Three Pillars of Long Term Care Strategy:
Quality/Data, Compliance, Customer Service/Engagement

Susan LaGrange, RN. BSN, NHA
Director of Education, Pathway Health

Objectives

Upon Completion of this program, attendees will be able to:

• Review the health care shifts and initiatives driving change in post-acute care
• Understand the Three Pillars of tomorrow’s health care and the leader’s role for positive outcomes
• Describe the push for data-driven quality outcomes, compliance history, and consumer engagement, all of which will shape your position in the long term care profession
Objectives (continued)

- Discuss the impact on hospital readmission, falls, infection control and pain management on quality
- Identify five leadership strategies to implement change for positive outcomes and improved operations

Health Care Shifts To Post Acute Care
The Journey Begins…

Health Care

It is time for CHANGE!
THE COURSE HAS BEEN SET!

Industry Landscape

• Trends and Health Care Reform
  – Post Acute Care Impact
• Reality Check
  – Operational Challenges
  – Impact on Consumers
  – Examples of Redesign in new environment
Challenges - Post Acute Care

- Government Unrest
- Reform of Health Care as we know
- Reimbursement Changes
- Increased Costs
- Regulatory Changes
- External Oversight
Health Care Climate

Overall Health System Performance

Source: Commonwealth Fund Scorecard on Local Health System Performance, 2012.

Medicare Is the Fastest-Growing Major Entitlement

CHANGE SINCE 2002 IN INFLATION-ADJUSTED DOLLARS (2012)

- Social Security: $565 billion
- Medicare: $285 billion
- Medicaid: $185 billion

+36.8% $773 billion
+67.7% $478 billion
+37.8% $255 billion


Federal Spending by the Numbers 2012 ☊ heritage.org
Challenges - Post Acute Care

Nine of 10 Medicare patients die of chronic disease, and caring for them in their final six months of life absorbs one-third of all Medicare dollars. During that time, more than a third of chronically ill Medicare patients are treated by 10 or more doctors.

End of the line on MEDICARE

90% of Medicare patients die of CHRONIC DISEASE

Treating them during their final six months of life consumes one-third of all Medicare spending.

In those final months, 1 in 3 chronically ill patients is treated by 10 or more doctors.

Government Response

Need to Reform Health Care!

• Decrease Costs
• Decrease Reimbursement
• Increase Quality
• Increase Access
Government Response

Patient Protection and Affordable Care Act (PPACA)
– Signed into effect March 23, 2010
– Reform Private Insurance
– Reform Public Insurance
– Improve coverage to those with pre-existing conditions
– Expand access to care
– Reduce long term costs of health care

Health Care Reform Outcomes

Accountable Care Act (ACA)
– Link reimbursement to quality outcomes
– Move from Fee for Service to Bundled Payment methods
– Person Centered Care
– Consumer engagement and access to data
Destination: Quality + Value = Lower Cost

Start 2010

Arrival 2015 and beyond

KNOWLEDGE AND RESOURCES
Complex Health Care Environment

National Positioning of HealthCare Delivery

**Innovation Center**  
A new engine for revitalizing and sustaining the Medicare, Medicaid and CHIP programs and ultimately to help to improve the healthcare system for all Americans.

- Flexibility and resources
- Test innovative care models
- Test innovative payments models

http://innovations.cms.gov

Accountable Care Organizations
Dual Eligible Initiative
Reforming Medicaid

9 Million Dual Eligible Beneficiaries are Covered by Both Medicare and Medicaid

Medicare
37 Million

Dual Eligible Beneficiaries, 2008

Medicaid
51 Million

Total Medicare Beneficiaries, 2008: 40 million

Total Medicaid Beneficiaries, 2008: 40 million

EXHIBIT 1

Dual-Eligible Beneficiaries: Enrollment and Spending in Medicare and Medicaid, 2008

<table>
<thead>
<tr>
<th>Enrollment</th>
<th>Spending</th>
</tr>
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<tbody>
<tr>
<td>Medicare</td>
<td>Medicaid</td>
</tr>
<tr>
<td>Total</td>
<td>80%</td>
</tr>
<tr>
<td>Population</td>
<td>40 million</td>
</tr>
<tr>
<td>Spending</td>
<td>$14.24 trillion</td>
</tr>
</tbody>
</table>

Dual eligibles: 31%, Others: 69%


Accountable Care Initiatives

CMS Strategic Plan 2014

Our Vision: A high-quality health care system that ensures better care, access to coverage, and improved health.

1. Improve Quality Care
2. Improve Preventive Health Benefits
3. Strengthen Consumer Protections
4. Expand Coverage
5. Improve Payment Models
6. Strengthen Program Integrity
7. Transform Business Operations

Better Health for a Population
Better Care for Populaces
Lower Cost Through Improvement

CMS Triple AIM
The Affordable Care Act (ACA) requires the Secretary of the Department of Health and Human Services (HHS) to establish a national strategy that will improve:

– The delivery of health care services
– Patient health outcomes
– Population health
The strategy is to concurrently pursue three aims:

- **Better Care**
- **Healthy People/Healthy Communities**
- **Affordable Care**

The initial National Quality Strategy, required by the Patient Protection and Affordable Care Act (ACA), was published in March 2011. It established three aims, which are being pursued concurrently:

1. **BETTER CARE**: Improve the overall quality of care, by making health care more patient-centered, reliable, accessible, and safe.

2. **HEALTHY PEOPLE/HEALTHY COMMUNITIES**: Improve the health of the U.S. population by supporting proven interventions to address behavioral, social, and environmental determinants of health in addition to delivering higher-quality care.

3. **AFFORDABLE CARE**: Reduce the cost of quality health care for individuals, families, employers, and government.

- **From the National Strategy for Quality Improvement in Health Care**
  - [http://www.ahrq.gov/workin
gforquality/nqs/nqs2013annlrpt.htm](http://www.ahrq.gov/workin\ngforquality/nqs/nqs2013annlrpt.htm)

- Guiding force in quality improvement efforts across the nation and health care entities
- Develop a national QAPI model
National Quality Strategy

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2. **HEALTHY PEOPLE/HEALTHY COMMUNITIES**: Improve the health of the U.S. population by supporting proven interventions to address behavioral, social, and environmental determinants of health in addition to delivering higher-quality care.

3. **AFFORDABLE CARE**: Reduce the cost of quality health care for individuals, families, employers, and government.

- Adopts unified measures
- Across federal government, private sector, States, health systems and providers
- Guage performance outcomes
- Create continuity
- Consistency between providers
- Creates a “buying Value” initiative (VBP)

### National Quality Strategy

**PRIORITY** | **LONG-TERM GOALS**
--- | ---
Making care safer by reducing harm caused in the delivery of care | Reduce preventable hospital admissions and readmissions. Reduce the incidence of adverse health care-associated conditions. Reduce harm from inappropriate or unnecessary care.
Ensuring that each person and family is empowered as partners in their care | Improve patient, family, and caregiver experience of care related to quality, safety, and access across settings. In partnership with patients, families, and caregivers—and using a shared decision-making process—develop culturally sensitive and understandable care plans. Enable patients and their families and caregivers to navigate, coordinate, and manage their care appropriately and effectively.
Promoting effective communication and coordination of care | Improve the quality of care transitions and communications across care settings. Improve the quality of life for patients with chronic illness and disability by allowing care plans that anticipate and address pain and symptom management, psychosocial needs, and functional status. Establish shared accountability and integration of communities and health care systems to improve quality of care and reduce health disparities.
Promoting the most effective prevention and treatment practices for the leading causes of morbidity, starting with cardiovascular disease | Promote cardiovascular health through community interventions that result in improvement of social, economic, and environmental factors. Promote cardiovascular health through interventions that result in adoption of the most important healthy lifestyle behaviors across the lifespan. Promote cardiovascular health through receipt of effective clinical preventive services across the lifespan in clinical and community settings.
Working with communities to promote wide use of best practices to enable healthy living | Promote healthy living and well-being through community interventions that result in improvement of social, economic, and environmental factors. Promote healthy living and well-being through interventions that result in adoption of the most important healthy lifestyle behaviors across the lifespan. Promote healthy living and well-being through receipt of effective clinical preventive services across the lifespan in clinical and community settings.
Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models | Ensure affordable and accessible high-quality health care for people, families, employers, and government. Support and enable communities to ensure accessible, high-quality care while reducing waste and fraud.
Priority 1: Making care safer by reducing harm caused in the delivery of care

**LONG-TERM GOALS**

1. Reduce preventable hospital admissions and readmissions.
2. Reduce the incidence of adverse health care-associated conditions.
3. Reduce harm from inappropriate or unnecessary care.

Priority 2: Ensuring that each person and family members are engaged as partners in their care

**LONG-TERM GOALS**

1. Improve patient, family, and caregiver experience of care related to quality, safety, and access across settings.
2. In partnership with patients, families, and caregivers—and using a shared decision-making process—develop culturally sensitive and understandable care plans.
3. Enable patients and their families and caregivers to navigate, coordinate, and manage their care appropriately and effectively.
Priority 3: Promoting effective communication and coordination of care

LONG-TERM GOALS

1. Improve the quality of care transitions and communications across care settings.
2. Improve the quality of life for patients with chronic illness and disability by following a current care plan that anticipates and addresses pain and symptom management, psychosocial needs, and functional status.

Priority 6: Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models

LONG-TERM GOALS

1. Ensure affordable and accessible high-quality health care for people, families, employers, and governments.
2. Support and enable communities to ensure accessible, high-quality care while reducing waste and fraud.

Reducing costs must be considered hand-in-hand with the aims of better care, healthier people and communities, and affordable care.

