West Wharton County Hospital District

QIPP News

July 2026

In This Edition

A lot has happened since our last newsletter. Since then, the QIPP Year 8 Q4 scorecard has been released, the first of three Year 8 runout scorecards has been published, the Year 9 Quarter 1 and Quarter 2 scorecards have been released, and Year 10 enrollment has been successfully completed.

It has been rewarding to put Year 8 in the rearview mirror, review the initial performance results from Year 9, and take the first steps toward another successful program year with Year 10.

In this issue, you will find articles covering each of these important milestones, along with a recap of Year 8 performance, an update on Year 9 results through the first two program quarters, information about baselines, benchmarks, and targets and how to monitor QIPP performance, and other topics related to our QIPP program.

As always, we welcome your feedback and suggestions. If there are topics you would like to see addressed in future editions of this newsletter, please send your ideas to info@wwchd.org. We appreciate your partnership and look forward to continuing to support your success in QIPP.

Message From the Administrator

As the Administrator of West Wharton County Hospital District, we are pleased to update you of the local healthcare needs being addressed.

In the last edition, I reflected on the internal changes within West Wharton County Hospital District, as well as the achievements of our partnerships within the QIPP Program. Successes both internally and with our partners.

Through a two year recovery period with support of the District Board, transition to an internal team, and our nursing facility partners – West Wharton County Hospital District has reached a level of stabilization. With that in mind, I am happy to report that the District is in the process of starting renovations to the local hospital, El Campo Memorial Hospital. The hospital was built in 1979 and is in need of repairs and maintenance, along with upgrades.

This is a welcomed project since our objective is to serve the healthcare needs of our community. For the District, this is a great example of uses of the QIPP healthcare program funds. Renovations to include expansion of the existing footprint to incorporate a new OR suite, expansion and modernization of the ED department, replacement of end of life MEP, and updates to patient rooms.

Thank you,

Johnny Thompson

Dates to Remember

Date	QIPP Program Year	Description
8/31/2026	QIPP SFY2026 Year 9	Program Period Ends
9/1/2026	QIPP SFY2026 Year 9	Q3 Scorecard Publication Date
9/1/2026	QIPP SFY2027 Year 10	Program Period Begins
9/1/2026	QIPP SFY2024 Year 7	3 of 3 Runout Scorecards Publication Date
9/1/2026	QIPP SFY2025 Year 8	2 of 3 Runout Scorecards Publication Date
9/18/2026	QIPP SFY2024 Year 7 Final Reconciliation	IGT Reconciliation Refunds to QRU
9/22/2026	QIPP SFY2026 Year 9	Q3 Scorecard Estimated Payment Date
9/25/2026	QIPP SFY2024 Year 7 Final Reconciliation	IGT Reconciliation Refunds Issued
11/12/2026	QIPP SFY2027 Year 10 Second Half	GovDelivery IGT Notification
12/1/2026	QIPP SFY2026 Year 9	Q4 Scorecard Publication Date
12/3/2026	QIPP SFY2027 Year 10 Second Half	Last Day to Submit IGT
12/4/2026	QIPP SFY2027 Year 10 Second Half	IGT Settlement Day
12/18/2026	QIPP SFY2026 Year 9 First Reconciliation	IGT Reconciliation Refunds to QRU
12/22/2026	QIPP SFY2026 Year 9	Q4 Scorecard Estimated Payment Date
12/28/2026	QIPP SFY2026 Year 9 First Reconciliation	IGT Reconciliation Refunds Issued

As we have seen in previous years, these dates—particularly those related to scorecard publication—are subject to change at HHSC's discretion. To ensure you have the most current information, please refer to the QIPP Financial Programs Calendar located on the HHSC Provider Finance Department's website. We encourage facilities to review the calendar regularly for updates to key deadlines, scorecard release dates, and other important program milestones.

QIPP Year 10 Enrollment Successfully Completed

Enrollment for QIPP SFY 2027 (Year 10) opened on February 16, 2026, and closed on March 18, 2026. For Year 10, HHSC implemented a new enrollment system and process via STEPS, bringing significant changes to how participating organizations and nursing facilities completed enrollment activities.

