

Importance of Data in Assisted Living

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Objectives

Explain

Explain why data tracking and trending is critical to assisted living.

Identify

Identify how LTC Trend Tracker can be a one-stop shop for collecting, tracking, and trending data important to assisted living.

Discuss

Discuss methods to upload data collection into LTC Trend Tracker.

Describe

Describe the business case for using LTC Trend Tracker.

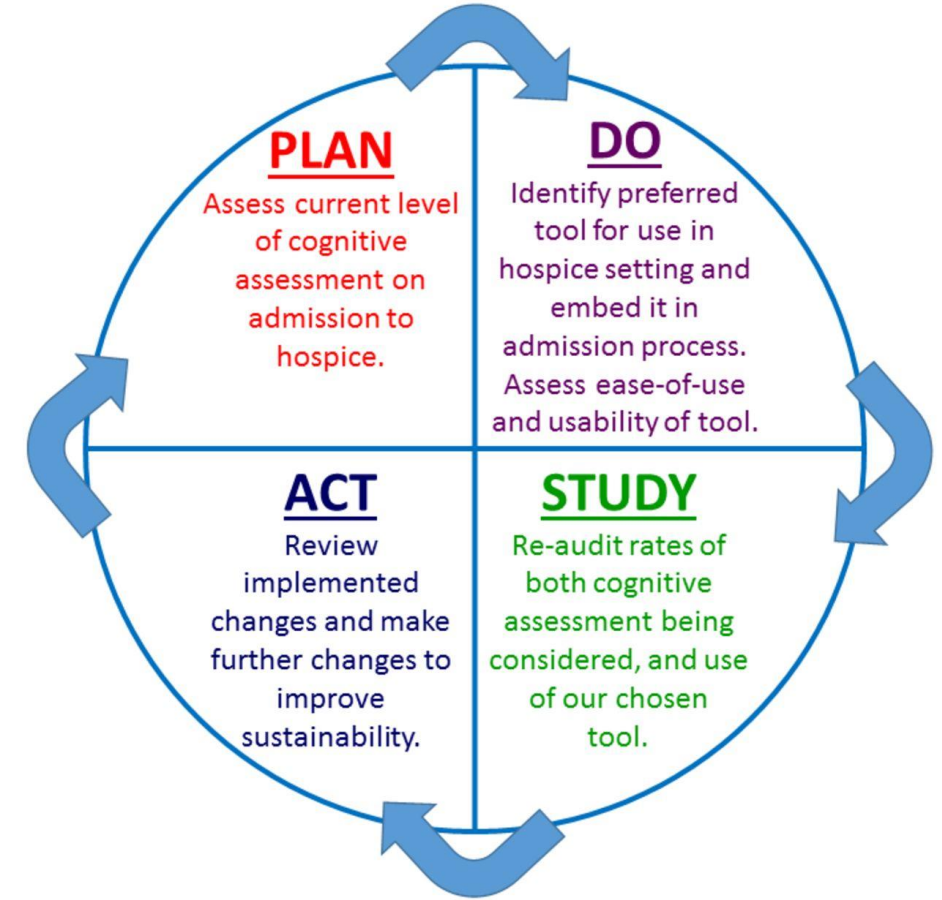


Why is collecting
data important to
Assisted Living?



Why Should I Collect Data?

- Performance improvement
- Superior outcomes
- Regulatory current and future demands



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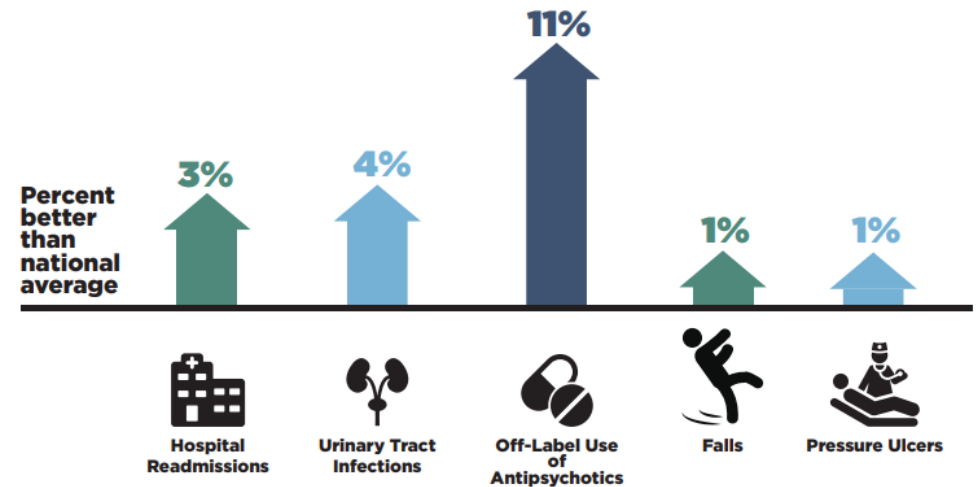
Performance Improvement

- **Increase efficiency and effectiveness of performance improvement system**
- Validate and secure links between continuous improvement, quality, and customer satisfaction
- Link mission, goals and customer expectations
- Assess and maximize organization's strengths
- **Apply systematic approaches that produce consistent results**
- Drive progressive changes

Organizations that Participate in Quality Improvement Efforts Achieve Superior Outcomes

- 30-day hospital readmissions
- Off-label use of antipsychotics
- Occupancy rates
- Operating margin
- Staffing
- Quality Metrics
- Survey
- Falls
- UTIs

Quality Performance Measures ⁱ



Act Today for Organizational Success Tomorrow!

Current Assisted Living Landscape

Conditions Managed	Assistance with activities of daily living (ADLs) include:	Age of individuals living in assisted living:
48% High Blood Pressure	64% Bathing	Average age: 85
42% Alzheimer's Disease/Dementia	50% Walking	50% 85 and older
31% Heart Disease	49% Dressing	31% 75 to 84
29% Depression	43% Toileting	13% 65 to 74
17% Diabetes	34% Bed Transfer	6% under 65
	22% Eating	

Future Assisted Living Landscape

- Baby boomers (born between 1946 and 1964) are just starting to move into assisted living communities, currently aged between 60-78 years.
- Baby Boomers bring unique characteristics as they age, presenting both challenges and opportunities for providers
- Baby Boomers have very high, and evolving, expectations and challenge limitations.

Baby Boomers are known for:

Political Power: Strong political influence and impact

Consumerism: Spending trillions annually on goods and services.

Technology Adoption: Higher tech confidence compared to general population.

Cultural Influence: Pioneering changes in music, television, and social norms like drugs, sexual freedom, and popularity of rock and folk music.

Education: Focused on science and math advancements, inspired by events like Sputnik in 1957.

Hobbies: Interests in activities such as golf, fishing, gardening, brewing, day trading, and political activism.

Challenges Related to Baby Boomer Characteristics:

- Generational Friction
- Economic disparities among ethnic/racial groups
- Need for more diverse health care services
- Evolving models of assisted living communities
- Substance abuse disorders
- Higher suicide rates
- Financial Instability
- Rising obesity rates

This sophisticated generation – with its strong influence in politics, confidence with technology, and desire for individualized living options—presents both challenges and opportunities. Is your community prepared to take on the unique needs and expectations of the Baby Boomer generation?

Through the Baldrige and Quality Award Journey, providers learn to develop systematic processes that address these challenges and foster person-centered solutions.

Act today by engaging in the AHCA/NCAL Quality Awards Program for organizational success tomorrow.

Learn more by emailing qualityaward@ahca.org or visiting the [Quality Award website](#).

Regulatory Current and Future Demands

- Organizations who participate in quality improvement efforts that include data collection are **better prepared for survey**
- **ALs who participate are ahead of the regulatory curve** by incorporating quality assurance and performance improvement (QAPI) into daily operations
- QAPI and National Quality Awards **utilize systematic approach to organizational performance** and focus on leadership, responding to staff and customers, and demonstrating results through data
- Shows organization's **commitment to continuous quality improvement** efforts



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Setting the Foundation Through Data



Issue Brief: Assisted Living – A Growing Aspect of Long Term Care

ASSISTED LIVING **BY THE NUMBERS**



FACTS AND FIGURES FOR THE PROFESSION

GROWING ASPECT OF LONG TERM CARE

Assisted Living communities offer a unique mix of personal care services, companionship, independence, privacy, and security. Assisted living communities typically serve individuals who need help with everyday activities of daily living and some health care services but generally do not require 24-hour skilled nursing care services for extended periods of time. The foundation of assisted living is to deliver person-centered care and services to each individual resident.

[FACT](#)
[SHEET](#)

RESIDENTS

Assisted living communities serve those who need help with some activities of daily living (ADLs) and health care services.

