## Georgia QIP Monthly Data Entry



## **Data Entry Process**

- NRC Health GHCA QIP webpage
- Metrics
- Timing
- Process
- Reports



## Data entry

### https://go.nrchealth.com/ghca-resources

Human Understanding®	
Georgia Health Care Association Quality Incentive Program I Health	by NRC
This is your monthly quality metric data collection survey. Data collected from this survey will be used for the quarterly Geo of Community Health Incentive Payment Program. Each month one designated individual for your Center must enter the Q	
Metrics required in order to earn additional possible add-ons from the Department of Community Health quarterly incentive information or instructions see the Resources below.	Quality Incentive (QIP) Program - Resources >
We respectfully request that data for be submitted by the 10th of the month for the previous months data. For example: Ja be entered by February 10th.	Pre Survey Tool Kit - Resources >
ENTER DATA HERE	Use Results Toolkit - Resources >

## Metrics

- Not all metrics come from CMS
- Historically we have used CMS data when possible. If CMS data is not available, we use NRC Health metrics



## **Non-clinical Metrics**

- RN/LPN Length of employment (stability)
- CNA/NA Length of employment (stability)
- Absenteeism



# **Clinical Data**

Quarterly data pulled from CMS:

- % of high risk long-stay residents w pressure sores
- % of long-stay residents physically restrained
- % of Residents with unplanned weight loss/gain
- % of long stay residents who received influenza vaccine
- % of long stay residents w one or more falls with major injury
- % of residents with pressure sores worsened
- NRC Quality metrics entered monthly will be used in the event the above CMS data is not available.



## Data Entry Worksheet

#### SKILLED NURSING FACILITY QUALITY METRICS DATA-ENTRY SCREEN

### SING FACILITY

uired Pressure Sores	
the last Friday of the	
per with documentation lcer(s) upon admission	
nt Pressure worsened	
ast Friday of the month	
th Physical restraints	
ast Friday of the month	
nned weight loss/gain	
ast Friday of the month	
ing influenza vaccine	
e most recent influenza ty or outside the facility	
Falls	
injury from the first	

shot of all facilities nationwide enrolled in the GHCA QIP d and other research statistics.

Data		Category
	Data entered by	
	Date of entry	
	Year of	Metric for month of
	ncy	Оссира
	n the last Friday of the month	Number of residents in the facility of
	ludes agency)	Nursing Staff (exc
	Employed by the facility	
	RNs/LPNs on the facility's payroll on the last Friday of the month	Number of full- and part-time
	NAs/NAs on the facility's payroll on the last Friday of the month	Number of full- and part-time
	Length of employment	
	n employed for one year ormore	Number of full- and part-time RNs/LPNs who have bee on the last Friday of the month
		Number of full- and part-time CNAs/NAs who have bee on the last Friday of the mo
	Shifts and absenteeism	
	hrough the last day of the month	Number of shifts scheduled for RNs/LPNs from the first day
	ne first day through the last day	Number of shifts for which RNs/LPNs did not report to work from t of the month
	ugh the last day of the month	Number of shifts scheduled for CNAs/NAs from the first day thro
	he first day through the last day	Number of shifts for which CNAs/NAs did not report to work from of the month

nrc

HEALTH

## Data entry

### https://go.nrchealth.com/ghca-resources

1<sup>st</sup> of the month Complete by the 10<sup>th</sup>

Example: January data Entered by February 10th



#### Georgia Health Care Association Quality Incentive Program by NRC Health

This is your monthly quality metric data collection survey. Data collected from this survey will be used for the quarterly Georgia Department of Community Health Incentive Payment Program. Each month one designated individual for your Center must enter the Quality Incentive Metrics required in order to earn additional possible add-ons from the Department of Community Health quarterly incentive. For additional information or instructions see the Resources below.

We respectfully request that data for be submitted by the 10th of the month for the previous months data. For example: January data must be entered by February 10th.

ENTER DATA HERE



# Sample Data Entry:

Please enter the informat	ion below:
Your name:	
Your email address:	
Administrator's name:	
Administrator's email address:	
Director of Nursing name:	
Director of Nursing email address:	

Continue »

Please select your facility from the list of names below

Facility: Select one...

