

REQUEST

Date of Application: $\frac{03}{MM} / \frac{13}{DD} / \frac{2020}{YYYY}$

PART I: Background Information

Name of the Organization: Qsource

Address Line 1: 3340 Players Club Pkwy

Address Line 2: Suite 300

City, County, State, Zip Code: Memphis, TN

Tax Identification Number: 62-0924699

CMS Certification Number, if applicable: -

Medicaid Provider Number, if applicable: -

Name of the Project Leader: Amanda Ryan

Address: 49 Music Square West, Suite 402

City, County, State, Zip Code: Nashville, Davidson County, Tennessee, 37203

Internet E-mail Address: aryan@qsource.org

Telephone Number: - -

Mobile Number: - -

Have other funding sources been applied for and/or granted for this proposal? Yes No

If yes, please explain/identify sources and amount.

REQUEST, cont.

PART II: Applicable to Certified Nursing Home Applicants

This Information is not relevant for Qsource

Name of the Facility: _____

Address Line 1: _____

Address Line 2: _____

City, County, State, Zip Code: _____

Telephone Number: - -

CMS Certification Number: -

Medicaid Provider Number: -

Date of Last Recertification Survey: / /
MM / DD / YYYY

Highest Scope and Severity Determination: (A - L) _____

Date of Last Complaint Survey: / /
MM / DD / YYYY

Highest Scope and Severity Determination: (A - L) _____

Currently Enrolled in the Special Focus Facility (SFF) Initiative?
Yes No

Previously Designated as a Special Focus Facility?
Yes No

Participating in a Systems Improvement Agreement?
Yes No

Administrator's Name: _____

Owner of the Nursing Home: _____

CEO Telephone Number: - -

CEO Email Address: _____



REQUEST, cont.

Name of the Management Company: _____

Chain Affiliation (please specify) Name and Address of Parent Organization: _____

Outstanding Civil Money Penalty? Yes No

Nursing Home Compare Star Rating: _____ (can be 1, 2, 3, 4 or 5 stars)

Date of Nursing Home Compare Rating: ____/____/____
MM DD YYYY

Is the Nursing Home in Bankruptcy or Receivership? Yes No

If an organization is represented by various partners and stakeholders, please attach a list of the stakeholders in the appendix.

NOTE: The entity or nursing home which requests CMP funding is accountable and responsible for all CMP funds entrusted to it. If a change in ownership occurs after CMP funds are granted or during the course of the project completion, the project leader shall notify CMS and the State Agency within five calendar days. The new ownership shall be disclosed as well as information regarding how the project shall be completed. A written letter regarding the change in ownership and its impact on the CMP Grant application award shall be sent to CMS and the State Agency.

**Part III:
Project Category**

Please place an "X" by the project category for which you are seeking CMP funding.

- Direct Improvement to Quality of Care
- Resident or Family Councils
- Culture Change/Quality of Life
- Consumer Information
- Transition Preparation

REQUEST, cont.

- Training
- Resident Transition due to Facility Closure or Downsizing
- Other: Please specify _____

**Part IV:
Funding Category**

Please specify the amount and place an "X" by the funding category.

Amount Requested: \$ 2,570,400

- | | |
|---|---|
| <input type="checkbox"/> \$2,500 or less | <input type="checkbox"/> \$10,001 – \$25,000 |
| <input type="checkbox"/> \$2,501 – \$5,000 | <input type="checkbox"/> \$25,001 – \$50,000 |
| <input type="checkbox"/> \$5,001 – \$10,000 | <input checked="" type="checkbox"/> Over \$50,000 |

**Part V:
Proposed Period of Support**

CEO Signature



From: $\frac{08}{MM} / \frac{01}{DD} / \frac{2020}{YYYY}$ (e.g. 06/01/2010) **To:** $\frac{07}{MM} / \frac{31}{DD} / \frac{2023}{YYYY}$ (e.g. 12/01/2010)

**Part VI:
Purpose and Summary**

PROJECT TITLE

Include a cover letter to the State Agency Director with the application. The cover letter should introduce your organization, explain the purpose of the project and contain a summary of your proposal. The letter should include the amount of funding that you are requesting, the population it will serve, and the need it will help solve. Make a concerted effort to bring your project to life in the cover letter and actively engage the reader.

Part VI: Purpose and Summary

Mr. Vincent Davis, State Survey Agency Director
665 Mainstream Drive, Second Floor
Nashville, Tennessee 37243

Dear Mr. Davis:

Please consider the enclosed application for civil money penalty (CMP) funding, **Best Practices Dissemination and Quality Improvement Support for Skilled Nursing Facilities (SNFs) via a Tennessee Culture of Safety Center (CSC)**, submitted by Qsource to help improve quality of life for SNF residents in Tennessee by reducing the large number of serious deficiencies.

Qsource's project proposes to create a CSC that would produce an annual one-day summit in each of the three years, in partnership with key stakeholders such as the SNF trade organizations, Ombudsmen, and the Tennessee Department of Health (TDH). The Summit will bring nationally recognized experts in fields such as quality, safety, and customer experience to SNFs across the state. The summit will include action-oriented breakout sessions that focus on best practices aimed at achieving the stated outcomes and incorporating quality improvement (QI) principles. The CSC will engage a minimum of 20 SNFs each year in intensive regional QI collaboratives focused on the most commonly identified improvement opportunities related to resident safety and quality of life. The CSC collaboratives will include monthly virtual meetings with participating facilities, as well as quarterly virtual and/or in-person events to encourage peer-to-peer learning. More intensive, onsite education will target SNFs needing additional assistance and one-on-one support. CSC collaboratives, conducted under the guidance of an advisory council, include key stakeholder and resident and family representatives that will direct the content for the annual summit and contribute their guidance, along with input from the SNFs, to identify topics of focus for collaborative activities in years two and three.

