

Post Acute Care



Speaker Information

Andee Koczak, RDN, LD, QCP,
IPCO
Clinical and Operations
Specialist
LeaderStat
1322-B Manning Parkway
Powell, Ohio 43065
akoczak@leaderstat.com



Objectives:

- Describe the changes required for compliance with the revised Requirements of Participation for nursing facilities
- Identify areas of potential risk that the Phase 2 and Phase 3 Requirements pose
- Discuss strategies for assuring compliance with new requirements.



Regulatory Reform Phased Implementation

Estimated Implementation Date	Type of Change	Details of Change
Phase 1: November 28, 2016 (Implemented)	Date of new Nursing Home Requirements for Participation	New Regulatory Language was uploaded to the Automated Survey Processing Environment (ASPEN) under current F Tags
Phase 2: November 28, 2017	F Tag numbering Interpretive Guidance (IG) Implement new survey process	New F Tag numbers Changes Begin surveying with the new survey process
Phase 3: November 28, 2019	Requirements that need more time to implement	Requirements that need more time to implement



New Survey Process

- Surveyors use critical element, or CE, pathways to help guide their investigation
- The pathways include guidance on the areas that should be reviewed initially to help guide their observations and interviews
- The pathways include mandates for observation, interview, record review, and investigative probes for a number of care areas



New Survey Process

- All of the pathways have been updated to reflect the new rule changes
- There are a number of care areas that do not have a pathway, such as dignity and personal property
- If a care area does not have a pathway- refer to the interpretive guidelines and protocols in Appendix PP



Critical Element Pathways

- Activities
- Activities of daily living and/or range of motion status
- Behavioral and emotional status
- Bowel or bladder function/use of an indwelling catheter



Critical Element Pathways

- Communication and sensory problems
- Dental status and services
- Resident who receives Dialysis treatment
- Hospice and/or palliative care



Critical Element Pathways

- Hospitalization or death
- Nutrition, hydration, and tube feeding status
- Pain management
- Use of physical restraints



Critical Element Pathways

- Pressure ulcers
- Psychoactive medications
- Rehabilitation & community discharge
- Ventilator-dependent residents



Scope and Severity



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Immediate Jeopardy Trends



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Immediate Jeopardy Trends

- Abuse and neglect
- Sexual abuse (by visitors & others)
- Falls, accident hazards, accident supervision
- Elopements
- Side rail entrapment and restraint issues
- CPR/DNR and other issues related to resuscitation



Immediate Jeopardy Trends

- Change of condition and professional standards of nursing care
- Pressure ulcers
- Laboratory monitoring—anticoagulants and other medications requiring periodic labs and monitoring
- Infection Control: glucometer cleaning, C. Diff
- Behavioral Health management



Top Citations on Complaint Surveys

- F689: Accident hazards
- F684: Quality of care
- F609: Reporting Alleged Violations
- F600: Abuse
- F656: Care Plan



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Sanction Trends

SANCTIONS



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Sanction Trends

- At least 1 facility terminated in Florida without the opportunity for even 1 revisit with IJ
- Restricted number of revisits
- Increasing civil money penalties (CMP)
- Increasing use of retrospective IJ and CMPs
- Use of directed plans of correction
- Use of temporary manager



Interpretive Guidelines

- New ROPs now in place with final few requirements added in November 2019
- Multiple requirements have expanding interpretive guidelines



Survey Process

HOW TO PREPARE:

- Action plan to prepare for and manage surveys
- Preparation, Practice, Process and Tools



Phase 3: Now is the time to Prepare

- Infection Control – Infection Control Preventionist
- Compliance and Ethics
- Physical Environment – call lights at resident bedside
- Training and Competencies
- Behavioral Health Management
- Quality Assurance and Performance Improvement - Implementation of QAPI



Are Behavioral F Tags 740-745 being cited at harm and IJ Severity/Scope



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By State/Regional Office:

Top 10

California (Region 9)
Illinois (Region 5)
Indiana (Region 5)
Washington (Region 10)
Texas (Region 6)
Colorado (Region 8)
Ohio (Region 5)
Michigan (Region 5)
Wisconsin (Region 5)
Pennsylvania (Region 3)

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CMS Behavioral Health Regulations Main Themes

- Staff training and competency that improves behavioral health management
- Interdisciplinary assessment of behavioral health needs that guide resident-centered care planning process
- More robust treatment of behavioral health needs by Social Services and Mental Health Services



Description of Cited Deficiencies

Substandard QOC Tags

F740: Ensure each resident must receive and the facility must provide necessary behavioral health care and services **(No Previous F Tag)**

F741: Ensure that the facility has sufficient staff members who possess the competencies and skills to meet the behavioral health needs of residents **(No Previous F tag)**

F742: Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder **(Previous F Tag 310)**



Description of Cited Deficiencies

Substandard QOC Tags

F743: Ensure that a resident does not develop patterns of decreased social interaction and/or increased withdrawn, angry, or depressive behaviors, unless unavoidable (**Previous F Tag 320**)

F744: Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia (**Previous F Tag 309**)

F745: Provide medically-related social services to help each resident achieve the highest possible physical, mental and psychosocial wellbeing (**Previous F Tag 250**)

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Compliance Programs

- As part of the [Requirements of Participation](#) published October 2016, nursing centers must have a Compliance and Ethics Program that meets certain requirements. Starting November 28, 2019, CMS and state survey agencies will be authorized to issue survey deficiencies under federal tag F895 to facilities that do not have an effective Compliance Program
- CMS has not yet issued guidance about how F895 will be interpreted, but AHCA encourages nursing centers to review the requirements at [42 CFR § 483.85](#) and begin making changes to comply.



Summary of the Compliance and Ethics Program Requirements

- Establish written standards, policies and procedures likely to be effective to reduce the prospect of criminal, civil and administrative violations and promote quality of care
- Assign high level individual(s) to oversee the program standards, policies and procedures. These high level individual(s) may include, for example, the Chief Executive Officer, Board Member, Division Director, etc
- Allocate sufficient resources and authority to individual(s) overseeing the program to reasonably assure compliance with standards, policies and procedures



Summary of the Compliance and Ethics Program Requirements

- Exercise due diligence to ensure individual(s) overseeing the program do not have the propensity to engage in illegal behavior
- Act to effectively communicate the program standards, policies and procedures to staff, contractors and volunteers
- Take reasonable steps to achieve compliance with the program's standards, policies and procedures
- Apply consistent enforcement of the program standards, policies and procedures through appropriate disciplinary mechanisms including as appropriate, discipline for individual(s) failure to detect and report a violation to the program contact



Summary of the Compliance and Ethics Program Requirements

- Ensure all reasonable steps are taken to respond appropriately to a violation and to prevent further similar violations including any necessary modification to the program.
- Organizations with five or more nursing centers must implement three additional requirements:
 - Conduct annual and mandatory program training as explained in [42 CFR 483.95\(f\)](#)
 - Designate a compliance officer whose major responsibility is to oversee the program, and who reports to the governing body. (Note: The compliance officer cannot be subordinate to the general counsel, chief financial officer or chief operating officer)
 - Designate a compliance liaison at each of the organization's centers



QAPI Description

- Coordinated application of:
 - Quality Assurance (QA)
 - Performance Improvement (PI)



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INTENT:

These requirements are intended to ensure facilities develop a plan that describes the process for conducting QAPI/QAA activities, such as identifying & correcting quality deficiencies as well as opportunities for improvement, which will lead to improvement in the lives of nursing home residents, through continuous attention to QOC, QOL & resident safety.