The National Quality Strategy will foster strategies that reduce waste from undue administrative burdens and make health care costs and quality more transparent to consumers and providers, so they can make better choices and decisions.
New Health Care Environment

INITIATIVES IN MOTION
Accountable Care Act Initiatives

- Remember – Still in Effect
  Sequestration
  - Across the board federal budget reductions
  - March 1/2013
  - State Survey Agencies are affected
    - S&C Memo 13-23-ALL
    - Revisit survey protocols
    - Special Focus Facility
      - Last chance – FINAL survey
      - Home Health Targeted Surveys
      - Complaint Investigations
Accountable Care Act Initiatives

Initiatives currently in motion

• Hospital Readmission Reduction Program
• Fraud and Abuse
• QAPI
• Corporate Compliance
• Bundle Payment Demonstration
• Community Based Services
• Enhancing Patient Safety

Accountable Care Act Initiatives

• Initiatives in motion

• Dementia Initiative
• Unnecessary Medications - Antipsychotic
• Abuse prevention training updates
• National program for background checks
• Person Centered Care
• Equalize certain payments between Inpatient Rehab and SNF
• Health Information Technology
**CMS and OIG Updates NEW!**

### CMS
- **QAPI Development**
  - POC to be aligned with QAPI approach
  - Surveyors, regulatory guidance and QAPI – next steps
  - Involve residents and families with QAPI

### CMP Analytical Tool
- Per day vs. per instance
- Abuse and Neglect clarification
- Electronic POCs

### OIG Work Plan 2014
- **Medicare Part A Billing**
  - ¼ of all claims billed in error
  - High Therapy RUGs vs Resident characteristics
- **Medicare Part B Billing**
  - State Agency Verification of Deficiency Outcomes
  - QoC and Safety
  - Verifying POCs and actual quality outcomes

### National Background Checks
- Hospitalizations of nursing home residents for manageable and preventable conditions
  - 25% of SNF Med A beneficiaries were hospitalized as a result of condition that to be manageable or preventable in SNF – indicates QoC problems in SNF


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**Accountable Care Act Initiatives**

- **Initiatives in motion**
  - Expand Medicare and Medicaid sharing of information between entities – DATA!
  - Quality Initiatives – Benchmark data, standards of practice, compliance and set expectations for reimbursement
  - Bundle Payment methodology by 2017!
  - Medicare Value Based Purchasing
    - Performance based pay
    - Quality metrics
    - “P4P”
Accountable Care Act Initiatives

ICD 9 to ICD 10
Transition
Education
Implementation
Preparation
Operational Readiness

Delayed – H.R. 4302

H.R. 4302 – Protecting Access to Medicare 2014

• Sustainable Growth Rate – SRG
• “Doc” fix – repeals the 24% cut for Physicians
• Extension of Therapy Caps
• Extension of the two –midnight rule for acute care
• Skilled Nursing Facility Readmission Measure
  (10/1/15 – All Cause All condition hospital readmission factor) must be specified by the Secretary phase in 2016 and beyond
• Public Reporting of SNF – Readmission and other performance measures
NEW Initiative! Value based purchasing - VBP

Value = \frac{\text{Quality}^*}{\text{Payment}^†}

* A composite of patient outcomes, safety, and experiences
† The cost to all purchasers of purchasing care

HR 4302 – full implementation 10/2019

Drivers and Effects of Value-Based Care Kaufman Figure 1.

Source: Kaufman, Hall & Associates, Inc.
New Era of Healthcare – Quality and Efficiency


VBP – Acute care and SNF Initiatives

• Acute Care
  • "Affects payment for inpatient stays in 2,985 hospitals across the country
    • Quality Measures
    • Clinical Processes of Care
    • Outcomes of Care
    • Patient Care Experience – Satisfaction
    • Mortality
    • Efficiency
    • Penalties (HRRP, HAI, QM, Care Transitions, more)
    • Specific Dx and Bundled/Episodic payment

**VBP It’s Not Going Away—Acute Care and SNF**

**SNF VBP Premise**
- Quality Oversight
  - Broad infrastructure exists to support quality oversight
- SNF prospective payment system (PPS),
  - Based on costs and resources
  - Does not provide strong incentives for furnishing high quality care
- CMS views implementation of a SNF VBP program as an important step in revamping how Medicare pays for health care services,
- Move Medicare towards rewarding better value, outcomes, and innovations instead of the volume of services provided.
- [http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/SNF-VBP-RTC.pdf](http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/SNF-VBP-RTC.pdf)

**VBP – Acute Care and SNF Initiatives**

**SNF VBP Premise**
- Using financial incentives to reward quality and improvement in health care
- VBP programs aim to hold providers accountable for the quality of care they provide to Medicare beneficiaries,
  - Promote more effective, efficient and high quality care processes, and address the variation in quality across care settings.
- [http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/SNF-VBP-RTC.pdf](http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/SNF-VBP-RTC.pdf)
**VBP – Acute care and SNF Initiatives**

- SNFVBP program will align with many of the Department of Health and Human Services’ (HHS) and CMS’s efforts to improve coordination of care.
- CMS’s plan to implement a SNFVBP - consistent with the National Quality Strategy to promote health care that is focused on the needs of patients, families, and communities.
  - **Better Care**: Improve the overall quality of the health care system, by making health care more patient-centered, reliable, accessible, and safe.
    - **Healthy People and Communities**: Improve the health of the United States population by supporting proven interventions to address behavioral, social, and environmental determinants of health in addition to delivering higher-quality care.
  - **Affordable Care**: Reduce the cost of quality health care for individuals, families, employers, and government.
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**HR 4302 Components For SNF VBP**

- SNF Performance Scores
- SNF Ranking Based on Performance Scores
- Readmission Rate – first measure
- Quality Measures – alignment with health care providers
- Value Based Incentive Payment
- Public Reporting
Steps to Design SNF VBP – PER CMS

1. Continuous Quality Improvement Framework - QAPI
2. Consider adoption of Structural measures related to EHR
3. Defining SNFVBP Population (Medicare, Medicaid and other)
4. Enhanced Data Infrastructure and Validation process
5. Performance Scoring and Evaluation Model considerations(specific targets and overall improvement)
   a. MDS Measures
   b. Survey and Certification
   c. Staffing

Steps to Design SNF VBP – PER CMS

5. Performance Scoring and Evaluation Model (continued)
   a. Readmission rates
   b. Satisfaction Surveys
   c. Five – Star Quality Rating
6. Funding Source/Performance Incentive Funds
7. Transparency and Public Reporting
8. Coordination across Medicare Payment System – Align with all other VBP programs
VBP is Around the Corner
INTERNAL REVIEW

Assess Organizational Readiness

Assess Organization Systems
  – Corporate Programs and Outcomes
  – Facility specific protocols

Assess need to change

Benchmark internal systems for review
  – Current status
  – Industry standards
  – Best practice approach

Identify opportunities
Assess Organizational Readiness

Assess Clinical Readiness
– Your Role
– Industry initiatives
– Market initiatives and expectations
– Quality Outcomes
  • Payer and External Expectations
  • Consequences
– Internal competency process
– Right People and Right Roles
Leadership Implementation Strategies

1. Clarify Change
   • Clear about why change is needed and being implemented
   • Work through with your team
     • Will change?…
       • Require unknown tasks
       • New relationships
       • New methods of working
       • Threats to current operations
       • New training or retraining
       • Right people in right roles (Resources and Capabilities)

2. Build a case for change
   • Outline what organization will look like at end of change
   • Outline clear case - quantitative and qualitative needs
   • Assess Drivers for Change
   • Business as usual? Impact?
   • Barriers
   • Performance metrics in terms of business objectives
   • Link to vision of future if change is successful
3. Communicate Need for Change
   • Your team at ALL levels needs to understand the need for change and respective roles
   • Communicate clear vision
     • Current State of organization
     • Desired future state
   • Define, document and specify the change
   • Anticipate and address staff responses to change
Leadership Implementation Strategies

4. Develop Teams
   • Action oriented team
   • Mix of technical competencies, expertise, levels of seniority and informal leaders
   • Engage “Mavericks”
   • Appoint leads to streamline plan and actions for implementation

Leadership Implementation Strategies

5. Identify Barriers
   • Acknowledge and address barriers
     • Organizational
     • Operational
     • Clinical
     • Organization Readiness
     • Training, Knowledge, Resources
     • Talent Management
     • Obstacles to Opportunities
**Internal Review and Implementation**

After Internal Review, Determination of Readiness and Communicating Change ....

**Develop Quality and Implementation Strategy**

- Goals
  - Prioritize
  - Impact
- Systems and tools needed to change processes
- Resources applied or needed
- Time frames
- Approval/Agreement

**QUALITY OUTCOMES AND DATA:**

FUTURE OF HEALTHCARE
Quality Outcomes: Data

“We are transforming Medicare from a passive payer, to an active purchaser of value” – Tom Valuck, Assistant CMS Administrator

Quality Care + Data = Reimbursement
One thing you can control to some degree is performance!

Quality Outcomes: Data

- Outcome data and performance
  - Industry and Regional Trends
  - Consumer Satisfaction
  - Quality Measures
  - MDS 3.0, OASIS C, Quality Initiatives
  - Hospital, Nursing Home, Home Care Compare websites
  - Regulatory data
  - Re admission Rates
Current #1 Data Source

### Long Stay Measures
- One or More Falls with Major Injury
- **Self-Report Moderate to Severe Pain**
- High-Risk Residents with Pressure Ulcers
- Assessed and Appropriately Given the Seasonal Influenza Vaccine
- Assessed and Appropriately Given the Pneumococcal Vaccine
- Urinary Tract Infection
- Lose Control of their Bowels or Bladder
- Catheter Inserted and Left in Their Bladder
- Physically Restrained
- Need for Help with Activities of Daily Living Has Increased
- Lose Too Much Weight
- Have Depressive Symptoms
- **Received An Antipsychotic Medication**

### Short Stay Measures
- **Self-Report Moderate to Severe Pain**
- Pressure Ulcers that are New or Worsened
- Assessed and Appropriately Given the Seasonal Influenza Vaccine
- Assessed and Appropriately Given the Pneumococcal Vaccine
- **Newly Received an Antipsychotic Medication**

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Quality Outcomes: Data

**Data and Performance**

- **Who is measuring your performance?**
  - Customers, consumers, the facility
  - State, consumers, press/media
- **How are you measuring your performance?**
  - Quality Improvement processes
  - Consumer Surveys
  - External Surveys
  - Compliance History
Organizational Data: The New Path to Value

- Determine Quality Profile: Assess Organization Data
- Review Internal Processes: Optimize Data
- Establish an Information Agenda for Planning
- Leadership today – Data Driven Decisions!

Your data is key to positive outcomes.