Qsource is a 501(c)3 nonprofit corporation with more than 40 years of successful QI work with a wide array of clinicians, institutional providers, beneficiaries, and other community-based stakeholders. With our background in SNF assistance, including the facilitation of a Centers for Medicare & Medicaid Services (CMS) pilot project to provide QI education to SNF leadership and frontline staff, we are uniquely prepared to lead the collaborative work we are proposing. In partnership with the state survey agency (SSA), the pilot work focused on addressing the most common reasons for immediate jeopardy citations. CMS extended the work beyond the original two-year period and expanded it to assess the applicability of the education to additional SNFs in multiple states.

The proposed project will use \$2,570,400 of CMP funds. Collaboratives will begin August 1, 2020 and run through July 31, 2023 (period of 3 years). No non-CMP funds are expected to be used in this project. *Qsource will teach teams at each nursing home to monitor and maintain new processes to ensure project sustainability beyond the funded timeframe. During the training at the facility we will educate multidisciplinary teams on QAPI principles related to a PIP. This will include how to identify topics of focus utilizing data, implement interventions, and monitor processes going forward. This will ensure strong processes are put into place at the facility for sustainment of PIP work. We will also provide the facility a virtual toolkit and online resources to go along with their topic of focus.* Thank you for your consideration.

Sincerely,



Dawn M. FitzGerald, MS, MBA Chief Executive Officer

Part VII: Expected Outcomes

Project Abstract

For more than 17 years, Qsource has empowered Skilled Nursing Facilities (SNFs) to improve care for their residents through quality improvement (QI) education, identification of best practices, and implementation of essential QI activities. We have helped SNFs achieve significant improvement in the Nursing Home Quality Initiative (NHQI). Our long-standing and trusted relationships with the SNFs in Tennessee have resulted in a high level of staff engagement, satisfaction, and the achievement of improved clinical outcomes.

The mission of SNF QI is vitally important. According to ProPublica,¹ Tennessee ranks 8th in the country for highest number of serious deficiencies per home, 3rd for the largest average number of fines, and 17th for the largest number of payment suspensions (accessed on February 28, 2020). From January 2017–September 2019, there were 110 fines at an average cost of \$22,423 for a total of \$7,085,844. This included 25 payment suspensions. These citations are indications that the health of the SNF resident remains at risk. According to data from CMS’s Nursing Home Compare, common deficiencies in Tennessee nursing homes are related to residents’ rights, abuse, care planning, accident prevention, medication errors and storage, and infection control. Staff education on QI, which Qsource has shown leads to increased staff and resident satisfaction, is key to addressing these deficiencies and improving resident care and safety.

This proposal reflects our belief that there are three essential components to addressing the significant potential of resident harm and improving quality of care: improvement of quality measures, addressing the most common deficiencies, and acceleration and coordination of QI activities.

We are proposing to implement a coordinated collaborative effort across the state led by Qsource. The focus of our support will be:

- ◆ Coordinate activities to increase QI knowledge and implementation while reducing the burden for SNFs
- ◆ Ensure SNFs can easily access the resources, skills, knowledge, and analytic products needed to fully engage staff and residents
- ◆ Forge a sense of community engagement in a state-wide program
- ◆ Address emerging SNF health issues in a timely fashion
- ◆ Create continuous learning from successful and unsuccessful regional efforts in each of the priority areas to allow for rapid adaptation and adoption of high-value work
- ◆ Aggregate knowledge over the three years of the project to determine what works in a variety of contexts
- ◆ Ensure that CMS, the Tennessee Department of Health (TDH), and their partners can be easily engaged in ongoing program progress
- ◆ Support alignment with the CMS Quality Innovation Network-Quality Improvement Organization (QIN-QIO), Tennessee’s Quality Improvement in Long Term Services and Supports (QuILTSS) and other state and national programs working towards similar goals.

¹ ProPublica – Nursing Home Inspect (<http://projects.propublica.org/nursing-homes/>)

Qsource will accomplish the above through the development of a **Culture of Safety Center (CSC)**. The aims of the CSC are twofold.

- ◆ **Aim 1 - Annual Summit.** Produce an annual one-day summit in each of the three years, in partnership with key stakeholders such as SNF trade organizations and TDH. This conference will bring nationally recognized experts in fields of quality, safety, and customer experience to the SNFs across the state. They will include action-oriented breakout sessions that focus on best practices aimed at achieving the stated outcomes and incorporating QI principles.
- ◆ **Aim 2 - CSC Collaboratives.** Provide intensive regional collaborative quality initiatives for a minimum of 20 SNFs each year, focusing on the most commonly identified opportunities for improvement related to resident safety and quality of life. The CSC collaborative will include monthly virtual meetings with participating facilities as well as quarterly in-person events to encourage peer-to-peer learning. These meetings and events will consist of sharing of best practices related to the target areas of improvement, data evaluation and monitoring techniques, staff empowerment, QAPI, and other QI techniques. In addition to the monthly and quarterly events, we will provide more intensive on-site education for SNFs that need additional assistance. Collaborative topics will be determined by review of facility data and will be focused on resident safety and quality of life.

Both Aims of the CSC will be guided by an advisory council comprised of SNF leadership such as directors of nursing or quality nurses, leaders from other healthcare disciplines including medicine, quality, nursing, infection control, and risk management. It will also include partner and professional organizations such as TDH, State Survey Agency (SSA), Alliant, the QIN-QIO, and resident and family representatives. The advisory council will direct the content for the annual summit and give their guidance, along with input from the SNFs, to identify topics of focus for the collaboratives. The Council will also ensure that the priorities of other key organizations such as the Bureau of TennCare and QuILTSS are included when appropriate. Council members will be critical to the CSC's success and sustainability. *Elements of the UoFI toolkit for SNFs that adopt evidence-based science, CMS standards, and QAPI tools will be encouraged and supported.*

Statement of Need

SNFs cited with deficiencies are subject to a variety of sanctions, including CMPs and denials of payment for new admissions. An immediate jeopardy (IJ) citation often carries significant monetary fines, incurred by the facility, until an approved plan of correction is implemented. In addition to the added time and paperwork needed to create and implement a plan of correction, these fines and citations may decrease the public support for the SNFs which may lower the resident census. Emerging health concern such as public health crises and infection prevention will also benefit from a structure of collaboration that can facilitate a rapid response to best-practices dissemination.

