

Nursing & Assisted Living Facility Professional

“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

PLANNING AHEAD WITH CMS – THE NURSING HOME ACTION PLAN 2016/2017



It's time to take action! As part of the Department of Health and Human Services (HHS) four year update to its strategic planning, the Center for Clinical Standards and Quality/Survey & Certification Group, Division of Nursing Homes (DNH) released the 2016/2017 Nursing Home Action Plan May 20, 2016. The

“Action Plan for Further Improvement of Nursing Home Quality” (the “Plan”) is effective immediately. This month's article will deliver a summary of the Plan and the Comprehensive Strategies that DNH intends to employ to achieve the stated goals. The Plan is available on the CMS website at <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/NHs.html>.

For industry stakeholders, the Plan provides the framework for our own quality and operational improvement. We can use the Plan to better identify community and company goals and opportunities to achieve them. Understanding how CMS and DNH are approaching quality and safety, especially as it relates to the survey process, can make our own action plans more clear.

The stated mission of DNH is “to optimize the health, safety and quality of life for people living in nursing homes. Through our ongoing projects we strive to: enforce the current requirements to ensure the basic health and safety of people living in nursing homes; promote quality of care and quality of life by interpreting regulations and guidance and promoting resident-centered quality care so that they are consonant with current clinical and organizational practice standards; and work with CMS Regional Offices to ensure consistent application of regulations, guidance and enforcement across the country.”

The Plan aligns with CMS' efforts to continue to improve nursing home safety and quality through four main goals:

1. Better Care and Lower Costs
2. Prevention and Population Health
3. Expanded Health Care Coverage
4. Enterprise Excellence

Principles in Action and Comprehensive Strategies

The Plan outlines five inter-related and coordinated approaches – or principles of action – for nursing home quality and comprehensive strategies. Below, I summarize the principles and strategies.

Principle 1: Enhance Consumer Awareness and Assistance – *Through availability of relevant, timely information, DNH can significantly assist consumers with actively managing their own care and hold the health care system accountable for the quality of services and support that should be provided. The DNH seeks to provide an increasing array of understandable information that can be readily accessed by the public.*

Strategies:

- A. Five-Star Quality Rating System – CMS and DNH will continue to increase the information and data on Nursing Home Compare and improve the Five Star Quality Rating System.
- B. Improving Staffing Data on the CMS website - Starting July 1, 2016, CMS will collect quarterly payroll-based staffing data nationwide, which implements Section 6106 of the Affordable Care Act. DNH designed, developed, and implemented a pilot system to collect this data between 2010 and 2012. Nursing homes voluntarily submitted data in October 2015.

Principle 2: Strengthen Survey Processes, Standards and Training - *The DNH is engaged in several ongoing initiatives to improve the effectiveness of annual nursing home surveys (standard surveys), and the investigations prompted by complaints (complaint surveys) from consumers or family members about nursing homes. By strengthening the survey processes, the DNH believes that State Agencies will drive improvement at the population level in nursing homes. This is likely to reduce the number of adverse events and preventable healthcare acquired conditions, leading to lower per capita costs.*

Strategies:

- A. Interpretive Guidance to Surveyors - On July 16, 2015, CMS published a Notice of Proposed Rulemaking (NPRM) that would revise the requirements that nursing homes must meet to participate in the Medicare and Medicaid programs. Once the rule is final, DNH must develop revised interpretive guidance to address the new regulatory requirements. DNH is also using this as an opportunity to review the existing interpretive guidance for clarity, effectiveness, and updated standards of practice. Besides the guidance, DNH continues to provide improved methods of communicating this information.

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Pathway to Rehabilitation Excellence

By Gina Tomcsik
Director of Compliance
Privacy Officer

We are committed to work with our clients and therapists to create innovative and exciting ways to achieve elite clinical outcomes for the patients in our care.



CHECK IT TRIPLE TWICE!

What kind of title is that? Does it make sense? If you are a facility who embraces the **Triple Check** process, then the title will make sense to you and maybe even give you a little chuckle!

