Don't let PBJ sink your Five-Star

Maximize staffing data outcomes and prepare for the **Nov 14 deadline**

Presented by:

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Your Speakers

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Learning Objectives

Upon completion, you will be able to:

- Demonstrate knowledge of the new Payroll-Based Journal methodology and how PBJ impacts the Five-Star staffing rating.

- Prepare in advance for the new survey targeting nurse staffing investigations.

- Leverage SimplePBJ tools to predict Five Star results and gauge staff turnover measures.

PBJ Mistakes

- Not removing meal breaks for all employees

- Submitting overnight hours by shift start or end date

- Underestimating the importance of census and acuity

- Not auditing your data before submitting

- Waiting until the last minute to submit

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Changes to PBJ Staffing Methodology

- Case-mix adjusted total nurse (RN, LPN/LVN, aide) staffing levels (7 DAY)

- Case-mix adjusted RN staffing levels (7-DAY)

- Case-mix adjusted total nurse (RN, LPN/LVN, aide) staffing levels on the weekend

- Total nursing turnover, the % of nursing staff that left the SNF over a 12-month period

- RN turnover, the % of RN staff that left the SNF over a 12-month period

- Administrator turnover, the number of admins. who left the SNF over a 12-month period

Three Nurse Staffing Levels

RN staff =

Registered Nurse DON **+** Registered Nurse with Administrative Duties **+** Registered Nurse

Total Nursing Hours =

Total RN **+** Total LPN **+** Total Aide

Registered Nurse DON **+** 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

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

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Three Nurse Staffing Levels

Measure Calculation

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

HPRD → Hours Per Resident Day

HPRD = Total Hours / Total Census

HPRD = Total Hours / (Average Daily Census / Number of Days in the Quarter)

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

Variables Needed:
- ✓ Reported Nursing Hours
- ✓ Case-Mix Hours (RUG IV Strive study)
- ✓ National Average Hours
- ✓ Census (MDS assessments entry, discharge, and death in facility)

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Turnover – *Calculation*

Turnover is identified based on **gaps in days worked**.
It is published quarterly as an **annual calculation**.

Turnover rate =
(Total Nurse and RN)

$$\text{Turnover rate} = \frac{\text{total number of employment spells that ended in turnover}}{\text{total number of eligible employment spells}}$$

Using this specification, the maximum turnover rate is 100%

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

NOTE: Both **regular employees and agency/contract staff** are included in the turnover if they work sufficient hours to be eligible for the denominator.

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Turnover – *Fundamentals*

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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Turnover – *Staff Included*

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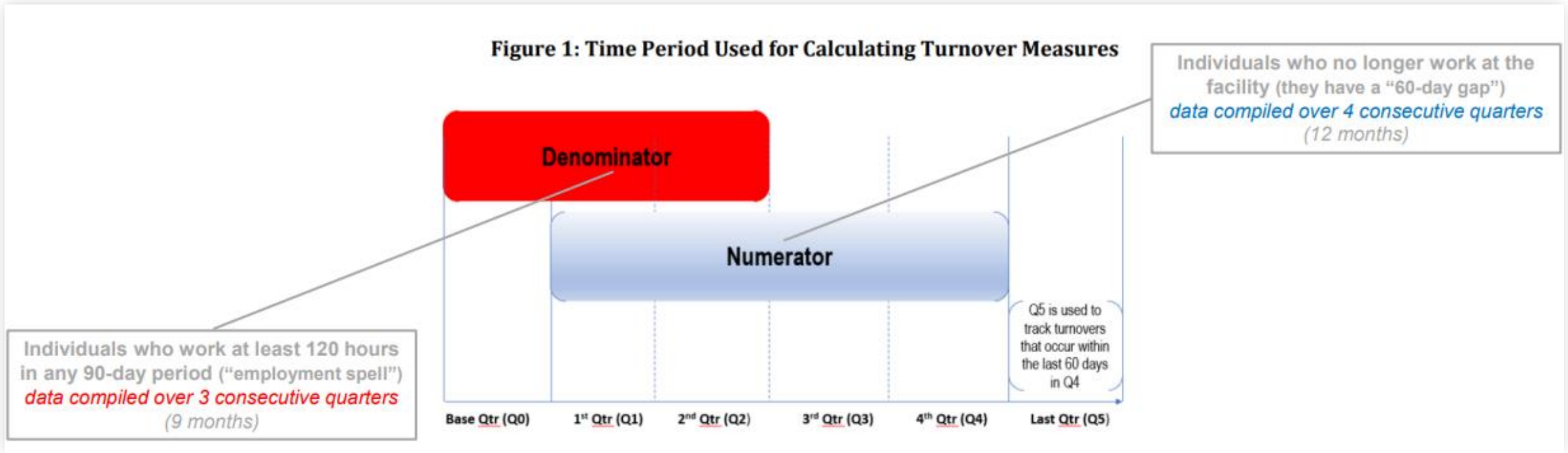
Turnover – *Measures*

Reasons for Exclusion
Data "Not Available"

Nursing Staff and RN Turnover Exclusions

- No PBJ data submission for one or more quarters during the measuring period

- A SNF has less than 5 RNs

- 100% nurse or RN turnover on a single day
  (usually caused by a sudden change of all EmployeeIDs)

Note: "Other reason" can also be applied.