During the three years from 2016 to 2018, 316 SNFs in TN were cited for 4,140 deficiencies, and 31 SNFs received 195 IJ citations. Additionally, there were 118 fines for a total of \$9,204,825 and 32 total payment suspensions. As shown in [Table 1](#), fines for IJ citations can be very costly to the SNFs, and these fines appear to be relatively consistent. The most recent data (Jan 2017–Sept 2019) suggest total fines for this period were \$7,085,844 with 25 payment suspensions.

Table 1. Information on Immediate Jeopardies in Tennessee (2016-2018)							
Number of Homes	Number of Deficiencies	Number of Homes with IJs	Number of IJs	Sum of Fines	Number of Fines	Average Cost	Payment Suspensions
316	4,140	31	195	\$9,204,825	118	\$78,006	32

Source: ProPublica – Nursing Home Inspect (<http://projects.propublica.org/nursing-homes/>)

Performance deficiencies often correspond to poor performance on publically reported measures as well. Tennessee ranks substantially lower in several quality measures compared to the national benchmarks, including ability to move independently, UTIs and antianxiety or hypnotic medication use.²

Barriers to effective QI are primarily due to time and resource limitations at facilities inundated with multiple priorities, regulations, and QI opportunities. Barriers and mitigation strategies are contained in [Table 2](#).

Table 2. Potential Barriers and Mitigation Strategies	
Possible Barrier	Mitigation Strategy
Resident or family resistance to change	Include resident and family representation in the areas of the program where key decisions are made, such as the advisory council, and in important aspects of the performance improvement process like the identification of areas for improvement and the design of interventions.
Staff turnover in the SNF	Encourage a multidisciplinary team approach at the facility level to distribute work among staff and gain perspective from different types of healthcare professionals.
Staff resistance to participation in a program that is not mandated	Per federal law, SNFs are required to establish and maintain Quality Assurance and Performance Improvement (QAPI) in their facilities (CMS 2016). Qsource will teach SNFs how to use the proposed project to fulfill this requirement.
Additional staff workload burden (e.g., documentation and data collection)	Assist facilities in implementing processes to reduce administrative burden such as protocols and best practices. Utilize existing SNF data sources whenever possible.
Difficulties recruiting SNFs	Leverage existing relationships with SNFs and align the work with existing initiatives to minimize participant burden.

² CMS Nursing Home Compare (<https://data.medicare.gov/data/nursing-home-compare>)

Program Description

Qsource proposes to create a Culture of Safety Center (CSC). The CSC will support and enhance a culture of safety in SNFs by seeking to increase education and address the adoption of evidence-based interventions that improve the reliability, safety, and quality of care residents receive, as illustrated in **Figure 1**.

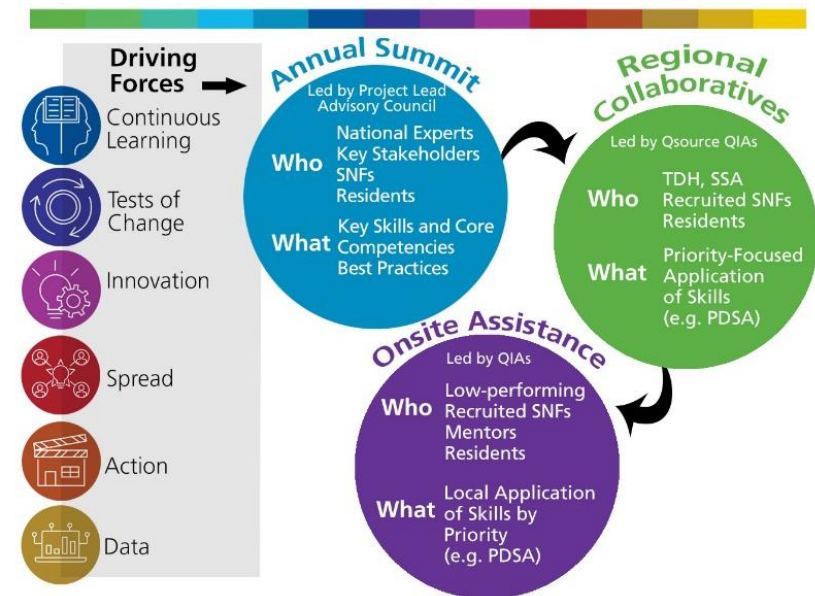
To do this, Qsource will use tactics that promote innovative approaches to QI. The CSC will also provide structure under which multiple QI initiatives can take place to increase efficiency and reduce burden on participating nursing homes. Qsource is a trusted resource to achieve this goal. Qsource will deliver sound leadership, a proven record of SNF engagement and results that promote a culture of safety and reduce harm. Specifically, Qsource will carry out the following:

- ◆ **Annual Summit:** CSC’s annual Safety Conference will address key resident care, medication management, resident and caregiver satisfaction and safety issues for SNFs statewide including administrators, physicians, nurse practitioners, nurses, certified nursing assistants, pharmacists and quality/risk professionals.

