PBJ Quarterly Check-in

SPECIAL EDITION:
Weekend Staffing and Staff Turnover

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SimplePBJ™   **SimpleLTC**™
a Netsmart solution

January 26, 2022

Agenda

- Current Updates
  - PHE & Waivers
  - Exclusion Criteria
  - Weekend Staffing
  - Staff Turnover
  - Kronos Ransomware Attack
- Live Q&A

- Five-Star Staffing Calculation

- Back to Basics (submitted questions)

- Best Practices

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Public Health Emergency

The U.S. Department of Health and Human Services extended the COVID-19 Public Health Emergency (PHE) on Jan. 14, 2021 for another 90 days.

https://aspr.hhs.gov/legal/PHE/Pages/COVID19-14Jan2022.aspx

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Nurse Aides Waivers

Is the waiver for PCAs still in place? Can I include temp nurse aides hired during COVID-19 in PBJ reporting? How should I code temp nurse aides?

Waivers for (a) the Training and Certification of Nurse Aides and (b) In-Service Training are currently still in effect. If you want to include the hours of these temporary aides, you need to classify them as Nurse Aide in Training (PBJ Job Title 11). You cannot include their hours as Certified Nurse Aide (PBJ Job Title 10).

https://www.cms.gov/files/document/covid-19-emergency-declaration-waivers.pdf

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New Rules — *Exclusion Criteria I*

New changes to the exclusion rules for reported staffing:

old exclusion rule

- Nursing homes with total nurse staffing < 1.5 hours per resident day (previously referred to as excessively low staffing levels) will **no longer be excluded** (marked as **data Not Available** on Care Compare)

new automatic one-star rule

- Instead, nursing homes with zero total nurse staffing hours per resident day (aggregated over all days in the quarter with at least one resident) will now receive a **one-star staffing** rating due to the current rule of having 4 or more days with no RN hours

https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcomplianc/downloads/usersguide.pdf

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Milestones — *Weekend Staffing & Staff Turnover*

January 7	CMS [announces](#) the upcoming posting of weekend staffing and staff turnover metrics
January 14	CMS releases the revised [Five-Star Rating System Technical Users' Guide](#), which provides details on the weekend staffing and the staff turnover calculations
January 26	Weekend staffing and staff turnover metrics post to [Care Compare](#) and the [Provider Data Catalog](#)
July 2022	Five-Star Staffing ratings incorporate weekend staffing and staff turnover for the PBJ submission period of January 1 - March 31

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History — *Weekend Staffing & Staff Turnover*

Why new metrics?

CMS has long identified staffing as one of the vital components of a nursing home's ability to provide quality care.

- In 2015, Section 6106 of the Affordable Care Act directed CMS to provide information on employee turnover and tenure as part of the staffing information collected electronically through PBJ reporting.

- In 2018, CMS began informing state survey agencies of facilities with significantly low staffing on weekends.

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In the News — *Weekend Staffing & Staff Turnover*

Why now?

Several high-profile reports released over the past year highlighted shortcomings related to the reporting of nursing home staffing data by CMS.

- OIG: *CMS Use of Data on Nursing Home Staffing: Progress and Opportunities to Do More* (March 2021) https://oig.hhs.gov/oei/reports/OEI-04-18-00451.pdf

- Harvard: *High Nursing Staff Turnover in Nursing Homes Offers Important Quality Information* (March 2021) https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2020.00957

- GAO: *Additional Reporting on Key Staffing Information and Stronger Payment Incentives Needed for Skilled Nursing* (July 2021) https://www.gao.gov/assets/gao-21-408.pdf

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Care Compare Changes — *Weekend Staffing*

Two new measures post to Care Compare:

- Total number of nurse staff (PBJ job codes 5-12) hours per resident day on the weekend (Saturday and Sunday)

- Total number of RN (PBJ job codes 5-7) hours per resident day on the weekend (Saturday and Sunday)

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Calculation — *Weekend Staffing*

Weekend staffing = sum of hours on all weekend days (Saturdays and Sundays) ÷
sum of MDS census on all weekend days (Saturdays and Sundays)

Note: only weekend days with at least one resident are included in the calculations

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Provider Preview — *Weekend Staffing*

Example from January Provider Preview Report

PBJ data for Q4 2021 (July 1 – September 30)

