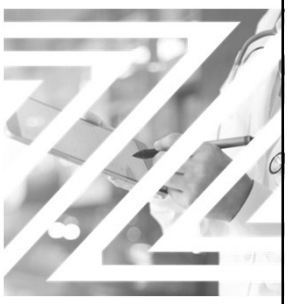
Clinical Transformation to Achieve Market Leadership

September 2022



Objectives

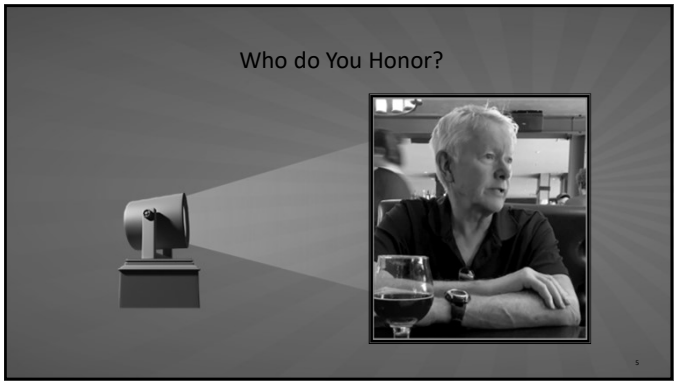
1. Identify how to assess what the market values in a nursing home partner
2. Review recent and anticipated changes to Five-Star
3. Determine specifically what role Five-Star plays in market domination
4. Articulate the right outcomes and analysis required to discern nursing home performance within any given market

2

Who do You Honor?

3

Who do You Honor?
4


Who do You Honor?
5

Who do You Honor?
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Join at slido.com
#CArocks

ⓘ Start presenting to display the joining instructions on this slide.

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Who do You Honor?

ⓘ Start presenting to display the poll results on this slide.

What does the market want from me? Am I that provider? How do I know if my outcomes are competitive enough? What outcomes reveal the right insights that motivate change? Do I ask too many questions? Did I have a break today? Is my blood sugar low?

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Why Clinical Transformation NOW?

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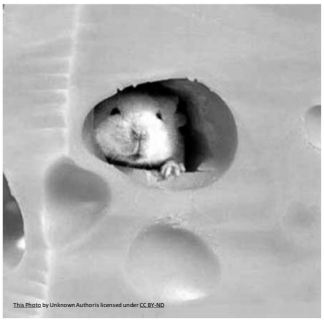
10

The Rule of Engagement Have Changed

- The Cheese Has Moved (again)
  - The Consumers
  - The Payors
  - Other Stakeholders



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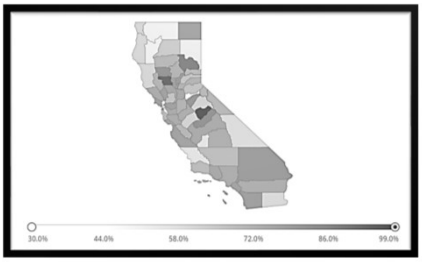
11

… and Occupancy has been Impacted



INTEL

12

Consumers
- Generational shifts
- Greatest Generation to Silent Generation to Baby Boomers

Payors
- FFS
- Managed Care
- CMMI
- VBP

Stakeholders
- REIT
- PE
- Politicians
- NYT
- Up/Down stream providers
- "At Risk"
- You!

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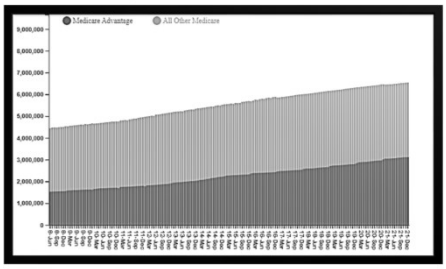
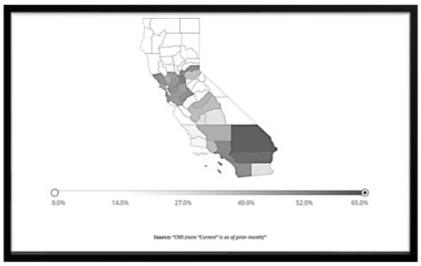
13