Qsource’s experienced in-house Marketing and Communications team (MarCom) supports our work in SNFs by creating content that engages residents and families, partners and stakeholders, and SNF administrators, activity directors, and clinical staff. Qsource will leverage its MarCom expertise, best practices in communications, proven resources, relationships with key partners and trade associations, and targeted databases, to actively promote the Annual Summit across Tennessee’s 95 counties. The method of promotion used will inspire and recruit participation from SNFs across the state to participate in the Summit. Additionally, this MarCom team will work seamlessly with clinical staff and other stakeholders across TN to develop comprehensive programs, accredited continuing educational curriculum, powerful multi-media presentations, actionable training tools, webinars, and podcasts to ensure the content for the Summit is engaging and for rapidly spreading best practices when relevant. MarCom uses proven marketing and communication models of measurement to continuously benchmark and improve the reach, message, and effectiveness of the communications and products it produces.

- ◆ **CSC Collaboratives:** Each year Qsource will develop regional collaboratives to perform a QAPI performance improvement project (PIP) related to resident safety and quality of life. Collaborative yearly activities include:

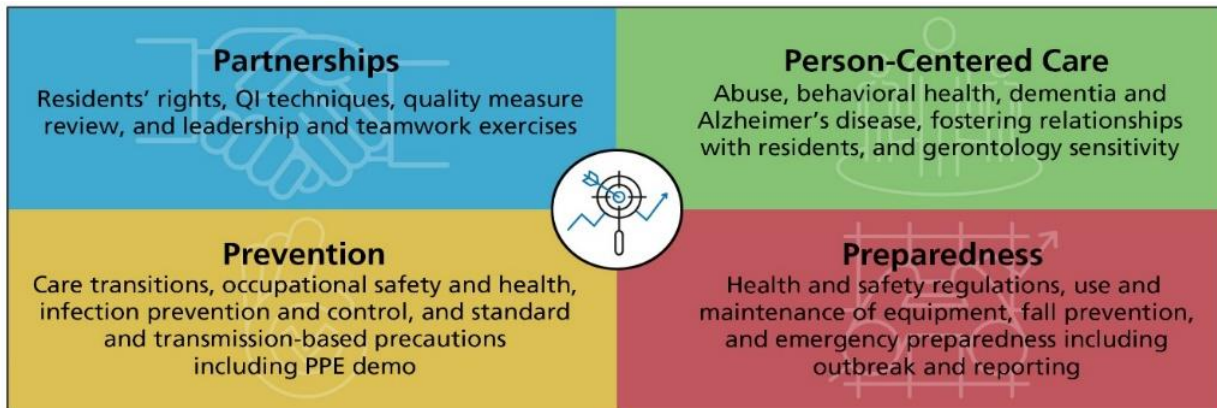
Figure 1. Approach to Learning and Action in the CSC



- Phase I: Three months of recruitment and planning. During this phase we will recruit a minimum of 20 facilities to participate in the collaborative. We will also conduct internal planning and development and an in-person kick-off meeting for participants.
- Phase II: Six months of action to include monthly virtual group meetings, intervention implementation and one in-person event. Visits to individual SNFs as needed if one-on-one assistance is necessary.
- Phase III: Three months of wrap up to include sustainment planning and sharing of outcomes during the annual CSC Summit.

The regional collaborative will utilize the appropriate CMS Civil Monetary Penalty Reinvestment Program (CMRP) Toolkit, <https://go.cms.gov/2XHB8CD>, for the chosen QAPI PIP topic. Qsource will develop a website to house online resources for the collaborative participants. This will include tools and resources for easy download as well as four online training modules focused around common QI topics. Examples of the education, used by Qsource, are presented in the four modules, as shown in **Figure 2**.

Figure 2. Examples of Topics Covered by Module



Each recruited facility will be encouraged to complete one QI module related to their PIP topic of focus. SNFs will be encouraged to invite their long-term care (LTC) ombudsman, residents and their family members, and others on the medical team to participate in collaborative activities. All materials used for training will be available online to the SNFs and they will be encouraged to include this education as part of new hire orientation and ongoing staff development beyond this project period. Formal processes will be developed and put into place. If a participating facility is not demonstrating improvement, they will receive additional onsite guidance as needed from Qsource staff. SNFs demonstrating innovation and improved outcomes will be invited to speak during in-person and virtual events and provide peer to peer coaching.

Qsource will use performance data and input from the SSA, trade associations, and TDH to identify SNFs for participation in the collaboratives. We will recruit a minimum of 20 SNFs per year or 60 SNFs over the 36-month period. While all interested SNFs will be encouraged to participate, direct recruitment will target low performing SNFs based on:

- ◆ Large numbers of complaints or deficiencies
- ◆ Low Value Based Payment scores
- ◆ Low performers (one- and two-stars)
- ◆ Distressed and at-risk counties

Qsource will use strategies to recruit SNFs that have been successful in the past, such as one-on-one outreach to SNFs. As with the Annual Summit, Qsource will leverage its MarCom team to

assist with targeted, timely, and relevant messaging to SNFs about the project, its benefits and how to participate. When recruiting SNFs that are part of a corporate chain, Qsource will also obtain buy-in from corporate officials through established relationships. We will provide information about the project goals and deliverables in writing to corporate officials. The advisory council will assist with recruiting SNFs for the collaboratives. *Participation will be voluntary.*

To recruit members of the advisory council, Qsource will utilize a variety of similar tactics. Additionally, we will seek recommendations for members from the QIN-QIO, professional and trade associations, corporate nursing home contacts, and other stakeholders. These recruitment strategies will also apply to resident and family members of the council. If necessary, Qsource will seek assistance from the Long-Term Care Ombudsman to ensure resident and family representation. The timeline, presented in **Figure 3** represents the activities that will take place each year and for the three years of the project.

Figure 3. Proposed Project Timeline



The CSC infrastructure will create cohesive program management, improved data reporting, enhanced outcome tracking and the ability to sustain and expand programs that demonstrate success with the ultimate goal of improving the quality of life for SNF residents through a structure that reduces SNF burden.