As is often the case with any new system, the transition presented some challenges. However, the new process also introduced several improvements, including a more streamlined approach to the submission and management of supporting documentation. HHSC also established an escalation process to address issues that arose during enrollment, helping ensure that questions and technical concerns could be resolved in a timely manner.

Thanks to the cooperation and responsiveness of our nursing facility partners, WWCHD successfully completed the enrollment process for all of our participating facilities. We appreciate the efforts of our partners and their commitment throughout the enrollment period.

As a result of these continued partnerships, **West Wharton County Hospital District will once again be the largest NSGO participating in QIPP in Texas during Year 10.** We are proud of the relationships we have built with our partner facilities and look forward to continuing our shared commitment to quality improvement and QIPP success.

QIPP Year 10 Measurement Has Begun

Remember, even though the QIPP Year 9 program period has not ended, measurement for QIPP Year 10 metrics started on **July 1, 2026**.

QIPP Quarter	Program Period	Measurement Period
1	Sept 1, 2026 – Nov 30, 2026	July 1, 2026 – Sept 30, 2026
2	Dec 1, 2026 – Feb 28, 2027	Oct 1, 2026 – Dec 31, 2026
3	Mar 1, 2027 – May 31, 2027	Jan 1, 2027 – Mar 31, 2027
4	June 1, 2027 – Aug 31, 2027	Apr 1, 2027 – June 30, 2027

New Publication Schedule

We have established a new publication schedule for our newsletter. The newsletter will now be published in January and July each year.

The January edition will cover the final quarterly scorecard from the previous program year and upcoming enrollment activities, while the July edition will highlight the first two quarterly scorecards of the current program year and provide updates on QIPP developments and other key topics.

Year 9 Q1 and Q2 Results

The percentage of available funds earned during the first two quarters of Year 9 decreased slightly compared to the levels achieved at the end of Year 8.

The change in the Component 2 funding calculation methodology from Year 8 to Year 9 affected the Year 9 Q1 and Q2 results. Additionally, with the Year 10 changes outlined in the QIPP SFY2027 (Year 10) Program Requirements article in this newsletter, the equal weighting of all three metrics will further reduce the percentage of Component 2 funds earned when only one or two of the staffing metrics are achieved.

QIPP Year 9 Component	% of Total Available Component Funds Earned by Quarter	
	Q1	Q2
Comp 1 (44% Max)	43.78%	43.82%
Comp 2 (20% Max)	11.77%	11.84%
Comp 3 (20% Max)	17.50%	18.10%
Comp 4 (16% Max)	13.82%	13.63%
Total	86.87%	87.39%

Expanding the WWCHD QIPP Partnership Network

WWCHD is pleased to welcome five new nursing facilities to our QIPP program for Year 10. Although these facilities will officially become WWCHD QIPP partners on September 1, 2026, our collaboration began well in advance of their official enrollment. Since May 2025, WWCHD has actively participated in their monthly QAPI meetings, provided quarterly training, and conducted on-site visits to support their quality improvement efforts and preparation for program participation.

This early engagement reflects WWCHD's commitment to building strong partnerships and providing meaningful support to facilities before they officially enter the program. By establishing working relationships early, we can help facilities better understand QIPP requirements, strengthen quality initiatives, and position themselves for success.

Looking ahead, WWCHD is also preparing for QIPP Year 11 by welcoming three additional nursing facilities to our program. While HHSC has not yet released the details for Year 11, WWCHD began active partnership activities with these facilities in May 2026 to meet HHSC's enrollment requirements and begin the collaborative process.

We are excited about the continued growth of our QIPP program and look forward to working closely with both our new and existing partners to improve quality outcomes and maximize opportunities for success under QIPP.

QIPP SFY2027 (Year 10) Program Requirements

HHSC published the initial program requirements for QIPP State Fiscal Year 2027 (Year 10) on January 27, 2026. The currently published requirements maintain the same four program components and the same 13 quality metrics that were used in QIPP Year 9. However, there is an important change in the way funds are earned under Component 2.

In QIPP Year 9, the three Component 2 metrics were weighted in a manner that allowed facilities to earn a larger percentage of available funds with partial attainment. Facilities that met one of the three metrics earned **60%** of the available Component 2 funds, meeting two metrics earned **85%**, and meeting all three metrics earned **100%** of the available funds.