CA: Slow But Steady…MA Growth



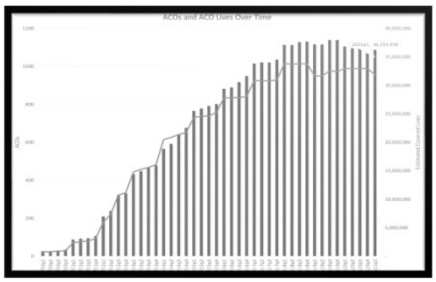
https://medicareguide.com/14

MA Penetration is High Where You Operate



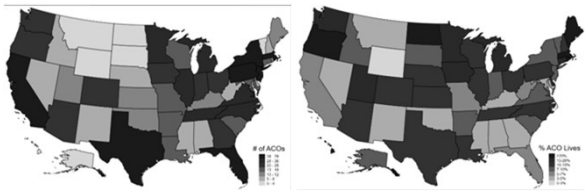
INTEL15

Growth of ACOs and ACO Covered Lives



https://www.torchinsight.com/

Number of ACO and ACO Covered Lives: By State



https://www.torchinsight.com/17

Presence of ACOs, Down Slightly from Recent Years

18

And With These Changes, So Have the Rules (and measures)

Consumers	Payors	Stakeholders
Social Media	Their Accountability Metrics	Five-Star
CareCompare.gov	Public Metrics	Social Media

19

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What is More Important: Five-Star Rating or Google Ratings?

Start presenting to display the poll results on this slide.

If You Agree That Consumers, Payors And Stakeholders Have Changed:

- Have you?
  - Was it thoughtful and planned?
  - Fortuitous and organic?
  - Does it matter?

21

Consider This

- Mission Check
- Facility Assessment

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What Does Community Want Me to Be?

Mental Illness?	Complex Medical?	Infectious Disease?	Vent?

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Available Data Can Begin to Answer This Question

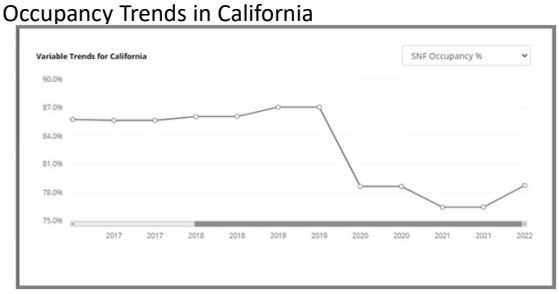
- Community Demographics and Trends
- Hospital Strengths/Weaknesses
- Hospital Referral Patterns
- APM/MA Penetration

24

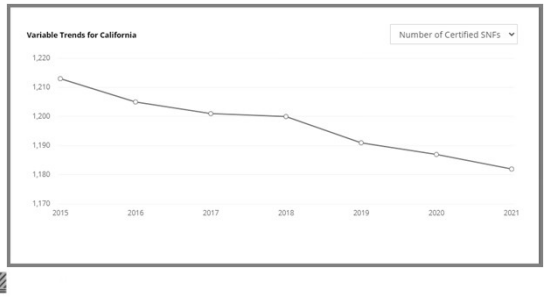
Community Demographics and Trends: California

Variable	2014	2015	2016	2017	2018	2019	2020	2021	2022
Number of Certified SNFs	-	1,213	1,205	1,201	1,200	1,191	1,187	1,182	-
Licensed SNF Beds	-	118,798	118,562	118,399	118,542	118,243	117,607	117,317	-
Saturation: Beds / 1,000 FFS Beneficiaries	-	31.7	31.8	31.8	31.8	31.9	32.0	32.1	-
SNF Occupancy %	85.5%	86.4%	85.8%	85.7%	86.1%	87.1%	78.7%	76.5%	78.8%
Relative Occupancy	-	-	85.7%	85.4%	84.3%	86.2%	77.9%	75.3%	-
Medicare Part A Share	-	15.4%	15.3%	15.2%	15.2%	15.3%	18.3%	-	-
Medicaid Share	-	55.7%	56.8%	57.1%	56.5%	56.8%	56.7%	-	-
Other Share	-	28.8%	27.9%	27.7%	28.2%	27.9%	25.0%	-	-
Medicare ALOS (days)	-	-	-	25.1	28.0	28.8	32.2	33.9	-
Medicare Advantage Enrollment %	-	40.7%	41.1%	42.2%	43.2%	44.3%	45.8%	47.6%	-
Medicare Advantage Growth Rate	-	1.5%	1.0%	2.7%	2.4%	2.5%	3.4%	3.9%	-
SNF Ownership Changes	-	-	53	34	20	56	25	10	-

Occupancy Trends in California

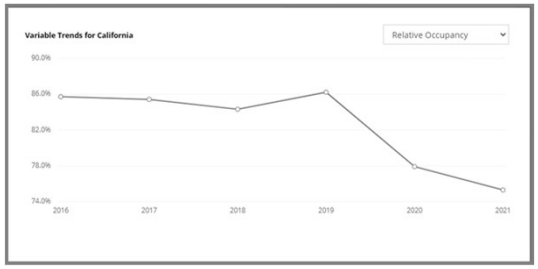


But Number of Certified Beds Decreased



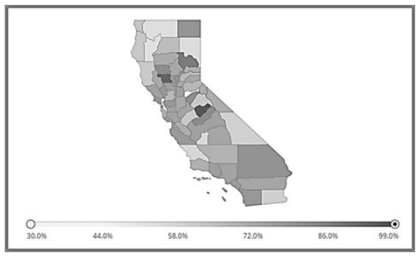
27

Relative Occupancy Considers “Beds taken offline.”