Staffing Levels for July 1, 2021 to September 30, 2021 for Provider Number ⬛				
	Reported Hours per Resident per Day (HRD)	**Reported Hours per Resident per Day (HRD) (Decimal)**	**Case-Mix HRD**	**Case-Mix Adjusted HRD**
All days				
Total nurse (RN, LPN, LVN, and Nurse Aide) hours	2 hours and 59 minutes	2.985	3.466	**2.719**[1]
RN hours	8 minutes	0.141	0.423	**0.125**[1]
LPN/LVN hours	1 hour and 5 minutes	1.083	0.813	0.980
Nurse aide hours	1 hour and 46 minutes	1.761	2.231	1.616
Physical therapist[2] hours	1 minute	■	■	■
Weekend[2] (Saturday and Sunday)				
Total nurse (RN, LPN, LVN, and Nurse Aide) hours	2 hours and 38 minutes	2.632	■	■
RN hours	9 minutes	0.144	■	■

← **previously-reported staffing metric**

← **new staffing metric**

[1]Please see the staffing tables located in the Technical Users' Guide (link provided below) for the specific cut points utilized with the bold case-mix adjusted values.
[2]Physical therapist and weekend staffing levels are not included in the staffing rating calculation.

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Care Compare — *Weekend Staffing*

Example from Care Compare

PBJ data for Q4 2021 (July 1 – September 30)

Total number of nurse staff hours per resident per day on the weekend ⬆ *Higher numbers are better*	**2 hours and 38 minutes** National average: 3 hours and 16 minutes Texas average: 2 hours and 56 minutes
Registered Nurse hours per resident per day ⬆ *Higher numbers are better*	**8 minutes** National average: 42 minutes Texas average: 25 minutes
Registered Nurse hours per resident per day on the weekend ⬆ *Higher numbers are better*	**9 minutes** National average: 29 minutes Texas average: 19 minutes

In the main Staffing rating section - above therapy hours

In the Registered Nurse (RN) Staffing rating section

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New Rules — *Exclusion Criteria II*

New changes to the exclusion rules for reported staffing:

new exclusion
- Full-week or weekend total nurse staffing (job codes 5-12), aggregated over all days (or weekend days) in the quarter with at least one resident, is excessively high (>12 hours per resident day)

new exclusion
- Full-week or weekend nurse aide staffing (job codes 10-12), aggregated over all days (or weekend days) in the quarter with at least one resident, is excessively high (>5.25 hours per resident day)

new automatic one-star
- Full-week or weekend nurse staffing (job codes 5-12), aggregated over all days (or weekend days) in the quarter with at least one resident, is zero (0 hours per resident day)

https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcomplianc/downloads/usersguide.pdf

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New Rules — *Exclusion Criteria III*

New changes to the exclusion rules for reported staffing:

! Important note: exclusion criteria are not applied separately for weekend staffing

Failure of *any* of these 4 criteria = ALL results excluded from Care Compare

- ✓ **Full-week** total nurse staffing (job codes 5-12) >12 hours per resident day
- ✓ **Weekend** total nurse staffing (job codes 5-12) >12 hours per resident day

- ✓ **Full-week** nurse aide staffing (job codes 10-12) >5.25 hours per resident day
- ✓ **Weekend** nurse aide staffing (job codes 10-12) >5.25 hours per resident day

Failure of *either* of these 2 criteria = One-star in staffing

- ✓ **Full-week** total nurse staffing (job codes 5-12) is 0 hours per resident
- ✓ **Weekend** total nurse staffing (job codes 5-12) is 0 hours per resident

https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcomplianc/downloads/usersguide.pdf

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Care Compare Changes — *Turnover*

Three new measures post to Care Compare:

- Nursing staff (PBJ job codes 5-12) turnover – expressed as a rate (%)

- RN staff (PBJ job codes 5-7) turnover – expressed as a rate (%)

- Administrator (PBJ job code 1) turnover – expressed as a number

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Hire and Term Dates — *Turnover*

Do we need to start reporting Hire and Termination dates again?

No – CMS will not be using a Hire and Termination date to calculate staff turnover.

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Calculation — *Turnover*

Turnover is identified based on gaps in days worked.

It is published quarterly as an **annual calculation**.

Turnover rate = total number of employment spells that ended in turnover ÷
(Total Nurse and RN) total number of eligible employment spells

Using this specification, the maximum turnover rate is 100 percent

Turnover number = total number of administrators that left the nursing home
(Administrator)

Note: both **regular employees and agency staff** are included in the turnover if they work sufficient hours to be eligible for the denominator.

