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“NEWS AND VIEWS YOU CAN REALLY USE”

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SENT EACH MONTH TO YOU AS A MEMBER OF THE HEALTHCARE HEROES

THE HAT ADVANTAGE by Rebecca Adelman

DON'T WISH UPON A FALLING STAR OR NURSING HOME COMPARE 3.0



How can the long-term care industry instill confidence and increase public trust while battling and responding to the e government's quality measure "recalibrations" by CMS along with the Office of the Inspector General's focus on our industry (as I've been

writing about this year)? On February 20, 2015, the Centers for Medicare & Medicaid Services (CMS) unveiled the Nursing Home Compare (NHC) 3.0. The expanded and strengthened NHC 5-Star Quality Rating System ushered in an era of even greater scrutiny and public confusion. The "rebased" Five-Star ratings caused nearly one-third of the nation's skilled nursing facilities to lose a rating star due purely to administrative changes. Regulators also promised more quality measures would be added next year, when another round of Five-Star recalibration is expected.

According to CMS, before the new NHC 3.0, about 80% of nursing homes received either a 4 or 5-star quality rating; now about 49% will receive these top star ratings. In addition, the number of nursing homes receiving one star has increased from 8.5% to 13% after the recalibration. ... The message delivered to the families and residents who we care for and who will need our care is that the quality of care in nursing homes is declining. The 5-Star system offers no balance between the ratings that tend to show decreases in quality of care and to reflect the quality improvements in many areas. Advancing Excellence in America's Nursing Homes campaign and the National Partnership to Improve Dementia Care indicate that as of 2014Q3, there was a 19.4% decrease in the national prevalence of antipsychotic medication use in long-stay nursing home residents. The American Health Care Association's successful National Quality Award Program provides a pathway for long-term and post-acute care providers to journey towards performance excellence. The award recipients exemplify the commitment to improving healthcare to the aging.

What are the HNC 3.0 revisions? CMS completed the following actions:

- **Add 2 Quality Measures (QMs):** for antipsychotic medication use. One measure is for short-stay residents when a nursing home begins use of antipsychotics for people without diagnoses of schizophrenia, Huntington's disease, or Tourette syndrome, and a second measure reflects continued use of such medications for long-stay nursing home residents without diagnoses of

schizophrenia, Huntington's disease, or Tourette syndrome.

- **Raise Performance Expectations:** by raising the standards for nursing homes to achieve a high rating on all publicly reported measures in the Quality Measures category on the website.
- **Adjust Staffing Algorithms:** to more accurately reflect staffing levels. Nursing homes must earn 4-stars on either the individual Registered Nurse (RN) only or the staffing categories to receive 4-stars on the Overall staffing rating and can have no less than a 3-star rating on any of those dimensions.
- **Expand Targeted Surveys:** a plan for State Survey Agencies to conduct specialized, onsite surveys of a sample of nursing homes across the U.S. that assess adequacy of resident assessments and the accuracy of information reported to CMS that is used in calculating quality measures used in the rating system.

The changes in ratings reflect that CMS raised the bar for performance that should be recognized as high quality and anticipates nursing homes will make quality improvements to achieve these higher standards. However, the changes in the quality measures star ratings released in February do not necessarily indicate a change in the quality of care provided. Many nursing homes will see a lower quality measure rating because of these changes, even though the underlying QM data may not have changed.

Historically, Nursing Home Compare was launched in 1998 (NHC 1.0). CMS added the 5-Star Quality Rating System in December 2008 (NHC 2.0) Per CMS, the website gets more than 1.4 million visitors per year, with 85% of users reporting that they found the information they are looking for on nursing homes. Facility ratings are based on Onsite Inspections, Quality Measures, and Staffing Levels.

CMS claims it is adding the antipsychotics usage to the star ratings as part of its commitment to reduce inappropriate use of these medicines and anticipates a 30% reduction by the end of 2016. As for raising expectations for quality measures, CMS reset the distribution to promote further progress and maintain the ability of consumers and families to identify meaningful differences in quality among nursing homes in their state.