For QIPP Year 10, HHSC has revised the methodology so that each of the three Component 2 metrics carries an equal weight. Under this new approach, meeting one metric earns **one-third (33.3%)** of the available Component 2 funds, meeting two metrics earns **two-thirds (66.7%)**, and meeting all three metrics earns **100%** of the available funds.

As a result, facilities will receive a lower percentage of available Component 2 funds at every level of partial attainment when compared to Year 9. For example, earning one metric will now result in approximately **33%** of available funds instead of **60%**, while earning two metrics will result in approximately **67%** instead of **85%**. The only scenario in which funding remains unchanged is when a facility successfully meets all three Component 2 metrics and earns **100%** of the available funds.

This change places greater emphasis on achieving all three Component 2 metrics and highlights the importance of closely monitoring performance throughout the year to maximize available QIPP incentive payments.

In QIPP Year 9, HHSC implemented a one quarter lookback period to account for corrections to MDS data. That policy will continue into QIPP Year 10. Starting with Quarter 2 of Year 10, HHSC will download the prior quarter's MDS data posted by CMS and account for any changes to the prior quarter's MDS data in the current quarter's scorecard. Payment adjustments may be made based on MDS data corrections.

You can download the current QIPP State Fiscal Year 2027 (YR10) Quality Metrics PDF file from the HHSC QIPP website at https://www.hhs.texas.gov/providers/medicaid-business-resources/medicaid-chip-directed-payment-programs/quality-incentive-payment-program-nursing-facilities.

Please note that the currently published QIPP Year 10 program requirements are subject to change as HHSC continues working with CMS through the approval process. Facilities and stakeholders are encouraged to periodically visit the QIPP website to review the most current information, guidance, and program updates.

Building Strong Partnerships for QIPP Success

The success of the Quality Incentive Payment Program is built on collaboration, communication, and a shared commitment to quality outcomes. At the heart of this success is a strong working relationship between WWCHD and the management companies that support participating facilities.

Management companies play a critical role in helping facilities navigate program requirements, implement best practices, and achieve performance goals. When WWCHD and management teams work together as partners, they can more effectively identify opportunities for improvement, address challenges, and ensure that residents receive the highest quality of care possible.

Open communication and collaboration allow all stakeholders to stay informed about program updates, regulatory changes, and performance expectations. By maintaining strong partnerships, WWCHD and management companies can align their efforts, share valuable insights, and develop strategies that drive positive outcomes for facilities and the communities they serve.

WWCHD greatly values the expertise and dedication of the management companies that support our participating facilities. We welcome the opportunity to meet with management teams to discuss QIPP initiatives, exchange ideas, and strengthen our collaborative efforts. These conversations help build mutual understanding and create a foundation for continued success.

As QIPP continues to evolve, the importance of strong partnerships cannot be overstated. By working together, WWCHD and management companies can enhance program performance, support facility success, and ultimately improve the quality of care delivered to residents throughout our service area.

We look forward to continuing these partnerships and encourage management companies to connect with WWCHD so that together we can achieve our shared goals and ensure the ongoing success of the QIPP program.

Component 2 Remains an Area of Focus

Component 2, which is based on Payroll-Based Journal (PBJ) staffing metrics, continued to have the lowest level of attainment among the four QIPP components during Year 8. Overall, our partner facilities earned **66% of the available Component 2 funds**, making staffing performance the most significant opportunity for improvement moving forward.

Challenges related to recruiting, retaining, and maintaining adequate direct care staffing levels continue to affect nursing facilities across Texas and the nation. As a result, staffing remains a major area of focus for both state and federal policymakers, regulators, and quality improvement programs.

QIPP Year 8 Component	% of Funds Earned Based on Available Funds Per Component				
	Q1	Q2	Q3	Q4	Total
Comp 1	99.88%	100%	99.8%	100.00%	99.92%
Comp 2	63.9%	71.55%	65.4%	63.15%	66%
Comp 3	83%	84.5%	90.15%	88.8%	86.6%
Comp 4	82.6%	87.1%	81.1%	87.25%	84.5%

Because Component 2 performance is directly tied to staffing data reported through the PBJ system, facilities must closely monitor their staffing levels and reporting practices throughout the year. Improvements in direct care staffing not only support stronger QIPP performance but also contribute to better resident outcomes and overall quality of care.