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Fundamentals — *Turnover*

Key definitions:

employment spell = a period of work at the facility by an individual *(a minimum of 120 hours must be worked in a 3-month period to qualify as an employment spell)*

turnover signal ➞ 60-day gap = 60 consecutive days in which an individual does not work at all at the facility
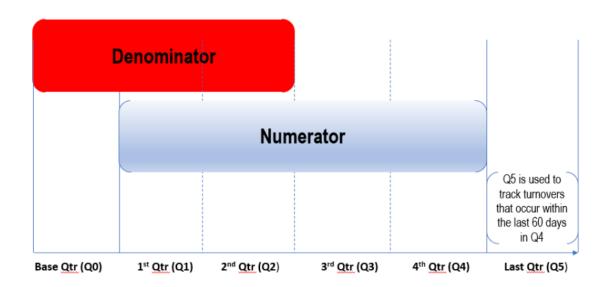
turnover date = the last workday prior to the start of a 60-day gap

Note: individuals who return to the nursing home after a gap of more than 60 days can have multiple "employment spells" used in the turnover calculation if they meet the eligibility requirement for subsequent employment spell(s). Essentially, they are treated as new employees.

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Time Span — *Turnover*

In order to calculate annual turnover, **CMS needs 6 consecutive quarters** of PBJ data.

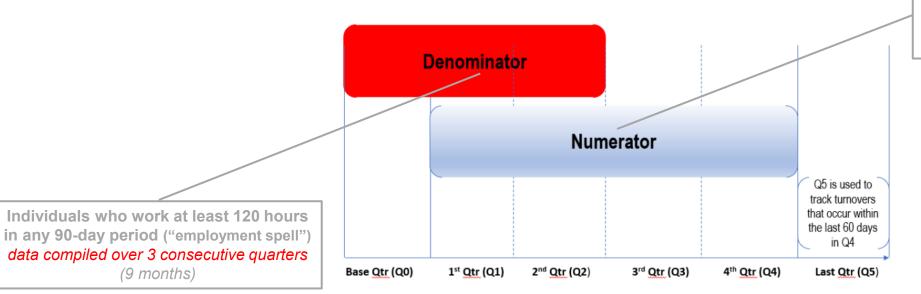**Figure 1: Time Period Used for Calculating Turnover Measures**

Staff Included — *Turnover*

Figure 1: Time Period Used for Calculating Turnover Measures

Denominator

Numerator

Q5 is used to track turnovers that occur within the last 60 days in Q4

Base Qtr (Q0)   1st Qtr (Q1)   2nd Qtr (Q2)   3rd Qtr (Q3)   4th Qtr (Q4)   Last Qtr (Q5)

Individuals who no longer work at the facility (they have a "60-day gap") *data compiled over 4 consecutive quarters* *(12 months)*

Individuals who work at least 120 hours in any 90-day period ("employment spell") *data compiled over 3 consecutive quarters* *(9 months)*

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Provider Preview — *Turnover*

Example from January Provider Preview Report

PBJ data for calendar dates July 1, 2020 – June 30, 2021 (PBJ quarters Q3 2020 – Q2 2021)

Lags 1 quarter behind published Staffing Levels

PBJ Nurse Staffing Turnover for July 1, 2020 to June 30, 2021 for Provider Number ▬				
	Turnover Rate	**Number of Eligible Staff[1]**	**Number of Eligible Staff Identified as Turned over**	**Reason Data Not Reported[2]**
Nursing staff turnover	62.7%	75	47	N/A
RN turnover	57.1%	14	8	N/A
Administrator turnover		1	0	N/A

[1]*The number of eligible staff is based on a count of the number of eligible 'employment spells.' For more details on the methodology used to calculate nursing staff turnover, please see the measure specifications, available at the location listed in the references below.*

[2]*If there is a numeric code in this column, then the turnover measure for your facility will show as "Not Available" on Care Compare for the reason matching the code in this column (see definitions below). N/A = Not Applicable– If the "Reason Data Not Reported" shows N/A, then the turnover rates shown for your facility will be reported on Care Compare.*

N.A. = Not Available. This abbreviation will appear in the table if turnover cannot be calculated based on the submitted data.

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Care Compare — *Turnover*

Example from Care Compare

PBJ data for calendar dates July 1, 2020 – June 30, 2021 (PBJ quarters Q3 2020 – Q2 2021)

Staff turnover

Staff turnover is the percent of nursing staff or number of administrators that stop working in a facility within a given year. Low turnover indicates that facilities generally retain their staff for longer periods of time. Lower turnover is preferred because staff who work in facilities for longer periods of time may become more familiar with the residents and the facility's operating procedures.