For staffing measures, CMS will implement a quarterly electronic reporting system that is auditable back to payrolls to verify staffing information. CMS believes this new system will increase

Continued on page 2



Pathway to Rehabilitation Excellence

By *Melissa Ward*
Director of
Clinical Services

Prior Level of Life

“Lives with spouse in a one story home with 4 steps to enter... ”sound familiar? A key element of a comprehensive evaluation is establishing a clear and objective prior level of function. As therapists, we utilize this information to help guide our clinical decision-making, formulate an individualized plan of care, establish functional goals, support the medical necessity of therapy services, and guide our therapeutic interventions. For a person living with Dementia, admission to a rehabilitation facility can bring great fear due to change in environment, change in caregivers and deviation from their normal routine. Due to fear, pain, confusion, these residents may resist participation in traditional care approaches. How do we overcome this barrier? Looking beyond the traditional prior level of function may hold the key.

Regardless of the stage of Dementia, each individual brings with them a lifetime of experiences, preferences, and ways of being in the world. Using knowledge of meaningful interests, hobbies, key life events, specific family members, friends, work history, favorite foods, etc., provides the best opportunity to build rapport with a resident and can significantly improve their engagement in care. If a person places a high level of importance on personal appearance, never leaving the home without makeup and pearls, knowing this information and ensuring these items are attended to daily can make all the difference in boosting confidence and increasing willingness to get out of their room and go the therapy gym. If a resident has a special interest in music or mechanics, learning ways to incorporate these elements into your treatment sessions will be more meaningful to the individual better capturing their attention. Learning what is important to a person can go a long way in helping reach the desired therapeutic outcomes.

As you complete your initial evaluation, and as part of ongoing treatment, I encourage everyone to explore beyond the facts of the prior level of function and learn about the person’s prior level of life!

For more information, please contact Melissa Ward, Director of Clinical Services, Functional Pathways at mward@fprehab.com or call 865-531-2204. You may also discover more at www.functionalpathways.com

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The HAT Advantage continued from page 1

accuracy and timeliness of data, and allow for the calculation of quality measures for staff turnover, retention, types of staffing, and levels of different types of staffing. With funding provided in the recently enacted, bipartisan Improving Medicare Post-Acute Care Transformation Act (IMPACT) of 2014, CMS will begin collecting information under this new system with some nursing homes in 2015 and all nursing homes by the end of 2016.

USA TODAY reviewed ratings data for the more than 15,000 nursing homes included on the NHC website. Among the findings:

- The average overall rating among all nursing homes dropped from 3.46 stars to 3.14 stars. Only 341 homes, or 2.3%, saw their overall ratings increase under the new measurement system.
- The biggest drops came in scores for quality of care, where the average for all nursing homes fell from 4.18 stars to 3.3 stars. No ratings category changed more, not only because it reflects the addition of data on antipsychotic drugs, but also because other quality measures were made tougher.
- Nearly 20% of all nursing homes got the lowest possible score on the new measure of antipsychotic drug use — CMS scored them on a curve, giving 1-star to homes ranked in the bottom fifth. Facilities were penalized for using the drugs on residents unless they were indicated for specific conditions.
- The new staffing measures, which distinguish between nursing staff and lesser-trained aides, had little effect on overall staffing ratings. As many as 12% would have lost 1-star had they not increased staffing levels. Fewer than 8% lost 1-star on the staffing measure.
- There was no change in the calculation of facilities’ scores in government inspections, the most heavily weighted assessment

Continued on page 3



The Customer Service Mindset

By Rob Anderson

7 Requirements for Delivering Impactful Customer Service Training

Part 3 of a 3-part series on Customer Service in Long Term Care

You don't have a lot of time to get your training needs met. But you can't afford to ignore them either so what's the middle ground? As we learned in Part 2 of this series Susan, a SNF Administrator in Michigan, utilized short training periods over a year's time to meet her customer service training objectives.

