Accelerate PI Assisted Living Community (ALC) Dashboard Overview

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Welcome and thank you for joining us for this Accelerate PI webinar, Assisted Living Community ALC Dashboard Overview.

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Just a few words about the feedback survey. You'll receive the survey link within two ways. On the last slide, we've included a QR code accessible via most mobile devices. If you miss the QR code, you will also receive an automated email that includes the survey link. After you complete the online feedback survey, you can close the web browser. Please note, CE credit or qualifying education hour will not be offered for this webinar.

The learning objectives for this session are locate the Accelerate PI dashboard and companion user guide on JC Connect, summarize the main components of the ALC dashboard, and describe the organization's performance on a given measure using the tables and graphs.

All staff and speakers have disclosed that they do not have any conflicts of interest. For example, financial arrangements, affiliations with, or ownership of organizations that provide grants, consultancies, honoraria, travel, or other benefits that would impact the presentation of today's webinar content.

I will now take a moment to introduce the speakers for this webinar. Today's presentation features Brandi Wamhoff, Associate Project Director from the Department of Quality Measurement, Chris Walas, Program Director, Quality Measurement. And I'm Jessica Woodruff, Project Manager in the Department of Quality Measurement, and today I'll be serving as the webinar moderator. Brandi, I will now turn it over to you to provide an introduction about the ALC dashboard overview on the agenda. Take it away.

Thanks, Jessica. And welcome, everyone. Today's agenda will cover a little history of the dashboards, where to locate your dashboard and user guide, a tutorial of the main components of the dashboard report, and performance measure key takeaways and a live Q&A session. Comp

So a little bit of background about the Accelerate PI dashboards. They've been around for about five years and continuous improvements have been underway throughout that time, but the original intention remains the same, to provide surveyors and organizations that we serve with the tools to see performance in multiple areas to guide survey and quality improvement activities. All measures are vetted using established quality criteria and stakeholder input, and as a result, organizations and surveyors alike can quickly identify where performance lags and leads. Next slide.

So the dashboards are housed in your organization's secure extranet site, Joint Commission Connect. Once you're logged in, hover over the Resources and Tools menu and select Accelerate PI underneath of the DASH heading. Next. One second, I'm having a little problem. There it is. Thanks for your patience, everyone. We're having a little bit of technical difficulty here in the app today.

So this one is talking about where you can find your Accelerate PI report, so this is the actual landing page. So once you're here on the landing page, you'll see the reports that are available to view. And then depending on the services provided by your organization, there could be more than one type of program dashboard available. So for most of you that are on today's call, you'll see a report titled ALC ORYX, and then within the table you can easily identify when the report was published and the time period, which indicates the most recent quarter of data included in the report. Dashboards are provided in PDF format, and to view the report, double-click the PDF icon under the View column. Next.

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A companion user guide is available to also assist your organization with interpreting the data contained in the report. To access that guide, hover over Resources and Tools menu and then select Learn More.

Once on the landing page, you'll see a list of program user guides available and you're going to go ahead and just select the ALC user guide and double-click to open that.

Last but not least, certain permissions are required to view the Accelerate PI dashboard in Connect. If you log in and find that you're unable to view the reports, you'll need to contact the designated security administrator for your organization and ask them to enable rights for ORYX performance measure/dashboard reports.

For this next segment, I'm going to walk through the components of the report itself. Keep in mind that much of this content is also available in your companion user guide. So the first page here that we're taking a look at, this is the introductory page of the DASH Accelerate PI report, also known as the cover page. It sets the stage for data visualization and performance insights that follow. I strongly encourage everyone to review this page with each new refresh, as it often includes updates about how to use the report, definitions, and when the data was extracted from the DDSP. I just kind of want to mention here as well, so the date that's on my screen is 3/31/2025. What that date lets you know is that if you submitted data after that date, you won't see it reflected in your report until the next refresh. So if you resubmitted data or found that you needed to correct something, it wouldn't be submitted until your next refresh. So we do get that question sometimes. Next, please.

Alright. This page provides a high-level summary of all the measures that are included in the dashboard. It includes a table format that lists each measure, its description and performance status. Use this page to quickly identify which measures are performing well and which may need attention. You'll notice that all required measures for the ALC program are listed in the table. If the measure was not reported, you'll see a dash in the corresponding column. Your organization's reporting period rate is found by calculating the sum of the numerators and then dividing it by the sum of the denominators. In this report, the national rate is the average rate for all accredited healthcare organizations that reported the measure. The median or 50th percentile splits the data in half, so half of the values fall above and half fall below.

And then finally, the percentile is a ranking showing how your organization performed on the measure in comparison to others. When interpreting the percentile, think of it as the percent of organizations that performed worse than yours. For example, looking at ALC-05a, we would interpret this as my organization performed better than 80% of the other orgs submitting this measure. Next.

