16	1	0	1
Cycle 2 on 01/06/16	8	1	0	8	1	0	1
Cycle 3 on 01/08/15	24	1	0	24	2	0	2
Weighted 3-Cycles*	$\frac{16}{2} + \frac{8}{3} + \frac{24}{6} = \underline{14.7}$				 Congratulations on Achieving 5 Stars		

Count of Deficiencies by Scope/Severity Code and Cycle

This figure shows for each of the last three survey cycles (1, 2, and 3), the number of deficiencies you received at each scope and severity level.

		Scope		
		<i>Isolated</i>	<i>Pattern</i>	<i>Widespread</i>
Severity	<i>Immediate jeopardy</i>	J 1 - 2 - 3 -	K 1 - 2 - 3 -	L 1 - 2 - 3 -
	<i>Actual harm that is not immediate jeopardy</i>	G 1 - 2 - 3 -	H 1 - 2 - 3 -	I 1 - 2 - 3 -
	<i>No actual harm with potential for more than minimal harm that is not immediate jeopardy</i>	D 1 - 2 - 3 -	E 1 - 2 1 3 1	F 1 1 2 - 3 1
	<i>No actual harm with potential for minimal harm</i>	A 1 - 2 - 3 -	B 1 - 2 - 3 -	C 1 - 2 - 3 -

All Tags Driving Your Survey Score

As you can see this section helps you to see what regulatory issues have driven your survey score over the past three cycles. Focus on these areas may help to prevent reoccurrence of these issues and thus a higher score.

Tag	Description	3-Cycle		Cycle 1		Cycle 2		Cycle 3	
		Points	%	S/S	Points	S/S	Points	S/S	Points
F371	Food Procurement, Store/Prepare/Serve – Sanitary	8.0	54%	F	16	-	-	-	-
F323	Free of Accident Hazards/Supervision/Devices	4.0	27%	-	-	E	8	E	8
F431	Drug Records, Label/Store Drugs & Biologicals	2.7	18%	-	-	-	-	F	16

Your Staffing Rating Breakdown

The third page of your report focuses on your staffing rating. It refers to both your **adjusted RN and DCS hours PPD** and your **actual RN and DCS hours PPD**. As you can see by the graph and table of the cut points to determine your star rating for this section it is your **adjusted RN and DCS PPD** that is used. Therefore, if you plot the **1.041 adjusted RN hours PPD on the vertical access** and the **5.36 adjusted DCS hours PPD on the horizontal access** you will see that there is a black X that goes off the chart

