


# Regulatory, Survey and Quality Updates

Change is Inevitable  
Session R13  
OHCA Annual Convention  
04/2015

**Shane Craycraft**  
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## Content

- Interview Questions for Clinical Leadership
- Responsibilities of the Clinical Leader
- Who Are You?
- Evaluating Clinical Leadership's Performance
  - Review CMS Interpretive Guidelines
  - Focus Areas for Quality Assurance Process
  - Auditing Methods & Collection of Data
  - Interpretation of Data
  - Implementing a corrective plan
  - Case Studies

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## Clinical Leadership Interview Questions

1. Describe your nursing leadership experience.
2. Describe your leadership, or management style
  - Your communication style
  - Your decision making style
  - Team building experience
  - Staff education experience




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### Clinical Leadership Interview Questions

- 1. How have you handled challenging residents?
  - Families
  - Staff
  - Employee conflicts
- 2. Describe your ideal DON/Administrator working relationship
- 3. What findings have you had in your surveys and what have you done to correct them? How would you describe your relationship with surveyors?

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### Clinical Leadership Interview Questions

- 4. Have you had involvement helping to increase the census at a facility?
- 5. In what area do you need additional training or experience? How would you like to see your orientation/training accomplished?

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### Clinical Leadership Interview Questions

- 6. Your experience in working with clinical leadership resource/support staff?
- 7. Describe your most significant accomplishment in your long term nursing home management career.
- 8. Is there anything else you would like to add concerning your qualifications for, or interest in, this position?

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## Clinical Leadership Job Duties

- Policy and Procedure Changes
- Customer Service
- Nursing Development and Leadership Training
- Time Management
- Nursing Standards of Practice
- Developing Communication lines- Shift reports, Stand up meetings, etc.

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## Clinical Leadership Job Duties

- Nursing Clinical Policy & Procedure Manuals-
  - Abuse, Neglect & Misappropriation
  - Falls
  - Skin
  - Restraints
  - Restorative Nursing
  - Behaviors
  - Pain
  - Infection Control
  - Lab Tracking- Coumadin
  - Documentation- Photographs?



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## Clinical Leadership Job Duties

- Emergency Response Planning
- Advance Directives
- Risk Management
- Investigation- Ohio Department of Health Self Reporting Criteria
- Quality Indicators

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## Clinical Leadership Job Duties

- State Survey and Regulatory Requirements
  - Knowledge of State (Licensure) and Federal (Certification) Regulations
  - Survey Education Preparedness
  - Survey Management
  - Plan of Correction development and implementation
  - Quality Assurance

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## Clinical Leadership Job Duties

- Monitoring of Nursing Budgets
  - Staffing- Hours per patient day (HPPD)
  - Recruiting, Hiring, Employee Discipline
  - Nursing Staff Evaluations
  - Coordination of Nursing Staff Orientation
  - Monitoring of Nursing Staff

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## Clinical Leadership Job Duties

- Duties that direct billing
  - Level of Care (LOC),
  - Pre-Admission Screening and Resident Review (PASRR),
  - Medicare Skilling Criteria,
  - Medicare Certification/Re-certification
  - MDS Coding and Scheduling

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## Clinical Leadership Job Duties

### Summary

- The DON touches every department.
  - Accounting (MDS, Certs, Re-certs)
  - Maintenance- (Floor Schedules, grab bars)
  - Dietary (Meal times, specialized diets)
  - Environmental Services (Cleaning times, rooms)
  - Medical Supplies
  - Activities (Part of plan of care)
  - Social Services (Hospice)
  - Admissions (LOC, PASRR)

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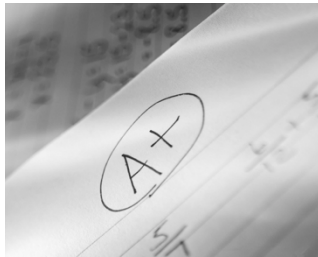
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## How do you evaluate the Clinical Leadership's performance?