A **Triple Check** meeting is imperative this day and age to ensure claims submitted have all necessary information and the documentation to support claims. It doesn't matter if it is Medicare, Managed Care, or Medicaid claims you are reviewing. The fact is, all payer types are more savvy these days and are aggressively reviewing claims, requesting and reviewing clinical documentation, and providing invaluable education to providers to ensure documentation supports your claims. The initial check of all interdisciplinary information begins during the Triple Check process.

What does a Triple Check meeting look like?

That varies from facility to facility, provider to provider. It's the facility who drives this process and the key members include the MDS Coordinator, Business Office Manager, Therapy Manager, HIM Director, and DON. In order for this meeting to be successful, it needs to be taken seriously with time allowed for thorough review of:

- Medical conditions/diagnoses and applicable ICD-10 codes must be reviewed
- Number of days in RUG categories for skilled residents
- Correct resident demographics including correct admit date to the facility
- Qualifying hospitalization information
- Medicare days available/used

The above noted items to review are just a starting point but you can be creative and develop your own criteria to review. The meeting frequency at a minimum is once a month but if you are provider with a high skilled census, more frequent meetings is recommended in order to be more efficient, productive, and thorough. Therefore, meeting once a week is best practice.

For more information, please contact Gina Tomcsik, Director Compliance Functional Pathways at gtomcsik@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

- B. Improvements to the Nursing Home Survey Processes - The DNH expects to continue to make improvements so the states participating in the Quality Indicator Survey (QIS) have the support to conduct surveys effectively and to realize the benefits of the QIS process. Since the May 2015 survey methodology status report from DNH that provides a high-level summary of the work done to examine nursing home survey methodologies for efficiency and effectiveness, CMS has been talking with stakeholders to explore those aspects of the survey processes working well at identifying quality issues and those aspects that could be improved. CMS' intent is to build on the best of both Traditional and QIS processes in developing a single revised survey methodology that can be implemented nationwide.
- C. Fire Safety and Life Safety Code in Nursing Homes - The DNH initiatives to reduce nursing home fires focus on four action themes:
 - Better Protection (such as improved standards)
 - Better Information and Reporting (such as improved information on the Web)
 - Better Monitoring (such as more DNH validation surveys)
 - Better Enforcement (such as improved methods of citing deficiencies)

The DNH continues to move toward better fire protection for nursing homes. With CMS, the Plan includes sustaining increases in validation surveys for Life Safety Code (LSC) to promote oversight and effective implementation of LSC surveys by states through contractor. The Plan also includes continued assessment of the optimal frequency of LSC

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Dying and Death is Personal



Her appetite was the first sign of change. Before, she would devour a meal but now there was a more thoughtful approach to the culinary experience with slower, more deliberate bites. It might have been diagnosed as end stage liver disease or perhaps just simply 'frailty' but we didn't feel an exact diagnosis was necessary. Along with the slowed eating, her desire and ability to walk diminished over the months.

Eventually, she was unable to make it to the end of our street and when we did walk, it took such a long time to go even a few dozen yards. Patience. I learned, and re-learned, patience during this time.

The decision was made to forego further testing as it certainly wouldn't change our comfort care plan. Some terminal conditions result in imminent death but this was to be a longer debilitation and progression.

In March of 2015 I hesitated going to an out-of-state conference for fear that she would die while I was gone. Truth be told, I wasn't as troubled about her eventual death as I was afraid of not being there when she took her last breath, of holding her, of not being able to whisper "I love you" during those last moments.

As a social worker, I have engaged with multiple patients and families over many years from a palliative care perspective, asking tough questions, listening for the true goals of care and helping to put a plan in place to honor the person who was dying and the family. So many conversations about tender issues like appetite and the loss of it, gut-wrenching treatment decisions, comfort care approaches and helping families to be present as death reveals itself in a myriad of ways and always, eventually triumphs.

I knew my challenge was to embrace that knowledge and experience, to be present with this personal experience of dying and ultimately death in my own family. Some days I just didn't want any more to do with it. Other days, I was so grateful of the lessons she was teaching me and that I was willing to learn.

By removing the stress around mealtime, I was able to revel in the joy of the experience. It gave me great pleasure to make her favorite foods and rejoice on those days when she ate with the vigor of her younger years. On the days when food did not interest her, I learned to settle with the trust that she would eat when she was ready, when her body asked that of her.