Part VIII: Results Measurement

Performance Measurement and Program Evaluation

We will collect both quantitative and qualitative data to ensure a comprehensive evaluation of the program. The specific data collection procedures will be tailored for each SNF to match the individual participant’s needs. This flexibility will allow additional evaluation topics to be included as needed. This evaluation style has worked well during previous collaboratives and will ensure that the evaluation includes appropriate measures, reasonable data collection plans, and the ability to mitigate barriers in advance. Where applicable, for example, the difference in knowledge from pre- to post-test, statistical significance will be assessed using appropriate analyses.

Qsource will work closely with the TDH throughout the project period to ensure that any additional evaluation needs are addressed. We will revise the data collection plan, if needed, to ensure the reports are complete and informative. Collaboratives will be encouraged to leverage existing data collection and reporting processes to inform their outcome evaluation to promote ongoing quality monitoring and improvement after the project’s conclusion. Qsource will submit quarterly progress reports on these measures to CMS and the TDH. A final report will be submitted.

Table 4 outlines the specific evaluation activities that will occur for each Aim.

Table 4. Assessment Matrix

Aim 1 Carry out an annual statewide meeting, align with priorities of partner organizations, and provide national expertise where needed.

Aim 2 Establish successful and sustainable regional collaboratives that facilitate QAPI in SNFs.

Project Activity	Goal	Measurement/Tools
Form the Advisory Council (Aims 1 & 2)	<ul style="list-style-type: none"> ◆ Representative and effective members from key stakeholder groups 	<ul style="list-style-type: none"> ◆ Detailed quarterly reports of council member activities including results/outcomes
Conduct Annual Summit (Aim 1)	<ul style="list-style-type: none"> ◆ Increase relevant knowledge among SNFs across Tennessee ◆ Facilitate collaboration across provider types 	<ul style="list-style-type: none"> ◆ Broad representation among attendees ◆ Quality/relevance of the national speaker ◆ Attendee and speaker satisfaction and knowledge surveys ◆ Documentation of activities that take place after the summit
Conduct Regional Collaborative Webinars (Aim 2)	<ul style="list-style-type: none"> ◆ Engage members and achieve effective governance ◆ Identify and spread best practices 	<ul style="list-style-type: none"> ◆ Attendance logs and engagement surveys ◆ Quarterly activity reports ◆ Success stories
Complete QAPI PIP (Aim 2)	<ul style="list-style-type: none"> ◆ Increase implementation of best practices, policies, and procedures in targeted SNFs and key improvement areas 	<ul style="list-style-type: none"> ◆ QAPI project plans and monthly reports ◆ CMS CMPRPT for chosen topic (e.g. H2T for Infection Prevention)
Implement QAPI Project (Aim 2)	<ul style="list-style-type: none"> ◆ Effective technical assistance ◆ Successful implementation of the project 	<ul style="list-style-type: none"> ◆ QAPI project reports including implementation evaluation ◆ Qualitative and quantitative process and outcome data ◆ Rapid-cycle quality improvement
Additional Training Modules for QAPI Project topic (Aim 2)	<ul style="list-style-type: none"> ◆ Collaborative members complete module ◆ Increase knowledge on QAPI topic 	<ul style="list-style-type: none"> ◆ Module downloads/certificate of completion ◆ Pre-post knowledge surveys ◆ Satisfaction surveys
Evaluate the effectiveness of CSC Activities (Aim 2)	<ul style="list-style-type: none"> ◆ Improve quality measures ◆ Increase in staff and resident satisfaction ◆ Decrease in deficiencies, fines, and citations ◆ Positive return on investment 	<ul style="list-style-type: none"> ◆ Change in SNF quality measures ◆ Staff and resident surveys ◆ Change in deficiencies and citations in PIP-related areas ◆ Return on investment analyses

Part IX: Benefits to Nursing Home Residents

From Sept 2016 to Aug 2018, Qsource led similar work among SNFs in the states of Kentucky and Mississippi. In 2018 that work was extended for an additional 12 months and expanded into Alabama, Tennessee, and Indiana. Across the region, 35% of those who participated were one- or two-star homes. Results that directly and indirectly provide benefits to residents included:

- ◆ Front-line staff improved QI knowledge of by 23%, exceeding the goal of 10%.
- ◆ Resident-centered knowledge showed the most improvement (33%)
- ◆ Average staff satisfaction with the training across all states was 98%.
- ◆ Reduction (from pre-training to 12 months post) in number of participating SNFs receiving IJ fines in Kentucky and Mississippi was 50%
- ◆ ROI from the reduction in CMP fines was two dollars saved for each dollar spent. Additional resident-focused cost savings including reduced infections and readmissions and increased satisfaction for staff and residents will be included in this ROI assessment.

We believe similar impacts will be achieved among the SNFs participating in the collaborative.

Part X: Consumer/Stakeholder Involvement

Members of the Tennessee SNF community will be directly involved in the development and implementation of this project. Facility staff will participate in monthly and quarterly CSC Collaborative meetings to learn best practices and improve QAPI skills. Those not improving will receive onsite assistance. All information will be presented in a way that ensures ease of dissemination throughout the building. Facility staff will be encouraged to consult residents/families for suggestions on areas for improvement, possible process changes, and priorities for efforts. A resident or family member will be invited to participate in collaborative activities and to provide valuable input on specific QAPI topics.

Residents and families as well as Ombudsman, medical directors and pharmacists will be encouraged to participate.

Qsource has received a [letter of support](#) from Alliant, the CMS QIN-QIO for Tennessee and will encourage participating SNFs to register with Alliant. Qsource has also held conversations with several corporate officials at nursing home chains who have expressed interest in this project. However, the immediate health and safety of residents and staff related to the COVID-19 pandemic has taken precedence and Qsource has been unable to obtain letters of support from these entities in time for this submission.

