Understanding the CMS ROPs & New Survey Process – Part I

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Intent & Purpose

- Align resources with the residents’ needs
  - Centers need to know themselves, their residents, and their staff in order to determine which resources are needed in their centers to achieve the best possible outcomes

Facility Assessment Requirement (§483.70(e))

- A new requirement for a center-wide assessment that would determine what resources a center needs to care for its residents competently both during day-to-day operations and in emergencies.
- A central feature of the new requirements and is intended to be used for multiple purposes, including activities such as:
  - determining staffing requirements
  - establishing a QAPI program
  - conducting emergency preparedness planning
- Must be conducted at the center level.
How can centers prepare for surveyor review of this requirement?

- Surveyors will ask for a copy upon entry.
- Be able to demonstrate how your decisions and operations—including your
  - allocation of resources,
  - assignment of staffing, training, and other key functions—flow from the date in your facility assessment
    - resident characteristics,
    - needs, and
    - competencies needed to care for residents effectively.

“Black Box Warning”

The facility assessment is intended to be used for organizational planning purposes not for individual resident care decisions or care planning decisions.

- If you accept a resident, you are in essence saying you have the appropriate resources to care for the resident (in their current condition).

This facility assessment is a “data document” but must be used in a variety of ways to inform your policies and procedures, staffing, emergency preparedness, admission policies, equipment needs, contracts, etc.

- Don’t put more information in the assessment than required.

Three Components

- Component 1
  - Information about Resident Population
- Component 2
  - Information about Center Resources
- Component 3
  - Information about Community Risks

Should be organized as described in regulations to:
- Facilitate quick review by surveyors
- Assure you have all required information
Component 1: Resident Population

1) The facility assessment must include:
   i. Number of residents and center’s resident capacity
   ii. Care required by the resident population, considering
       o Types of diseases and conditions
       o Physical and cognitive disabilities
       o Overall acuity
       o Other pertinent facts present within the population

Component 2: Center Resources

2. The facility assessment must include:
   i. All buildings and/or other physical structures and vehicles
   ii. Equipment (medical and nonmedical)
   iii. Services provided, such as physical therapy, pharmacy, and specific rehabilitation therapies
   iv. All personnel, including managers, staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care
   v. Any ethnic, cultural, or religious factors that may potentially affect the care provided, including activities and food and nutrition services

Component 1: Resident Population

iii. Staff competencies necessary to provide the level and types of care needed for the resident population

iv. Physical environment, equipment, services, and other physical plant considerations necessary to care for the resident population

v. Any ethnic, cultural, or religious factors that may potentially affect the care provided, including activities and food and nutrition services

Component 2: Center Resources

iv. Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the center during normal operations and emergencies

v. Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations
Component 3: Risk Assessment

3) The facility assessment must include a center-based and community-based risk assessment, using an all hazards approach.

How often must it be updated?

- At least annually
- Whenever there is, or the facility plans for, any change that would require a substantial modification to any part of the assessment.

Exercise
(Audit your Facility Assessment)

Conduct Audit of your FA

- Use the Audit tool to review your Facility Assessment to determine if it
  - Contains all required information
  - Contains more information than needed

If you don’t have your Facility Assessment, use the demonstration Facility Assessment
Developing Your Facility Assessment

Developing the Facility Assessment
- Form a team, break it down into small pieces, and take it step by step – starting with your resident population
- Connect it to your existing planning processes:
  - What materials or information can you draw from current—formal or informal—strategic and/or business planning activities?
  - What materials can you draw from current budget planning processes?
  - What documents do you already have that demonstrate expected staff competencies and training programs (e.g. annual training plans or curricula)?