WWCHD will continue working with our partner facilities to provide education, training, and performance monitoring resources aimed at helping facilities improve their Component 2 results and maximize available QIPP incentive payments in future program years.

Looking Beyond Component 2: The Broader Impact of Staffing Levels

While Component 2 focuses specifically on PBJ staffing measures, facilities should consider the impact staffing levels can have across the entire QIPP program. Adequate staffing is not only important for earning Component 2 funds—it can also influence performance on several quality measures included in other QIPP components.

When staffing levels are insufficient, facilities may face greater challenges in providing timely resident monitoring, assistance with activities of daily living, toileting programs, mobility support, and individualized care planning. These challenges can contribute to poorer outcomes on quality measures such as **falls with major injury, depressive symptoms, new or worsening bowel or bladder incontinence, worsening ability to walk independently, and urinary tract infections (UTIs)**. Conversely, strong staffing levels can help facilities identify changes in resident condition earlier, implement interventions more consistently, and improve overall quality outcomes.

For this reason, facilities should be careful not to evaluate staffing decisions based solely on whether the additional Component 2 funds earned would offset the incremental cost of adding staff. While that is certainly an important consideration, it is only part of the financial picture.

Improved staffing levels may positively affect performance in other QIPP components as well, potentially increasing the amount of incentive payments earned beyond Component 2 alone. A staffing investment that appears difficult to justify when evaluated solely against Component 2 revenues may produce a much stronger return when the potential impact on other quality measures and related QIPP payments is taken into account.

As facilities evaluate staffing strategies, it may be beneficial to view staffing as an investment in both resident outcomes and overall QIPP performance. By considering the potential effects across multiple quality measures and funding components, facilities can make more informed decisions regarding the resources needed to support quality care and maximize available QIPP incentive payments.

QIPP Year 8 Recap

HHSC published the QIPP Year 8 Quarter 4 scorecards in December 2025. Although HHSC still has two Year 8 runout scorecards remaining to be released, the Quarter 4 scorecards provide a complete picture of performance across all four quarters of the program year.

WWCHD's has an internal goal of our QIPP partners earning **90% of the available QIPP funds** each program year. Thanks to the dedication and hard work of our nursing facility partners, along with the ongoing support and collaboration of the WWCHD team, **88.01% of the available QIPP funds were earned for QIPP Year 8**.

While we narrowly missed our internal goal, these results reflect a strong overall performance and the commitment of our partners to quality improvement and program success. We are proud of what was accomplished during Year 8 and appreciate the efforts of every facility that contributed to this achievement.

QIPP Year 8	% of Available Funds Earned
Q1	86.55%
Q2	89.15%
Q3	88.00%
Q4	88.35%
Year 8 Total	88.01%

As the remaining Year 8 runout scorecards are released, we will continue to monitor results and work with our partners to identify opportunities for improvement. The lessons learned from Year 8 will help position our facilities for continued success in Years 9 and 10.

QIPP Year 10 Baselines/Benchmarks/Targets

QIPP Year 10 baselines are based on each nursing facility's performance on the applicable quality metrics during the period **January 1, 2025, through December 31, 2025**.

As in QIPP Year 8 and QIPP Year 9, the baseline data for QIPP Year 10 will be derived from the **CMS Public Use Files (PUFs)** available on **data.cms.gov**. HHSC will use this publicly available data to calculate each facility's baseline performance and establish the targets that will be used to measure QIPP success throughout the program year.

Because QIPP targets are based on a facility's individual baseline performance, facilities with different baseline results may have different targets for the same quality metric. Understanding how these baselines are established can help facilities better interpret their targets and track progress toward earning QIPP incentive payments. Since the underlying data is publicly available, facilities also have the opportunity to review the source data and gain a clearer understanding of how their QIPP performance expectations are determined.