Part XI: Funding

The Excel spreadsheet, including budget expenses, is on pages 18–19 and is also uploaded separately.

Part XII: Involved Organizations

Qsource is the only organization that will receive funds through this project submission and does not plan to hire subcontractors to perform any part of this work. Qsource will carry out and is responsible for all components of the project.

Our contact information is:

Qsource, C/O Dawn M. FitzGerald, CEO, 3340 Players Club Parkway, Suite 300, Memphis, Tennessee 38125; dfitzgerald@qsource.org, 615.574.7250

Conflict of Interest Prohibition Statement

Qsource does not anticipate any conflict of interest in being awarded or performing the proposed project.

Attestation Statement

Qsource will use civil money penalty funds solely for the intended purpose of the grant proposal: to work with Tennessee certified nursing homes.

Key Personnel

Qsource CEO Dawn FitzGerald guides our organizational mission and reports to the Board of Directors. Amanda Ryan, PharmD, BCGP, will oversee the administration of the CMP funds and be the primary point of contact with the State and CMS. The CSC Administrator, Lindsey Jett, MALT, CPhT, will oversee the development of CSC infrastructure and associated virtual webinars and the annual summit. She will facilitate the CSC Advisory Council and capture and distill recommendations into actionable collaborative opportunities (Aim 1). The Collaborative Manager, Sarah Sutherland, RT(R), MBA, will oversee all project deliverables, services, subject matter and frontline staff associated with the regional collaboratives (Aim 2).

All proposed QI staff have extensive QI, analytic and/or nursing home expertise, yielding consistent results as demonstrated through performance measure monitoring. A nursing home Clinical Administrator will serve as data interpreter and NH SME. Various support departments will develop IT tools, resources and conduct analyses and validation. The administrative support team will provide meeting planning and clerical support. **Figure 4** includes the organizational chart for the Qsource team and [Table 5](#) contains the biographical sketches and project-related job descriptions for key personnel.

Figure 4. Organizational Chart for the Qsource Team

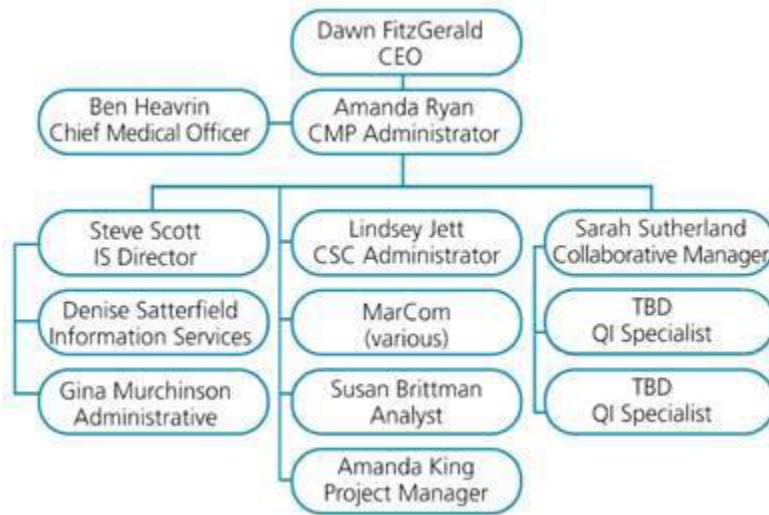


Table 5. Project Team Roster, Biosketch & Job Duties

Staff	Biosketch	Project Job Duties
<p>CMP Administrator (0.1 FTE)</p> <p>Amanda Ryan, PharmD, BCGP</p>	<ul style="list-style-type: none"> ◆ Active TN Licensed Pharmacist since 2008 ◆ 4 years’ Clinical Pharmacy and Medication Safety SME ◆ 6 years’ Long Term Care Pharmacy ◆ Led opioid initiative in LTC for 5-state region 	<p>Reports to: Dawn FitzGerald</p> <ul style="list-style-type: none"> ◆ Oversees administration of CMP funds and is the primary State and CMS point of contact ◆ Clinical pharmacy lead and liaison to facility pharmacists ◆ Provides expertise on pharmacologic interventions ◆ Collaborates with stakeholders on regional medication-related activities
<p>CSC Administrator (1 FTE)</p> <p>Lindsey Jett, MALT, CPhT</p>	<ul style="list-style-type: none"> ◆ QI Advisor/Specialist 4 years ◆ Qsource CMP project to improve safe opioid use and pain management ◆ Facilitated the Statewide Taskforce for Opioid Prevention in Tennessee ◆ Extensive experience with nursing home QI and statewide partnerships to improve quality 	<p>Reports to: Amanda Ryan</p> <ul style="list-style-type: none"> ◆ Oversees the development of the CSC ◆ Facilitate Advisory Panel membership and meeting activities ◆ Responsible for all logistics related to the annual Summit and manages agendas, meeting minutes, and associated Council Recommendations
<p>Collaborative Manager (0.75 FTE)</p> <p>Sarah Sutherland, RT(R), MBA</p>	<ul style="list-style-type: none"> ◆ QI Advisor/Specialist 4 years ◆ 7 years in Radiology and Performance Improvement in Acute Care Environments ◆ Lean Six Sigma Green Belt ◆ Facilitator of projects: RCA education, Falls, C. Difficile, CAUTI, Sepsis, Medication Safety, Health IT ◆ Author, “Long-Term Care Facility National Healthcare Safety Network Enrollment Challenges” AJIC, 2018 	<p>Reports to: Amanda Ryan</p> <ul style="list-style-type: none"> ◆ Oversee project deliverables and services ◆ Coordinate Qsource frontline staff associated with the collaboratives ◆ Guide selection and implementation of QI activities for the collaboratives ◆ Assist with collaborative monthly and quarterly meetings