Please select the Month you are entering the information for below

 $\sim$ 

Month: Select one... ~

Please select the Year you are entering the information for below

Year: Select one... v

Please select your facility from the list of names below

Facility:	Select one ~	
	Select one	
	A. G. Rhodes Health & Rehab at Wesley Woods	
Please s	A. G. Rhodes Health and Rehab/Atlanta	
1 16436 3	A. G. Rhodes Home@Cobb	
_	Abercorn Rehabilitation Center	
Month:	Advanced Health & Rehabilitation	
	Altamaha Healthcare Center	
	Anderson Mill Health & Rehabilitation Center	
	Ansley Park Health & Rehab	
Please s	Appling Nursing & Rehab Pavilion	)
	Archway Transitional Care Center	
	Arrowhead Health and Rehab	
Year: Set	Autumn Breeze Health Care Center	
	Autumn Lane Health and Rehabilitation	
	Avalon Health and Rehab	
	Azalea Health and Rehab	
	Azalea Health and Rehabilitation Center	
	Azalealand Nursing Home, Inc.	
	Bainbridge Health Care	
	Baptist Village, Inc.	$\bullet$
		<u>. m</u>

	0%
Please select your facility from the list of names below	
Facility: Select one	Please select your facility from the list of names below
Please select the Month you are entering the information for b	Facility: Select one
Month: Select one ~	Please select the Month you are entering the information for below
Please select the Year you are entering the information for bel	Month: Select one  Select one
Year: Select one V	Please March April
	Year: s May June
	July August September October November December

	0%
Please select your facility from the list of names below	
Facility: Select one ~	
Please select the Month you are entering the information for below	
Month: Select one ~	
Please select the Year you are entering the information for below	Please select the year for which you are entering information.
Year: Select one v	Year: 2024 ~ Select one 2020
	2020 2021 2022 2023
	2024 2025 2026
	2027 2028 2029 2030
	2031 2032 2033
	2034 2035 2036 2037
	2038 -



Number of residents in the facility on the last Friday of the month

- Time Period: On the last Friday of the month
- · Data Entered: Number of beds occupied by a resident
- · Definition: Occupancy is defined as a licensed bed occupied by a resident

Enter number below





# Stability – Licensed Nurses

Number of full and part time RN's/LPN's on the facility's payroll on the last Friday of the month.

- Time Period: On the last Friday of the month
- Data Entered: Number of full and part-time RN's/LPN's on the facility's payroll. INCLUDES: Registered and licensed nurses employed in the nursing department regardless of job duties. DOES NOT INCLUDE: Agency staff.

Enter number below

50

« Back Continue »

# Stability – CNA's/NA's

Number of full and part time CNA's/NA's on the facility's payroll on the last Friday of the month.

- Time Period: On the last Friday of the month
- Data Entered: Number of full and part-time CNA's/NA's on the facility's payroll. INCLUDES: Nursing assistants employed in the nursing department regardless of job duties. DOES NOT INCLUDE: Agency staff.

Enter number below

45

« Back Continue »



# Nurses -Employed for one year or more

Number of full and part-time RN's/LPN's who have been employed for one year or more on the last Friday of the month

- Time Period: On the last Friday of the month
- Data Entered: Number of full and part-time RN's/LPN's in the nursing department (regardless of job duties) who have been in the facilities employment for one year or more on the last Friday of the month.
- Definition: Stability is defined has having been employed at the facility for one year or more

Enter number below

1	n		
t	v		



# CNA/NA – Employed for one year or more

33%	,
Number of full and part-time CNA's/NA's who have been employed for one year or more on the last Friday of the month	
<ul> <li>Time Period: On the last Friday of the month</li> </ul>	
<ul> <li>Data Entered: Number of full and part-time CNA's/NA's in the nursing department (regardless of job duties) who have been the nursing center's employment for one year or more on the last Friday of the month.</li> </ul>	
<ul> <li>Definition: Stability is defined has having been employed at the facility for one year or more</li> </ul>	
Enter number below	
50	
« Back Continue »	



## Absenteeism – Licensed Nurses

	33%
Number of shifts scheduled for RN's/LPN's from the first day through the last day Enter number below	y of the month
20	« Back Continue »
	37%
Number of shifts for which RN's/LPN's did not report to work from the first day the Enter number below	rough the last day of the month
2	
	« Back Continue »

## Absenteeism – CNA's

		41%
Number of shifts scheduled for CNAs/NAs from the first day through the last day of the month Enter number below		
	« Back	Continue »

	45%
Number of shifts for which CNAs/NAs did not report to work from the first day through the last day of the month Enter number below	
8	
« Back Continue	9 »

## Pressure sores

Number of residents with pressure ulcers on the last Friday of the month

- Time Period: On the last Friday of the month
- Data Entered: Number of residents who have a pressure ulcer at any stage, including <u>with</u> suspected deep tissue injury, stage 2, 3, 4 or unstageable pressure ulcers on the last Friday of the month
- Definition: A pressure ulcer is a localized injury to the skin and/or underlying tissue, usually over a bony prominence as a result of pressure or pressure in combination with sheer and/or friction.