28

Community Demographics and Trends: California SNF Occupancy

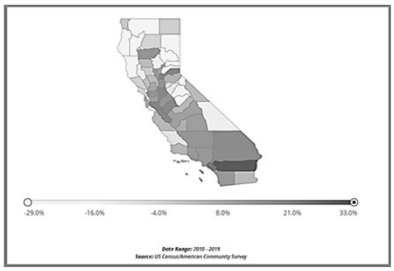


INTEL 29

Community Demographics and Trends: California 85+ Pop Per Bed

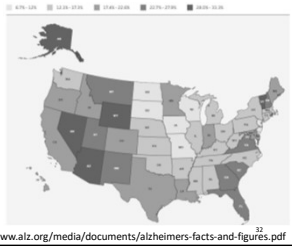
INTEL 30

Community Demographics and Trends: California 85+ Pop Growth



Alzheimer's Disease Projected & Change by State

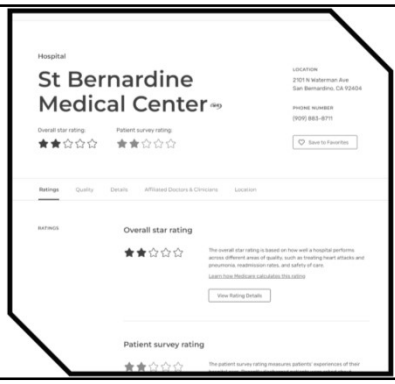
Projected Between 2020 and 2025 in Alzheimer's Dementia Prevalence by State



https://www.alz.org/media/documents/alzheimers-facts-and-figures.pdf

Projected Alzheimer's Rate by State and Change

	Projected Number with Alzheimer's (in thousands)		Percentage Increase
State	2020	2025	2020-2025
Alabama	96	110	14.6
Alaska	8.5	11	29.4
Arizona	150	200	33.3
Arkansas	58	67	15.5
California	690	840	21.7
Colorado	76	92	21.1
Connecticut	80	91	13.8



34

St Bernardine Medical Center: Strengths/Weaknesses

Hospital Discharges to SNF | SNF Referrals to Hospitals | Hospital Pain Points

DRG	Description	Amt Received In Hosp	Total Medicare Claims	Re-Admit	ALOS	GLOS	SNF Total Medicare Claims	SNF Re-Admit	SNF ALOS
177	Respiratory Infections & Inflammations W MCC	$2,104,029	99	16.2%	7.1	5.4	27	33.3%	23.8
871	Septicemia Or Severe Sepsis W/O Mv 96+ Hours W MCC	$1,704,888	96	15.6%	6.3	4.8	30	20.0%	19.4
291	Heart Failure & Shock W MCC	$885,378	79	30.4%	4.1	4.0	<11	44.4%	14.2
640	Misc Disorders Of Nutrition,Metabolism,Fluids/Electrolytes W MCC	$371,279	36	30.6%	5.1	3.3	<11	20.0%	22.2
280	Acute Myocardial Infarction, Discharged Alive W MCC	$499,860	35	42.9%	6.1	4.1	<11	80.0%	10.2
193	Simple Pneumonia & Pleurisy W MCC	$373,182	34	17.6%	4.5	4.1	<11	11.1%	23.7
064	Intracranial Hemorrhage Or Cerebral Infarction W MCC	$597,801	32	12.5%	8.9	4.4	<11	25.0%	30.5
377	G.I. Hemorrhage W MCC	$467,124	27	37.0%	4.8	4.4	<11	0.0%	N/A
208	Respiratory System Diagnosis W Ventilator Support <96 Hours	$583,657	26	19.2%	5.3	4.9	<11	50.0%	25.8
682	Renal Failure W MCC	$287,702	24	12.5%	4.3	4.3	<11	20.0%	4.0
065	Intracranial Hemorrhage Or Cerebral Infarction W CC Or Tpa In 24 Hrs	$211,114	24	12.5%	3.4	2.9	<11	0.0%	22.8
383	Esophagitis, Gastroent & Misc Digest Disorders W/O MCC	$140,784	24	30.8%	3.0	3.6	<11	0.0%	N/A

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St Bernardine Medical Center: HRRP

