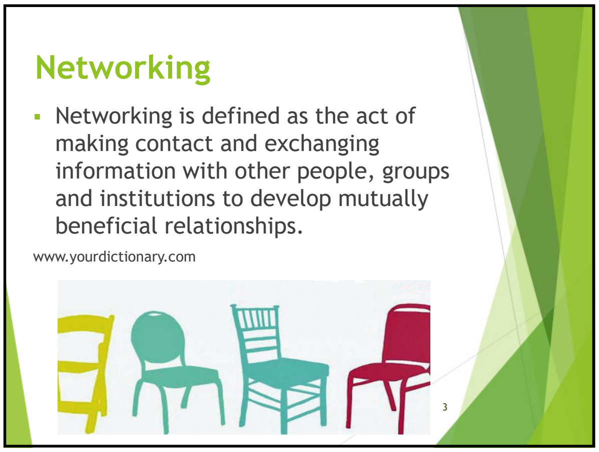
QUALITY CARE QCHF HEALTH FOUNDATION

Director of Nursing Nurse Leadership Training

Welcome

- Welcome
- Instructor Introduction
- Participant Introduction
- Class Overview



Networking

- Networking is defined as the act of making contact and exchanging information with other people, groups and institutions to develop mutually beneficial relationships.

www.yourdictionary.com

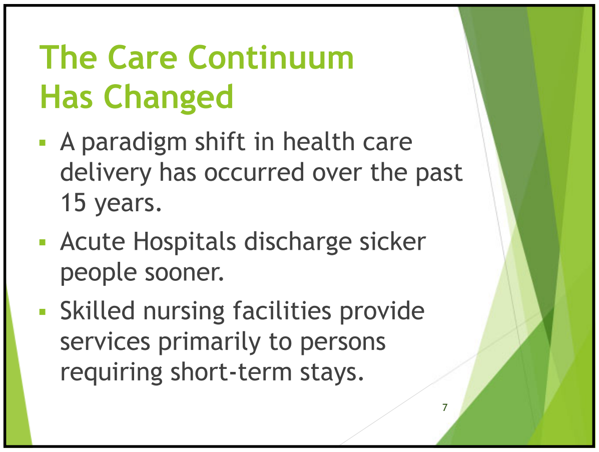
The Face of Skilled Nursing

Long Term Care Facilities

- Refers to any range of institutions that provide health care to people who are unable to manage independently in the community.
- Facilities may provide short and long-term rehabilitative services as well as chronic health care management.

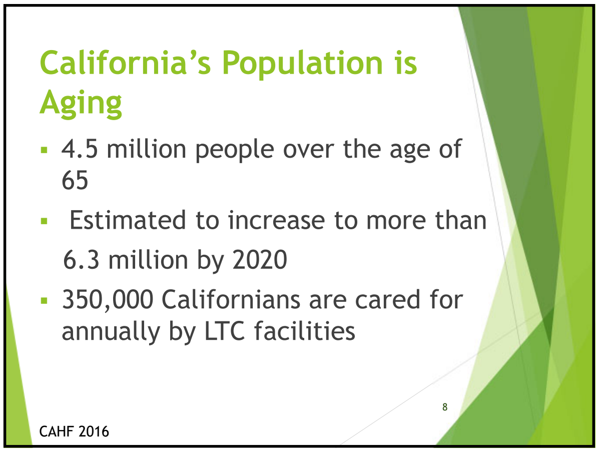
Skilled Nursing Facilities

“Nursing Homes”
“Convalescent Hospitals”
“Sub Acutes”
“Special Treatment Programs”



The Care Continuum Has Changed

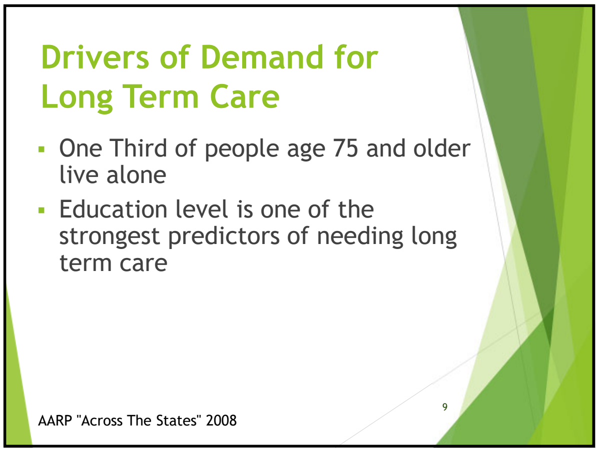
- A paradigm shift in health care delivery has occurred over the past 15 years.
- Acute Hospitals discharge sicker people sooner.
- Skilled nursing facilities provide services primarily to persons requiring short-term stays.



California’s Population is Aging

- 4.5 million people over the age of 65
- Estimated to increase to more than 6.3 million by 2020
- 350,000 Californians are cared for annually by LTC facilities

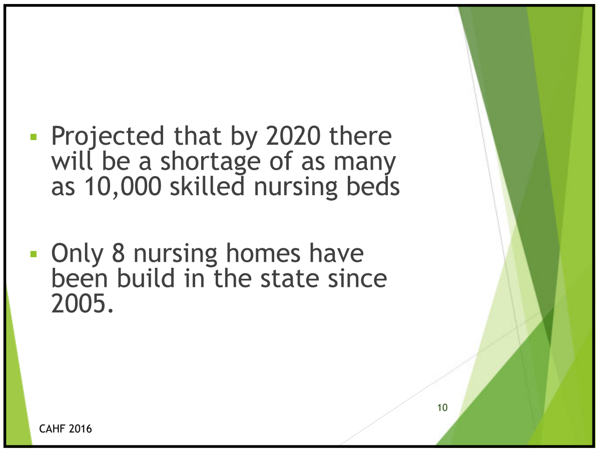
CAHF 2016



Drivers of Demand for Long Term Care

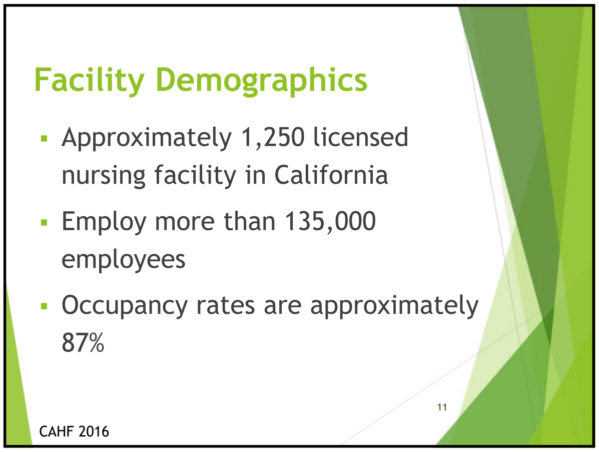
- One Third of people age 75 and older live alone
- Education level is one of the strongest predictors of needing long term care

AARP "Across The States" 2008



- Projected that by 2020 there will be a shortage of as many as 10,000 skilled nursing beds
- Only 8 nursing homes have been build in the state since 2005.

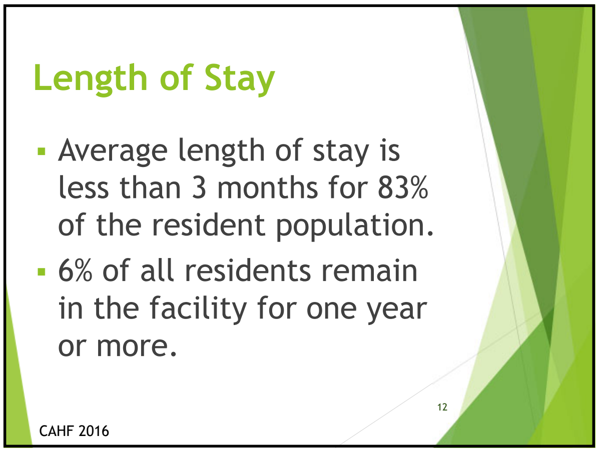
CAHF 2016



Facility Demographics

- Approximately 1,250 licensed nursing facility in California
- Employ more than 135,000 employees
- Occupancy rates are approximately 87%

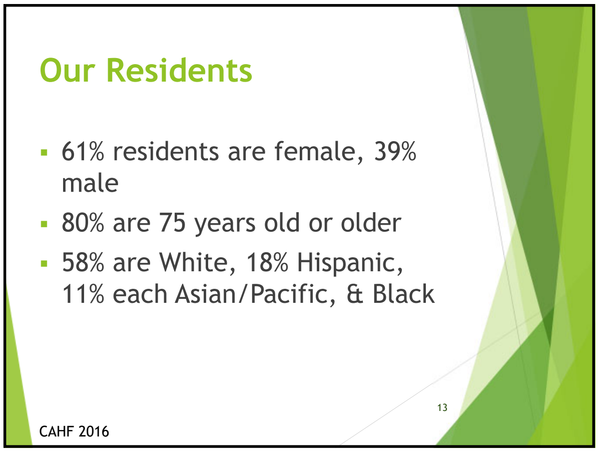
CAHF 2016



Length of Stay

- Average length of stay is less than 3 months for 83% of the resident population.
- 6% of all residents remain in the facility for one year or more.

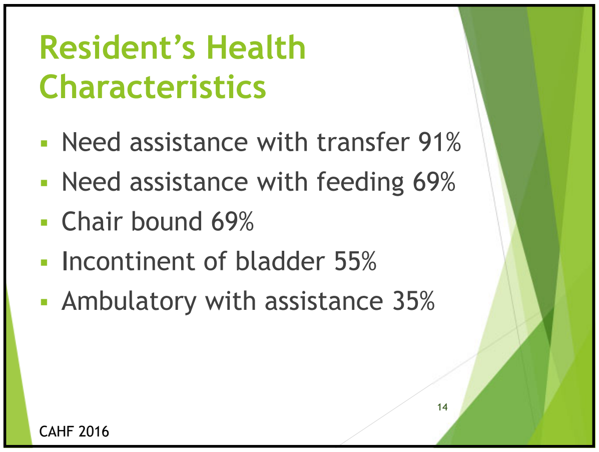
CAHF 2016



Our Residents

- 61% residents are female, 39% male
- 80% are 75 years old or older
- 58% are White, 18% Hispanic, 11% each Asian/Pacific, & Black

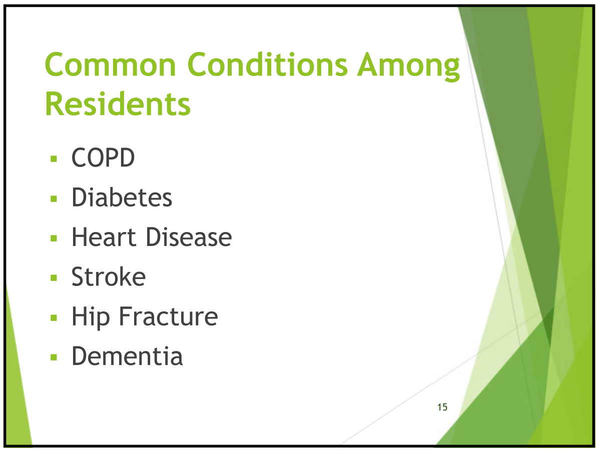
CAHF 2016



Resident's Health Characteristics

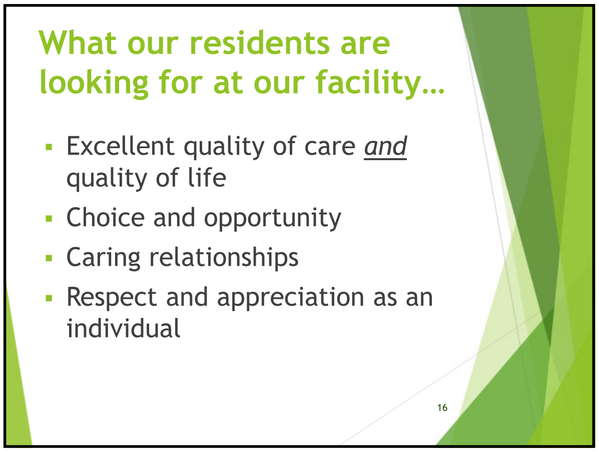
- Need assistance with transfer 91%
- Need assistance with feeding 69%
- Chair bound 69%
- Incontinent of bladder 55%
- Ambulatory with assistance 35%

CAHF 2016



Common Conditions Among Residents

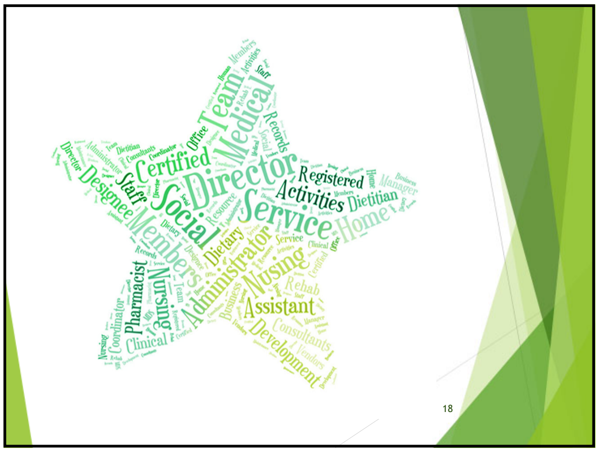
- COPD
- Diabetes
- Heart Disease
- Stroke
- Hip Fracture
- Dementia

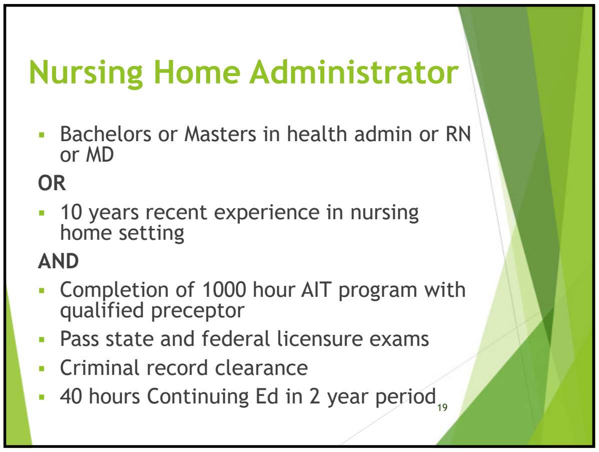


What our residents are looking for at our facility…

- Excellent quality of care *and* quality of life
- Choice and opportunity
- Caring relationships
- Respect and appreciation as an individual

The Team


Team
Medical
Records
Office
Staff
Certified
Director
Registered
Activities
Dietitian
Manager
Business
Home
Service
Social
Designee
Members
Dietary
Administrator
Nusing
Nursing
Pharmacist
Assistant
Rehab
Consultants
Development
Clinical
Coordinator



Nursing Home Administrator

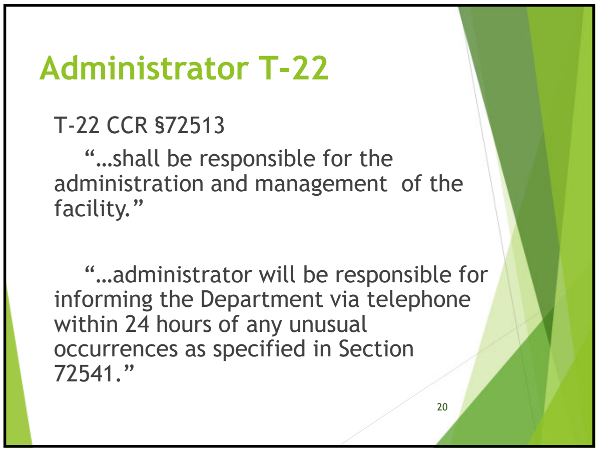
- Bachelors or Masters in health admin or RN or MD

OR

- 10 years recent experience in nursing home setting

AND

- Completion of 1000 hour AIT program with qualified preceptor
- Pass state and federal licensure exams
- Criminal record clearance
- 40 hours Continuing Ed in 2 year period

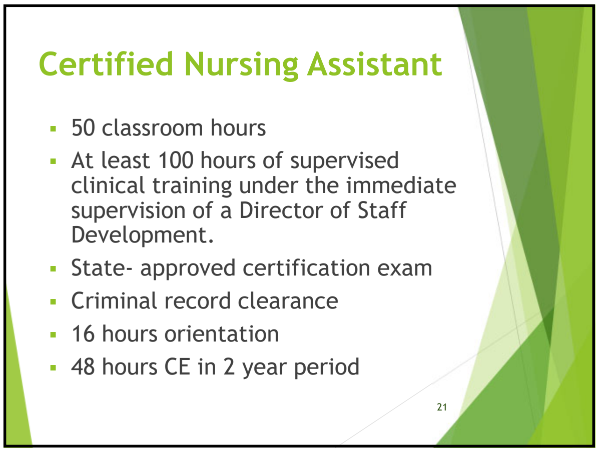


Administrator T-22

T-22 CCR §72513

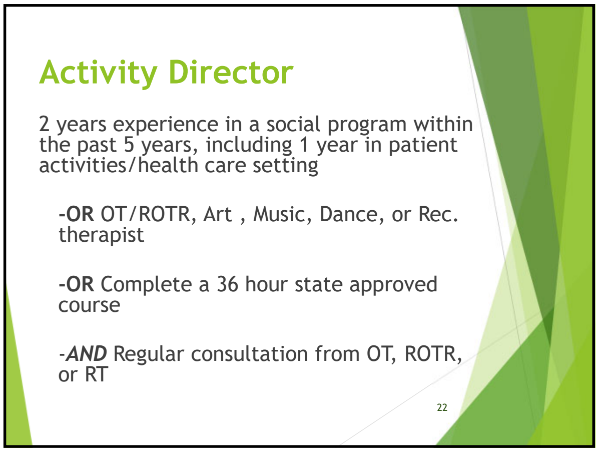
"…shall be responsible for the administration and management of the facility."

"…administrator will be responsible for informing the Department via telephone within 24 hours of any unusual occurrences as specified in Section 72541."



Certified Nursing Assistant

- 50 classroom hours
- At least 100 hours of supervised clinical training under the immediate supervision of a Director of Staff Development.
- State- approved certification exam
- Criminal record clearance
- 16 hours orientation
- 48 hours CE in 2 year period



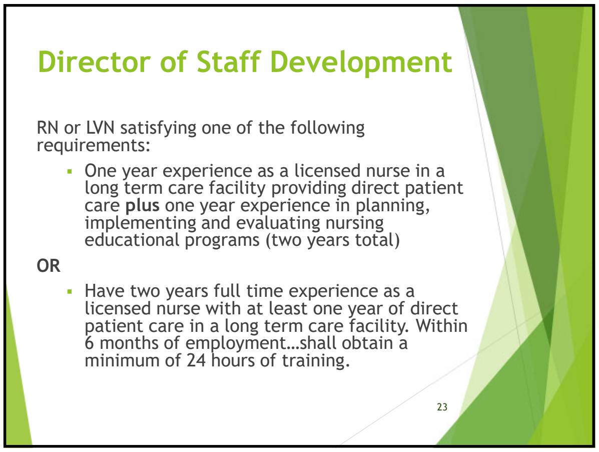
Activity Director

2 years experience in a social program within the past 5 years, including 1 year in patient activities/health care setting

-OR OT/ROTR, Art , Music, Dance, or Rec. therapist

-OR Complete a 36 hour state approved course

-***AND*** Regular consultation from OT, ROTR, or RT



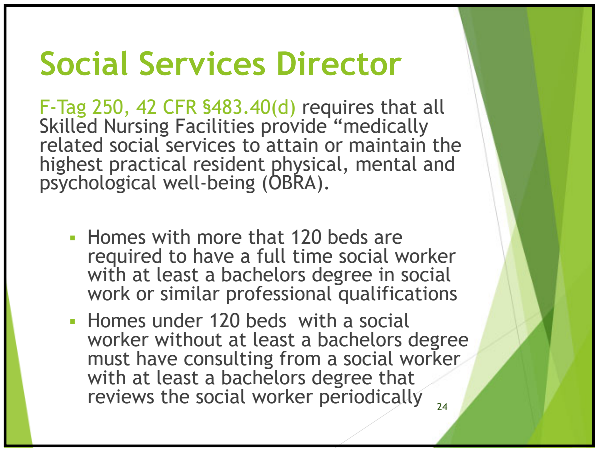
Director of Staff Development

RN or LVN satisfying one of the following requirements:

- One year experience as a licensed nurse in a long term care facility providing direct patient care **plus** one year experience in planning, implementing and evaluating nursing educational programs (two years total)

OR

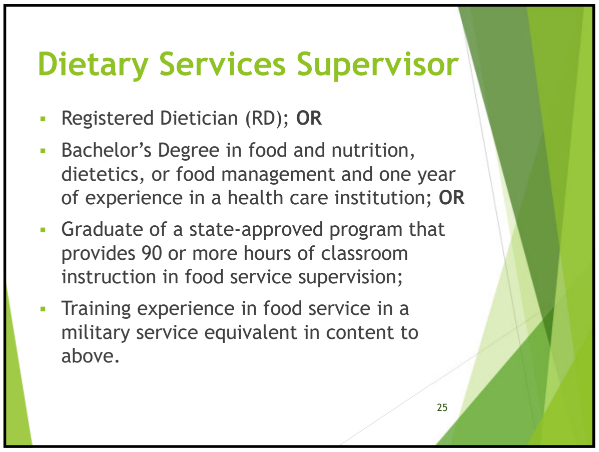
- Have two years full time experience as a licensed nurse with at least one year of direct patient care in a long term care facility. Within 6 months of employment…shall obtain a minimum of 24 hours of training.



Social Services Director

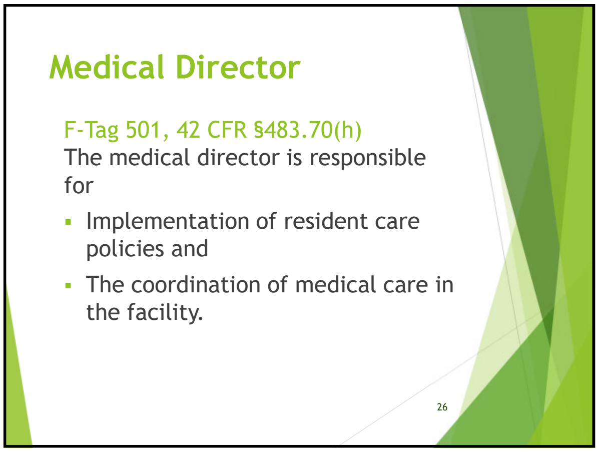
F-Tag 250, 42 CFR §483.40(d) requires that all Skilled Nursing Facilities provide "medically related social services to attain or maintain the highest practical resident physical, mental and psychological well-being (OBRA).

- Homes with more that 120 beds are required to have a full time social worker with at least a bachelors degree in social work or similar professional qualifications
- Homes under 120 beds with a social worker without at least a bachelors degree must have consulting from a social worker with at least a bachelors degree that reviews the social worker periodically



Dietary Services Supervisor

- Registered Dietician (RD); **OR**
- Bachelor's Degree in food and nutrition, dietetics, or food management and one year of experience in a health care institution; **OR**
- Graduate of a state-approved program that provides 90 or more hours of classroom instruction in food service supervision;
- Training experience in food service in a military service equivalent in content to above.

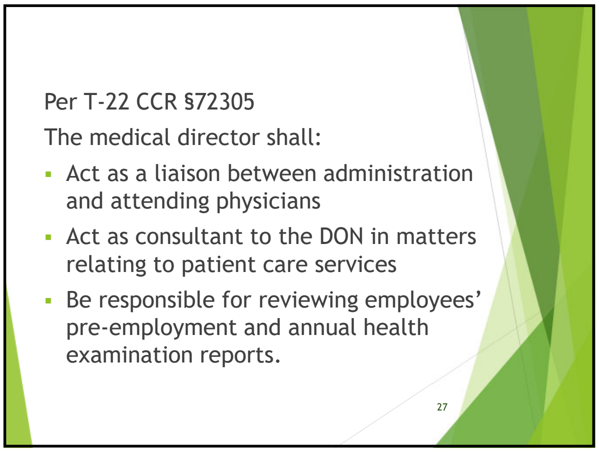


Medical Director

F-Tag 501, 42 CFR §483.70(h)

The medical director is responsible for

- Implementation of resident care policies and
- The coordination of medical care in the facility.



Per T-22 CCR §72305

The medical director shall:

- Act as a liaison between administration and attending physicians
- Act as consultant to the DON in matters relating to patient care services
- Be responsible for reviewing employees' pre-employment and annual health examination reports.

Working with your Medical Director

> "…collaborates with the facility leadership, staff and other practitioners and consultants to help develop, implement and evaluate resident care policies and procedures that reflect current standards of practice."

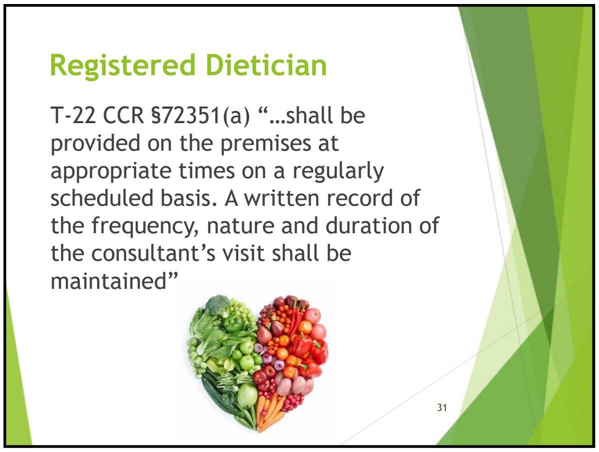
The medical director helps the facility identify, evaluate, and address/resolve medical and clinical concerns and issues that:

- affect resident care, medical care or quality of life; **OR**
- are related to the provision of services by physicians and other licensed health care practitioners.

Consultants

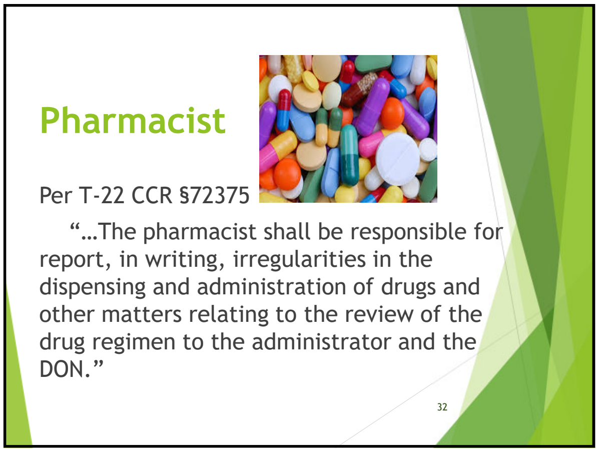
Registered Dietitian

Pharmacist



Registered Dietician

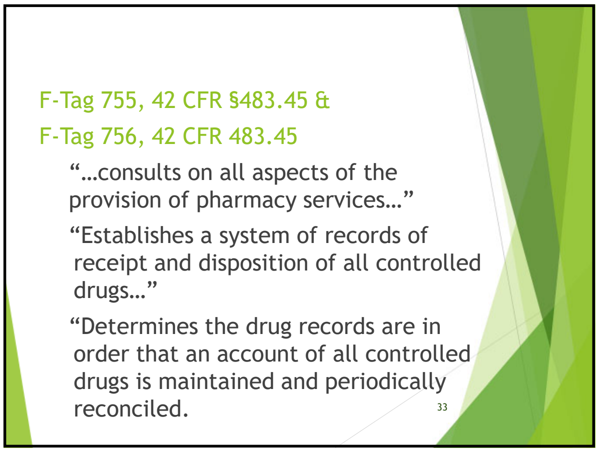
T-22 CCR §72351(a) "…shall be provided on the premises at appropriate times on a regularly scheduled basis. A written record of the frequency, nature and duration of the consultant's visit shall be maintained"



Pharmacist

Per T-22 CCR §72375

"…The pharmacist shall be responsible for report, in writing, irregularities in the dispensing and administration of drugs and other matters relating to the review of the drug regimen to the administrator and the DON."

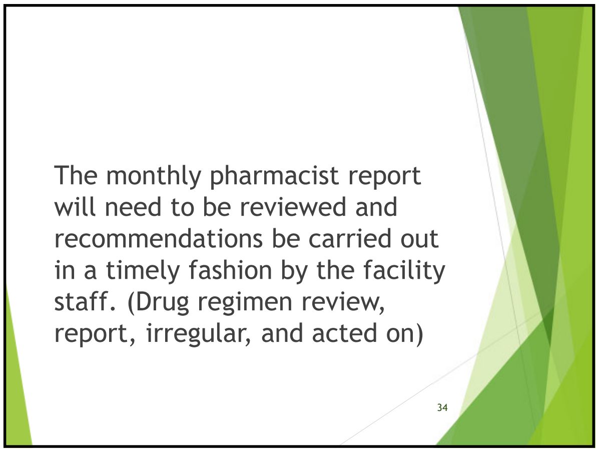


F-Tag 755, 42 CFR §483.45 & F-Tag 756, 42 CFR 483.45

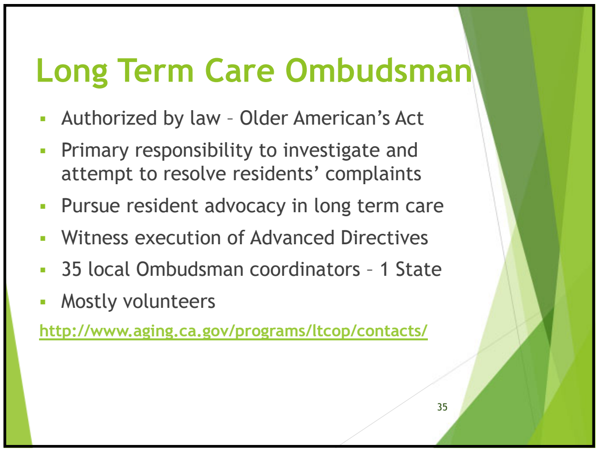
"…consults on all aspects of the provision of pharmacy services…"

"Establishes a system of records of receipt and disposition of all controlled drugs…"

"Determines the drug records are in order that an account of all controlled drugs is maintained and periodically reconciled.



The monthly pharmacist report will need to be reviewed and recommendations be carried out in a timely fashion by the facility staff. (Drug regimen review, report, irregular, and acted on)



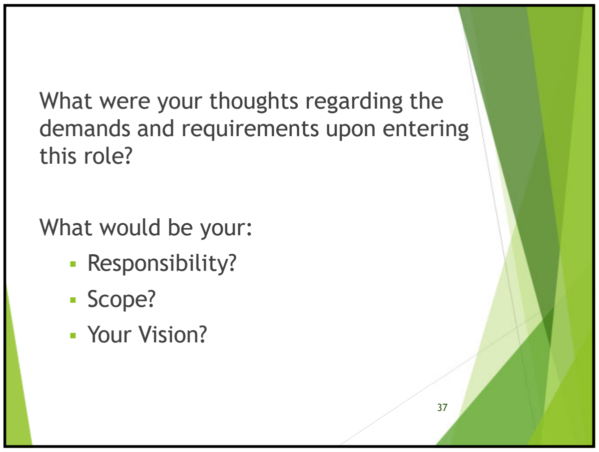
Long Term Care Ombudsman

- Authorized by law – Older American's Act
- Primary responsibility to investigate and attempt to resolve residents' complaints
- Pursue resident advocacy in long term care
- Witness execution of Advanced Directives
- 35 local Ombudsman coordinators – 1 State
- Mostly volunteers

http://www.aging.ca.gov/programs/ltcop/contacts/

Director Of Nursing

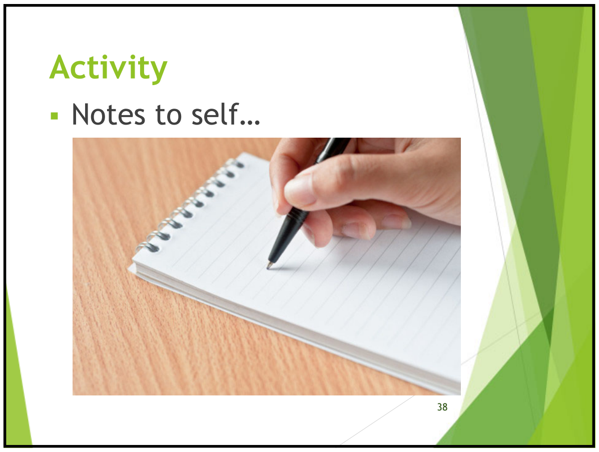
WHO ARE YOU?