Enter number below

« Back Continue »

## Pressure sores - admitted

Of the residents above, the number with documentation of having the pressure ulcer(s) upon admission

- Time Period: On the last Friday of the month
- Data Entered: Number of residents receiving skin monitoring care AND with a suspected deep tissue injury, stage 2, 3, 4 or unstageable pressure ulcers who were ADMITTED with DOCUMENTED pressure ulcer(s)
- Definition: A pressure ulcer is a localized injury to the skin and/or underlying tissue, usually over a bony prominence as a result of pressure or pressure in combination with sheer and/or friction.

Enter number below

« Back Continue »



## Pressure sores - worsened

Number of residents with pressure ulcers that are worsened on the last Friday of the month

- Time Period: On the last Friday of the month
- Data Entered: Number of residents with suspected deep tissue injury, stage 2, 3, 4 or unstageable pressure ulcers worsened on the last Friday of the month
- Definition: A pressure ulcer is a localized injury to the skin and/or underlying tissue, usually over a bony prominence as a result of pressure or pressure in combination with sheer and/or friction.

Enter number below

« Back Continue »



## Restraints

Number of residents with physical restraints on the last Friday of the month

- Time Period: On the last Friday of the month
- Data Entered: Number of residents with daily physical restraints
- Definition: A physical restraint is any manual method, or physical or mechanical device, material or equipment
  attached or adjacent to the residents body that the individual cannot remove easily which restricts freedom of
  movement or normal access to one's body.(e.g. leg restraints, arm restraints, hand mitts, soft ties or vests, lap
  cushions and lap trays the resident cannot move easily. Exceptions: side rails when documented as assistive
  devices.

Enter number below

« Back Continue »



# Unplanned weight loss/gain

72	2%
Number of residents with unplanned significant weight loss or gain on the last Friday of the month	
Time Period: On the last Friday of the month	
<ul> <li>Data Entered: the number of long-stay residents with significant weight loss or gain not planned for in their care plan.</li> </ul>	
<ul> <li>Definition: Unplanned significant weight loss or gain is defined as a 5% loss/gain over a 30 day period, a 7.5% loss/gain over a 90 day period, or a 10% loss/gain over a six month period.</li> </ul>	Ď
Enter number below	
« Back Continue »	

## Influenza vaccine

Number of residents receiving the influenza vaccine during the most recent influenza season

- Time Period: On the last Friday of the month
- Data Entered: the number of residents who received the influenza vaccine during the most recent influenza season, either in the facility or outside the facility.
- Definition: As of the last Friday of the month, enter the number of current patients that have received the flu vaccine in the facility or outside of the facility during the current or the most recent flu season.

Enter number below

« Back Continue »

# Falls with major injury

Number of residents who have experienced one or more falls with major injury

- Data Entered: the number of long stay residents who fell with major injury from the first day through the last day of the month
- Definition: Major injury is defined as bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

Enter number below

« Back Continue »

### Review And Submit

### \*Take a screen shot for your Records

Please review your answers below to make sure everything is correct If an answer needs to be changed please use the back button to update your answer If everything is correct please screen print for your records before pressing press finish to complete the survey Thank you Month for which you are entering information: January Year for which you are entering information: 2024 Number of residents in the facility on the last Friday of the month: 100 Number of full and part time RN's/LPN's on the facility's payroll on the last Friday of the month: 30 Number of full and part time CNA's/NA's on the facility's payroll on the last Friday of the month: 50 Number of full and part-time RN's/LPN's who have been employed for one year or more on the last Friday of the month; 25 Number of full and part-time CNA's/NA's who have been employed for one year or more on the last Friday of the month; 30 Number of shifts scheduled for RN's/LPN's from the first day through the last day of the month: 60 Number of shifts for which RN's/LPN's did not report to work from the first day through the last day of the month; 5 Number of shifts scheduled for CNAs/NAs from the first day through the last day of the month: 100 Number of shifts for which CNAs/NAs did not report to work from the first day through the last day of the month: 10 Number of residents with pressure ulcers on the last Friday of the month: 2 Of the residents above, the number with documentation of having the pressure ulcer(s) upon admission; 0 Number of residents with pressure ulcers that are worsened on the last Friday of the month: 0 Number of residents with physical restraints on the last Friday of the month: 0 Number of residents with unplanned significant weight loss or gain on the last Friday of the month: 3 Number of residents receiving the influenza vaccine during the most recent influenza season: 90 Number of residents who have experienced one or more falls with major injury: 3 « Back Finish