- Payment penalty of 3 percent
- CMS includes the following six conditions or procedure-specific 30-day risk-standardized unplanned readmission measures in the program:
  - Acute myocardial infarction (AMI)
  - Chronic obstructive pulmonary disease (COPD)
  - Heart failure (HF)
  - Pneumonia
  - Coronary artery bypass graft (CABG) surgery
  - Elective primary total hip arthroplasty and/or total knee arthroplasty (THA/TKA)

39

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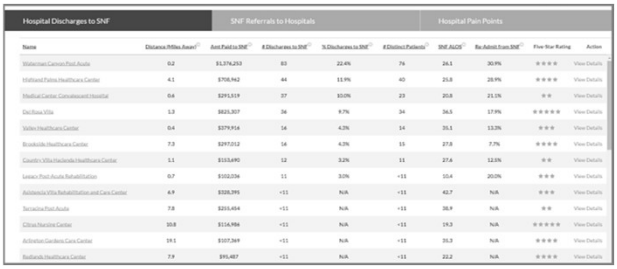
Name	2015	2016	2017	2018	2019	2020	2021	2022
ST BERNARDINE MEDICAL CENTER SAN BERNARDINO, CA	0.2	0.32	0.56	0.98	0.92	0.92	0.92	0.66

Source: KHN analysis of hospital data from the Centers for Medicare & Medicaid Services

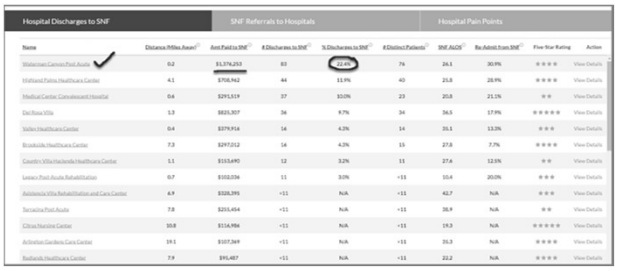
https://khn.org/news/hospital-penalties/ 40

St Bernardine Medical Center: SNF Discharge Patterns



CORE ANALYTICS

St Bernardine Medical Center: SNF Discharge Patterns



CORE ANALYTICS

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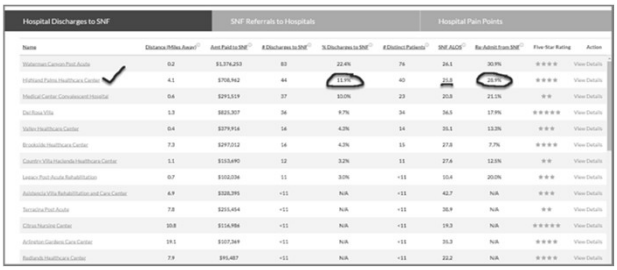

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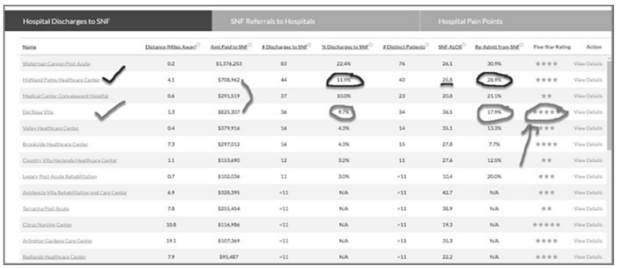

St Bernardine Medical Center: Referring Physicians

St Bernardine Medical Center

MD Name	Amt Paid to SNF	# Referrals to SNF	SNF ALOS	Hosp Re-Admit
KURANI, MOHAMAD	$1,058,529	45	38.2	16.7%
MASRI, ALA	$1,031,914	56	28.4	17.4%
SIMONS, SHARON	$1,024,389	53	30.0	13.6%
DANG, JARED	$397,855	22	26.1	42.1%
YANG, ROBERT	$306,046	14	30.7	23.1%
RUSTEM, SALIAR	$298,103	20	24.6	18.8%
HOANG, TU	$293,561	24	27.4	7.1%
AMARAL, VALENTINA	$206,499	<11	51.2	N/A

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AMARAL, VALENTINA	$206,499	<11	51.2	N/A

St Bernardine Medical Center: Referring Physicians

MOHAMAD KURANI

NPI	Primary Taxonomy	Primary Practice Address	Phone Number
1114242047	Internal Medicine Physician	2101 N WATERMAN AVE SAN BERNARDINO , CA 92404-4836	(909) 881-4520

Expand All Rows

Name	Amt Paid to SNF	SNF ALOS
Del Rosa Villa	$276,906	46.0
Waterman Canyon Post Acute	$203,601	34.4
Highland Palms Healthcare Center	$91,732	37.8
Calimesa Post Acute	$35,455	15.5
Magnolia Rehabilitation & Nursing Center	N/A	N/A
Valley Healthcare Center	N/A	N/A
Brookside Healthcare Center	N/A	N/A