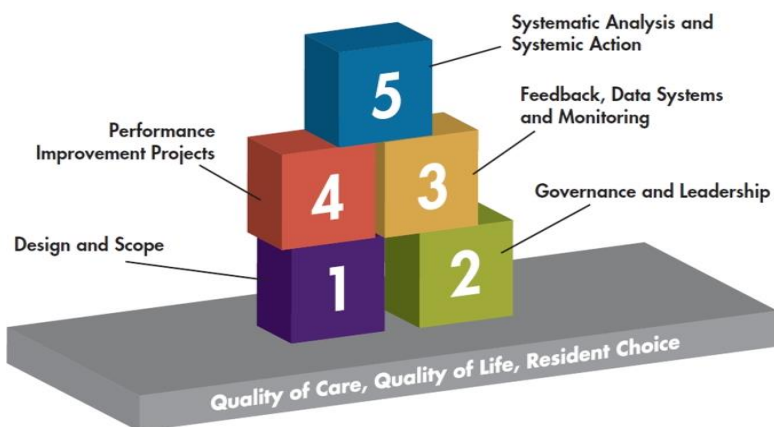
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A Step by Step Guide to Implementing Quality Assurance and Performance Improvement (QAPI) in Your Nursing Home

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QAPI Five Elements



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“Intent of Good Faith Efforts by Facility”

KEY POINTS:

“The facility MUST provide satisfactory evidence that it has, through its QAA committee, identified its own HIGH RISK, HIGH VOLUME, & PROBLEM-PRONE quality deficiencies, and are making a ‘*GOOD FAITH ATTEMPT*’ to correct them.”



According to CMS: What is an Adverse Event?

- An adverse event is defined as an untoward, undesirable, and usually unanticipated event that causes death or serious injury, **or the risk thereof, which includes near misses**
- Facilities must have mechanisms or systems in place to ensure the QAA Committee takes necessary steps to identify the cause and correct the issue



What is an Adverse Event?

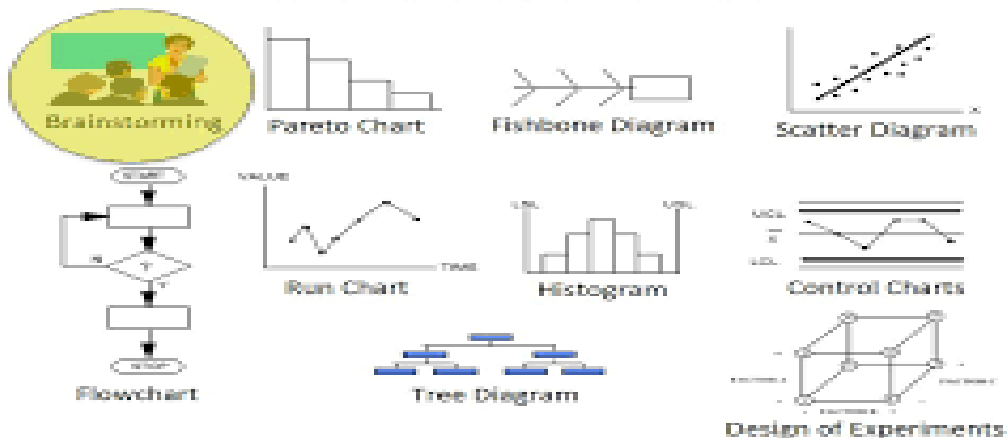
Webster Says :

Adverse- acting against or in a contrary direction; harmful; unfavorable; bad; not good.

Event- outcome; eventuality; something that happened; episode; incident.

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Tools for RCA



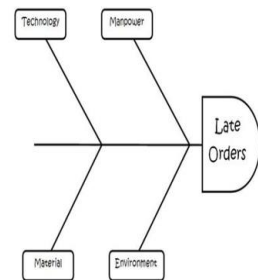
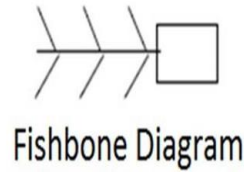
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Root Cause Analysis

Root Cause



Diagrams



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Thank you!

Andee Koczak
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