Table 5. Project Team Roster, Biosketch & Job Duties

Staff	Biosketch	Project Job Duties
<p>QI Specialists (2 FTE)</p> <p><i>First QI Specialist TBD</i></p> <p>Second QI Specialist TBD</p>	<ul style="list-style-type: none"> ◆ <i>TBD</i> 	<p>Reports to: Sarah Sutherland</p> <ul style="list-style-type: none"> ◆ Day to day management of SNF collaborative activities ◆ Responsible for planning monthly virtual meetings and quarterly in-person events including content development and event venues ◆ Conduct local education activities ◆ Help identify data sources and collect project-related information
<p>Chief Medical Officer</p> <p>Benjamin Heavrin, MD, MBA (0.1 FTE)</p>	<ul style="list-style-type: none"> ◆ Board-certified emergency medicine physician with 15 years of clinical practice in middle Tennessee, still active in practice at Nashville General Hospital ◆ Excellent understanding of quality and safety clinical protocols related to prevention of HAI and reduction in polypharmacy 	<p>Reports to: Amanda Ryan</p> <ul style="list-style-type: none"> ◆ Clinical lead for educational events and facilitator for discussion at the medical director level ◆ Ensure that new policies and initiatives are clinically appropriate and reflect high value evidence-based practice ◆ Frontline point of contact for communications with SNF medical director leadership
<p>Marcom (0.5 FTE)</p> <p>Portions of Multiple Staff</p>	<ul style="list-style-type: none"> ◆ Skilled in the promotion of QI education in a variety of media including printed materials, website, billboards & social media ◆ Proven ability to provide audience-appropriate education and tools ◆ Skilled at designing marketing campaigns and producing publications ◆ Large-scale recruitment 	<p>Reports to: Amanda Ryan</p> <ul style="list-style-type: none"> ◆ Provide creative and strategic insight on the development and promotion of marketing and educational materials ◆ Coordinate strategic messaging with project team for maximum reach ◆ Manage and oversee all interventional materials production ◆ Develop and maintain the online resource portal and educational modules

March 10, 2020

Vincent Davis, State Survey Agency Director
665 Mainstream Drive, 2nd Floor
Nashville, TN 37243

RE: Support of Qsource proposed project funded by the Tennessee Civil Monetary Penalty Reinvestment Program—*The Culture of Safety Center*

Dear Mr. Davis:

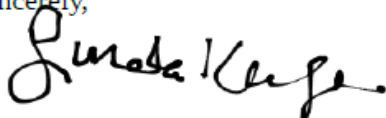
I am pleased to provide this letter of support for *The Culture of Safety Center* application to improve quality of care for nursing home residents in Tennessee. If funded, I agree to encourage nursing facilities that are part of our organization to participate in this project. Additionally, we may provide a representative to serve on the Advisory Committee.

According to the United Health Foundation, Tennessee ranks 36th in the US for Nursing Home Quality of Care.¹ This supports the need for more comprehensive education on quality improvement principles and the increased use of effective interventions.

The Culture of Safety Center, a collaboration between nursing homes and key stakeholders, aims to meet both of these objectives. Furthermore, it will enhance quality improvement knowledge in key areas that align with the priorities identified by the Centers for Medicare & Medicaid Services (CMS) and the Tennessee Department of Health. Additionally, these efforts will allow the nursing homes that require more assistance to receive the additional help they need to improve care for their residents.

We applaud these efforts and look forward to collaborating with Qsource to improve nursing home care in Tennessee.

Sincerely,



Executive Director
Alliant Health

1. United Health Foundation. "America's Health Rankings® Senior Report 2019".

ADDITIONAL IDENTIFICATION INFORMATION AS NECESSARY				
APPLICABLE PERIOD: The grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning 08/01/2020 and ending 07/31/2023.				
POLICY 03 Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹ (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1	Salaries ²	\$1,213,195.87	\$0.00	\$1,213,195.87
2	Benefits & Taxes	\$527,861.53	\$0.00	\$527,861.53
4, 15	Professional Fee/ Grant & Award ²	\$0.00	\$0.00	\$0.00
5	Supplies	\$0.00	\$0.00	\$0.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel/ Conferences & Meetings ²	\$33,555.76	\$0.00	\$33,555.76
13	Interest ²	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance To Individuals ²	\$0.00	\$0.00	\$0.00
17	Depreciation ²	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel ²	\$30,564.39	\$0.00	\$30,564.39
20	Capital Purchase ²	\$0.00	\$0.00	\$0.00
22	Indirect Cost (% and method)	\$765,222.45	\$0.00	\$765,222.45
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
25	GRAND TOTAL	\$2,570,400.00	\$0.00	\$2,570,400.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A. (posted on the Internet at: <http://www.tn.gov/finance/topic/fa-policyinfo>).

² Applicable detail follows this page if line-item is funded.

Indirect Costs Proposed

Qsource complies with all requirements to perform Cost Accounting Standards (CAS) covered, cost-reimbursed federal contracts including an Adequate Accounting System designation and CAS disclosure statements. The indirect rates used in our proposal were from our FY July 31, 2019 Provisional Billing Rate Proposal (PBR) submitted to our Cognizant Federal Agency, Centers for Medicare and Medicaid Services. The following point of contract with our Cognizant Federal Agency may be contacted if needed:

Christopher Hagepanos, CPCM
Sr Technical Advisor / Contracting Officer, Audit & Workforce Group Office of
Acquisition and Grants Management, CMS
christopher.hagepanos@cms.hhs.gov
410-786-7598 (office)