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## What is Quality?



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### Is Quality Personal Satisfaction?

- Resident and Family Satisfaction?
  - General Satisfaction with facility
  - Choices
    - Can I choose when I get Up?
    - Can I choose when I go to bed?
    - Personalization- Can I decorate my room the way I want?

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### Is Quality Based Simply on Personal Choice?

- Choice in Dining
  - Restaurant-style dining in which food is brought from the food preparation area to residents per the residents' orders;
  - Buffet-style dining in which residents obtain their own food or have the facility's staff bring food to them, per the residents' directions, from the buffet;
  - Family-style dining in which food is customarily served on a platter and shared by residents;
  - Open dining in which residents have at least a two-hour period to choose when to have a meal;
  - Twenty-four-hour dining in which residents may order meals from the facility any time of the day.

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### Is Quality Based Simply on Personal Choice?

- Choice in Bathing  
The facility's residents must be able to take a bath or shower as often as they choose.
- Advance Care Planning  
The facility's residents have the opportunity to discuss their goals for the care they are to receive at the facility, including their preferences for advance care planning, with a member of the residents' healthcare team that the facility, residents, and residents' sponsors consider appropriate.

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### Is Quality Based Simply on Personal Choice?

- Private Rooms  
A certain percentage of the facility's Medicaid-certified beds must be in private rooms.
- Eliminate Overhead Paging  
To receive the quality incentive point for this measure, the facility must maintain a written policy that prohibits the use of overhead paging systems or limits the use of overhead paging systems to emergencies, as defined in the policy. The facility must communicate the policy to its staff, residents, and families of residents.

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### Is Quality Found in Advancing Excellence?

- The Advancing Excellence in America's Nursing Homes Campaign is a major initiative of the Advancing Excellence in Long Term Care Collaborative. The Collaborative assists all stakeholders of long term care supports and services to achieve the highest practicable level of physical, mental, and psychosocial well-being for all individuals receiving long term care services.



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### Is Quality Found in Advancing Excellence?

- Does a Quality Process equal Quality?
  - Consistent Assignment
  - Hospitalization/Re-Hospitalization
  - Person Centered Care
  - Staff Stability (Turnover vs. Retention)

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### Is Quality Found in Advancing Excellence?

- Do Quality Clinical Outcomes equal Quality?
- Infection Rates are kept low
- Medication utilization is monitored
- Mobility- Focus on therapy. Mobility equals freedom
- Pain- Low percentages of pain
- Pressure Ulcers- Low percentages of ulcers

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### AHCA Quality Initiative

◦ [http://www.ahcancal.org/quality\\_improvement/qualityinitiative/Pages/default.aspx](http://www.ahcancal.org/quality_improvement/qualityinitiative/Pages/default.aspx)

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### AHCA Quality Initiative

1. Safely Reduce Hospital Readmissions: By March 2015, reduce the number of hospital readmissions within 30 days during a SNF stay by 15%.
2. Increase Staff Stability: By March 2015, reduce turnover among nursing staff (RN, LPN/LVN, CNA) by 15%.
3. Increase Customer Satisfaction: By March 2015, increase the number of customers who would recommend the facility to others up to 90%.
4. Safely Reduce the Off-Label Use of Antipsychotics: By December 2012, reduce the off-label use of antipsychotic drugs by 15%.

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## Is Quality Found in CMS Quality Measures?

- Pain  
Not more than 13.35% of the facility's long-stay residents report severe to moderate pain.
- Pressure Ulcers  
Not more than 5.73% of the facility's long-stay, high-risk residents may have been assessed as having one or more stage two, three, or four pressure ulcers.
- Restraints  
Not more than 1.52% of the facility's long-stay residents may be physically restrained.
- Urinary Tract Infections  
Less than 7.78% of the facility's long-stay residents may have had a urinary tract infection.

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## Is Quality a Good Survey?