818,800 RESIDENTS NATIONWIDE

70% WOMEN
30% MEN

50% AGE 85 AND OLDER
31% AGE 75-84
13% AGE 65-74
6% AGE 65 AND UNDER

Assisted Living Fact Sheet

WORKFORCE

478,500

TOTAL EMPLOYEES

NURSING
STAFF
BREAKDOWN

66% Aide

19% LVN/LPN

15% RN



COMMUNITIES

30,600 TOTAL COMMUNITIES
ASSISTED LIVING AND OTHER RESIDENTIAL CARE

1,197,600 LICENSED UNITS

39 UNITS ON AVERAGE PER COMMUNITY

10%

XL
+100 Units

33%

LARGE
26-100 Units

14%

MEDIUM
11-25 Units

43%

SMALL
4-10 Units

Assisted Living Fact Sheet

PAYING FOR CARE

AVERAGE YEARLY COST

\$54,000

This is less than the average cost for homemaker services (\$59,488) or a home health aide (\$61,776). The majority of assisted living residents use some form of private funds to pay for personal care and room and board.

MEDICAID

61% OF ALs ARE
MEDICAID CERTIFIED

A little more than 18% of residents rely on Medicaid to pay for daily services. Medicaid does not pay for room and board costs. Each state varies on whether it covers assisted living services.

MEDICARE

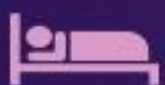
Medicare does not cover assisted living services, but most residents are beneficiaries, making Medicare issues (hospitalizations, medications, therapy services, etc.) important to assisted living providers.

Assisted Living Fact Sheet

ADLs | ACTIVITIES OF DAILY LIVING



64% BATHING



34% BED TRANSFER



49% DRESSING



22% EATING



43% TOILETING



50% WALKING

COMMON CONDITIONS

Assisted living communities help residents manage a number of conditions including:



42% ALZHEIMER'S DISEASE/DEMENTIA



29% DEPRESSION



17% DIABETES



31% HEART DISEASE



48% HIGH BLOOD PRESSURE

Assisted Living Fact Sheet

ACTIVITIES & SERVICES

TYPICAL SERVICES

- 24-hour supervision and assistance
- Exercise, health, and wellness programs
- Housekeeping and maintenance
- Meals and dining services
- Medication management or assistance
- Personal care services such as ADLs
- Arranging for Transportation



SPECIALIZED DEMENTIA CARE SERVICES

Memory care is an increasing component of assisted living.

- 18% have a designated unit/wing/floor
- 11% only serve adults with dementia

COORDINATED SERVICES

Assisted living does not directly provide certain health care services, but works with other providers to offer these services.

- therapy (physical, occupational or speech)
- pharmacy/pharmacist
- hospice/palliative care
- podiatry
- dental
- skilled nursing
- mental health screening or counseling

Sources: CDC National Center for Health Statistics, Genworth 2021 Cost of Care Survey, Bureau of Labor Statistics, National Center for Assisted Living

N C A L . O R G

IMPROVING LIVES *by* DELIVERING SOLUTIONS *for* QUALITY CARE

The Power of Data in Telling Your Story



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Telling & “Selling” your Story

Why?

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- Important that stakeholders know
 - Who you are
 - What you do
 - You provide quality of care and services
 - You can back up your words with data to support it
- Anecdotal information is no longer sufficient
- **People** (stakeholders, regulators, referral sources, etc.) **need to see results**
- Words alone may be considered empty unless you can support them with data

Using Data to Tell Your Story

- **Data storytelling definition –**
 - Concept of building compelling narrative based on data that helps you tell your story and influence and inform your stakeholders.
- **Data storytelling is like human storytelling but provides added benefits of deeper insights and supporting evidence.**
 - Uses charts and graphs – data
 - Complicated information is simplified
 - Stakeholders can engage with your content and make decisions quicker and more confidently



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Benefits of Data Storytelling



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- Data story can move a person to take action
- Effective data can have positive impact on people and your organization
- Added value through data support
- Highlights essential key points
- Provides human touch to your data
- Offers value to your stakeholders
- Builds credibility

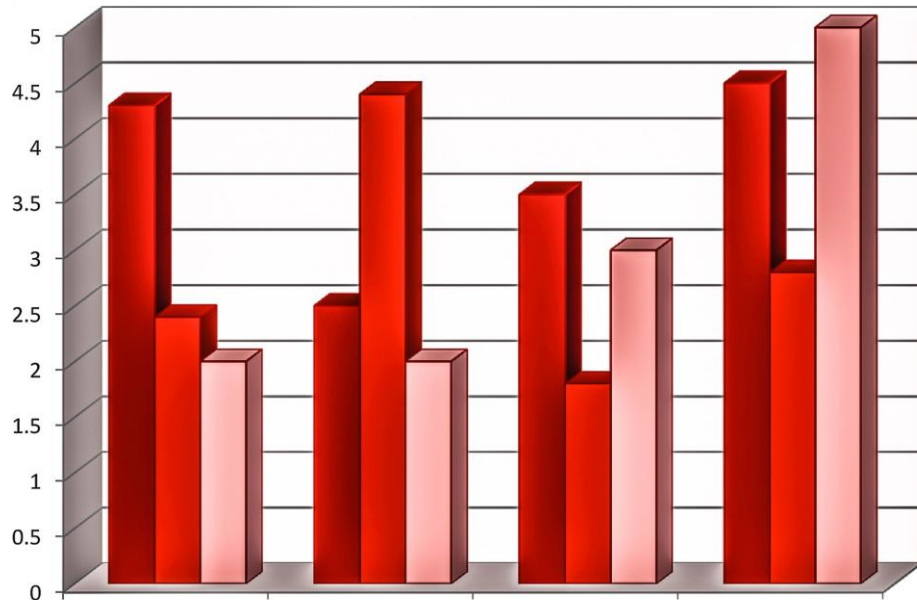
Ensuring your Data Storytelling is Valuable

- Think about your organization
 - What do you want to “prove”?
- **Collect the data**
 - How?
 - Answer - LTC Trend Tracker
- **Define the purpose** of your story
 - Use data you gathered to write the goal in one sentence
- Think about what you want to say
 - Using data to support
- Create a goal for your stakeholders
 - What action do you want them to take?



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Data Visualization in Data Storytelling



- **Data visualization** can help:
 - To reveal trends
 - Provide context and articulate insights
 - Streamline data so stakeholders, regulators, referral sources can process information
 - Improve stakeholder engagement in your organization
- Where can I get the visuals?
 - Answer - LTC Trend Tracker

Data Storytelling Elements

- **Build your narrative**
 - Tell your story and use your data as a supporting pillar
 - Help your audience understand your point of view
- **Use visuals to enlighten**
 - Visuals educate stakeholders on your narrative
 - Connecting visuals (charts, graphs, etc.) to narrative engages stakeholders with “hidden insights” that support your narrative
 - Show granular and high-level data so stakeholders appreciate your organization
- **Show data to support**
 - Your narrative offers enlightenment supported by tangible data



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Why use Data Storytelling Elements?



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- **Narrative, visuals, and data in storytelling creates emotional responses.**
 - Emotion plays role on decision-making.
 - **Linking emotional context and hard data means influencing others.**
-
- ❖ **When narrative, visuals, and data are integrated successfully you have created data storytelling that can influence people and drive outcomes.**

Where and What Data to Collect?

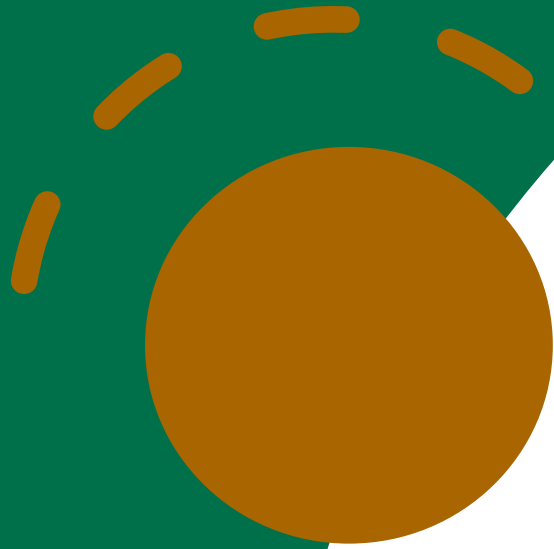
- Data is all around us, but we frequently forget to capture it.
- LTC Trend Tracker can help
- Track:
 - NCAL Measures
 - AL Turnover and Retention
 - CoreQ AL Survey Data



Tracking Data via LTC Trend Tracker

- NCAL Measures
 - Hospital admissions/readmissions
 - Off-label use of antipsychotics
 - Occupancy rates
 - Falls and Falls with Injury
- AL Turnover & Retention:
 - All staff turnover & drill down options
 - All staff retention & drill down options
- CoreQ AL Survey Data
 - Resident response rate & satisfaction rating
 - Family response rate & satisfaction rating





Methods to Upload Data

Myths and Truths about LTC Trend Tracker

Myth	Truth
It takes hours to upload data.	Data upload only takes a few minutes, even on a slow computer.
I have to create a spreadsheet to capture data for upload.	The spreadsheet is already created with everything you need and can easily be downloaded for data entry.
I don't have time to do data capture or upload.	The process is simple, the rewards are major. Data helps draw customers, stave off federal regulation and oversight, and engages stakeholders and referral sources.