What were your thoughts regarding the demands and requirements upon entering this role?

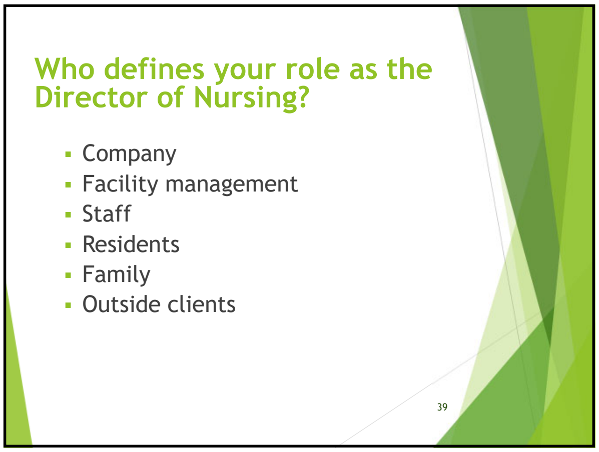
What would be your:

- Responsibility?
- Scope?
- Your Vision?



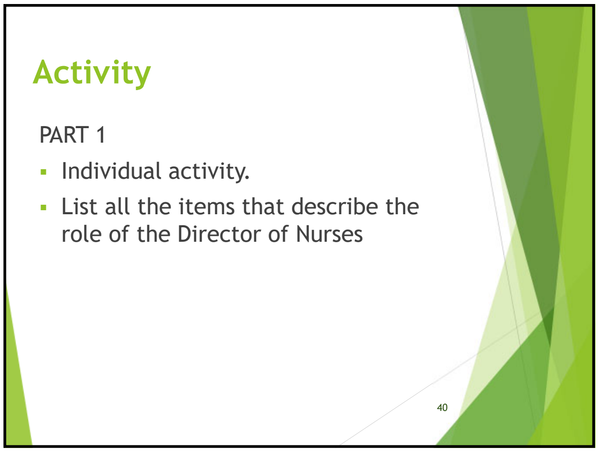
Activity

- Notes to self…



Who defines your role as the Director of Nursing?

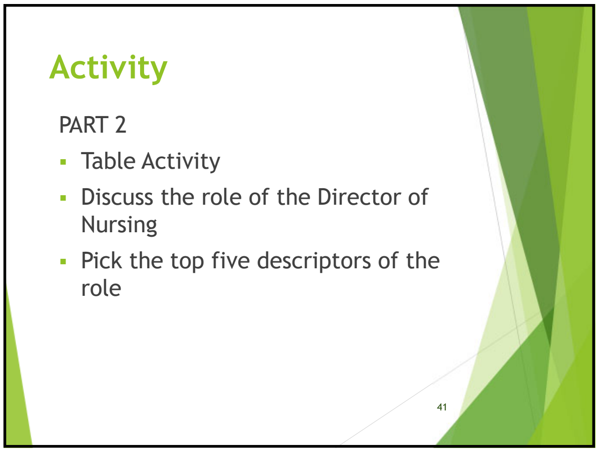
- Company
- Facility management
- Staff
- Residents
- Family
- Outside clients



Activity

PART 1

- Individual activity.
- List all the items that describe the role of the Director of Nurses



Activity

PART 2

- Table Activity
- Discuss the role of the Director of Nursing
- Pick the top five descriptors of the role

Director of Nurses Requirements

California Code of Regulations Title 22

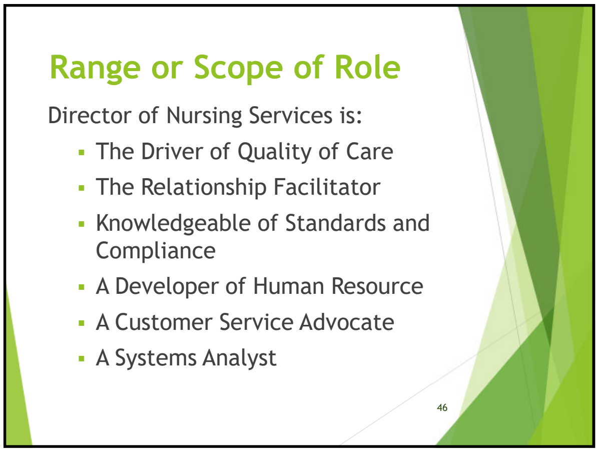
- The Director of Nursing Services shall be a registered nurse and shall be employed eight hours a day, on the day shift five days a week.
- The Director of Nursing Services shall have at least one year of experience in nursing supervision within the last five years

The Director of Nursing Services shall have, in writing, administrative authority, responsibility and accountability for the nursing services within the facility and serve only one facility in this capacity at any one time.

Responsibility of the Director of Nurses

Obligation of the Role:

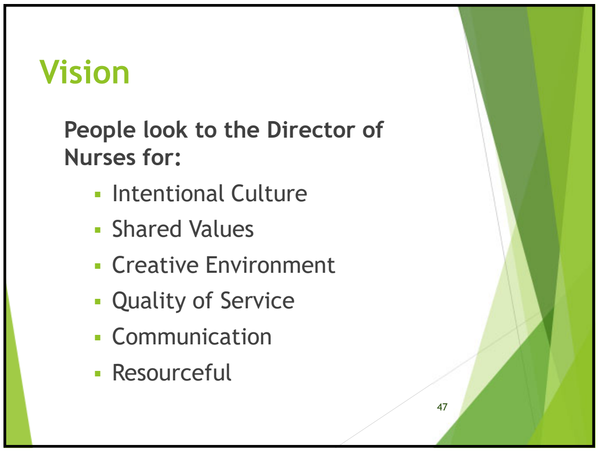
- Federal Regulations
- State Regulations regarding operations of a Skilled Nursing Facility
- State Board of Nursing Scope of Practice Rules



Range or Scope of Role

Director of Nursing Services is:

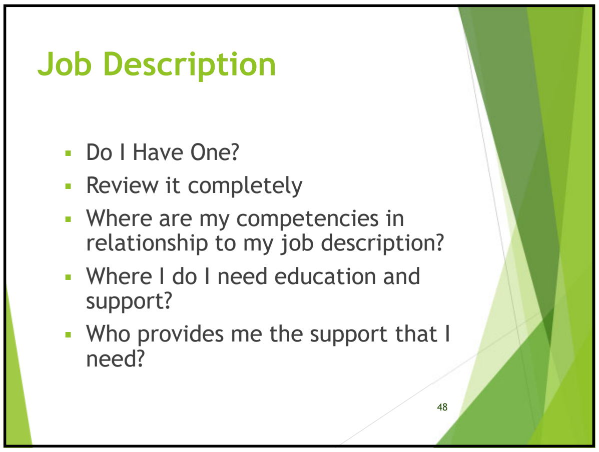
- The Driver of Quality of Care
- The Relationship Facilitator
- Knowledgeable of Standards and Compliance
- A Developer of Human Resource
- A Customer Service Advocate
- A Systems Analyst



Vision

People look to the Director of Nurses for:

- Intentional Culture
- Shared Values
- Creative Environment
- Quality of Service
- Communication
- Resourceful



Job Description

- Do I Have One?
- Review it completely
- Where are my competencies in relationship to my job description?
- Where I do I need education and support?
- Who provides me the support that I need?

Director of Nurses Oversight per Title 22

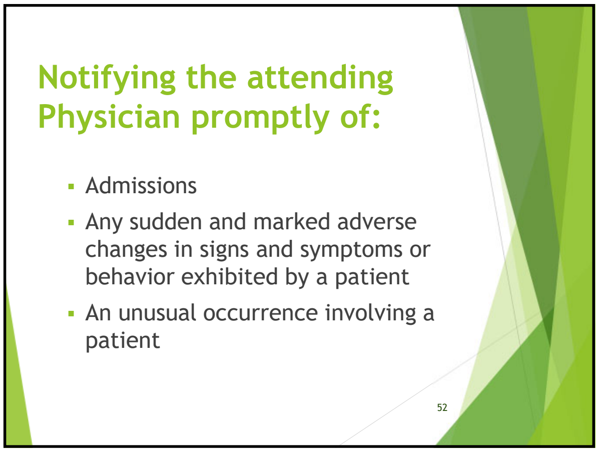
- Nursing Service means a service, staffed, organized and equipped to provide skilled nursing care to patients on a continuous basis
- Planning of patient care
- Identification of patient care needs

Nursing Services VS Director of Nurses

Title 22 makes a distinction between what the Director of Nurses is responsible for and what the Nursing Services will provide

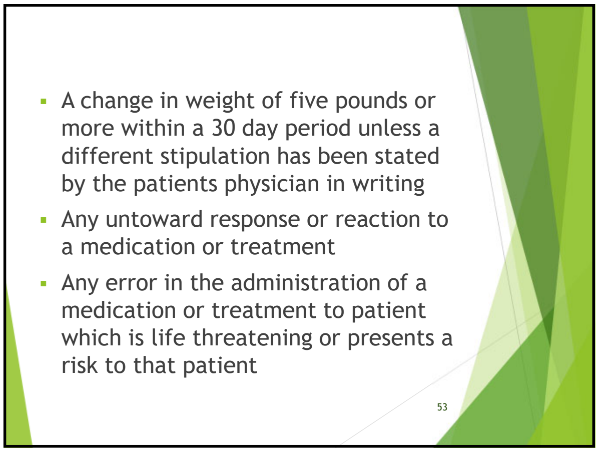
Responsibility of Nursing Services

- Development of individual care plans
- Reviewing, evaluating and updating patients plans of care no later than quarterly and with changes in patient care needs
- Implementing the patient’s care plan
- Licensed Nursing personnel shall ensure that patients are served the diets as prescribed by the attending physician

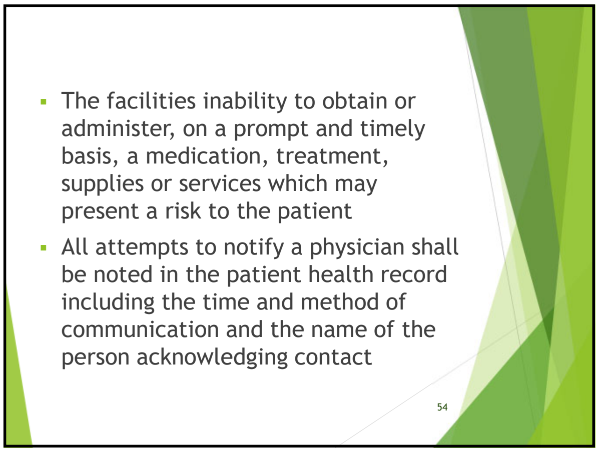


Notifying the attending Physician promptly of:

- Admissions
- Any sudden and marked adverse changes in signs and symptoms or behavior exhibited by a patient
- An unusual occurrence involving a patient

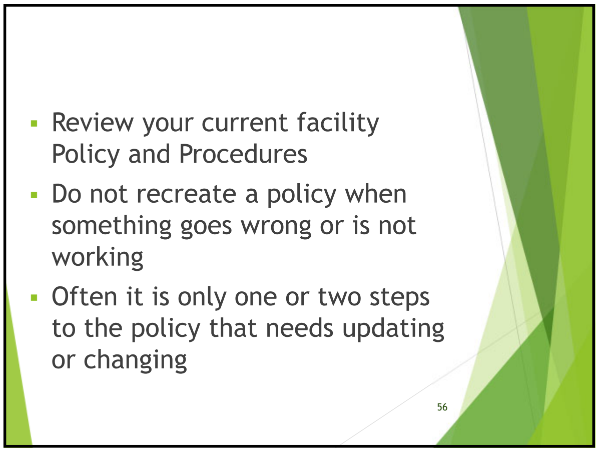


- A change in weight of five pounds or more within a 30 day period unless a different stipulation has been stated by the patients physician in writing
- Any untoward response or reaction to a medication or treatment
- Any error in the administration of a medication or treatment to patient which is life threatening or presents a risk to that patient



- The facilities inability to obtain or administer, on a prompt and timely basis, a medication, treatment, supplies or services which may present a risk to the patient
- All attempts to notify a physician shall be noted in the patient health record including the time and method of communication and the name of the person acknowledging contact

Facility Policy and Procedures



- Review your current facility Policy and Procedures
- Do not recreate a policy when something goes wrong or is not working
- Often it is only one or two steps to the policy that needs updating or changing

- Keep “Best Practices” in mind
- Make sure that when you are training staff or correcting staff that you are aligned with current practice and policies
- As rules and regulations change, double check to see if your policies are up to date.

Budgets

- Understand the DON's accountability in the facility budget process
- Meet with the administrator to review your budget goals and responsibilities.

- What are the facility's monetary resources?
- What are the financial goals of the facility?
- The largest cost factor in budgets is STAFF

Budget Busters

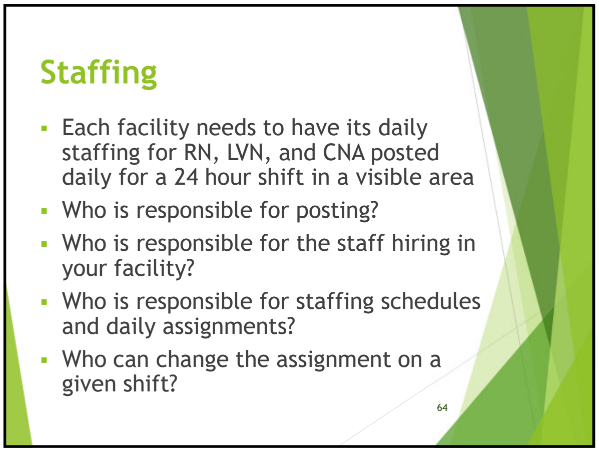
- Pharmacy costs
- Over use of dietary supplementation
- Misuse of brief products
- Over use, misuse or waste of central supply products
- Staffing hours/overtime

Budget Limitations

- Capital Expenditures
- Controlled Costs
- Bottom - Line or Net Operating Income

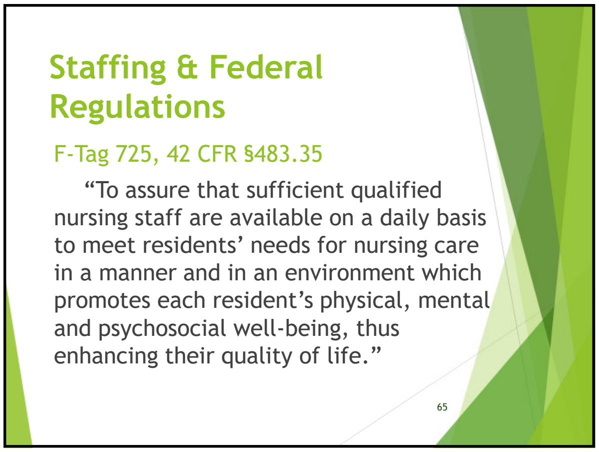
BEWARE OF
PROFIT AND LOSS

Staffing



Staffing

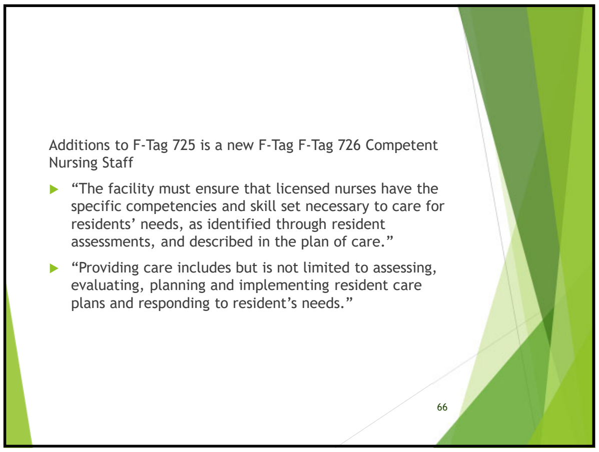
- Each facility needs to have its daily staffing for RN, LVN, and CNA posted daily for a 24 hour shift in a visible area
- Who is responsible for posting?
- Who is responsible for the staff hiring in your facility?
- Who is responsible for staffing schedules and daily assignments?
- Who can change the assignment on a given shift?



Staffing & Federal Regulations

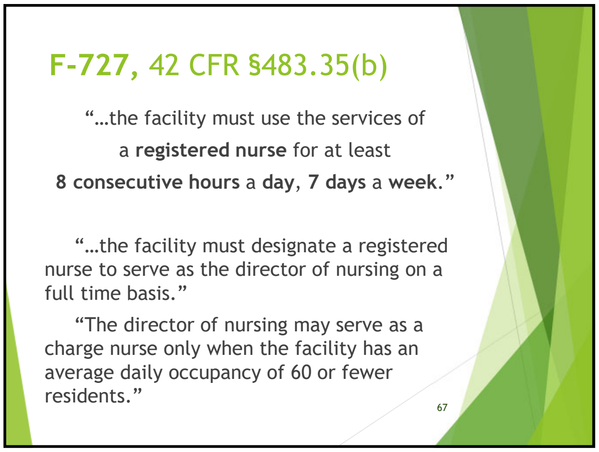
F-Tag 725, 42 CFR §483.35

"To assure that sufficient qualified nursing staff are available on a daily basis to meet residents' needs for nursing care in a manner and in an environment which promotes each resident's physical, mental and psychosocial well-being, thus enhancing their quality of life."



Additions to F-Tag 725 is a new F-Tag F-Tag 726 Competent Nursing Staff

- "The facility must ensure that licensed nurses have the specific competencies and skill set necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care."
- "Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs."

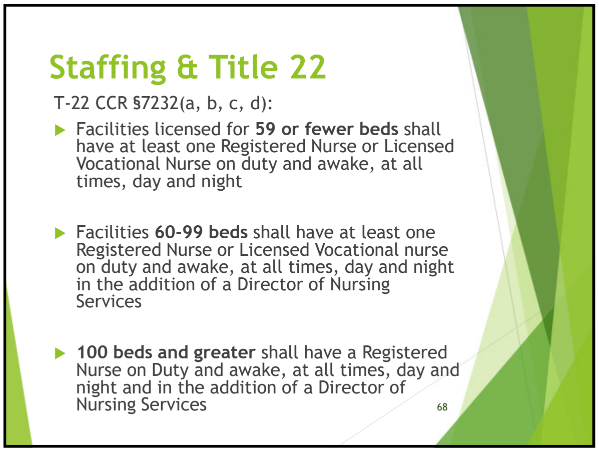


F-727, 42 CFR §483.35(b)

“…the facility must use the services of
a **registered nurse** for at least
8 consecutive hours a **day**, **7 days** a **week**.”

“…the facility must designate a registered nurse to serve as the director of nursing on a full time basis.”

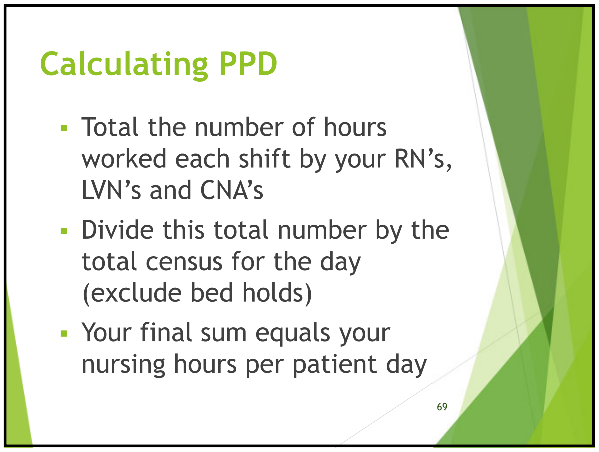
“The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.”



Staffing & Title 22

T-22 CCR §7232(a, b, c, d):

- Facilities licensed for **59 or fewer beds** shall have at least one Registered Nurse or Licensed Vocational Nurse on duty and awake, at all times, day and night
- Facilities **60-99 beds** shall have at least one Registered Nurse or Licensed Vocational nurse on duty and awake, at all times, day and night in the addition of a Director of Nursing Services
- **100 beds and greater** shall have a Registered Nurse on Duty and awake, at all times, day and night and in the addition of a Director of Nursing Services

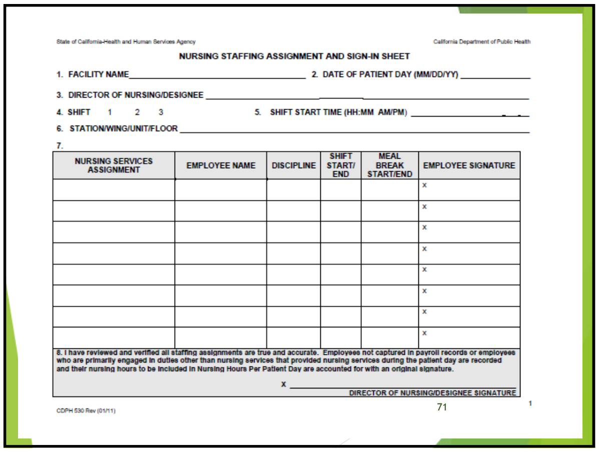


Calculating PPD

- Total the number of hours worked each shift by your RN’s, LVN’s and CNA’s
- Divide this total number by the total census for the day (exclude bed holds)
- Your final sum equals your nursing hours per patient day

NHPPD 3.5/2.4 Specific to the State of California

AFL 11-19



State of California-Health and Human Services Agency

California Department of Public Health

NURSING STAFFING ASSIGNMENT AND SIGN-IN SHEET

1. FACILITY NAME________________ 2. DATE OF PATIENT DAY (MM/DD/YY) ________

3. DIRECTOR OF NURSING/DESIGNEE ________________

4. SHIFT 1 2 3 5. SHIFT START TIME (HH:MM AM/PM) ________

6. STATION/WING/UNIT/FLOOR ________________

7.

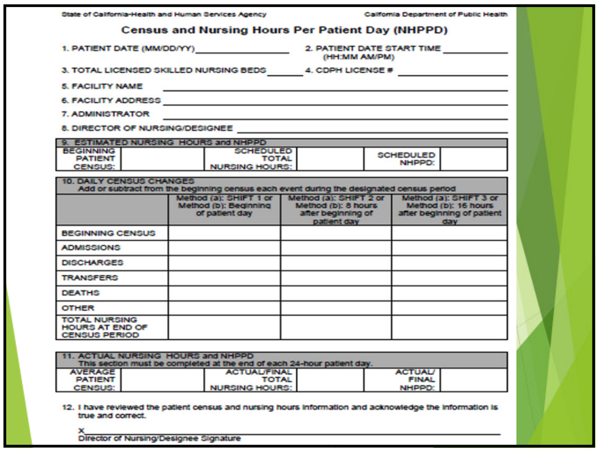
NURSING SERVICES ASSIGNMENT	EMPLOYEE NAME	DISCIPLINE	SHIFT START/ END	MEAL BREAK START/END	EMPLOYEE SIGNATURE
					x
					x
					x
					x
					x
					x
					x
					x

8. I have reviewed and verified all staffing assignments are true and accurate. Employees not captured in payroll records or employees who are primarily engaged in duties other than nursing services that provided nursing services during the patient day are recorded and their nursing hours to be included in Nursing Hours Per Patient Day are accounted for with an original signature.

x ________________
DIRECTOR OF NURSING/DESIGNEE SIGNATURE

CDPH 530 Rev (01/11)

1



State of California-Health and Human Services Agency

California Department of Public Health

Census and Nursing Hours Per Patient Day (NHPPD)

1. PATIENT DATE (MM/DD/YY)________ 2. PATIENT DATE START TIME (HH:MM AM/PM) ________

3. TOTAL LICENSED SKILLED NURSING BEDS____ 4. CDPH LICENSE # ________

5. FACILITY NAME ________________

6. FACILITY ADDRESS ________________

7. ADMINISTRATOR ________________

8. DIRECTOR OF NURSING/DESIGNEE ________________

9. ESTIMATED NURSING HOURS and NHPPD					
BEGINNING PATIENT CENSUS:		SCHEDULED TOTAL NURSING HOURS:		SCHEDULED NHPPD:	

10. DAILY CENSUS CHANGES
Add or subtract from the beginning census each event during the designated census period

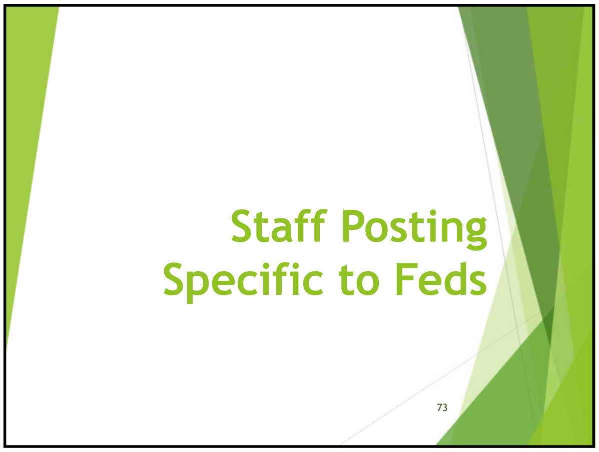
	Method (a): SHIFT 1 or Method (b): Beginning of patient day	Method (a): SHIFT 2 or Method (b): 8 hours after beginning of patient day	Method (a): SHIFT 3 or Method (b): 16 hours after beginning of patient day
BEGINNING CENSUS			
ADMISSIONS			
DISCHARGES			
TRANSFERS			
DEATHS			
OTHER			
TOTAL NURSING HOURS AT END OF CENSUS PERIOD			

11. ACTUAL NURSING HOURS and NHPPD
This section must be completed at the end of each 24-hour patient day.

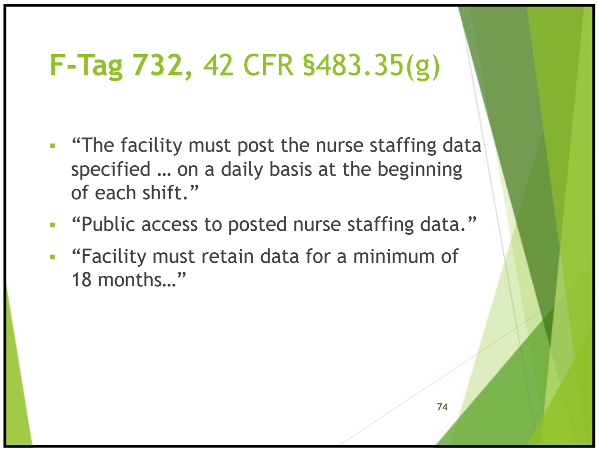
AVERAGE PATIENT CENSUS:		ACTUAL/FINAL TOTAL NURSING HOURS:		ACTUAL/ FINAL NHPPD:	

12. I have reviewed the patient census and nursing hours information and acknowledge the information is true and correct.

X________________
Director of Nursing/Designee Signature

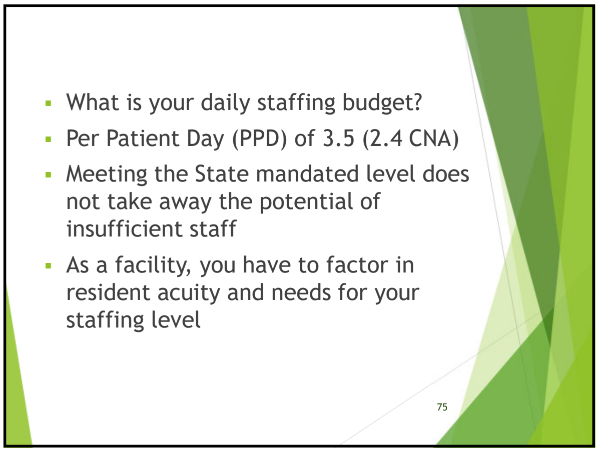


Staff Posting Specific to Feds

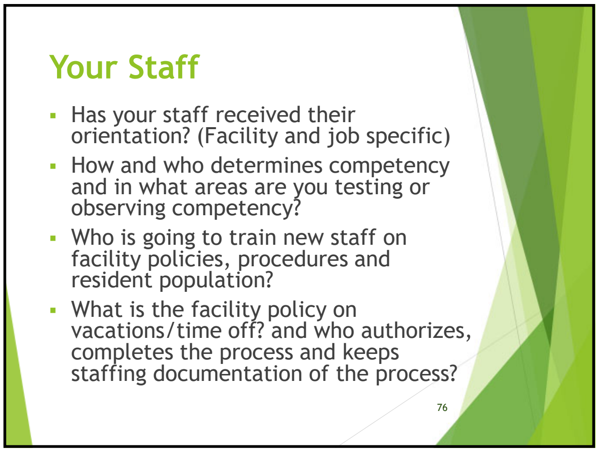


F-Tag 732, 42 CFR §483.35(g)

- “The facility must post the nurse staffing data specified … on a daily basis at the beginning of each shift.”
- “Public access to posted nurse staffing data.”
- “Facility must retain data for a minimum of 18 months…”



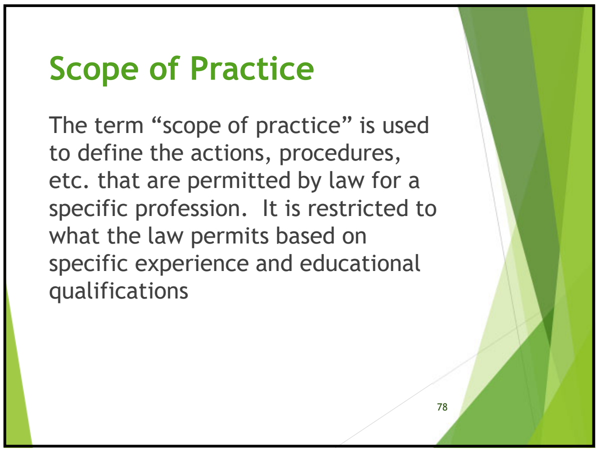
- What is your daily staffing budget?
- Per Patient Day (PPD) of 3.5 (2.4 CNA)
- Meeting the State mandated level does not take away the potential of insufficient staff
- As a facility, you have to factor in resident acuity and needs for your staffing level



Your Staff

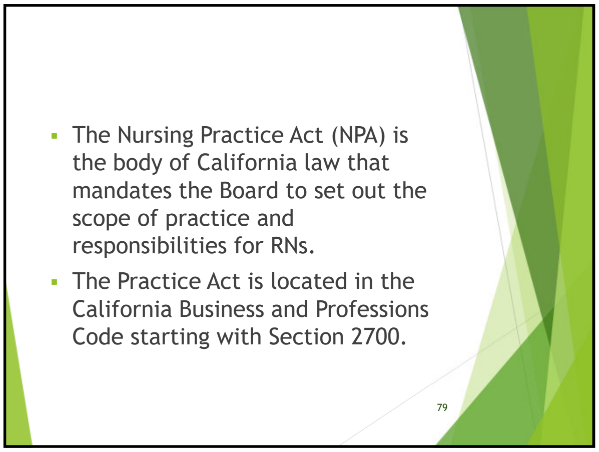
- Has your staff received their orientation? (Facility and job specific)
- How and who determines competency and in what areas are you testing or observing competency?
- Who is going to train new staff on facility policies, procedures and resident population?
- What is the facility policy on vacations/time off? and who authorizes, completes the process and keeps staffing documentation of the process?

