



Section C: LTAC Hospital Quality and Compliance Monitoring

LTAC Quality and Compliance Monitoring

As a goal of ensuring the quality of care and compliance with the LTAC Quality Improvement Transfer Program Act, eQHealth will conduct onsite assessments at regularly scheduled intervals. These reviews afford providers an opportunity to showcase their facilities and staff; review and verify quality measures and clarify the Act's components and implementation.

Quality and compliance monitoring will entail a Readiness Review, conducted within 30 days of an executed Participation Agreement and semi-annual facility assessments.

Quality reporting is a significant component of the legislation. Providers will be requested to supply baseline outcome data for fiscal years 2007 through 2009 and the methodology used for calculation. This information is being collected to help establish trends and benchmarks required by the legislation and to utilize current methodology in order to reduce the burden upon the LTAC. The information collected will assist in the standardization of this process. The quality measures are listed on the following documents. Please provide your facility specific information.

For your convenience documents for the Readiness Review as well as all quality and compliance monitoring can be found on our secure provider portal at <https://ilwebapps.eqhs.org/uploads/ltac>

To facilitate quality monitoring, each LTAC facility is required to complete tables 1-3. Included is a set of instructions describing how to complete the tables listed below.

- ▶ Facility and quality measure instructions – pages 3-4
- ▶ Facility and quality measure supporting documents – pages 5-6
- ▶ Table 1. LTAC Hospital Data Collection and Reporting Process - pages 7-8
- ▶ Table 3. LTAC Hospital Benchmark – page 9
- ▶ Table 2. LTAC Hospital Baseline Data – page 10

Facility Measures	INSTRUCTIONS
Operate as an LTAC hospital	Provide evidence of licensure from the state of Illinois.
0.5 FTE (Case manager) for every 15 patients	Provide evidence of a case manager designated for every 15 patients. Supporting documents can include staffing reports, HR reports
Onsite MD coverage 24/7	Provide evidence of 24 hour, daily, Illinois licensed physician coverage for each unit. Supporting documents should include copy of physician licenses and physician schedules
Onsite respiratory therapy coverage 24/7	Provide evidence of 24 hour, daily respiratory therapist availability. Supporting documents can include staffing reports, HR reports etc.
Care tool submitted within 7 days of discharge	Not applicable. Process and Care Tool document to be determined
Number submitted timely	Not applicable. Process and Care Tool document to be determined
Overall Patient Satisfaction Rate	Provide evidence that patient satisfaction was assessed and the methodology for calculation
Patient Survey	Provide a copy of the patient satisfaction survey used by your facility and the process by which data is captured
Acceptance of all clinically approved patients from STAC	Provide evidence of the number of Medicaid patients approved from short term acute care hospitals to your facility for the preceding 60 days. Short term acute care hospitals, also referred to as general acute care hospitals include critical access hospitals. This number does not include patients accepted from psychiatric residential facilities, group homes, rehabilitation units, long term acute care, free standing psychiatric hospitals or long term care settings.
Number of Patients Assessed	Provide evidence of the process by which your facility will collect the number Medicaid patients assessed in by your facility.
Number of Patients Approved	Provide evidence of the process by which your facility will collect the number Medicaid patients approved in by your facility.
Number of Patients Accepted	Provide evidence of the process by which your facility will collect the number Medicaid patients accepted in by your facility.
Quality Measures	
ALOS	Average length of stay. Provide the methodology used by your facility to calculate this measure.
Mortality Rate	Expressed as a percentage, provide the methodology used by your facility to calculate this measure.
LTAC Hospital Acquired Conditions	
Central line infections	Provide documentation of the methodology used to capture and calculate central line infections acquired within your facility.
Stage 3 or greater pressure ulcers	Provide documentation of the methodology used to capture and calculate stage 3 or greater pressure ulcers acquired in your facility
Falls with injury	Provide documentation of the methodology used to capture patient falls that result in an injury.