Quick screenshots on upcoming slides to show value of using LTC Trend Tracker

NCAL Measures File Upload

Select a file (NCAL Measures Uploads must be in a Microsoft Excel file)

[DOWNLOAD NCAL MEASURES TEMPLATE](#)

Instructions for uploading NCAL Measures

1. Download the NCAL Measures upload template by clicking on the "Download NCAL Measures Template" button. Make note of the location on your computer where the file was saved.
2. After the download completes, open the file.
3. Enter your data into the worksheet. As you do this, you may find it helpful to reference the Help documentation, found on www.ltc-trendtracker.com under "Resource Center."
4. When you are finished entering your data, save the file, and make note of the location on your computer where it was saved.
5. Return to the "NCAL Measures File Upload" screen. Click "Browse" to select the file to upload. In the window that pop-ups, locate the file that you saved in Step 4. Click on the file name, and select "Open."
6. The pop-up window should close, and you should be on the "NCAL Measures File Upload" screen with the name of the file displayed on the screen. Click on the button that says "Upload" to upload this file. If you selected the wrong file, you can click on the button that says "Remove" and return to step 5.
7. After a short wait time, you will be notified of whether the file was accepted by the system. If your file was accepted (where no Error Messages are listed), and you are sure the worksheet you selected had the correct data, click on the "Submit as Final" button to upload the file. If there are error messages displayed, return to step 3 to correct the issues, and try again.

Step 1

Step 2

Steps to download excel spreadsheets for data entry and upload

LTC Trend Tracker: Quality Measure Data Upload for Assisted Living

- Hospital Readmissions: the number of residents admitted to AL directly from a hospital and the number of those residents sent back to the hospital within 30 days.

Spreadsheet to capture AL QM data – admissions/readmissions, off-label antipsychotics

Submitting Your Data – Data Upload

AHCA
AMERICAN HEALTH CARE ASSOCIATION

NCAL
NATIONAL CENTER FOR ASSISTED LIVING

LTCtrendtracker
YOUR QUALITY & PERFORMANCE SOLUTION

Notifications

Dashboards

Run a Report

Save or Schedule a Report

Saved & Scheduled Reports

Five-Star QM Predictor Tool

Value-Based Purchasing Tool

Manage Building Groups

Administration

Upload Data

Turnover and Retention Upload

CoreQ Survey Results Upload

NCAL Measures Upload

Multiple User/Buildings Upload

Download Data

NCAL Measures File Upload

Select a file (NCAL Measures Uploads must be in a Microsoft Excel file)

Upload

Browse ...

DOWNLOAD NCAL MEASURES TEMPLATE

Instructions for uploading NCAL Measures

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2. After the download completes, open the file.

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4. When you are finished entering your data, save the file, and make note of the location on your computer where the file was saved.

5. Return to the "NCAL Measures File Upload" screen. Click "Browse" to select the file to upload. In the window that appears, navigate to the location where you saved the file. Click on the file name, and select "Open."

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Find your file and hit SUBMIT

Run A Report

The screenshot shows the NCAAL LTC trendtracker website. The browser address bar displays <https://ltctt.ahcancal.org/secure/runReport>. The top navigation bar includes the AHCA (American Health Care Association) and NCAAL (National Center for Assisted Living) logos, along with the LTC trendtracker logo and the tagline "YOUR QUALITY & PERFORMANCE SOLUTION". The user is logged in as ptruscott@ncal.org. The left sidebar contains a menu with options: Notifications, Provider Network Data, Dashboards, Run a Report (highlighted with a blue arrow and labeled "Step 4"), Save or Schedule, Saved & Scheduled, Five-Star Q.M. Predictor, and Value-Based Purchasing Tool. The main content area is titled "Run a Report" and includes a section "Configure your Report Criteria". Under this section, there is a "Choose a Report:" dropdown menu currently set to "AL Quality Measures Report". Below the dropdown, there is a checkbox labeled "Limit my buildings for which I want to see results". At the bottom, there is a "Choose Divisions" section with a list of facilities, including "Brookhaven Medical Care Facility".

Limit your peer comparison group to city, state, nation, for profit/non-profit, bed size, etc.

AL Quality Measures Report

Customize Report

User:

Login ID: ptruscott@ncal.org
Organization: AHCA Administrative
Organization

Selection Criteria:

My Buildings: 70+ buildings included Active Buildings).
Peers: Peers in Entire Nation; No peer type restriction; Centers from My Org are not
included in peer group (10191 Currently Active Buildings).

PRINT

EXPORT TO EXCEL CSV

EXPORT TO PDF

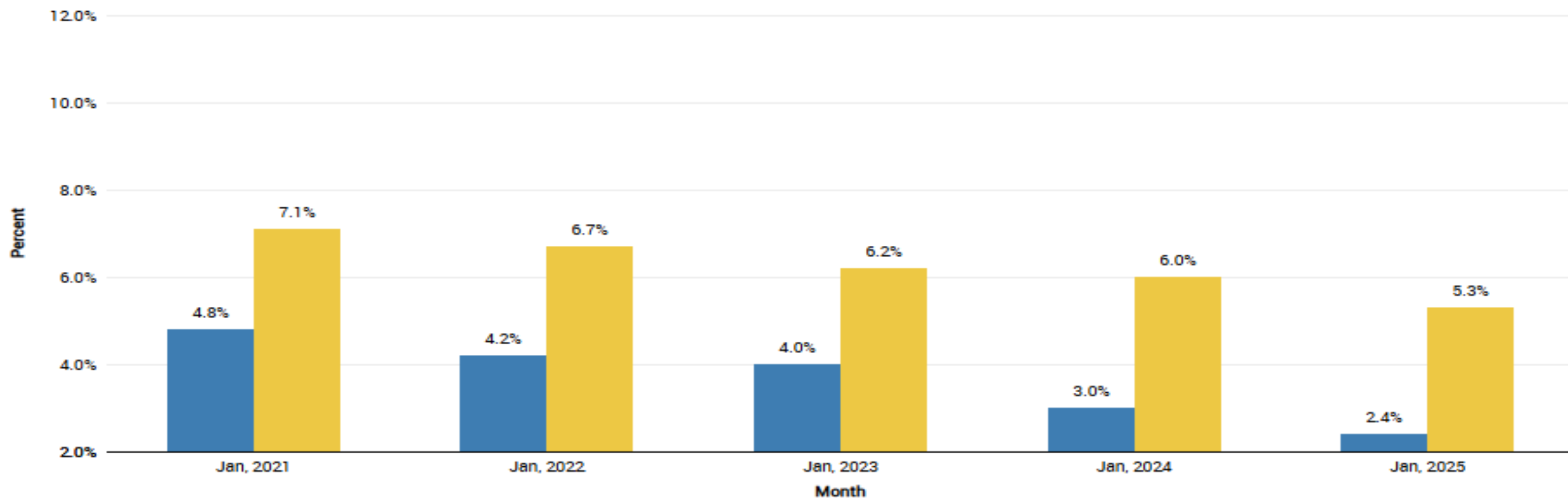
NCAL Measures

One Year Rolling Window		Feb 2024 - Jan 2025	Feb 2023 - Jan 2024	Feb 2022 - Jan 2023	Feb 2021 - Jan 2022	
NCAL Measures						
Number of Communities		71	69	53	50	My Centers
		99	210	215	193	My Peers
+ Hospital Admissions		3.3%	3.6%	3.4%	3.0%	My Centers
		5.1%	5.7%	5.2%	4.9%	My Peers
+ Hospital Readmissions		43.4%	44.9%	39.8%	39.9%	My Centers
		19.3%	22.3%	21.2%	22.5%	My Peers
+ Off-Label Use of Antipsychotics		2.4%	3.0%	4.0%	4.2%	My Centers
		5.3%	6.0%	6.2%	6.7%	My Peers
+ Occupancy Rate		90.0%	89.8%	88.4%	84.6%	My Centers
		77.6%	74.3%	71.2%	66.9%	My Peers
+ Falls with Injury		30.7%	NA	NA	NA	My Centers
		16.1%	14.3%	32.6%	24.6%	My Peers

AL QM
Report Data

AL Quality Measures Report: NCAL Measures - Off-Label Use of Antipsychotics - One Year Rolling Window

My Buildings: **70+ buildings included** (Active Buildings). Peers: Peers in Entire Nation; No peer type restriction; Centers from My Org are not included in peer group (10191 Currently Active Buildings).