Turnover – *Measures*

Reasons for Exclusion
Data "Not Available"

Administrator Turnover Exclusion

- No PBJ data submission for one or more quarters during the measuring period

- No administrator hours submitted for one or more quarters during the measuring period

- No eligible administrator staff

- Too many administrator staff reported (12 or more days during the measuring period with five or more different staff reported under job code 1 on the same day)

Note: "Other reason" can also be applied.

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Turnover – *Exclusion Scenario*

In this scenario, data is not available for both total nursing and RN turnover measures.
100 points are removed from the maximum possible points and the point total is then rescaled.

Staffing Measure	Data for Provider		Maximum Possible Points
	Measure Value	Points	
Adjusted Total nurse staffing (7 day)	2.716	10	100
Adjusted RN staffing (7 day)	0.326	20	100
Adjusted Total nurse staffing (weekends)	2.301	5	50
Total nursing turnover (%)	N.A.	N.A.	50
RN turnover (%)	N.A.	N.A.	50
Number of administrator departures	3	10	30
Raw point total		45	
Total points after rescaling (if any)		61	380
Staffing rating	★		

45 points / 280   =   61 points / 380

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Points for Each Measure

Staffing Measure	Maximum Score
RN Case-Mix Adjusted HRD	100
Total Nursing Case-Mix Adjusted HRD	100
Total Nursing Case-Mix Adjusted for weekend days	50
% of total nursing staff that left the SNF over a 12-month period	50
% of RNs that left the SNF over a 12-month period	50
Number of administrators that left the SNF over a 12-month period	30

Total Score Cut Points

Total Score Cut Points: Staffing Star Rating				
★	★★	★★★	★★★★	★★★★★
< 155	155 – 204	205 – 254	255 – 319	320 - 380

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Survey & PBJ

Nursing Services 483.35		
F tag	**Tag Subject**	**Key Change to Regulation or Interpretive Guidelines**
F851	§ 483.70(q) Mandatory submission of staffing information based on payroll data in a uniform format	Guidance and Key Elements of Noncompliance

Nursing Services 483.70		
F tag	**Tag Subject**	**Key Change to Regulation or Interpretive Guidelines**
F725	§483.35(a) Sufficient Staff	Added new guidance for the Procedure, Probes, and Deficiency Categorization Examples
F727	§483.35(b) Registered nurse.	Added new guidance for the Procedure, Probes, and Deficiency Categorization

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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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F851

Revised Guidance at F851 includes that:

- The surveyors can obtain PBJ data from the CASPER report to determine if the facility submitted the required staffing information based on payroll data in a uniform format.

- **The facility's failure to submit PBJ data as required will be reflected on their CASPER report and result in a deficiency citation.**

F851 - Key Elements of Noncompliance

To cite deficient practice at F851, the surveyor's investigation will generally show that the facility failed to do any one of the following:

- Complete data for the entire reporting period, such as hours paid for all required staff, each day; or
- Provide accurate data; or
- Provide data by the required deadline.
- Submit the required staffing information based on payroll data in a uniform format.

F727 requires RN onsite at least 8 consecutive hours a day, 7 days a week.

If a facility reports the absence of an RN 4 or more days in a quarter, they will be cited at F727 by the surveyor.

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PBJ Staffing Data Report

Excessively low weekend staffing:

- This can trigger a facility to receive an off-hour survey.
- F725 requires sufficient staff, so the team would investigate further

4 or more days with no RN:

- This means that the facility PBJ data shows that within the identified quarter, the facility has had four or more days without an RN.
- F727, facilities are required to have an RN onsite for 8 consecutive hours 7 days a week.
- The expectation of CMS is that the survey team would consider issuing a citation when a minimum of **one day** is identified to not meet the nurse staffing requirement for a Registered Nurse.

Four or more days with less than 24 hours of licensed nursing staff

- If there are four or more days with less than 24 hours of licensed nursing staff, the survey team will investigate further AND cite F725.
- The expectation of CMS is that the survey team would consider issuing a citation when a minimum of **one day** is identified to not meet the nurse staffing requirement for Licensed Nursing Staff.

PBJ Staffing Data Report

One star staffing rating

- Surveyors should be alert when interviewing residents about the availability of staff to determine if assistance is provided when needed without having to wait a long time.

No data submitted for the last quarter

- It will be assumed that the facility has low staffing - the survey team will investigate further.

