Safely Reduce Hospitalizations Tracking Tool
Overview and Instructions

December 15, 2016

National Nursing Home
QUALITY IMPROVEMENT CAMPAIGN

Welcome to the NNHQI Campaign's Safely Reduce Hospitalizations Tracking Tool!

This tool is an Excel workbook that you can use to support your quality improvement project using data on your acute hospital admissions, readmissions, and transfers.

You will enter information for all residents *discharged from* an acute care hospital, and for all residents *transferred to* the hospital for any reason. Entering these items will produce monthly summary statistics that will allow you to track your outcomes and progress over time.

There are also options to record additional information that will help you examine your care processes to discover what is working well and where there are opportunities for improvement. You will be able to identify some areas of improvement by recording items such as specific hospitals you receive residents from and transfer to, doctors requesting transfers, days of week and time of day that transfers occur, and whether structured communication tools were used to receive and send information about your resident during transfers to or from your community.

Please contact the Campaign Help Desk if you have any questions or would like support getting started with this tool.

Thank you for participating in this important project!

National Nursing Home Quality Improvement Campaign Help Desk
Help@nhQualityCampaign.org

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

National Nursing Home
QUALITY IMPROVEMENT CAMPAIGN

INSTRUCTIONS You may wish to print these instructions for easy reference as you access the Safely Reduce Hospitalizations Tracking Tool.

Open the Safely Reduce Hospitalizations Tracking Tool from the website. Save the file to a location on your computer.

Excel vocabulary:
The file named 'SafelyReduceHospitalizationsTrackingTool' is an Excel *workbook*.
Within the *workbook* are *worksheets*. Worksheets are accessed by clicking the tabs that appear at the bottom of your Excel window.

Note: If you can't see the tabs at the bottom of the Excel window, make sure your window is maximized.

If that doesn't work, or you can't see the upper right corner, double click the title bar.
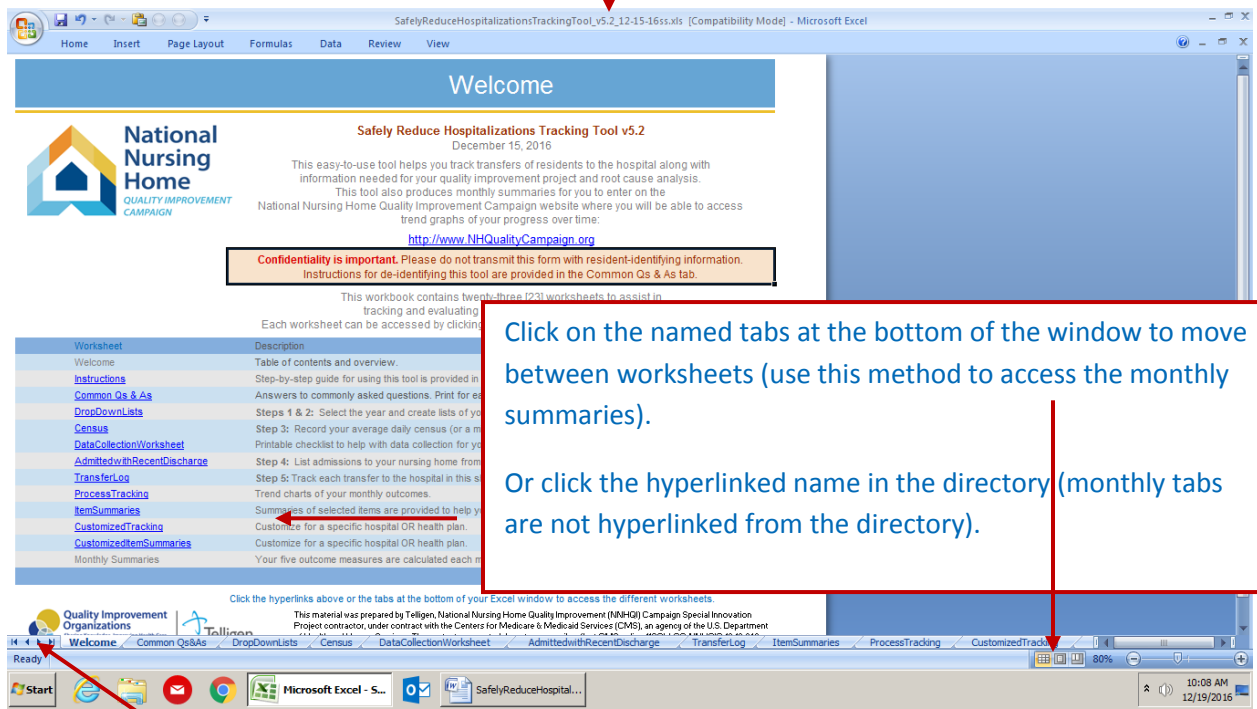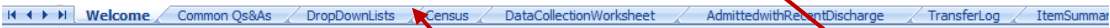
Click on the named tabs at the bottom of the window to move between worksheets (use this method to access the monthly summaries).