Developing the Facility Assessment
- Identify key staff members who help assess and determine staffing needs and competencies, training, and other resources, then incorporate them into the planning process strategically
- When appropriate, seek input from residents and their representatives or family members
- Define a clear process for updating the assessment annually and whenever a triggering event requires substantial modification of the assessment

Developing Facility Assessment
- Component 1:
  - Use information from your MDS
    - Facility Assessment Component 1 Summary (AHCA Report)
    - Ask your MDS or data analytic vendor
  - Ask current residents and family members
- Component 2
- Component 3
  - Ask your local EMA about community risks
- Use Template Facility Assessments
  - Caution many are too comprehensive
Facility Assessment (Uses)

How does the facility assessment link to patient-centered care?

- A systems approach to ensuring resident health and safety from the bottom up, starting with the type of residents and their typical needs and making sure you have the appropriate staff, training and resources to meet those needs.
  - For example, if you care for residents with a trach you would need
    - Staff with competencies in trach care
    - Oxygen and suction equipment
    - Access to respiratory therapist

How does the facility assessment connect to other requirements?

- The term facility assessment appears 11 times in the regulatory language of Part 483 and is referenced in
  - Nursing services (483.35),
  - Behavioral health services (483.40),
  - Food and nutrition services (483.60),
  - QAPI (483.75),
  - Infection control (483.80), and
  - Training requirements (483.95)
  - Emergency preparedness

Infection Control (§483.80)

“Nursing centers must establish an infection prevention and control program (IPCP) that includes a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases... based upon the facility assessment conducted according to 483.75(e) and following accepted national standards.”
Understanding the CMS RoPs & New Survey Process - Part 1

Infection Control (§483.80)

- You must be able to show how your assessment of your resident population and staffing has informed your IPCP. For example,
  - how do resident characteristics including acuity and diagnoses inform your assessment of infection risks?
  - How have you incorporated infection control skills and training into your assessment of staff competencies?

QAPI (§483.75)

- The rule requires nursing centers to design a QAPI program that is ongoing, comprehensive, and addresses the full range of care and services provided by the center.

  - Your QAPI program must document how your facility assessment (including your resident population and resources, as well as your risk assessment), is being used to inform your data collection, feedback, performance measurement, and monitoring.

Organizational QAPI System

- Risks identified
- Evaluates change
- NO
- Revise plan & Repilot test
- YES
- Disseminate within organization
- Guided by your facility assessment

Training Requirements (§483.95)

- Nursing centers must develop, implement, and maintain an effective training program for all new and existing staff, individuals providing services under a contractual arrangement, and volunteers, consistent with their expected roles.
  - Nursing centers must determine the amount and types of training necessary based on the facility assessment as specified at 483.75(e).
Training Requirements (§483.95)

- Nursing centers must develop, implement, and maintain an effective training program for all new and existing staff, individuals providing services under a contractual arrangement, and volunteers, consistent with their expected roles.
  - Training topics must include but are not limited to
    - In-service training for nurse aides based on areas of need determined by facility assessment.
    - Behavioral health training based on areas of need determined by facility assessment.

Core Responses that Cover Most Emergencies

#1 Evacuate residents quickly
- Center only evacuation
- Community wide evacuation

#2 Operate without power for 4 days

#3 Operate without access to your Center for 4 days
- No additional staff
- No additional resources

Conduct Audit on Your Use of the Facility Assessment

- Use the Audit tool to review the following for language on how the facility informed the following:
  - Infection Control Plan
  - QAPI Plan
  - Nurse Staffing plan
  - Staff Competencies
    - Behavioral health
    - Staff training requirements
Conduct Audit on Your Use of the Facility Assessment

- Use the Audit tool to review the following for language on how the facility informed the following:
  - Food & Nutrition services/menu
  - Resources available
  - Admission policy as related to type of residents
  - Governing body reviewed

New Survey Process

- Modeled after QIS process with elements of traditional survey
- Based on 692 pages of new interpretive guidance
- Emphasizes observation of care and resident interviews
- Relies on Critical Element Pathways
  - Computer- and software-based with investigative pathways updated with the new RoP

Managing for a Successful Survey

Lyn Bentley

Day #1 (data collection)