- Registry Staff
- Assignment Policy
- Posting of Schedules and Assignments

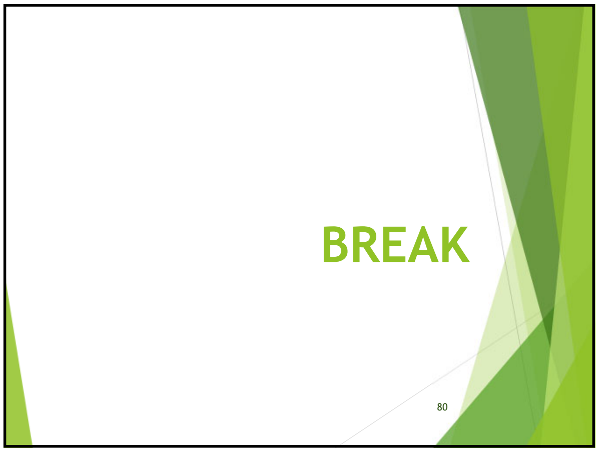


Scope of Practice

The term “scope of practice” is used to define the actions, procedures, etc. that are permitted by law for a specific profession. It is restricted to what the law permits based on specific experience and educational qualifications



- The Nursing Practice Act (NPA) is the body of California law that mandates the Board to set out the scope of practice and responsibilities for RNs.
- The Practice Act is located in the California Business and Professions Code starting with Section 2700.



BREAK

The Director of Nursing Role…

The Director of Nursing Services has many things to accomplish

Managing the Known and Unknown

- Every DON should have a calendar.
- Electronic or paper
- Have only “one’ calendar
- Know what needs to be completed on a daily, weekly, monthly, quarterly and annual basis

ACTIVITY

Calendars

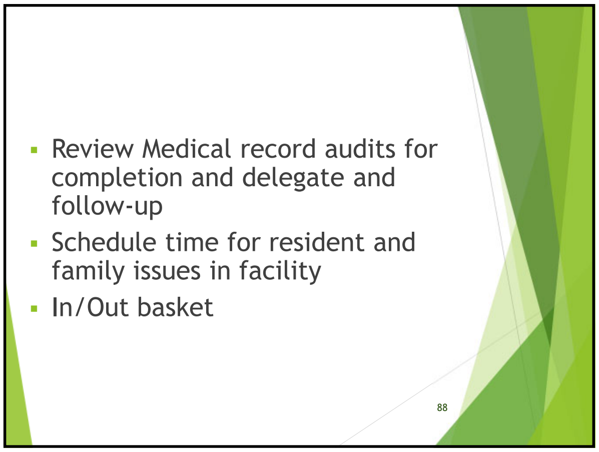
- The calendar should cover 12 months.
- Place hold each one of the events/meetings you are aware of into the calendar for each month
- Monthly, add in employee/staff evaluations to be completed
- Highlight open time.

- Keep open time for unknown events
- Keep to your calendar
- Be aware of the time stealers

- Every action you perform has a reaction.
- Goal is for every action's reaction to have a positive effect on the total DON workload.
- Make every action count.
- Build a solid foundation of meetings, audits, and paperwork that will lead your team to quality resident care and survey success.

Daily

- Stand-Up Meeting – 24 Hour Report (Huddles)
- Risk Management/QAPI/IDT Meetings
- New Admission/Discharges/Incidents
- Fall, Weight Variance/Skin,
- Behaviors/Psychotropic Medication
- Medicare/HMO/Case Management
- Rehab



- Review Medical record audits for completion and delegate and follow-up
- Schedule time for resident and family issues in facility
- In/Out basket

Monthly

- All Staff Meetings/Education
- Budget Review Meetings
- Quality Assurance Process Improvement and Risk Management meetings
    - Restraint/Behaviors/Psychotropic Medications (GDR-Gradual Dose Reductions
    - Weight Variance/Skin Conditions
    - Fall/ Incident & Events/ Safety
    - Infection Control/Antibacterial Stewardship(McGreer/Loeb Criteria)

- Staff Evaluations
- Quality Measure CASPER/Quality Measure report Review
- Pharmacy Report Review
- Registered Dietitian Report Review

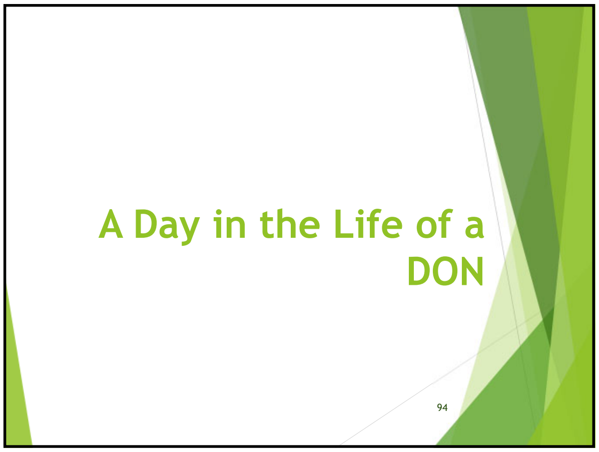
- Quality Assurance Process Improvement
- 5 Star Review/ Quality Metrics

Annual

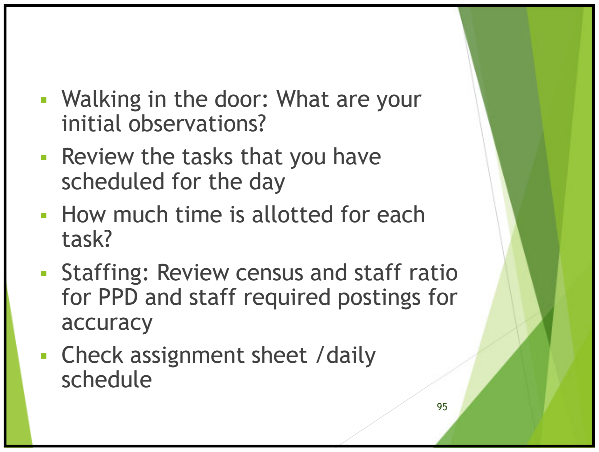
- Survey and Licensing (RoP: Rules of Participation) (3 phases)
- Pre-survey prep programs
- Budget and Planning meetings

Activity

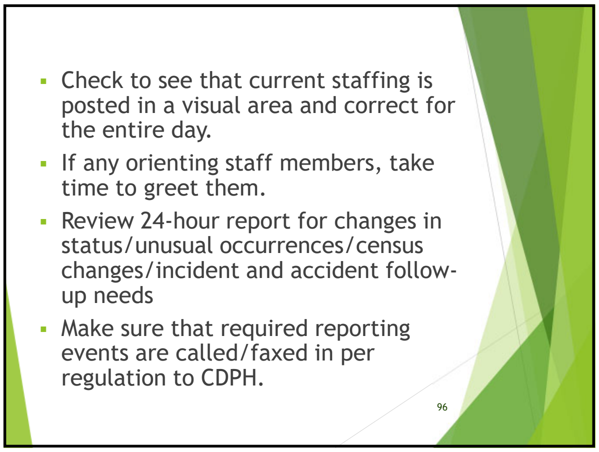
Finish Calendars



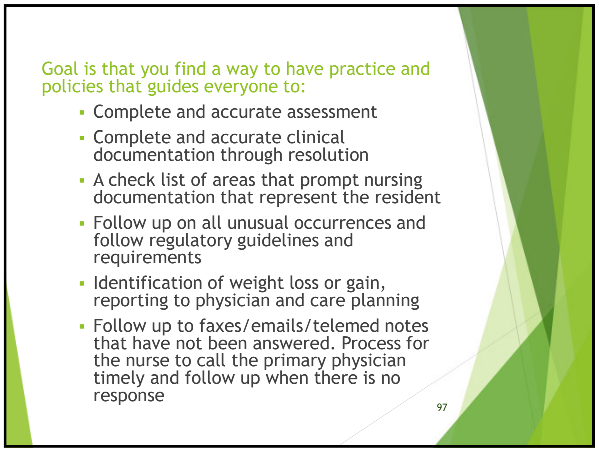
A Day in the Life of a DON



- Walking in the door: What are your initial observations?
- Review the tasks that you have scheduled for the day
- How much time is allotted for each task?
- Staffing: Review census and staff ratio for PPD and staff required postings for accuracy
- Check assignment sheet /daily schedule

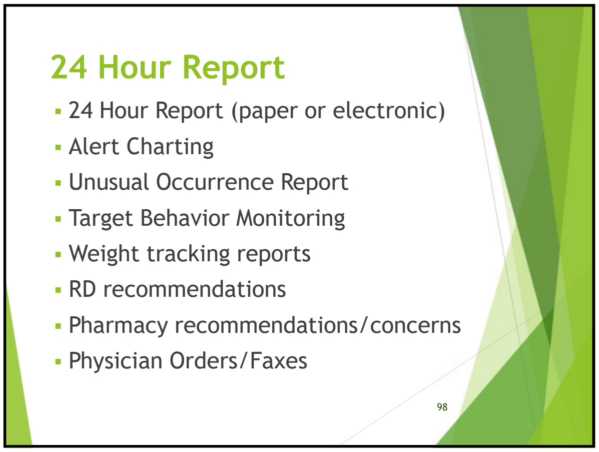


- Check to see that current staffing is posted in a visual area and correct for the entire day.
- If any orienting staff members, take time to greet them.
- Review 24-hour report for changes in status/unusual occurrences/census changes/incident and accident follow-up needs
- Make sure that required reporting events are called/faxed in per regulation to CDPH.



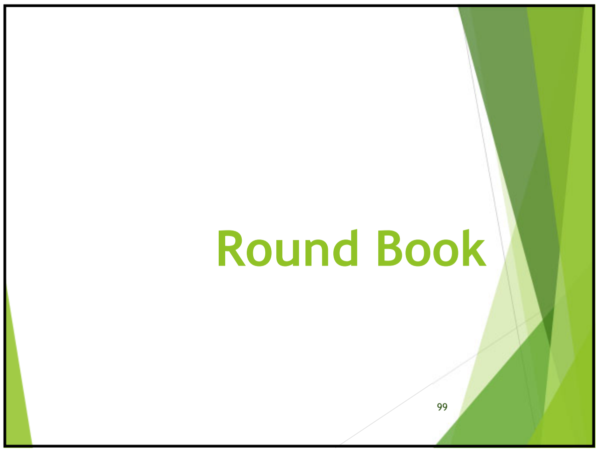
Goal is that you find a way to have practice and policies that guides everyone to:

- Complete and accurate assessment
- Complete and accurate clinical documentation through resolution
- A check list of areas that prompt nursing documentation that represent the resident
- Follow up on all unusual occurrences and follow regulatory guidelines and requirements
- Identification of weight loss or gain, reporting to physician and care planning
- Follow up to faxes/emails/telemed notes that have not been answered. Process for the nurse to call the primary physician timely and follow up when there is no response



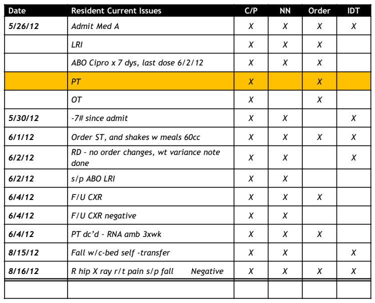
24 Hour Report

- 24 Hour Report (paper or electronic)
- Alert Charting
- Unusual Occurrence Report
- Target Behavior Monitoring
- Weight tracking reports
- RD recommendations
- Pharmacy recommendations/concerns
- Physician Orders/Faxes



Round Book

Resident Name: _Dorothy Jones________ Rm#: ___12B______ MD: __Dr Smith___________
Admit Date: ___5/26/12___ DX: _LRI, COPD, Rheumatoid Arthritis, Insomnia, Constipation_
GT: ___ Dialysis: ___ Hospice: ___ Cath: ___ DM: ____ Pacemaker: ___ CPR: __X__ DNR: ____
Other:__Plans to discharge home to independent living, with husband____________________



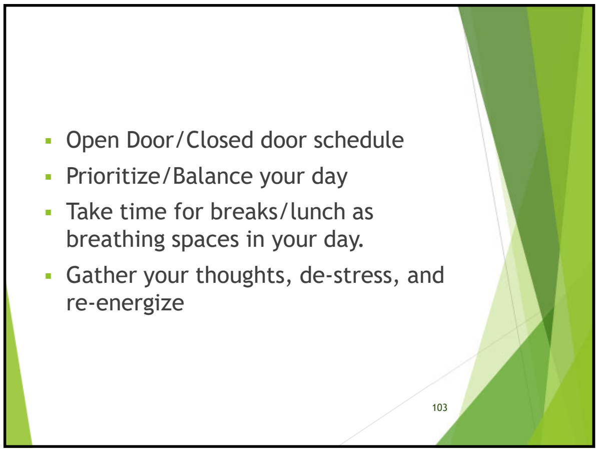
Date	Resident Current Issues	C/P	NN	Order	IDT
5/26/12	*Admit Med A*	X	X	X	X
	LRI	X	X	X	
	ABO Cipro x 7 dys, last dose 6/2/12	X	X	X	
	PT	X		X	
	OT	X		X	
5/30/12	*-7# since admit*	X	X		X
6/1/12	*Order ST, and shakes w meals 60cc*	X	X	X	X
6/2/12	*RD - no order changes, wt variance note done*	X	X		X
6/2/12	*s/p ABO LRI*	X	X		
6/4/12	*F/U CXR*	X	X	X	
6/4/12	*F/U CXR negative*	X	X		
6/4/12	*PT dc'd - RNA amb 3xwk*	X	X	X	
8/15/12	*Fall w/c-bed self -transfer*	X	X		X
8/16/12	*R hip X ray r/t pain s/p fall Negative*	X	X	X	X

- Do walking rounds
- Focus on resident safety
- Participate in 24-Hour stand-up review process as applicable (facility practice/policy)
- Delegate incident and accident follow-up for cause and effect analysis (root cause)
- Check for any resident concerns and grievances that may have been reported and completed or delegate follow-up

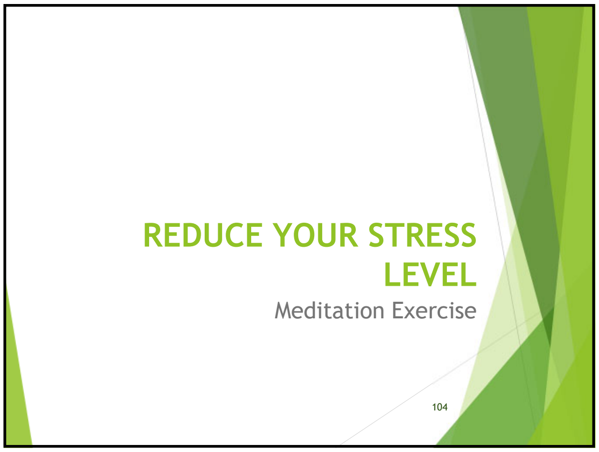
Key Focus Areas

Prepare for and attend scheduled meetings: Be aware of the schedule time and length of each meeting

- 24-Hour Report
- Medicare meeting
- Risk Management/QAPI/IDT meetings
  - Falls/Patient Safety
  - Weight meetings
  - Psychotropic (New, increases, gradual dose reductions, behavioral changes
  - Infection Control
  - Restorative
- All Staff
- Orientation meetings
- Individual Department meetings (CNA/Licensed Nursing, etc)

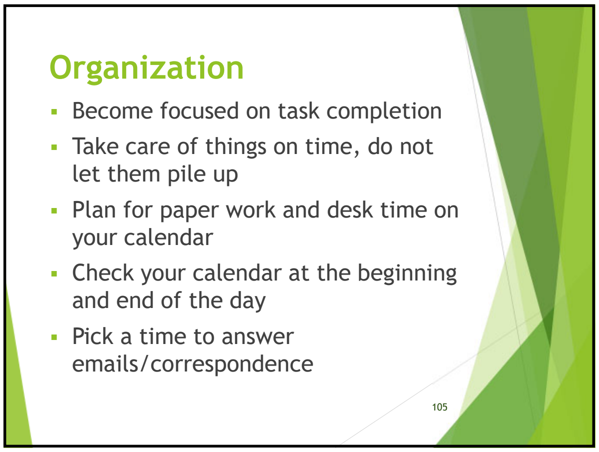


- Open Door/Closed door schedule
- Prioritize/Balance your day
- Take time for breaks/lunch as breathing spaces in your day.
- Gather your thoughts, de-stress, and re-energize



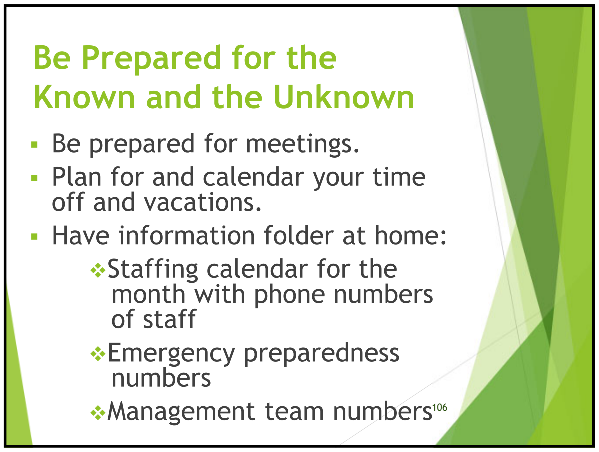
REDUCE YOUR STRESS LEVEL

Meditation Exercise



Organization

- Become focused on task completion
- Take care of things on time, do not let them pile up
- Plan for paper work and desk time on your calendar
- Check your calendar at the beginning and end of the day
- Pick a time to answer emails/correspondence

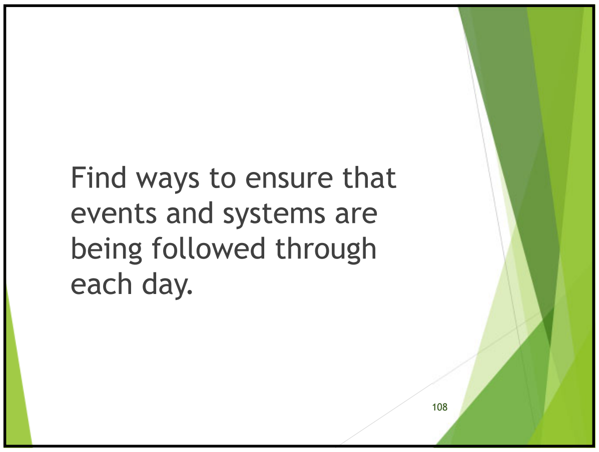


Be Prepared for the Known and the Unknown

- Be prepared for meetings.
- Plan for and calendar your time off and vacations.
- Have information folder at home:
    - ❖Staffing calendar for the month with phone numbers of staff
    - ❖Emergency preparedness numbers
    - ❖Management team numbers

Control Available at Your Fingertips

- Phone numbers for fire, water, emergency alarm system
- Maintenance phone number
- Map of the facility with extinguishers, exits, evacuation route listed
- Medical Director’s phone number
- Pharmacy numbers
- Lab and X-Ray numbers



Find ways to ensure that events and systems are being followed through each day.

What some facilities look like…

How we all want our facility to look…

California Culture Change Coalition
www.calculturechange.org

Action Pact
www.culturechangenow.com

Institute for Caregiver Education
www.caregivereducation.org

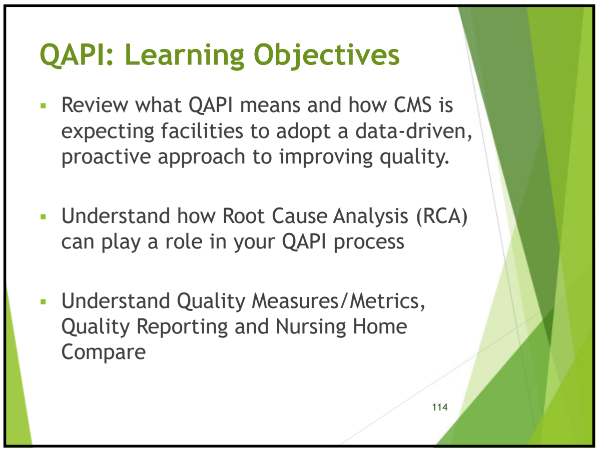
Pioneer Network
www.pioneernetwork.net

The Green House Project
http://www.thegreenhouseproject.org/

Eden Alternative
http://www.edenalt.org/

LUNCH

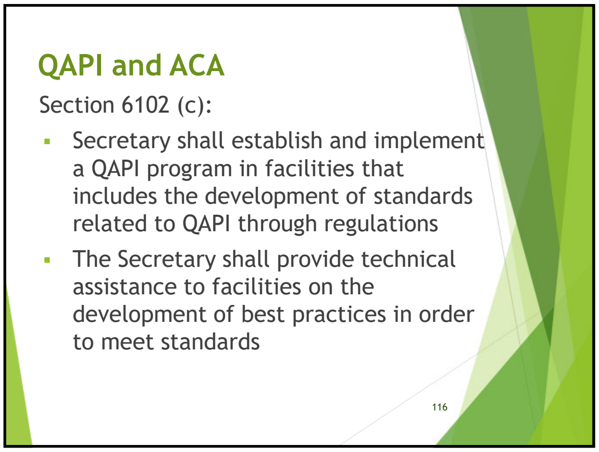
IMPLEMENTING A QAPI PROCESS TO COMPLY WITH CMS EXPECTATIONS TO IMPROVE QUALITY OF CARE



QAPI: Learning Objectives

- Review what QAPI means and how CMS is expecting facilities to adopt a data-driven, proactive approach to improving quality.
- Understand how Root Cause Analysis (RCA) can play a role in your QAPI process
- Understand Quality Measures/Metrics, Quality Reporting and Nursing Home Compare

Regulatory



QAPI and ACA

Section 6102 (c):

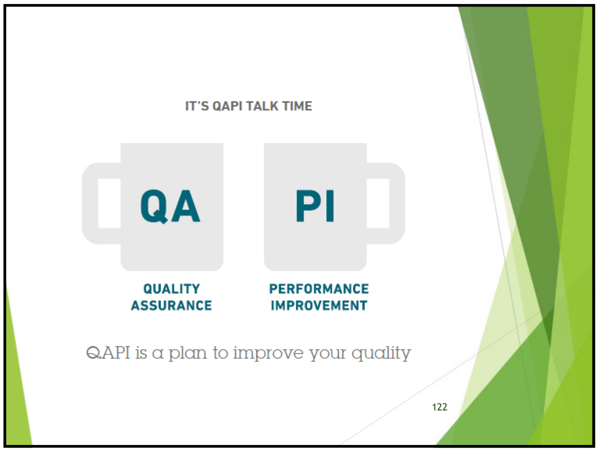
- Secretary shall establish and implement a QAPI program in facilities that includes the development of standards related to QAPI through regulations
- The Secretary shall provide technical assistance to facilities on the development of best practices in order to meet standards

F-Tag 865,866,867,868 : 42 CFR §483.75

QAPI Program/Plan; QAPI/QAA Data collection and monitoring; QAPI Improvement activities: QAA Committee

Quality Assurance

Necrotic tissue
Granulated tissue



IT'S QAPI TALK TIME

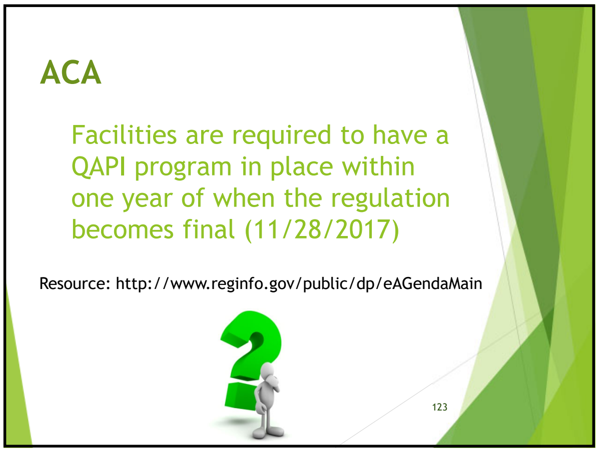
QA

QUALITY ASSURANCE

PI

PERFORMANCE IMPROVEMENT

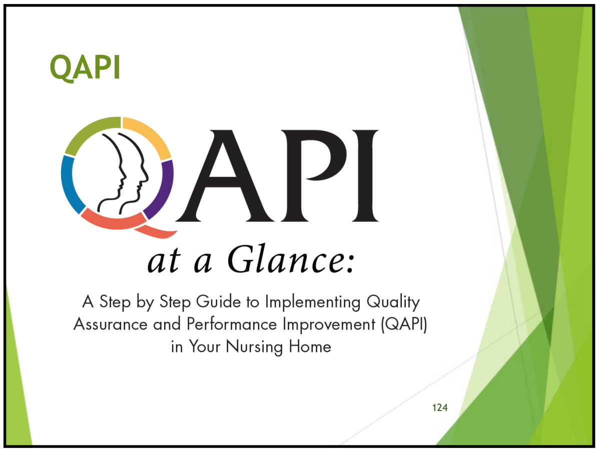
QAPI is a plan to improve your quality



ACA

Facilities are required to have a QAPI program in place within one year of when the regulation becomes final (11/28/2017)

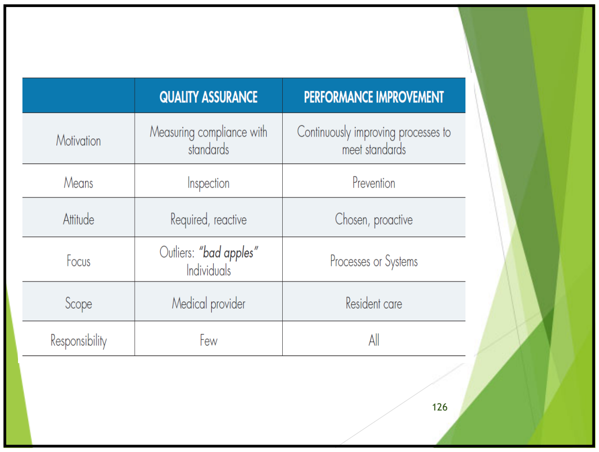
Resource: http://www.reginfo.gov/public/dp/eAGendaMain



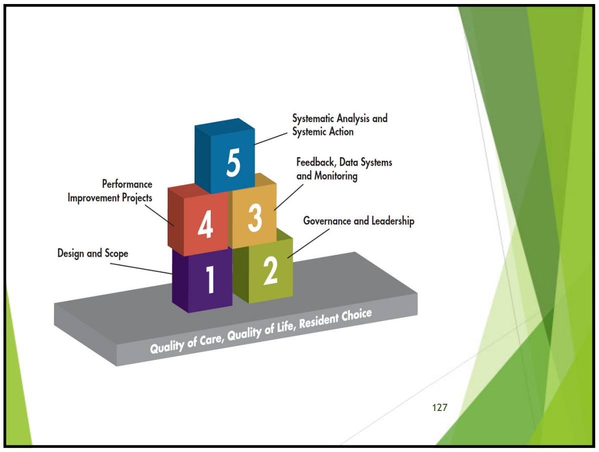
QAPI

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

QAPI Toolkit



	QUALITY ASSURANCE	PERFORMANCE IMPROVEMENT
Motivation	Measuring compliance with standards	Continuously improving processes to meet standards
Means	Inspection	Prevention
Attitude	Required, reactive	Chosen, proactive
Focus	Outliers: *"bad apples"* Individuals	Processes or Systems
Scope	Medical provider	Resident care
Responsibility	Few	All



Systematic Analysis and Systemic Action 5

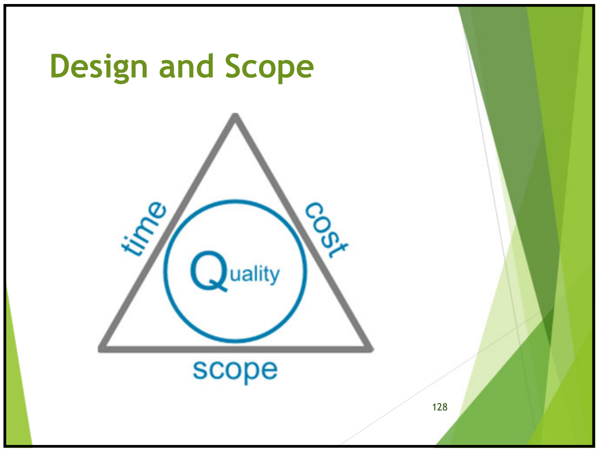
Feedback, Data Systems and Monitoring 3

Performance Improvement Projects 4

Governance and Leadership 2

Design and Scope 1

Quality of Care, Quality of Life, Resident Choice



Design and Scope

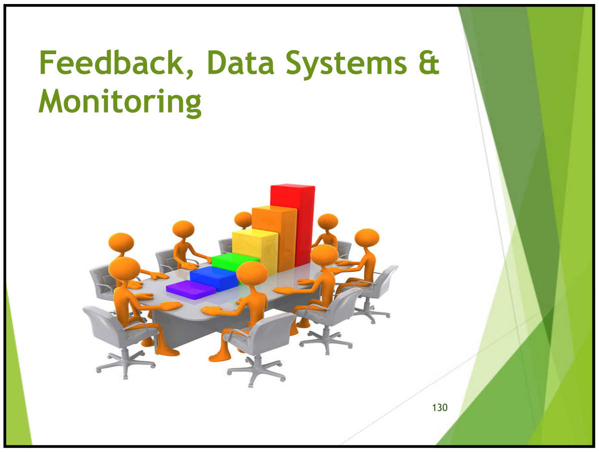
time

cost

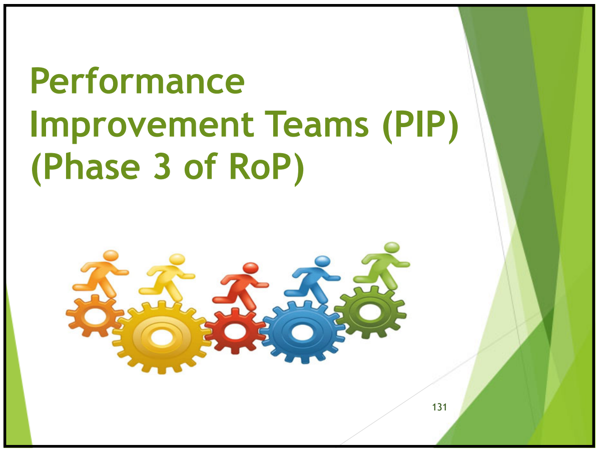
Quality

scope

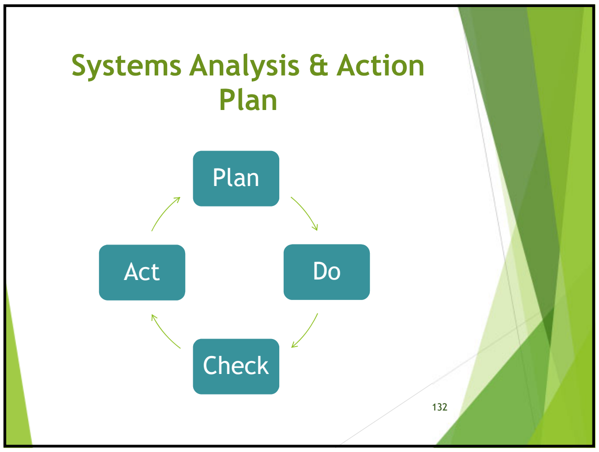
Governance and Leadership



Feedback, Data Systems & Monitoring



Performance Improvement Teams (PIP) (Phase 3 of RoP)



Systems Analysis & Action Plan

Plan

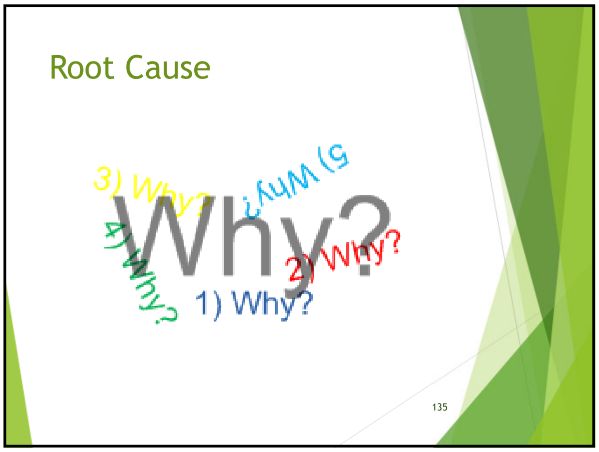
Do

Check

Act

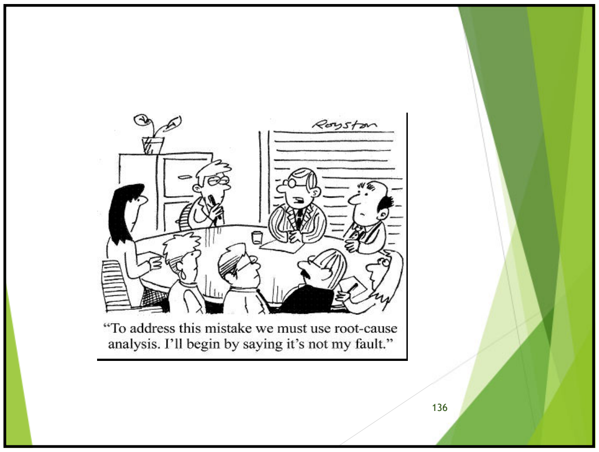
12 ACTION STEPS TO QAPI

LEARN
PRACTICE
IMPROVE

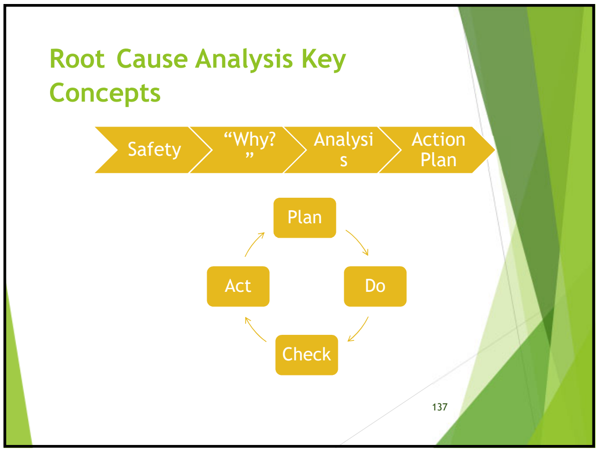


Root Cause

3) Why?
5) Why?
Why?
4) Why?
2) Why?
1) Why?