Or click the hyperlinked name in the directory (monthly tabs are not hyperlinked from the directory).

Sometimes there are so many worksheets in your workbook that you can't see them all. Use the scroll bar on the LEFT side of the window to see all tabs.

Welcome [QuickLinks] This page gives you an overview of the tool. Note the version number and date – occasionally updates are posted to the website. You may access the website by clicking the website address on this page. The table of contents indicates that there are 2 informational worksheets (Welcome, Common Qs&As); The "Instructions" hyperlink will take you to the document you are reading now. There are 4 data entry worksheets (DropDownLists, Census, AdmittedwithRecentDischarge, and TransferLog). Following these worksheets are your reports. The ProcessTracking tab will produce graphs for any processes you've chosen to track. ItemSummaries gives you frequencies and charts for other fields you have completed. Two tabs offer the option of creating customized reports for specific hospitals or health plans. The monthly summary sheets contain your calculated rates of hospital transfers – including all admissions and 30-day readmissions.

Instructions [QuickLinks] This tab links to a copy of the instructions you are reading now, so they are handy at all times.

Common Qs&As [QuickLinks] This sheet contains brief information about the goal, the data collection needed for this workbook, as well as some more advanced Tips and Tricks for using the tool. There are also sections on Troubleshooting and About Data for Website Entry. Hyperlinks at the top of the page make it easy to jump to topics of interest.

DropDownLists [QuickLinks] On this sheet, you will make a list of the hospitals from which you receive residents, a list of the doctors who request transfers, and list of your residents. **You may copy and paste** these lists from another source. Please see the Tips and Tricks section in the Common Qs&As tab for detailed instructions on how to do this. You may also return to these lists and add additional names as needed. Tips and Tricks also includes instructions for sorting your lists.

The lists you create on this tab will appear as drop down lists for you to select from as you complete the AdmittedwithRecentDischarge and TransferLog worksheets.

> **First**, go to the 'DropDownLists' sheet by clicking on that tab at the bottom of your window.
> **Then**: (1) Read on-page instructions; (2) Enter the names of hospitals from which you receive admissions and to which you transfer; (3) List clinicians who order transfers to the hospital from your community; (4) List your residents.

IMPORTANT: Complete your dropdown lists before continuing. It is essential that names are exactly the same every time they appear in the workbook for calculations to be correct. You may add to your lists at any time. Sort frequently and check for duplicates. Each name should appear only one time on THIS list.

Entering Your Census [QuickLinks]

Your monthly census is the denominator for your transfer rates (transfers resulting in admission, in emergency department only, or observation stay).

Your census should be entered separately for post-acute type care and chronic long term type care. If you do not have average daily census by stay-type, you may enter your census from the 15th day of the month.

Inside the spreadsheet image:

SafelyReduceHospitalizationsTrackingTool_v5.2_12-15-16ss.xls [Compatibility Mode] - Microsoft Excel

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Census

Step 3

♦ At the **end** of each month, enter your average daily census (ADC) for the month.