- No health deficiency with a scope and severity greater than F.
- No deficiency that constitutes a substandard quality of care.



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## What is Quality?

- Is it satisfaction?
- Is it choice?
- Is it about having the right processes in place?
- Is it about clinical outcomes?

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## Harvard Medical School Defines Quality

- Staffing Levels
- Staffing mix
- Staff Turnover
- Assists with ADL's
- Infections Resident Services
- Physical/Chemical Restraints
- **Delivery of "hotel" services**
- use of urinary catheters
- Resident centeredness
- Survey Deficiencies
- Hospitalizations
- Urinary Incontinence
- Functional status change
- Pain Control
- Depression
- Injuries
- Pressure Ulcers
- Weight Loss
- Patient/Family Satisfaction
- Staff Satisfaction
- Medicare/Medicaid Spending

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## Measuring Our Progress

1. % of residents with one or more falls with major injury
2. % of residents with a UTI
3. % of residents who self-report moderate to severe pain
4. % of high-risk residents with pressure ulcer
5. % of low-risk residents with loss of bowels or bladder
6. % of residents with catheter inserted or left in bladder
7. % of residents physically restrained
8. % of residents whose need for help with ADL has increased
9. % of residents who lose too much weight
10. % of residents who have depressive symptoms
11. % of residents who received antipsychotic medications
12. % of residents assessed and appropriately given flu vaccine\*\*
13. % of residents assessed and appropriately given pne vaccine\*\*

\*\*We reversed the direction of the two vaccination measures because they are directionally opposite of the other measures. We did this by subtracting the numerator from the denominator to obtain a "new" numerator. By keeping all measure directions consistent, we are able to interpret the composite score as: the lower, the better.




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## Attempts at Better Quality

- Historic Approach- Increased regulation and oversight
  - OBRA, MDS, Minimum Staffing Standards...
- New Approaches
  - Pay for Performance/Quality Incentives
  - Report Cards- 5 Star
  - ACO/Managed Care Networks
  - Integrated Care Delivery System (ICDS)

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## Payment 4 Performance-Medicaid Financial Incentives

**Table 3. Summary of the Size of Financial Incentives Used in State Nursing Home Pay-for-Performance (P4P) Programs**

	Maximum Per Diem Add-On	Average Per Diem Rate <sup>a</sup>	Total Paid in P4P Bonuses (in millions)	P4P Bonuses as Percentage of Nursing Home Budget
Colorado	\$4.00	\$143.75	— <sup>b</sup>	— <sup>b</sup>
Georgia	1.0% <sup>c</sup>	\$119.51	\$5.0	0.4
Iowa	\$3.68	\$102.56	\$6.7	1.4
Kansas	\$3.00	\$101.81	\$2.4	0.7
Minnesota	2.4% <sup>c</sup>	\$137.01	\$12.0	1.4
Ohio <sup>d</sup>	\$6.16	\$157.00	\$18.4	0.6
Oklahoma	\$5.45	\$96.20	\$12.7	1.8
Utah	\$0.60	\$105.55	\$1.0	0.7
Vermont	— <sup>e</sup>	\$147.24	\$0.1	0.1

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## Werner Nursing Home Study 2013

### PROS AND CONS OF PAY-FOR-PERFORMANCE IN HEALTH CARE

PROS	CONS
Can align the interests of the payers and providers to deliver higher-quality care	Difficult to design programs to encourage intended behavior while preventing unintended behavior such as cheating and avoidance of high-risk patients
Performance bonuses can be invested in efforts to further improve quality	May undermine health care professionals' intrinsic motivation to provide high-quality care
Can focus providers' attention on meeting specific performance targets	May fail to motivate system-level changes to improve population health

SOURCE ANDREW M. RYAN AND RACHEL M. WERNER HBR.ORG

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## Managed Care Ideas (AHCA)