## Monthly Submission

### **Best Practices**

- Designated person
- Identify back-up
- Use worksheet
- Screen print your submission
- Save link to your favorites
- Notify NRC Health of changes

NRC sends monthly reminders to non-submitters

HEALTH Human understanding

Hello Georgia Nursing Centers,

Below is a link for the NRC Health/GHCA webpage for the Georgia Quality Incentive **Program**. The web page includes a link to enter your monthly metrics, as well as resources to support your quality improvement journey.

- Under Quality Incentive Program, you will find downloadable documents such as the QM worksheet, the GHCA Matrix, and recordings with an overview of the program and a video tutorial on how to enter monthly metrics.
- Under Survey Resources, you will find copies of the survey, notification letters and marketing materials. As we build out this page, we will continue to add new items.

To access the Georgia Health Care Associaton Quality Incentive Program web page, click the button below. Please save it to your favorites to use month after month.

ACCESS HERE

This is your monthly quality metric data collection link. Data collected from this submission will be used for the quarterly Georgia Department of Community Health Incentive Payment Program. Each month one designated individual for your Center must enter the Quality Incentive Metrics required in order to earn additional possible add-ons from the Department of Community Health quarterly incentive.

We respectfully request that **data be submitted by the 10th of the month** for the previous months data. For example: January data must be entered by February 10th.

# Timing

- 1<sup>st</sup> of the month (Feb 1-10 for January data)
- You are responsible for ensuring NRC Health is notified if there are changes in your leadership or facility/corporation name
- Data is due by the 10<sup>th</sup> of the month



# When do we use NRC data?

- Annual Resident, Family Experience and Employee Engagement participation is required (Fall time frame)
- NRC Health Quality Metrics must be entered at least 2 of 3 months for each quarter
- Non-clinical measures for staffing are used every quarter
- Clinical measures used only if quarterly CMS data is not available (exception: weight loss/gain)
- Must be entered by the 10<sup>th</sup> of the month for the previous months data Example: December data must be entered by January 10th



# **Quarterly Reports**

- Each metric can earn 1 point
- Threshold for each metric will determine points earned
- Family Resident Satisfaction- must be at or above combined % (Top3 Box CoreQ Recommendation) responses to recommendation to others across participating facilities
- No threshold is required for Employee or Bronze Award Winners

ABC Hea	alth and Reha	D		
State Provider Number				Street B
0140005A Quarterly Quality Incentive Report			Anytow	/n GA 303
Data: Q1 2024 Criteria	Facility Score	Thresholds	tive: July 1s Points Earned	t, 2024 Total Points
5 Non-Clinic	al Measures via NRC (	QP Data		
Resident/Family satisfaction	2023 / 80.0%	2023 to current - 81.7%	0	
Employee satisfaction	September 2023	2023 to current	1	3
RL/LVN Stability	69.2	64.6	1	
CNA/NA Stability	67.4	57.5	1	
AHCA Bronze Quality Award	-	Active Winner	0	
6 Clinical Me	easures via CMS or NF	RC Data		
CMS - Percentage of high risk long-stay residents with pressure ulcers	11.2%	10.2%	0	. 5
CMS - Percentage of long-stay residents who were physically restrained	0%	0.1%	1	
NRC - Residents w unplanned weight loss/gain	1.4%	6.3%	1	
CMS - Percentage of long-stay residents assessed and appropriately given the seasonal influenza vaccine	97.3%	94.7%	1	
CMS - Percentage of long-stay residents experiencing one or more falls with major injury	0%	3.3%	1	
NRC - Residents w pressure sores worsened	0.2%	0.4%	1	
QUALITY INCENTIVE ADD-ON				2%
A facility is eligible for an award based on the following 1. Participation in NRC Family or Resident Satisfaction Su 2. Then, to earn the 1% add-on, a facility must score at leas (inicial measures, one point from the six Clinical measures the Clinical or Non-Clinical measures. 3. To earn the 2% add-on, a facility must score at least one measures, three points from the six Clinical measures, and either the Clinical or Non-Clinical measures. 4. A Facility can earn additional Quality Points which will II what appears in this report. AHCA Active Silver Quality Awis winner or a Joint Cormission Accredied Center will earn a	vey after January 1, 2023 st one point from the four N s, and a third point from eit point from the four Non-C the remaining two points f be verified by DCH and a and Winner will earn an ad	lon- ther linical from dded to the quarterly ince		