St Bernardine Medical Center: Referring Physicians

ALA MASRI

NPI	Primary Taxonomy	Primary Practice Address	Phone Number
1174960066	Internal Medicine Physician	3901 CONSHOHOCKEN AVE APT 5125 PHILADELPHIA , PA 19131-5421	(909) 278-4593

Expand All Rows

Name	Amt Paid to SNF	SNF ALOS	Hosp Re-Admit
Waterman Canyon Post Acute	$262,124	23.3	42.9%
Highland Palms Healthcare Center	$131,978	30.2	N/A
Del Rosa Villa	$75,192	53.5	N/A
Legacy Post Acute Rehabilitation	$39,357	11.3	N/A
Citrus Nursing Center	N/A	N/A	N/A
Country Villa Hacienda Healthcare Center	N/A	N/A	N/A
Valley Healthcare Center	N/A	N/A	N/A

Am I delivering what my community wants?

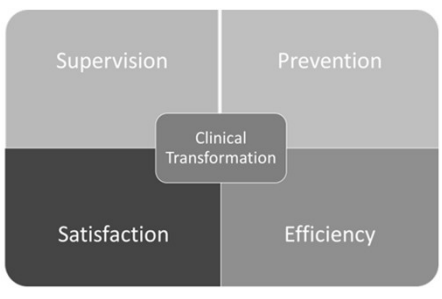
- The hospital, community, public and private data is directionally helpful.
- But all these years later, are we still not speaking the same language?

49

slido

What Does My Community Want me to Specialize in?

ⓘ Start presenting to display the poll results on this slide.



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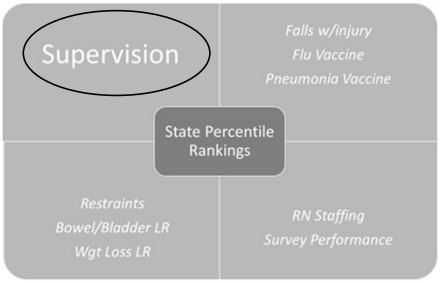


52

Supervision: A Selection of Measures

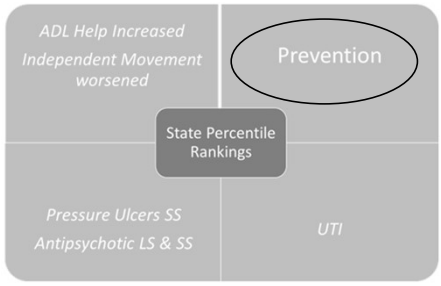
	Supervision												
Name	Falls w/Major (N013)	State Average	State Quintile	Flu Vaccine Given Appropriately (N16.03)	State Average	State Quintile	Pneumo Vaccine Given Appropriately (N	State Average	State Quintile	Bowel and Bladder LR	State Average	State Quintile
A	6.31	4.16	1	100.00	96.06	5	99.10	92.24	3	86.05	45.55	1
B	6.49	3.71	1	96.44	96.81	2	99.03	95.83	3	44.04	45.48	3
C	2.36	2.80	3	100.00	96.97	5	94.93	97.73	1	91.79	52.41	1
D	4.30	3.50	2	97.21	95.86	3	93.55	89.61	3	48.92	55.77	4
E	7.11	3.68	1	100.00	95.10	5	100.00	93.12	5	66.87	43.37	1
F	1.21	3.50	5	99.57	95.86	5	100.00	89.61	5	24.49	55.77	5

53

Supervision: A Selection of Measures

Name	Bowel and Bladder LR	State Average	State Quintile
A	86.05	45.55	1
B	44.04	45.48	3
C	91.79	52.41	1
D	48.92	55.77	4
E	66.87	43.37	1
F	24.49	55.77	5