AHCA/NCAL Long Term Care Trend Tracker(SM)



My Centers/Communities



Peer Comparison

Your Assisted Living Top-Line

Publication: 2022 - 1st Quarter

AL QUALITY MEASURES



Hospital Readmissions
100%

Jun'21-May'22

Hospital Admissions
5.0%

Jun'21-May'22



CoreQ Resident Satisfaction
NO DATA

Jun'21-May'22

CoreQ Family Satisfaction
NO DATA

Jun'21-May'22



Off-Label Use of Antipsychotics
2.5%

Jun'21-May'22

AL OPERATIONAL MEASURES



AL Aide Turnover
NO DATA

2021

Overall Staff Turnover
NO DATA

2021



Occupancy Rate
51.1%

Jun'21-May'22

WHAT DOES THIS DATA MEAN?

Learn more about your performance over time relative to the national average on the **following pages**. Benchmark your performance to other peer groups, like your state, on LTC Trend Tracker.

Source: LTC Trend Tracker (June 9, 2022). National data represents up to 255 communities for a given quarter. Exact sample size for each measure available on LTC Trend Tracker.

AHCA/NCAL NATIONAL QUALITY AWARDS PROGRAM



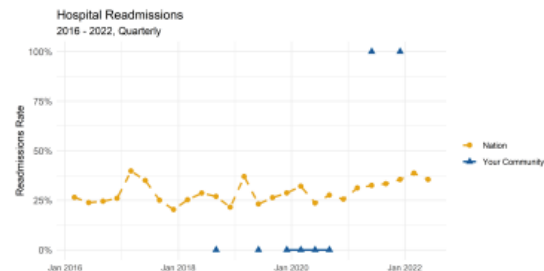
Congratulations on being a Bronze recipient. Continue the journey to Silver and remain an active recipient, [download the application today!](#)

www.LTCTrendTracker.com | help@LTCTrendTracker.com

1



Reduce Hospitalizations



Measure (Source):	Hospital Readmissions (LTC Trend Tracker)
Numerator Definition	Number of residents sent back to the hospital within 30 days of admission from the hospital
Denominator Definition	Number of residents admitted to the community directly from the hospital

Here is a summary of hospital readmission data submitted for the last five quarters.

	2021-Q2	2021-Q3	2021-Q4	2022-Q1	2022-Q2
Months of Data	3	3	3	2	NA
Numerator	1	0	1	0	NA
Denominator	1	0	1	0	NA
Rate	100%	NA%	100%	NA%	NA%



Measure (Source):	Hospital Admissions (LTC Trend Tracker)
Numerator Definition	Number of residents who spent the night in a hospital (includes both admitted and observation stays)
Denominator Definition	Number of residents in the community

Here is a summary of hospital admission data submitted for the last five quarters.

	2021-Q2	2021-Q3	2021-Q4	2022-Q1	2022-Q2
Months of Data	3	3	3	2	NA
Numerator	3	1	4	2	NA
Denominator	55	57	51	34	NA
Rate	5.5%	1.8%	7.8%	5.9%	NA%

2

Your AL Top Line Report



Increase Satisfaction



Here is a summary of CoreQ Resident Satisfaction data submitted for the last four quarters.

	2020Q4-2021Q3	2021Q1-2021Q4	2021Q2-2022Q1	2021Q3-2022Q2
Survey Date				
Numerator	NA	NA	NA	NA
Denominator	NA	NA	NA	NA
Rate	NA%	NA%	NA%	NA%

Measure (Source):	CoreQ Resident Satisfaction (LTC Trend Tracker)
Numerator Definition	Number of resident respondents with an average score greater to or equal to 3.0 on all the CoreQ questions
Denominator Definition	Number of valid resident responses



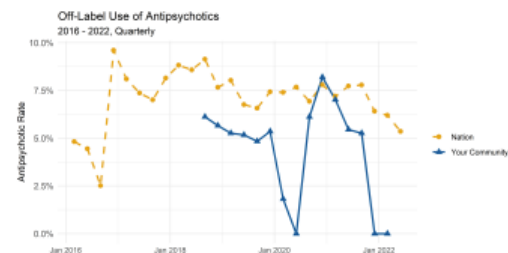
Here is a summary of CoreQ Family Satisfaction data submitted for the last four quarters.

	2020Q4-2021Q3	2021Q1-2021Q4	2021Q2-2022Q1	2021Q3-2022Q2
Survey Date				
Numerator	NA	NA	NA	NA
Denominator	NA	NA	NA	NA
Rate	NA%	NA%	NA%	NA%

Measure (Source):	CoreQ Family Satisfaction (LTC Trend Tracker)
Numerator Definition	Number of family respondents with an average score greater to or equal to 3.0 on all the CoreQ questions
Denominator Definition	Number of valid family responses



Reduce Off-Label Antipsychotics



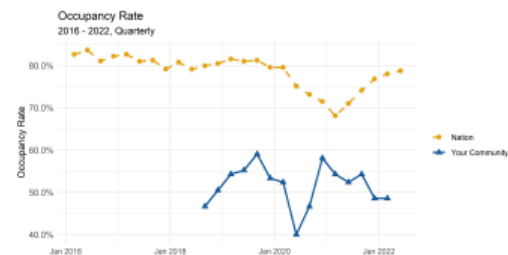
Measure (Source):	Off-Label Antipsychotics (LTC Trend Tracker)
Numerator Definition	Number of residents with an off-label antipsychotic drug prescribed
Denominator Definition	Number of residents in the community

Here is a summary of off-label antipsychotic data submitted for the last five quarters.

	2021-Q2	2021-Q3	2021-Q4	2022-Q1	2022-Q2
Months of Data	3	3	3	2	NA
Numerator	3	3	0	0	NA
Denominator	55	57	51	34	NA
Rate	5.5%	5.3%	0%	0%	NA%



Occupancy Rate



Measure (Source):	Occupancy Rate (LTC Trend Tracker)
Numerator Definition	Number of residents in the community
Denominator Definition	Number of beds

Here is a summary of occupancy data submitted for the last five quarters.

	2021-Q2	2021-Q3	2021-Q4	2022-Q1	2022-Q2
Months of Data	3	3	3	2	NA
Numerator	55	57	51	34	NA
Denominator	105	105	105	70	NA
Rate	52.4%	54.3%	48.6%	48.6%	NA%

Your AL Top Line Report

Next Steps

LTC Trend TrackerSM

LTC Trend TrackerSM is a web-based tool that enables long term and post-acute care providers, including assisted living, to access key information that can help their organization succeed. This exclusive benefit for AHCA/NCAL members, allows skilled nursing and assisted living organizations to benchmark personal metrics to those of their peers and examine ongoing quality improvement efforts. LTC Trend Tracker is AHCA/NCAL members' one-stop-shop to gain timely information and valuable insight about their own performance as well as that of the entire profession.

[LOGIN](#)[REGISTER](#)

BEHOLD THE POWER OF INFORMATION

With just a few clicks of a button, LTC Trend Tracker gives you access to government data collected by the Centers for Medicare and Medicaid Services (CMS) on skilled nursing centers – providing you with one central hub for all your reporting needs. For assisted living members, LTC Trend Tracker allows you to upload and track key quality metrics. Use the Dashboard to quickly see how you are trending on key metrics compared to your peers. Quickly download reports to share and engage staff members as well as area providers to build partnerships.

TAKE ADVANTAGE OF YOUR MEMBERSHIP

More than 8,000 skilled nursing centers and assisted living communities have signed up to use LTC Trend Tracker – at no additional cost to their organization.

You must be an AHCA/NCAL member to access this valuable resource. If you're not a member of AHCA/NCAL, [learn how to join](#).

ENHANCE YOUR COMMITMENT TO QUALITY

Improving quality care is a journey, and LTC Trend Tracker is the tool you need to ensure your organization stays on track. Monitor your progress on quality measures, Five-Star, AHCA/NCAL Quality Initiative goals, hospital readmission rates and more. Identify areas your organization should address in order to improve and set your own performance targets. Demonstrate your dedication to quality to your patients and residents with verifiable results.

GAIN A COMPETITIVE EDGE

Monitoring only your own performance isn't enough to stay relevant in today's long term and post-acute care market. LTC Trend Tracker provides information on fellow providers from a local, regional and national perspective, so you can see how you measure up (individual organization's information stays private; LTC Trend Tracker only reports in the aggregate). Benchmark yourself to those of your peers and keep your organization ahead of the curve.



