

MEDICARE POST-ACUTE CARE PAYMENT REFORM DEMONSTRATION

Institution/Facility Nursing & Therapy Management Interview Protocol Acute Hospitals, Long Term Care Hospitals, Inpatient Rehabilitation Facilities & Skilled Nursing Facilities

[Provider Name]

Medicare Provider ID Number: [XXXXXX]

Names and Titles of Interviewee(s):

[Name 1 (Title 1)]; [Name 2 (Title 2)]; etc.

The focus of this study is to understand the variation in patient care resource use and costliness both within a particular setting as well as across settings. Ultimately, the purposes are to better understand the characteristics, care, expense and outcomes of different types of patients seen in different post acute settings; identify the variable cost for providing appropriate, high-quality care to each type of patient, regardless of setting; and identify fixed costs unique to each setting.

The goals of this interview are for us to: (1) understand the range of services provided on the study unit(s) as well as patient characteristics that influence the need for those services; (2) understand the number and range of staff on the participating unit(s); (3) determine whether nursing and therapy staff are generally “assigned” to units or rather routinely work across units (e.g., assigned to patients, and the patients are in many units); and (4) clarify language used in training sessions and on forms so that it is consistent with your facility’s practices.

Section A: Organization Overview

1. Please describe the participating unit(s) and their patient populations. **For each participating unit**, please provide:
 - a. The unit’s name (e.g., Ventilator Unit, 6th Floor, etc.).
 - b. The number of beds on the unit.
 - c. The unit’s average daily census (ADC) for the past 6 months. What is the typical range of the unit’s census?
 - d. The unit’s average length of stay.
 - e. The type of patients treated on the unit, such as the patient’s diagnoses (e.g., musculoskeletal trauma) and service needs (e.g., ventilator). What is the nature of the services provided to these patients?

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-XXXX. The time required to complete this information collection is 90 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments regarding the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Clearance Officer, Mail Stop C4-26-05, Baltimore, MD 21244-1850.

Section B: Staffing

2. Please describe the staffing of each of the participating unit(s):
 - a. What is the length of each nursing shift? Do therapy staff typically work nursing shifts? If not, what is the length of a typical therapy staff day, and when does it begin and end? Do shift lengths and amount of therapy services differ between weekends and weekdays?
 - b. Are nursing and therapy staff generally “assigned” to units or rather routinely work across units (e.g., assigned to patients, and the patients are in many units)? How does this differ by type of therapist or other factors?
 - c. How frequently do nursing and therapy management and other administrative staff (staff whose primary duties are administrative, not direct patient care) provide direct patient care on the unit? How frequently do such supervisory staff meet one-on-one with their direct reports to discuss patient care? How frequently do they attend team meetings?
 - d. Do any of the participating units have teaching/training programs for residents, medical students, nursing students, therapy program students, etc.? If so, what staff take part in these training programs as teachers/preceptors/mentors? Do students provide direct care?
 - e. For each participating unit, how many of the following staff **typically** work on the unit for each shift? How does this differ for weekends or holidays? Please provide the following information for each unit separately.

Staff Category	Staff Type	Number Working on Weekday Day and Evening (8-hour) or Day (12-hour) Shifts	Number Working on Nights	Number Working on Weekends	Regularly on Unit, or Only as Needed?
Nursing Staff	RNs				
	LPNs/LVNs				
	Nursing Assistants/Aides				
	Advance Practice Nurses/NPs				
Therapy Staff	Physical Therapists				
	Occupational Therapists				
	Respiratory Therapists				
	Speech/Language Pathologists				
	Therapy Assistants				
Social Work/Case Management	Social Worker				
	Case Mgr./Discharge Planner				
	Utilization Review				
Other Professions	Physicians				
	Physician Assistants				
	Pharmacists				
Managerial Staff	Nurse Manager				
	Therapy Staff Manager				
	Discharge Planning Manager				
Other	Unit Secretary/Clerk				
	Other (please describe)				

- f. What are the nursing ratios (nursing staff per patient day, by staff type/discipline) by shift for this unit(s) and how are the ratios determined?
 - g. What are the therapy staffing ratios (therapy staff minutes per patient day, by therapy staff type/discipline) for the unit(s) and how are the ratios determined?
 - h. Does your facility have nursing staff whose exclusive duties are assessment data (e.g., IRF-PAI, MDS) collection? If so, are they assigned to specific patient care units?
3. Does your facility use a patient acuity and/or functional scoring system? If so, which one? Please provide a copy. Also:
- a. For how long have you used it?
 - b. Do you use the same tool for all units?
 - c. Why do you use this particular system and what are its strengths and weaknesses?
 - d. If you do not use an acuity scoring system, how do the nurses and therapists communicate patient and unit acuity across shifts?
4. Are there other factors beyond patient acuity and census that influence your staffing? For instance, are there state regulations on nursing ratios or restraint use; union collective bargaining agreements specific to your facility; hiring freezes due to budgetary concerns, etc.?

Section C: Ancillary Services

5. We will also collect information on ancillary services (imaging, tests, dialysis, etc.) provided to patients in the study unit(s) by the facility. Please refer to the list on the following page.
- a. Please indicate which of the following list of services are either provided in your facility or would require transfer to another facility if they were necessary.
 - b. Are there any high-cost ancillary services that you provide *in this facility* that are not listed in the table on the following page?
 - c. Are there any high-cost services for which you transfer patients to another facility to receive that are not listed in the table on the following page?

Imaging/Radiology	Other Diagnostics	Complex Treatments
■ Angiogram	■ Arterial Blood Gas (ABG)	★ Complex Bowel Management (<u>specify</u>)
■ Aortogram		
■ Arthrography	■ Bedside Bronchoscopy	■ Continuous Cardiac Monitoring/Telemetry
■ Bone Densitometry	■ Complex Pharyngeal & Speech Evaluation	■ Hemodialysis
■ Cholangiography		■ Intermittent Bladder Catheterization
■ Cisternography	★ Other Diagnostics (<u>specify</u>)	■ Multiple IV Antibiotic Administration
■ Diskography		■ Negative Pressure Wound Therapy
■ Echocardiogram		■ Peritoneal Dialysis
■ EKG		■ Total Parenteral Nutrition
■ GI Series (Upper or Lower)		■ Ventilator Management (Weaning Only)
■ Lymphangiography		★ Other Complex Treatment (<u>specify</u>)
■ Mammary Ductogram		
■ Modified Barium Swallow		
■ MRI		
■ Myelography		
★ Ultrasound (<u>specify</u>)		
■ Urethrocytography		
■ Urography		
■ Venography		
■ X-Ray		
★ Other Imaging (<u>specify</u>)		

6. Is there anything else you feel that RTI should know about the organization or staffing of the participating unit(s) for the purposes of either setting up data collection procedures or better analyzing and interpreting the data collected?