♦ If you are tracking transfers for only part of your home and/or do not have your ADC by stay type, you may use your census on the 15th day of the month.

NOTE: Whether you use ADC or census, this number should reflect the number of residents in the specified type of care during the month. It is not the same as 'paid beds.'

What is an Average Daily Census (ADC)?
To calculate your ADC, sum your daily census for each day during the month, and then divide by the number of days in the month. Often your business office will be able to give you the ADC for the month. You'll need your ADC calculated separately for PAC and CLTC residents.

	Enter Average Daily Census for PAC-type Care*	Enter Average Daily Census for Chronic LTC-type Care*	Combined Average Daily Census for the Month Calculated for You	Days in this Month	Resident Days this Month ADC x The Number of Days in the Month Calculated for You
January 2017	37.0	112.0	149.0	31	4619
February 2017	39.0	110.0	149.0	28	4172
March 2017	38.0	105.0	143.0	31	4433
April 2017	40.0	110.0	150.0	30	4500
May 2017	38.0	110.0	148.0	31	4588
June 2017	40.0	110.0	150.0	30	4500
July 2017	41.0		41.0	31	1271
August 2017			0.0	31	0
September 2017			0.0	30	0
October 2017			0.0	31	0
November 2017			0.0	30	0
December 2017			0.0	31	0

Welcome   Common Qs&As   DropDownLists   Census   DataCollectionWorksheet   AdmittedwithRecentDischarge   TransferLog   ItemSummaries   ProcessTrac

Ready

Enter your ADC (or mid-month census) by stay-type here.

No data entry here.

This information is provided so you can see the resident days per month calculation.

For more information about resident days, see About the Outcomes in this document.

AdmittedwithRecentDischarge [QuickLinks] Enter information for any resident who is admitted to your home directly from a hospital OR who has been discharged from a hospital within 30 days of the date they are admitted to your home.

You will be entering admissions as they occur, through the end of the year. (You will start a new workbook each January.)

    a. **IMPORTANT:** Required fields (marked with a red asterisk*) must be complete in order to calculate your readmissions rates.

    b. **INCLUDE**: All residents who were discharged from an ACUTE CARE HOSPITAL or ACUTE PSYCHIATRIC HOSPITAL.

    c. Go to the AdmittedwithRecentDischarge sheet by clicking on that tab at the bottom of your window.

    d. **Begin with reading the on-page instructions**

    e. Check that 'Today's Date: ___' shows the correct date (see screenshot below – Today's Date is at the top of the screen). This field is reading the date from your computer. Residents admitted within 30 days of today's date are highlighted based on that date.

    f. Place your cursor over the first box (cell) in the column 'Resident Name,' row 1. You may either select your resident's name from the drop down menu (recommended), or type the name. If you choose to type the name, please note that a resident's name must appear **identically** in the Admitted sheet and the TransferLog for the tool to function properly.

    g. **Important note about deleting information:** In Excel, if you want to *remove* an entry you have made, it is always best to follow these steps: highlight the cell or cells you would like to empty, right click, and choose 'clear contents' from the list. If you simply want to edit what you have in the cell, double click the cell, and you may edit your entry.

    h. The Tab key will move you across the row so that you can enter the resident's information.

AdmittedwithRecentDischarge, cont.

You will enter all admissions to your community **DISCHARGED WITHIN 30 DAYS of ADMISSION to your home** on this worksheet through the calendar year. **This is required to calculate your readmission rates**.
*Required fields are marked with an asterisk.

Tips for maximizing your screen space are provided in the next section.

Check today's date. It is important that this is correct.

Enter the resident's name here. Tab across the row to complete other information.

Use the horizontal scroll bar to move back and forth across your sheet.

You will enter all admissions with recent discharge from the hospital on this worksheet through the calendar year. Monthly summaries are produced in the worksheets with the month names (for example, 'March').