# Thresholds

- Resident/Family Satisfaction
- Nursing Stability
- CNA Stability

**Equal to or greater than** the GA quarterly average (Threshold) of other participating facilities in the program will earn 1 point per metric

Clinical Metrics

**Equal to or less than** the GA quarterly average (Threshold) of other participating facilities in the program will earn 1 point per metric\*

\*Exception: Influenza vaccine must be = to or greater than threshold

# Sample Report

This facility earned 3 points for Non-clinical, 5 points for clinical = 2% add-on

1% add on = at least 1 point from 5 non-clinical, 1 from 6 clinical and a  $3^{rd}$  point from either

2% add on = at least one point form 5 Non-clinical, 3 points from 6 clinical and 2 points from either

+add-ons for AHCA Quality Awards or Joint Commission Accreditation

ABC Health and Rehab						
State Provider Number 10140005A				Street B		
Juarterly Quality Incentive Report			Anytow	/n GA 505		
Data: Q1 2024		Effec	tive: July 1s Points	t, 2024 Total		
Criteria	Facility Score	Thresholds	Earned	Points		
5 Non-Clinic	al Measures via NRC (	QP Data				
esident/Family satisfaction	2023 / 80.0%	2023 to current - 81.7%	0	3		
mployee satisfaction	September 2023	2023 to current	1			
L/LVN Stability	69.2	64.6	1			
NA/NA Stability	67.4	57.5	1			
HCA Bronze Quality Award	-	Active Winner	0			
6 Clinical M	easures via CMS or NF	RC Data				
MS - Percentage of high risk long-stay residents vith pressure ulcers	11.2%	10.2%	0	- 5		
MS - Percentage of long-stay residents who were hysically restrained	0%	0.1%	1			
IRC - Residents w unplanned weight loss/gain	1.4%	6.3%	1			
MS - Percentage of long-stay residents assessed nd appropriately given the seasonal influenza accine	97.3%	94.7%	1			
MS - Percentage of long-stay residents xperiencing one or more falls with major injury	0%	3.3%	1			
IRC - Residents w pressure sores worsened	0.2%	0.4%	1			

## Notes:

A facility is eligible for an award based on the following:

1. Participation in NRC Family or Resident Satisfaction Survey after January 1, 2023.

2. Then, to earn the 1% add-on, a facility must score at least one point from the five non-

clinical measures, one point from the six Clinical measures, and a third point from either

the Clinical or Non-Clinical measures.

To earn the 2% add-on, a facility must score at least one point from the five non-clinical measures, three points from the six Clinical measures, and the remaining two points from either the Clinical or Non-Clinical measures.

4. A Facility can earn additional Quality Points which will be verified by DCH and added to the quarterly incentive over and above what appears in this report. AHCA Active Silver Quality Award Winner will earn an additional 1%. AHCA Active Gold Quality Award winner or a Joint Commission Accredited Center will earn an additional 2%.

**NOTE:** To earn a point for all Clinical Measures besides the Flu Vaccine, the Facility Score must be less than or equal to the Threshold. For the Flu Vaccine measure, the Facility Score must be greater than or equal to the Threshold.

# **Reports Timing**

- Quarter 1: January-March Data collection
- Quarterly Incentive Reports (QIP) delivered late June (end of Q2)
- Impacts Incentives payments for Q3 (July 1)
- Q2 reports delivered in late Sept for Q4 incentives (Oct 1)
- Q3 reports delivered in late Dec for Q1 incentives (Jan 1)
- Q4 reports delivered in late March for Q2 incentives (April 1)





Teresa Costello 800.388.4264 <u>tmcostello@nrchealth.com</u>

Customer support 800.343.2851 <u>customersupport@nrchealth.com</u>