21st Century Leadership

- Data Driven Decisions
  - Understand what the real business question is. (Who, What, Why, When, How)
  - Create an analysis plan with hypotheses.
  - Collect or review the “right” data
  - Gather insights
  - Make recommendations
  - Take action
PREPARATION AND PREPAREDNESS
Preparedness and Protection

Centers for Medicare & Medicaid Services (CMS)

Partners (fight fraud and abuse, uphold the Medicare Program’s integrity, save and recoup taxpayer funds, and maintain health care costs and quality of care)

- Program Safeguard Contractors
- (PSCs)/Zone Program Integrity Contractors (ZPICs);
- Medicare Drug Integrity Contractors (MEDICs);
- State and Federal law enforcement agencies, such as the OIG, Federal Bureau of Investigation (FBI), Department of Justice (DOJ), and State Medicaid Fraud Control Units (MFCUs);
Preparedness and Protection

Centers for Medicare & Medicaid Services (CMS) Partners (continued):

- Medicare beneficiaries and caregivers;
- Senior Medicare Patrol (SMP) program;
- Physicians, suppliers, and other providers;
- Medicare Carriers, Fiscal Intermediaries (FIs), and Medicare Administrative Contractors (MACs) who pay claims and enroll providers and suppliers;
- Accreditation Organizations (AOs);
- Recovery Audit Program Recovery Auditors; and
- Comprehensive Error Rate Testing (CERT) Contractors.

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<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>RAC</td>
<td>Recovery Audit Contractors</td>
</tr>
<tr>
<td>ZPIC</td>
<td>Zone Program Integrity Contractors</td>
</tr>
<tr>
<td>MIC</td>
<td>Medicaid Integrity Contractors</td>
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<tr>
<td>MAC</td>
<td>Medicare Administrative Contractor</td>
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<tr>
<td>HEAT</td>
<td>Health Care Fraud Prevention and Enforcement Action Team (HEAT)</td>
</tr>
<tr>
<td>UPIC</td>
<td>Unified Program Integrity Contractor</td>
</tr>
</tbody>
</table>
Preparedness and Protection

- High Risk Areas
- Sudden changes in billing
- Spikes in billing
- Compromised identities (provider/beneficiary)
- High error rates
- RUG changes or discrepancies
- Overpayments/underpayments

Preparedness and Protection

Negative Outcomes

- Administrative Actions
- Suspension of payments
- Exclusion from participation
- Criminal action
Preparedness and Protection

Strategies

• Internal and External monitoring
• Education/Knowledge
• Documentation
• Policies and Procedures
• Staffing – Right Roles

Monitor MAC and Government trends

www.oig.hhs.gov/reports/html
www.cms.hhs.gov/rac
www.cms.hhs.gov/zipic
www.cms.hhs.gov/cert
Preparedness and Protection

OIG and fraud, https://oig.hhs.gov/fraud
OIG e-mail updates, https://oig.hhs.gov/contact-us

CMS Fraud Prevention Toolkit, which contains information for providers and information providers can give to beneficiaries, http://www.cms.gov/Outreach-and-Education/Outreach/Partnerships/FraudPreventionToolkit.html


OIG Advisory Opinions, https://oig.hhs.gov/compliance/advisoryopinions

INNOVATION AND IMPLEMENTATION
Find Your Organization’s Position on the New Health Care Map!

Implementation and Innovation
Implementation

- Facility Overall Goals
  - Increase communication
  - Efficiency and effectiveness
  - Collaboration with partners
  - Reduce redundancy
  - Determine roles and anticipated processes
  - Improve patient outcomes
  - Care Transitions
Implementation

- **Facility**
  - Strategic Positioning Readiness
  - Benchmark Data
  - Compare Data
    - Nursing Home Compare: http://medicare.gov/nursinghomecompare
    - Hospital Compare: http://www.hospitalcompare.hhs.gov
    - Home Health Compare: http://medicare.gov/homehealthcompare

Implementation and Innovation For Sustainability

- Preparation
- Operational Readiness Assessment
- Services
- Internal Systems
- Team composition
- Increase clinical competencies
- Validation and benchmark data
- Excellent outcomes – quality and financial
  - Evaluate, reposition, partner and implement
Provider of Choice - Redesign

The Three Pillars

1. QUALITY AND PERFORMANCE

2. CUSTOMER ENGAGEMENT AND SATISFACTION

3. COMPLIANCE
Three Pillars of The Future of Health Care

Affordable Care Act

Quality and Performance

Consumer Engagement and Satisfaction

Compliance

National Quality Strategy
HR 4302
QAPI
HHS/CMS Strategic Plan/Triple Aim/Work Plans
OIG - Work Plans/Compendium
Fraud Prevention System

Hospital Readmission Reduction Program
Challenges – Post Acute Care

• Government Unrest
• Reform of Health Care as we know
• Reimbursement Changes
• Increased Costs
• Regulatory Changes
• External Oversight

Government Response

• Reform Health Care
  • Decrease Costs
  • Decrease Reimbursement
  • Increase Quality
  • Increase Access
H.R. 4302 – Protecting Access to Medicare 2014

- Sustainable Growth Rate – SRG
- “Doc” fix – repeals the 24% cut for Physicians
- Extension of Therapy Caps
- Extension of the two –midnight rule for acute care
- Skilled Nursing Facility Readmission Measure (10/1/15 – All Cause All condition hospital readmission factor) must be specified by the Secretary phase in 2016 and beyond
- Public Reporting of SNF – Readmission and other performance measures

HR 4302

Section 215, Skilled Nursing Facility Value-Based Purchasing:

“(1) READMISSION MEASURE.-Not later than October 1, 2015, the Secretary shall specify a skilled nursing facility all-cause all-condition hospital readmission measure (or any successor to such measure)”

“(2) RESOURCE USE MEASURE.- Not later than October 1, 2016, the Secretary shall specify a measure to reflect an all condition risk-adjusted potentially preventable hospital readmission rate for skilled nursing facilities.”
HR 4302

- Beginning October 1, 2016, and with each quarter thereafter, the Secretary will provide confidential feedback reports to SNF’s on the performance of the Readmission Measure
- Public reporting: the Secretary will establish procedures for public reporting of the measures on Nursing Home Compare
- SNF’s will have opportunity to review and submit corrections prior to information becoming public

You can access H.R. 4302 at:

http://www.gpo.gov/fdsys/pkg/BILLS-113hr4302enr/pdf/BILLS-113hr4302enr.pdf
(Once Again)
Assess Organizational Readiness

Assess Clinical Readiness
– Your Role
– Industry initiatives
– Market initiatives and expectations
– Quality Outcomes
  • Payer and External Expectations
  • Consequences
– Internal competency process
– Right People and Right Roles

Hospital Readmission Reduction Program

• Medicare spends
  – > $25 billion/year on unnecessary readmissions from SNFs and other post-acute care providers
  – About 18% of all Medicare hospitalizations are “rehospitalizations.”
    • Being admitted to the same or to a different hospital within 30 days of discharge, for certain applicable conditions

• Goal
  – Reduce hospital readmission rates
    • Reduce rates by 25% and save over $2 billion annually
If You Remember……Effective October 1, 2012
• Diagnoses and conditions
  – 258 reviewed
  – First 3 to be monitored
    • Heart Failure (CHF)
    • Pneumonia
    • Heart Attack (AMI)
  NOW
    • Septicemia
    • UTI
  FUTURE: All-Cause

CMS will recover/reduce payments for readmissions
  – 2013 – up to 1% total Medicare billings
  – 2014 -- up to 2%
  – 2015 – up to 3%
  – www.medicare.gov/hospitalcompar/search
Co-ordination Counts

- For fully integrated providers that form accountable care organizations—teams of providers that coordinate care—payments will be bundled to cover all of a patient’s care.

- But for most providers—which are not integrated—payments must be bundled for an episode of care, with providers dividing the payment among themselves.

Accountable Care Organizations

- Variety of Health Care Providers working together
  - As a Group – Accountable for the quality and the $$ of care
  - Quality outcomes will be rewarded
- Will choose providers wisely!
- Will evaluate your quality data

Goal: Better Outcomes at a Lower Cost
CMS Action Plan 3 Part AIM

1. Improving the individual experience of care;
2. Improving the health of populations; and
3. Reducing the per capita cost of care for populations.

SUCCESSFUL PLANNING
Next Steps

- Begin a Quality Assurance/Performance Improvement project on re-hospitalization.
- Begin gathering and analyzing data
- Identify trends
- Search for gaps in care
- Review any advanced care planning steps.
Care Transition Management

- Comprehensive Communication
- Coordination of Care
- Resident/Family Teaching with evidence of understanding

Will work towards:
- Decreased chance of medication errors
- Hospital readmissions

GREAT resource- AMDA Clinical Practice Guideline: Transitions of Care in the Long-Term Care Continuum: https://www.amda.com/members/flashpapers/papers/TOC/

Process Investigation and Correction

Are Weekends a Problem?
Ask WHY - Common causes include:
- Changes in MD coverage - alternate unfamiliar with resident
- Nurse Practitioner less available
- Unfamiliar weekend staff
- Staffing levels
- Assessment skill levels – fewer nursing leadership staff available for direction & decision making
Medical Director or Extender Staff

Is there trust in the skills of corresponding staff? If not, WHY?

Common causes include:
- Lack of assessment skill
- Lack of thorough communication of details and analysis at facility level
- Call without enough data accessible to answer questions

Resident and Family

- Incomplete advance directives
- Lack of trust in facility staff
- Poor communication of options
- Uninformed about risks/benefits
- Unresolved acute care or transition problems

**Cover all bases with family in person or by phone – find out fears and expectations**
INTERACT Program

• Designed to improve the quality of nursing home care
• Provides tools, resources to staff to reduce avoidable acute care transfers
• Supported by Centers for Medicare and Medicaid Services
• Early identification of change in resident status
• Improved documentation

INTERACT Program

• Enhances communication
• Guides nursing home staff when there is a change in the resident status.
• Provides an opportunity to improve quality of care
• Advanced care planning.

http://interact2.net/
Successfully integrate a system to improve care

- Reduce hospital admissions when possible
- Develop a win-win relationship with strategic partners
- Utilize system management for marketing strategies

Get It Together

- Establish a core committee
- Develop and reinforce communication with referral sources
- Establish your mutual goals – patient stability and management without readmission to hospital
- Meet face to face to identify what each of you need to do to make it happen
Team Work & Collaboration

- Medical Director to assist with training
- Facility review of Interact clinical pathways
- Pharmacy management and training on high risk medications
- Additional education provided by Lab, therapy, or physician extenders
- The complexity of services provided and the skill level of nursing.