The lollipop chart page is designed to help you visualize the percentiles we just discussed. So measures are ranked from highest to lowest opportunity for improvement. Color indicators have also been added for easy identification of performance that falls above or below the median. Yellow indicates your rate is worse than the median and that there's an opportunity for improvement and blue indicates your rate is better than the median. Remember that the median represents 50% of all organizations reporting.

The rest of the dashboard report contains individual measure pages. Think of these pages as a deep dive into each measure. The first thing you'll notice is in the top left-hand corner you can reference the name and description of the measure, the direction of improvement, and link to assist with quality improvement. All the quality improvement resources have been vetted by our clinical team. Next slide.

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And then as we move down the page, the next section includes details about your performance on the measure. It provides similar insights as the overall measure page, such as the median, national rate, and reporting period rate, but it also includes the number of Joint Commission-accredited organizations that are reporting the measure. On the right-hand side, you'll find a histogram with blue-colored bars. The histogram is helpful for looking at the distribution of measure rates. Your organization's rate is represented by a dotted line. In this example, the org's reporting period rate is 100 and you can see that's where the dotted line is represented along the horizontal axis. You can also see that over 20 organizations are also reporting a rate of 100 represented by that vertical axis. Next slide.

The last component of the individual measure page that I'll draw your attention to is the run chart. The run chart is located on the lower left-hand side of the page and here you can see how your organization's quarterly performance compared to the national rate. Blue represents your performance and then the yellow gold represents the national performance. In this example, you can see that the direction of improvement for ALC-05a is lower is better. So if we look at the run chart, this organization had a higher rate than the national for quarter one. But for quarters two, three, and four, the rate falls below the national, which is great. Quarters without submitted data will appear blank. I should also mention it's important that your organization submit all the required data each quarter, because if data is missing, it impacts your ability to gain insight from the Accelerate PI tool because charts and graphs will be incomplete. I'm now going to turn things over to my colleague Chris to talk about some key performance measures takeaways.

Hi, everyone, thanks for joining today. It's been exciting to be able to see data come in from numerous ALC organizations and we wanted to give you a little bit of lessons learned and recommendations. So one of the most common issues we've seen is a lack of continuity when data abstractors leave and then new staff come on board. This can lead to inconsistencies in data abstraction and also reporting. So to maintain data quality, it's essential that new abstractors have immediate access to key resources. These would include the Measure Specification Manual, which is the primary reference for understanding each measure, the ALC on-demand videos, which are helpful for onboarding and training at the learner's own pace, and FAQs, a quick way to resolve common questions and avoid repeated errors. Encourage teams to regularly review their data, not just for completeness, but also for opportunities for improvement, like looking at areas where performance can be enhanced, and also outliers, which may indicate errors or inconsistencies that need to be validated. Proactive onboarding and continuous data review are critical to maintaining high-quality performance measurement, especially during times of staff transition.

Let's talk about some of the data insights that we got. So sites for ALC-01, sites with very low rates of off-label antipsychotic use often have strict evaluation processes. A key strategy is including a pharmacist in the review process. This ensures clinical oversight and helps reduce inappropriate prescribing. The antipsychotics table within the data element Off-Label Antipsychotic Drug Prescribed is essential for ALC-01 reporting. Make sure abstractors are familiar with this table and understand how it maps to the measure. The antipsychotics table is reviewed every six months and any updates identified are incorporated into the next version of the manual. Always refer to the applicable manual for the specific time frame being abstracted to ensure accuracy.

Accurate abstraction and clinical collaboration are keys to improving performance on ALC-01. Leveraging updated tools and involving pharmacists can significantly enhance data quality and patient outcomes.

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This slide focuses on the ALC-02 measure, which tracks resident falls that result in hospital transfers. It does not capture minor falls or those managed within the facility. If your numerator are consistently zero or unusually high, it's a potential red flag. This could indicate data entry errors or inconsistent documentation. Since that data is entered manually into the DDSP, sometimes error can be on data entry and so it's important to validate your entries. Encourage team to review documentation practices, evaluate whether your data collection processes are capturing all the relevant events accurately, and accurate reporting of resident falls is essential for quality improvement in resident safety. Regular audits and clear documentation protocols can help ensure your data reflects reality.

The ALC-03 measure focuses on documenting Resident Preferences and Goals of Care. There's a noticeable variation in ALC rates across the sites. This may stem from differences in how documentation is interpreted and recorded. Please review the specifications carefully. Encourage staff to review the measure specifications and measure-specific data elements thoroughly. These documents clarify what qualifies for inclusion and helps avoid misinterpretation. The Resident Preferences and Goals of Care data element provides insight into what documentation is considered acceptable. Using this guidance can improve consistency and accuracy. If sites are not following specifications closely, numerators may appear artificially low. This can misrepresent performance and hinder quality improvement efforts. Accurate documentation aligned with measure specifications is essential for meaningful data. Regular training and review of guidance materials can also help ensure your site is capturing resident preferences effectively.

