

Nursing & Assisted Living Facility Professional

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

THE ADELMAN ADVANTAGE by Rebecca Adelman

Meet Qsource – The Go-To for Nursing Home Resources



This month I am pleased to welcome Dawn FitzGerald, CEO of Qsource, sharing insights and information about the organization that provides boots-on-the-ground training, education and technical assistance, so nursing home staff and administrators have the tools they need to provide consistent quality care while ensuring their facilities are in

compliance with state and federal requirements.

With the return of regular surveys, new CDC guidelines for infection control in nursing homes, the staffing crisis and CMS compliance programs, it is critical your organization has a trusted partner of seasoned experts from the long-term care industry who know how to approach complex and difficult situations.

Dawn and Ann Lewis, Executive Director of Business Development at Qsource, visited the Adelman Law Firm for an all-day strategic planning and consulting session focused on how we can best serve our long term care clients. Qsource helps nursing homes with rapid response, regulatory compliance and quality and process improvement. Adelman Law Firm strives to create valued partnerships and collaborations to support our clients and the long-term care industry with proactive litigation and risk mitigation. That's the Adelman Advantage.

Rebecca:

Dawn, tell us about Qsource, its history and a current overview of its service area and offerings?

Qsource (www.qsource.org) is a nonprofit organization that helps healthcare providers of all types improve outcomes is particularly experienced in all aspects of long-term care and nursing home quality improvement.

Since 1973, Qsource has served as a federally funded Medicare quality improvement organization. The organizations role has evolved with changing healthcare practitioner needs which now includes such expert services as program compliance, workflow assessment, quality measures, data abstraction and reporting, health information technology, and practice transformation.

With staff and partnerships located throughout several states, we live and work in the communities we serve. The nursing homes we work with are the same communities we rely on to care for our own families. You can find Qsource in Alabama, Arkansas, Florida, Illinois, Indiana, Iowa, Kansas, Kentucky, Missouri, Nebraska and Tennessee

Qsource quality improvement teams work hand-in-hand with healthcare professionals to assist in coaching, training, and provider-based quality measurement and compliance. Our latest initiative, the [Culture of Safety Center](#) (CSC), supports Tennessee nursing homes by promoting the adoption of best practices via a statewide collaboration.

This year, our NH team began offering rapid response

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training (RRT) as a service directly to nursing homes who find themselves in need of assistance in responding to a compliance emergency such as immediate jeopardy, significant fines and potential closure.

What does Qsource see as the central regulatory challenges facing nursing homes?

Compliance with the state and federal regulations and the increased scrutiny on corporate governance and maintaining resident and staff safety are the central challenges. More specifically, the most common citations and compliance issues related to Infection Prevention and Control (F880), Free of Accidents and Hazards (F689), Develop and Implement a Comprehensive Care Plan (F656), Quality of Care (F684), Pressure Ulcers (F686), Sufficient and Competent Staff (F741) and the Compliance and Ethics Training (F946).

Also, the intersection of guidance between CMS, OIG and CDC creates a complexity of compliance issues. On September 10, the CDC supplemented updates for Infection Control in Nursing Homes. Also, compliance program mandates were updated as a Condition for Participation to Medicare and Medicaid. While there are fewer compliance related FTags, nursing homes must consider the OIG and Compliance and Supplemental Program Guidance, HHS commentary and other sources for compliance. "It's complicated".

What services can Qsource offer to nursing homes?

Despite best efforts, sometimes care delivery falls below expectations, resulting in complaints, fines, tags, lawsuits, or decreased patient safety scores. Qsource's post-acute Rapid Response Team (RRT) identifies the root cause of performance or harm events, remedies fines, and develops a sustainability plan to assure the same issues do not occur again. Qsource also supports risk mitigation using mock surveys and fine/harm-prevention assessments to eliminate any potential issues that could result in a delinquency or poor performance. Thus far, we have prevented facilities from closing, reduced fines more than \$500,000 year-over-year, and ensured continued payments from the Centers for Medicare and Medicaid Services for new admissions.