“To address this mistake we must use root-cause analysis. I’ll begin by saying it’s not my fault.”



Root Cause Analysis Key Concepts

Safety

“Why?”

Analysis

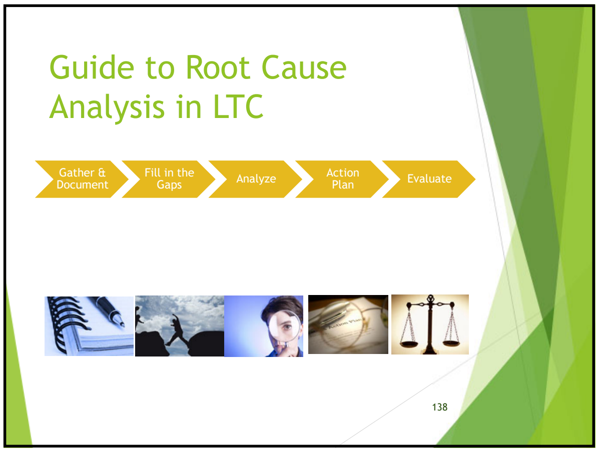
Action Plan

Plan

Do

Check

Act



Guide to Root Cause Analysis in LTC

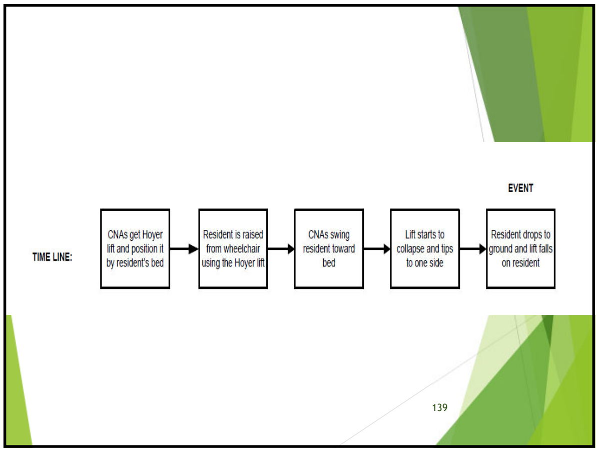
Gather & Document

Fill in the Gaps

Analyze

Action Plan

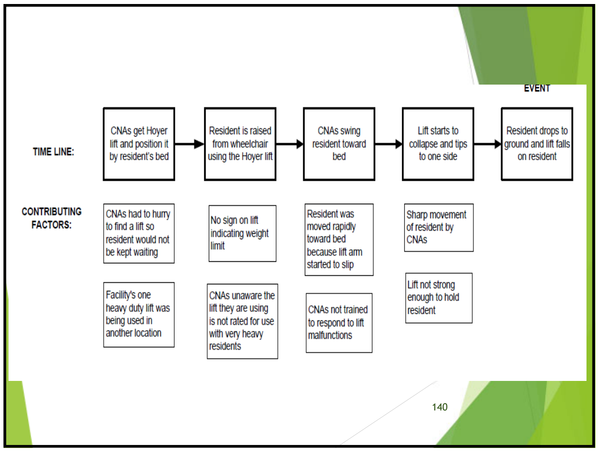
Evaluate



EVENT

TIME LINE:

CNAs get Hoyer lift and position it by resident's bed → Resident is raised from wheelchair using the Hoyer lift → CNAs swing resident toward bed → Lift starts to collapse and tips to one side → Resident drops to ground and lift falls on resident



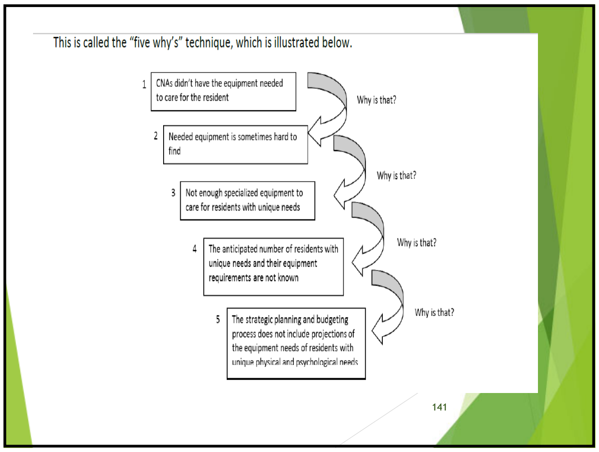
EVENT

TIME LINE:

CNAs get Hoyer lift and position it by resident's bed → Resident is raised from wheelchair using the Hoyer lift → CNAs swing resident toward bed → Lift starts to collapse and tips to one side → Resident drops to ground and lift falls on resident

CONTRIBUTING FACTORS:

- CNAs had to hurry to find a lift so resident would not be kept waiting
- Facility's one heavy duty lift was being used in another location
- No sign on lift indicating weight limit
- CNAs unaware the lift they are using is not rated for use with very heavy residents
- Resident was moved rapidly toward bed because lift arm started to slip
- CNAs not trained to respond to lift malfunctions
- Sharp movement of resident by CNAs
- Lift not strong enough to hold resident



This is called the "five why's" technique, which is illustrated below.

1 CNAs didn't have the equipment needed to care for the resident

Why is that?

2 Needed equipment is sometimes hard to find

Why is that?

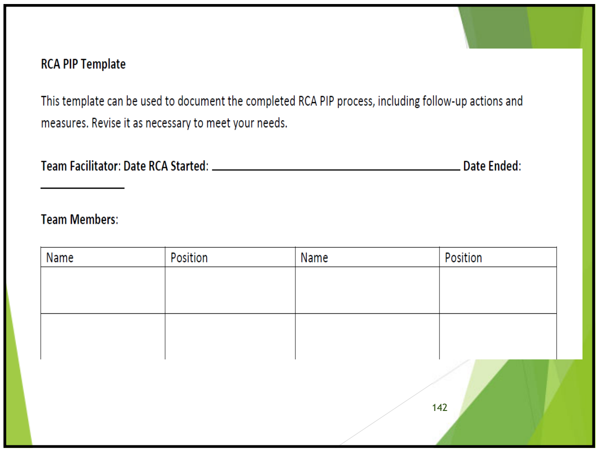
3 Not enough specialized equipment to care for residents with unique needs

Why is that?

4 The anticipated number of residents with unique needs and their equipment requirements are not known

Why is that?

5 The strategic planning and budgeting process does not include projections of the equipment needs of residents with unique physical and psychological needs



RCA PIP Template

This template can be used to document the completed RCA PIP process, including follow-up actions and measures. Revise it as necessary to meet your needs.

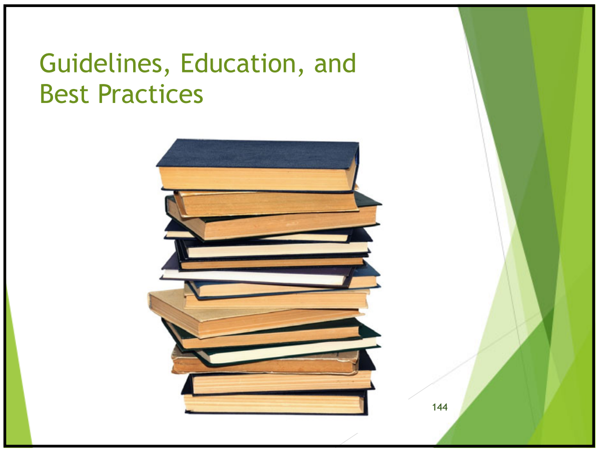
Team Facilitator: Date RCA Started: ______________________________ **Date Ended:** __________

Team Members:

Name	Position	Name	Position

WHY???

- Regulatory
- Survey and Certification
- Nursing Home Compare
- 5 Star Ranking
- Customer satisfaction
- ACO participation
- CMS Quality Reporting



Guidelines, Education, and Best Practices

Websites on Selected Quality Topics

- http://www.nhqualitycampaign.org/
- http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/index.html
- http://www.patientsafety.va.gov/professionals/onthejob/cognitive.asp
- www.interact2.net
- http://www.ihi.org/knowledge/Pages/HowtoImprove/default.aspx

Activity

QAPI

BREAK

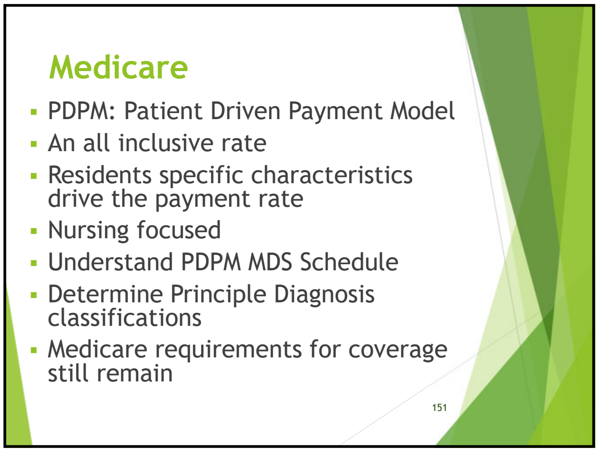
Reimbursement

- The DON needs to understand where payment resources come from within his/her respective facility
- The awareness in understanding nursing cost components in relationship to the care provided and the reimbursement for that care is a critical process in your role

Payer Sources

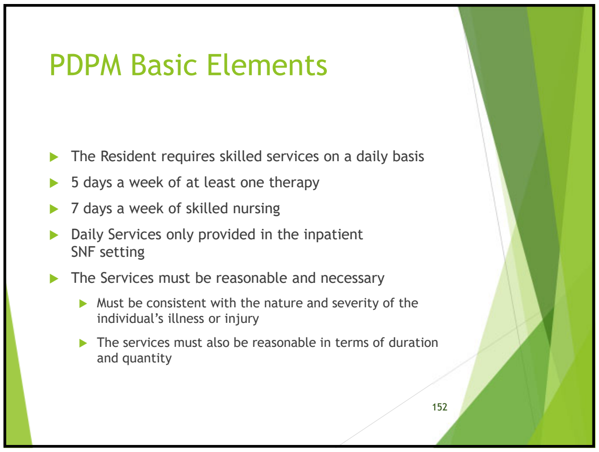
Most common payer sources are:

- Medicare Part A and Part B
- Medical
- Health Maintenance Organizations
- Supplemental Insurance
- Military retirement or dependent coverage
- Private Payer



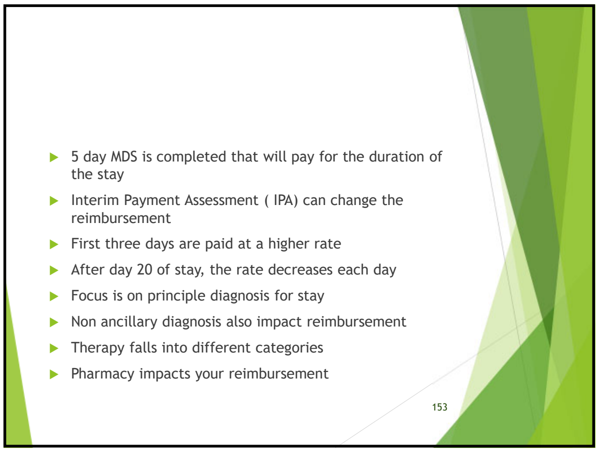
Medicare

- PDPM: Patient Driven Payment Model
- An all inclusive rate
- Residents specific characteristics drive the payment rate
- Nursing focused
- Understand PDPM MDS Schedule
- Determine Principle Diagnosis classifications
- Medicare requirements for coverage still remain

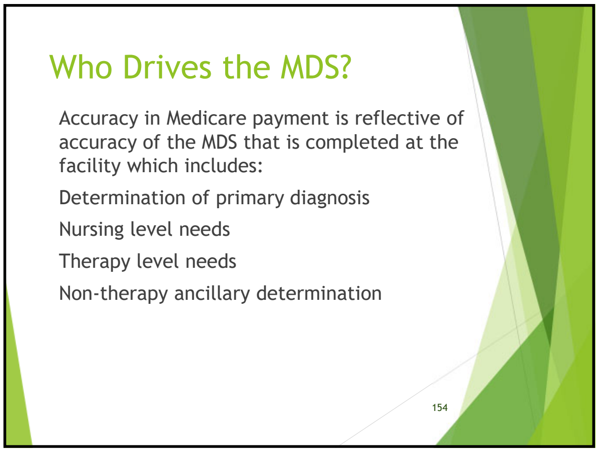


PDPM Basic Elements

- The Resident requires skilled services on a daily basis
- 5 days a week of at least one therapy
- 7 days a week of skilled nursing
- Daily Services only provided in the inpatient SNF setting
- The Services must be reasonable and necessary
  - Must be consistent with the nature and severity of the individual's illness or injury
  - The services must also be reasonable in terms of duration and quantity



- 5 day MDS is completed that will pay for the duration of the stay
- Interim Payment Assessment (IPA) can change the reimbursement
- First three days are paid at a higher rate
- After day 20 of stay, the rate decreases each day
- Focus is on principle diagnosis for stay
- Non ancillary diagnosis also impact reimbursement
- Therapy falls into different categories
- Pharmacy impacts your reimbursement



Who Drives the MDS?

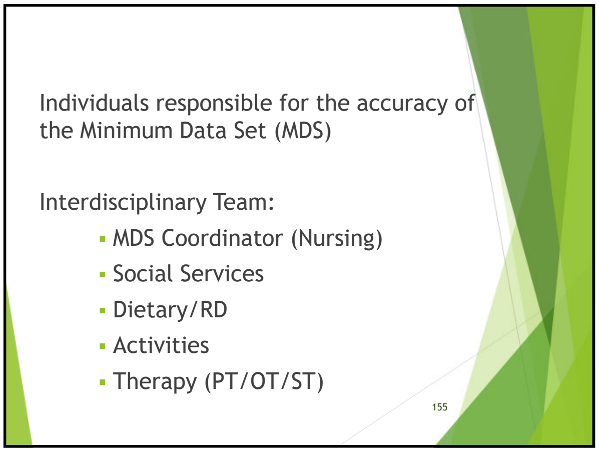
Accuracy in Medicare payment is reflective of accuracy of the MDS that is completed at the facility which includes:

Determination of primary diagnosis

Nursing level needs

Therapy level needs

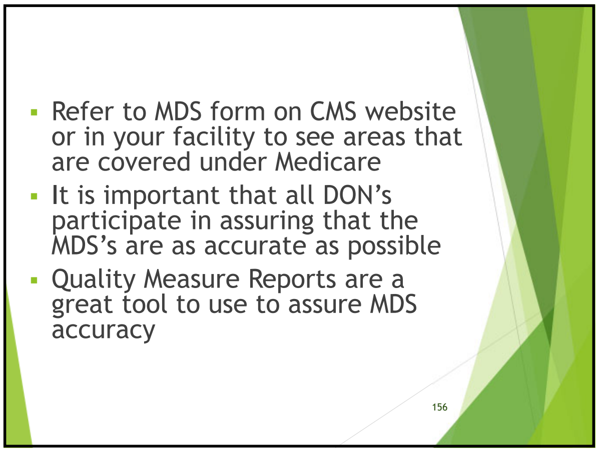
Non-therapy ancillary determination



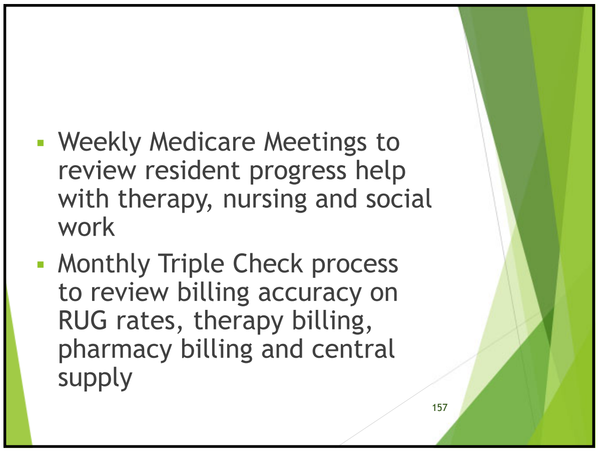
Individuals responsible for the accuracy of the Minimum Data Set (MDS)

Interdisciplinary Team:

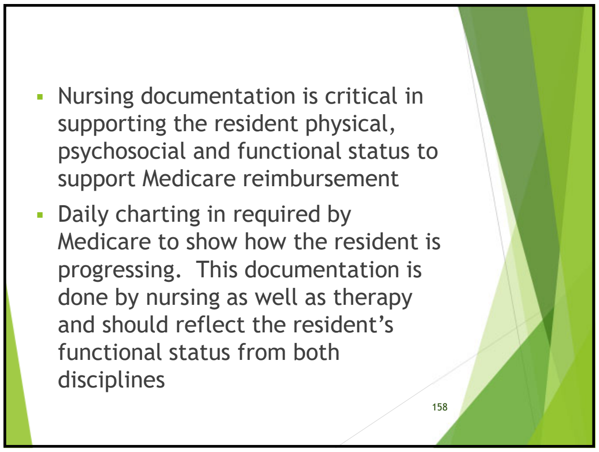
- MDS Coordinator (Nursing)
- Social Services
- Dietary/RD
- Activities
- Therapy (PT/OT/ST)



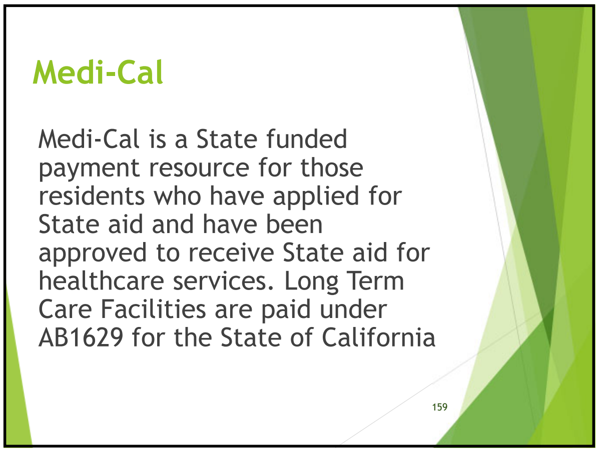
- Refer to MDS form on CMS website or in your facility to see areas that are covered under Medicare
- It is important that all DON’s participate in assuring that the MDS’s are as accurate as possible
- Quality Measure Reports are a great tool to use to assure MDS accuracy



- Weekly Medicare Meetings to review resident progress help with therapy, nursing and social work
- Monthly Triple Check process to review billing accuracy on RUG rates, therapy billing, pharmacy billing and central supply



- Nursing documentation is critical in supporting the resident physical, psychosocial and functional status to support Medicare reimbursement
- Daily charting in required by Medicare to show how the resident is progressing. This documentation is done by nursing as well as therapy and should reflect the resident’s functional status from both disciplines



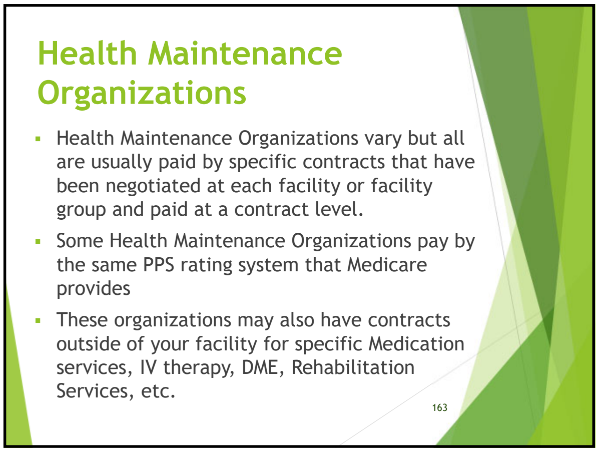
Medi-Cal

Medi-Cal is a State funded payment resource for those residents who have applied for State aid and have been approved to receive State aid for healthcare services. Long Term Care Facilities are paid under AB1629 for the State of California

- Payment to the facility is not based on the Minimum Data Set Assessment though these assessments are still required, they do not drive the Medical payment process
- Each facility will receive a daily rate for each resident that is funded under Medi-Cal and the daily rate varies by facility by the number of Medi-Cal clients that live within that specific facility.
- Also based on cost reports sent to the State. Currently, payments are based on cost reports of 2 years prior

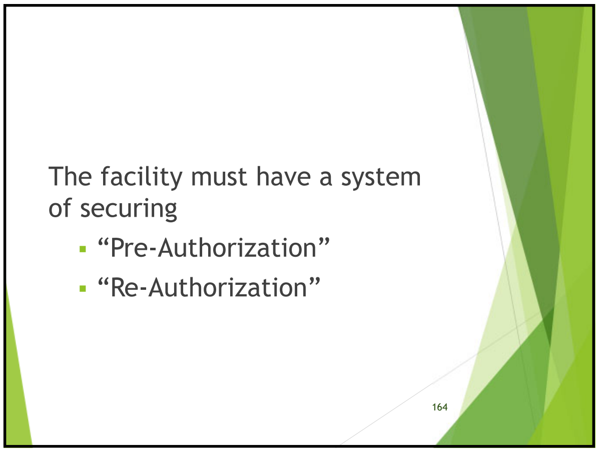
Facilities are paid for a seven day bed hold when residents are out of facility for a short period of time, however, the rate is reduced when the resident is admitted to acute hospitals and not on another type of leave of absence

- Medi-Cal in an all inclusive payment resource
- Room rates, nursing services, medications, treatments, laboratory services, some DME (durable medical equipment) etc., are all included in the daily reimbursement rate.
- If a Resident has Medicare Part B, then there are some services that the Medi-Cal client may have reimbursed such as therapy, some laboratory, etc.



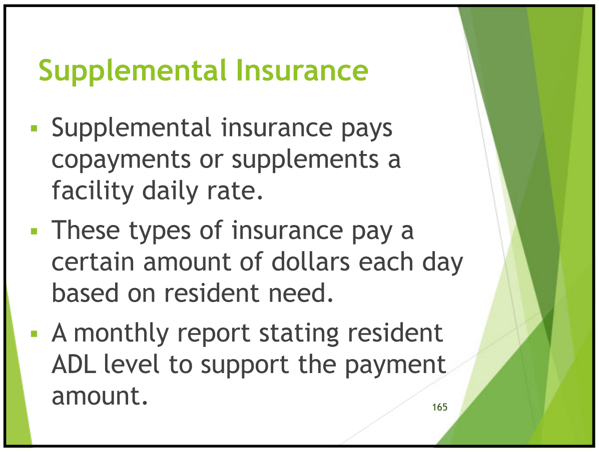
Health Maintenance Organizations

- Health Maintenance Organizations vary but all are usually paid by specific contracts that have been negotiated at each facility or facility group and paid at a contract level.
- Some Health Maintenance Organizations pay by the same PPS rating system that Medicare provides
- These organizations may also have contracts outside of your facility for specific Medication services, IV therapy, DME, Rehabilitation Services, etc.



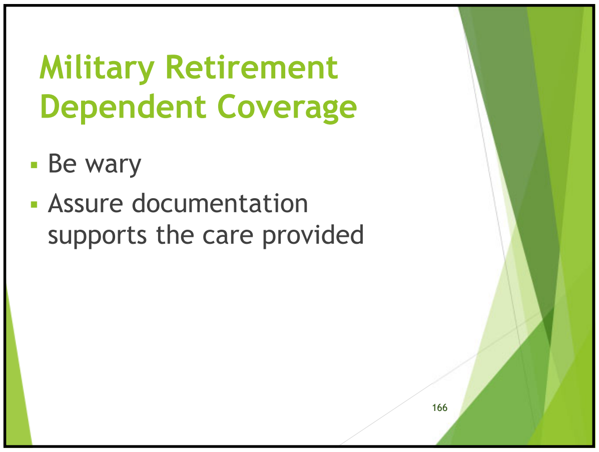
The facility must have a system of securing

- “Pre-Authorization”
- “Re-Authorization”



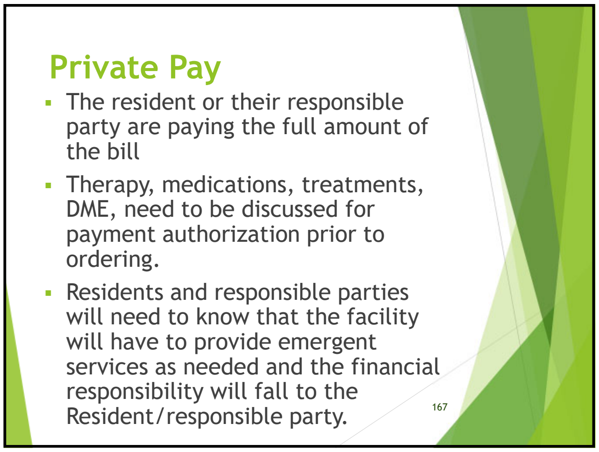
Supplemental Insurance

- Supplemental insurance pays copayments or supplements a facility daily rate.
- These types of insurance pay a certain amount of dollars each day based on resident need.
- A monthly report stating resident ADL level to support the payment amount.



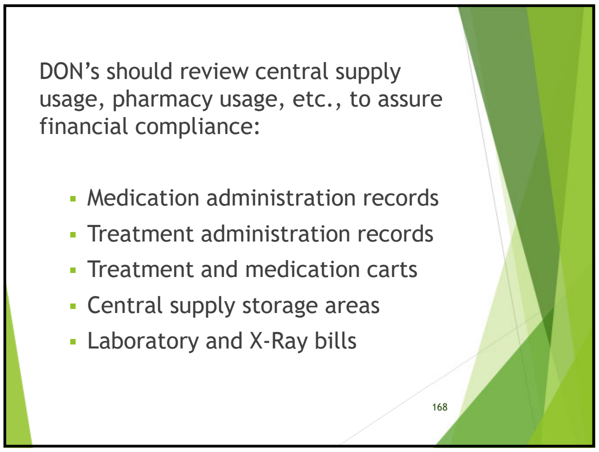
Military Retirement Dependent Coverage

- Be wary
- Assure documentation supports the care provided



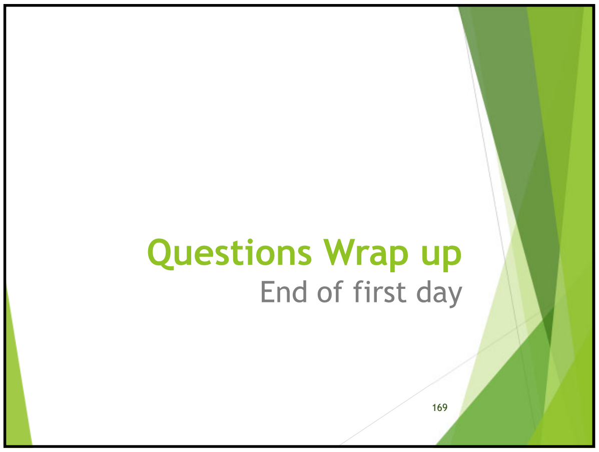
Private Pay

- The resident or their responsible party are paying the full amount of the bill
- Therapy, medications, treatments, DME, need to be discussed for payment authorization prior to ordering.
- Residents and responsible parties will need to know that the facility will have to provide emergent services as needed and the financial responsibility will fall to the Resident/responsible party.



DON’s should review central supply usage, pharmacy usage, etc., to assure financial compliance:

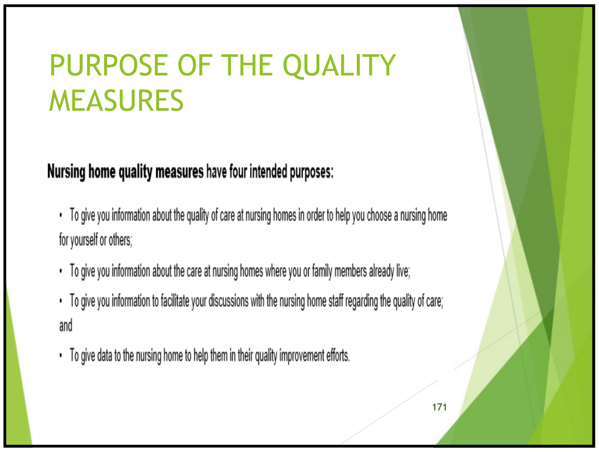
- Medication administration records
- Treatment administration records
- Treatment and medication carts
- Central supply storage areas
- Laboratory and X-Ray bills



Questions Wrap up

End of first day

Quality Measures



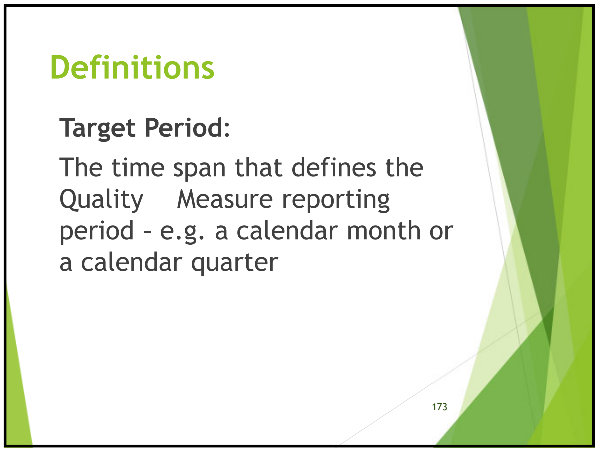
PURPOSE OF THE QUALITY MEASURES

Nursing home quality measures have four intended purposes:

- To give you information about the quality of care at nursing homes in order to help you choose a nursing home for yourself or others;
- To give you information about the care at nursing homes where you or family members already live;
- To give you information to facilitate your discussions with the nursing home staff regarding the quality of care; and
- To give data to the nursing home to help them in their quality improvement efforts.