Total nursing staff turnover	62.7%
↓ *Lower numbers are better*	National average: 51.6% Minnesota average: 48.3%
Registered Nurse turnover	57.1%
↓ *Lower numbers are better*	National average: 49.8% Minnesota average: 43.7%
Number of administrators who have left the nursing home	0
↓ *Lower numbers are better*	National average: 1.1 Minnesota average: 0.5

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New Rules — *Exclusion Criteria IV*

Exclusion criteria applied to Turnover:

- Nursing homes that are not included in the PBJ public use file for one or more of the quarters of data used to calculate the turnover measures are excluded. Additionally, if a nursing home has no resident census information it is excluded.

- Nursing homes that have fewer than five eligible nurses (RNs, LPNs and nurse aides) in the denominator are excluded.

- For total nurse staffing and RN turnover, nursing homes with 100 percent daily total nurse staffing turnover for any day in the study period (on which there were at least five eligible nurse staff) are excluded.

- For administrator turnover, nursing homes that submitted no administrator data for one or more of the six required quarters are excluded.

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Staff Identifiers — *Turnover*

> Do I need to upload an Employee Linking file to CMS?

Facilities that have changed Employee IDs must link the old IDs to the new IDs to ensure turnover measures are accurate.

Instructions for changing Employee IDs in the Payroll-Based Journal system:

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/PBJ-Linking-Methodology.pdf

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What's Next — *Weekend Staffing & Staff Turnover*

What don't we know yet?

- How CMS will incorporate the weekend staffing and turnover metrics into the overall Five-Star Staffing calculation in July

- When CMS will release the next Five-Star Technical User's Manual which details the revised Five-Star Staffing formula

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COVID Impact — *Weekend Staffing & Staff Turnover*

Will any consideration be given to today's current work environment (COVID, underfunding, etc.) when providing this information to the public?

None that we are aware of at the moment.

However, all skilled nursing facilities are feeling the impact of the current environment (albeit to varying degrees).

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CMS Response — *Kronos Ransomware Attack*

We were affected by the Kronos attack, and still are not able to access our clocks or retrieve any data. Will this be taken into consideration by CMS for PBJ purposes?

"We are aware of the situation and are working with Kronos on possible solutions. Kronos will communicate with their clients once a final decision has been made. Please be sure to provide your CCN to Kronos if you have not done so already as they are compiling a list of the affected facilities. "

Response from CMS dated January 24, 2022

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Live Q&A

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Five-Star Staffing Calculation

$$\text{Hours}_{\text{Adjusted}} = (\text{Hours}_{\text{Reported}}/\text{Hours}_{\text{Case-Mix}}) * \text{Hours}_{\text{National Average}}$$

Adjusted HPRD = (Reported HPRD / Case Mix HPRD) x National Average HPRD

    HPRD = Hours Per Resident Day
    HPRD = Total Hours / Total Census
    HPRD = Total Hours / Average Daily Census / Number of Days in the Quarter

Variables Needed: ✓ Reported Nursing Hours
                           ✓ Case-Mix Hours
                           ✓ National Average Hours
                           ✓ Census

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Five-Star Staffing Calculation

Currently: all RN positions equally weighted | all LPN and Aide positions equally weighted

RN staff = Registered Nurse Director of Nursing **+** Registered Nurse with Administrative Duties **+** Registered Nurse

Total Nursing Hours = Total RN **+** Total LPN **+** Total Aide

Registered Nurse Director of Nursing + Registered Nurse with Administrative Duties + Registered Nurse + Licensed Practical/Vocational Nurse with Administrative Duties + Licensed Practical/Vocational Nurse + Certified Nurse Aide + Nurse Aide Training + Medication Aide/Technician

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Five-Star Staffing Calculation

CMS PBJ Job Title	CMS PBJ Description of Service
Registered Nurse Director of Nursing	Professional registered nurse(s) administratively responsible for managing and supervising nursing services within the facility. Do not additionally reflect these hours in any other category.
Registered Nurse with Administrative Duties	Nurses (RN) who, as either a facility employee or contractor, perform the Resident Assessment Instrument function in the facility and do not perform direct care functions. Also include other RNs whose principal duties are spent conducting administrative functions. For example, the Assistant Director of Nursing is conducting educational/in-service.
Registered Nurse	Those persons licensed to practice as registered nurses in the State where the facility is located. Includes geriatric nurse practitioners and clinical nurse specialists who primarily perform nursing, not Physician-delegated tasks. Do not include Registered Nurses' hours reported elsewhere.

