

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 08/26/2019 11:36am.

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: 5/15/19-7/31/19
(Example: January 1, 2019-March 31, 2019)

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

CMS Project Number 2019-04-TN-0111

TDH Contract Number Z19194159

Project Name Standardizing Infection Control for Upper Cumberland Nursing Facilities

Project Contact Name Kristi Langford

Project Contact Email Kristi.Langford@tn.gov

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

Total CMP funding amount spent during this quarter: 26190.43
(This should also be reflected on attachment 4.)

Total CMP funding spent for the project at this point in time: 26190.43
(This should reflect the total CMP funding amount spent in this reporting period and previous reporting periods. This should also be reflected on the Program Expense Report.)

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
Please complete and attach the Program Expense Report to reflect any expenditures during this reporting period.	[document]
Please attach any receipts, invoices, and/or any other proof of payment associated with expenditures for this reporting period. Please note that all documentation should reflect the amounts listed on the Program Expense Report.	[document]
Project Category:	<input checked="" 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 type="radio"/> Training <input type="radio"/> Resident Transition due to Facility Closure or Downsizing <input type="radio"/> Other
Focus area:	<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 <input type="checkbox"/> Quality Measures <input type="checkbox"/> Culture Change <input type="checkbox"/> Other
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.	1) Purchase of ATP monitors, 2) June 6- formal meeting with nursing facility representatives to present an overview of the project, expectations and commitment, 3) secured commitments from 21 of 23 nursing facilities throughout the region, 4) July 30 - distribution of ATP monitors to partnering nursing facilities, 5) various planning activities among project coordinators which are detailed in the attachment.
What success stories have resulted from the project and how you plan to showcase successes with stakeholders?	91% of nursing facilities (21 of 23) in the fourteen county region are participating in the project. We feel this is a major success and will yield regional impact in quality of care for the region.

What obstacles have you encountered while implementing the project and how you have overcome them?

We wanted 100% participation in the program from all nursing facilities in the region. With only two facilities not participating (of 23) we have decided to move forward instead of delaying.

Please provide any feedback that has been received from staff, family, or residents as a result of the project.

Nursing home representatives are excited about the project and the potential impact it may have for residents. They are especially looking forward to improving measurable performance metrics and staff accountability by utilizing the ATP monitors to gauge performance.

Please list any project deliverables that are outlined in the project description and provide a status update for each deliverable.

Partners have been secured, ATP monitors have been distributed, and training class dates have been scheduled.

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.

[document]

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.

100% participation of nursing facilities in EVS training (have secured 91%). Track C. diff rates among all participants (reporting begins in August). Measurable impact of program on Nursing Facility originating H.A.I.s (October timeline for impact trends).

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.

Reporting tools in REDCap for C. diff and ATP values. Results reporting will begin in Q2.

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

Baseline results with ATP monitors will be recorded. Training sessions will take place. Bimonthly ATP results will be reported. Monthly C. diff reporting will begin.

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