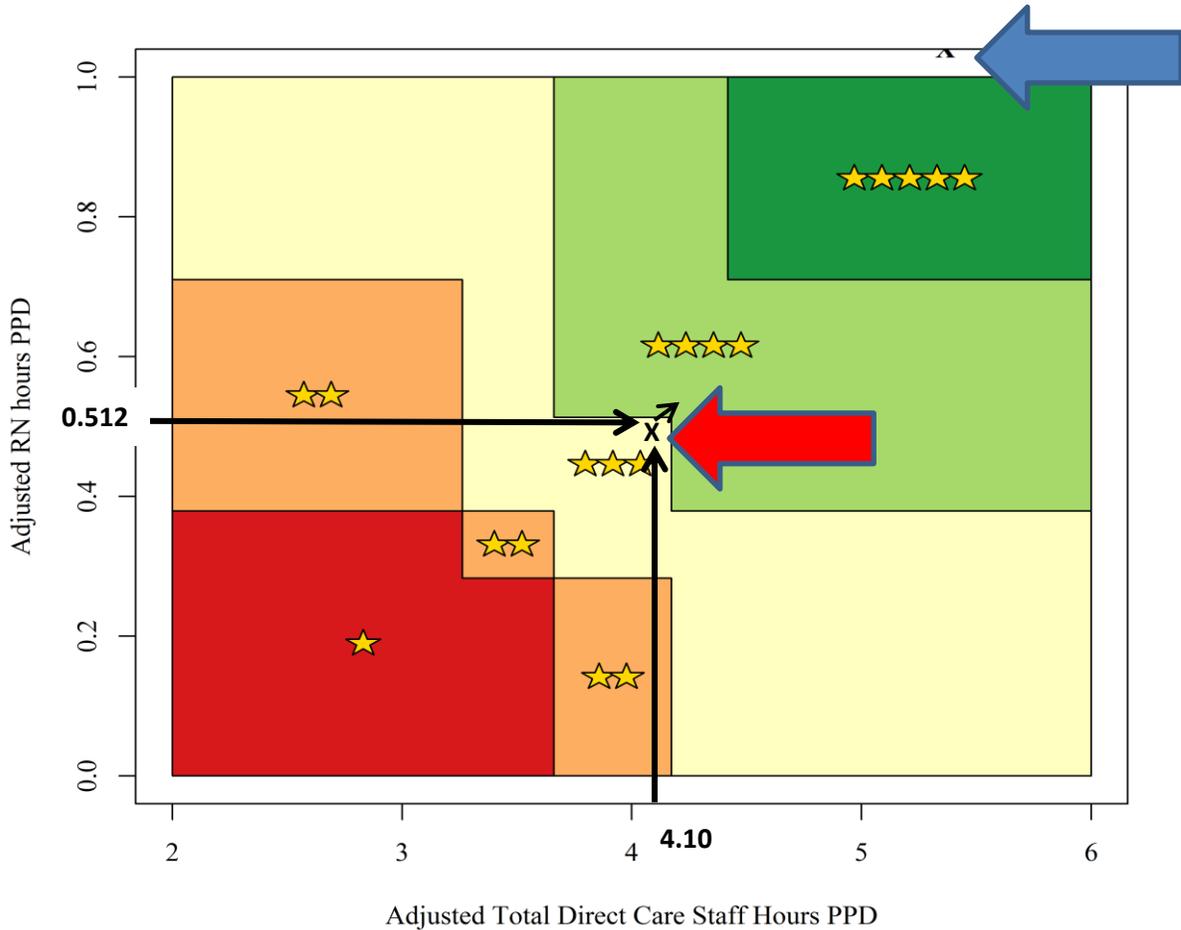
below, above the green five star section (indicated by the blue arrow). In contrast if your score was **0.512 adjusted RN hours PPD** and **4.10 adjusted DCS hours PPD** the two would intersect just above the yellow three stars section where the X is (indicated by the red arrow).

To understand **how to increase a star on your staffing rating**, the information provided in this section will tell you how much your **actual RN hours PPD** needs to increase (breaking it down by minutes) as well as your **actual DCS hours PPD**.

The formula for the risk adjustment is:

$$\text{Adjusted Hours} = (\text{Actual Hours} / \text{Expected Hours}) * \text{National Average Hours}$$

You will also see on your graph an arrow from your X to where your star rating would be, should you make the recommended adjustment, if your budget allows for it. In our example below indicated by the red arrow, in order to increase a star on the staffing rating the facility would have to increase their adjusted RN hours PPD to at least 0.513 or their adjusted DCS hours PPD to at least 4.173.



The boundaries for hours PPD between the ratings are as follows:

Staff type	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
RN	< 0.283	0.283-0.378	0.379-0.512	0.513-0.709	≥ 0.710
Total	< 3.262	3.262-3.660	3.661-4.172	4.173-4.417	≥ 4.418

Your Quality Rating Breakdown

Page four of your facility report breaks down the current facility performance on the 16 Quality Measures that go into the 5 star rating. As you can see below the measures are listed in the table on the far right with the Time Period next (*please note that the three measures SS ED Visits, SS Rehospitalizations and SS Community Discharge have a different timeframe*). Next are the facilities current Rates and the points earned for the particular measures. There is then a line graph that show the point ranges so that you can see how much change is needed to get to the next point range. If your facility has achieved the maximum point score of 100 on any of the quality measures, you will find them listed on the bottom of the table with the 100 score range marked green. Any less than 100 will be listed from the bottom to the top in order of points earned with a green arrow indicating what the next range is for them to work to achieve. The last two columns are related to the goals to achieve that next range of points. **For example: if our facility is scoring 5.6% for LS Injurious Falls which only earns them 20 points and then next point range is 40 (as indicated by the blue arrow). The far right of the table indicates that if we can get our rate on the measure down to 5.0% we will achieve a score of 40 or even better if we can achieve less than 1.3% we will receive the full 100 points.**

Congratulations on achieving a Quality Measure (QM) rating of 5 stars! You are currently 400 points from the highest possible points of 1600. The table below shows the number of points you have earned on each QM.