Schedules had to be modified and intricate arrangements made to meet her needs throughout the day and sometimes the night. I went to that conference in 2015 and again to the same conference in 2016, content with the arrangements I lovingly put in place for her with extended family. I knew there was a possibility that she would die in my absence and I made peace with that. It didn't stop me from asking her to hold on until I got home though.

My sweetest dog Katie died on May 3rd. She was around 4 years old when I adopted her through a rescue foundation 12 years ago. She was an adorable mutt-mix of terrier and poodle, so very timid in the beginning; she learned to trust in time. My whole family adored her but she was, and always will be "my girl".

During these past months, I was struck by the similarities of her dying process and that of the people we have the privilege of serving in our nursing homes, assisted living communities, hospitals and home settings. The hours we keep vigil at bedsides, answering questions, teaching and supporting families as they struggle to make decisions and find their way through the intense emotions. While Katie couldn't verbalize her goals, she still communicated them to me, just as a person with dementia might do. A turn of her head at the offering of a meal, ambling away to her favorite cushion rather than eating. I learned to just be present with her and with my own experience in all of its pain and joy.

She somehow allowed me to give myself permission to slow down, to enjoy the briefest of moments, to take languid walks with her just to feel the sun on our back and hear the birds chirping. Those were some of my favorite moments and I found myself taking more walks during those last weeks, even if I had to carry her because it was just too much for her to walk. She reminded me to make space in my life for the things that truly matter.

Thank you Katie for the years of love and friendship, of laughs and sometimes challenges. But most of all, thank you for the gifts you shared with me during your life, including the end of your life. I miss you deeply and allow the grief of your absence its place when it bubbles up. I am a better person because of you, assuredly a better social worker because of you, and I will always be grateful.

Paige Hector is a clinical educator, who gives workshops and seminars across the country on diverse topics including clinical operations for the inter-professional team, meaningful use of data, advance care planning, refusal of care, documentation and care plans. She is skilled at inspiring staff to critically evaluate their own organizations and then gives them the resources and guidance to make necessary changes. Contact Paige at 520-955-3387 or at paigehector@gmail.com plus you more discover more about her at www.paigeahead.com

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surveys of nursing homes within the context of other health and safety priorities and options for greater efficiency in nursing home surveys, especially in relation to the life safety code inspections.

- D. Surveyor and Regional Office Training - The DNH continues to add resources to the Web-Based Training (WBT) curriculum. To make training more readily available, DNH created and piloted the Virtual Classroom (Blackboard) version of the LSC Basic and other courses. Classroom training for basic courses and satellite broadcasts and webcasts have been increased and archived by CMS for later viewing.
- E. Long Term Care Surveyor Training and Testing - The Surveyor Minimum Qualifications Test (SMQT) ensures surveyor candidates demonstrate the knowledge, skills and abilities required to observe and evaluate compliance of LTC facilities with Federal requirements. Surveyor candidates must successfully complete the SMQT to independently survey long-term care facilities. The SMQT will be reviewed and assessed for current questions for retention, editing or discarding with additional research, creation, and validation of new test questions.
- F. Complaint Investigation Process – To improve consistency in complaint investigation procedures and survey investigations, substantiation/decision making and reporting results, ongoing work focuses on an evaluation of how complaint intake cases were triaged, and the outcomes of the complaint investigations. These evaluations will inform the intake and triage training that is under development. DNH staff are contributing members of the workgroup that is developing web-based investigative skills training webinars.
- G. Infection Control in Long-Term Care - Healthcare associated infections (HAIs) are largely preventable, but occur far too often in nursing homes. The high incidence of HAIs in nursing homes is due to multiple factors including, but not limited to understaffed facilities, staff without the training or time to prevent infections early, overtreatment with antibiotics increasing clinical complexity of the average nursing home resident.

Other action plans include developing an infection control surveyor worksheet used during 10 pilot nursing home surveys to assist in strengthening the nursing home survey process and assess for new antibiotic stewardship requirement and conducting 40 hospital and LTC surveys (one hospital and one LTC facility in that hospital's catchment area). Use of survey findings to develop an action plan to improve infection control and prevention in each facility and during transitions of care, and offer technical assistance to each facility to implement the action plan are included. DNH will also develop infection control webinars and other trainings for surveyors, initiating investigation into development of an infection control training for nursing home providers, and revising policy guidance for F441 as needed.