AdmittedwithRecentDischarge, cont.

Data entry requirements:
- a. Sometimes the same resident will be admitted multiple times. In this case, the name should be entered exactly the same each time. However, if you have two residents with the same name, use middle initials, a number, or some other indicator so the tool knows that these are two different people. If you attempt to enter an identical name on the DropDownList sheet, you will be warned that you have a duplicate.
- b. The Hospital Discharge Date field requires a date. There are several ways to enter the date, but it should always appear MM/DD/YY.
- c. If the resident has not been discharged from the hospital within 30 days of being admitted to your community, DO NOT enter the event on the AdmittedWithRecentDischarge sheet.

Highlighting -- Several things happen as you record admissions:
- a. Residents are highlighted yellow for the first 90 days following the date of their discharge from the hospital.
- b. When you return to this sheet after you have entered transfers in your transfer log, rows for residents who were readmitted to a hospital within 30 days of discharge from a hospital will be highlighted pink. Rows for residents who were readmitted to a hospital within 90 days of discharge from a hospital will be highlighted green.

Getting the most from your Admissions information: [QuickLinks]
- a. Because this sheet includes real-time information letting you know who is in the window for a 30- or 90-day readmission, it is most useful when you enter admissions to your community *as they happen*.
- b. A table at the far right of the data entry area will tally the total admissions from hospitals to your community by month/year, and another tallying dates of hospital discharge. You may use these tables to check the accuracy of your entries. Importantly, the monthly number of discharges from the hospital as shown here is the denominator for your 30-day readmission rate. The monthly number of admissions to your community following a hospital discharge as shown here is the denominator for your 90-day readmission rate.

Step 4: List all admissions to your nursing home from hosp
hospital within 30 days of admission to your nursing home.
Fields with red asterisk * are required. This information will
rehospitalization rates.

How to Use | ...ructured Communication Tools | Medication

Automatic Resident Code to de-identify your file	Resident Name*	Was a Structured Communication Tool Used to Receive Information from the Hospital?	Was the Information Received from the Hospital Adequate to Care for Resident?	Was a Structured Tool Used to Complete Medication Reconciliation?
22 r260	Margrett Sperling			No
23 r9	Michal Mulherin			No
24 r126	Neva Downey			No
25 r178	Pat Neloms			No
26 r3	Raul Bonenfant			No
27 r146	Riley Vitale			No
				No
				No
				No
				No
				No
				No
				No
				No
				No
				No

The monthly number of **discharges from the hospital** as shown here is the denominator for your 30-day readmission rate.

This table populates automatically
from the HOSPITAL DISCHARGE DATES.
Please use it to check the accuracy of your entries.

	Admitted to PAC	Admitted to CLTC	Total Discharge Dates This Month	% of all Discharges
January 2017	6	24	30	50.0%
February 2017	14	16	30	50.0%
March 2017	0	0	0	0.0%
April 2017	0	0	0	0.0%
May 2017	0	0	0	0.0%
June 2017	0	0	0	0.0%
July 2017	0	0	0	0.0%
August 2017	0	0	0	0.0%
September 2017	0	0	0	0.0%
October 2017	0	0	0	0.0%
November 2017	0	0	0	0.0%
December 2017	0	0	0	0.0%
Total	20	40	60	100.0%

...eet | **AdmittedwithRecentDischarge** | TransferLog | ItemSummaries | ProcessTracking | CustomizedTracking

TransferLog: Maximize your screen [QuickLinks]

Go to the **TransferLog** sheet. This sheet is very wide because there are many columns. There is also a lot of material at the top of the sheet. There are several things you can do to make the most screen space possible:

Make sure your window is maximized.

If you can see the formula bar, click 'View' and uncheck 'Formula Bar'

This is the formula bar.

If you have a wide ribbon of menu options visible, as shown here, place your cursor in the top row, right click, and click 'Minimize the Ribbon.'

If you can see column and row headers, click 'View' and uncheck 'Headings.'

