**Section 3**

**Facility Data and the Facility Assessment: Importance, Sources, Utilization and Management**

**Facility Assessment**

**Facility Data: Importance, Sources, Utilization and Management**

Data is the heart of strategic decision-making in healthcare operations – clinical, financial, operational systems, and quality outcomes. Many types of data are utilized daily in skilled nursing facilities across the nation deriving from the Minimum Data Set (MDS), billing practices (UB04), electronic health records, business software, and other assisted technologies. This data leads to insights – resident population demographics, resident acuity, resident conditions, resource utilization and allocation, financial performance, and more.

Utilization of the data assists leaders in turning those insights into decisions and actions that improve operational and clinical outcomes. Organization data that is utilized for the facility assessment is also a great source for the data/feedback requirement of the Quality Assurance and Performance Improvement (QAPI) plan and program. Organizational data is the foundation for assisting leaders in designing strategic clinical, operational, financial, and performance improvement initiatives.

The **§483.71 Facility assessment** requires skilled nursing leaders to harness their organization data to determine trends, needs, performance improvement as well as resource needs and allocations needed to provide the necessary care and services to the facility resident population to complete the facility assessment. Facility leadership and staff must assess and document the facilities’ capabilities in providing care that allows each resident to attain and maintain their highest practicable physical, mental, and psychosocial well-being, reflecting the individuality of the facility.

Per the requirements, facilities must utilize evidence-based, data-driven methods (leveraged from multiple data sources) that consider the types of diseases, conditions, physical and behavioral health issues, cognitive disabilities, overall acuity, and other pertinent facts that are present within that population, consistent with and informed by individual resident assessments, creating a link to the requirements for the resident assessments. Using data is the foundation for the development of the facility assessment and will provide leaders with the documented processes to make informed decisions on necessary resources, support, and services needed to provide care and services to the residents.

In the fast-paced healthcare world, completion of the assessment may seem unnecessary, however harnessing the appropriate data, determining the facility’s overall characteristics and needs, and identifying where resources need to be applied are key to operational success. Analyzing the data will help leaders determine patterns and trends that will drive strategic clinical and operational decisions that promote quality care and service delivery for the residents residing in their facility.

In developing the facility assessment, facilities should build upon existing tools and processes and avoid duplication of information – consider the input from current facility data sources. The following are examples of the supporting data that could be utilized in the development of the facility assessment document. \*It should be noted that these examples are not exhaustive but are intended to reflect the types of data sources available to facilities in responding to the facility assessment requirements.

* + - Minimum Data Set
    - iQIES Reports – Facility characteristics and others
    - Case Mix Data
    - Readmission tracking
    - Financial/Billing Software – UB04
    - Payroll-Based Journal (PBJ) Data
    - Analysis of staffing data and trends in alignment with resident needs and the minimum staffing requirements
    - Bureau of Labor Statistics and Census Bureau data
    - Recruitment and Retention Data
    - Health Outcomes
    - Operational Budget
    - Capital Acquisition Plan
    - Rehabilitation Software
    - Electronic Health Record
    - Admission/Referral Software
    - Hazard Vulnerability Assessment
    - Emergency Preparedness Plan
    - Infection Prevention and Control Plan
    - Communication Plan
    - Safety Plan
    - Quality and Safety Data
    - Preventative Maintenance Plan
    - Equipment Management Plan
    - Vendors and Contractual Service partners
    - Staffing and Scheduling
    - Human Resources and /or Payroll
    - Training Plan and /or Software
    - Online Learning – Learning Management System
    - Lab, Pharmacy, Infection Control
    - Accident/Incident
      * Areas that are not readily available via the MDS include recent falls, wandering/elopement, adverse events, pressure ulcers/injuries, etc.
    - Complaint software/assessments
    - Training plan and staff competencies
    - QAPI

Numerous data sources are available to the facility and knowing how and where to obtain the necessary information is key for the successful evaluation of services and resources needed to provide care to the resident population. As indicated in the facility assessment requirement, a “thorough” assessment will require leaders to obtain the necessary information to complete the facility assessment.