What makes Qsource different from other consulting organizations?

As a nonprofit organization, Qsource provides high

quality support at a reasonable cost, with practical, realistic solutions and plans for ongoing improvement sustainability. Our staff includes former nursing home leaders, clinical professionals and quality improvement specialists who can provide onsite expertise to identify and resolve potential issues *before* they occur and to quickly remedy tags or citations that have already occurred. Our RRT services, for example, identify and implement tactics that quickly address significant citations and quality concerns, and we help facilities develop an effective written response. We have helped some facilities reduce fines in nursing homes by as much as 50%. Qsource's support does not end here. Qsource helps with process improvement and proactive initiatives to mitigate risks and identify other vulnerabilities that may translate into quality of care issues later. Solving to those vulnerabilities is a key mission for Qsource.

What's the additional value of collaboration with Qsource ?

In addition to Qsource's RRT services, support from Qsource is also available for free online and as a participant in one of our many long-term care initiatives, such as the [Culture of Safety Center](#) and our [COVID-19 infection-prevention best practices](#) which address the CDC's new COVID infection prevention and control guidance for nursing homes. These resources include:

1. Webinars with nationally recognized experts
2. Annual summits highlighting nursing homes that support a culture of safety
3. Peer-to-peer interventional support to low-performing nursing homes and those most in need based on state surveyor and other publicly reported outcomes
4. Local clinical, quality, and pharmacologic expertise in mitigating risk
5. Coordination, facilitation, tracking, and organizing individual quality initiatives
6. Best practices and templates for Quality Assurance and Performance Improvement (QAPI)

For more information and resources, please visit Qsource's website: www.qsource.org/nursing-assistance/.

Adelman Law Firm is collaborating with Qsource on initiatives that will support our clients and improve quality of care and quality of life as well as address staffing issues and other potential barriers to quality outcomes. Stay tuned for more information!

If you have questions or need assistance related to Qsource or quality and process improvement, please contact us. Ms. Adelman can be reached at rebecca@adelmanfirm.com.

If you have questions or think your facility and residents could benefit from Qsource's assistance, please contact Ann Lewis at alewis@qsource.org or call 615-574-7206.



Rebecca Adelman is an entrepreneur, influencer, thought leader and founder of Adelman Law Firm and Claims Management, a Women's Business Enterprise National Council (WBENC) certified Women Business Enterprise (WBE) established in 2001. In

2021. She founded the Adelman-Mettle Care Alliance with Dr. BJ Miller and Sonya Dolan, founders of Mettle Health, a palliative care consulting provider. AMCA provides certification for risk mitigation programs in the senior living industry. For nearly 30 years, Rebecca has concentrated her practice in insurance defense and business litigation. The firm's practice extends through the Tri-States of Arkansas, Mississippi and Tennessee. Rebecca's insurance defense practice includes representation of insurance companies and long-term care providers and their insurers, both regionally and nationally. She also provides consulting services and educational programming to healthcare professionals and business associates. She has active practices in the areas of general liability, professional liability, premises, and employment law. She is a listed mediator serving all areas of business and healthcare litigation. Contact Rebecca at rebecca@adelmanfirm.com and visit www.adelmanfirm.com.



Dawn M. FitzGerald has served as the Chief Executive Officer of Qsource since 2007. Prior to this, Ms. Fitzgerald held several positions at Qsource including, Chief Operating Officer

and Vice President for the Disparities Reduction Program. Qsource holds the Centers for Medicare & Medicaid Service (CMS) contract known as the Medicare Quality Improvement Network – Quality Improvement Organization (QIN-QIO) for the states of Alabama, Indiana, Kentucky, Mississippi and Tennessee, collectively known as the atom Alliance. In addition, Qsource serves as the Tennessee's Medicaid (TennCare) External Quality Review Organization (EQRO) and former Health Information Technology Regional Extension Center (HITREC known as TNREC). Qsource also has numerous commercial and state contracts that provide provider payment and technology adoption support, program evaluation, consultation, and quality improvement project assistance to both Tennessee and to Arkansas providers, the latter through its affiliate organization, Qsource of Arkansas.