	Model 1: Medicare Advantage	Model 2: Medicaid LTSS-Only	Model 3: Medicaid-Only	Model 4: Medicare-Medicaid Integration
<b>Medicaid Services for which Managed care contractor is at risk*</b>	None	Home and Community-Based Services (HCBS) Nursing Center	HCBS Nursing Center Medicaid-Covered Primary Care Services Medicaid-Covered Pharmacy	HCBS Nursing Center Medicaid-Covered Primary Care Services Medicaid-Covered Pharmacy
<b>Medicare Services for which Managed care contractor is at risk*</b>	Medicare Acute Care Benefits Part D	None	None	Medicare Acute Care Benefits Part D

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**National Quality Strategy promotes better health, healthcare, and lower cost**

Report to Congress  
**National Strategy for Quality Improvement in Health Care**  
March 2011

The **Affordable Care Act (ACA)** requires the Secretary of the Department of Health and Human Services (HHS) to establish a **national** strategy that will improve:

- The delivery of health care services
- Patient health outcomes
- Population health



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**Most Important Focus?**

- Survey rules the current Quality environment!



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**Who Are You?**

What Does Your Hospital Want?

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## The Statistics

- From 2010 to 2020, the 60 + population in Ohio will grow by 28%.
- From 2010 to 2020, Ohio's population is expected to increase by 5%
- 12,000 Ohioans turn 60 each month
- By 2020, the population in Ohio will increase by 43%
- By 2050, 1 million Ohioans will be over the age of 85

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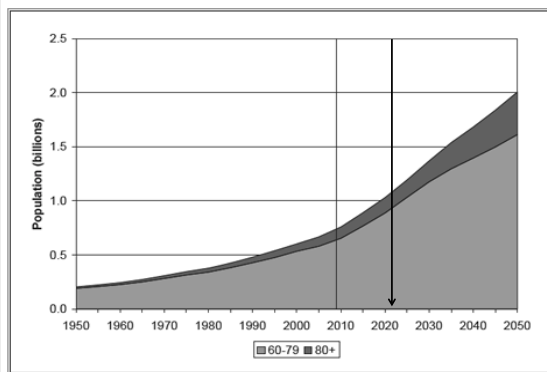
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Projected Acceleration of Population Aging




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## Age Distribution

Age	State Average	National Average
Less than 25 years	Less than 1%	Less than 1%
25 to 54 years	7.8%	5.9%
55 to 64 years	12.5%	10.2%
65 to 74 years	18.1%	17.5%
75 to 84 years	27.4%	28.1%
Greater than 84	34%	38%

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## Gender Distribution

Gender	State Average	National Average
Male	36.2%	36.2%
Female	63.8%	63.8%

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## Payment Sources

Payment Sources	Peer Group Percentage
Medicaid or Medicaid Pending	68%
Medicare	19%
Private Pay	11%
Other	2%

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## Length of Stay

Length of Stay	Peer Group Percentage
<i>Less than 3 months</i>	<i>19%</i>
<i>3 to 12 months</i>	<i>29%</i>
<i>13 to 70 months</i>	<i>32%</i>
<i>Greater than 70 months</i>	<i>6%</i>
<i>Unknown</i>	<i>14%</i>

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# Atrium Medical Center

Inpatient Utilization Statistics		FY 2013	FY 2012	FY 2011	FY 2010	FY 2009
Case Mix Index		1.6464	1.6373	1.6591	1.6274	1.5696
Medical MS-DRGs		77.39%	77.22%	76.90%	76.42%	74.48%
Surgical MS-DRGs		22.61%	22.78%	23.10%	23.58%	25.52%
Routine Discharges to home		1,183	1,503	1,772	2,010	2,251

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## Atrium Medical Center

Discharges to other acute care hospitals	56	60	65	82	94
Discharges to Skilled Nursing Facilities (SNF)	847	884	946	1,137	1,252
Deaths	91	93	143	153	185
Other Discharges	1,521	1,359	1,351	1,580	1,465
<b>Total Discharges</b>	<b>3,698</b>	<b>3,899</b>	<b>4,277</b>	<b>4,962</b>	<b>5,247</b>
Psychiatric Discharges (DPU, included in Total)	233	253	251	147	264
Rehabilitation Discharges (DPU, included in Total)	196	178	187	230	206
Medicare Advantage (HMO) Discharges (NOT included in Total)	2,197	2,189	1,990	1,840	N/A