54

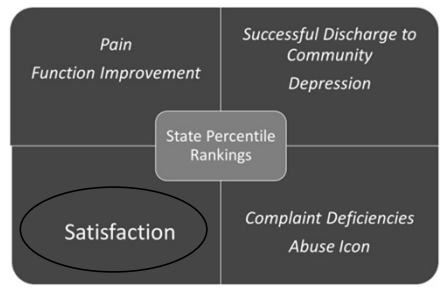


55

Prevention: A Selection of Measures

Name	Help ADLs Increased (N028)	State Average	State Quintile	Independent Movement Worsened (N25.03)	State Average	State Quintile	New and Worsened Pressure Injury SS (38.02)	State Average	State Quintile	Antipsychotic LS (15.03)	State Average	State Quintile	Antipsychotic SS (11.02)	State Average	State Quintile	UTI (N24.02)	State Average	State Quintile
A	13.40	18.17	4	33.48	28.37	5	5.4	5.07	3	18.02	16.55	2	3.92	2.56	5	7.73	2.91	5
B	16.61	18.55	3	20.63	25.24	4	5.59	4.22	3	14.39	16.00	3	0.91	1.82	3	5.35	2.88	2
C	15.00	15.28	3	19.47	24.42	4	0.62	3.09	1	21.83	12.08	5	1.95	2.18	3	5.07	2.07	3
D	19.03	17.76	3	26.77	26.45	3	5.83	3.57	2	10.19	18.50	5	1.00	1.67	4	3.95	2.59	3
E	15.57	17.08	4	17.84	25.13	4	6.17	4.01	2	13.87	13.26	3	0.59	2.31	4	4.75	2.00	4
F	21.69	17.76	2	25.18	26.45	2	0	3.57	1	9.35	18.50	1	0.60	1.67	4	1.63	2.59	4

56

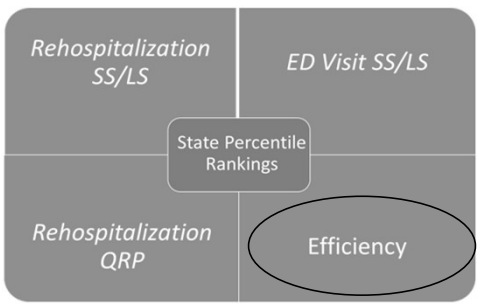


57

Satisfaction: A Selection of Measures

Name	Pain Measure	national average	Judgement	Improvement in Function (N37.03)	State Average	State Quintile	Successful Discharge to Community SS	State Average	State Quintile	N030 (high is better) Depression	State Average	State Quintile	Complaint investigations that resulted in citation three calendar year	State Average	not quintile	abuse icon (good is add a point, bad is minus a point)
A	35%	35%	3	54.37	69.71	2	40.36	44.4	3	8.50	3.46	5	2	1.30	3	1
B	35%	35%	3	75.17	77.91	4	64.94	68.8	4	0.27	4.67	5	2	3.75	5	1
C	2%	35%	5	60.36	73.38	5	67.06	50.9	5	0.00	1.86	1	2	2.84	3	1
D	20%	35%	4	70.32	67.88	3	63.52	54.7	4	9.48	2.14	5	0	0.77	3	1
E	15%	35%	5	60.15	71.00	2	62.57	54.5	4	1.97	37.69	2	8	4.93	5	1
F	20%	35%	4	87.63	67.88	5	63.38	54.7	4	0.49	2.14	2	0	0.77	5	1

58



59

Efficiency: A Selection of Measures

Name	Rehosp after nursing home admit SS	State Average	State Quintile	Rehosp after nursing home LS	State Average	State Quintile	ED Visit SS	State Average	State Quintile	ED Visit LS	State Average	State Quintile	potential prevent hosp readmit 30d after SNF D/C	State Average	State Quintile
A	21.9422	21.9038	3	2.25617	1.84929	5	10.9009	11.8874	3	0.89533	1.16566	4	8.39	7.84861	5
B	29.575	19.689	5	1.90875	1.41309	2	17.0137	10.4833	2	1.0484	0.93298	5	8.91	7.5389	5
C	25.248	23.9797	2	2.70402	2.00752	5	6.54929	8.10257	3	0.68322	0.58572	2	8.96	7.8585	2
D	25.514	23.0892	5	2.25953	1.59651	5	8.16115	9.23401	2	0.71372	0.65444	3	7.93	7.89039	3
E	23.8332	22.7449	2	1.9355	1.52462	2	10.7188	10.1174	2	0.94919	0.81132	2	9.84	7.65065	5
F	21.8298	23.0892	3	1.4097	1.59651	4	7.67711	9.23401	3	0.73584	0.65444	2	7.63	7.89039	3

60

Focus on Rehospitalization

- Best practices for discharge planning
- Risk assessments to identify residents with risk factors for readmission
- Education with residents and families
- Support patient medication adherence to prevent rehospitalization
- Book follow up appointments with physicians prior to discharge
- Follow up with resident after discharge
- Develop relationships with Home Healthcare agencies

61

Efficiency Now

Name	Rehosp after nursing home admit SS	State Average	State Quintile	Rehosp after nursing home LS	State Average	State Quintile	ED Visit SS	State Average	State Quintile	ED Visit LS	State Average	State Quintile	potential prevent hosp readmit 30d after SNF D/C	State Average	State Quintile
A	15.0583	22.6984	4	1.2466	1.56034	4	12.7345	12.3684	2	0.56582	1.06166	5	7.39	7.84711	4
B	20.1161	24.7607	3	0.7891	1.22442	5	11.678	10.4018	4	0.5223	0.62107	3	7.34	7.89124	3
C	20.6886	24.7607	4	1.06325	1.22442	4	10.9853	10.4018	3	0.43134	0.62107	4	7.56	7.89124	2
D	21.0265	20.6295	3	1.16675	1.17143	3	11.0556	10.6505	4	0.70211	0.85335	3	6.91	7.53974	4
E	33.7462	25.9627	2	0.92159	1.7914	4	3.07784	8.7128	5	0.47673	0.54648	5	5.96	7.85334	5
F	14.1465	24.7607	4	1.40329	1.22442	4	7.35855	10.4018	4	0.46772	0.62107	4	7.53	7.89124	4

62

But It's Not Me!