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Falls without injury	Provide documentation of the methodology used to capture patient falls that do not result in an injury
Catheter related UTI	Provide documentation of the methodology used to capture foley catheter related urinary tract infections acquired within your facility
VAP	Provide documentation of the methodology used to capture and calculate episodes of ventilator associated pneumonia acquired within your facility
MRSA	Provide documentation of the methodology used to capture and calculate methicillin resistant staphylococcus infections acquired within your facility
<i>C. difficile</i>	Provide documentation of the methodology used to capture and calculate <i>C. difficile</i> infections acquired within your facility
VRE	Provide documentation of the methodology used to capture and calculate episodes of vancomycin resistant enterococcus acquired by patients within your facility
Other conditions*	Provide documentation of the methodology used to capture and calculate any infections or conditions not listed within this document
Other conditions*	Provide documentation of the methodology used to capture and calculate any infections or conditions not listed within this document
Quality Indicators	
Ventilator weaning rate	Provide documentation of the methodology used to calculate rates of patients weaned from mechanical ventilation during hospitalization at your facility
Patients requiring wound care	Provide documentation of the methodology used to capture and calculate patients who require complex wound care services
Medication errors	Provide documentation of the methodology used to capture and calculate medication errors
Unplanned transfer to STACH	Provide documentation of the methodology used to capture and calculate patients who have unplanned or unscheduled admissions to a short term acute care hospital
30-day readmission to LTAC	Provide documentation of the methodology used to capture and calculate readmissions to your facility
Discharged home	Provide documentation of the methodology used to capture and calculate patients discharged to a residential setting
Discharged to SNF	Provide documentation of the methodology used to capture and calculate patients discharged to a skilled nursing facility
Discharged to LTAC	Provide documentation of the methodology used to capture and calculate patients discharged to another long term acute care facility
Discharged to LTC	Provide documentation of the methodology used to capture and calculate patients discharged to a long term care setting
Other indicators*	
Other indicators*	

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Facility Measures	Supporting Documentation Required at Readiness Review	Supporting Documentation Required at 6 month Quality and Compliance Monitoring
Operate as an LTAC hospital	Up to date license from the state of Illinois	Up to date license from the state of Illinois
0.5 FTE (Case manager) for every 15 patients	Employee staffing report for the past 60 days	Employee staffing report for the past 6 months
Onsite MD coverage 24/7	Employee staffing report with physician schedule for the past 60 days. Copy of MD license.	Employee staffing report with physician schedule for the past 6 month
Onsite respiratory therapy coverage 24/7	Employee staffing report for the past 60 days	Employee staffing report for the past 6 months
Care tool submitted within 7 days of discharge	N/A at readiness review	Attestation of each completed Patient Care Tool
Number submitted timely	N/A at readiness review	Attestation of each completed Patient Care Tool
Overall Patient Satisfaction Rate	Methodology and baseline rate with report	Source data past 6 months
Acceptance of all clinically approved patients from STAC		
Number of Patients Assessed	Facility's reporting process	Report for the past 6 months
Number of Patients Approved	Facility's reporting process	Report for the past 6 months
Number of Patients Accepted	Facility's reporting process	Report for the past 6 months
Quality Measures		
ALOS	Facility's reporting process	Report for the past 6 months
Mortality Rate	Facility's reporting process, internal quality review process for unexpected deaths	Report for the past 6 months
LTAC Hospital Acquired Conditions		
Central line infections	Complete Tables 1 - 3	Copy of report to external and internal entities
Stage 3 or greater pressure ulcers	Complete Tables 1 - 3	Copy of report to external and internal entities
Falls with injury	Complete Tables 1 - 3	Copy of report to external and internal entities
Falls without injury	Complete Tables 1 - 3	Copy of report to external and internal entities
Catheter related UTI	Complete Tables 1 - 3	Copy of report to external and internal entities
VAP	Complete Tables 1 - 3	Copy of report to external and internal entities
MRSA	Complete Tables 1 - 3	Copy of report to external and internal entities
<i>C. difficile</i>	Complete Tables 1 - 3	Copy of report to external and internal entities
VRE	Complete Tables 1 - 3	Copy of report to external and internal entities
Other conditions*	Complete Tables 1 - 3	Copy of report to external and internal entities
Other conditions*	Complete Tables 1 - 3	Copy of report to external and internal entities
Quality Indicators		
Ventilator weaning rate	Complete Tables 1 - 3	Copy of report to external and internal entities