Please note: The rule of 4 or more days is used for the purposes of the PBJ Staffing Data Report. The expectation of CMS is that the survey team would consider issuing a citation when a minimum of <u>1 day</u> is identified to not meet the nurse staffing requirement for both a Registered Nurse and Licensed nursing staff

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F725 – Sufficient Staff

§483.35 Nursing Services

The facility must have **sufficient nursing staff with the appropriate competencies and skills sets** to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).

§483.35(a) Sufficient Staff.

§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:

- Except when waived under paragraph (e) of this section, licensed nurses; and
  - Other nursing personnel, including but not limited to nurse aides.

§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.

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F725 – Sufficient Staff

Some Investigative Probes in the interpretive guidance have been revised and include but are not limited to:

- Are the numbers of licensed staff sufficient such that those staff members have enough time to provide direct services to residents as well as to assist and monitor all of the aides they are responsible for supervising?

- Does the facility have adequate staff to monitor residents at risk for wandering?

- Does the facility have licensed nursing staff 24 hours a day?

F725 – Deficiency Categorization Example

Level 4

A resident had complained of chest pain and shortness of breath after eating their evening meal. The nursing assistant stated they would inform the licensed nurse. The nursing assistant was informed there would be no licensed nurse until the next morning.

At 10:00 p.m. the resident was found unresponsive with minimal respirations by a visiting family member. Because there was no licensed nurse on duty at that time, the nursing assistant called 911.

F725 – Deficiency Categorization Example

Level 3

A resident was admitted to the facility with a recently repaired hip fracture and required assistance with ambulation. The resident used the calling device to request assistance to the bathroom.

After several minutes, no help arrived so the resident attempted to ambulate with a walker to the bathroom without assistance. The resident subsequently fell and was found by nursing assistants. The resident was assisted back to bed by the nursing assistants and complained of pain in the area of the recently repaired hip fracture. There was no licensed nurse on duty to assess the resident for any injuries or provide medication for pain.

The next morning the resident complained of increased pain in the area of the repaired hip fracture. After assessment by the day shift licensed nurse, the resident was sent to the hospital. The resident was admitted and required surgery to repair the re- fractured hip.

F725 – Deficiency Categorization Example

Level 2

Residents complain that they are not allowed choices such as receiving showers consistently on the days or at times they prefer due to inadequate staffing. Review of staffing data submitted via the PBJ system revealed the facility had a one-star staffing quality rating.

Follow up interviews with the staffing coordinator revealed that only one CNA was available to provide showers, and therefore residents' preferences for timing of showering could not be met causing anxiety. Refer to the Psychosocial Outcome Guide for additional direction.

F727 Registered Nurse

The intent of this regulation is to ensure that the facility:

- Uses the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.

- Designates a registered nurse to serve as the director of nursing on a full-time basis.

- Permits the director of nursing to serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents

F727 – Deficiency Categorization Example

Level 4

The annual recertification survey of a facility indicates that it provides care for residents with high acuity needs including residents that receive medications and fluids via central intravenous lines (IV) and ventilator dependent residents. The investigation revealed an RN was not onsite for at least 8 consecutive hours during the day.

During the period when there was no RN, the LPN had to perform assessments and maintain central line (IV) infusions, which is out of the scope of practice for an LPN in the absence of supervision of the RN. The facility's failure to have an RN on duty for at least 8 consecutive hours a day as required by the regulation, created the likelihood for serious injury, harm, impairment or death. Specifically, the RN was not present to meet the critical needs of these high acuity residents.

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F727 – Deficiency Categorization Example

Level 3

Investigation of falls occurring in the facility with a census greater than 60 residents revealed the monthly fall evaluation for one resident was not completed with the interdisciplinary team after the resident experienced 2 falls. Interview with the Director of Nursing (DON) revealed this was the DON's responsibility; however, because she had been serving as the charge nurse, there was no time to complete the evaluation for this resident who experienced another fall resulting in a sprained wrist.

Record review revealed that the resident experienced a fall after the DON failed to complete the fall evaluation in response to the two initial falls. Staff ultimately determined the resident was falling due to a change in the resident's condition (deteriorating eyesight) that was not timely identified because of the DON's failure to complete a monthly fall evaluation.

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F727 – Deficiency Categorization Example

Level 2

Review of the PBJ Staffing Data Report revealed concerns related to the facility's requirement to have a Registered Nurse on duty for at least 8 consecutive hours a day. The surveyor verified an RN was routinely on duty for only 7 consecutive hours a day last quarter. No actual harm to residents was identified.

However, there was a potential for more than minimal harm due to the facility's failure to have an RN on duty for at least 8 consecutive hours a day, 7 days a week in order to ensure that all the residents' clinical needs were met either directly by the RN or indirectly by the LPNs or CNAs for whom the RN was responsible for overseeing resident care.