- Resident interviews and observations of care
  - Screen every resident in the initial pool
  - Resident representative/family interviews for non-interviewable residents
  - Group interview with Resident Council
- Collect information
Material needed within **ONE** hour of entrance

- Schedule of meal times
- Schedule of Med Administration Times
- # & location of storage rooms
- Actual work schedules LPN & RNs

Material needed within **FOUR** hours of entrance

- Complete Matrix of residents
- Admission packet for new admissions
- Dialysis
  - contracts, P&P about dialysis
  - List of qualified staff to perform dialysis
  - Transportation agreements to dialysis
  - Do you perform on-site dialysis

Material needed within **ONE** hour of entrance

- List of key personnel, location and phone #
- If paid feeding assistants
  - 8 hours training by state approved program
  - Names of all staff completed training
  - List of residents who are eligible for FA

Material needed within **FOUR** hours of entrance

- Hospice
  - agreements, P&P and
  - staff who oversees hospice contract
- Influenza/pnuemovax P&P
- Abuse Prohibition policy and procedure
Material needed within **FOUR** hours of entrance

- Infection Prevention Plan
- QAPI plan
- QAA committee
- Facility assessment
- Description of any experimental research occurring in the facility
- Nurse staffing waivers

Material needed within **FOUR** hours of entrance

- List of rooms meeting any of the following:
  - Less than required square footage
  - More than four residents to room
  - Below ground level
  - No window to the outside
  - No direct access to an exit corridor

Materials needed within **24** hours of entrance

- Form 671 – completed Medicare/Medicaid application
- Form 672 – completed census and condition information
- Beneficiary notice- residents discharged within the last six months

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Days 2 & 3 (investigation portion)

- Closed Record review
  - Unexpected death
  - Hospitalization
  - Community discharges in last 90 days
- Critical Element Pathways
- Cases discovered on day #1
Critical Element Pathways (CEPs)

- Used to determine compliance
  - Protocols and checklists collecting information from
    - Observations of how care and services are provided
    - Interviews with residents, family/representatives, and staff
    - Record reviews
  - Looking for consistency

Mandatory Pathways

- Dining
- Infection Control
- SNF Beneficiary Protection Notification Review
- Kitchen Observation
- Medication Administration
- Medication Storage
- Resident Council Meeting
- Sufficient and Competent Nurse Staffing Review
- Environment

Enforcement Delays

- CMS has suspended the use of Remedies (CMPs, Denial payment, termination) for most Phase II requirements for 12 months
- Freeze the Survey Score in Five Star for 12 months
  - For any survey results after Nov 28th
  - Starting in early 2018 will drop third cycle and recalculate survey score for everyone
Survey Score in Five Star

- **Cycle 1**: Most recent standard survey + All complaint surveys in prior (1-12 months)
  - Weighting: Early 50%, Current 60%

- **Cycle 2**: Prior standard survey + All complaint surveys in prior (13 - 24 months)
  - Weighting: Early 33%, Current 40%

- **Cycle 3**: Prior to cycle 2 standard survey + All complaint surveys in prior (25 - 36 months)
  - Weighting: Early 12.5%, Current 0%

Additional Resources to Assess Survey Readiness

Questions to Management Team

Questions about New Survey process

- Do we have the information/documents needed to give surveyors within 1 and 4 hours of entry?
- How are we preparing staff to be observed providing care?
- How are we preparing staff to be interviewed about “how they do...”?
- Have we reviewed the CEPs the surveyors will use and updated our survey preparation to be c/w the CEPs?
- Do the administrators have a copy of the regulations, IGs and CEPs handy to ask surveyors for clarification during the survey?
Questions for Administrator

Questions for Director of Nursing

Administrator Questions

- Do we have all required new Policy & Procedures?
- Do we have a QAPI plan?
- Have we updated the QA committee membership?
- Do our policies require reporting any allegation of abuse or neglect within 2 hours to the State?