Quality Measures

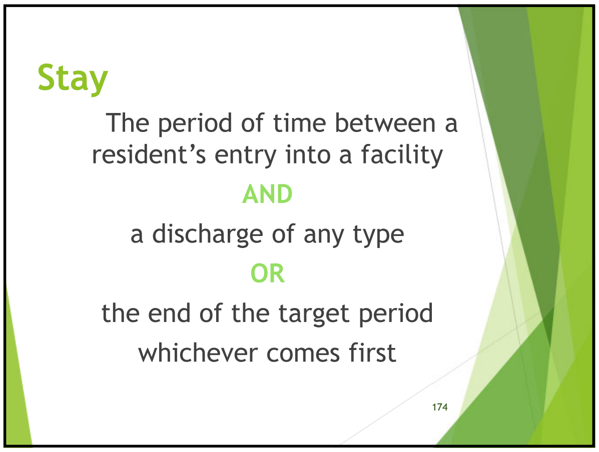
- Casper Reporting System
- Five Star Program
- Quality Accountability Supplemental
- Payment (QASP) Program



Definitions

Target Period:

The time span that defines the Quality Measure reporting period – e.g. a calendar month or a calendar quarter



Stay

The period of time between a resident's entry into a facility

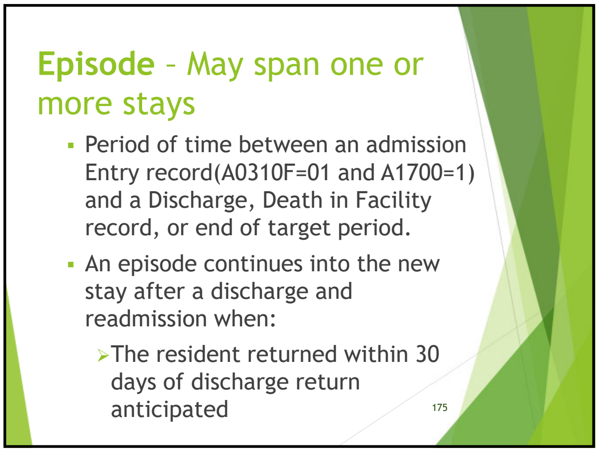
AND

a discharge of any type

OR

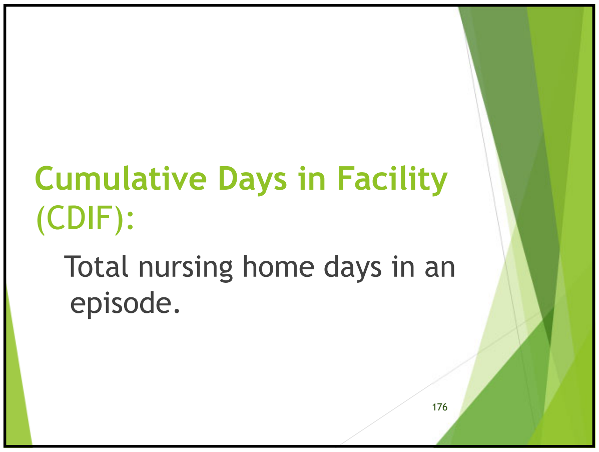
the end of the target period

whichever comes first



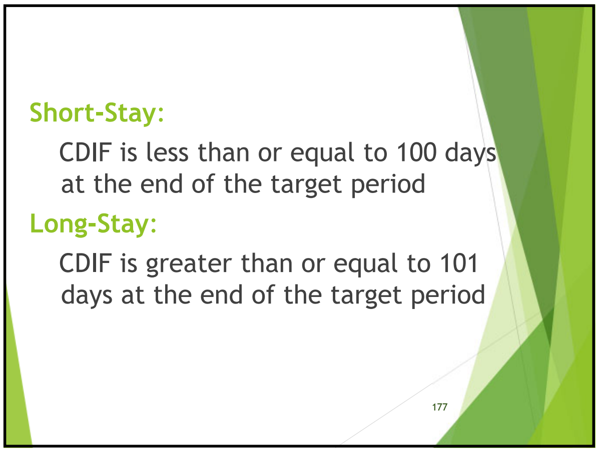
Episode – May span one or more stays

- Period of time between an admission Entry record(A0310F=01 and A1700=1) and a Discharge, Death in Facility record, or end of target period.
- An episode continues into the new stay after a discharge and readmission when:
  - The resident returned within 30 days of discharge return anticipated



Cumulative Days in Facility (CDIF):

Total nursing home days in an episode.



Short-Stay:

CDIF is less than or equal to 100 days at the end of the target period

Long-Stay:

CDIF is greater than or equal to 101 days at the end of the target period

Target Date:

- The event date for an MDS record
- The entry date
- The discharge date
- The ARD

Numerator:

The actual number of residents who had the QM condition

-QM UTI = resident was coded in section as having a UTI during the 30 day look back period

Denominator:

The number of facility residents with assessments during the target period.

Exclusions:

Residents whose MDS is not counted into the numerator and/or denominator.

The Calculation

NUMERATOR

÷

DENOMINATOR

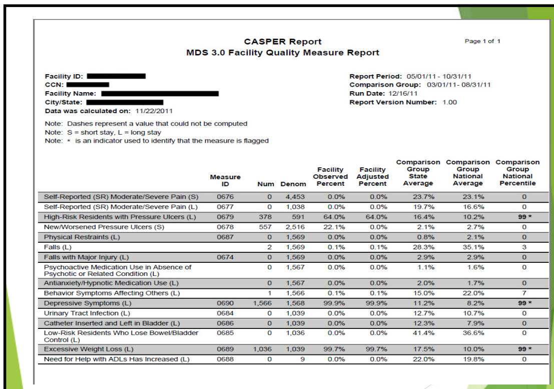
X 100

=

Percentage of residents
with the QM condition

Record Selection

- Episode of care ends or is ongoing during the target period.
- All OBRA and PPS assessments with episode of care during the target period are included, with some exceptions:
- Admission assessments excluded from QM with comparison data.



CASPER Report
MDS 3.0 Facility Quality Measure Report

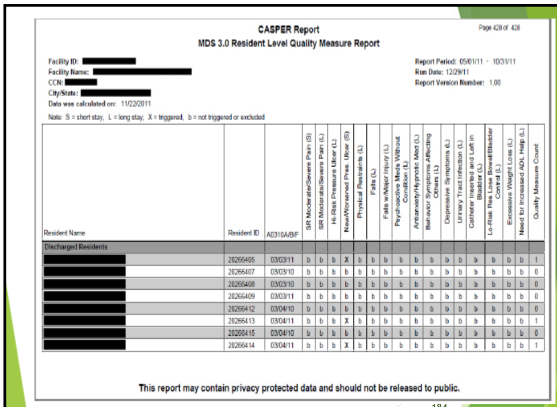
Page 1 of 1

Facility ID: [redacted]
CCN: [redacted]
Facility Name: [redacted]
City/State: [redacted]
Data was calculated on: 11/22/2011

Report Period: 05/01/11 - 10/31/11
Comparison Group: 03/01/11- 08/31/11
Run Date: 12/16/11
Report Version Number: 1.00

Note: Dashes represent a value that could not be computed
Note: S = short stay, L = long stay
Note: * is an indicator used to identify that the measure is flagged

	Measure ID	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile
Self-Reported (SR) Moderate/Severe Pain (S)	0676	0	4,453	0.0%	0.0%	23.7%	23.1%	0
Self-Reported (SR) Moderate/Severe Pain (L)	0677	0	1,038	0.0%	0.0%	19.7%	16.6%	0
High-Risk Residents with Pressure Ulcers (L)	0679	378	591	64.0%	64.0%	16.4%	10.2%	**99 ***
New/Worsened Pressure Ulcers (S)	0678	557	2,516	22.1%	0.0%	2.1%	2.7%	0
Physical Restraints (L)	0687	0	1,569	0.0%	0.0%	0.8%	2.1%	0
Falls (L)		2	1,569	0.1%	0.1%	28.3%	35.1%	3
Falls with Major Injury (L)	0674	0	1,569	0.0%	0.0%	2.9%	2.9%	0
Psychoactive Medication Use in Absence of Psychotic or Related Condition (L)		0	1,567	0.0%	0.0%	1.1%	1.6%	0
Antianxiety/Hypnotic Medication Use (L)		0	1,567	0.0%	0.0%	2.0%	1.7%	0
Behavior Symptoms Affecting Others (L)		1	1,566	0.1%	0.1%	15.0%	22.0%	7
Depressive Symptoms (L)	0690	1,566	1,568	99.9%	99.9%	11.2%	8.2%	**99 ***
Urinary Tract Infection (L)	0684	0	1,039	0.0%	0.0%	12.7%	10.7%	0
Catheter Inserted and Left in Bladder (L)	0686	0	1,039	0.0%	0.0%	12.3%	7.9%	0
Low-Risk Residents Who Lose Bowel/Bladder Control (L)	0685	0	1,036	0.0%	0.0%	41.4%	36.6%	0
Excessive Weight Loss (L)	0689	1,036	1,039	99.7%	99.7%	17.5%	10.0%	**99 ***
Need for Help with ADLs Has Increased (L)	0688	0	9	0.0%	0.0%	22.0%	19.8%	0



CASPER Report

MDS 3.0 Resident Level Quality Measure Report

Page 428 of 428

Facility ID: [redacted]
Facility Name: [redacted]
CCN: [redacted]
City/State: [redacted]
Data was calculated on: 11/22/2011

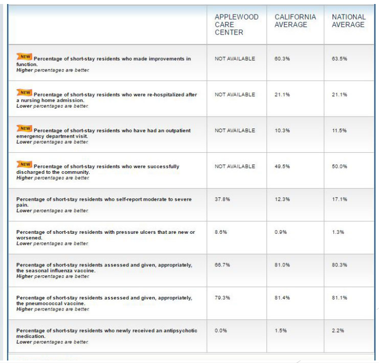
Report Period: 05/01/11 - 10/31/11
Run Date: 12/29/11
Report Version Number: 1.00

Note: S = short stay, L = long stay; X = triggered, b = not triggered or excluded

Resident Name	Resident ID	A0310A/B/F	SR Moderate/Severe Pain (S)	SR Moderate/Severe Pain (L)	Hi-Risk Pressure Ulcer (L)	New/Worsened Pres. Ulcer (S)	Physical Restraints (L)	Falls (L)	Falls w/Major Injury (L)	Psychoactive Meds Without Condition (L)	Antianxiety/Hypnotic Med (L)	Behavior Symptoms Affecting Others (L)	Depressive Symptoms (L)	Urinary Tract Infection (L)	Catheter Inserted and Left in Bladder (L)	Lo-Risk Res Lose Bowel/Bladder Control (L)	Excessive Weight Loss (L)	Need for Increased ADL Help (L)	Quality Measure Count
Discharged Residents																			
[redacted]	20266405	03/03/11	b	b	b	X	b	b	b	b	b	b	b	b	b	b	b	b	1
[redacted]	20266407	03/03/10	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
[redacted]	20266408	03/03/10	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
[redacted]	20266409	03/03/11	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
[redacted]	20266412	03/04/10	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
[redacted]	20266413	03/04/11	b	b	b	X	b	b	b	b	b	b	b	b	b	b	b	b	1
[redacted]	20266415	03/04/10	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
[redacted]	20266414	03/04/11	b	b	b	X	b	b	b	b	b	b	b	b	b	b	b	b	1

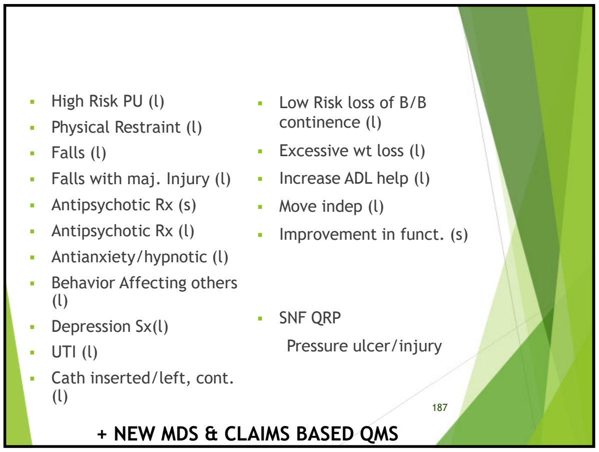
This report may contain privacy protected data and should not be released to public.

Nursing Home Compare



	APPLEWOOD CARE CENTER	CALIFORNIA AVERAGE	NATIONAL AVERAGE
NEW **Percentage of short-stay residents who made improvements in function.** ***Higher** percentages are better.*	NOT AVAILABLE	60.3%	63.5%
NEW **Percentage of short-stay residents who were re-hospitalized after a nursing home admission.** ***Lower** percentages are better.*	NOT AVAILABLE	21.1%	21.1%
NEW **Percentage of short-stay residents who have had an outpatient emergency department visit.** ***Lower** percentages are better.*	NOT AVAILABLE	10.3%	11.5%
NEW **Percentage of short-stay residents who were successfully discharged to the community.** ***Higher** percentages are better.*	NOT AVAILABLE	49.5%	50.0%
Percentage of short-stay residents who self-report moderate to severe pain. ***Lower** percentages are better.*	37.8%	12.3%	17.1%
Percentage of short-stay residents with pressure ulcers that are new or worsened. ***Lower** percentages are better.*	8.6%	0.9%	1.3%
Percentage of short-stay residents assessed and given, appropriately, the seasonal influenza vaccine. ***Higher** percentages are better.*	66.7%	81.0%	80.3%
Percentage of short-stay residents assessed and given, appropriately, the pneumococcal vaccine. ***Higher** percentages are better.*	79.3%	81.4%	81.1%
Percentage of short-stay residents who newly received an antipsychotic medication. ***Lower** percentages are better.*	0.0%	1.5%	2.2%

MDS BASED QUALITY MEASURES



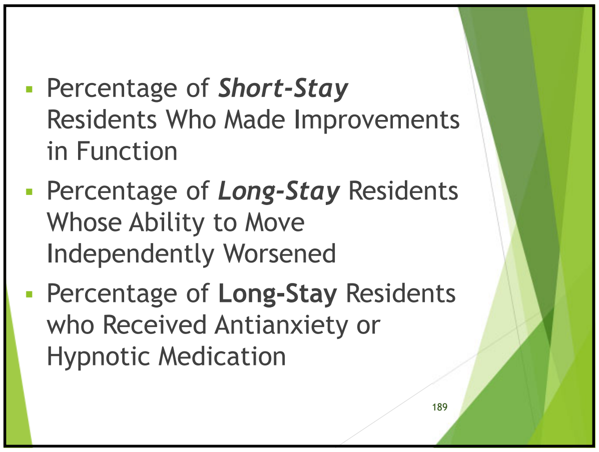
- High Risk PU (l)
- Physical Restraint (l)
- Falls (l)
- Falls with maj. Injury (l)
- Antipsychotic Rx (s)
- Antipsychotic Rx (l)
- Antianxiety/hypnotic (l)
- Behavior Affecting others (l)
- Depression Sx(l)
- UTI (l)
- Cath inserted/left, cont. (l)
- Low Risk loss of B/B continence (l)
- Excessive wt loss (l)
- Increase ADL help (l)
- Move indep (l)
- Improvement in funct. (s)
- SNF QRP

  Pressure ulcer/injury

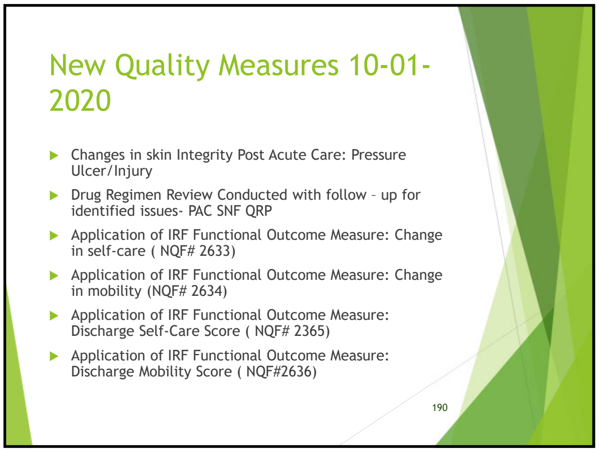
+ NEW MDS & CLAIMS BASED QMS

New

MDS
Based Quality Measures

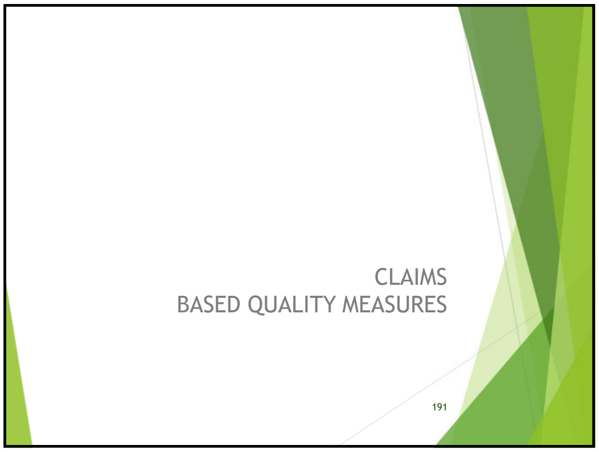


- Percentage of ***Short-Stay*** Residents Who Made Improvements in Function
- Percentage of ***Long-Stay*** Residents Whose Ability to Move Independently Worsened
- Percentage of **Long-Stay** Residents who Received Antianxiety or Hypnotic Medication

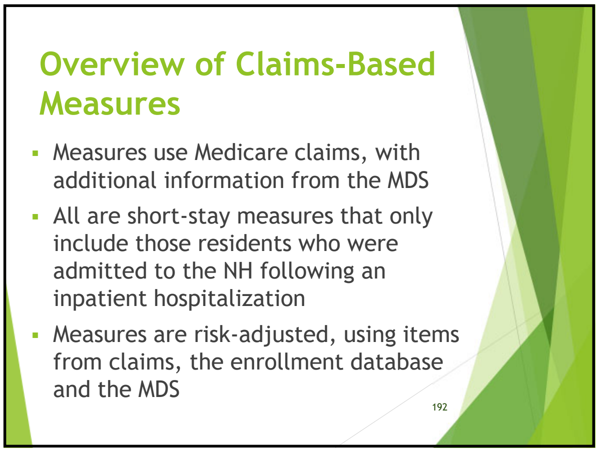


New Quality Measures 10-01-2020

- Changes in skin Integrity Post Acute Care: Pressure Ulcer/Injury
- Drug Regimen Review Conducted with follow – up for identified issues- PAC SNF QRP
- Application of IRF Functional Outcome Measure: Change in self-care (NQF# 2633)
- Application of IRF Functional Outcome Measure: Change in mobility (NQF# 2634)
- Application of IRF Functional Outcome Measure: Discharge Self-Care Score (NQF# 2365)
- Application of IRF Functional Outcome Measure: Discharge Mobility Score (NQF#2636)

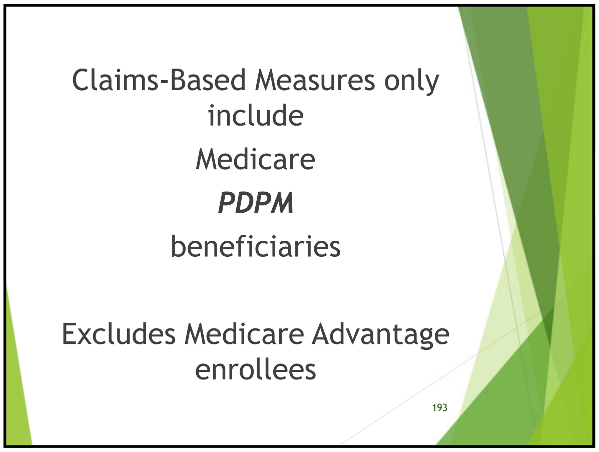


CLAIMS BASED QUALITY MEASURES



Overview of Claims-Based Measures

- Measures use Medicare claims, with additional information from the MDS
- All are short-stay measures that only include those residents who were admitted to the NH following an inpatient hospitalization
- Measures are risk-adjusted, using items from claims, the enrollment database and the MDS



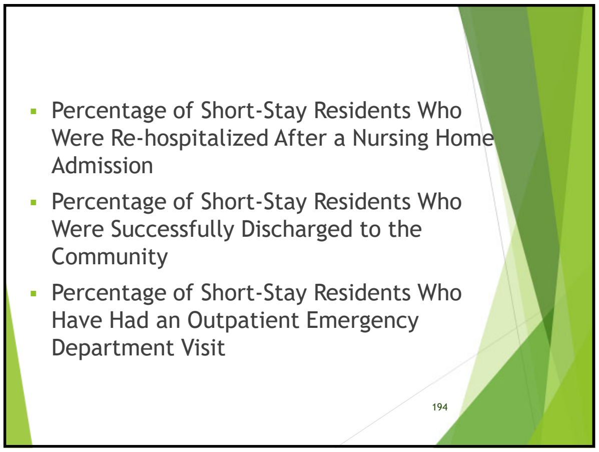
Claims-Based Measures only include

Medicare

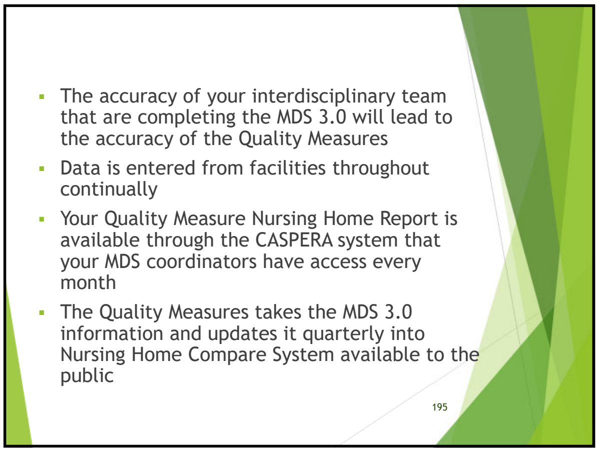
PDPM

beneficiaries

Excludes Medicare Advantage enrollees



- Percentage of Short-Stay Residents Who Were Re-hospitalized After a Nursing Home Admission
- Percentage of Short-Stay Residents Who Were Successfully Discharged to the Community
- Percentage of Short-Stay Residents Who Have Had an Outpatient Emergency Department Visit

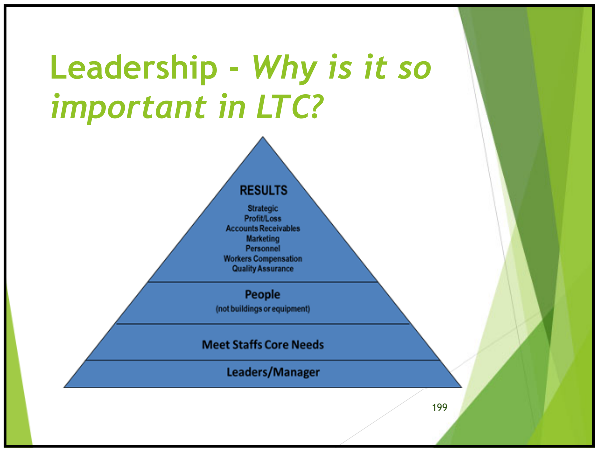


- The accuracy of your interdisciplinary team that are completing the MDS 3.0 will lead to the accuracy of the Quality Measures
- Data is entered from facilities throughout continually
- Your Quality Measure Nursing Home Report is available through the CASPERA system that your MDS coordinators have access every month
- The Quality Measures takes the MDS 3.0 information and updates it quarterly into Nursing Home Compare System available to the public

- Your surveyors have access to your Quality Measure Report and will use it to prepare for survey
- Only National percentages will be used by your surveyors (75 percent and above)
- They will not review Influenza and Pneumococcal data

- How well you and your staff know your residents
- Complete accurate MDS's
- Develop appropriate resident centered care plans
- Evaluate your Quality Measure results monthly for accuracy and Quality Assurance and Improvement and compare those results with your risk management tracking
- Leads to Successful Outcomes

Leadership



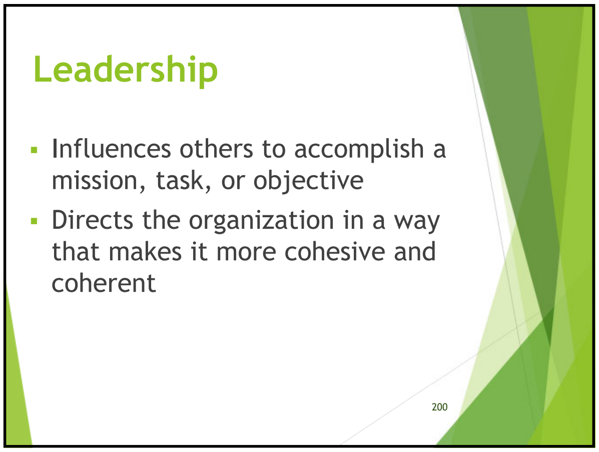
Leadership - *Why is it so important in LTC?*

RESULTS
Strategic
Profit/Loss
Accounts Receivables
Marketing
Personnel
Workers Compensation
Quality Assurance

People
(not buildings or equipment)

Meet Staffs Core Needs

Leaders/Manager



Leadership

- Influences others to accomplish a mission, task, or objective
- Directs the organization in a way that makes it more cohesive and coherent

What is Leadership?

- Things you know
- Things you know how to do
- Patterns or behavior
  - Habits
  - Attitude
  - Drive

Trait Theory

- Some personality traits may lead people naturally into leadership roles
- Leadership comes naturally, do not necessarily make great followers

Great Events Theory

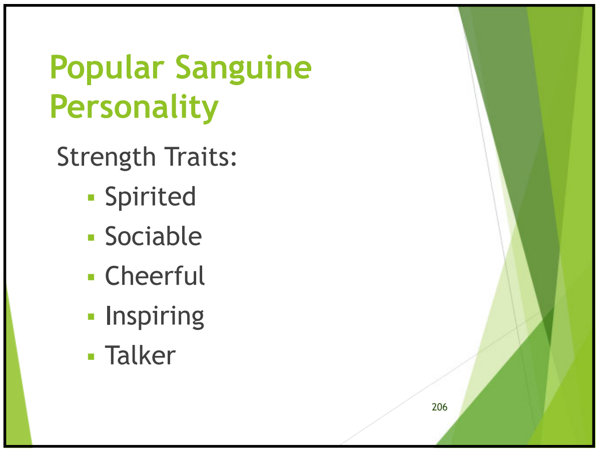
- A crisis or important event may cause a person to rise to the occasion
- May bring out extraordinary leadership qualities in an ordinary person

Transformational Leadership Theory

- People can choose to become leaders
- People can learn leadership skills

ACTIVITY

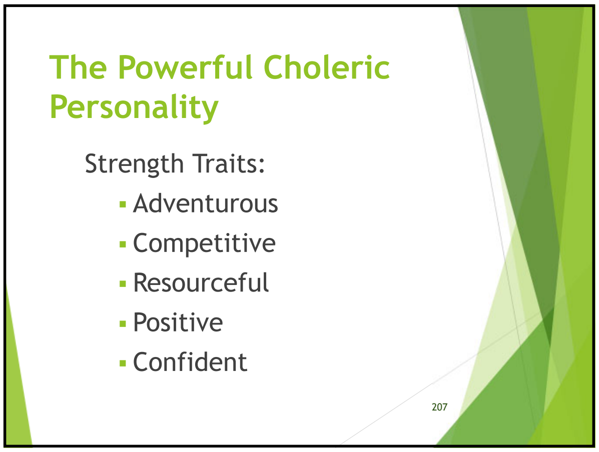
PERSONALITY TEST



Popular Sanguine Personality

Strength Traits:

- Spirited
- Sociable
- Cheerful
- Inspiring
- Talker



The Powerful Choleric Personality

Strength Traits:

- Adventurous
- Competitive
- Resourceful
- Positive
- Confident

The Perfect Melancholy Personality

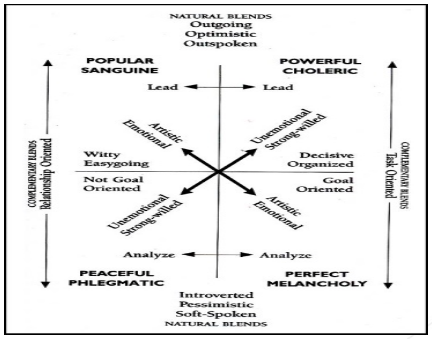
Strength Traits:

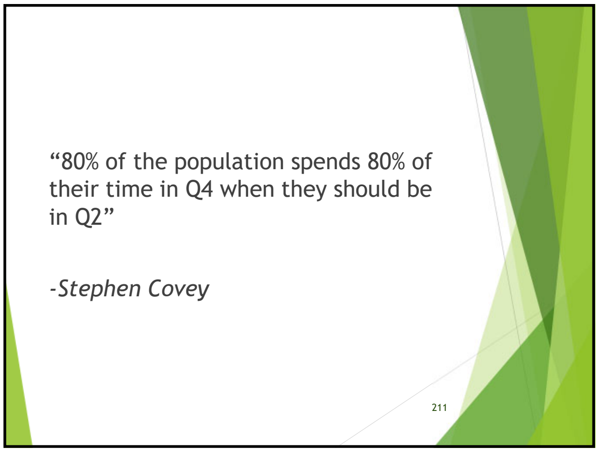
- Analytical
- Detailed
- Scheduled
- Loyal
- Perfectionist

The Peaceful Phlegmatic Personality

Strength Traits:

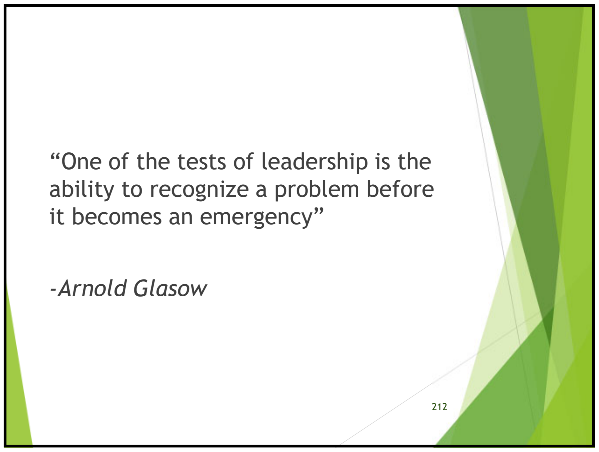
- Adaptable
- Peaceful
- Friendly
- Diplomatic
- Listener


NATURAL BLENDS
Outgoing
Optimistic
Outspoken
POPULAR SANGUINE
POWERFUL CHOLERIC
Lead
Lead
Artistic
Emotional
Unemotional
Strong-willed
Witty
Easygoing
Decisive
Organized
Not Goal Oriented
Goal Oriented
Unemotional
Strong-willed
Artistic
Emotional
Analyze
Analyze
PEACEFUL PHLEGMATIC
PERFECT MELANCHOLY
Introverted
Pessimistic
Soft-Spoken
NATURAL BLENDS
COMPLEMENTARY BLENDS
Relationship Oriented
COMPLEMENTARY BLENDS
Task Oriented



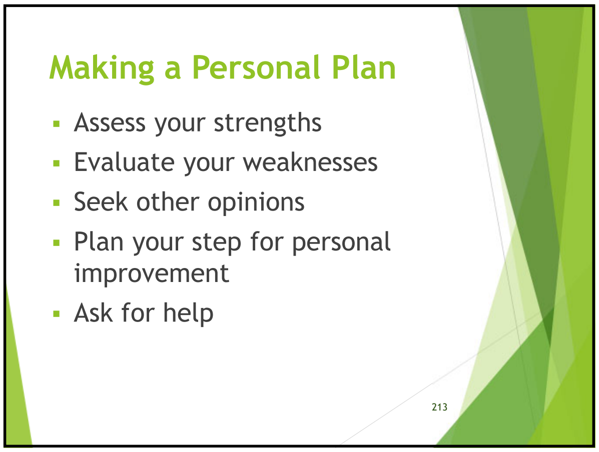
“80% of the population spends 80% of their time in Q4 when they should be in Q2”

-Stephen Covey



“One of the tests of leadership is the ability to recognize a problem before it becomes an emergency”

-Arnold Glasow

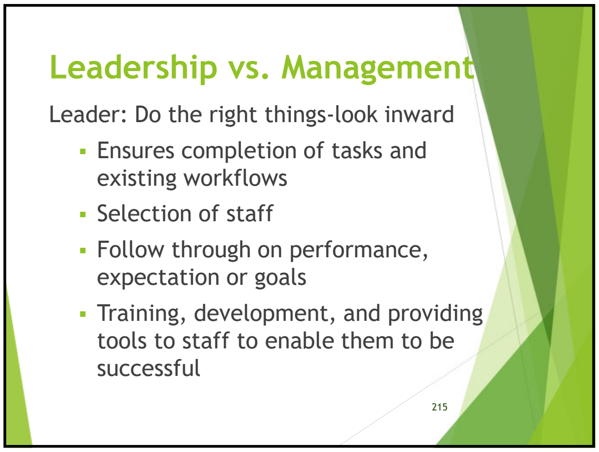


Making a Personal Plan

- Assess your strengths
- Evaluate your weaknesses
- Seek other opinions
- Plan your step for personal improvement
- Ask for help

Activity

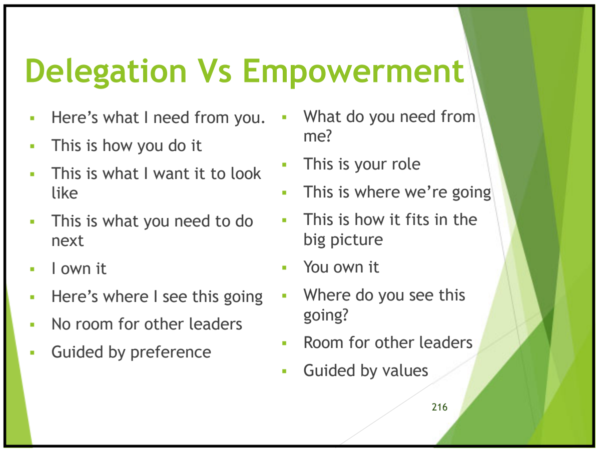
It's all about me



Leadership vs. Management

Leader: Do the right things-look inward

- Ensures completion of tasks and existing workflows
- Selection of staff
- Follow through on performance, expectation or goals
- Training, development, and providing tools to staff to be successful



Delegation Vs Empowerment

- Here's what I need from you.
- This is how you do it
- This is what I want it to look like
- This is what you need to do next
- I own it
- Here's where I see this going
- No room for other leaders
- Guided by preference

- What do you need from me?
- This is your role
- This is where we're going
- This is how it fits in the big picture
- You own it
- Where do you see this going?
- Room for other leaders
- Guided by values

Do the right thing…

- Develop and articulate a vision and mission statement for yourself (and follow it)
- Provide the structure, processes and procedures to fulfill the vision (creative)
- Create and environment/culture that creates meaning for the staff (passionate)
- Serve as a role model (integrity)
- Get results-Motivates people/team to be better (change agent)

Mission and Vision Align

We exist to enhance the lives of those we serve and above all keep our residents first!