SBAR and Communication

- SBAR was developed by our United States Navy.
- Submariners use this communication tool.
- It was adopted by the airline industry after investigations of crashes in the 70's showed the main cause was a breakdown in communication between the pilots in the cockpit.
- Works well in their stressful, time-critical, emergency situations.
**SBAR**

- The SBAR technique provides a framework for communication between members of the health care team about a patient's condition. It allows for an easy and focused way to set expectations for what will be communicated and how between members of the team, which is essential for developing teamwork and fostering a [culture of patient safety](#).

**Situation**

- The situation describes the problem
- It is a to-the-point punch-line
- Communicated in 5-10 seconds to get the attention of the receiver.
- **Included are:**
  - Identification of yourself – your name and unit
  - Patient’s name, physician, and room number
  - Brief and to-the-point statement of your concern
Background

• Prior to speaking with the other person:
  ✓ Anticipate what information the receiving person needs.
  ✓ Have all the relevant information in front of you.
  ✓ Have the medical record / electronic record open to that patient.
  ✓ Using SBAR notepad, write down all information.
  ✓ Practice conversation if uncomfortable with the situation.

SBAR

Prior to calling the physician

• Have I seen and assessed the patient myself before calling?
• Has the situation been discussed with resource nurse
• Review the chart for appropriate physician to call.
• Know the admitting diagnosis and date of admission.
• Have I read the most recent MD progress notes and notes from the nurse who worked the shift ahead of me?
SBAR

Have available the following when speaking with the physician:

• Resident chart

• List of current medications, allergies, IV fluids, and labs

• Most recent vital signs

• Reporting lab results: provide the date and time test was done and results of previous tests for comparison

• Code status

SBAR

Once Again - When calling the physician:

**Situation:** What is the situation you are calling about?

• Identify self, unit, patient, room number.

• Briefly state the problem, what is it, when it happened or started, and how severe.
**SBAR**

**Background:** Pertinent background information related to the situation could include the following:

- The admitting diagnosis and date of admission
- List of current medications, allergies, IV fluids, and labs
- Most recent vital signs
- Lab results: provide the date and time test was done and results of previous tests for comparison
- Other clinical information
- Code status

**SBAR**

- **Assessment:** What is the nurse’s assessment of the situation?
  - Be precise on the assessment
  - Review the advanced care plan
- **Recommendation:** What is the nurse’s recommendation or what does he/she want?
  - Examples:
    - Notification that patient has been admitted
    - Patient needs to be seen now
    - Order change
The Benefits of SBAR

• (SBAR) provides a standardized way of communicating.
• It promotes patient safety through efficient and accurate communication.
• It helps facilitate a shared set of expectations.
• Staff and physicians can use SBAR to share patient information in a concise and structured format.

Why Physicians Like SBAR

• The nurse gets straight to the point,
• It has essential pieces of information
• The guessing game is eliminated
• Nurses are trained to write care plans more narrative in nature. Physicians, however, are trained to use “headlines” or bullet point notations.
• SBAR gets to the point
First Steps with Implementation

- Review your current communication systems.
- Complete an analysis of problem areas with the current communication.
- Review your current documentation systems.
- Identify any opportunities for improvement prior to initiating the SBAR form.

First Steps with Implementation

- Take the opportunity to participate in daily report and shift to shift report for at least 7 days on all shifts.
- Review the 24-hour report.
- Complete walking rounds with the nursing assistants.
- Develop an interdisciplinary team of nurses from all shifts to review the current gaps in communication.
ACTION PLAN

• Determine which tools you will use
  – Interact
  – Facility Specific designated tools
• Staff Education
• Implementation of Program
• Evaluation

Policy and Procedure

• From Preadmission to Discharge!
  – Assessment Forms (Preadmission -> Discharge)
  – Monitoring requirements
  – Staff Training
  – Care Planning
  – Documentation
  – Notifications
Auditing Tools

• Preadmission Audits
• Admission Documentation Audits
• Assessment Audits
• Rehospitalization Root Cause Audits
• Documentation Audits
• Care Planning Audits

Quality Mapping

• Assess need to change
• Benchmark internal systems for review
  – Current status
  – Industry standards
  – Best practice approach
• Identify opportunities
### Action Plan

<table>
<thead>
<tr>
<th>AREA OF CONCERN</th>
<th>RECOMMENDATIONS</th>
<th>GOAL DATE</th>
<th>RESPONSIBLE PERSON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung Assessment</td>
<td>1. Nurse re-educated in assessment process with return demonstration of lung assessment.</td>
<td>6/5/14</td>
<td>DON or Nurse Manager</td>
</tr>
<tr>
<td></td>
<td>2. Nurse re-education in documentation requirements.</td>
<td>6/5/14</td>
<td>DON or Nurse Manager</td>
</tr>
<tr>
<td></td>
<td>3. Follow up review of assessment and documentation each shift</td>
<td>Beginning 6/5/14</td>
<td>DON or Nurse Manager</td>
</tr>
<tr>
<td>not completed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>with resident s/s</td>
<td>“productive cough” (Pneumonia dx)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Quality Mapping

**Develop quality strategy**

- Goals
  - Prioritize
  - Impact
- Systems and tools needed to change processes
- Resources applied or needed
- Time frames
- Approval/Agreement
Quality Mapping

- Training Plan
  - Educate all levels
  - Why change is needed
  - Process changes
  - Roles and Responsibilities
- Measurement and Communication of Success
- Not a “quick fix”

QAPI

Together, Quality Assessment and Process Improvement provide the model for:

- effective problem identification
- root cause analysis
- system and culture changes

Establish care delivery improvements to realize healthcare consumer defined goals.
Establish Leadership Accountability

Establish commitment of:

- Executive leadership, including the board of directors in non-profit homes, owners of other homes, and the directors of publicly traded nursing homes.

- Corporate leadership personnel set a climate and provide resources to help leadership flourish in each home.

QAPI must include:

- Ongoing & organized use of data and feedback from multiple sources
- Approach to early problem identification
- Root Cause Analysis
- Performance Improvement projects
- Understanding how systems of care might affect quality outcomes
- Systemic Action
- Involvement of all staff in quality mission

– University of MN, Division of Health Policy and Management and Stratus Health
Rewards of QAPI

• Competencies that equip you to solve quality problems and prevent further occurrences
• Competencies that allow you to seize opportunities to achieve new goals
• Staff fulfillment when goals are achieved
• Better Care for residents
• Better quality of life for residents

– University of MN, Division of Health Policy and Management and Stratus Health

Keep the team informed

• Celebrate small successes
• Post the data
• Keep accountability by ongoing review.
• Develop a standard of excellence
Consequences for SNF’s

HR 4302

- Value-Based Incentive Payment Percentage
- Based on “the SNF performance score of the skilled nursing facility”
- Value-based incentive payment

Quality Performance Standards = $$

**Hospital Readmissions will be part of this!

In Summary:

- Prepare ALL staff now!
- Look at your data
- Develop an Action Plan
- Consider a QAPI, PIP
- Involve the ENTIRE team!
- Ongoing re-evaluation
- Monitor Data
- Ongoing Communication
- Always Follow up!
- Position Yourself Successfully for the Future
FALLS MANAGEMENT PROGRAM FOR QUALITY

A Culture of Safety?
F323

• Intent is that the facility provides an environment that is free from hazards over which the facility has control and
• Provides appropriate supervision to each resident to prevent avoidable accidents.

This includes systems and processes to:
• **Identify** hazard(s) and risk(s);
• **Evaluate** and analyze hazard(s) and risk(s);
• **Implement** interventions to reduce hazard(s) and risk(s); and
• **Monitor** for effectiveness and modify approaches as indicated.

• Residents receive supervision and assistive devices to prevent avoidable accidents
**Definition: Unavoidable Accident**

Accident occurred when:
- Environmental hazards had been identified
- Resident risks were identified
- Hazards & risks were assessed
- Interventions were implemented to decrease hazards and risk
- Effectiveness of interventions were being monitored and modified as needed

**Definition: Avoidable Accident**

Accident occurred related to failure to:
- Identify environmental hazard
- Identify individual resident risk factors
- Evaluate/analyze hazards & risks
- Implement interventions to reduce an accident
- Monitor and modify interventions as needed
**Definition: Adequate Supervision**

- An intervention to decrease the risk of an accident.
- **Adequate** supervision must be based on individual resident’s needs and identified hazards in the resident’s environment.

---

**Fall Definition**

“Unintentional change in position coming to rest on the ground, floor or onto the next lower surface (e.g. onto a bed, chair, or bedside mat). The fall may be witnessed, reported by the resident or an observer or identified when a resident is found on the floor or ground. Falls include any fall, no matter whether it occurred at home, while out in the community, in an acute hospital or a nursing home. Falls are not a result of an overwhelming external force (e.g. a resident pushes another resident).

An intercepted fall occurs when the resident would have fallen if he or she had not caught him/herself or had not been intercepted by another person – this is still considered a fall.”

-MDS 3.0 RAI Manual
Steps for System Overview:

- Resident Risk Identification
- Resident Assessment Risk Factors
- Resident Vulnerabilities
- Realistic Goals
- INVESTIGATION and Root Cause Analysis
- Fall Prevention
- Interventions
  - Creative
  - Individualized

Steps for System Overview:

- Assistive Devices
- Hazards and/or Positioning Devices
- Unsafe Wandering &/or Elopement
- Resident Smoking
- Chemicals
- Oxygen Use
Environmental Rounds

• Hazards
  – Electrical cords
  – Beds by heat registers
  – Carpet condition
  – Handrails secure
  – Sharp edges on furniture
  – Chemicals secured
  – Sharps secured
  – Equipment working properly

Operational

• Updated Policies and Procedures for Accident Prevention
• Staff Education (examples)
  – Policies and Procedures
  – Culture of Safety, Prevention, Quality
  – Assessment Process
  – Hazard Identification
  – Equipment Use
  – Consistent Implementation of Care Plan Interventions
  – Safe Lifting and Transfers
  – Investigation and Root Cause Analysis
  – Communication
QAPI
QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

QA – Quality Assurance (F520 QA&A, Quality assessment & assurance)

- Identifies and corrects quality issues
- Retrospective
- Focus on outliers or individuals
- Efforts end once achieved
- DON, Physician and 3 staff members
- Meet quarterly
Performance Improvement

PI - Performance Improvement

- Proactive approach
- Efforts are on-going
- Focus on system changes
- Plan involves input from staff representing all roles and disciplines within the organization
- Meet at more frequent intervals

QAPI

- QAPI (Quality Assurance & Performance Improvement)
  - Systematic,
  - Comprehensive,
  - Data-driven,
  - Proactive approach

System Changes
What is Your Commitment?