Quality Measure	Current Performance			Next Cut-Point Goal		
	Time	Rate	Points	Point Ranges	Rate	Points
LS Mobility Decline	2016q1-2016q4	34.3%	20		24.9%	40
LS Injurious Falls	2016q1-	5.6%	20		5.0%	40
LS ADL Decline	2016q1-2016q4	16.3%	60		13.5%	80
SS Antipsychotics	2016q1-2016q4	1.8%	60		1.0%	80
LS Pain	2016q1-2016q4	5.6%	60		5.0%	80
SS Community Discharge	2015q3-2016q2	57.8%	60		59.9%	80
SS Pain	2016q1-2016q4	9.0%	80		7.4%	100
SS Improved Function	2016q1-2016q4	72.0%	80		81.7%	100
LS Antipsychotics	2016q1-2016q4	9.3%	80		6.8%	100
SS ED Visits	2015q3-2016q2	6.7%	80		5.5%	100
LS Restraints	2016q1-2016q4	0.0%	100		0.0%	100
LS UTIs	2016q1-2016q4	0.9%	100		0.0%	100
SS Pressure Ulcers	2016q1-2016q4	0.0%	100		0.0%	100
SS Rehospitalizations	2015q3-2016q2	13.3%	100		0.0%	100
LS Catheter	2016q1-2016q4	0.0%	100		0.0%	100
LS Pressure Ulcers	2016q1-2016q4	0.0%	100		0.0%	100
Five-Star QM Rating	May 2017	5 Stars	1200		5 Stars	1600

*N/R= Not Reported, QM points imputed if possible. Source: May 2017 Release of Nursing Home Compare

Quality Initiative Goals and Achievements

The fifth and final page of the report focuses on the AHCA/NCAL Quality Initiative as noted below.

Long-Term/ Dementia Care	Antipsychotics  Current Rate 7.7% % Change (Goal -30%) - 76.9% 	Hospitalizations (LS) Current Rate (Goal 10%) 12.8%  % Change (Goal -15%) 177.1% 	Summary of Performance 3 of 8 Targets Achieved
	Hospital Readmissions  Current Rate (Goal 10%) 14.9%  % Change (Goal -30%) -33.6% 	Discharge to Community Current Rate (Goal 70%) 65.3%  % Change (Goal +10%) 3.6% 	
Short-Stay/ Post-Acute	Staff Stability Current Rate (Goal 40%) Not Uploaded  % Change (Goal -15%) Not Uploaded 	Customer Satisfaction Goal: Upload Core Q Data to LTC Trend Tracker Not Uploaded 	Unintended Health Care Outcomes Coming Soon
	Organizational Success		

Icon Key

 Achieved Target*
  Met Goal
  Goal Not Met

* – Must meet at least one goal to achieve target. TBD – To Be Determined

The AHCA/NCAL Quality Initiative

The [2015-2018 initiative](#) challenges members to meet measurable targets in eight areas with a focus on three key priorities: improvements in organizational success, short-stay/post-acute care, and long-term/dementia care.

These areas are aligned with CMS's Quality Assurance /Performance Improvement (QAPI) program and federal mandates, such as Five-Star and the IMPACT Act.

Click on the measure names on the left for target-specific resources.

AHCA/NCAL Resources to Know

Emergency Preparedness

- [Final Rule Webinar Series](#)- Are you on track to be in compliance by

November 2017? Infection Preventionist Specialized Training (IPCO)

- This [online, self-study program](#) on ahcancaLED with 23 hours of learning helps members with the recently expanded infection prevention and control training requirements

LTC Trend Tracker

- [Resource Center](#) - home of videos and guides on how to access and run reports

If you have any questions, please email help@LTCTrendTracker.com