Sample Core Values

- **Resident first**
- **Take care of staff**
- **Ask them what they want and need**

Financial rewards follows great care!

Mentoring and Leadership

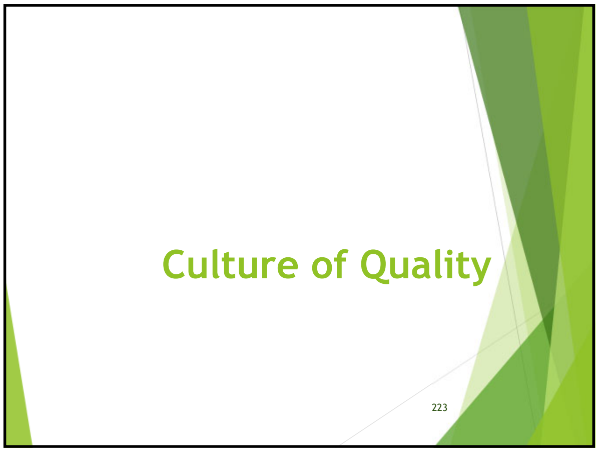
- Do you lean toward developing others or you doing things yourself?
- If you do not mentor well or consistently, what are some of the reasons?
- Have you been personally mentored by someone?
- Do you currently have a mentor? If so, what have you learned from your mentor in the last six months that you apply to your life today?
- Would others in your organization consider you a good mentor?
- Does mentoring others fulfill or frustrate your?

MOTIVATING
HARD
ONGOING
LEADERSHIP
UNDERSTANDING
RIGHT
FAIR
ENGAGING
OBSERVING
WONDEROUS
CHANGING
TIMELY
INSPIRING
HONORABLE
RIGHTOUS
THING
FULFILLING

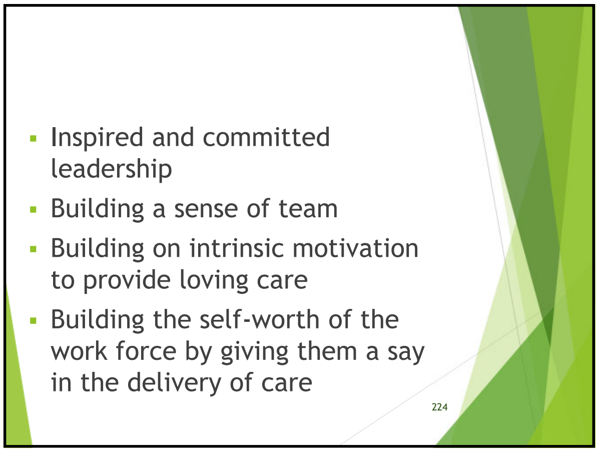
Activity

Write your own mission statement

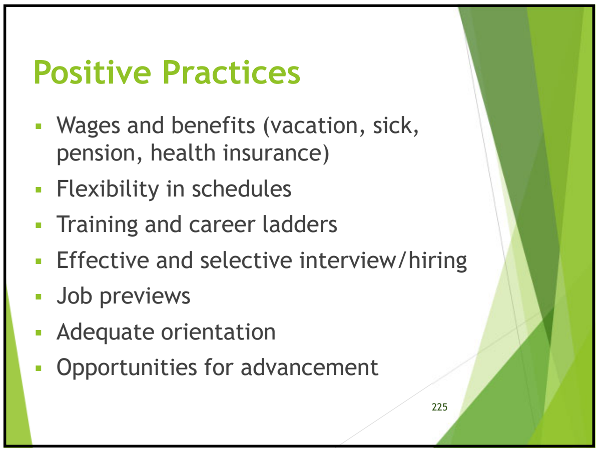
BREAK



Culture of Quality

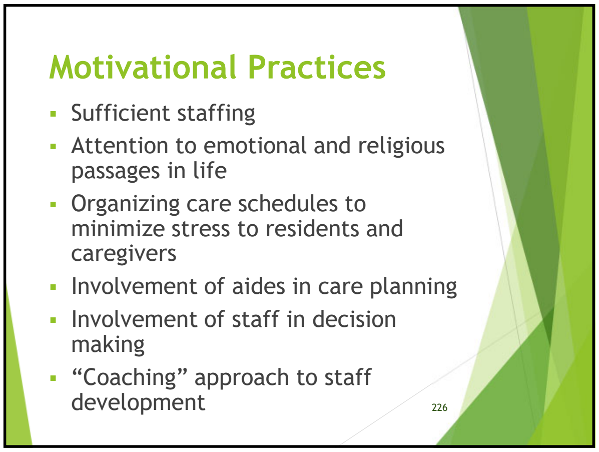


- Inspired and committed leadership
- Building a sense of team
- Building on intrinsic motivation to provide loving care
- Building the self-worth of the work force by giving them a say in the delivery of care



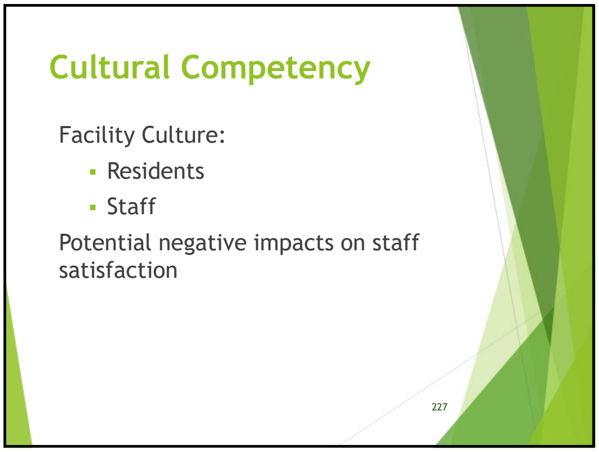
Positive Practices

- Wages and benefits (vacation, sick, pension, health insurance)
- Flexibility in schedules
- Training and career ladders
- Effective and selective interview/hiring
- Job previews
- Adequate orientation
- Opportunities for advancement



Motivational Practices

- Sufficient staffing
- Attention to emotional and religious passages in life
- Organizing care schedules to minimize stress to residents and caregivers
- Involvement of aides in care planning
- Involvement of staff in decision making
- “Coaching” approach to staff development

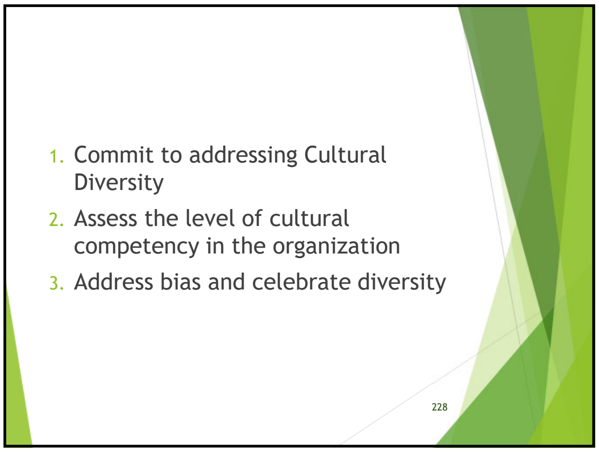


Cultural Competency

Facility Culture:

- Residents
- Staff

Potential negative impacts on staff satisfaction



1. Commit to addressing Cultural Diversity
2. Assess the level of cultural competency in the organization
3. Address bias and celebrate diversity

Seven Essential Elements of Coaching Approach

1) Create a relationship with the worker
2) Provide positive, constructive feedback
3) Elicit the worker's perspective
4) Re-frame the issue
5) Help the worker solve the problem for herself
6) Help plan action steps and make a mutual commitment to follow up
7) Hold the worker accountable

Paraprofessional Healthcare Institute

http://phinational.org/training/phi-coaching-approach%C2%AE-supervision-introductory-skills-supervisors-home-and-residential

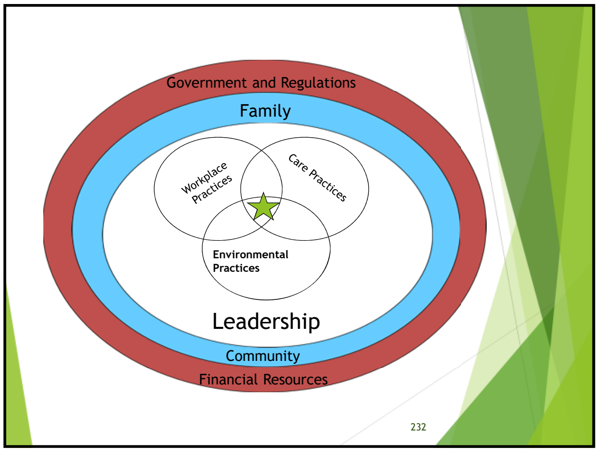
Effective Retention Practices

- Transportation subsidy
- Injury prevention training
- Team building activities
- Stress management skill development
- Peer mentoring
- Consistent Assignment
- Cultural Competency training

Consistent Assignments

- Staff care for the same residents on at least 80-85 percent of their shifts.
- This means on at least four of five days, evenings and nights, the resident has the same caregivers.
- Research shows improved outcomes, improved resident, family and staff satisfaction

Advancing Excellence in Americas Nursing Homes



Government and Regulations

Family

Workplace Practices

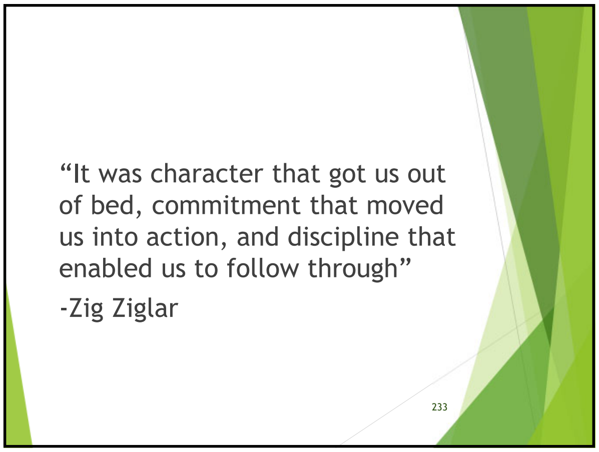
Care Practices

Environmental Practices

Leadership

Community

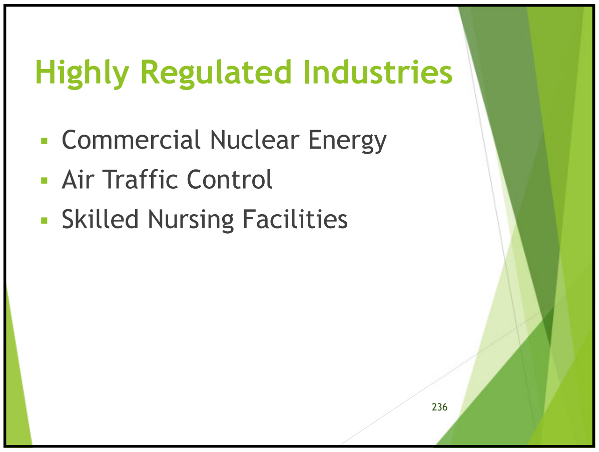
Financial Resources



> "It was character that got us out of bed, commitment that moved us into action, and discipline that enabled us to follow through"
>
> -Zig Ziglar

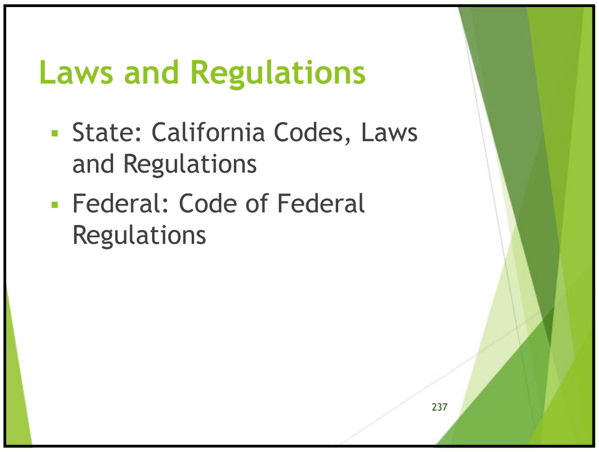
Lunch

Regulatory



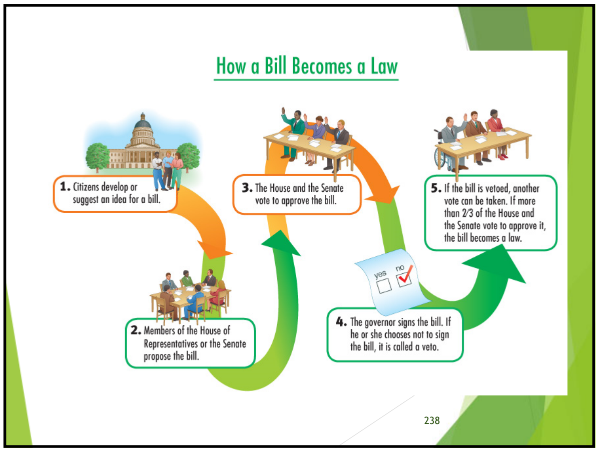
Highly Regulated Industries

- Commercial Nuclear Energy
- Air Traffic Control
- Skilled Nursing Facilities



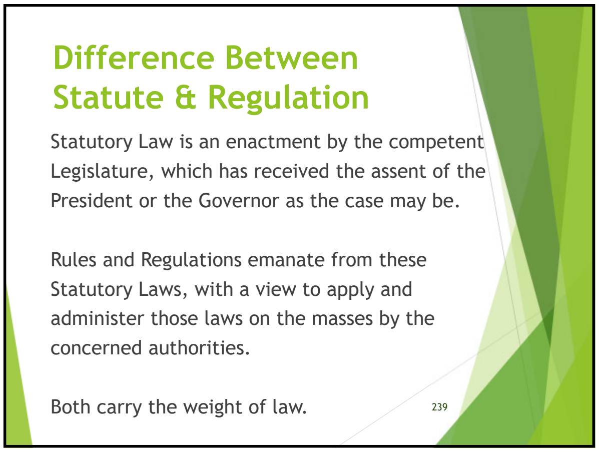
Laws and Regulations

- State: California Codes, Laws and Regulations
- Federal: Code of Federal Regulations



How a Bill Becomes a Law

1. Citizens develop or suggest an idea for a bill.
2. Members of the House of Representatives or the Senate propose the bill.
3. The House and the Senate vote to approve the bill.
4. The governor signs the bill. If he or she chooses not to sign the bill, it is called a veto.
5. If the bill is vetoed, another vote can be taken. If more than 2/3 of the House and the Senate vote to approve it, the bill becomes a law.

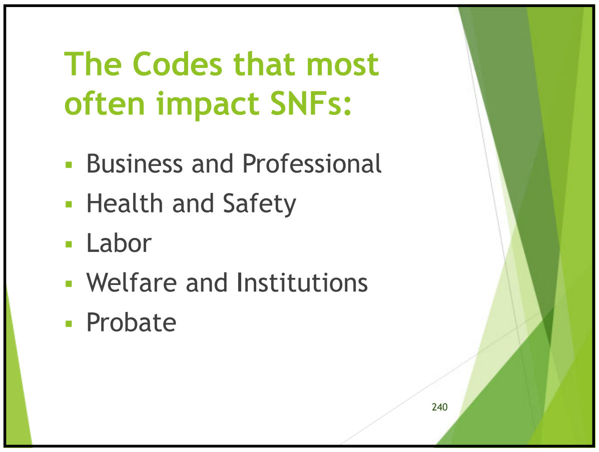


Difference Between Statute & Regulation

Statutory Law is an enactment by the competent Legislature, which has received the assent of the President or the Governor as the case may be.

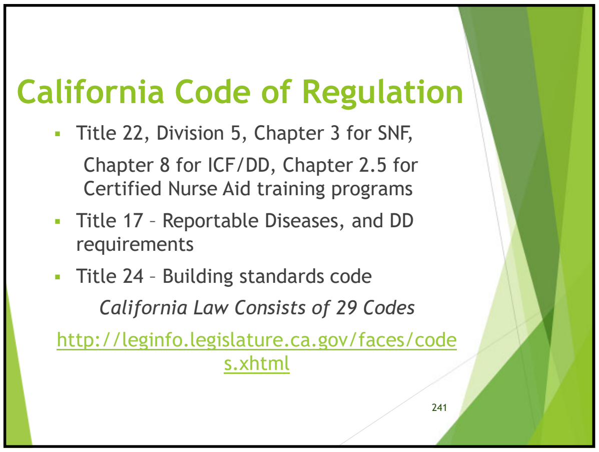
Rules and Regulations emanate from these Statutory Laws, with a view to apply and administer those laws on the masses by the concerned authorities.

Both carry the weight of law.



The Codes that most often impact SNFs:

- Business and Professional
- Health and Safety
- Labor
- Welfare and Institutions
- Probate

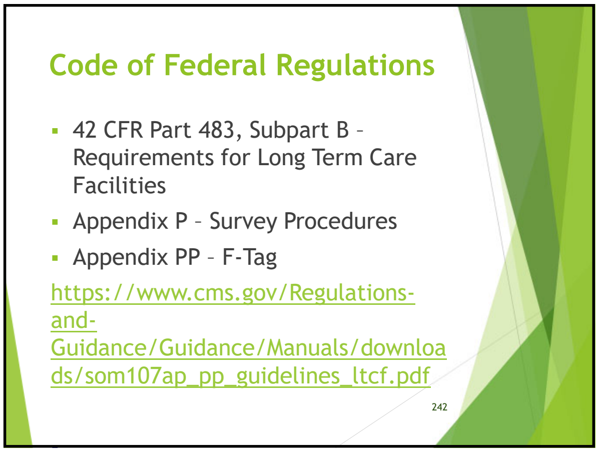


California Code of Regulation

- Title 22, Division 5, Chapter 3 for SNF,
  Chapter 8 for ICF/DD, Chapter 2.5 for Certified Nurse Aid training programs
- Title 17 – Reportable Diseases, and DD requirements
- Title 24 – Building standards code

California Law Consists of 29 Codes

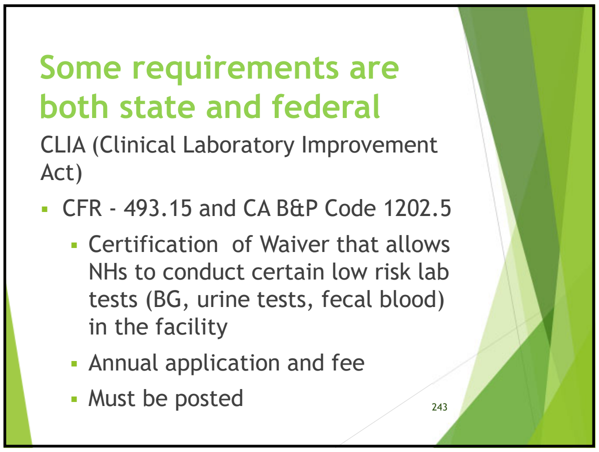
http://leginfo.legislature.ca.gov/faces/codes.xhtml



Code of Federal Regulations

- 42 CFR Part 483, Subpart B – Requirements for Long Term Care Facilities
- Appendix P – Survey Procedures
- Appendix PP – F-Tag

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf



Some requirements are both state and federal

CLIA (Clinical Laboratory Improvement Act)

- CFR - 493.15 and CA B&P Code 1202.5
  - Certification of Waiver that allows NHs to conduct certain low risk lab tests (BG, urine tests, fecal blood) in the facility
  - Annual application and fee
  - Must be posted

How the government gives us new info….

- **All Facility Letters (AFLs)**

  Updates and interpretations from CDPH Licensing and Certification
- **Survey & Certification Letter (S&Cs)**

  Updates and interpretations from Department of Health and Human Services (CMS)

Does the DON need to be an expert in regulation and laws?

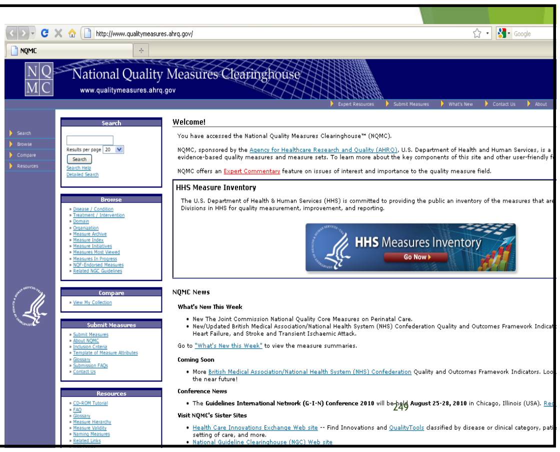
- Impossible
- Be a generalist
- Be aware of the places where you can and will bump up against these requirements and address them in your policies and procedures
- Know how to quickly reference the language of the requirement when you have a question or a need.

Standards of Care

- All professions have them. Peer reviewed.
- The degree of care or competence that one is expected to exercise in a particular circumstance
- What a reasonable, prudent professional would do in similar circumstances based on his or her education, experience, institutional policies and procedures, and external standards.

Resources for Standards of Practice

- American Nurses Association
- Institute for Healthcare Improvement
- Nation Guideline Clearinghouse
- National Quality Measures Clearing House
- Long Term Care Internet Resources, Nebraska Healthcare


http://www.qualitymeasures.ahrq.gov/
Google
NQMC
NQ MC
National Quality Measures Clearinghouse
www.qualitymeasures.ahrq.gov
Expert Resources
Submit Measures
What's New
Contact Us
About
Search
Browse
Compare
Resources
Search
Results per page 20
Search
Search Help
Detailed Search
Browse
Disease / Condition
Treatment / Intervention
Domain
Organization
Measure Archive
Measure Index
Measure Initiatives
Measures Most Viewed
Measures In Progress
NQF-Endorsed Measures
Related NGC Guidelines
Compare
View My Collection
Submit Measures
Submit Measures
About NQMC
Inclusion Criteria
Template of Measure Attributes
Glossary
Submission FAQs
Contact Us
Resources
CD-ROM Tutorial
FAQ
Glossary
Measure Hierarchy
Measure Validity
Naming Measures
Related Links
HHS Measures Inventory
Go Now

Welcome!

You have accessed the National Quality Measures Clearinghouse™ (NQMC).

NQMC, sponsored by the Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services, is a
evidence-based quality measures and measure sets. To learn more about the key components of this site and other user-friendly f

NQMC offers an Expert Commentary feature on issues of interest and importance to the quality measure field.

HHS Measure Inventory

The U.S. Department of Health & Human Services (HHS) is committed to providing the public an inventory of the measures that are
Divisions in HHS for quality measurement, improvement, and reporting.

NQMC News

What's New This Week

- New The Joint Commission National Quality Core Measures on Perinatal Care.
- New/Updated British Medical Association/National Health System (NHS) Confederation Quality and Outcomes Framework Indicat
Heart Failure, and Stroke and Transient Ischaemic Attack.

Go to "What's New this Week" to view the measure summaries.

Coming Soon

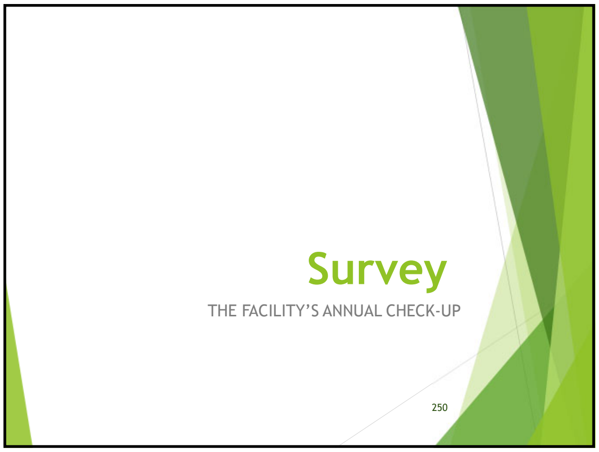
- More British Medical Association/National Health System (NHS) Confederation Quality and Outcomes Framework Indicators. Loo
the near future!