It must include:

• Blameless problem-solving
• Involvement of those most affected by the issue
• Willingness & means to coach & mentor after training
• Person-centered care

QAPI is resident-centered yet built on systems thinking.

QAPI involves everyone who works in your facility.
Making Data Meaningful

- Without a baseline or point of comparison, it is hard to judge your own performance.
- QAPI uses performance indicators to monitor care processes and outcomes.
- It reviews findings against benchmarks, or targets the facility has established for performance.
- Objective data (Numbers) will give you concrete information on improvement, decline or maintenance of goals!

Benchmarking

**Identifying** a standard against which facility processes can be measured -

Benchmarking is the process of comparing your results to best practices & the performances of your peers.
**PIP**

Process Improvement Projects examine performance & make improvements

- In any area needing attention

  Or

- Found to be a high priority based on the needs of the residents.

ACCIDENT PREVENTION is an EXCELLENT PIP!

---

**Let’s Look at Fall Prevention**

Where could the problem start?

- How effective is your restorative program?

- Do residents lose function through reduced mobility?

- Could you review ambulation status to find out?
Use Your Data – MDS

1. Run a report of Current Mobility Status for this quarter and last quarter – walk in room, walk in corridor

2. Compare it to report from last quarter

3. Have there been changes, declines?

What to Look For - Trending

Look for trends in conjunction with – wing, diagnosis, falls, behaviors – the more granular, the more effective your root cause analysis will be.

- Location - room, hallway, bathroom
- Devices in use, call lights, alarms, etc.
Questions

Reasons for the mobility decline-Root Cause Analysis

Interview direct care-giving staff, family, resident for their perspectives regarding why the decline happened

Document interview results & analyze

Employee Participation

Include staff members at all levels, all departments, in program development, implementation & support.

Leaders facilitate, provide resources, and coach-

ALWAYS include your care giving staff in decision making
Resident/Family Alliances

Establish commitment to Falls and Injury Prevention
Market your commitment
Pre-admission considerations
Admission assessment in-put
ALWAYS include the resident/family in assessment findings & Education if responsible, or with resident permission

Risk Assessment Tools

Risk assessment tools by themselves do not prevent patient falls - they predict them… *

*National Patient Safety Foundation Professional Learning Series
When to Assess?

On admission*
Upon transfer from one unit to another*
With any status change*
Following a fall*
At regular intervals*

*How soon?

www.cdc.gov/injury/STEADI

Check Your Risk for Falling

<table>
<thead>
<tr>
<th>Please circle “Yes” or “No” for each statement below.</th>
<th>Why it matters</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have fallen in the past year.</td>
<td>People who have fallen once are likely to fall again.</td>
</tr>
<tr>
<td>I use or have been advised to use a cane or walker to get around safely.</td>
<td>People who have been advised to use a cane or walker may already be more likely to fall.</td>
</tr>
<tr>
<td>Sometimes I feel unsteady when I am walking.</td>
<td>Unsteadiness or needing support while walking are signs of poor balance.</td>
</tr>
<tr>
<td>I steady myself by holding onto furniture when walking at home.</td>
<td>This is a sign of poor balance.</td>
</tr>
<tr>
<td>I am worried about falling.</td>
<td>People who are worried about falling are more likely to fall.</td>
</tr>
<tr>
<td>I needed to push with my hands to stand up from a chair.</td>
<td>This is a sign of weak leg muscles, a major reason for falling.</td>
</tr>
<tr>
<td>I have some trouble stepping up onto a curb.</td>
<td>This is also a sign of weak leg muscles.</td>
</tr>
<tr>
<td>I often have to rush to the toilet.</td>
<td>Rushing to the bathroom, especially at night, increases your chance of falling.</td>
</tr>
<tr>
<td>I have lost some feeling in my feet.</td>
<td>Numbness in your feet can cause stumbles and lead to falls.</td>
</tr>
<tr>
<td>I take medicine that sometimes makes me feel light-headed or more tired than usual.</td>
<td>Side effects from medicines can sometimes increase your chance of falling.</td>
</tr>
<tr>
<td>I take medicine to help me sleep or improve my mood.</td>
<td>These medicines can sometimes increase your chance of falling.</td>
</tr>
<tr>
<td>I often feel sad or depressed.</td>
<td>Symptoms of depression, such as not feeling well or feeling slowed down, are linked to falls.</td>
</tr>
</tbody>
</table>

Total____ Add up the number of points for each “yes” answer. If you scored 4 points or more, you may be at risk for falling. Discuss this brochure with your doctor.
Assessment Recommendations

History & Root Causes Documentation

Current Status

• Footwear
• Seating
• Standing
• Transfers
• Toileting status
• Ability to understand safety needs

Past & Current H & P’s

Read it all, look for:

• Differences from current presentation
• Medications
• Safety measures
• Resident & Family Impressions
• Past care giver perspectives
Seating Challenges

- Ideal sitting posture is unnatural.

- People slide into a position of comfort and support. However... everyone fatigues out of the ideal sitting posture.

- Body type and disability often prevent ideal sitting posture.
Pain

Untreated, pain leads to:

• Restlessness
• Irritability
• Depression
• Reduced mobility
• Atrophy

What’s Your Response to Alarms?

Remain in place, wait for direction?

Get up to see what’s wrong?

See what you can do to help?
Critical Investigation Elements

Environmental review at the time of the event by on-shift staff:

- Make immediate modifications
- Add to care plan immediately
- Communicate interventions & rationales immediately

Safety Rounds

- Everyone’s responsibility
- What do you see?
- Are you really LOOKING for unsafe conditions?
- Who will be responsible to correct?
- How are we making changes to the culture of the facility?
Anticipate Medication Risks

Do not wait until a fall happens to check for:

- Effects
- Side effects
- Interactions

Plan for Falls Prevention!

Root Cause Analysis

Root Cause Analysis:
- Does your staff understand how to immediately begin a RCA investigation with resultant pertinent interventions?
Resident Fall at 3am:

- C.N.A. reported to the nurse, “He didn’t use his call light”
- New intervention on the Care Plan, “Remind resident to use call light for assistance during the night.”

**Does this happen??

More often than you think!

Steps to Root Cause Analysis

1. Immediate Investigation
2. Include information from anyone that could possibly have knowledge
3. Step back and look at the whole picture
4. Where is the concern?
   1. Resident Need?
   2. Staff Error?
   3. Resident Noncompliance?
   4. Medical Condition?
   5. Equipment Failure?
   6. Environmental Concerns?
   7. Other?
**Examples:**

- Let’s go back to the resident who fell out of bed at 3am.
  
  - Why did the resident fall?
  - What was the resident doing?
  - Where did the resident fall?
  - When did the resident fall
  - Who observed or has direct knowledge of the resident fall?
  - How did the resident fall?

**KEY POINT**

- How can we put sensible, realistic interventions into place, if we don’t dig deep enough for the information!
- **The interventions should match the need!**
Documentation Necessary

We need to **substantiate** that we have thoroughly investigated with Root Cause Analysis by: (Immediate investigation following resident stabilization)

- Assessing the situation
  - Environment
  - Devices and/or equipment
  - Etc.

- Interviewing
  - The resident
  - All Staff with possible knowledge
  - Roommate
  - Visitors/family

Investigation:

- Resident Activity
- Underlying changes of condition?
- Contributing Factors (i.e. medications, eyeglasses not on, etc.)
- Staff involved
- Presence of hazards?
DOCUMENTATION

Giving yourself CREDIT for Investigation

Remember: If you didn't chart it…..

Documentation

- Assessment Process
- Environmental Assessment
- Interviews
  - Resident
  - All staff with possible knowledge
  - Families/visitors
  - Roommate
- Identification of Hazards
- Change in Condition
- Contributing Factors
What NOT to document

• Impressions
• Assumptions
• It is wise not to document in the nurse’s notes that you completed an Incident Report (Check your facility Policy and Procedures)
• Staff concerns (they do not belong in the resident record)
• Other resident’s names

Care Plan Updates:

• Need to be based on the root cause analysis—identification of the *REASON* for the fall/accident
• Include revised interventions to prevent further avoidable accidents
• Identified potential hazards and risks
• Individualized to each resident to address the current need for prevention
• Communicated to all staff caring for the resident!
Care Planning

REALISTIC goals for resident’s with a history of falling

• Decrease the number of falls by:
  – Individualized environmental adjustments
  – Resident Directed Care
  – Removal of identified hazards

• Minimize Injury:
  – Decreasing any contributing factors

***TIMELY Care Plan Updates are Essential!!!

Teach Staff - Begin Immediately

To get the most out of critical times around an event

Staff on the scene must be coached in:
  – **skills of observation**
  – **critical thinking**
**Don’t Wait!**

Delaying the investigation until morning or Monday, or whenever the DON or Risk Manager gets around to it will not improve your outcomes or statistics.

---

**Assemble Key Players**

Assigned nurse & care assistants

Others on duty
  – Supervisor
  – Dining
  – Housekeeping/Maintenance
  – Administrator/Clinical Managers

*More eyes & ears = more thorough perspectives*
Observations + Questions

- Placement of the person’s body at the time of the fall
- What was the person trying to do?
- Was it unusual or typical – has it happened before?

What *Exactly* Happened?

‘Person needed to use bathroom’
Urgently?

- Why? Does this follow their usual pattern
- Do they usually call for help?
- If they do, but didn’t, what happened this time?
- If they did, why didn’t they wait?
And Then What?

If they don’t, or didn’t wait
what makes them unsafe to do it independently -
weakness, stiffness,
dizziness…?

Compensation VS Restriction

If they are known not to call for help, what are you doing
to make it safer for them?

Strengthen, loosen up,
address causes of dizziness
Plan of Care

• RAI Process
• Updates based on changes, assessment and root cause analysis investigation
• Documented
• Communicated
  – 24 hour report
  – Nurse to Nurse
  – Nurse to C.N.A.
  – Nurse to IDT
• Consistently Implemented

Care Plan Interventions

You can keep a list at the nursing station of a variety of ideas to help with the thought process after assessment!

