

Civil Monetary Penalty Reinvestment Reporting Tool

Please select the report type or types you are submitting for this reporting period. Questions associated with each report type will appear. Please answer each question and/or upload the appropriate documents associated with each question.

Please note that the "Program Expense Report" is included in your contract as Attachment 4 or Attachment 5, depending on when your contract was established. Please reference the CMP Reinvestment Program Instruction Packet if you have any questions related to reporting requirements.

Thank you!

Response was added on 10/31/2019 3:11pm.

Please select the type of report you are submitting.
Select all that apply.

- Invoice Submission (Payment Form)
 Quarterly Narrative Report
 Quarterly Expense and Budget Report (Expenditure Form)
 Annual Expense and Budget Report
 Follow-up Monitoring Report
 Final Follow-up Monitoring Report (Summary Report)

Reporting Period: April 1, 2019-June 30, 2019
(Example: January 1, 2019-March 31, 2019)

Is the report you're submitting a Q4 report?
 Yes
 No

CMS Project Number 2019-04-TN-0110

TDH Contract Number 34305-24419

Project Name National Quality Partners Playbook Initiative

Project Contact Name Cullen Adre

Project Contact Email cullen.adre@tn.gov

If any agreements or subcontracts were developed to ensure completion of project activities, please attach.

Total number of staff trained during this reporting period as a result of the project (If applicable): 0

Total number of staff trained during the entire duration of the project (If applicable): 0

Project Category:	<input type="radio"/> Direct Improvement to Quality of Care <input type="radio"/> Resident or Family Councils <input type="radio"/> Culture Change/Quality of Life <input type="radio"/> Consumer Information <input type="radio"/> Transition Preparation <input checked="" type="radio"/> Training <input type="radio"/> Resident Transition due to Facility Closure or Downsizing <input type="radio"/> Other
Focus area:	<input type="checkbox"/> Healthcare-Associated Infections <input type="checkbox"/> Emergency Preparedness <input type="checkbox"/> Preventable Hospitalizations <input type="checkbox"/> Improving nursing facilities' overall star rating <input type="checkbox"/> Residents' Rights <input type="checkbox"/> Quality Measures <input checked="" type="checkbox"/> Culture Change <input checked="" type="checkbox"/> Other
Please specify your area of focus:	Antimicrobial Stewardship
Total approximate number of nursing home residents impacted through the project within the current reporting period:	0 (Total number impacted during the period you are reporting for)
Total approximate number of nursing home residents impacted through the project:	0 (Total number impacted for all reporting periods)
Please provide a detailed description of project activities that have occurred during the reporting time frame.	NQF Playbooks were ordered from NQF, membership was acquired, and the antimicrobial stewardship program evaluation was built in REDCap. The initiative was
What success stories have resulted from the project and how you plan to showcase successes with stakeholders?	As of June 30, 2019 there were 41 reports which have been filled out.
What obstacles have you encountered while implementing the project and how you have overcome them?	Waiting for the payment process to finish as well as NQF finishing writing the download codes. The other issue is getting all facilities in the state of TN to participate.
Please provide any feedback that has been received from staff, family, or residents as a result of the project.	The survey is relatively quick and simple to fill out.
Please list any project deliverables that are outlined in the project description and provide a status update for each deliverable.	<ul style="list-style-type: none"> -Membership to NQF is secured. -Surveys have been distributed through various means including but not limited to: ASIC call, partner newsletters, and email. -41 surveys have been filled out. -The request for playbooks has been sent to NQF and they are awaiting payment on our end.
Please attach any materials, meeting minutes, or attendee lists that have resulted from the project. Examples: toolkits, process documents, training materials, marketing materials, photos, etc.	

Do you have additional materials to upload?

- Yes
 No
-

Please list the major goals and objectives of the project and describe what progress has been made in achieving these goals and objectives.

-Establish a baseline core element achievement for LTCFs across TN. Data is still being gathered before analysis.
 -Identify opportunities for improvement and areas which TDH can help facilities improve their achievement. This will be evaluated upon completion of data entry and analysis.

Results Measurement(s): Please indicate what measurement methods you are utilizing to track progress and project success. Please share results measurement activities that have occurred during this reporting time period.

Using REDCap surveys we are tracking facilities' enrollment in the project as well as what their antimicrobial stewardship programs look like to identify areas for improvement. At this time data is currently being analyzed.

Please upload any relevant data or graphs related to project outcomes or success. Please segment all data as appropriate. Examples:

- Unidentified MDS data for residents participating in the program before and after implementation;
 - Infection rates at baseline and after project implementation;
 - Number of participating residents each quarter;
 - Pre and post survey results;
 - Costs savings.
-

Do you have additional results measurement documentation to upload?

- Yes
 No
-

Do you anticipate any changes to your evaluation methods, expected outcomes, or timeline for the next reporting period?

- Yes
 No
-

Please describe the changes and note the reason(s) for the change(s).

Due to the longer process of acquiring the playbooks it may not be until fall of 2019 that we will be able to distribute the playbooks. We will discuss shifting the timeline of 6 month followup eval to reflect the new distribution date.

Please provide a detailed description of the expected activities that will occur during the next reporting period.

Once playbooks are acquired from NQF we will be able to distribute them to facilities who have participated in the survey.

Please indicate what assistance the Tennessee CMP Reinvestment staff can provide to help you achieve your project goals and objectives.