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Review and Update Policies and Procedures

Are policies and procedures still current and reflective of the requirements in F851/F725/F727?

- Are the resources necessary to follow these policies and procedures available?

- Are staff informed of these policies and procedures and complying with them consistently?

- Is there a procedure in place to audit on a consistent basis?

Educate and Train

Review and update training related to F851/F727/F725

Train employees involved with updates to F851 /F727/F725

Confirm training was completed by staff

Compliance Check

Is PBJ data being submitted by the required deadline?

Is the PBJ data complete for the entire reporting period?

Is PBJ data submitted accurate?

- Correct employee number and category
- Correct pay type code
- Correct job title code
- Correct format
- Correct Census
- Correct turnover/ tenure data
- Correct hours care provided

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Compliance Check

Does the facility have sufficient nursing staff according to the facility assessment?

Are federal requirements for staffing met?

- Designated licensed nurse per shift
- RN at least 8 hours per day
- RN designated as full-time DON

PBJ & Overall Five-Star Strategy

What are your goals?

How can I raise my Staffing Five Star rating?

- Reviewing and interpreting data to determine most patient centered cost-effective staffing ratios.
- Proactively reviewing data to determine how many additional hours are needed.

How does my PBJ rating effect my overall Five-Star Strategy?

Step 1: Start with the health inspection rating.

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

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

Note: the health inspections 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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Predict Five-Star Updates

A comprehensive staffing score prediction, all in one place.

Turnover Data

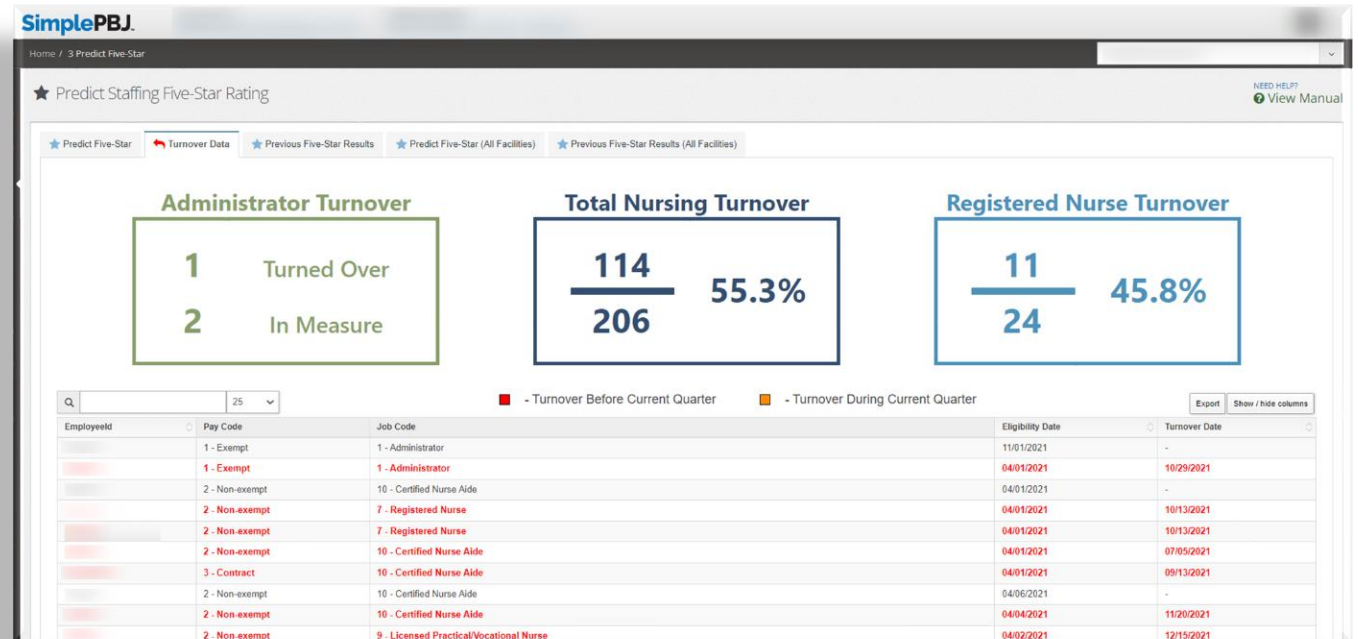✓ Actual CMS data

✓ Historical look-back

✓ Live pre-submission predictions

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PBJ Consulting

Analyze data for errors

Full service PBJ review and CMS data submission

PBJ compliance audits

Support Myers and Stauffer audits

Education on new PBJ focus areas for state surveys

Education/orientation for PBJ staff (facility or corporate)

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Questions

Thank you for attending!

Recording and handouts available at:
https://www.simpleltc.com/webinar-registration-pbj-quarterly-check-in-q4-2022/