– Individualized toileting Plan
– Assistive devices in reach
– Adequate Footwear
– Low Bed
– Environmental adaptions
– Individualized Monitoring schedules
– Resident centered activities
– Floor Mats
– Room Arrangements
– Lighting
– Music
– Medication change

-Removing foot pedals
-Corner guards on tables
-Cordless phones
-Bedspread material
-Low rods in closet
Implementation of Interventions

- The process includes communication of the new interventions to all relevant caregivers
  - 24 hour report
  - Verbal report
  - C.N.A. Care Card/Care Plan/Care Record
  - Nurse Manager Rounds
  - DON Rounds
  - Fall Team Meeting

- Assigning Responsibility
- Providing training and resources if necessary
- Consistent Implementation of interventions
- Documentation

Analyze the Trends!

- As the Leader—get involved! Be part of the falls team/committee to review accidents/incidents each week to determine:
  - Time of day/shift
  - Location
  - Resident Activity at time of accident
  - Personnel working
  - Environmental Conditions
Example:

- 60% of falls occur between 6pm and 7pm
- 80% of these falls occur on one unit
- 75% of these falls occurred while resident was attempting to self toilet

Example-continued

- Investigation of trends:
  - Observations that multiple staff members were taking breaks immediately following supper meal for residents
  - Observations included multiple call lights that took extended periods of time for response due to staff breaks
  - Observations and resident interviews indicated that residents would attempt to self toilet rather than wait for staff following the meal
Example: Interventions/Correction

- Staff breaks would not be allowed until all residents were toileted following meals
- Activities would provide an activity in the dining room following the meal to engage residents while staff were able to manage each resident’s toileting needs

Audit

Audit your system for success:
- F323 Rounds by the IDT
- Hazard Identification
- Fall Audits
- Incident/Accident Reports
* Use these audits to correct the system through your QA process for success!
## AUDIT-Example

<table>
<thead>
<tr>
<th>Area of Review</th>
<th>YES</th>
<th>NO</th>
<th>Recommended Action</th>
<th>Staff Responsible/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hazards Observation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Are chemicals accessible to residents?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Are staff promptly responding to alarms?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Is the environment safe for residents?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record review:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Resident is assessed for unsafe wandering and/or elopement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Risk of falls is assessed and care plan is individualized</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Following a Fall/Accident</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- The incident/accident was investigated (Root cause analysis)</td>
<td></td>
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<tr>
<td>- Interventions were put into place based on investigation and are individualized</td>
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<td>- The Plan of Care was promptly updated</td>
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<tr>
<td>- Hazards and risks were identified</td>
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## INFECTION CONTROL FOR QUALITY
Overview

• Infections are a significant source of morbidity and mortality for nursing home residents
• Account for up to half of all nursing home resident transfers to hospitals.
• Infections occur an average of 2 to 4 times per year for each nursing home resident.

F441 Federal Regulation

In the TOP 3 Citations Nationwide

§483.65 Infection Control

• The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.
Infection Control Program

The facility must establish an Infection Control Program under which it –

1) Investigates, controls, and prevents infections in the facility;
2) Decides what procedures, such as isolation, should be applied to an individual resident; and
3) Maintains a record of incidents and corrective actions related to infections.

Intent of F441

The intent of this regulation is that the facility:

• Develops, implements and maintains an Infection Prevention and Control Program in order to
• Prevent, recognize and control, to the extent possible, the onset and spread of infection within the facility.

**No longer control – Now PREVENTION**
Recent Survey Citations

Survey Citations for F441

- Hand-washing
- Peri-care
- Tracking of staff attendance when calling in (actually wanted a log of all call-ins and when they came back to work)
- Mapping of infections on a facility grid
- Proper storage of items in the dietary refrigerators
F441 Survey Citations

• Wiping down of equipment, including med carts, when used on an area that had known infections (like Influenza A)
• Proper use and changing of gloves
• Dating items used for med-pass
• Disinfection of equipment
• Proper disinfection

Survey Citations for F441

• Blood Glucose Monitors not disinfected between each use. (In accordance with manufacturers recommendations)
• Catheter drainage bag on floor
• Gait belt used – resident on isolation
• Dressing changes- technique
• Periwipes and skin cream contaminated
• Failure to have an IC Program
• Did not clean and disinfect electric razors
Recent Survey Citations

• Did not clean resident’s finger before using lancet
• Did not have an assigned person for infection control program
• Lack of surveillance and analysis of data to determine clusters, prevalent organisms, or rate of infections
• Did not wash hands between each resident at med pass
• Dumping soiled water into sink

COMPONENTS OF A COMPREHENSIVE INFECTION PREVENTION AND CONTROL PROGRAM
Components of the Program

- Program Development and Oversight
- Policies and Procedures
- Infection Preventionist
- Surveillance
- Documentation
- Monitoring
- Data Analysis
- Communicable Disease Reporting
- Education
- Antibiotic Review

Development and Oversight

- Facility program oversight should collaboratively include:
  - Infection Preventionist
  - Administrator
  - Medical Director (or a designee)
  - Director of Nursing
  - Other staff as appropriate
Medical Director Oversight

- Advisory
- Criteria for identifying infections
- How to distinguish facility acquired from community-acquired
- Appropriate surveillance activities
- Data collection instruments
- Antibiotic usage
- Surveillance forms
- Policy and Procedures

Policies and Procedures

- When was the last time your Infection Control Policies and Procedures were reviewed and revised?
- If you have revised the P&P’s, how have we educated the staff?
- Have we audited the system?
**Policies and Procedures**

- Consistent with regulations and standards of practice
- Provide guidance to staff on steps to follow
- Should be in a place where easily accessible to all staff
- New changes in the industry should be researched and included in the P&P

---

**Policy & Procedures Examples**

- Use of standard precautions facility-wide
- Use of transmission-based precautions when indicated
- Define surveillance activities
- Require that staff use accepted hand hygiene after each direct resident contact for which hand hygiene is indicated
- Prohibit direct resident contact by an employee who has an infected skin lesion or communicable disease
- Housekeeping, Laundry, Dietary policies
Infection Preventionist

F441:
“A facility may designate an IP to serve as the coordinator of an Infection Prevention and Control Program. Responsibilities may include collecting, analyzing, and providing infection data and trends to nursing staff and health care practitioners; consulting on infection risk assessment, prevention, and control strategies; providing education and training; and implementing evidence-based infection control practices, including those mandated by regulatory and licensing agencies, and guidelines from the Centers for Disease Control and Prevention.”

• Will need a good job description and resources

Surveillance

There are no “magic buttons”
Surveillance

- Cornerstone of IC Program

- The primary purpose of infection control surveillance is the collection of information for action.
**Process Surveillance**

- Identifies whether the practices are compliant with established prevention, control and policies based on recognized guidelines.
- Audit- (hand washing, environmental rounds)
- Do your policies work?

**Outcome Surveillance**

- Identifies and reports evidence of an infectious disease.
- The outcome surveillance process consists of collecting/documenting data on individual cases and comparing the collected data to standard written definitions (criteria) of infections. (See McGeers)

Data- Analysis
Surveillance Consideration

• All symptoms must be new or acutely worse.
• Many residents have chronic symptoms, such as cough or urinary urgency, that are not associated with infection;
• However, a new symptom or a change from baseline may be an indication that an infection is developing.

Surveillance Consideration

• Alternative noninfectious causes of signs and symptoms
  – (eg, dehydration, medications)
• Should generally be considered and evaluated before an event is deemed an infection
Surveillance Consideration

- Identification of infection should not be based on a single piece of evidence
- Always consider the clinical presentation and any microbiologic or radiologic information
- Microbiologic and radiologic findings should not be the sole criteria

Surveillance Consideration

- Diagnosis by a physician alone is not sufficient for a surveillance definition of infection and must be accompanied by documentation of compatible signs and symptoms
**Surveillance Consideration**

Infections should be attributed to a LTCF onset

- If there is no evidence of an incubating infection at the time of admission to LTC (on the basis of clinical documentation of appropriate signs and symptoms and not solely on screening microbiologic data) and
- Onset of clinical manifestation occurs >2 calendar days after admission

  - McGeer 2012

**Infection Rates**

- Calculated – monthly, quarterly, & annually
- Health facility acquired infections (HAIs)
- HAI rates are calculated as infections per 1000 resident days
- A standard infection report form facilitates reporting of surveillance information
- Tables, graphs, and charts may be used and facilitate education of personnel
Infection Calculations

- Infections are counted in the statistics only once. An infection lasting over more than one reporting period reported only once in the period it had its onset.

- Incidence rated (the number of new cases of infection during a defined time period) are calculated.

Calculation Formula

- Formula for calculation:

  - \( \frac{\text{Number of new HAI's infections} \times 1000}{\text{Number of resident days in a month}} \)

- **Nosocomial Infections are known as Healthcare Associated Infection (HAI's)**
Documentation and Data

• Documentation should include written definitions of infections
• Concurrent surveillance is preferable to retrospective surveillance
• Surveillance at least weekly (APIC) is need to collect timely data

Use of Tracking Tools

1. Identification of all infections in the facility
2. Detection of types of infections and location in the facility. (Use McGeer Criteria)
3. Determination of prevalence of infections
4. Determine trends
5. Information will assist the facility in the development of an effective Action Plan
6. Are you MAPPING your infections?
Documentation and F441

• You can use whatever approach works for your facility for gathering, documenting and listing surveillance data.
• You will need reports to describe the types of infections and to identify any trends and patterns.
• You can summarize observations of staff practices, infection causes and any RCA investigation into infections.
• You will need to define how often and how your data will be collected.