ALC-04 tracks documentation of an Advanced Care Plan or a Surrogate Decision Maker. There is a large distribution in ALC rates across different sites. Like ALC-03, this variation may reflect differences in documentation practices and the understanding of the measure. Encourage teams to review the measure specification and those measure-specific data elements carefully. The Advanced Care Plan/Surrogate Decision Maker data element provides clear direction on what the documentation is that is acceptable. Using this guidance can help sites improve their abstraction accuracy and performance on the measure. Advanced care planning is essential for honoring resident preferences, and reviewing specifications regularly can help reduce variability and improve the quality of care.

The staff stability measures ALC-05a and b were adapted from an existing measure, so its structure and data entry processes differ from the other ALC measures. It's important to understand these differences to ensure accurate reporting. For data entry into the DDSP system, unlike other measures, sites do not enter a numerator directly, instead, they input two specific data elements, Number of Direct Care Staff Employed and Number of Staff Employed. The DDSP system automatically calculates the numerator based on these entries. Sites can use the I hover icon in DDSP for more information about each data entry field. This can clarify what's required and help avoid common mistakes. Understanding the unique structure of ALC-05 is key to accurate data submission. Encourage staff to use the built-in guidance tools in DDSP and double-check entries for completeness.

Please know that anyone from an ALC organization that has a measure-related question should submit the questions directly to this link on the page. It is where the performance measure manual is located, it's on the same website, and it's the Q&A forum, so you would select Help and then Post a New Question. And questions are acknowledged within one business day. Myself and my team are the ones that answer these questions, so please, if you have anything related to measures, please reach out with questions so that we can work with you to get them answered.

We also have some resource links on this page that are specific to ALC. The website has been reformatted, but the ALC resources are also available on the Confluence page for your convenience. The ALC FAQ link will take you to this page. Now I will return the presentation back over to Jessica. Thank you, Chris. Thanks for going over the ALC dashboard and all of the updates. We will now move into our live Q&A segment. Please submit questions via the question pane. You can click the Question mark icon in the audience toolbar, a panel will open for you to type and submit your questions. Please include a slide reference number if possible.

With that, I'll turn it over to Brandi and Chris to facilitate the Q&A segment.

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Thanks, Jessica.

Chris and I, I'll read the questions and then Chris is going to go ahead and provide us with some answers. So we've had a few come in so far and I'll go ahead and just start with the first one here, Chris.

The question is, "We have a community which plans to go through initial accreditation in September. At what point do you begin to start entering data and submitting?

Thanks, Brandi. So newly accredited facilities begin collecting data in the first calendar quarter after receipt of their accreditation decision letter. So we only onboard newly accredited facilities on a quarterly basis. So it is the first calendar quarter after you receive your accreditation decision letter that you'll need to begin to enter data. Great, thanks for that.

The next one we have states, "For the Number of Direct Care Staff Employed data element in ALC-05, would we add the supervisory nurses, LPN or RN, that work in supervisory capacities in the direct care staff? Do we add the leadership group department heads to the direct care staff numbers if also licensed as nurses?"

Okay, so for direct care staff, that data element is for staff providing direct care to residents, not in administrative roles or leadership roles who are not providing direct care. So even if they're a licensed clinician, like an RN, if their role is strictly administrative or leadership and they are not providing direct patient care, they would not be counted

Great. Question three. "Does any resident who takes an antipsychotic medication count in the numerator for ALC-01?"

No. So this is where the data element Off-Label Antipsychotic Drug Prescribed comes in handy. This is where, in the manual, that data element has a table of FDA-approved uses for the applicable medications. So only residents who are on an antipsychotic medication for non-FDA-approved uses will be included in the numerator. Right, that seems like it's good information to know.

These next questions, I should be able to speak to these. These are about the dashboards themselves. "How often will the Accelerate PI dashboard be updated with new data?"

So we try to refresh the dashboards quarterly with the most recent data that's been submitted.

And then, "Who should we reach out to if we have questions about the dashboard?"

We usually ask that you reach out to your account executive and then they'll route the question to the appropriate person. So hopefully everybody knows who their AE is, and if not, you can identify that via JC Connect.

And at this time, I'm not seeing any more questions in the chat, so it looks like that might be a wrap. So before I turn it back to Jessica, I'll just say thank you so much. This is Brandi Wamhoff. Thank you for joining us. I appreciate your time today. And if you do find that you have questions, as I said, please reach out to your account executive, we'll be happy to answer those. All righty.

Thank you, Brandi, and Chris. Moving into our closing of our webinar. All Accelerate PI links, slides, transcripts, and more can be accessed on the Joint Commission's website via this link at the bottom of the slide.

Before the webinar concludes, a few words about the feedback survey. We use your feedback to inform future content and assess the quality of our educational programs. As explained earlier in the webinar, a QR code is shown on the last slide. If you prefer to take the survey later, an automated email also delivers the link to the survey. At the end of the survey, when you click Submit, you can close the browser.

Thank you, Brandi, and Chris, for developing and presenting the content for this webinar. And thanks to all of you that attended this webinar. We will now pause on this slide for several moments to permit those that wish to use the QR code to scan it with their mobile device. Thank you and have a great day. Bye-bye.