Conference News

- The **Guidelines International Network (G-I-N) Conference 2010** will be held **August 25-28, 2010** in Chicago, Illinois (USA). Re

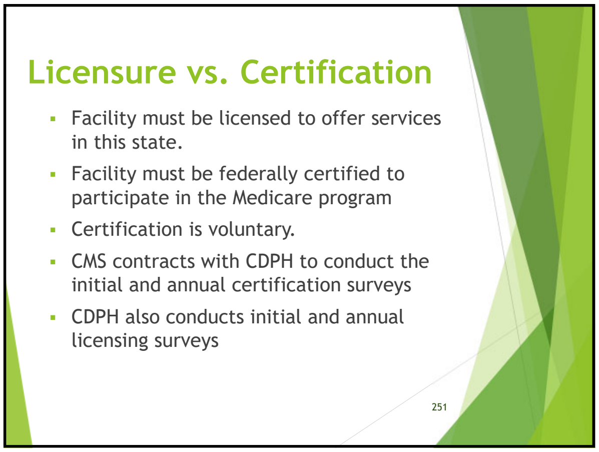
Visit NQMC's Sister Sites

- Health Care Innovations Exchange Web site -- Find Innovations and QualityTools classified by disease or clinical category, pati
setting of care, and more.
- National Guideline Clearinghouse (NGC) Web site



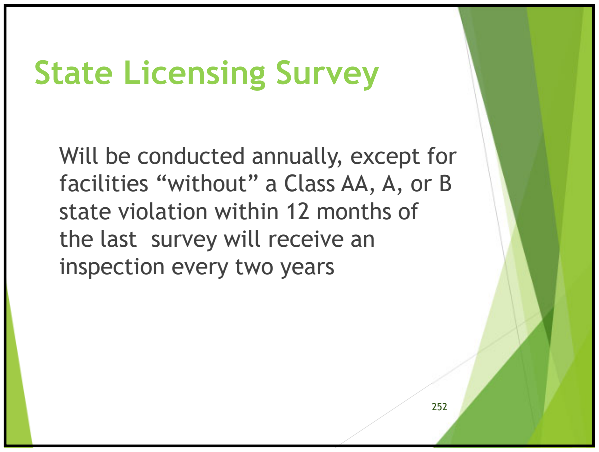
Survey

THE FACILITY'S ANNUAL CHECK-UP



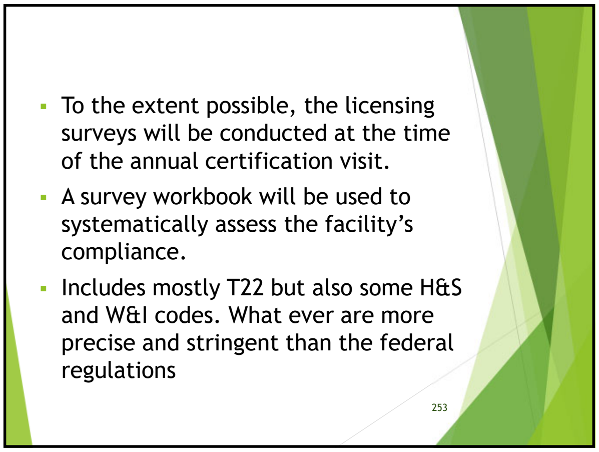
Licensure vs. Certification

- Facility must be licensed to offer services in this state.
- Facility must be federally certified to participate in the Medicare program
- Certification is voluntary.
- CMS contracts with CDPH to conduct the initial and annual certification surveys
- CDPH also conducts initial and annual licensing surveys

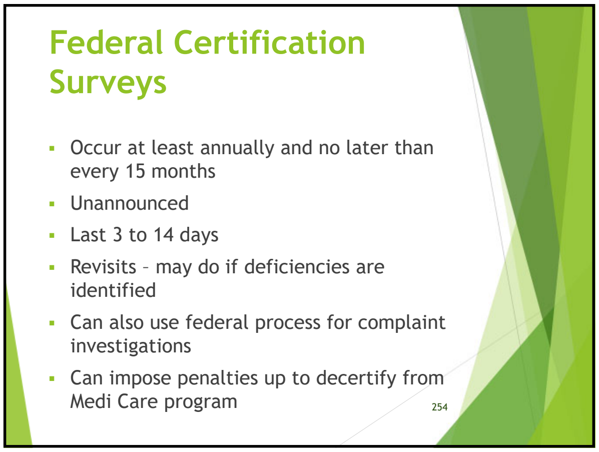


State Licensing Survey

Will be conducted annually, except for facilities "without" a Class AA, A, or B state violation within 12 months of the last survey will receive an inspection every two years

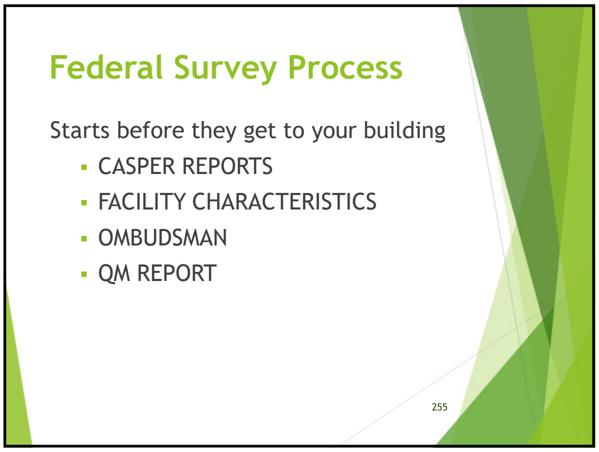


- To the extent possible, the licensing surveys will be conducted at the time of the annual certification visit.
- A survey workbook will be used to systematically assess the facility’s compliance.
- Includes mostly T22 but also some H&S and W&I codes. What ever are more precise and stringent than the federal regulations



Federal Certification Surveys

- Occur at least annually and no later than every 15 months
- Unannounced
- Last 3 to 14 days
- Revisits – may do if deficiencies are identified
- Can also use federal process for complaint investigations
- Can impose penalties up to decertify from Medi Care program



Federal Survey Process

Starts before they get to your building

- CASPER REPORTS
- FACILITY CHARACTERISTICS
- OMBUDSMAN
- QM REPORT

Inside The Survey Process

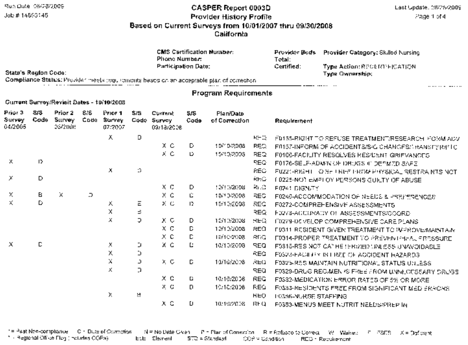
- Investigation Techniques
  - **Observation (more focused)**
  - **Interview**
  - **Record Review**
- *INVESTIGATE FURTHER…..*

Survey Tasks

- Task 1 – Off Site Preparation
- Task 2 - Entrance Conference
- Task 3 – Initial Tour
- Task 4 – Sample Selection
- Task 5 – Information Gathering
- Task 6 – Information Analysis for Deficiency Determination
- Task 7 – Exit Conference

Use Surveyor Data Review Process

- **CASPER 3** Report- Facility History Profile
- **CASPER 4** Report- Full Facility Profile



Run Date: 06/28/2009
Job # 14600145

CASPER Report 0003D
Provider History Profile
Based on Current Surveys from 10/01/2007 thru 09/30/2008
California

Last Update: 08/26/2009
Page 1 of 4

CMS Certification Number:
Phone Number:
Participation Date:

Provider Beds
Total:
Certified:

Provider Category: Skilled Nursing
Type Action: RECERTIFICATION
Type Ownership:

State's Region Code:
Compliance Status: Provider meets requirements based on an acceptable plan of correction

Program Requirements

Current Survey/Revisit Dates - 10/10/2008

Prior 3 Survey 04/2005	S/S Code	Prior 2 Survey 05/2006	S/S Code	Prior 1 Survey 07/2007	S/S Code	Current Survey 09/18/2008	S/S Code	Plan/Date of Correction		Requirement
				X	D				REQ	F0155-RIGHT TO REFUSE TREATMENT/RESEARCH; FORM ADV
						X C	D	10/10/2008	REQ	F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
						X C	D	10/10/2008	REQ	F0166-FACILITY RESOLVES RESIDENT GRIEVANCES
X	D								REQ	F0176-SELF-ADMIN OF DRUGS IF DEEMED SAFE
				X	D				REQ	F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT
X	D								REQ	F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE
						X C	D	10/10/2008	REQ	F0241-DIGNITY
X	B	X	D			X C	D	10/10/2008	REQ	F0246-ACCOMMODATION OF NEEDS & PREFERENCES
X	D			X	E	X C	D	10/10/2008	REQ	F0272-COMPREHENSIVE ASSESSMENTS
				X	E				REQ	F0278-ACCURACY OF ASSESSMENTS/COORD
				X	D	X C	D	10/10/2008	REQ	F0279-DEVELOP COMPREHENSIVE CARE PLANS
						X C	D	10/10/2008	REQ	F0311-RESIDENT GIVEN TREATMENT TO IMPROVE/MAINTAIN
						X C	D	10/10/2008	REQ	F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE
X	D			X	D	X C	D	10/10/2008	REQ	F0315-RES NOT CATHETERIZED UNLESS UNAVOIDABLE
				X	D				REQ	F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
				X	D	X C	D	10/10/2008	REQ	F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS
				X	D				REQ	F0329-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS
						X C	D	10/10/2008	REQ	F0332-MEDICATION ERROR RATES OF 5% OR MORE
						X C	D	10/10/2008	REQ	F0333-RESIDENTS FREE FROM SIGNIFICANT MED ERRORS
				X	B				REQ	F0356-NURSE STAFFING
						X C	D	10/10/2008	REQ	F0363-MENUS MEET NUTRIT NEEDS/PREP IN

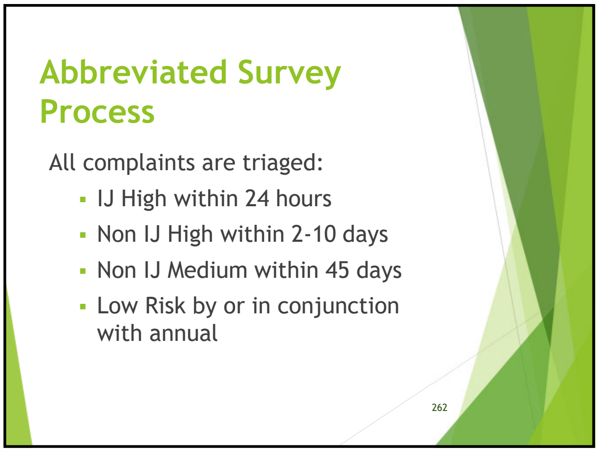
* = Past Non-compliance   C = Date of Correction   N = No Date Given   P = Plan of Correction   R = Refused to Correct   W = Waiver   F = FSES   X = Deficient
* = Regional Office Flag (includes COPs)   ELE = Element   STD = Standard   COP = Condition   REQ = Requirement

Complaint Visits/State Citations

- Department will investigate all complaints and self report events
- May or may not do an “On Site” for self report events
- Will issue state citations and F-Tags – Known as **duel enforcement**
- Citations will come with penalties of a fine.
- F tags there are levels of penalties

Abbreviated Survey Process

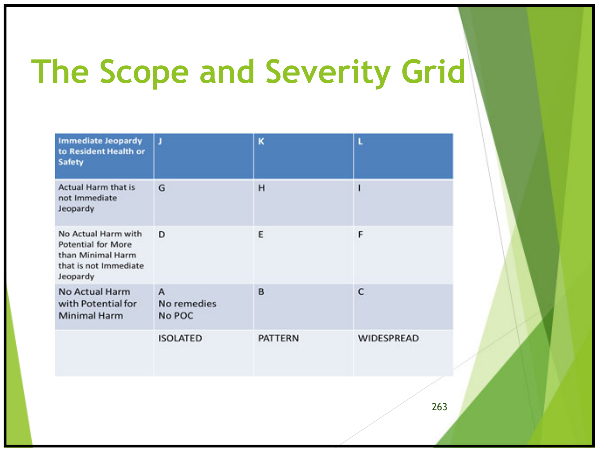
- Federal Survey Process
- Conduct 100% of complaint reports
- Entity reported incidents (ERIs/self reports), will also most likely be investigated utilizing the abbreviated survey process



Abbreviated Survey Process

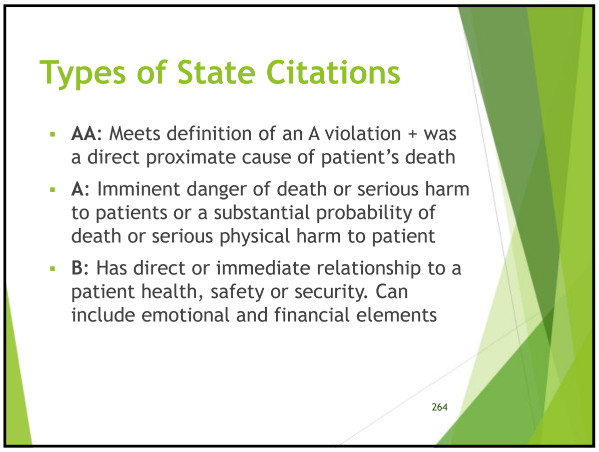
All complaints are triaged:

- IJ High within 24 hours
- Non IJ High within 2-10 days
- Non IJ Medium within 45 days
- Low Risk by or in conjunction with annual



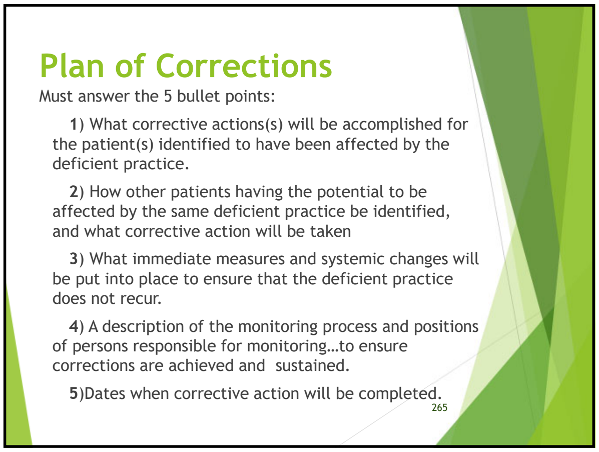
The Scope and Severity Grid

Immediate Jeopardy to Resident Health or Safety	J	K	L
Actual Harm that is not Immediate Jeopardy	G	H	I
No Actual Harm with Potential for More than Minimal Harm that is not Immediate Jeopardy	D	E	F
No Actual Harm with Potential for Minimal Harm	A No remedies No POC	B	C
	ISOLATED	PATTERN	WIDESPREAD



Types of State Citations

- **AA:** Meets definition of an A violation + was a direct proximate cause of patient's death
- **A:** Imminent danger of death or serious harm to patients or a substantial probability of death or serious physical harm to patient
- **B:** Has direct or immediate relationship to a patient health, safety or security. Can include emotional and financial elements



Plan of Corrections

Must answer the 5 bullet points:

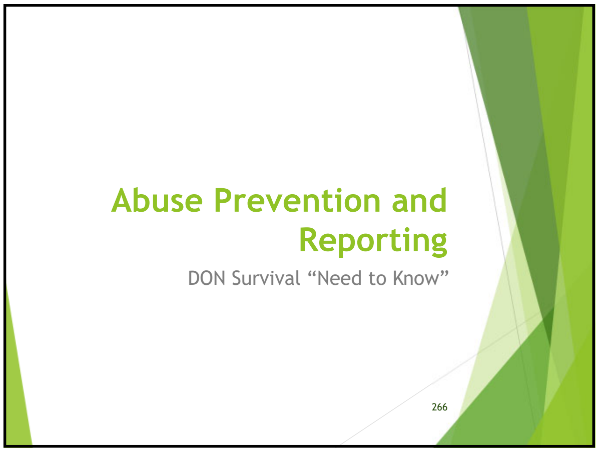
1) What corrective actions(s) will be accomplished for the patient(s) identified to have been affected by the deficient practice.

2) How other patients having the potential to be affected by the same deficient practice be identified, and what corrective action will be taken

3) What immediate measures and systemic changes will be put into place to ensure that the deficient practice does not recur.

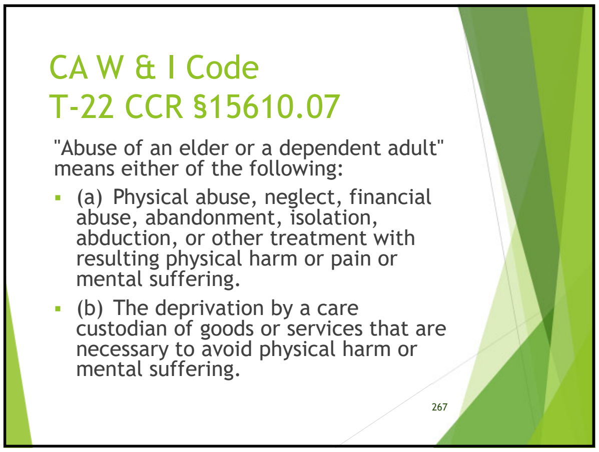
4) A description of the monitoring process and positions of persons responsible for monitoring…to ensure corrections are achieved and sustained.

5)Dates when corrective action will be completed.



Abuse Prevention and Reporting

DON Survival “Need to Know”

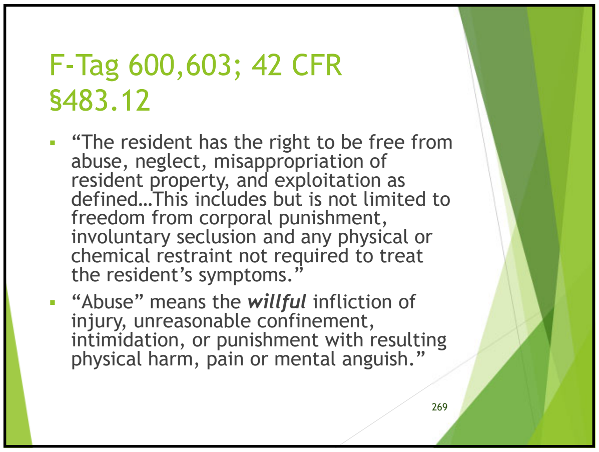


CA W & I Code
T-22 CCR §15610.07

"Abuse of an elder or a dependent adult" means either of the following:

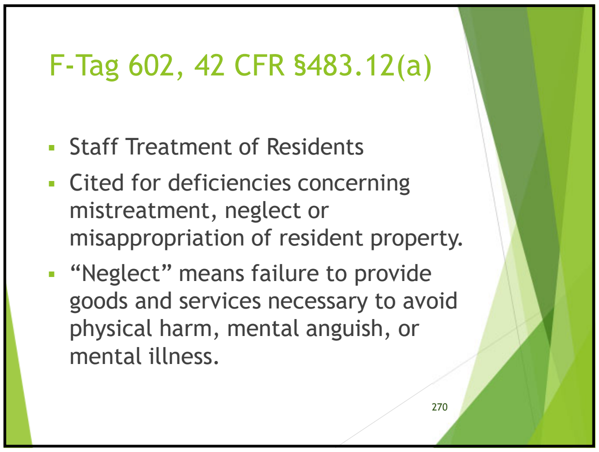
- (a) Physical abuse, neglect, financial abuse, abandonment, isolation, abduction, or other treatment with resulting physical harm or pain or mental suffering.
- (b) The deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering.

Abuse…



F-Tag 600,603; 42 CFR §483.12

- "The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined…This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's symptoms."
- "Abuse" means the ***willful*** infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish."



F-Tag 602, 42 CFR §483.12(a)

- Staff Treatment of Residents
- Cited for deficiencies concerning mistreatment, neglect or misappropriation of resident property.
- "Neglect" means failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.

F-Tag 607, 42 CFR §483.12(b)

"The facility must develop and implement written policies and procedures that prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property."

The Policy & Procedure will include:

- Screening
- Training
- Prevention
- Identification
- Investigation
- Protection
- Reporting

Screening

- Must have procedures to screen potential employees
- Includes attempting to obtain info from previous employers
- Checking appropriate licensing and certification boards.
- State Law requires CNA certificate verification

State law also requires that all potential staff be cleared by checking the OIG website at:

https://oig.hhs.gov/exclusions/exclusions_list.asp

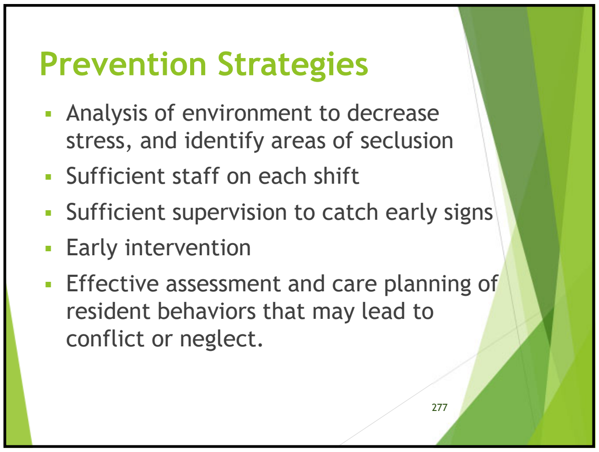
Training

- W&I Code 15655 - requires Attorney General
- Training Material must be used as part of training program with staff.
- “Your Legal Duty: Reporting Elder and Dependent Adult Abuse”
- No longer available for purchase
- Will be uploaded to the AG website at

  http://ag.ca.gov/bmfea/index.php

Training is Prevention Too

- Appropriate management of aggressive behavior and catastrophe intervention
- How to report concerns without fear of reprisal
- How to recognize signs of burnout, frustration, and stress
- What constitutes neglect, abuse, misappropriation of property



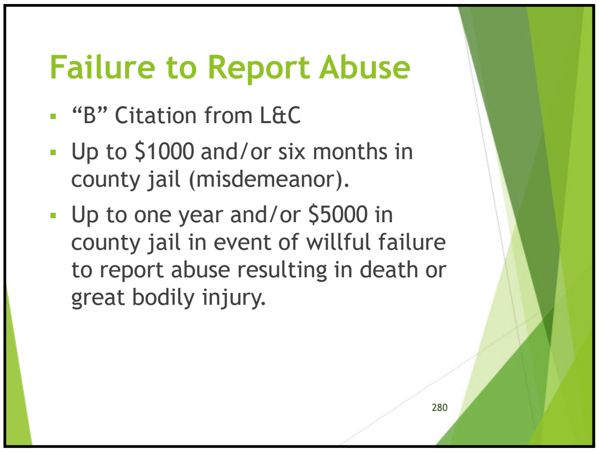
Prevention Strategies

- Analysis of environment to decrease stress, and identify areas of seclusion
- Sufficient staff on each shift
- Sufficient supervision to catch early signs
- Early intervention
- Effective assessment and care planning of resident behaviors that may lead to conflict or neglect.

Identification and Investigation

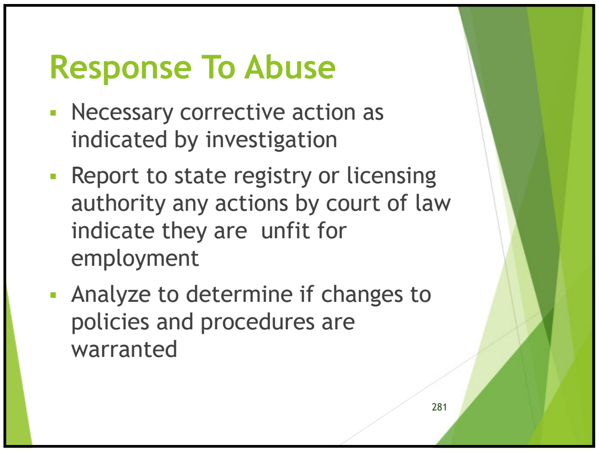
- Every report or allegation
- Define “injury of unknown origin” and describe procedures on how to id events, trends, patterns
- Procedures to:
  - Investigate
  - Identify staff responsible for investigation and reporting
  - Protect residents during the investigation

Abuse reporting…



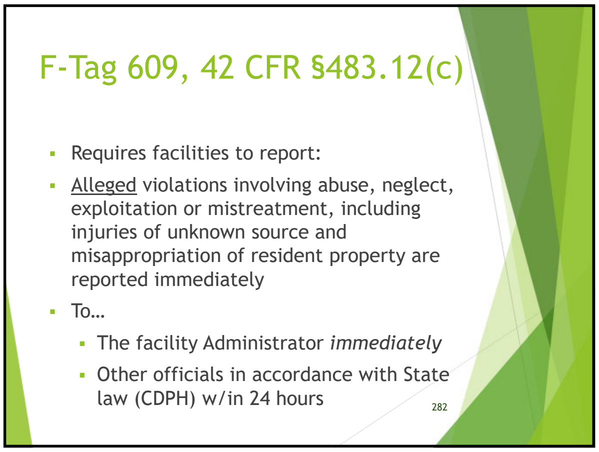
Failure to Report Abuse

- “B” Citation from L&C
- Up to $1000 and/or six months in county jail (misdemeanor).
- Up to one year and/or $5000 in county jail in event of willful failure to report abuse resulting in death or great bodily injury.



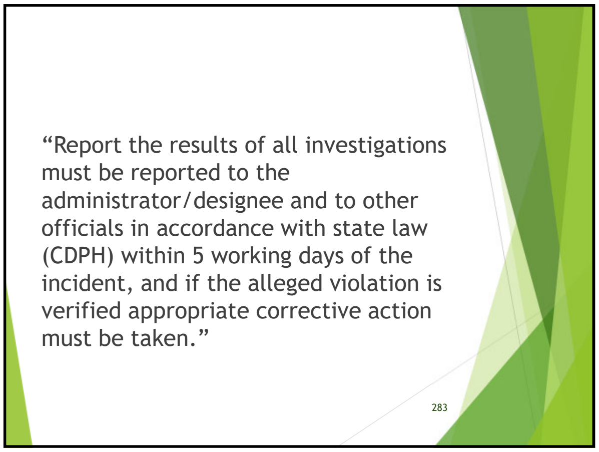
Response To Abuse

- Necessary corrective action as indicated by investigation
- Report to state registry or licensing authority any actions by court of law indicate they are unfit for employment
- Analyze to determine if changes to policies and procedures are warranted

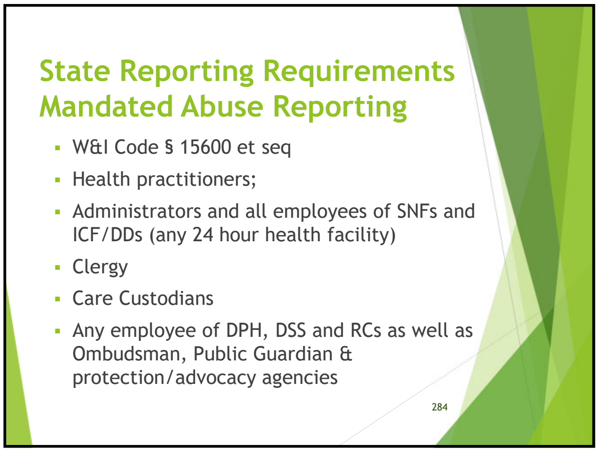


F-Tag 609, 42 CFR §483.12(c)

- Requires facilities to report:
- Alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property are reported immediately
- To…
  - The facility Administrator *immediately*
  - Other officials in accordance with State law (CDPH) w/in 24 hours

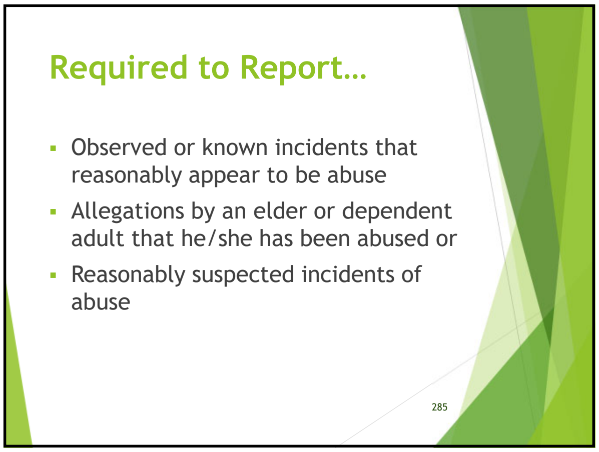


“Report the results of all investigations must be reported to the administrator/designee and to other officials in accordance with state law (CDPH) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.”



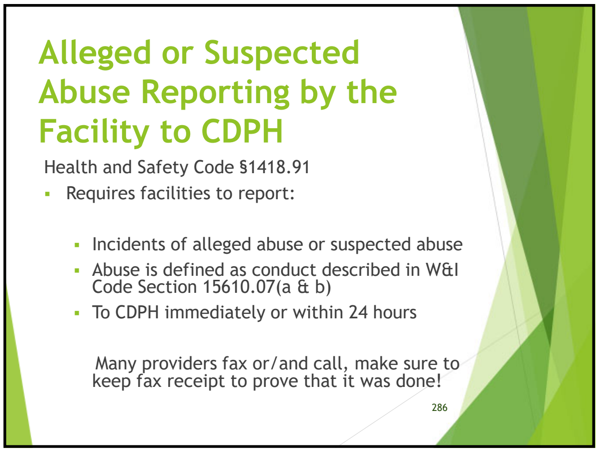
State Reporting Requirements Mandated Abuse Reporting

- W&I Code § 15600 et seq
- Health practitioners;
- Administrators and all employees of SNFs and ICF/DDs (any 24 hour health facility)
- Clergy
- Care Custodians
- Any employee of DPH, DSS and RCs as well as Ombudsman, Public Guardian & protection/advocacy agencies



Required to Report…

- Observed or known incidents that reasonably appear to be abuse
- Allegations by an elder or dependent adult that he/she has been abused or
- Reasonably suspected incidents of abuse

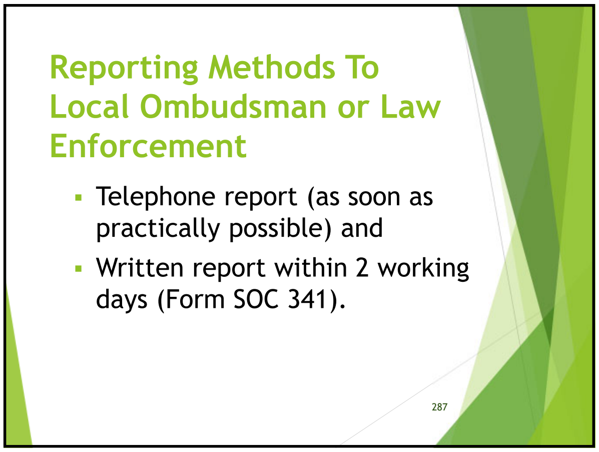


Alleged or Suspected Abuse Reporting by the Facility to CDPH

Health and Safety Code §1418.91

- Requires facilities to report:
  - Incidents of alleged abuse or suspected abuse
  - Abuse is defined as conduct described in W&I Code Section 15610.07(a & b)
  - To CDPH immediately or within 24 hours

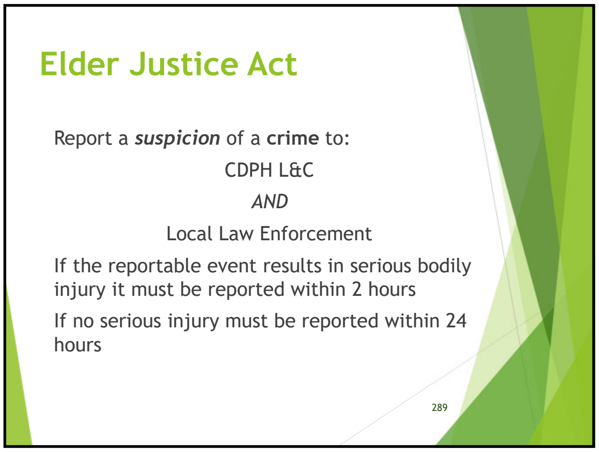
Many providers fax or/and call, make sure to keep fax receipt to prove that it was done!



Reporting Methods To Local Ombudsman or Law Enforcement

- Telephone report (as soon as practically possible) and
- Written report within 2 working days (Form SOC 341).

BREAK



Elder Justice Act

Report a ***suspicion*** of a **crime** to:

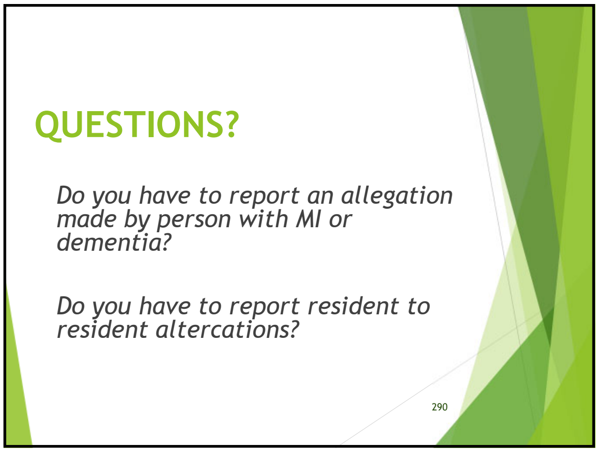
CDPH L&C

AND

Local Law Enforcement

If the reportable event results in serious bodily injury it must be reported within 2 hours

If no serious injury must be reported within 24 hours



QUESTIONS?

Do you have to report an allegation made by person with MI or dementia?

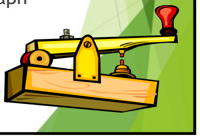
Do you have to report resident to resident altercations?

Other reporting requirements

Unusual Occurrences

T-22 CCR §72541:

"Occurrences such as epidemic outbreaks, poisonings, fires, major accidents, death from unnatural causes or other catastrophes and unusual occurrences which threaten the welfare, safety or health of patients, personal or visitors shall be reported by the facility within 24 hours either by telephone (and confirmed in writing) or by telegraph to the local health officer and the Department."



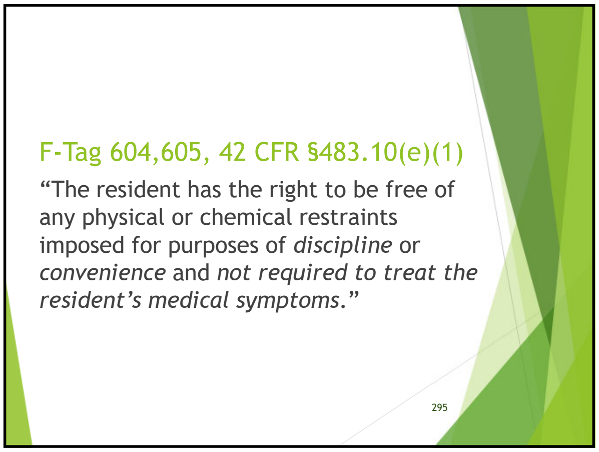
Unusual Occurrences (cont.)

- Incident report retained on file for 1 year
- Must provide pertinent related information
- Every fire or explosion which occurs in or on the premises shall also be reported within 24 hours to the local fire authority or, in areas where no organized fire service, to the State Fire Marshall
- Failure to report = B citation

What is a Physical Restraint?

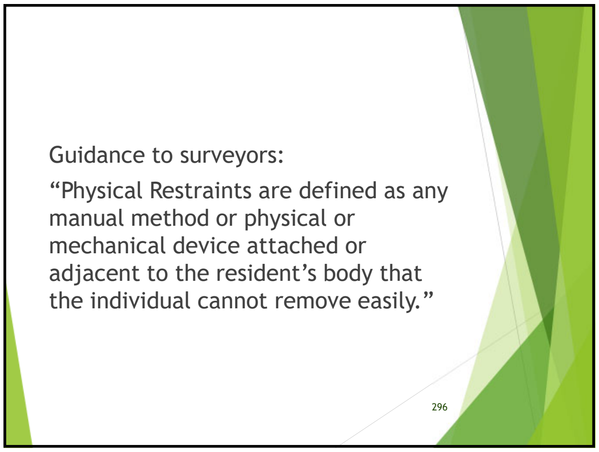
T-22 CCR §72082

"…physical restraint means any physical or mechanical device or material attached or adjacent to a patient's body that the patient cannot remove easily, which has the effect of restricting the patient's freedom of movement."