These are column headings (letters).

These are row headings (numbers).

Set your zoom to a smaller percent. 80% often works well. **Use the slider bar to increase or decrease your zoom**.

TransferLog, cont.

Instructions read: Complete the details for each resident who was transferred from your community to an acute hospital in the grid below.

These black lines indicate that there are frozen panes. This allows you to scroll to the far right and still see the resident's name. It allows you to scroll far down in the list and still see the column headers.

Enter information for each resident transfer **as it occurs.**

*Columns marked with a red asterisk are required for calculating key outcomes.

Other information is optional but may support your root cause analysis and improving your care processes related to transfers.

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Transfer Log

Step 4: Complete the detail for each resident transferred from your home to hospital in the grid below.

Include ONLY transfers to acute care hospitals or critical access hospitals. Include ALL unplanned transfers, including ER Only and Observation Stays.

*Red asterisk indicates required field.

Pink highlight indicates resident had an unplanned admission to the hospital within 30 days of discharge from hospital. **Not all transfers result in admission.**

Green indicates a readmission occurred 31 to 90 days following admission to nursing home.

	Automatic Resident Code to de-identify your file	Resident Name* example: Jane Brown	Purpose of Nursing Home Stay* Post-acute Type Care / Chronic Long Term Care	Payment Status at Time of Transfer from Nursing Home to Hospital	Date of Transfer to Hospital* example: 7/21/12	Transfer: Time of Day select from list	Clinician Ordering Transfer	Automatic Clinician Code to de-identify your file
58	r199	Kristopher Crooms	Chronic Long-term Care	Medicaid	3/9/17	Evening (7pm--midnight)	Faustus	c6
59	r140	Lee Ciampa	Chronic Long-term Care	Medicaid	3/15/17	Morning (7am--noon)	Watson	c7
60	r268	Lourie Larusso	Post-acute Care (Medicare Part A or managed care)	Medicare Part A	3/30/17	Afternoon (noon--7pm)	Frankenstein	c5
61	r180	Dot Veltri	Chronic Long-term Care	Private Pay	3/25/17	Afternoon (noon--7pm)	Strangelove	c4
62	r74	Elenor Tingey	Chronic Long-term Care	Other	3/15/17	Evening (7pm--midnight)	Faustus	c6
63	r150	Erma Henninger	Chronic Long-term Care	Managed Care Plan	3/19/17	Afternoon (noon--7pm)	Watson	c7
64	r252	Marguerita Holstein	Post-Acute Type Care (Rehab/Medical Management)	Medicare Part A	3/11/17	Evening (7pm--midnight)	Jekyl	c2
65	r226	Micheal Fryer	Chronic Long-term Care	Medicaid	3/19/17	Afternoon (noon--7pm)	Strangelove	c4
66	r76	Nichol Wisecarver	Chronic Long-term Care	Medicaid	3/25/17	Afternoon (noon--7pm)	Faustus	c6
67	r275	Patrice Zdenek	Chronic Long-term Care	Managed Care Plan	3/20/17	Morning (7am--noon)	Watson	c7
68	r168	Rayna Peranio	Post-Acute Type Care (Rehab/Medical Management)	Medicare Part A	3/30/17	Afternoon (noon--7pm)	Jekyl	c2
69	r10	Franklin Hildebrand	Chronic Long-term Care	Medicaid	3/11/17	Evening (7pm--midnight)	Strangelove	c4
70	r154	Georgina Okelly	Post-Acute Type Care (Rehab/Medical Management)	Medicare Part A	3/19/17	Afternoon (noon--7pm)	Faustus	c6
71	r98	Gretta Bourgoin	Post-Acute Type Care (Rehab/Medical Management)	Medicare Part A	3/25/17	Afternoon (noon--7pm)	Watson	c7
72	r158	Irina Pesina	Chronic Long-term Care	Managed Care Plan	3/29/17	Morning (7am--noon)	Jekyl	c2
73	r78	Jenell Maglio	Post-Acute Type Care (Rehab/Medical Management)	Medicare Part A	3/11/17	Evening (7pm--midnight)	Strangelove	c4
74	r17	Jordon Kosakowski	Post-Acute Type Care (Rehab/Medical Management)	Medicare Part A	3/19/17	Morning (7am--noon)	Watson	c7
75	r56	Kanisha Messina	Post-Acute Type Care (Rehab/Medical Management)	Medicare Part A	3/25/17	Morning (7am--noon)	Frankenstein	c5