Administrator Questions

- Have we completed the Facility Assessment?
  - Can we show how the FA informed
    - Staffing
    - QAPI plan
    - Infection Control Plan
    - In-service trainings & staff competencies
    - Admission decisions
    - Emergency Preparedness & plan
    - Food services

Note: Staffing decisions must be driven by the facility assessment and come from the Facility—not from organization central office.
**Director of Nursing**

- Have we completed necessary plans
  - Infection Prevention Control Plan
  - Have we named an infection preventionist (due Nov 2019)
  - Do we have antibiotic stewardship program?

**Director of Nursing**

- Are the consulting pharmacist and medical director working on Drug Regimen Review
  - How are we making sure PRN orders have correct documentation
- What are the plans for meeting the new behavioral health requirements?
  - How are we checking that the PASARR has level 2 if required?

**Questions for Legal**

**Legal Questions**

- How are we making sure the resident representative is identified and staff are aware of the “resident representative” designation?
- Have we updated our admission agreement to be consistent with all the new resident rights?
  - How are we informing residents and their representative of their new rights
- Are we working on a compliance and ethics plan and training for staff?
- Have we established a grievance process and how are we training staff on the grievance process?
Questions for Food Service Management

Food Manager

- How are we meeting resident’s food preferences and needs (e.g. Kosher meals)?
- Are we checking that new hires meet the new qualifications for dietician and food manager?

Questions for Building Operations

Maintenance Questions

- Are we working to install call system that will relay the call directly to a staff member or to a centralized staff work area from each resident’s bedside?
- Do we have a process for completing all the checks on bed frames, mattresses, bed rails and other equipment that you can show surveyors?
- Do we have any plans for renovations that trigger 2 person per room maximum?

NOTE: if you change provider number or build a new building, each room must have its own bathroom.
Questions for Care Plan Coordinator

- How are we completing a baseline care plan within 48 hours?
  - How to we share it with the resident?
- Are we revamping our care plans to have
  - Measureable goals and timelines to achieve
  - Include dietary and CNA as part of the IDT
  - Are our goals setting us up for deficiencies?

Care Plan Coordinator

- Have we developed a template for a discharge plan?
  - Do we have a plan to share it with the resident?
- For residents who are transferred or discharged, how are we
  - Getting physician documentation for the reason for transfer/discharge?
  - Making sure required information accompanies the resident?

Questions for Human Resources
Human Resources

- Have we identified core competencies staff need to have?
  - Can we show how we used FA to determine core competencies?
- How are we assessing staff competencies?
- Have we checked/updated job positions to be c/w the new requirements for:
  - Social Worker
  - Dietician
  - Director of Food and Nutrition Services (if not dietician on staff/contracted)

AHCA Resources

LTC Survey Subscription with Updates
Through November 2019
Order Now:
AHCA Bookstore

https://educate.ahcancal.org/
Three-Phase Implementation

- **Phase 1:**
  - Upon the effective date of the final rule (Nov 28, 2016)

- **Phase 2:**
  - 1 year following the effective date of the final rule (Nov 28, 2017)

- **Phase 3:**
  - 3 years following the effective date of the final rule (Nov 28, 2019)

Implementation Grid

<table>
<thead>
<tr>
<th>Implementation Date</th>
<th>Type of Change</th>
<th>Details of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1: November 28, 2016 (Implemented)</td>
<td>Nursing Home Requirements for Participation</td>
<td>New Regulatory Language was uploaded to the Automated Survey Processing Environment (ASPD) under current F Tags</td>
</tr>
<tr>
<td>Phase 2: November 28, 2017</td>
<td>F Tag numbering Interpretive Guidance (IG) Implement new survey process</td>
<td>New F Tags Updated IG Begin surveying with the new survey process</td>
</tr>
<tr>
<td>Phase 3: November 28, 2019</td>
<td>Requirements that need more time to implement</td>
<td>Requirements that need more time to implement</td>
</tr>
</tbody>
</table>
RoP Sections with Phase 2 Requirements