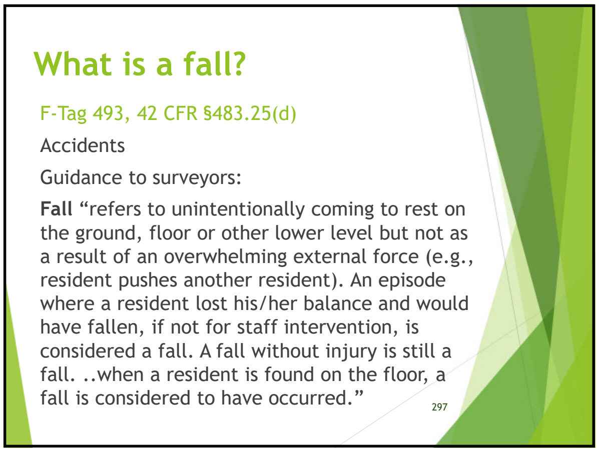
F-Tag 604,605, 42 CFR §483.10(e)(1)

“The resident has the right to be free of any physical or chemical restraints imposed for purposes of *discipline* or *convenience* and *not required to treat the resident’s medical symptoms*.”



Guidance to surveyors:

“Physical Restraints are defined as any manual method or physical or mechanical device attached or adjacent to the resident’s body that the individual cannot remove easily.”



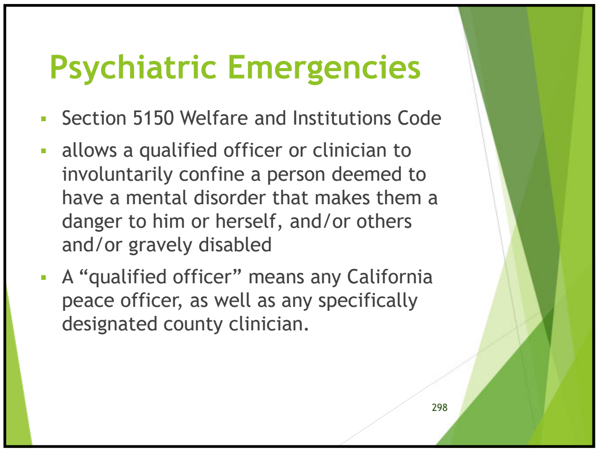
What is a fall?

F-Tag 493, 42 CFR §483.25(d)

Accidents

Guidance to surveyors:

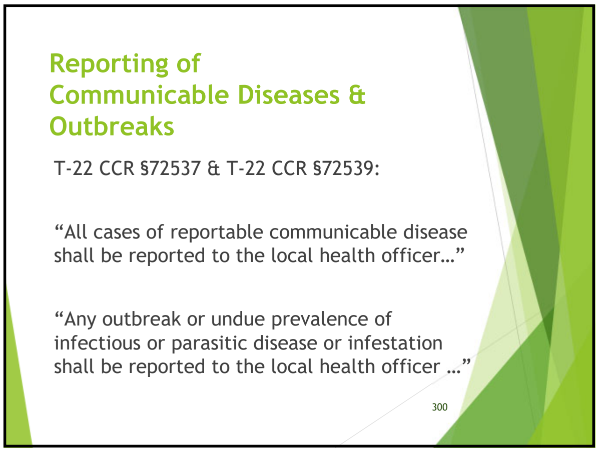
Fall “refers to unintentionally coming to rest on the ground, floor or other lower level but not as a result of an overwhelming external force (e.g., resident pushes another resident). An episode where a resident lost his/her balance and would have fallen, if not for staff intervention, is considered a fall. A fall without injury is still a fall. ..when a resident is found on the floor, a fall is considered to have occurred.”



Psychiatric Emergencies

- Section 5150 Welfare and Institutions Code
- allows a qualified officer or clinician to involuntarily confine a person deemed to have a mental disorder that makes them a danger to him or herself, and/or others and/or gravely disabled
- A “qualified officer” means any California peace officer, as well as any specifically designated county clinician.

Do you have to report a fall as an unusual occurrence?



Reporting of Communicable Diseases & Outbreaks

T-22 CCR §72537 & T-22 CCR §72539:

“All cases of reportable communicable disease shall be reported to the local health officer…”

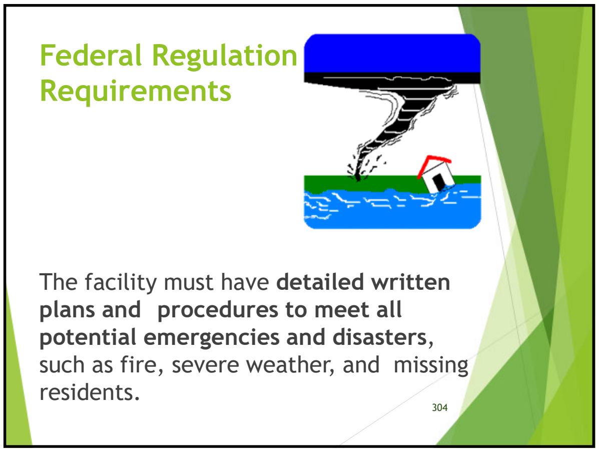
“Any outbreak or undue prevalence of infectious or parasitic disease or infestation shall be reported to the local health officer …”

T-17 CCR §2500(b)

"It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or condition listed below, to report to the local health officer…any person who is suspected to be suffering from one of the diseases or conditions listed below…"

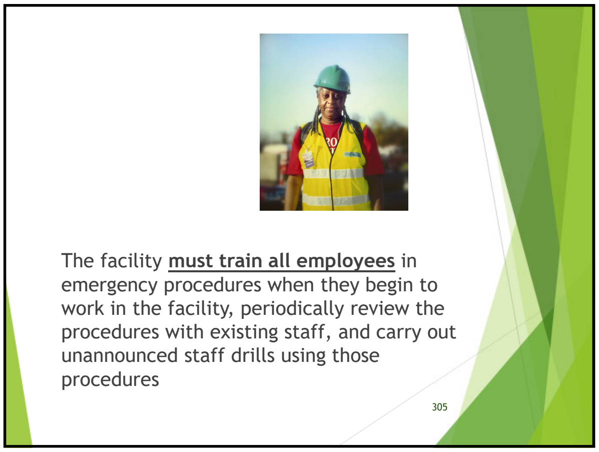
Report must be done within 24 hours, and there will be ongoing reporting until the outbreak is gone.

DISASTER PREPAREDNESS

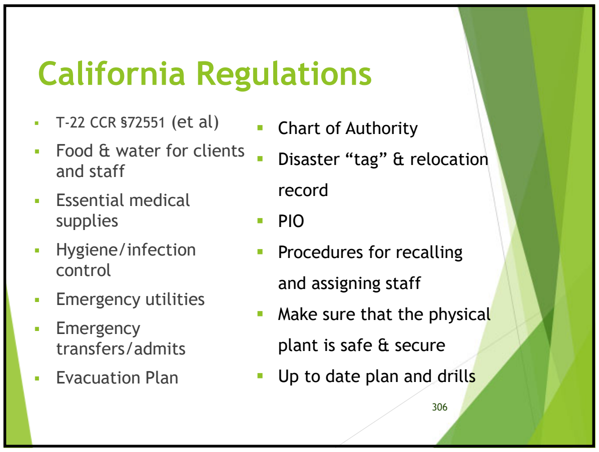


Federal Regulation Requirements

The facility must have **detailed written plans and procedures to meet all potential emergencies and disasters**, such as fire, severe weather, and missing residents.



The facility **must train all employees** in emergency procedures when they begin to work in the facility, periodically review the procedures with existing staff, and carry out unannounced staff drills using those procedures



California Regulations

- T-22 CCR §72551 (et al)
- Food & water for clients and staff
- Essential medical supplies
- Hygiene/infection control
- Emergency utilities
- Emergency transfers/admits
- Evacuation Plan
- Chart of Authority
- Disaster "tag" & relocation record
- PIO
- Procedures for recalling and assigning staff
- Make sure that the physical plant is safe & secure
- Up to date plan and drills

California Health Alert Network CAHAN

- System that alerts to
  - Communicable disease outbreaks, mass emergencies, or disasters, bio-terrorism activities
  - CAHAN website:
    - CAHAN.CA.Gov

      >”forgot user id or password”

      >find your county

      >email the contact listed

CAHF’s Disaster Preparedness Program

- Supports the integration of long term care into disaster planning and response efforts throughout the state of California
- Provides its services to ALL residential long term care in CA
- Resources are available free online at http://cahfdisasterprep.com/

disaster preparedness program dpp

Resources available…

Education

- Trainings throughout the state
- *Really Ready: Disaster Preparedness for Long Term Care*

Coordination/Collaboration

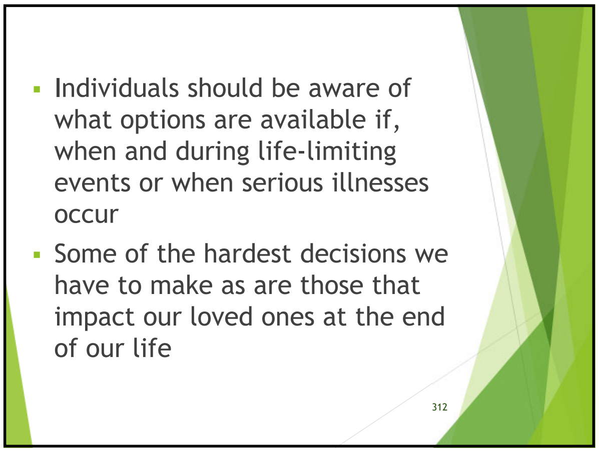
- Workshops bringing together providers and responders with other stakeholders

Resource Development

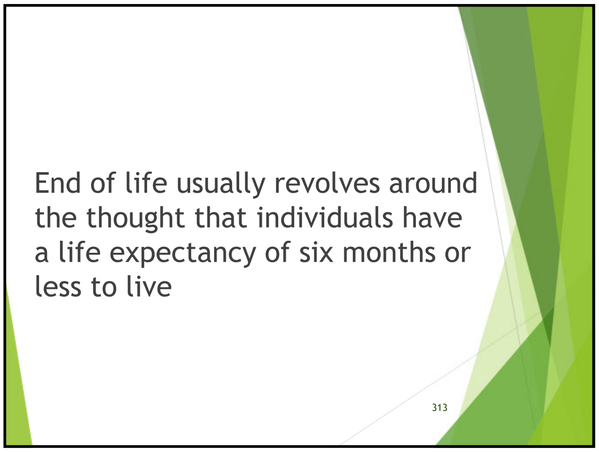
- Website
- *Pandemic Influenza Workbook for LTC Providers*
- LTC-specific Incident Command (07-08)
- Respiratory Protection Initiative (07-08)

BREAK

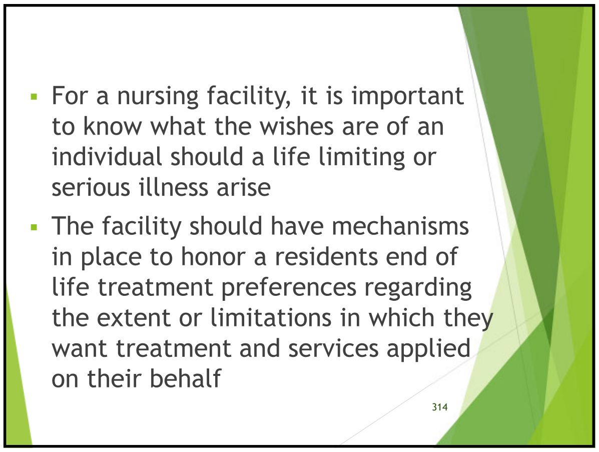
Advanced Care Planning



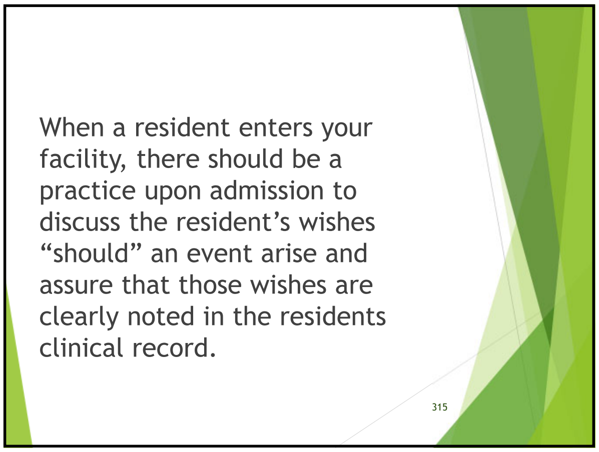
- Individuals should be aware of what options are available if, when and during life-limiting events or when serious illnesses occur
- Some of the hardest decisions we have to make as are those that impact our loved ones at the end of our life



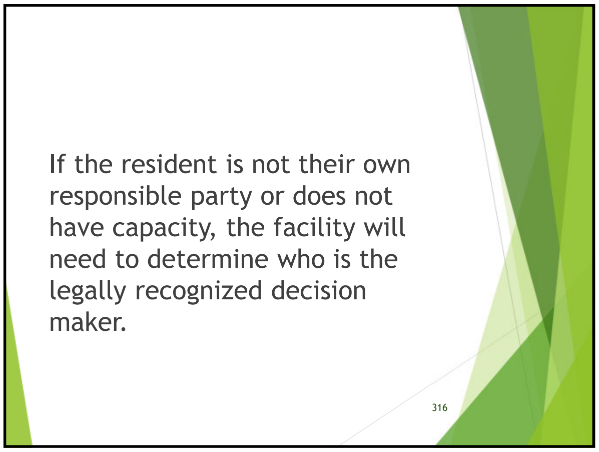
End of life usually revolves around the thought that individuals have a life expectancy of six months or less to live



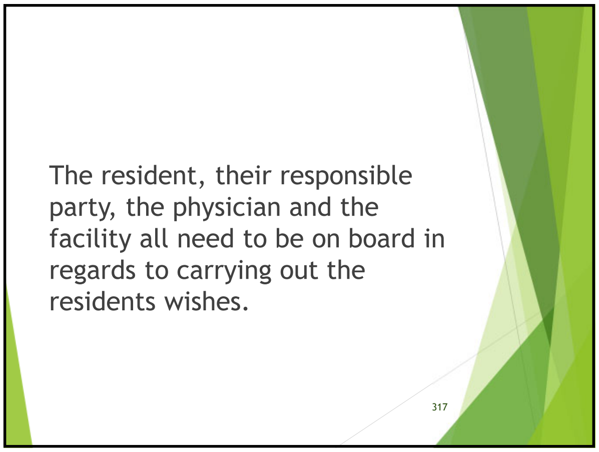
- For a nursing facility, it is important to know what the wishes are of an individual should a life limiting or serious illness arise
- The facility should have mechanisms in place to honor a residents end of life treatment preferences regarding the extent or limitations in which they want treatment and services applied on their behalf



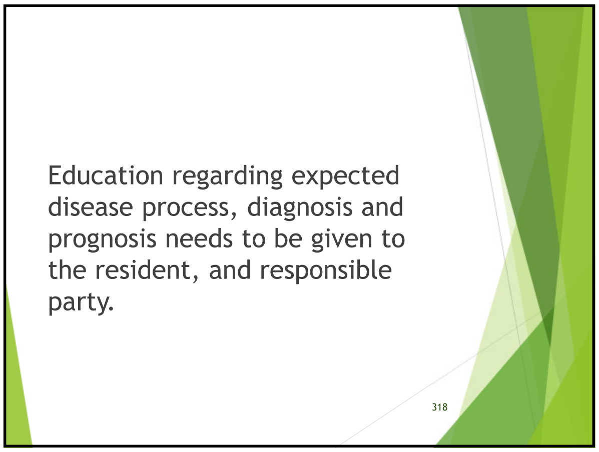
When a resident enters your facility, there should be a practice upon admission to discuss the resident’s wishes “should” an event arise and assure that those wishes are clearly noted in the residents clinical record.



If the resident is not their own responsible party or does not have capacity, the facility will need to determine who is the legally recognized decision maker.



The resident, their responsible party, the physician and the facility all need to be on board in regards to carrying out the residents wishes.



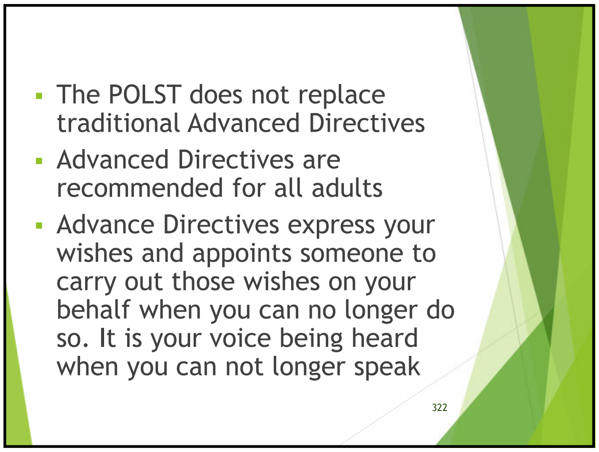
Education regarding expected disease process, diagnosis and prognosis needs to be given to the resident, and responsible party.

POLST

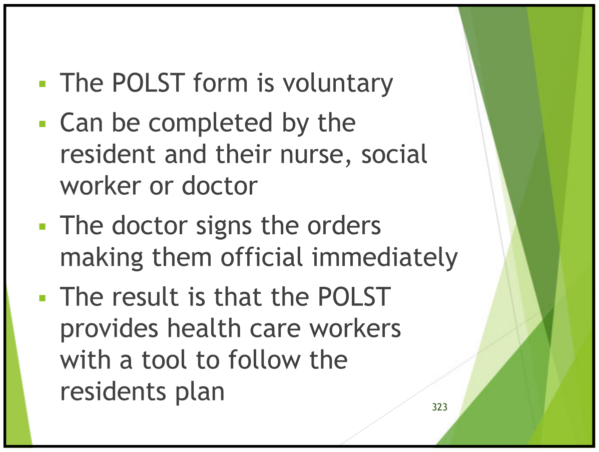
- Physician Orders for Life-Sustaining Treatment
- POLST was initially developed in Oregon in collaboration with Oregon Health Sciences University and Kaiser Permanente

The POLST is most appropriate for seriously ill persons with life-limiting or terminal, illnesses or advanced frailty characterized by significant weakness and extreme difficulty with personal care activities.

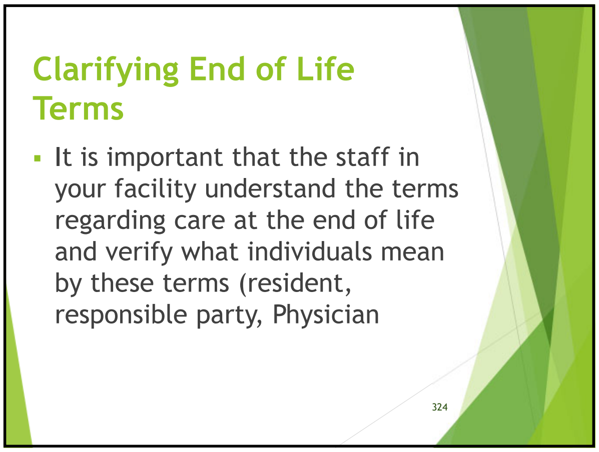
- The POLST form remains with the resident from care setting to care setting
- It is bright pink so that it is easily visualized and stands out
- The original form follows the resident on every transfer or discharge (maintain copy in chart)



- The POLST does not replace traditional Advanced Directives
- Advanced Directives are recommended for all adults
- Advance Directives express your wishes and appoints someone to carry out those wishes on your behalf when you can no longer do so. It is your voice being heard when you can not longer speak

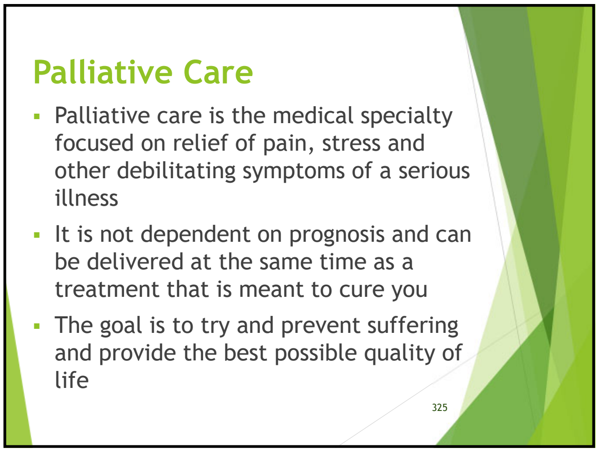


- The POLST form is voluntary
- Can be completed by the resident and their nurse, social worker or doctor
- The doctor signs the orders making them official immediately
- The result is that the POLST provides health care workers with a tool to follow the residents plan



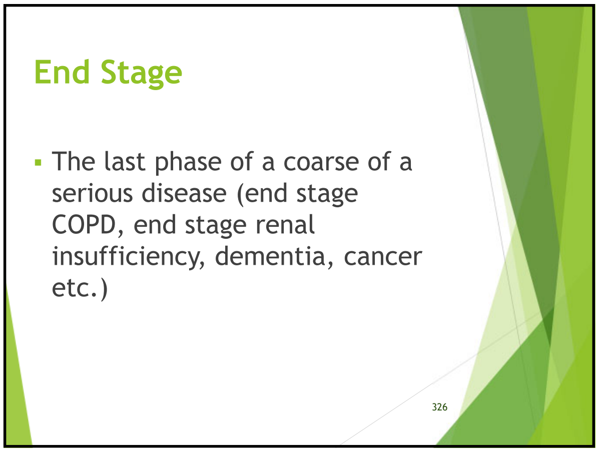
Clarifying End of Life Terms

- It is important that the staff in your facility understand the terms regarding care at the end of life and verify what individuals mean by these terms (resident, responsible party, Physician



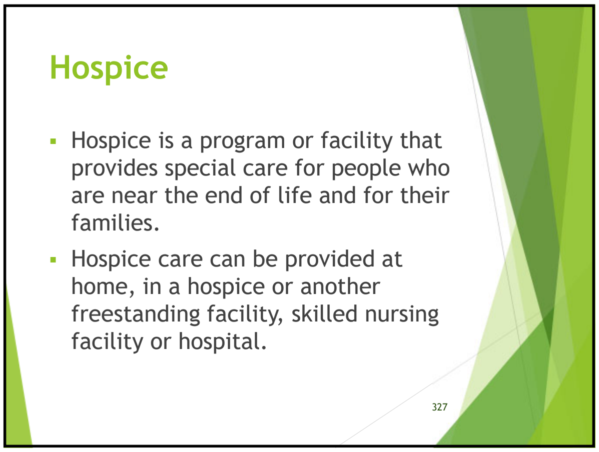
Palliative Care

- Palliative care is the medical specialty focused on relief of pain, stress and other debilitating symptoms of a serious illness
- It is not dependent on prognosis and can be delivered at the same time as a treatment that is meant to cure you
- The goal is to try and prevent suffering and provide the best possible quality of life



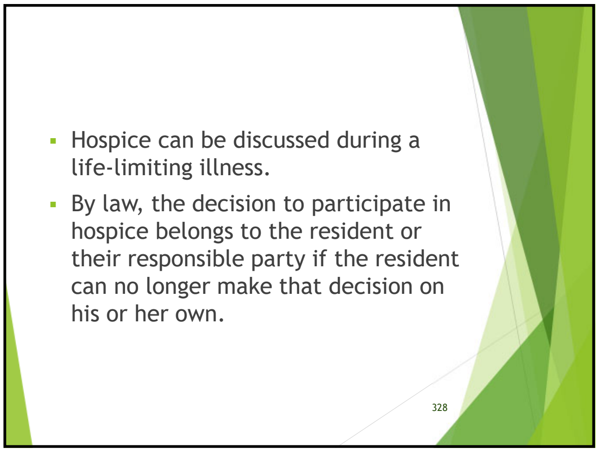
End Stage

- The last phase of a coarse of a serious disease (end stage COPD, end stage renal insufficiency, dementia, cancer etc.)

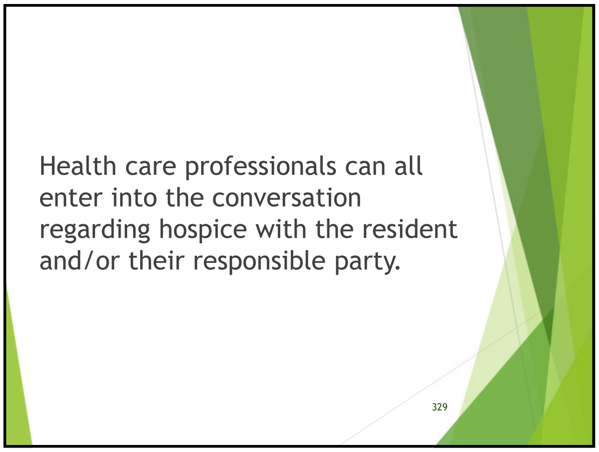


Hospice

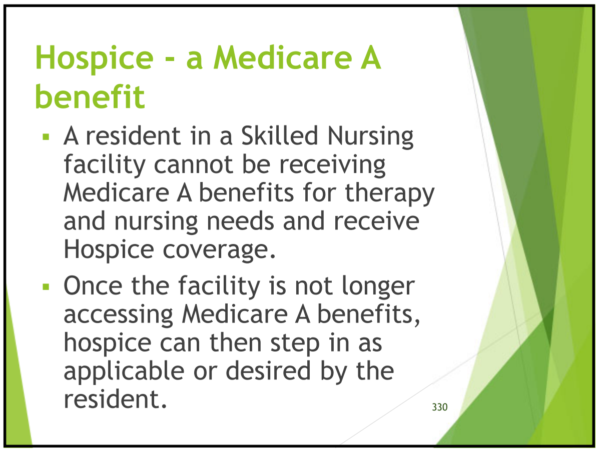
- Hospice is a program or facility that provides special care for people who are near the end of life and for their families.
- Hospice care can be provided at home, in a hospice or another freestanding facility, skilled nursing facility or hospital.



- Hospice can be discussed during a life-limiting illness.
- By law, the decision to participate in hospice belongs to the resident or their responsible party if the resident can no longer make that decision on his or her own.



Health care professionals can all enter into the conversation regarding hospice with the resident and/or their responsible party.



Hospice - a Medicare A benefit

- A resident in a Skilled Nursing facility cannot be receiving Medicare A benefits for therapy and nursing needs and receive Hospice coverage.
- Once the facility is not longer accessing Medicare A benefits, hospice can then step in as applicable or desired by the resident.

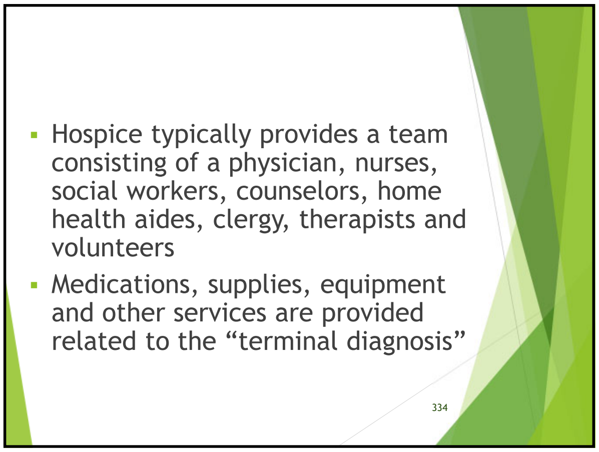
Once hospice always hospice…

This is a false statement

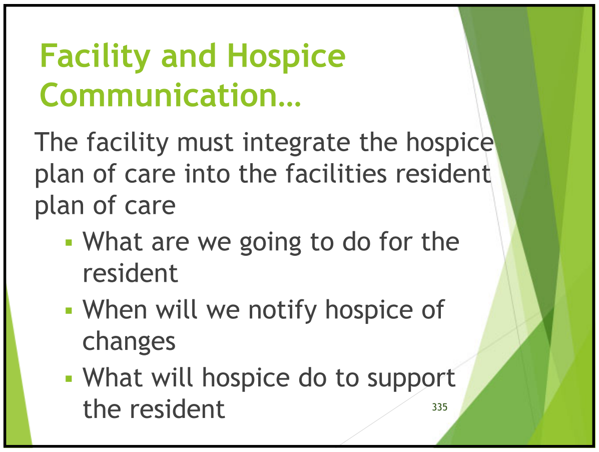
- Residents can enter and leave hospice multiple times
- The criteria for entering hospice is six months or less to live as determined by the resident’s physician
- A resident, however, can show signs of recovery

- The facility needs to have a hospice contract in place with the hospice provider
- Hospice will contact the resident’s physician to make sure that they agree to hospice and that it is appropriate for the resident at this time

- The resident will have to sign a consent form and appropriate insurance forms
- Medicare forms will also tell the resident how electing the Medicare Hospice benefit will affect their other Medicare coverage



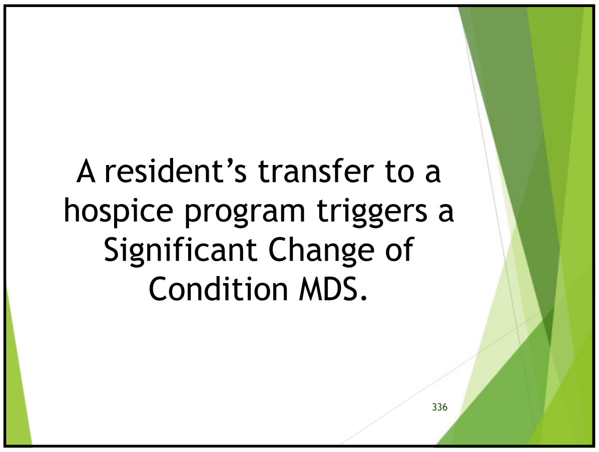
- Hospice typically provides a team consisting of a physician, nurses, social workers, counselors, home health aides, clergy, therapists and volunteers
- Medications, supplies, equipment and other services are provided related to the “terminal diagnosis”



Facility and Hospice Communication…

The facility must integrate the hospice plan of care into the facilities resident plan of care

- What are we going to do for the resident
- When will we notify hospice of changes
- What will hospice do to support the resident



A resident’s transfer to a hospice program triggers a Significant Change of Condition MDS.

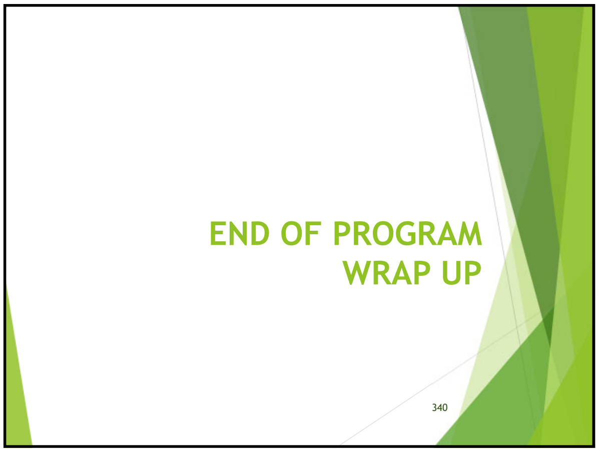
Hospice is a wonderful collaborative program with the nursing facility and brings a very person centered approach to end of life care

Care Recommendations

- Compassion and Respect at the End of Life
- Steps and Tools to help nursing homes with good end of life care
- Endorsed by CMS and CDPH
- Available at www.coalitionCCC.org

CARE RECOMMENDATIONS

Compassion And Respect toward the End of life



END OF PROGRAM WRAP UP