Welcome | Common Qs&As | DropDownLists | Census | DataCollectionWorksheet | AdmittedwithRecentDischarge | TransferLog | ItemSummaries | ProcessTracking | CustomizedTracking

Codes to de-identify the workbook.

Click on the 'How to Use' hyperlink at the top of the column for instructions.

Residents who are readmitted to the hospital within 30 days of most recent hospital discharge are highlighted pink.

Residents who are readmitted to the hospital within 90 days of most recent nursing home admission (following a hospital discharge) are highlighted green.

NOTE: Readmissions include only unplanned transfers that result in an inpatient admission.

TransferLog, cont.

Functionality: This sheet has features and functions similar to the AdmittedwithRecentDischarge sheet. Resident transfers that occur within 30 days of discharge to your community and 90 days from admission to your community from the hospital will be highlighted for easy identification (see above).

Getting the most from your Transfer Log: [QuickLinks]

a. This sheet is most useful when you enter transfers to hospital *as they happen.* Transfer information on this sheet is also used to indicate on your AdmittedwithRecentDischarge tab which residents were readmitted. **Timely analysis of events will support a rapid cycle quality improvement process**.

b. Optional columns allow you to track a variety of information. These items may point to system or process factors that might need further investigation.

c. A number of column headers include hyperlinks. Click on these links to learn more about the topic, and to access related tools and resources.

d. If you would like to investigate whether there are patterns in such things as the time of day transfers occur, the doctor ordering transfers, or to examine how frequently you are employing structured communication tools, you may want to sort (group) your transfers accordingly. Instructions on how to do this are provided in the 'Common Qs&As' tab. Note: Always make a second copy when you want to sort.

e. Importantly, you will want to complete the final step (described in the next section), and enter your summary information on the NNHQI Campaign website. The website will provide you with trend data to monitor your progress over time. Graphs may be downloaded for easy sharing with your staff, leadership, and stakeholders.

ProcessTracking [QuickLinks]

The ProcessTracking sheet will produce tables and graphs for any of the process measures you have recorded. No input is needed on this sheet, but you may print the sheet as a whole, or copy the graphs into another program, such as PowerPoint, to share with your stakeholders.
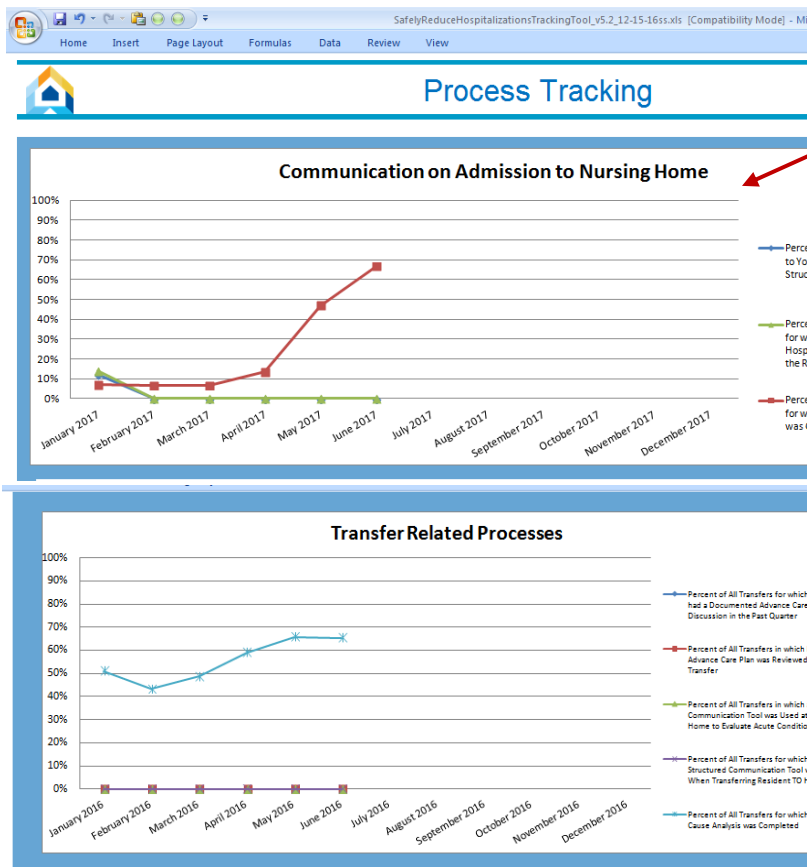
You may copy just the graphs by clicking once on a graph to select it, and then right click and choose 'copy.'