- Basis & Scope (§483.1)
- Definitions (§483.5)
- Resident rights (§483.10)
- Freedom from abuse, neglect, and exploitation (§483.12)
- Admission, transfer, and discharge rights (§483.15)
- Resident assessment (§483.20)
- Comprehensive person-centered care planning (§483.21)
- Quality of life (§483.24)
- Quality of care (§483.25)
- Physician services (§483.30)
- Nursing services (§483.35)
- Behavioral health services (§483.40)

RoP Sections with Phase 2 Requirements

- Pharmacy services (§483.45)
- Laboratory, radiology, and other diagnostic services (§483.50)
- Dental services (§483.55)
- Food and nutrition services (§483.60)
- Specialized rehabilitative services (§483.65)
- Administration (§483.70)
- Quality assurance and performance improvement (§483.75)
- Infection control (§483.80)
- Compliance and ethics program (§483.85)
- Physical environment (§483.90)
- Training requirements (§483.95)

F-tag Renumbering

- The image above is the F Tag Crosswalk showing:
  - The original regulatory grouping and the new associated grouping
  - The original regulation number and the new associated regulation number
  - The original F Tag and the associated new F Tag

What does this mean for me?

- A time of transition – within your centers (and for surveyors too)
- A time to reflect, self-assess, and prioritize your efforts
- A marathon, not a sprint
Overview of Phase 2 Requirements

- Contact information for State & local advocacy organizations, Medicare & Medicaid eligibility information, Aging & Disability Resources Center, and Medicaid Fraud Control Unit
- Document transfer/discharge in medical record and share information with receiving provider
- Develop baseline care plan within 48 hours of admission
  - Include 6 key elements and share written copy

Phase 2 Requirements continued

- Policies and procedures for reporting suspicion of crimes
  - Within 2-hours if serious bodily injury; within 24 hours if no serious bodily injury
  - Focuses on INDIVIDUALS who are responsible for reporting
    - Ensure reporting of crimes by covered individuals
    - Annual reminder/re-education

Phase 2 Requirements continued

- Policies and procedures for reporting suspicion of crimes
  - Facility must educate covered individuals
  - Report to state and at least one law enforcement entity
  - No retaliation
  - Poster with employee rights (e.g. no retaliation for reporting)
Review of Phase 2 requirements cont’d

- **Pharmacy Services:**
  - Drug regimen review includes medical chart (not just MAR)
  - Limits on use of psychotropic drugs
    - Do not receive psychotropic drugs pursuant to PRN order unless necessary to treat condition as diagnoses & documented in medical record
    - PRN orders for psychotropic drugs are limited to 14 days unless physician or prescribing practitioner documents rationale

- **Dental services:** policy for when loss or damage of dentures is facility’s responsibility and prompt referral for dental services (within 3 days)

- QAPI Plan

- Smoking policy

Review of Phase 2 requirements cont’d

- **Pharmacy Services:**
  - PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless physician or prescribing practitioner evaluates resident for appropriateness
    - Requires direct examination and documentation

- **Complete facility assessment (FA):**

- **Sufficient and competent staffing requirements tied to FA:**
  - Nursing services
  - Food and nutrition services
  - Behavioral health services
Review of Phase 2 requirements cont’d

- **Behavioral health**
  - Care and services for residents with mental and psychosocial disorders as well as dementia – highest practicable
  - Implementing nonpharmacological interventions
  - Provide needed rehab services

Review of Phase 2 requirements cont’d

- **Infection prevention and control program**
  - System with key elements for preventing, identifying, reporting, investigating, and controlling – linked to facility assessment and national standards

- **Antibiotic stewardship program**
  - Antibiotic use protocols (to address prescribing practices) and system to monitor their use

Who is Julie?