NEED HELP?

Email help@ltctrendtracker.com for assistance. It is important that you add this email address as a *Safe-Sender* to receive a response. Upon your initial outreach via this email, you should receive an automatic response.

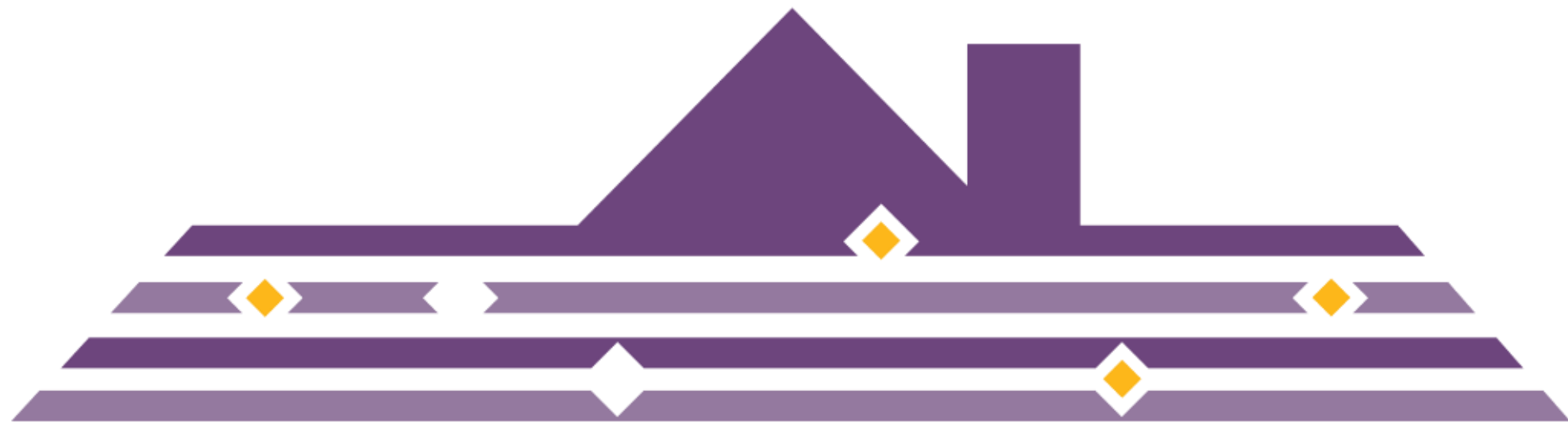
HELP@LTCTRENDTRACKER.COM

COURSES ON AHCANCALED

🔗 How do I use LTC Trend Tracker as a skilled nursing facility?

🔗 How do I use LTC Trend Tracker as an assisted living facility?

- Login, upload data monthly
- Register if you don't have an account
- Email help@LTCTrendTracker.com for assistance
- Visit www.ltctrendtracker.com for more information



Long-Term Care

DATA COOPERATIVE



Long Term Care (LTC) Data Cooperative



1. What is it?
2. Why is AHCA NCAL involved?
3. How can providers benefit?
4. What's next?

What is the LTC Data Cooperative?

Gathers clinical Electronic Health Record (EHR) data from EHR vendors on providers' behalf to be used for:

- Health care operations (feedback reports with your own facility data, etc.)
- Public health surveillance
- Research on effectiveness

LTC Data Cooperative Partners

- Funded by National Institute on Aging grant starting in 2021, in response to wanting more timely data after start of COVID-19 pandemic.
- Current partners:
 - Brown University – Main awardee
 - Acumen. – Data engineering firm that hosts data securely
 - PointClickCare – participating EHR vendor
 - MatrixCare – participating EHR vendor

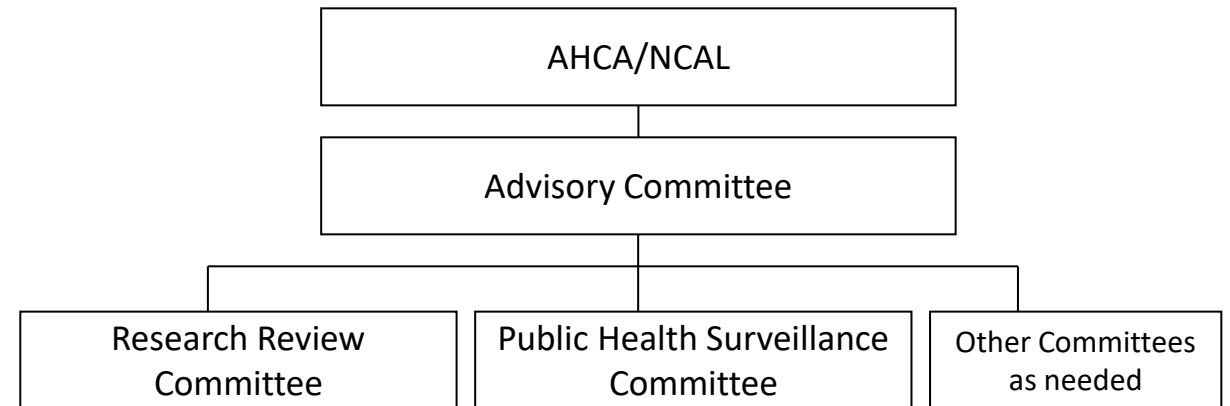
LTC Data Cooperative Mission

- To improve the quality of care within long-term care communities by translating comprehensive data on post-acute and long-term care residents into accessible and actionable information for clinicians, managers, and policy-makers.

Why is AHCA NCAL involved?

- Mission aligns with AHCA NCAL's mission to deliver solutions
- Governance structure ensures that the LTC Data Cooperative is **provider-led**

Governance structure



Why is AHCA/NCAL involved?

- AHCA staff conduct data analytics conducted and distribute reports back to participating facilities and organizations. These reports can help support:
 - Provider-owned networks' discussions about value-based payment
 - Quality Award applications
 - Internal quality improvement at provider organizations
- AHCA and CDC exploring ways that data can be used for public health reporting – **only** with provider permission

How do providers benefit directly?

- Free to join, free to get reports on your organizations/facilities
- Provider-led – you and your peers shape how data are used

How do providers benefit indirectly?

- There is limited data on what works to improve care for populations we see in LTC settings.
- The LTC Data Cooperative will increase access to data for researchers who will focus directly on the population in LTC.
- Outcomes from this research will give the entire LTC sector better information to help improve care.

Data in LTC Data Cooperative as of 3/31/24

- Over 1.1 million residents going back to 2019
- Data elements include:
 - Diagnoses
 - Episode stay information
 - Medication orders and medication administrations
 - Vitals readings
 - Lab results
 - Vaccination administrations

Status of Data in LTC Data Cooperative

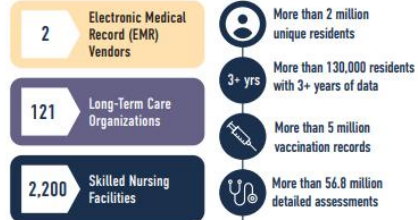
Long-Term Care DATA COOPERATIVE

By the Numbers

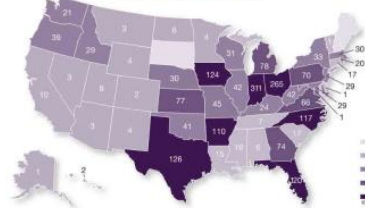
As of October 10, 2024

The Long-Term Care (LTC) Data Cooperative is a provider-led collaboration by skilled nursing facilities and assisted living communities to create the nation's largest collection of post-acute and long-term care electronic health record data, with the goals of informing health care providers, empowering researchers, strengthening public health surveillance, offering a launchpad for clinical trials, and improving residents' health outcomes.

Available Data at a Glance



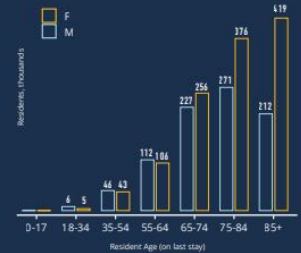
Map of Available Data



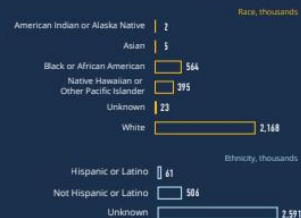
The Long-Term Care (LTC) Data Cooperative is sponsored by the National Institute on Aging (NIA) through a supplemental grant (5U54AG063546-04) to the NIA Imbedded Pragmatic Alzheimer's Disease and AD-Related Dementias Clinical Trials Collaboratory (NIA IMPACT Collaboratory). The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health nor the investigators of the IMPACT Collaboratory or the LTC Data Cooperative.