To print just a graph: click a graph once to select it. Then, when you select 'Print' from the menu, the 'Print what' option 'Selected graph' will be chosen.

ItemSummaries [QuickLinks]

Tallies of additional items you have recorded are provided here. These allow you to look for patterns in timing and characteristics of admissions and transfers.

Customized Reports [QuickLinks]
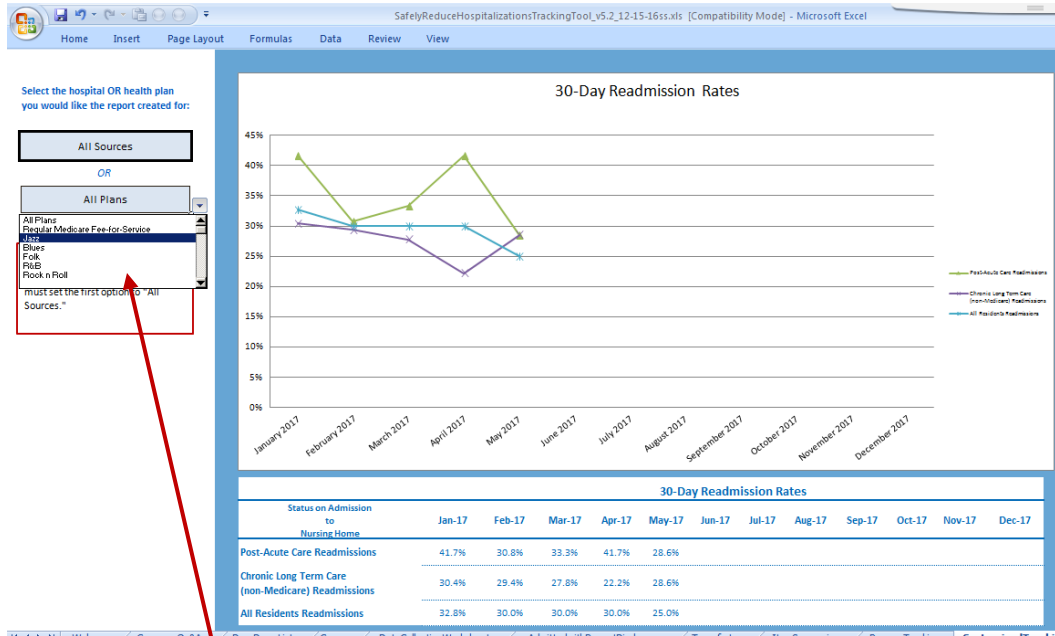
Customize your report by selecting a specific hospital (or other source of admissions) or health plan from the dropdown list.

To select a specific health plan, the hospital list must be set to "All Sources."

As with the Process Tracking and ItemSummaries sheets, you may print the entire page with tables, or print graphs separately. The graphs may also be selected and copied to other documents, such as Word or PowerPoint, to share with your stakeholders.