- **Age:** 91
- **Nickname:** Julie
- **Lives alone, enjoys gardening**
- **Admission:** Friday, 9/15 at 4pm from local hospital
- **Reason:** Rehab post-hip fracture
  - Fell on 9/11 carrying watering containers
  - Intertrochanteric fracture of left hip with hip repair
  - Surgical fixation with sliding hip screw
- **Medical History:**
  - Osteoporosis
  - Mild cognitive impairment
  - Hypercholesteremia
  - Hypertension
Who is Julie? (cont.)

- No history of falls
- No medications at home prior to hospitalization

Discharge medications include:
- Lipitor (10 mg PO QD) for high cholesterol
- Xarelto (10 mg PO QD) for DVT prophylaxis
- Lisinopril (10 mg PO QD) for high blood pressure,
- Fosamax (10 mg PO QD upon arising) for osteoporosis
- Donepezil (5 mg PO QD) for mild cognitive impairment
- Acetaminophen (500 mg PO QID) for pain
- Oxycodone (2.5-5 mg PO every 3 hours PRN) for pain
- Senna Docusate (1 tab PO QD at bedtime) for constipation

Part 1: The first few days...

- Admission
  - Alert and oriented
  - Pleasant, sociable, communicates goals
- Friday night
  - Appetite is waning
- Saturday
  - Ate 50% of meals and had no snacks
  - Continent of bowel & bladder, surgical incision is clean & dry
  - Mild paid but refuses meds & isn’t sleeping well
- Sunday
  - Asks for pain medication
  - Sleeps late and misses therapy

Part 1: How would you address...

- Baseline care plan
- Discharge plan
- Medication Review
- What else?

Part 2: Tuesday

- Julie isn’t feeling well
  - Behavior has changed, won’t leave room
  - Appears to be in pain
  - Urine is concentrated
- Temp: 99.6
- Urine dip positive for WBC and nitrates
- Doctor orders Ciprofloxacin 250 mg PO BID x 10 days for UTI
Part 2: A week later

- Julie isn’t making progress
  - Isn’t participating in therapy
  - Appetite is poor; lost 5 pounds
  - Frequent diarrhea and cramping
  - At risk for falling, add bed and chair alarm

- Tests positive for C. diff
  - Staff implement contact precautions after results

- Doc performs full review:
  - Discontinue Ciprofloxacin
  - Begin Flagyl 500 mg PO TID x 10 days
  - Adds oxycodone 5 mg PO BID for hip pain

Part 2: How would you address...

- Antibiotic stewardship
- Infection Prevention & Control
- Staff Competencies
- What else?

Part 3: Another week passes...

- Julie is active some days but not others
  - Unable to maintain attention
  - Not sleeping well at night
  - Bed alarm going off frequently, makes her angry
- Diarrhea resolved 3 days after Flagyl
- Appetite improved but then declined again
- Julie is agitated at times
  - No precipitating event
  - Altercations with staff and residents
- Doc orders Zyprexa 5 mg PO QD and Ambien 5 mg PO PRN at bedtime for insomnia

Part 3: How would you address...

- Alarm use
- Resident to resident altercation
- Resident to staff altercation
- Psychotropic use
  - New antipsychotic
  - New PRN sedative/hypnotic
- Behavioral Health
- Life enrichment/meaningful activities
- Staff Competencies
- What else?
Part 4: And finally...
- Julie’s overall condition declines
- IDT meets to review Julie’s case using QAPI process
- Root cause analysis is performed for each key event

Part 4: How would you address...
- What contributing factors would you identify?
- What systems/processes does Haven Center have to change?
- How can Haven Center monitor the results of those changes and continuously improve as time goes on?