Resident Demographics

Age and Sex



Race and Ethnicity



Distribution of Short Stay Versus Long Stay Residents, by month, 2019 onward

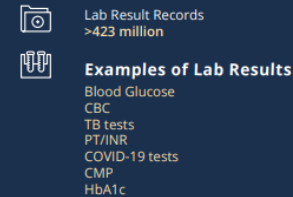


Residents are considered long-stay after 100 consecutive days in a facility.

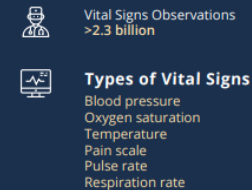
www.ltcdatacooperative.org

Clinical Data

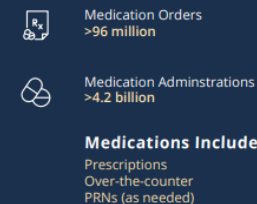
Lab Results



Vital Signs



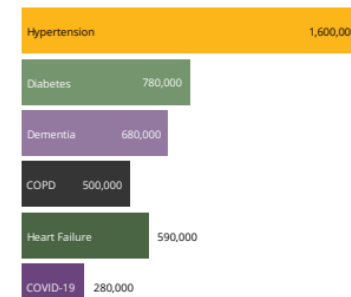
Medications



Long-Term Care DATA COOPERATIVE

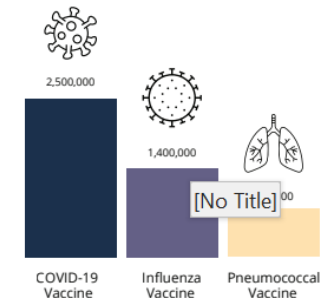
Selected Conditions

Residents with Selected Diagnoses



Vaccinations

Top Vaccination Records, including Administrations, Histories, and Declinations



All metrics were calculated from EMR-sourced data available as of October 10, 2024. No guarantees of the accuracy or timeliness of these metrics are made or implied. No guarantees of availability or quality of EMR-sourced data are made or implied. The Long-Term Care (LTC) Data Cooperative is sponsored by the National Institute on Aging (NIA) through a supplemental grant (5U54AG063546-04) to the NIA Imbedded Pragmatic Alzheimer's Disease and AD-Related Dementias Clinical Trials Collaboratory (NIA IMPACT Collaboratory). The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health nor the investigators of the IMPACT Collaboratory or the LTC Data Cooperative.

Long-Term Care DATA COOPERATIVE

By the Numbers

As of October 10, 2024

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Available Data at a Glance

2

Electronic Medical
Record (EMR)
Vendors

121

Long-Term Care
Organizations

2,200

Skilled Nursing
Facilities



More than 2 million
unique residents

3+ yrs

More than 130,000 residents
with 3+ years of data

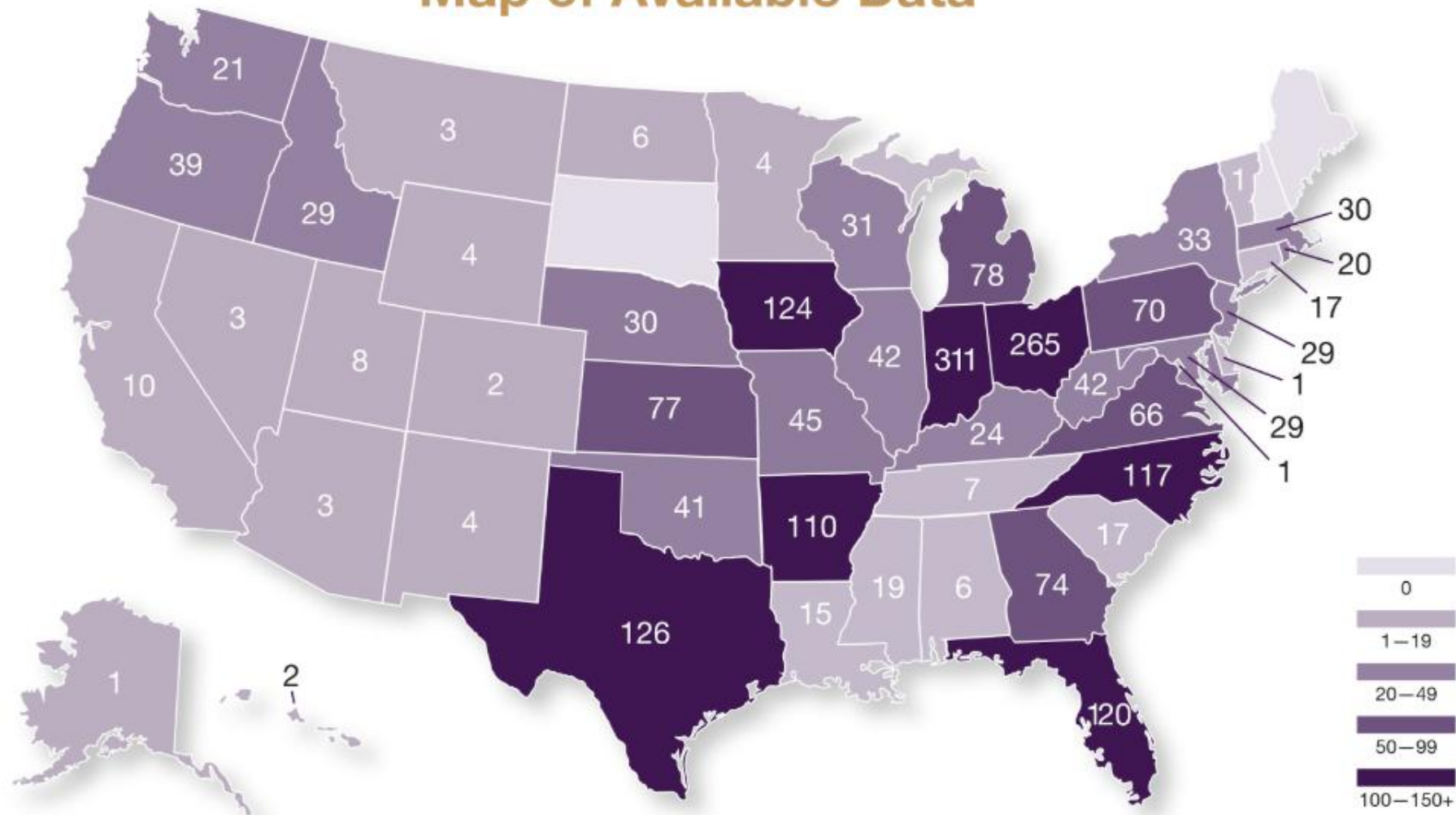


More than 5 million
vaccination records



More than 56.8 million
detailed assessments

Map of Available Data

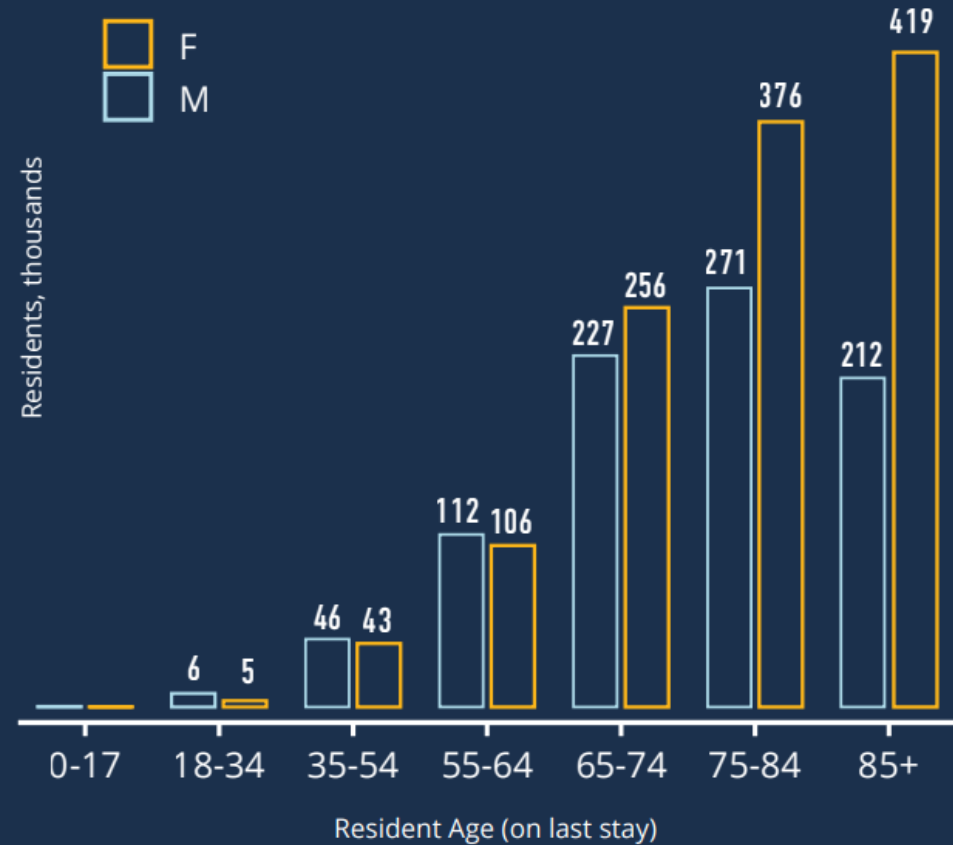


Note: Skilled nursing facilities with data as of October 10, 2024.

