

Long-Term Care Survey Alert

PBJ: Remodel Your Staffing Plan Or Trigger Scrutiny At Survey Time

Prepare now for PBJ: CMS is hungry for your staffing data.

The feds' new system for tracking your staffing – Payroll-Based Journal – has an acronym with a friendly, familiar ring, but there is nothing comforting about the scrutiny you will soon face over your every staffing step – and misstep.

Background: The new program springs from Section 6106 of the Affordable Care Act, which requires nursing facilities to submit direct care staffing and census information to the **Centers for Medicare and Medicaid Services (CMS)** – including both agency and contract staff, and full- and part-time employees. The data submitted must be submitted electronically and be drawn from payroll and other auditable sources. The feds hope that the data will let them glimpse not only staffing levels but also employee turnover and tenure, all of which are known to have an impact on quality of care.

Long-term care providers can volunteer to submit the verifiable staffing and census data beginning October 1, 2015. Mandatory data collection commences on July 1, 2016.

All nursing homes will have free access to the new data submission system. CMS plans to train providers to use PBJ, with training offered at the start of voluntary submission and just before the mandatory start date next summer. CMS has announced that providers will access the PBJ through Quality Improvement & Evaluation System (QIES) using their CMS.net user ID.

Consistency Is Key

It's a given that good staffing is essential to high-quality nursing home care, but providers also know that achieving consistent staffing can be tricky. Turnover in the industry is still high, especially among nursing assistants, and any short-staffed days could trigger closer scrutiny at survey time.

Data details: Staffing and census data will be collected for each fiscal quarter. Staffing data includes the number of hours worked by each staff member each day during the preceding quarter, and all data must be submitted within 45 days of the end of the quarter. Regarding census data, CMS will require facilities to report their census on the last day of each month of the quarter in question. Quarters are defined as the three-month periods ending on March 31, June 30, September 30, and December 31.

Accuracy matters under the new system – and CMS plans to conduct audits to ensure that data submitted through PBJ reflects their actual staffing records.

CMS has said that facilities may enter data manually, but be forewarned: the task will be monumental. Data for each individual employee must be recorded, and CMS has presented in the draft manual 15 categories of employees covering 40 different roles.

The electronically submitted data submitted through PBJ replaces the data previously submitted through CMS form CMS-671 for staffing and form CMS-672 for resident census, explains **Julie Kueker, MT (ASCP), MBA**, quality improvement specialist with **Quality Insights**, a Medicare quality innovation network-quality improvement organization, based in Shreveport, Louisiana.

Additional details about PBJ are expected soon. In the meantime, be sure to peruse the PBJ Draft Manual. Available at www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/PBJ-Policy-Manual-Draft.pdf, it provides background about the program and some details about submission requirements. You can also see a sample submission screen and job category definitions.

Go for Constancy □ and Consistency

The feds have the muscle to ensure compliance. "Facilities that do not meet these requirements will be considered noncompliant and subject to enforcement actions by CMS," says the agency in the draft manual. That means the pressure is on to have your staffing plan in order.

If you don't yet have a quality improvement effort under way for staffing, start one now, urges **Reginald M. Hislop, III**, author and managing partner of **H2 Healthcare, LLC**, in Wichita, Kansas.

Don't delay: Need even more incentive to step up your staffing game? Consider that some hospitals have begun contracting only with select skilled nursing facilities, based on performance metrics including staffing data, notes Hislop.

If you have a solid quality improvement program in place to address staffing challenges, you will have an advantage over those who do not, but you shouldn't rest on your laurels. One measure of success under PBJ will be the ability to show your facility is fully staffed each day. That means attacking the problem of high turnover now □ and then maintaining the practices that produce results.

Some strategies are simple □ but require management to think differently about hiring than they have in the past. Consider having a reliable staff member refer a friend, for example. "Research shows staffs with a good friend at work are less likely to leave," says **Gail Patry**, of **Healthcentric Advisors**, formerly **Quality Partners**, of Rhode Island.

Involve Current Employees To Gain Greater Insight

Similarly, the **American Health Care Association** (AHCA) encourages facilities to involve current employees in the interview process. "Learn about how to involve existing staff in the selection of new hires to invest them in the selection process and support for new hires, and to help managers gain more insight into the candidate's personality," coaches AHCA.

Other interventions are broader and more complex, but are doable and capable of producing impressive results. There's ample evidence, for example, that poor managerial styles contribute significantly to attrition of frontline staff.

Fresh thinking about staff management is helping many facilities improve retention. Consistent assignment, for example, is one positive practice; employees perform better when they have the satisfaction and security of working with the same group of residents from day to day.

Case in point: At **Mission Health** Services in Utah, daily "learning circles" are held to help employees and residents make personal connections that translate into higher job satisfaction and better care. Evidence that the practice can make a difference: the facility's low 11 percent turnover rate.

Be Resourceful

Fortunately, you don't have to go it alone when remodeling your approach to staffing. Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs) that contact with CMS offer a wealth of resources, as do national and state-level long-term care organizations. To find out who serves your state, go to www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2014-Press-releases-items/2014-07-18.html.

Staff stability is one tenet of the AHCA's Quality Initiative. To learn more, go to www.ahcancal.org/quality_improvement/qualityinitiative/Pages/Staff-Stability.aspx.

Stay Informed

Need more information about PBJ? CMS is fielding questions about the PBJ Policy Manual by email. Send your inquiries to nhstaffing@cms.hhs.gov. Software vendors and others interested in data specification can also submit questions regarding technical issues and expectations; these inquiries should be sent to NursingHomePBJTechIssues@cms.hhs.gov.



CMS doesn't plan to answer each query directly. If you don't receive a response directly, stay tuned for information via news releases, training materials, and open conference calls. Vendors can stay in the loop by registering at www.qtso.com/vendor/post.php.

Mark your calendar: If you plan to take part in the voluntary phase of the PBJ rollout, plan to register for the system through QIES beginning in August. Facilities that will not be submitting data voluntarily should not register at this time, reminds CMS in the draft manual.

Check out this report for a glimpse at the data that have been fueling efforts by facilities to enhance staffing stability for more than a decade: What A Difference Management Makes! by **Susan Eaton**. Available at www.bandfconsultinginc.com/Site/Staff_Stability_Tool-kit.html.