- H. State Performance Standards – besides improvements made to the State Performance Standards System (SPSS), DNH will work toward increased improvements for quality surveys by finalizing SPSS protocols; developing national reports to support the evaluation of the SPSS and to allow for continuous monitoring by the States and Regional Offices; monitoring State performance and require that States develop and implement corrective action plans to address identified problems.

Principle 3: Improve Enforcement Activities - *The DNH is dedicated to maintaining an enforcement system centered on promoting quality resident-centered health and safety to nursing home residents*

and compliance with federal requirements. To improve our current enforcement efforts, DNH will continue to work in partnership with Regional Offices (RO's), States, consumer advocates, national associations, and others.

Strategies:

- A. Enforcement Policies – Efforts to improve enforcement actions include tracking the imposition of enforcement remedies through development of National, Regional and State-specific data reports; Conducting calls with each Regional Office to discuss enforcement trends, issues, concerns and enforcement improvement opportunities; Providing additional enforcement training; revising the Standard Operations Manual (SOM) to expand the circumstances where remedies must be imposed, clarify guidance and ensure appropriate and consistent national application of enforcement policies and remedies; Improving efforts to monitor and track Special Focus Facilities; evaluating the use and application of the CMP Analytic Tool for efficiency and consistency; DNH is also drafting guidance for citing IJ.
- B. Federal Civil Money Penalty (CMP) Fund - The Affordable Health Care, Elder Justice, and Social Security Acts authorizes the use of CMPs to further the mission of CMS by generating innovative thought and processes in the areas of reduction of adverse events, enhanced staffing, and improved dementia care in adult long-term care facilities. The outcomes from the CMP solicitation might become the foundation for national implementation. The multi-year CMP solicitation is being drafted, and upon publication will specifically state CMP fund parameters and Office of Management and Budget (OMB) auditing requirements.
- C. Monitor Civil Monetary Penalty Amounts - DNH will monitor CMP Analytic Tool usage for consistency in applying enforcement remedies and meet with ROs to discuss results of analysis of national enforcement remedies; and DNH will make State Operations Manual revisions that apply to the range of per instance CMPs.
- D. Special Focus Facilities (SFF) - DNH will develop several pilot programs in various CMS Regions and may make additional policy adjustments to the SFF program. The pilot programs evaluate other interventions for the SFF program. As part plan, DNH will post all SFF names on Nursing Home Compare website; develop further guidance on enforcement options for SFFs; and make phone calls to the Regions of SFF nursing homes exceeding 12 months and the 18 months “last chance” survey.
- E. Notice of Facility Closure of Nursing Homes - In April 2011, a Survey & Certification Group memorandum was issued to the State Survey Agency Directors highlighting the Affordable Care Act “Notification of Facility Closure” with a copy of the interim file rule. In August 2013, a Group memorandum was issued providing surveyor guidance for the final rule and regulations. DNH’s action plan includes finalizing guidance for “Notification of Facility Closure”; and finalizing collection procedure for Sanctions for Nursing Home Administrators.

Principle 4: Promote Quality Improvement - *DNH promotes comprehensive quality improvement programs in several key areas, including reductions in using physical restraints, the prevalence of preventable pressure ulcers and reduction in unnecessary antipsychotic medication. To achieve these quality improvement goals, CMS’ participation in the Advancing Excellence in America’s Nursing Homes Campaign and support of the national “culture change” movement continues to grow. The principles behind culture change*

are principles of person-centered care – embracing individualized approaches to care.