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Patients requiring wound care	Complete Tables 1 - 3	Copy of report to external and internal entities
Medication errors	Complete Tables 1 - 3	Copy of report to external and internal entities
Patient satisfaction	Complete Tables 1 - 3	Copy of report to external and internal entities
Unplanned transfer to STAC hospital	Complete Tables 1 - 3	Copy of report to external and internal entities
30-day readmission to LTAC hospital	Complete Tables 1 - 3	Copy of report to external and internal entities
Discharged home	Complete Tables 1 - 3	Copy of report to external and internal entities
Discharged to SNF	Complete Tables 1 - 3	Copy of report to external and internal entities
Discharged to LTAC	Complete Tables 1 - 3	Copy of report to external and internal entities
Discharged to LTC	Complete Tables 1 - 3	Copy of report to external and internal entities
Mortality rate	Complete Tables 1 - 3	Copy of report to external and internal entities
Other indicators*	Complete Tables 1 - 3	Copy of report to external and internal entities
Other indicators*	Complete Tables 1 - 3	Copy of report to external and internal entities

* Other conditions and indicators collected by your facility and not represented in this report. (e.g. toileting, % of patients whose clinical conditions declined)

Table 1. LTAC Hospital Quality Indicators Data Collection and Reporting Process

LTAC Hospital Name: _____

	Identify how the numerator is defined	Identify how the denominator is defined	How do you report (% , rate)	Identify Collection Methodology (chart review)	Data Source (Billing system)	ICD-9-CM codes	Data Validation Process (chart audit, surveillance)	Internal Reporting (Quality committee of the hospital, CNO)	External Reporting (Joint Commission, IDPH)
ALOS									
Central line infections									
Stage 3 or greater pressure ulcers									
Falls with injury									
Falls without injury									
Catheter related UTI									
VAP									
MRSA									
<i>C. difficile</i>									
VRE									
Other conditions									
Other conditions									
Ventilator weaning rate									
Patients requiring wound care									
Medication errors									
Patient satisfaction rate									

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Unplanned transfer to STAC hospital									
30-day readmission to LTAC hospital									
Discharged home									
Discharged to SNF									
Discharged to LTAC									
Discharged to LTC									
Mortality rate									
Other indicators									

Table 2. LTAC Hospital Benchmarks

LTAC Hospital Name: _____

	Identify target/benchmark used (i.e. Falls should be 0%)	Identify source used to establish target/benchmark (i.e. internal baseline from year 2008)
ALOS		
LTAC Hospital Acquired Conditions		
Central line infections		
Stage 3 or greater pressure ulcers		
Falls with injury		
Falls without injury		
Catheter related UTI		
VAP		
MRSA		
<i>C. difficile</i>		
VRE		
Other conditions		
Other conditions		
Quality Indicators		
Ventilator weaning rate		
Patients requiring wound care		
Medication errors		
Patient satisfaction rate		
Unplanned transfer to STAC hospital		
30-day readmission to LTAC hospital		
Discharged home		
Discharged to SNF		
Discharged to LTAC		
Discharged to LTC		
Mortality rate		
Other indicators		

Table 3. LTAC Hospital Baseline Data

LTAC Hospital Name: _____

	Fiscal Year 2007				Fiscal Year 2008				Fiscal Year 2009			
	Medicaid	Medicare	Other	All	Medicaid	Medicare	Other	All	Medicaid	Medicare	Other	All
ALOS												
LTAC Hospital Acquired Conditions												
Central line infections												
Stage 3 or greater pressure ulcers												
Falls with injury												
Falls without injury												
Catheter related UTI												
VAP												
MRSA												
<i>C. difficile</i>												
VRE												
Other conditions												
Other conditions												
Quality Indicators												
Ventilator weaning rate												
Patients requiring wound care												
Medication errors												
Patient satisfaction												
Unplanned transfer to STAC hospital												
30-day readmission to LTAC hospital												
Discharged home												
Discharged to SNF												
Discharged to LTAC												
Discharged to LTC												
Mortality rate												
Other indicators												