The QIPP Year 10 benchmarks for Component One and Component Four will be based on the **Texas mean** for each quality metric according to the CMS Public Use Files (PUFs) for the baseline reporting period (Calendar Year 2025). The QIPP Year 10 benchmarks for Component Two will be based on the **national mean** for each quality metric according to the PUFs at the beginning of the program year and the QIPP Year 10 benchmarks for Component Three will be based on the **national mean** for each quality metric according to the PUFs for the baseline reporting period. *Note: Some documents may refer to the benchmark as the program-wide target.*

The QIPP Year 10 facility-specific targets for each metric are calculated as relative improvements from the nursing facility's initial baseline performance as published by HHSC at the beginning of the program year.

The good news is that HHSC will publish a **Baselines, Benchmarks, and Quarterly Targets** file on the QIPP website for each nursing facility enrolled in QIPP Year 10. This means facilities will not need to spend time pulling data or performing their own calculations to determine baseline performance, benchmarks, or quarterly targets.

According to the latest information provided by HHSC, this data is expected to be available in **August 2026**. Once released, facilities will be able to use the HHSC-published targets to monitor their progress and determine whether they are on track to meet QIPP quality metrics and earn the associated incentive payments.

HHSC's file for baselines, benchmarks and targets should be available for download from the QIPP PFD website at https://pfd.hhs.texas.gov/long-term-services-supports/nursing-facility/quality-incentive-payment-program upon its release.

New Group Training Option for QIPP Year 10

WWCHD is committed to supporting the success of our QIPP nursing facility partners through comprehensive quarterly training. While these sessions have traditionally been conducted individually with each facility, we are excited to introduce a new group training option for QIPP Year 10.

Hosted virtually through Microsoft Teams, this option enables WWCHD to provide training to multiple facilities within the same management company during a single session. By bringing facilities together, we can create a more efficient training experience while ensuring that all participating facilities receive consistent and timely program guidance.

In addition, WWCHD can collaborate with your corporate leadership team to customize the training content and address specific areas of focus or operational priorities that are important to your organization.

For management companies that already conduct regular meetings with multiple facilities throughout the year, this group training option offers a convenient way to incorporate QIPP education into an existing meeting schedule. This approach helps reduce the time commitment for facility staff while maximizing the value of the training experience.

We welcome the opportunity to partner with management companies to deliver training that meets the needs of their facilities and supports continued success in the QIPP program.

If you are interested in learning more about our group training option, please contact us at info@wwchd.org. WWCHD would be happy to discuss how we can provide tailored training for multiple facilities within your organization. Please note that this training opportunity is available exclusively to nursing facilities that are QIPP partners with WWCHD.

Which Numbers Matter for QIPP Performance?

Between QIPP reports, CASPER reports, and other data sources, facilities have access to a variety of performance measures, including baselines, targets, benchmarks, state averages, and national percentiles. With so much data available, it can be difficult to determine which numbers are most important when evaluating QIPP performance.

The key number to focus on is your facility's **QIPP target**. Because QIPP targets are established using each facility's baseline performance, they are the measures used to determine whether a facility meets a quality metric and earns the associated QIPP incentive payments.

While state averages, national averages, benchmarks, and national percentiles provide useful information for comparing a facility's performance to its peers, these measures do not directly determine QIPP success. A facility may perform above or below these comparative measures and still meet—or fail to meet—its QIPP target.

When evaluating QIPP performance, the most important question is not, "How do we compare to other facilities?" but rather, **"Are we on track to achieve our HHSC-published targets?"**

Understanding the relationship between baselines, benchmarks, targets, and other performance measures can be challenging. WWCHD is available to help facilities and management companies better understand how these metrics are calculated and how to use them effectively to maximize QIPP performance. Contact us at **info@wwchd.org** for more information about training opportunities.

Quality improvement in long-term care is not just about doing more—it's about doing better for every resident, every day.

WWCHD QIPP Partner Performance Monitoring Tool

At WWCHD, we monitor the performance of our QIPP partner facilities throughout the program year to identify areas of concern early and provide any needed support or intervention.

To ensure accurate and consistent monitoring, we use target and performance **data obtained directly from HHSC sources**:

- Quarterly targets are taken from the HHSC Baselines, Benchmarks, and Targets file published on the QIPP website.
- Performance results are obtained from the HHSC quarterly QIPP scorecards.