**How to Leverage Your Facility Data - Where to begin?**

The power of data is that it can provide insights that can answer key questions and can be broken down into the areas that require assessment and evaluation.

1. **Understand** the §483.71 Facility assessmentrequirements
   1. Read and review the regulatory guidance with your team.
   2. Understand the current guidance and how the facility assessment is interrelated with the QAPI Plan, Emergency Preparedness Plan, Infection Prevention and Control Plan as well as all staffing-related processes including recruitment and retention.
2. **Assemble and Identify a Team**
   1. Developing a Facility Assessment team is key to the thorough completion of this requirement. The §483.71 Facility assessmentoutlines that the assessment must be conducted at the facility level including a team comprised of:
      1. Facility Leadership and management, for example:
         1. A member of the governing body
         2. Medical Director
         3. Administrator
         4. Director of Nursing
      2. Direct Care Employees/Staff, for example:
         1. Registered Nurses
         2. Licensed Practical/Vocational Nurses
         3. Nurse Aides
      3. Representatives of the Direct Care Staff, Union Representatives, if applicable
      4. Solicited Input from Residents
      5. Solicited Input Resident Representatives, Family
3. **Identify Key Areas**
   1. The **Facility Assessment Toolkit ©** outlines key areas (below) to be evaluated utilizing organization data and how to collect that information:
      1. Resident population served and care required
      2. Specialty programs
      3. Staff competencies necessary to provide care and services
      4. Resources including physical environment, equipment, specialized services, contractual services
      5. Preferences – ethnic, cultural, and religious needs
      6. Training requirements
      7. Behavioral health services
      8. Infection prevention and control
      9. Facility and community risk assessment
      10. Integration into the Quality Assurance and Performance Improvement Plan
4. **Develop a data strategy** 
   1. Develop a strategy with your team on where to find the data, who is responsible for procuring the data, data logistics (data range for analysis), and timeframe for data collection completion.
      1. The **RoP Facility Assessment Toolkit ©** outlines the recommended steps for each key area required in §483.71. These steps assist leaders in the formation of an organization's data strategy.
      2. Compile a list of questions that you would like answered by the data – these questions will inform leaders on how you choose the data solution to transform raw data into insights.
5. **Determine Data Sources** 
   1. It is recommended that facilities build upon existing tools and processes and avoid duplication of information – consider the input from current facility data sources.
   2. It is recommended that facilities utilize data that is consistent, reproducible, and accurate using the same data collection methodology throughout the facility assessment when possible.
   3. The **Facility Assessment Toolkit ©** outlines data sources throughout each section of the toolkit – assisting leaders in compiling data from current facility sources.
6. **Collect, Review and Analyze Data**
   1. Collect – set up the processes and people who will gather and manage organization data.
   2. Analyze - Based upon the data collected, the team should review the raw data, and analyze for trends and gaps and useful facility insights.
   3. Organize the data and trends to determine key business strategies. Review with the team to determine next steps and completion of the written assessment.
7. **Present Findings**
   1. Based upon the data collection and the insights gathered per analysis, complete the narrative facility assessment as outlined in the **Facility Assessment Toolkit ©.**
8. **Monitor and Re-evaluate** 
   1. Determine a process for ongoing data analysis to determine if the Facility Assessment requires updating or modification per requirements.
   2. Incorporate the Facility Assessment findings into the QAPI process.

**References and Resources**

Medicare and Medicaid Programs, Minimum Staffing Standards for Long-Term Care Facilities and Medicaid Institutional Payment Transparency Reporting final rule (CMS 3442-F). May 10, 2024. <https://www.federalregister.gov/documents/2024/05/10/2024-08273/medicare-and-medicaid-programs-minimum-staffing-standards-for-long-term-care-facilities-and-medicaid>

Centers for Medicare & Medicaid Services. State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities: <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>

Centers for Medicare & Medicaid Services. QSO Memo 24-12-NH. June 18, 2024. <https://www.cms.gov/files/document/qso-24-13-nh.pdf>