<u>Overhead</u>		<u>Indirect Cost</u>	<u>FY2019</u>	
		<u>Base</u>	<u>PBR Rates</u>	<u>Indirect Cost</u>
Total Salaries	\$1,213,196			
PBR Fringe Rate	43.51%			
Fringe Cost	527,862			
Overhead Base (Salaries + Fringe)		1,741,057	12.84%	223,552
<u>General & Administrative (G&A)</u>				
Base = Total Costs Before G&A		1,995,173	26.70%	532,711
Total Indirect Cost Quoted in Qsource Proposal				\$ 756,263

ATTACHMENT 3 (continued)
GRANT BUDGET LINE-ITEM DETAIL
(BUDGET PAGE 2)

SALARIES	Hours	* Rate	* Years	AMOUNT
CMP Administrator	180	\$ 64.06	3	\$ 34,592.30
Collaborative Manager	1643.33	\$ 44.26	3	\$ 218,196.72
QI Specialist	1800	\$ 44.10	3	\$ 238,114.15
Project Manager	36	\$ 46.52	3	\$ 5,024.50
QI Specialist	1800	\$ 44.10	3	\$ 238,114.15
CSC Administrator	1800	\$ 48.26	3	\$ 260,598.91
Chief Medical Officer	180	\$ 134.47	3	\$ 72,612.91
Administrative	180	\$ 24.15	3	\$ 13,040.42
Analyst	120	\$ 50.05	3	\$ 18,019.21
Information Systems	36	\$ 37.46	3	\$ 4,046.01
Marketing and Communications	900	\$ 41.05	3	\$ 110,836.59
ROUNDED TOTAL				\$ 1,213,195.87

PROFESSIONAL FEE/ GRANT & AWARD	AMOUNT
ROUNDED TOTAL	\$0.00

TRAVEL/ CONFERENCES & MEETINGS	AMOUNT
Annual Conference Travel for keynote speaker (Washington, DC to Nashville, TN) <i>Includes: flight, hotel, and meals for two days and one overnight.</i>	\$ 1,669.45
Annual Conference Travel for local speakers (travel to Nashville, TN) <i>Includes: mileage, hotel, and meals for two days and one overnight.</i>	\$ 2,488.11
Technical Assist Trips <i>includes: six overnight trips in each of the 3 years, and 34 day trips in each of the 3 years.</i>	\$ 26,376.06
Annual Conference Travel for Staff <i>Includes: mileage, hotel, and meals for two days and one overnight.</i>	\$ 3,022.15
ROUNDED TOTAL	\$ 33,555.76

INTEREST	AMOUNT
None	\$0.00
ROUNDED TOTAL	\$0.00

SPECIFIC ASSISTANCE TO INDIVIDUALS	AMOUNT
None	\$0.00
ROUNDED TOTAL	\$0.00

DEPRECIATION	AMOUNT
None	\$0.00
ROUNDED TOTAL	\$0.00

OTHER NON-PERSONNEL	AMOUNT
Binders for Nursing Homes	\$ 1,407.78
Printing and Reproduction for Binders	\$ 1,101.74
Telephone and Mifi for Staff	\$ 7,574.49
Speakers and meeting space for annual conference	\$ 19,892.78
Go to Meeting Subscription	\$ 587.60
ROUNDED TOTAL	\$ 30,564.39

CAPITAL PURCHASE	AMOUNT
None	\$0.00
ROUNDED TOTAL	\$0.00

This project will use \$2,570,400 of CMP funds beginning August 1, 2020 and running through July 31, 2023. No Non-CMP funds are expected to be used in this project. Qsource plans to use CMP funds to train nursing homes during in person learning sessions and will use funds to provide binders with educational materials and posters to the nursing homes participating. Qsource will monitor expenses monthly to assure that expenses are on track to not exceed the budget. Qsource will teach teams at each nursing home to monitor and maintain new processes to ensure project sustainability beyond funded timeframe. *All Travel/Conference costs are consistent with GSA-approved rates. There are no registration fees for the Summit.*

Letter of Support

GENERAL ASSURANCES

Assurance is hereby provided that:

1. This program will be administered in accordance with all applicable statutes, regulations, program plans and applications:
 - a. The laws of the State of Tennessee;
 - b. Title VI of the federal Civil Rights Act of 1964;
 - c. The Equal Employment Opportunity Act and the regulations issued there under by the federal government;
 - d. The Americans with Disabilities Act of 1990 and the regulations issued there under by the federal government;
 - e. The condition that the submitted application was independently arrived at, without collusion, under penalty of perjury; and,
 - f. The condition that no amount shall be paid directly or indirectly to an employee or official of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Agency in connection with any grant resulting from this application.
2. Each agency receiving funds under any grant resulting from this application shall use these funds only to supplement, and not to supplant federal, state and local funds that, in the absence of such funds would otherwise be spent for activities under this section.
3. The grantee will file financial reports and claims for reimbursement in accordance with procedures prescribed by the State of Tennessee Department of Health.
4. Grantees awarded grants resulting from this application process will evaluate its program periodically to assess its progress toward achieving its goals and objectives and use its evaluation results to refine, improve and strengthen its program and to refine its goals and objectives as appropriate.
5. If applicable, the program will take place in a safe and easily accessible facility.

CERTIFICATION/SIGNATURE

I, THE UNDERSIGNED, CERTIFY that the information contained in the application is complete and accurate to the best of my knowledge; that the necessary assurances of compliance with applicable state/federal statutes, rules and regulations will be met; and, that the indicated agency designated in this application is authorized to administer this grant.

I FURTHER CERTIFY that the assurances listed above have been satisfied and that all facts, figures and representation in this application are correct to the best of my knowledge.

Digitally signed by Dawn FitzGerald
 DN: cn=Dawn FitzGerald, o=Qsource, ou, email=dfitzgerald@qsource.org, c=US
 Date: 2020.03.10 14:59:15 -05'00'

March 10, 2020

Signature of Applicant Agency Administrator

Date Signed (Month/Day/Year)