Today she continues to reap the rewards of increased staff satisfaction, improved resident quality of life and lower turnover by repeating the training regularly.

Susan decided to bring the training in-house based on her exposure to one-time, all-day training which she believed was ineffective for long term behavior change. Her experience is typical: studies show that up to 90% of the learning acquired during one-time training is forgotten if it's not reinforced consistently.

The Ongoing Benefits of Do-It-Yourself Training

Managing customer service training in-house is much more cost- and time-effective and provides better results.

The following guidelines will help you craft a learning program dedicated not just to delivering staff training, but to changing staff behavior.

1. Training Time - Days or even hours aren't required, just consistency. Could you provide ongoing customer service training twice a month for 30 minutes per session? What about four 15-minute trainings?

2. Customer Service Curriculum – Focus on the most common issues you find in your facility. They will likely include Stress Management, Conflict Resolution, Listening Skills and Managing Customer Expectations for starters.

3. Training Methods – Research confirms that consistent training with reinforcement from application and review is the most effective method for changing behavior.

4. Learning Materials – Handouts, workbooks and videos are the most common materials employed for in-house customer service training. Additional tools which require higher initial or ongoing investment

include online e-learning management systems, interactive simulators and mobile apps. With easy-to-use materials individuals and groups can manage their own training with only minimal supervision.

5. Exercises to Lock-in Learning - Role plays and individual exercises are essential to reinforce what's been learned. If a trainer is not available, group leaders can be selected from among the participants to conduct the role plays.

6. Application and Reward – Management should coach their staff to reinforce what was learned in the training sessions. They should also recognize staff members when they implement the concepts and skills learned.

7. Evaluation – Management should encourage feedback from participants to improve the training program.

Creating and administering a successful customer service training program can be an easily managed process if it's well-planned and executed with consistency.

In order to help you meet your customer service training needs Extended Care Products now offers the Long Term Care Customer Service Program. Comprehensive, yet easily understood, the program is designed to meet the requirements above using curriculum co-developed with nursing home and assisted living facility managers from across the United States.

Using workbooks and DVDs the program offers short, effective learning modules including quizzes and exercises. In addition, Long Term Care Customer Service could provide a return on your training investment through improved staff and resident retention.

ECP wants to help you improve your bottom line, your employees working relationships and your resident's quality of care through a special offer.

Rob Anderson works with skilled nursing and assisted living facilities throughout the U.S. to develop and implement customer service training programs. If you have any questions or comments please e-mail info@extendedcareproducts.com or call 1-800-807-4553.

The HAT Advantage continued from page 2

category in determining a nursing home's overall rating. The average inspection score across all facilities remained 2.81-stars.

Yet another call-to-action by CMS and reassessment of existing policies, procedures, processes, operations, management, budget and QAPI systems. CMS states it is committed to improving NHC and the Five Star Quality Rating System to ensure they provide the most trusted and easy-to-use resources. Patrick Conway, M.D., CMS Deputy Administrator for Innovation and Quality & CMS Chief Medical Officer says, "Consumers can feel confident that Nursing Home Compare's star ratings include measures that matter most to nursing home residents and their families and challenge nursing homes to continuously improve care." The system,

however, fails to account for the policy and financial and family/resident challenges the industry faces. While the changes in the system may allow for continued self-evaluation of quality of care measures, they also place an unneeded burden on providers and the uphill battle for public trust.

Rebecca Adelman, Esq. – Ms. Adelman, PLLC is a shareholder of Hagwood Adelman Tipton and practices in the Memphis, Tennessee office. For over 20 years, Rebecca has concentrated her practice in healthcare law, long-term care assisted living and medical malpractice defense litigation. Her expertise and her scope of practice involve all insurance defense litigation areas including premises and product liability as well as employment law. Please feel free to contact her at radelman@hatlawfirm.com.

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