The primary tool used for monitoring is the **WWCHD Internal Scorecard**. Its format closely mirrors the HHSC quarterly QIPP scorecards. The key difference is that the WWCHD Internal Scorecard reports performance as a percentage of available funds earned, whereas the HHSC scorecards report the dollar amount earned.

At the beginning of each QIPP program year, a facility's Internal Scorecard includes:

- The nursing facility baseline for each metric
- The program benchmark for each metric
- All four quarterly targets for each of the 13 QIPP metrics

As HHSC releases quarterly QIPP scorecards, the Internal Scorecard is updated with the most current information, including:

- Metric status (Met or Not Met)
- Performance outcomes
- Percentage of available funds earned by component

Because the WWCHD Internal Scorecard relies entirely on HHSC data, a facility's scorecard cannot be created until HHSC publishes the annual Baselines, Benchmarks, and Targets file on the QIPP website.

A sample WWCHD Internal Scorecard for the first two program quarters of QIPP Year 9 is shown on the following page.

WWCHD is happy to provide Internal Scorecards to management companies for any of their facilities that participate in the QIPP program through a partnership with WWCHD.

QIPP Year 9 (SFY 2026) % of Funds Earned Scorecard

Facility ID:	9999999

Facility Name:	Some Tree Nursing and Rehabilitation Center		
Management Co:	Best Management		
Hospital District:	WWCHD	NSGO Rep:	Susie Nurse

Max Possible Funds Earned % for Component		% of Funds Earned Quarter 1	% of Funds Earned Quarter 2	% of Funds Earned Quarter 3	% of Funds Earned Quarter 4	YTD
44%	Component 1	44.00%	44.00%			
20%	Component 2	17.00%	17.00%			
20%	Component 3	20.00%	20.00%			
16%	Component 4	16.00%	16.00%			
100%	Total	97.00%	97.00%	0.00%	0.00%	

The % of Funds Earned goal for each nursing facility is 90%.

QIPP Quarter	Program Period	Measurement Period
Quarter 1	Sep 2025 to Nov 2025	Jul 2025 to Sep 2025
Quarter 2	Dec 2025 to Feb 2026	Oct 2025 to Dec 2025
Quarter 3	Mar 2026 to May 2026	Jan 2026 to Mar 2026
Quarter 4	Jun 2026 to Aug 2026	Apr 2026 to Jun 2026

Component 1 (1 Metric Met = 90% of Funds, 2+ Metrics Met = 100% of Funds)

	Metric 1: (CMS N013.02) Falls			Metric 2:(CMS N024.02) UTI			Metric 3: (CMS N029.03) Weight			Metric 4: (CMS N031.04) Antipsych			Metric 5: (CMS N035.05) Walk		
	Program Benchmark = 3.282			Program Benchmark = 0.84			Program Benchmark = 4.111			Program Benchmark = 8.017			Program Benchmark = 21.929		
	NF Baseline = 2.9412			NF Baseline = 0.0000			NF Baseline = 3.2922			NF Baseline = 5.7432			NF Baseline = 33.7686		
	Target	Actual	Met	Target	Actual	Met	Target	Actual	Met	Target	Actual	Met	Target	Actual	Met
Quarter 1	3.2821	3.4483	Not Met	0.8403	0.0000	Met	4.1114	1.5873	Met	7.7432	8.1633	Not Met	32.0802	Min Data	Not Met
Quarter 2	3.2821	3.1915	Met	0.8403	0.0000	Met	4.1114	1.4286	Met	7.7432	5.0000	Met	30.3918	43.3417	Not Met
Quarter 3	3.2821			0.8403			4.1114			7.7432			28.7033		
Quarter 4	3.2821			0.8403			4.1114			7.7432			27.0149		

Component 2 (1 Metric Met = 60% of Funds, 2 Metrics Met = 85% of Funds, 3 Metrics Met = 100% of Funds)