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Frequently Heard Responses

- It's COVID, not me.
- It's the MDS and that's unreliable.
- It's a claims-based measure and that's unreliable.
- My surveyors are the worst!
- My patients/residents are sicker.
- The data is old.
- The data is too current.
- We self-report more than others.
- It's "her fault".

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Two Needs with One Deed (1/2)

1. MDS Accuracy
2. ARD Planning
3. Supportive Documentation
4. Proper QAPI

65

Two Needs with One Deed (2/2)

4. Evidence-Based P+P
5. Reduction in Duplication
6. "Patients over Paperwork"
7. Mission Update and Recommitment*

66

Workload and Efficiency

Reduce	Reduce duplicate documentation
Combine	Combine meetings to reduce overall amount of time spent each week
Review	Review procedures and practices or older plans of correction that go well beyond state or federal guidelines
Streamline	Streamline C.N.A. documentation and review for redundancies or unnecessary documentation

67

Census Now vs Then

Name	Occupancy % Q1 2021	Occupancy % Q2 2022	% Growth
A	51.70	89.82	38.12
B	62.83	82.64	19.81
C	84.23	97.01	12.78
D	67.17	73.92	6.75
E	49.64	73.85	24.21
F	60.66	82.77	22.11

68

- Five Star is Ever Changing
- Correlated with Occupancy and Payor Mix
- In all Markets, it Makes or Breaks Relationships
- Five Star is an Essential Element in Predictive Future Instability (FSI)

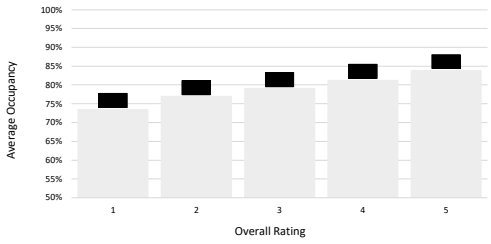
69

Executive Summary Five Star: For the Financial/Clinical Stakeholders

1. There is a strong positive relationship between occupancy and Overall Five-Star Rating
2. There is a consistency in the association between occupancy and Overall Five-Star Rating
3. Overall Five-Star Rating and Occupancy correlations vary by market competitiveness
4. Overall Five-Star Rating positively correlates with higher reimbursing payor types

70

As Overall Star Rating Increases, So Does Average Occupancy



71

What impact does market competitiveness have of this relationship?

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72

SNF Occupancy:

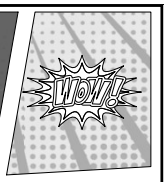
Calculated for each reporting period by dividing **Total Number of Patient Days by 365 and then by Number of Certified Beds**

Overall Star Rating:

As reported in the CMS database for the following periods: Quarter 1 – 4, 2018 & 2019

Market:

Defined by the **county** within which the SNF operates



Total N of SNFs with complete data = **13,166**

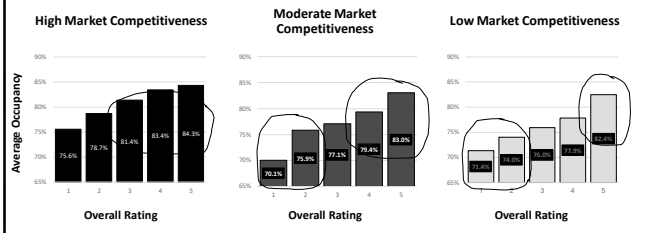
Total N of Counties with at least one SNF = **2,622**

Market Competitiveness:

Defined by the **Herfindahl-Hirschman Index** (**HHI**), a universally accepted measure used to determine the **market competitiveness of an industry**. In the current study, it measures the **competitiveness of SNFs within a county.**

High market competitiveness: Lots of SNFs to choose from.
Moderate market competitiveness: Decent number of SNFs to choose from.
Low market competitiveness: Limited number of SNFs to choose from.

The Correlations Between Occupancy and Overall Five-Star Rating are Evident In Every Type Of Market



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☐ **% Medicare Patient Days**

?

☐ **% Medicaid Patient Days**

?