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/PBJ-Policy-Manual-Final-V25-11-19-2018.pdf

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Five-Star Staffing Calculation

Direct Care Staff: Direct Care Staff are those **individuals who, through interpersonal contact with residents or resident care management, provide care and services to allow residents to attain or maintain the highest practicable physical, mental, and psychosocial well-being.** Direct care staff does not include individuals whose primary duty is maintaining the physical environment of the long term care facility (for example, housekeeping).

- Reporting shall be based on the employee's primary role and their official categorical title. It is understood that most roles have a variety of non-primary duties that are conducted throughout the day (e.g., helping out others when needed). Facilities shall still report just the total hours of that employee based on their primary role.

- CMS recognizes that staff may completely shift primary roles in a given day. For example, a nurse who spends the first four hours of a shift as the unit manager, and the last four hours of a shift as a floor nurse. In these cases, facilities can change the designated job title and report four hours as a nurse with administrative duties, and four hours as a nurse (without administrative duties).

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/PBJ-Policy-Manual-Final-V25-11-19-2018.pdf
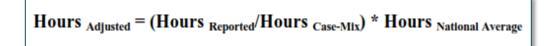
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How can I raise my Staffing Five-Star rating?

Holding census and acuity constant, increase your reported nursing hours

- ✓ Increase RN hours
- ✓ Increase total nursing hours

Holding RN and total nursing hours constant, lower your case-mix and/or census

- ✓ Drop in acuity
- ✓ Drop in census

$$\text{Hours }_{\text{Adjusted}} = (\text{Hours }_{\text{Reported}}/\text{Hours }_{\text{Case-Mix}}) * \text{Hours }_{\text{National Average}}$$

Overall Staffing Hours and Rating

RN Rating		Total Nurse Staffing Rating (RN, LPN and Nurse Aide)				
		1	2	3	4	5
		< 3.108	3.108 - 3.579	3.580 - 4.037	4.038 - 4.407	≥ 4.408
1	< 0.317	★	★	★★	★★	★★★
2	0.317 - 0.507	★★	★★	★★	★★★	★★★
3	0.508 - 0.730	★★	★★★	★★★	★★★	★★★★
4	0.731 - 1.048	★★★	★★★	★★★★	★★★★	★★★★
5	≥ 1.049	★★★	★★★★	★★★★	★★★★★	★★★★★

Note: Adjusted staffing values are rounded to the three decimal places before the cut points are applied.

Add One Star to Overall Rating (if greater than health inspection rating)	Subtract One Star from Overall Rating

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Overall Five-Star Strategy

Overall Five-Star Rating Calculation

Step 1: Start with the health inspection rating.

Step 2: Add one star to the Step 1 result if the staffing rating is four or five stars and greater than the health inspection rating; subtract one star if the staffing rating is one star. The overall rating cannot be more than five stars or less than one star.

Step 3: Add one star to the Step 2 result if the quality measure rating is five stars; subtract one star if the quality measure rating is one star. The overall rating cannot be more than five stars or less than one star.

Note: If the health inspection rating is one star, then the overall rating cannot be upgraded by more than one star based on the staffing and quality measure ratings.

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Back to Basics — *RN Hours*

> Is there a difference in RN coverage – whether you're reporting RN with administrative duties or RN (floor duties)?

Total RN hours are the sum of hours in the 3 RN categories defined in the PBJ Policy Manual: Director of Nursing hours + RN with Administrative Duties hours + RN hours. (Each is currently equally weighted.)

Hours should be recorded in the primary PBJ Job Title worked.

- Reporting shall be based on the employee's primary role and their official categorical title. It is understood that most roles have a variety of non-primary duties that are conducted throughout the day (e.g., helping out others when needed). Facilities shall still report just the total hours of that employee based on their primary role.

- CMS recognizes that staff may completely shift primary roles in a given day. For example, a nurse who spends the first four hours of a shift as the unit manager, and the last four hours of a shift as a floor nurse. In these cases, facilities can change the designated job title and report four hours as a nurse with administrative duties, and four hours as a nurse (without administrative duties).