Monitoring

The Infection Preventionist and all others assigned to monitor the program will need to monitor:
• Implementation of P&P
• Condition of resident(s) with infection(s)
• Outbreaks
• Compliance with facility practices to ensure consistent implementation of the program
**Data Collection**

Data is collected from:
- Communication with staff
- Walking rounds
- Review of MD progress notes
- Lab/X-ray review
- Treatment records
- MAR
- Nurse notes
- Information from hospital transfers

**Analysis of the Data**

- Includes the following elements on each infection to detect clusters and trends:
  - Resident identifier
  - Type of infection
  - Date of onset
  - Location in the facility
  - Appropriate lab information
Data Analysis

- Determination of the origin of infections
- Reviewing and comparing facility surveillance data over time
- Determination of trends, patterns, unusual situations or performance concerns
- Evaluation and Action Planning

Communicable Disease Reporting

- The Infection Preventionist is responsible for reporting to the state Department of Health Infectious Disease Division, cases of specific conditions (Refer to your State Specific Disease Reporting Requirements)
Antibiotic Review

- Ongoing review and oversight
- Medical Director involvement
- Consultant Pharmacist
- Compare antibiotic with lab C&S report
- The physician is responsible to review (and prescribe) and we are responsible to communicate results
- The consultant pharmacist will also review during the medication regimen review and give recommendations as appropriate

**Due to the increase in MDRO's, review of antibiotic use is crucial**

EDUCATION AND ACCOUNTABILITY
INFECTION CONTROL
Staff Education

• Orientation and Yearly
  – Policies and Procedures
  – Hand Hygiene (return demonstration)
  – Personal Protective Equipment
  – Transmission Based Precautions
  – Standard Precautions
  – Linen Handling
  – Identification of signs/symptoms of infection
  – Communicating, Documentation, Reporting
  – Staff illness/signs and symptoms and when they can and cannot work
  – Infection Criteria

INTERDISCIPLINARY INVOLVEMENT

ALL disciplines need to be involved in Infection Control

• Nursing
• Social Services
• Activities
• Dietary
• Administration
• Therapy
• Physicians or other practitioners
• Lab and/or X-ray
• Spiritual
Staff Education

• “On-The-Spot”
  – When break in procedures/technique or practice is observed either through audit or observation.
  – When an infection (or infections) are identified and procedures/techniques need to be reinforced.
  – New information needs to be addressed.
  – Do you hold your staff accountable?

AUDITING FOR COMPLIANCE
Audits

- Hand Hygiene Audits
- Food Preparation Audits
- Personal Protective Equipment Audits
- Water Pass Audits
- Med Pass Audits
- Catheter Care Audits
- Peri-Care Audits
- Room Sanitization Audits
- Environmental Audits
- Dining Room Audits
- Linen Handling Audits

“Well-trained and dedicated employees are the only sustainable source of competitive strength.”

- Robert Reich
PAIN MANAGEMENT FOR QUALITY

Pain Management

“Pain management means that nursing homes will implement a comprehensive system to address issues related to pain. This system involves assessing and managing pain in residents, both long and short term, so that all residents have individualized, person-centered care plans. Nursing home residents will receive appropriate care to prevent and minimize episodes of moderate to severe pain. Less than adequate pain management can affect residents’ daily activities and quality of life. It can also cause depression, sleeplessness, restlessness, or decline in appetite and unintentional weight loss.”

-Advancing Excellence in America’s Nursing Homes

Focus

• Considerations for long stay and short stay residents.
• Timely assessment/recognition and management of pain as well as monitoring and managing side effects of medications utilized.


Quality Measures

• Percent of Residents Who Self-Report Moderate to Severe Pain (Short Stay)
• Percent of Residents Who Self-Report Moderate to Severe Pain (Long Stay)
F309 Quality of Care

“Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.”

Policies and Procedures

- Is your system:
  - Current?
  - Evidence Based?
  - Consistent with F309?
Introduction to Pain

Introduction: To help a resident attain or maintain his/her highest practicable level of well-being and to prevent or manage pain, to the extent possible, the facility:

• Recognizes when the resident is experiencing pain and identifies circumstances when pain can be anticipated;

• Evaluates the existing pain and the cause(s); and

• Manages or prevents pain, consistent with the resident’s goals, the comprehensive assessment and plan of care, and current clinical standards of practice.

F309 Pain Management Process

– Screening to determine if the resident has been or is experiencing pain;

– Comprehensively assessing the pain;

– Identifying circumstances when pain can be anticipated; and
F309 Pain Management Process

• Developing and implementing a plan, using pharmacologic and/or non-pharmacologic interventions to manage the pain and/or try to prevent the pain consistent with the resident’s goals

• Monitor and evaluate outcomes

Myth 1:

Pain is a normal part of aging

Fact: Pain is common in older adults, but it is not part of normal aging.
Older adults tend to have more pain because they have chronic diseases.
Myth 2:

Elders get adequate pain treatment

Fact:

Studies in several settings indicate under-treatment of pain

Studies have also shown that persons with dementia receive less analgesia for similar conditions

Pain and Aggressive Behavior

- Research on 38 aggressive cognitively impaired nursing home residents
  - families suspected pain in 44% of subjects
  - CNAs suspected pain in 66% of subjects
- For residents for whom CNAs suspected pain, 56% had received no analgesic in the previous month

Feldt, Warne, & Ryden, (1998)
Pain and Aggressive Behavior

• Residents with > 1 pain-related diagnosis were significantly more aggressive than residents with one or no pain-related diagnosis (13.9 incidents/day vs 8.2/day)

• Residents with arthritis had significantly higher aggression scores than those without arthritis (14.1/day vs. 8.6/day)

Identification of Pain

• Inadequately treated pain can lead to:
  – decreased functioning,
  – sleep disturbances,
  – depression, and
  – decreased emotional well-being.

• Acute pain may indicate a new and potentially life-threatening disease process. It is important, that a resident’s reports of pain be taken seriously and be evaluated comprehensively.
pain misconceptions

- Some common misconceptions contribute to the inadequate management of pain include:
  - viewing pain as a sign of weakness or a mechanism for getting attention;
  - believing that older or cognitively impaired residents have a higher tolerance for pain;
  - or a concern that residents may become addicted to pain medication.

screening

- Interview- predmission
- Resident interview
- Family interview
- Friends, responsible party
- Observe body language
- Monitoring for pain is part of the IDT process
Assessment-Frequency

• Recognize and address pain promptly
• Screening for pain at admission helps identify the resident who is experiencing pain or for whom pain may be anticipated during specific procedures, care, or treatment.
• Admission screening
• Screened periodically (Quarterly MDS)
• Change in condition
• Anytime pain is suspected
• As with many symptoms, pain in residents with moderate to severe cognitive impairment may be more difficult to recognize and assess

Pain Assessment

• Location (where?)*
• Onset, progression (when did it start?)
• Precipitating factors (what sets it off?)
• Quality and characteristics (describe)
• Duration, intensity, severity (how bad?)*
• Alleviating factors (what helps?)
• Associated symptoms (what else?)

* required documentation for JCAHO
Pain Assessment

Items to consider on Assessment:

• History of Pain
• Review of Diagnoses- Acute and Chronic concerns
• Resident History-previous pain management needs/treatment (What works? What hasn’t worked?)
• Resident Interview- Is resident verbalizing pain? If new admission, were they medicated prior to leaving the hospital?

Assessment-Verbal

• Words used to report or describe pain may differ by culture and/or region of the country. Examples of descriptions may include heaviness or pressure, stabbing, throbbing, aching, gnawing, cramping, burning, numbness, tingling, shooting spasms, soreness, tenderness, discomfort, pins and needles, feeling “rough”, tearing or ripping.
• Verbal descriptions of pain can help a practitioner identify the source, nature, and other characteristics of the pain.
Pain Assessment

Does your Pain Assessment include:

• Pain Location
• Pain Scale
• Description of Pain
• Pain Frequency
• Pain Goal
• What has worked?
• Medications
• Non-pharmacological interventions

Pain Assessment

Continued-
• Breakthrough pain?
• Pain with activity?
• Does pain interfere with sleep? Activities?
• New health concerns?
• Signs/Symptoms?
• Non-verbal indicators of pain?
• Type of Pain?
Non-Verbal Indicators

• Need to be viewed in the context of the whole picture of the resident with consideration given to pain as well as other clinically pertinent explanations. Examples of symptoms may include:
  
  – Negative verbalizations and vocalizations (e.g., groaning, moaning, crying/whimpering, stop, ouch that hurts, or screaming);
  – Facial expressions (e.g., grimacing, frowning, fright, or clenching of the teeth or jaw, wincing);

Non-Verbal continued:

• Changes in gait (e.g., limping), skin color, vital signs (e.g., increased heart rate and blood pressure)
• A change in behavior (e.g., resisting care, distressed pacing, withdrawing, inability to perform ADLs, rubbing a specific location of the body, or guarding or protecting a limb or other body parts);
• Weight loss; and
• Difficulty sleeping (insomnia).
Intensity

- Quantitative measurement scales
  - Numeric Rating Scale (NRS)
  - Verbal Descriptor Scale (VDS)
  - Faces Scales (Wong-Baker, Bieri)
  - Pain Thermometer

- Questions to ask
  - “If 0 is no pain and 10 is the worst possible pain, what is your pain right now, in the past 24 hours (since lunch time yesterday), since you received your pain medicine?”
  - “Where do you want your pain to be?”
Multiple barriers to the evaluation and management of pain exist, such as:

- language and cultural barriers,
- co-existing illness (co-morbidities), and
- cognitive impairment.

The use of multiple medications may affect a resident’s ability to interpret or report pain, may modify his or her response to pain, and may make it harder to identify pain symptoms.
Overcoming Barriers

Pain Identification

• Education
  – Staff
  – Resident
  – Medication Management
  – Non-pharmacological interventions
  – Documentation
  – Nonverbal Pain Indicators
  – Facility System Management

PROACTIVE APPROACH

Anticipating Pain

• Education for staff and resident on medications and non-pharmacological interventions that can be utilized when pain can be anticipated.

• A good assessment will determine what activities are associated with pain and the interventions that have been successful and can be care planned!
Care Planning

The goal:

To provide effective pain management that results in a \textit{constant level of comfort} while maintaining as much function as possible.

Care Planning

Successful intervention starts with a clear statement of the problem.

The problem:

- Etiology of the problem – what is the pain “due to”?
- Exacerbation of the pain – what makes it worse?
- Example: Alteration in comfort related to acute pain due to right hip surgery and exacerbated by therapeutic exercises

**Do you use your CAA to individualize your care plan?**
Care Planning

Interventions should be:

- Specific to the individual resident’s assessed problems
- Interdisciplinary
- Medications + non-pharmacologic
- Assessed for effectiveness within a reasonable amount of time after implementation
- Include resident preferences

Coordinated Plan of Care

“When hospice services are involved, the facility and hospice are jointly responsible for developing a coordinated plan of care for the resident that guides both providers and is based upon their assessments and the resident’s needs and goals. The coordinated plan of care must identify which provider (hospice or facility) is responsible for various aspects of care.”
Coordinated Care Planning

The care plan will incorporate the Hospice philosophy of care to include pain management—both pharmacological and non-pharmacological in nature and the Hospice will collaborate with facility to train staff.