This map represents the geographic distribution of 2157 out of 2200 total skilled nursing facilities with data ready for researcher use in the Long-Term Care Data Cooperative (43 with missing state information).

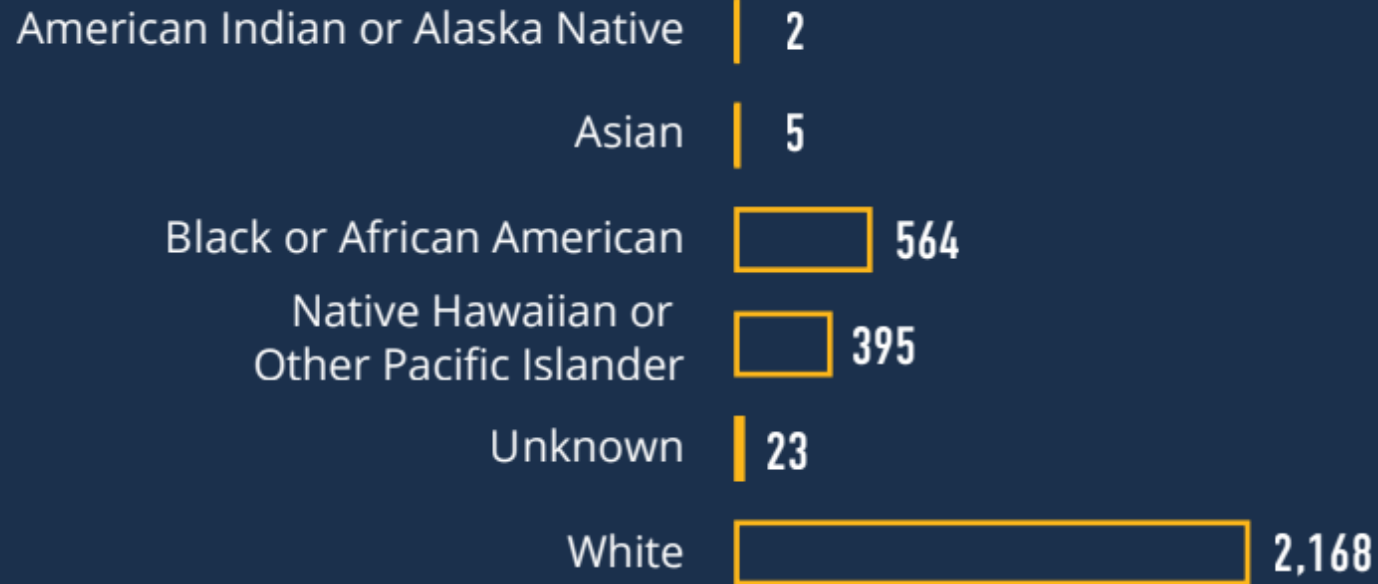
Resident Demographics

Age and Sex



Race and Ethnicity

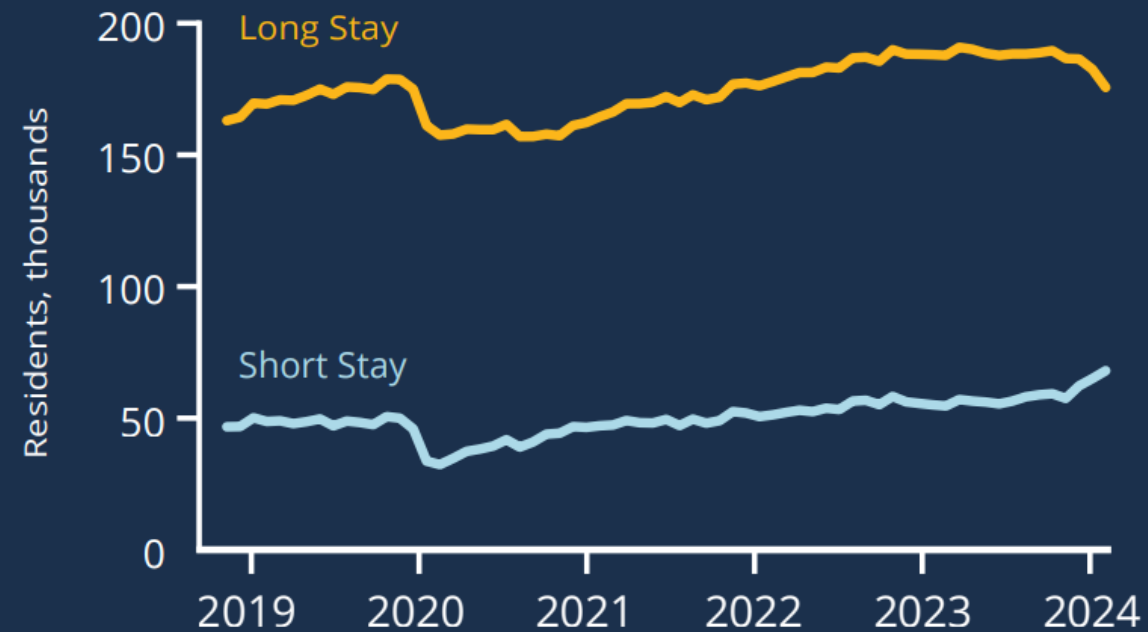
Race, thousands



Ethnicity, thousands



Distribution of Short Stay Versus Long Stay Residents, by month, 2019 onward



Residents are considered long-stay after 100 consecutive days in a facility.