Strategies:

- A. Maintenance of Minimum Data Set (MDS) 3.0 – As part plan to seek standardization, while keeping the identification of residents’ needs as the primary objective of the MDS assessment, DNH will include a national expansion of MDS/Staffing Focused Survey; revisions to the MDS 3.0 assessment tool for improved resident assessment, and inclusion of standardize items related to the “Improving Medicare Post-Acute Care Transformation Act of 2014” (IMPACT Act); revisions to the Long-Term Care Facility Resident Assessment Instrument (RAI) User’s Manual, MDS 3.0; State Resident Assessment Instrument (RAI) Coordinator’s Training – Classroom training; MDS/RAI Provider Training; and MDS 3.0 and Quality Measure updates.
- B. Quality Assurance and Performance Improvement (QAPI) - Since passage of the Affordable Care Act, DNH has embarked on a mission to develop and disseminate technical assistance, tools and resources to assist nursing homes establish best practices in quality management and safety systems to prevent adverse events. In the summer of 2013, DNH launched its QAPI webpage for nursing homes. This webpage contains a set of tools and resources designed to help nursing homes implement the foundations of QAPI. As continued improvement as part of the Plan, DNH will continue to add Tools/Resources to the QAPI Webpage; develop Nursing Home surveyor training; develop Nursing Home Consumer materials; and develop of Focused Survey on Medication Safety Systems (Adverse Events).
- C. National Partnership to Improve Dementia Care in Nursing Homes - Based on continued evidence that nursing home residents are at risk for adverse events due to polypharmacy and overuse of many types of medications, CMS has undertaken a national partnership with collaborative parties both internally and externally. To continue improvement , DNH plans to revise focused survey tools based upon surveyor feedback and pilot data analysis; conduct focused dementia care surveys in selected states; continue coordination of efforts and alignment of strategies between the National Nursing Home Collaborative, Advancing Excellence in America’s Nursing Homes Campaign, National Partnership to Improve Dementia Care in Nursing Homes and QAPI, and training for surveyors, providers, prescribers.

Principle 5: Create Strategic Approaches through Partnerships - No single approach or individual can fully assure better health care. Rather, DNH seeks to combine, coordinate, and mobilize many people and techniques through a partnership approach. Effective quality assurance in nursing homes is best achieved through the combined, motivated, and coordinated approach by many stakeholders in the health care system. The Nursing Home Quality Care Collaborative launched in April 2015 by CMS and the QIN-QIO, strive to instill quality and performance improvement practices, eliminate healthcare-acquired conditions, and improve resident satisfaction by focusing on the systems that impact quality.

Strategies:

- A. Collaboration between State Agencies (SAs) and QIOs - The QIOs are contractors for CMS that provide free assistance to hospitals, nursing homes and other providers of care for Medicare beneficiaries to address issues related to better clinical outcomes for patients, program efficiencies, and cost savings to the Medicare Trust Fund. In my work,

I have assisted in creating relationships between our client communities and management and the QIO. The relationships have proven invaluable for education, survey, and quality improvement.

The Plan for 2016/2017 is to broaden and strengthen the collaboration. Check out the work the QIOs are doing at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityImprovementOrgs/index.html>.

- B. Advancing Excellence in America’s Nursing Homes Campaign – This national campaign, started in 2006, helps nursing homes and others coordinate their energy and resources and aligns with other current initiatives such as the National Partnership to Improve Dementia Care in Nursing Homes, CMS GPRG goals, Quality First, Campaign for Quality Care, and the culture change movement. These actionable goals are:

- Goal 1: Consistent Assignment
- Goal 2: Hospitalizations
- Goal 3: Person-Centered Care
- Goal 4: Staff Stability
- Goal 5: Infections
- Goal 6: Medications
- Goal 7: Mobility
- Goal 8: Pain
- Goal 9: Pressure Ulcers

Continued progress toward meeting these goals is part of the Plan for DNH.

- C. Nursing Home Convergence - The DNH actively participates in the CMS Nursing Home Convergence workgroup, which aligned and coordinate the efforts of multiple components across CMS who work to improve quality of care and quality of life for nursing home residents and staff. The group will continue to engage stakeholders, residents, and families as it strives to accomplish its mission.
- D. National Background Check Program – The DNH and CMS, with its contractor, will continue to provide technical assistance to applicants for the ninth solicitation of grants for the National Background Check Program. CMS has awarded more than \$57 million to 25 States and U.S. Territories to design comprehensive national background check programs on direct patient access employees prior to employment.
- E. Using this blue-print, communities, operators, managers and owners can establish goals, objectives, and plans aligned with the 2016-2017 Nursing Home Action Plan and be more front and center in the changes and continued efforts of CMS and its collaborators to address quality improvement and safety.

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