Mindset Model

Feedback about Survey Process and Surveyor Focus
Lyn Bentley
Overview

- November 28, 2017 national rollout of:
  - Major Phase 2 requirements (e.g. Facility Assessment, QAPI Plan, antibiotic stewardship)
  - New interpretive guidance for Phase 1 and Phase 2 requirements—749 pages
  - New and expanded set of F-tags
  - New survey process including new survey forms and investigative pathways/critical element pathways

Key Theme: Person-Centered Care

- Greater involvement of person (and their representative)
- More notifications
- Engagement of entire IDT

Person-Centered Care

Person-centered care means to focus on the resident as the locus of control and support the resident in making their own choices and having control over their daily lives (§483.5)

Key Theme: Person-Centered Care

Survey Emphasis:
- Resident involvement/preference addressed in many F-tags
- Staffing and training addressed in many F-tags: staff competencies, facilitating resident involvement and preferences
- More interviews and observations: delivery of person-centered care
Key Theme: Person-Centered Care

Survey Emphasis:
- Activities
- Appropriate transfer and discharge: required notifications
- Care planning process: expanded staff roles (CNA, food and nutrition services); person-centered approaches; care plan interventions and revisions

Key Theme: Aligning Resources with Residents

Survey Emphasis:
- Facility Assessment: Know Your Center, Know your Residents, Know Your Staff
- Competency-based staffing
- Day-to-day and emergencies
- Changing patient population: acuity, behavioral health, cultural and technological changes

Key Theme: Aligning Resources with Residents

Survey Emphasis:
- Facility Assessment: Staffing and staff competencies demonstrably linked to residents’ needs, characteristics
- Making informed admissions decisions: do you have the staffing, competencies, resources?
- Preparing for emergencies (EP requirements and risk assessment)

Key Theme: Systems Improvement/QAPI

Survey Emphasis:
- Preventing adverse events
  - Medication Related
  - Infection Related
- Transitions of care
- Good faith efforts – doing the right things for the right reasons
Key Theme: Systems Improvement/QAPI

Survey Emphasis:
- Prioritization of high-risk, high-volume, problem-prone areas and systemic concerns
- E.g. handwashing and hand hygiene, glucometer cleaning
- Role of QAA committee
  - Identifying and monitoring issues

Key Theme: Continuous Monitoring and Timely Action

Survey Emphasis:
- Data-driven
- Feedback and corrective action
- Staff competencies and training

Key Theme: Continuous Monitoring and Timely Action

Survey Emphasis:
- Adverse events
- Accidents
- Medication prescribing
- Infection control and antibiotic stewardship
  - E.g. trending and analysis of infections

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Trend in Citations


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<th>514</th>
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F-tag # | Description F-tag # | Description
---|---------------------|---------------------
323 | Facility free of Accidents (Falls) | 514 | Clinical records meet professional standards
441 | Infection control | 329 | Free from unnecessary drugs
371 | Sanitary food prep/distribution/storage | 362 | Services provided met professional stds
309 | Necessary Care for Highest practical Well being | 241 | Dignity
279 | Develop comprehensive care plan

What Are We Seeing?

- If you have quality problems, surveyors will look at:
  - Staffing and training – sufficient, competent
  - QA and PI – was it identified by the facility?
- Individualized Care Plans
  - Developing interventions; timely updates
  - Baseline care plan

Top 10 Tags Louisiana vs Nation

As of Jan 2018 from LTC TT
What Are We Seeing?

- Quality of Care
  - Monitoring and assessing residents (e.g. pain assessments, blood pressure, skin integrity)
- Interviews
  - Does everyone on the team know and understand the residents’ care needs consistent with their roles
    - Staff responses to staffing
  - Does the resident have a voice
    - Resident and Resident Council interviews

What Are We Watching For?

- Focus on Abuse & Neglect
- Focus on Admission, Transfer, Discharge (e.g. proper notices)
- Focus on Emergency Preparedness requirements
- Immediate Jeopardy citations
- Inappropriate “stacking” of tags

What Are We Watching For?

- Trends in average number of deficiencies per survey
- Trends in scope and severity of deficiencies
- Surveyor and provider learning curve
- Guidance and interpretations that are unclear or incorrect
- Regional and state variation

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