www.ltcdatacooperative.org

Clinical Data

Lab Results



Lab Result Records
>423 million

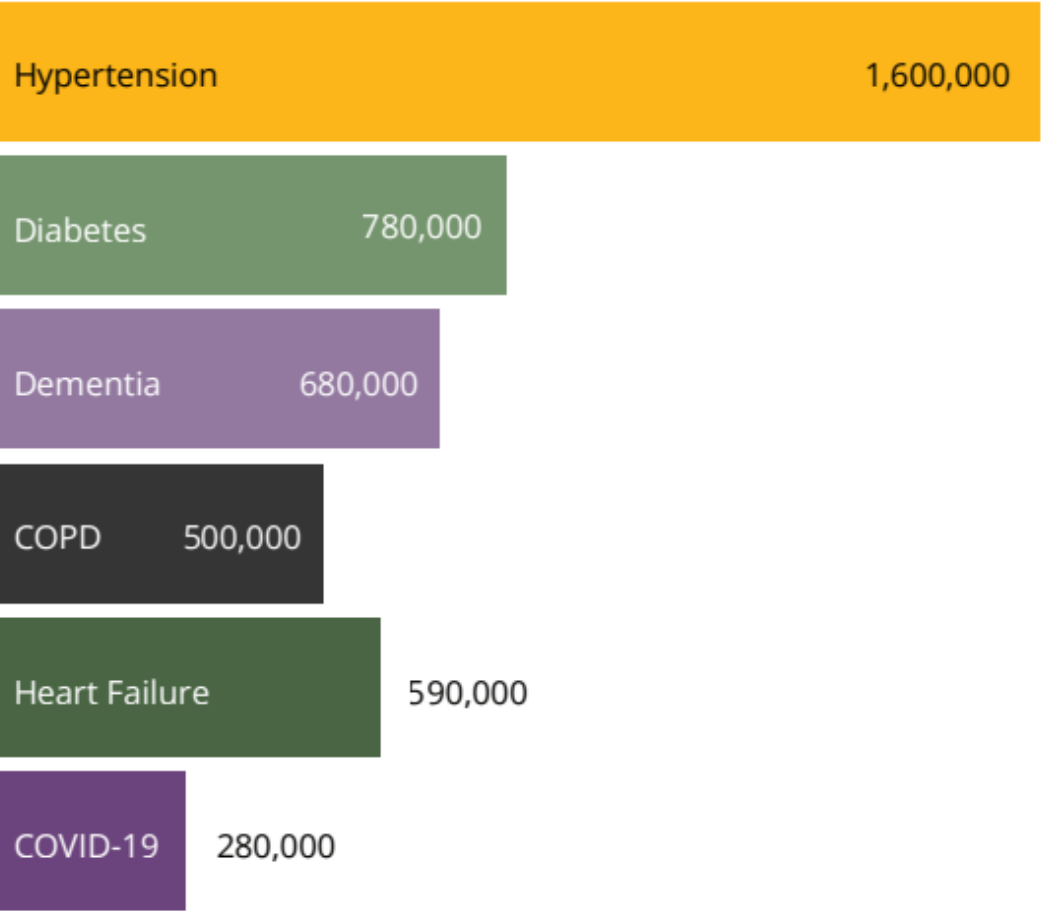


Examples of Lab Results

Blood Glucose
CBC
TB tests
PT/INR
COVID-19 tests
CMP
HbA1c

Selected Conditions

Residents with Selected Diagnoses



Vital Signs



Vital Signs Observations
>2.3 billion



Types of Vital Signs

Blood pressure

Oxygen saturation

Temperature

Pain scale

Pulse rate

Respiration rate

Medications



Medication Orders
>96 million



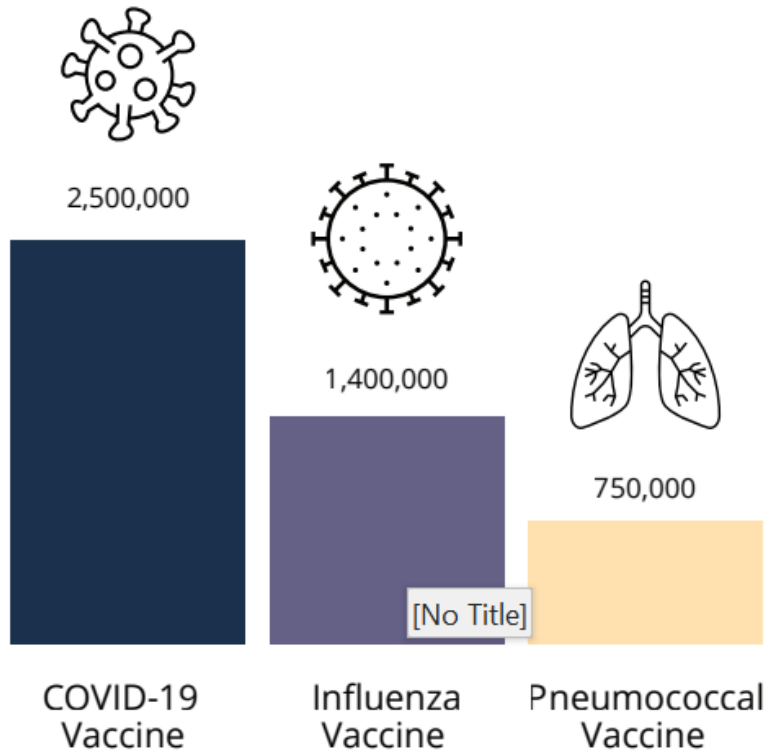
Medication Adminstrations
>4.2 billion

Medications Include

Prescriptions
Over-the-counter
PRNs (as needed)

Vaccinations

Top Vaccination Records, including Administrations, Histories, and Declinations



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What's next?

- Register for the LTC Data Cooperative by emailing LTCDataCooperative@AHCA.org
- Tell us your EHR vendor
 - Even if your EMR vendor is not currently engaged in the LTC Data Cooperative, your organization can still reap the benefits of being enrolled in the Data Cooperative.
- Review and sign Consortium Participation Agreement
- Receive communications, reports, meeting invitations, etc.

How does it work?

- Organization that holds the contract with the EHR vendor registers on behalf of **all** facilities on that vendor contract
- Organization signs a **Consortium Participation Agreement**, which includes:
 - Business Associate Agreement, which covers (1) analytic reports for your facilities and (2) public health surveillance (aggregated, no facility-level identifiers)
 - Research license granted to AHCA
 - Data Release Form that authorizes EHR vendor to share data

Why Do I Need Both LTC Trend Tracker and LTC Data Cooperative?

- LTC Trend Tracker captures:
 - NCAL Quality Measures
 - Hospital Admissions/readmissions
 - Falls and Falls with Injury
 - Off-label antipsychotic use
 - Occupancy rates
 - Turnover and Retention
 - Overall turnover and retention
 - Drill down turnover and retention
 - CoreQ
 - Resident and family satisfaction rates
- LTC Data Cooperative captures:
 - Advance directives
 - Medications
 - Diagnoses
 - Vital signs
 - Hospitalizations
 - Vaccination data

Want to get started?

- Ask us for a meeting!
 - We can answer any questions about the LTC Data Cooperative and Consortium Participation Agreement
- You can review more on the website!
 - [Information Security and Data Privacy Guide](#)
 - [Frequently Asked Questions](#)
 - And more at ltcdatacooperative.org

Contact Us



Visit our website at:

www.ltcdatacooperative.org

Request materials, meetings, etc:

LTCDDataCooperative@AHCA.org



Business Case for Using LTC Trend Tracker and LTC Data Cooperative



Business Case for Using Data in LTC and Post-Acute Care

- Improved regulatory compliance
 - Data helps track and ensure compliance with regulatory requirements, reducing risks and liabilities.
- Enhanced safety and quality of care
 - Regular tracking and reviewing of compliance-related data allows proactive addressing of health and safety issues.
- Predictive maintenance
 - Anticipating maintenance needs before they become problems helps extend equipment life and reduce disruptions.
- Resource Optimization
 - Data allows for smarter decisions on energy use, staffing levels, and budgeting, ensuring quality service within financial constraints.



Business Case for Using Data in LTC and Post-Acute Care

- Informed budgeting and financial planning
 - Clear financial insights support effective planning, justification of investments, and identification of savings opportunities.
- Operational efficiency
 - Data-driven decision-making can streamline operations, reduce duplication, and improve overall efficiency.
- Better patient outcomes
 - Data analytics can help predict illnesses before they happen, allowing for proactive care and better patient outcomes.
- By leveraging data effectively, LTC facilities can not only improve their operational efficiency but also enhance the quality of care provided to residents.



Advantages of Using Data in LTC and Post-Acute Care

- Personalized care plans
 - Data analytics enable the creation of individualized care plans tailored to each resident's unique health needs and preferences. This ensures more accurate and effective care delivery.
- Early detection and prevention
 - Predictive analytics can identify potential health issues before they become severe, allowing for timely interventions and preventive measures.
- Improved resource allocation
 - Data helps in optimizing the allocation of resources, such as staffing and medical supplies, ensuring that they are used efficiently and effectively.



Advantages of Using Data in LTC and Post-Acute Care

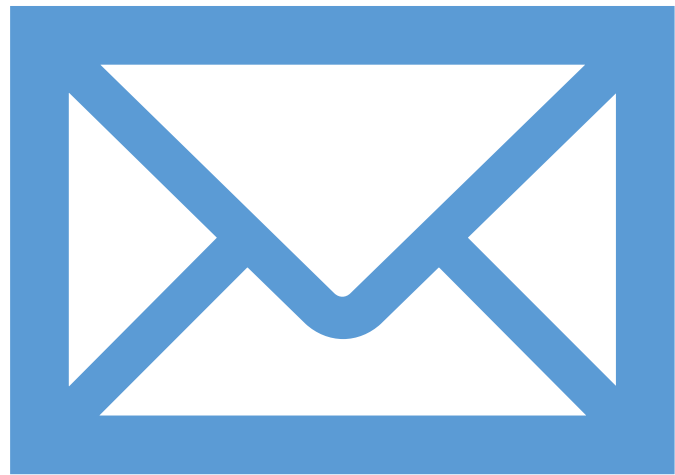
- Enhanced communication
 - Digital records and data sharing facilitate better communication among healthcare providers, caregivers, and family members, leading to more coordinated and comprehensive care.
- Regulatory compliance
 - Data tracking helps ensure adherence to regulatory standards and requirements, reducing the risk of fines and legal issues.
- Operational efficiency
 - Data-driven insights streamline administrative processes, reduce paperwork, and improve overall operational efficiency.



Advantages of Using Data in LTC and Post-Acute Care

- Resident satisfaction
 - By using data to enhance the quality of care and personalize services, residents are likely to experience greater satisfaction and improved quality of life.
- Cost management
 - Data helps identify areas where costs can be reduced without compromising care quality, leading to more sustainable financial management.
- Safety improvements
 - Data can be used to monitor and improve safety protocols, reducing the risk of accidents and incidents within the facility.

By harnessing the power of data, LTC and assisted living communities can achieve better outcomes for residents, more efficient operations, and greater overall effectiveness in delivering care.



Discussion & Questions?

Contact Information

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ptruscott@ncal.org



IMPROVING LIVES *by*
DELIVERING SOLUTIONS *for*
QUALITY CARE