Medication Adverse Effects

• Monitor for adverse effects of the medication
  • Constipation
  • Sedation
  • Nausea/Vomiting
  • Pruritis
  • Confusion/Delirium
  • Myoclonic jerking
  • Respiratory Depression (sedation precedes)
Pain and Resident Function

F309:
“Actual or potential harm/negative outcome for F309 related to pain assessment and management may include, but is not limited to:

• Persisting or recurring pain and discomfort related to failure to recognize, assess, or implement interventions for pain; and

• Decline in function resulting from failure to assess a resident after facility clinical staff became aware of new onset of moderate to severe pain.”

Pain and Resident Function

Areas for consideration:

• Pain Management prior to cares
• Pain Management prior to Restorative Programs
• Pain Management prior to meals
• Medication side effects and non-pharmacological interventions
Summary

Review your system for pain management

- Policies and Procedures
- Assessments and Screenings
- Staff implementation of interventions
- Documentation Review
- Education (staff, resident, family, practitioners)
- Care Planning
- Auditing
- Review of Quality Measures
- Quality Assurance

COMPLIANCE
Compliance

- Survey – State and Federal regulations
- Reimbursement-Medicaid and Medicare

Federal Top 10

- F323: Prevention of Accidents
- F441: Infection Control
- F309: Quality of Care
- F371: Food Sanitation
- F279: Care Plans
- F281: Services that Meet Professional Standards
- F514: Clinical Records
- F225: Employ Individuals Guilty of Abuse
- F329: Unnecessary Drugs
- F241: Dignity
Compliance

• Ensure systems are in place!
  – Updated and appropriate policies and procedures
  – Ongoing employee education and engagement
  – Resource management
  – Corporate Compliance Program
  – Oversight
  – QA and QAPI

Compliance - Education

• All policy, procedure or protocol changes need to be communicated with education to all staff PRIOR to date of implementation.

• There should be a system for evidence of training

• It is a good idea to use a variety of training methods
  – Lecture - Skills Checklists
  – Handouts - Return Demonstration
  – Etc.
Compliance - Education

• What is your system for staff that do not attend your educational programs?

• Do you have an evaluation system for staff to determine effectiveness of educational activity?

• Have you considered including staff in the process?

Compliance

• Do you have an ongoing and meaningful audit system?

• How are you ensuring sustained compliance?

• What is your process?
Verification of Compliance and Satisfaction

- Audit System
- Facility Rounds
- Documentation Evaluation
- Staff Interviews
- Resident Interviews
- Family/Visitor Interviews
- Medical Director Discussion

Example – F309

“Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.”
F309 Includes:

- Care of a resident with dementia
- End of Life
- Diabetes
- Resident receiving dialysis services
- Non-pressure related skin ulcers
- Pain

Providing care and services to keep residents at their highest level of functioning in conjunction with the plan of care for:

- Fractures
- Congestive heart failure
- Fecal Impaction

**F309 indicates that “Surveyors should consider any quality of care issue that is not covered in a specific Quality of Care tag to be covered under this tag, F309”**
Examples of Survey Deficiencies

- Lack of Evidence for Proper Pain Management
- Failure to show evidence of care and services for non-pressure related wounds
- Failure to evidence of care plan coordination with Hospice
- Dialysis: No evidence of adequate communication and lack of emergency procedures

Examples of Survey Deficiencies

- Prompt physician notification and action for residents with low blood sugars
- Insulin given when resident documentation indicates poor intake
- Staff indicates to surveyor that they are not aware of non-pharmacological interventions on the care plan for behaviors to be utilized prior to medication use
- Resident with dementia and new onset of behaviors without assessment to determine reason for behavior
EDUCATIONAL NEEDS OF EMPLOYEES

Areas for staff education include:

- Policies and Procedures (examples)
  - Pain Management (including documentation, forms)
  - Dialysis Care (arrangements and emergency P&P)
  - Dementia Care
- Care Plans
  - Individualized
  - Consistent Implementation
  - Updates
  - Communication
- Notifications
- Quality of Care
Manager Oversight

- Regular oversight on F309 will be crucial for compliance
  - Daily Rounds
  - Chart reviews
- Ongoing audits (can include nurse managers in the process for both compliance and learning)
- Action Planning based on results
  - QA and QAPI

F309 Quality of Care AUDIT

<table>
<thead>
<tr>
<th>Area of Review</th>
<th>YES</th>
<th>NO</th>
<th>Recommended Action</th>
<th>Staff Responsible/Date</th>
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<tbody>
<tr>
<td>Assessment includes history, medical and psychological diagnoses, physical, cognitive and functional status, psychological and concerns</td>
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<td>Non-pharmacological interventions for behaviors are in the care plan and observed to be implemented with resident with dementia</td>
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<td>When a resident elects Hospice a Significant Change of Condition MDS is present in the record</td>
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<td>Hospice and Facility have collaborated in a Plan of care</td>
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<td>Residents who are not eating with orders for insulin: -There is an assessment documented -Blood Glucose Monitoring completed -Physician is notified if blood glucose result is outside parameters -Insulin is held as indicated</td>
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There is evidence in the medical record of communication between the dialysis facility and the LTC facility:
- Medication Administration times
- Weights
- Labs
- New medical concerns

An updated Pain Assessment is located in the medical record

Documentation for prn pain medication administration includes:
- Time and Date
- Location of pain
- Pain intensity (scale)
- Medication Administered
- Non-pharmacological Interventions
- Effectiveness of Pain Medication including intensity

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**Audits**

- You can develop your own based on findings
- Can use the information to measure compliance
- Can be used as a PIP for QAPI
- Can include staff at all levels
- Will help in determining education and oversight needs of the department

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F309 Quality of Care AUDIT

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COMPLIANCE

HOW will compliance problems affect your facility?

CUSTOMER SERVICE/ENGAGEMENT
Consumer Engagement

What successful processes do you have in place for successful consumer engagement?
– Preadmission
– Admission
– Ongoing
  • Formal
  • Informal

Consumer Engagement

• How have you prepared ALL staff for customer service?
• Have you conducted satisfaction surveys?
• How is your relationship with other health care entities? (What are they telling your potential or current customers?)
• What IS the culture of your facility?
• Do you truly practice Person Centered Care?
Let’s Keep Our Staff Informed!

“Well-trained and dedicated employees are the only sustainable source of competitive strength.”

- Robert Reich

Consumer Engagement

- Provide an environment for success
- Quality Care is essential in the process!
- Listen, Listen and Listen again!
- Provide multiple opportunities and platforms for the sharing of information
- Employee education and ongoing involvement will be crucial
Communication

- Every week, any new regulatory updates should be addressed with the Department Managers
- All Staff Involvement as necessary
- Residents
- Families
- Medical Director
- Pharmacy Consultant

In Conclusion

LEADERSHIP STRATEGIES
Leadership Strategies to Implement Change for Successful Outcomes

1. The Course has been set-Road Map!
   - Affordable Care Act
   - HR 4302
   - OIG Workplan
   - OIG Compendium
   - CMS S&C Memo’s
   - OIG Memos

2. Arm yourself with knowledge and resources on the initiatives
Leadership Strategies to Implement Change for Successful Outcomes

3. Review your systems and the culture of your facility for compliance and satisfaction!
   – Review systems
   – Engage and include all employees in the process
   – Resident/family engagement
   – Expect quality, compliance and satisfaction as a way of doing business!

Leadership Strategies to Implement Change for Successful Outcomes

4. Position yourself for success
   – Data, Data, Data!!!
     • Objective
     • Accurate
     • Meaningful
Leadership Strategies to Implement Change for Successful Outcomes

5. Preparedness and Protection -
   • Preparing yourself for audits and surveys
   • Situate yourself for quality and prepare for Value Based Purchasing

6. Innovation:
   • Roll out your process delivery to meet the demands of the new consumer and dynamic health care environment!
Resources

CMS (QAPI):
- https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/NHQAPI.html

QAPI News Brief Volume1, 2013;

State Operations Manual:

Resources

Advancing Excellence in America’s Nursing Homes
- http://www.nhqualitycampaign.org/

CDC-Falls in Nursing Homes

NCOA – Excellent Resources- Falls Prevention Day – September 22, 2013
Resources

Veteran’s Administration projects
http://www.visn8.va.gov/patientsafetycenter/fallsTeam/

Institute for Person Centered Care
http://ubipcc.com/

Sue Ann Guildermann, RN, BA, MA, Effective Fall Prevention Strategies Without Physical Restraints or Personal Alarms Empira, 4/24/2012 Webinar for Stratis Health

Resources

www.cdc.gov/injury/STEADI

Vibrant Living Concepts


Willy BA; Wheelchair Seating for Elders; On line pamphlet prepared under contract for Mountain Pacific Quality Health– Wyoming 2010.
Resources

SHEA/CDC Position Paper
Surveillance Definitions of Infections in Long-Term Care Facilities: Revisiting the McGeer Criteria

http://www.jstor.org/stable/10.1086/667743

Resources

Surveillance:

Guideline for disinfection and sterilization:
http://www.cdc.gov/hicpac/Disinfection_Sterilization/acknowledg.html

APIC (Association for Professionals in Infection Control and Epidemiology):
http://www.apic.org/
Resources

CDC:


Resources

Resources

• Some additional clinical resources available for guidance regarding the management of pain include:
  – American Geriatrics Society at www.americangeriatrics.org
  – American Academy of Hospice and Palliative Medicine at www.aahpm.org
  – American Academy of Pain Medicine at www.painmed.org
  – American Pain Society at www.ampainsoc.org
  – Hospice and Palliative Nurses Association at www.hpna.org
  – Partners Against Pain® at www.partnersagainstpain.com

Sustainability and the future

Organizational Change Management
Three Pillars of The Future of Health Care

Affordable Care Act

- Quality and Performance
- Consumer Engagement and Satisfaction
- Compliance

National Quality Strategy
HR 4302
QAPI
HHS/CMS Strategic Plan/Triple Aim /Work Plans
OIG - Work Plans/Compendium
Fraud Prevention System
THANK YOU

Susan LaGrange, RN, BSN, NHA
Director of Education
Pathway Health