	Metric 1: CNA HPRD			Metric 2: Lic Nursing HPRD			Metric 3: Total Nursing HPRD		
	Program Benchmark = 2.298			Program Benchmark = 1.538			Program Benchmark = 3.837		
	NF Baseline = 1.429			NF Baseline = 1.298			NF Baseline = 2.727		
	Target	Actual	Met	Target	Actual	Met	Target	Actual	Met
Quarter 1	1.4430	0.9804	Not Met	1.3108	2.7128	Met	2.7538	3.6932	Met
Quarter 2	1.4573	1.8546	Met	1.3238	1.2506	Not Met	2.7810	3.1052	Met
Quarter 3	1.4715			1.3368			2.8083		
Quarter 4	1.4858			1.3497			2.8356		

Previously Frozen Metrics
Component 1 Metric 5 - Walk independently worsened
Component 3 Metric 3 - New or worsened bowel/bladder incontinence
Component 4 Metric 1 - Residents with pressure ulcers

Component 3 (Metrics are Evenly Weighted 33.33% Each)

	Metric 1: (CMS N030.03) Depress			Metric 2: (CMS N036.03) Antianxiety			Metric 3: (CMS N046.02) Incontinence		
	Program Benchmark = 9.787			Program Benchmark = 19.933			Program Benchmark = 20.915		
	NF Baseline = 5.8091			NF Baseline = 16.7969			NF Baseline = 31.3120		
	Target	Actual	Met	Target	Actual	Met	Target	Actual	Met
Quarter 1	7.8091	2.4096	Met	18.7969	18.4615	Met	29.7464	10.8784	Met
Quarter 2	7.8091	1.2821	Met	18.7969	16.9014	Met	28.1808	15.0671	Met
Quarter 3	7.8091			18.7969			26.6152		
Quarter 4	7.8091			18.7969			25.0496		

Component 4 (Metrics are Evenly Weighted 50% Each)

	Metric 1: (CMS N045.02) Pressure ulcers			Metric 2: (CMS N026.03) Catheter		
	Program Benchmark = 4.888			Program Benchmark = 0.892		
	NF Baseline = 6.9369			NF Baseline = 0.0000		
	Target	Actual	Met	Target	Actual	Met
Quarter 1	6.5900	3.3800	Met	0.8918	0.7900	Met
Quarter 2	6.2432	2.6200	Met	0.8918	0.0000	Met
Quarter 3	5.8963			0.8918		
Quarter 4	5.5495			0.8918		

Effective Communication: A Key to Success

Effective communication is essential for building strong relationships and creating a productive work environment. Misunderstandings and conflicts are inevitable in any workplace or personal relationship, but strong communication skills help people address and resolve issues efficiently, minimizing disruptions and maintaining harmony.

Key Elements of Effective Communication

Clarity
Messages should be clear, concise, and easy to understand. Avoid jargon, ambiguity, and overly complex language. Using simple and straightforward language helps ensure that your ideas are communicated accurately and effectively.

Active Listening
Communication is a two-way process. Effective communicators actively listen to others, ask questions when clarification is needed, and demonstrate genuine engagement in the conversation. Active listening helps build trust, reduces misunderstandings, and fosters stronger relationships.

Strategies to Enhance Communication

1. Practice active listening

Give your full attention to the speaker, avoid interrupting, and ask thoughtful questions to clarify important points. Paraphrasing what you have heard can help confirm understanding and demonstrate that you are engaged.

2. Tailor your communication

Adapt your communication style to suit your audience. Consider their background, knowledge level, and preferences. Using an appropriate tone and language makes your message more effective and relatable.

3. Be concise

Avoid unnecessary details and lengthy explanations. Focus on the key message while providing only the information necessary for understanding. Clear and concise communication saves time and reduces confusion.

4. Use technology wisely

In today's digital workplace, written communication is more important than ever. Pay close attention to the tone, clarity, and professionalism of emails, messages, and other digital communications. Always proofread and edit when necessary to ensure your message is accurate and effective.

Effective communication is a critical skill that contributes to personal and professional success. By communicating clearly, listening actively, adapting to your audience, and using technology thoughtfully, you can build stronger relationships, resolve conflicts more effectively, and create a more collaborative and productive environment.

"The single biggest problem in communication is the illusion that it has taken place."

— George Bernard Shaw

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