FitzGerald has over 20 years of experience in healthcare quality measurement, quality assurance and quality improvement. She has co-authored several articles on quality improvement programs, healthcare disparities, and the analysis of Medicare data.

FitzGerald has served on the Institute of Medicine's (IOM) Committee on Future Directions for the National Healthcare Quality and Disparities Reports; is a former member of the National Quality Forum's (NQF) Ambulatory Measures of Health Care Disparities Workgroup and the NQF panel on Performance Measures for Minority Populations and Implementation and Improvement Workgroup; and the NQF Healthcare Disparities and Cultural Competency Consensus Standards Committee.

FitzGerald is also a member and past president of the American Healthcare Quality Association (AHQA). She has also served on the University of Memphis, School of Public Health Dean's Advisory Board; Healthy Shelby Governance Council; and was listed as a 2013 "Super Women to Watch" by the Memphis Business Journal and a 2014 "Healthcare Hero" awardee by the Nashville Business Journal.

FitzGerald received her Masters of Science in Developmental Psychology from the University of Florida and Masters of Business Administration from the University of Memphis.

the Harmony category, we have needs for peace, calm, ease, familiarity, and sustainability.

To uncover feelings and needs, use this basic NVC question: Are you (*guess a feeling*) because you need/want/would like (*guess an unmet OR met need*)? Notice the emphasis on guessing. Listening to the other person and then guessing what they might be feeling and needing is a key element of NVC. Don't fret about guessing correctly! You do not have to be 'right'. Using the information that you have, take your best guess, and check it out with the individual. For example, you might guess, "Are you annoyed because you want to be included in the decision?" It could be that the other person isn't feeling annoyed but rather puzzled or angry. If what you guess doesn't describe their experience, they'll let you know.

Empathic communication means that we listen deeply to another human being and avoid our habitual empathy blocks like giving advice, blaming, judging, criticizing, educating, storytelling, and explaining. To return to George's story, it turns out that George suffered severe neglect and malnourishment as a child and was often hungry. His eating habits helped him survive the trauma of his childhood. If the focus of his care plan is on the obesity with goals to lose weight by restricting his daily calories, we are missing the essence of George's life experience that informs the choices that he makes at this point in his life. In fact, instead of contributing to his wellbeing, staff could potentially be triggering a trauma response for George.

So, what feelings and needs might George be experiencing? Here are a few guesses that staff could ask George. Are you feeling scared and need reassurance that you are safe? Do you feel lonely and would you like to share what really matters to you? Are you angry and want the freedom to make decisions to live your life how you desire? Do you feel hopeless and wish that people would understand you and your life experiences? The purpose of these questions is to seek connection

and to be present with empathy, deep listening for what is important to another person.

Rather than identify George's medical diagnoses as "problems to be solved", let's approach the relationship with the intention to connect using the NVC framework, which by the way, upholds person-centered and trauma-informed care. Once everyone has a deeper understanding of George's feelings and needs, incorporate that information, and further explore how to support his wellbeing. Here are some possible avenues of exploration:

- How to create a meaningful sense of safety for George? What does safety look, sound, and feel like to George? Remember that safety goes beyond the physical environment to include emotional safety.
- How to ensure that George has choice and is in charge of his care? What would staff be doing that shifts the locus of control to George?
- What does trust mean to George? How can staff build trust with him, instead of shaming him around issues of weight and food choices?
- What are his strengths? How can staff use strengths to collaborate as care partners?
- How might George use his strengths to enhance his wellbeing and resilience?

Empathy based in the framework and model of Nonviolent Communication supports communication for everyone. By listening to one another and connecting feelings to needs, we can make life more wonderful for us all.

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