Note that the utility area on the left of the sheet (where you select hospital or health plan) does not print with your report. The page banner will update automatically to reflect your selection.

Monthly Summary Sheets: Data for Website Entry [QuickLinks]

a. No data entry is required on these sheets.

b. These sheets provide monthly summaries of your transfers. Correct calculations require that you **complete your Transfer Log for 30/90 days past the last day of the month**. These dates are calculated for you (see screenshot below).

c. At that time, you may enter data from this sheet on the Campaign Website and access real-time trend graphs of your progress over time. Data submission also fulfills participation requirements for the Campaign. This step will take just a few minutes. Instructions are provided on this sheet.

No data entry is required on this page. The dates on this page, including the calculation for the 30-day window for readmissions and 90-day window for readmissions, are produced automatically.

This worksheet is set to print on a single page for an easy monthly snapshot.

Entering the data on the Campaign website fulfills 'participation' requirements AND gives you access to real-time trend graphs and other displays.

About the Outcomes

[QuickLinks]

30-day Readmission Rate:
Residents with a *hospital discharge date within the calendar month* form the denominator for 30-day readmission rate.

Among those residents, any who then had an unplanned transfer to hospital resulting in an INPATIENT ADMISSION within 30 days of the date of discharge are counted as readmissions (numerator).

90-day Readmission Rate:
Residents with admission to your nursing home date *within the calendar month* (when the resident was discharged from an inpatient stay within 30-days prior to the admission to your home) form the denominator for 90-day readmission rate.

Among those residents, any who then had an unplanned transfer to hospital resulting in an INPATIENT ADMISSION within 90 days of the date of admission to your home are counted as readmissions (numerator).

Readmission rates are calculated separately based on **Status at Time of Admission**

Transfer rates are calculated separately based on **Type of Care at Time of Transfer to Hospital**

February 2017		
Status at Time of Admission from Hospital		
	Post-Acute Care	Chronic Long Term Care (non-Medicare)
Number of Residents with Date of Admission to NH in This Month	13	17
90-Day Readmission Rate percent of those readmitted to hospital within **90 days of the date of admission to NH**	38.5%	41.2%
Number of Residents with Date of **Discharge from Hospital** in This Month	13	17
30-Day Readmission Rate percent of those readmitted to hospital within **30 days of the date of discharge from hospital**	30.8%	29.4%	30.0%
Purpose of Stay at Time of Transfer to Hospital		
	Post-Acute Care	Chronic Long Term Care	All Residents
Resident Days This Month Your ADC x the number of days in the month	1092	3080	4172
Hospital Admission Rate per 1000 resident days	2.7	4.5	
Rate of Transfers to Emergency Department Only per 1000 resident days	2.7	2.3	
Rate of Transfers Resulting in Observation Stay per 1000 resident days	2.7	1.6	
Numerators and Denominators		

Dates shown: ready 05/30/17, ready 03/31/17, ready 02/28/17

Tabs: CustomizedTracking | CustomizedItemSummaries | January | **February** | March | April | May | June | July | August | September

Hospital Admission Rate: When you record the outcome of a transfer as being either 'Admission, inpatient,' or 'Admission, uncertain,' it will be counted in the Hospital Admission rate.

Denominator for Admission and Transfer Rates:
Hospitalization rates are often expressed in terms of 1,000 resident days. The Campaign has chosen to use this same metric so that you may compare your rates to those reported elsewhere. Each day a resident spends in your community contributes one resident day for the month. To calculate the total resident days in a month, we multiply the average daily census (ADC) you supply in the Census tab by the number of days in the month. To create the denominator for your transfer rates, the number of resident days (your ADC multiplied by the number of days in the month) is divided by 1000.

This creates a useful metric: For example, a community with an ADC of 100 will have 3000 resident days in a 30-day month. If that community had 9 admissions during the month, the hospitalization rate would be 3 per 1000 resident days, or 3 admissions every 10 days.