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Back to Basics — *RN Hours*

CMS PBJ Job Title	CMS PBJ Description of Service
Registered Nurse Director of Nursing	Professional registered nurse(s) administratively responsible for managing and supervising nursing services within the facility. Do not additionally reflect these hours in any other category.
Registered Nurse with Administrative Duties	Nurses (RN) who, as either a facility employee or contractor, perform the Resident Assessment Instrument function in the facility and do not perform direct care functions. Also include other RNs whose principal duties are spent conducting administrative functions. For example, the Assistant Director of Nursing is conducting educational/in-service.
Registered Nurse	Those persons licensed to practice as registered nurses in the State where the facility is located. Includes geriatric nurse practitioners and clinical nurse specialists who primarily perform nursing, not Physician-delegated tasks. Do not include Registered Nurses' hours reported elsewhere.

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Back to Basics — *RN Hours*

What are the specific criteria to be considered as Direct Patient Care for nursing staff? Whose hours should be included besides floor staff?

Direct Care Staff: Direct Care Staff are those **individuals who, through interpersonal contact with residents or resident care management, provide care and services to allow residents to attain or maintain the highest practicable physical, mental, and psychosocial well-being.** Direct care staff does not include individuals whose primary duty is maintaining the physical environment of the long term care facility (for example, housekeeping).

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Back to Basics — *RN Hours*

> Can DON hours be used for the RN coverage requirement?

For PBJ reporting, the Director of Nursing can be included.

For federal Rules of Participation, the Director of Nursing may only count toward the 8-hour RN requirement when the facility has an average daily occupancy of 60 or fewer residents or has received a waiver.

For state reporting, it depends on state.

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Back to Basics — *Exempt Nursing Hours*

My salaried staff pick up shifts on the floor but don't get any additional compensation besides their salary. Can I count the hours? What if they receive a bonus?

CMS caps the amount of allowable PBJ hours for Exempt Staff at 40/week. CMS only allows the reporting of hours in excess of 40 under the following conditions: (1) The payment must be directly correlated to the hours worked and must be distinguishable from other payments. (e.g., cannot be a performance-based or holiday bonus). (2) Additionally, the bonus payment must be reasonable compensation for the services provided.

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Back to Basics — *Remote Nursing Hours*

> Can I include my MDS nurse who works remotely?

While CMS has broadened the umbrella for remote work during the COVID Public Health Emergency, you can only include nursing hours that were worked at the physical facility for PBJ reporting.

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Back to Basics — *Contract Hours*

What is contracted labor and consultant hours?

Contract staff includes individuals under contract (e.g., a contracted physical therapist) as well as individuals who provide services through organizations that are under contract (e.g., an agency to provide nurses). All contract and agency staff must each have a unique Employee ID when entered into the system.

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Back to Basics — *Therapy Hours*

What is required in terms of reporting for Therapists?

All therapy hours must be included in PBJ. If in-house therapy staff are employees of your organization, they should be coded as Exempt (i.e., Salary) or Non-Exempt (i.e., Hourly). If therapy staff are contracted employees, they should be coded as Contract.

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Back to Basics — *National Guard Hours*

How do I report National Guards working as Nurse Aides?

Hours worked by members of the National Guard or State strike teams deployed to facilities during the PHE can be reported in PBJ as long as the facility obtains a statement from FEMA or the State (a) verifying the staffing provided to the facility and (b) validating the hours reported by the facility for this additional staff.

If a National Guard member is working as a temporary Nurse Aide, the hours can be classified as Nurse Aide in Training (PBJ Job Title 11).

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Back to Basics — *Submission*

How can I validate my PBJ data? How do I know all of my RN hours were captured in my submission file?

- Use PBJ software (like SimplePBJ) to validate your data before you submit

- Run the following CASPER reports to review the data you submitted
  - 1700D   Employee Report
  - 1702D   Individual Daily Staffing Report
  - 1702S   Staffing Summary Report
  - 1703D   Job Title Report
  - 1704D   Daily MDS Census Detail Report
  - 1704S   Daily MDS Census Summary Report

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Top PBJ Mistakes

1. Not removing meal breaks for all employees

2. Submitting overnight hours by shift start or end date

3. Underestimating the importance of census and acuity

4. Not auditing your data before submitting

5. Waiting until the last minute to submit

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PBJ Best Practices

- Know your data

- Know the PBJ rules

- Know how your Five-Star rating is calculated

- Know your competition

- Know your goals

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Assemble, validate and submit your PBJ

Predict Staffing Five-Star ratings

Submit PBJ reports with one click

Benchmark results against other facilities

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Thank you for attending!

Recording and handouts are available at:

https://www.simpleltc.com/pbj-quarterly-check-in-q1-2022/

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