☐ **% Other Patient Days**

?

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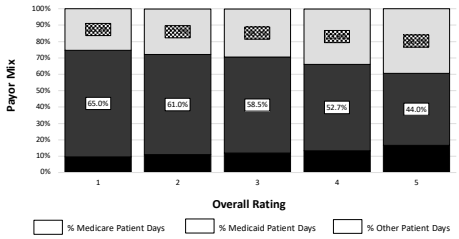
75

As Overall Star Rating Increases, SNFs Become Less Dependent on Medicaid…



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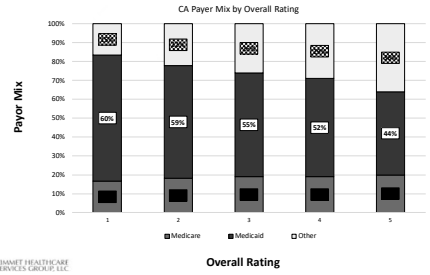
As Overall Star Rating Increases, SNFs Become Less Dependent on Medicaid…



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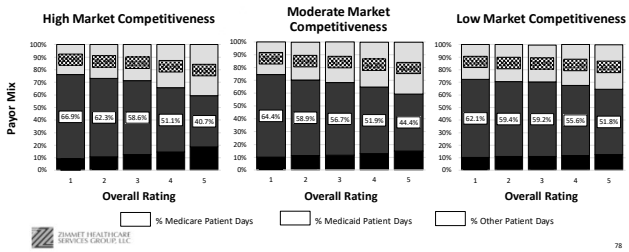
And The Dependency Varies By The Type Of Market



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78

California SNF Market Discussion

- 1175 SNFs in the state of California within 55 counties
  - 378 facilities in Los Angeles County
  - 10 counties only have one facility
- County HHI scores range from:
  - 34.36 - 1497.47 (**high**)
  - 1532.04 – 2396.03 (**moderate**)
  - 2529.92 – 10000 (**low**)
- San Bernadino County
  - 54 SNFs
  - HHI score of 235.96 (**high competitiveness**)
- Riverside County
  - 52 SNFs
  - HHI score of 231.35 (**high competitiveness**)

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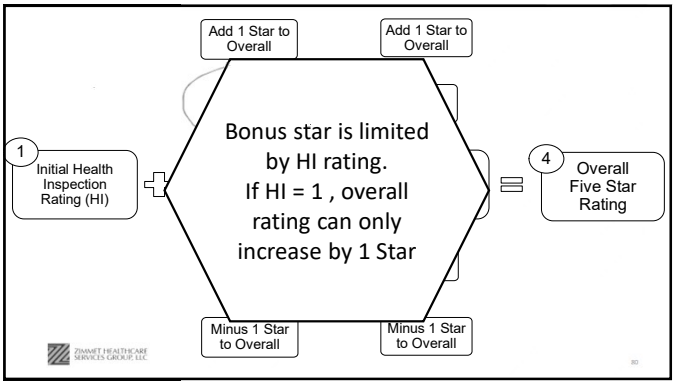

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80

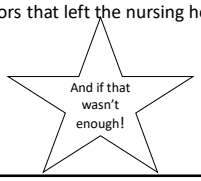
Six Staffing Measures (1/2)

1. Case-mix adjusted total nursing hours per resident day (registered nurse (RN) + licensed practical nurse (LPN) + nurse aide hours) for a quarter averaged across all days (weekdays and weekends)
2. Case-mix adjusted RN hours per resident day for a quarter, averaged across all days (weekdays and weekends)
3. Case-mix adjusted total nursing hours per resident day (RN + LPN + nurse aide hours) for a quarter averaged across all weekend days (*just* Saturdays and Sundays)

81

Six Staffing Measures (2/2)

4. The percentage of total nursing staff that left the nursing home over a twelve-month period.
5. The percentage of RNs that left the nursing home over a twelve-month period.
6. The number of administrators that left the nursing home over a twelve-month period.



82

Facility Stability Index (FSI)

- Do you have a "diamond in the rough" or a "house of cards"?
- Predicts FUTURE Stability/Performance
- 11 validated variables measuring change

83

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84

What Could You Do With This Information?

For the Clinical Stakeholder

- Double down on survey preparedness
- Carefully consider the impact of CMI on QMs and Case-mix adjusted staffing metrics
- Make a financial stakeholder listen (with this data)

For the Financial Stakeholder

- Invest in Staffing Levels appropriate for the organizations Five-Star goals
- Consider the impact that procurement has on Five-Star outcomes
- Communicate with clinicians to reinforce the importance of Five-Star to the organization

85

What to Know More About Clinical Transformation?

- Give me a shout!

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86

Thank You

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87