

# 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 01/20/2021 12:39pm.

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

- Quarterly Narrative Report  
 Quarterly Expense and Budget Report (Expenditure Form)  
 Annual Expense and Budget Report  
 Follow-up Monitoring Report  
 Final Progress Report

Reporting Period:

Beyond Q4  
(Example: January 1, 2019-March 31, 2019)

CMS Project Number

2019-04-TN-0111  
(This number can be found on your CMS approval letter.)

TDH Contract Number

Z19194159  
(This number can be found on the first page (bottom right hand corner) of your TDH contract.)

Project Name

Standardizing Infection Control for Upper Cumberland Nursing Facilities  
(Please enter your specific project name. Do not enter "CMP".)

Project Contact Name

John Bell

Project Contact Email

jbell@crmchealth.org

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

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

0  
(Only enter a numerical value)

Project Category:

- Direct Improvement to Quality of Care  
 Resident or Family Councils  
 Culture Change/Quality of Life  
 Consumer Information  
 Transition Preparation  
 Training  
 Resident Transition due to Facility Closure or Downsizing  
 Other

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Focus area(s):	<input checked="" 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 (Elder Abuse/Neglect or Alzheimer's disease and other dementias) <input type="checkbox"/> Person-Centered Care and/or Trauma-Informed Care <input type="checkbox"/> Distressed and At-Risk Counties <input type="checkbox"/> Quality Measures <input type="checkbox"/> Culture Change <input type="checkbox"/> Other
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Total approximate number of nursing home residents impacted throughout the duration of the project:	1000 (Total number impacted for all reporting periods )
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Total number of nursing homes impacted throughout the duration of the project:	<hr/> (Total number impacted for all reporting periods)
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What success stories have resulted from the project and how do you plan to showcase successes with stakeholders?	Nothing new to report
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Please provide any feedback that has been received from staff, family, or residents as a result of the project.	Nothing new to report
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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.	
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Do you have additional materials to upload?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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What do you consider to be the greatest impact(s) of the work performed utilizing CMP funds?	Training and resources for staff at nursing facilities, preparing them to respond to the unforeseen outbreak of COVID 19. We are hopeful that this project better prepared these facilities and staff to be more successful in dealing with this pandemic.
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What best practices resulted from the project and how can other facilities or other organizations duplicate the project?	Nothing new to report
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What activities have occurred to ensure sustainability since the completion of the project?	Nothing new to report
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Describe any plans for moving forward and what, if anything, you will do differently.	Nothing new to report
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Please list the major goals and objectives of the project and answer the following questions for each:  
 -Did you meet the outlined goal or objective? Why or why not? Please provide a detailed response.  
 -What impact did your activities targeted at meeting the outlined goal or objective had on nursing home residents in the facility or facilities?

Standardized environmental hygiene and disinfection training, and resource equipment, was provided to participating nursing facilities. Significant increase in cleanliness of 15 high-touch-surface areas were profiled in submitted reports based on data collected until March, when COVID protocols went into place.

Please list any project deliverables that are outlined in the project description and answer the following for each:  
 -Did you meet the project deliverable? Why or why not? Please provide a detailed response.  
 -What impact did your activities targeted at achieving the project deliverable have on nursing home residents in the facility or facilities?

Yes, objectives were met and positive impact on cleanliness at facilities was measurable as submitted in previous reports.

Results Measurement(s): Please indicate what measurement methods you utilized to track progress and project success. Please provide a summary of measurable project results.

Baseline measurements and follow-up monthly measurements were recorded for 15 high-touch-surfaces at participating facilities. Changes over time saw improvement in cleanliness.

Results Measurement: Please upload any relevant data or graphs related to project final outcomes and/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

Please provide any additional information you would like to include in your final report.

Nothing new to report.

Please upload any additional documentation you would like to share in your final report.