# Market Share Calculation

Categories	Numbers
Hospital Discharges	1200
Admissions to your SNF	250
Percentage of Your SNF's Market Share	21%
Number of SNF's in Your Market	5
Even Distribution of Market Share Discharges	240
Percentage of Even Distribution of Market Share Discharges	20%

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# Atrium Medical Center

## Statistics by Medical Service

• Costs calculated per hospital's cost report for the period ending 12/31/2012. / Definitions

	Number Medicare Inpatients	Average Length of Stay	Average Charges	Average Cost	Medicare CMI	CMI Adjusted Avg. Cost
Cardiology	493	3.9	\$36,212	\$16,345	1.1172	\$14,630
Cardiovascular Surgery	142	6.7	\$126,125	\$59,592	3.8574	\$15,449
Medicine	895	5.7	\$37,469	\$20,266	1.2639	\$16,035
Neurology	232	4.3	\$37,188	\$17,359	1.2418	\$13,979
Oncology	43	6.7	\$53,915	\$26,246	1.6463	\$15,943
Orthopedic Surgery	350	4.6	\$72,791	\$35,882	2.5442	\$14,103
Orthopedics	73	3.9	\$26,888	\$12,628	1.0734	\$11,764
Psychiatry	239	5.9	\$25,508	\$16,080	0.9454	\$17,009
Pulmonology	578	5.4	\$44,243	\$21,947	1.4872	\$14,757
Surgery	237	8.8	\$102,631	\$47,646	3.7344	\$12,759
Surgery for Malignancy	37	3.0	\$60,115	\$22,805	1.6562	\$13,769
Urology	327	4.6	\$35,426	\$17,169	1.2167	\$14,111
Vascular Surgery	36	5.6	\$78,643	\$33,196	2.1905	\$15,154
<b>TOTAL</b>	<b>3,698</b>	<b>5.32</b>	<b>\$48,924</b>	<b>\$24,081</b>	<b>1.6464</b>	<b>\$14,626</b>

## Mercy Hospital Fairfield

Inpatient Utilization Statistics	FY 2013	FY 2012	FY 2011	FY 2010	FY 2009
Case Mix Index	1.5345	1.5262	1.4761	1.4784	1.5288
Medical MS-DRGs	76.97%	75.69%	76.46%	74.67%	72.37%
Surgical MS-DRGs	23.03%	24.31%	23.54%	25.33%	27.63%
Routine Discharges to home	2,404	2,474	2,447	2,387	2,208

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### Mercy Hospital Fairfield

Discharges to other acute care hospitals	46	37	29	38	26
Discharges to Skilled Nursing Facilities (SNF)	1,061	1,025	1,043	1,113	1,259
Deaths	103	100	89	101	116
Other Discharges	1,097	1,259	1,261	1,249	1,259
<b>Total Discharges</b>	<b>4,711</b>	<b>4,895</b>	<b>4,869</b>	<b>4,888</b>	<b>4,868</b>
Rehabilitation Discharges (DPU, included in Total)	190	182	150	128	
Medicare Advantage (HMO) Discharges (NOT included in Total)	3,063	2,576	896	2,184	N/A

## Mercy Hospital Fairfield

### Statistics by Medical Service

\* Costs calculated per hospital's cost report for the period ending 12/31/2012. / Definitions

	Number Medicare Inpatients	Average Length of Stay	Average Charges	Average Cost	Medicare CMI	CMI Adjusted Avg. Cost
Cardiology	896	3.4	\$21,856	\$6,080	1.0310	\$5,897
Cardiovascular Surgery	319	4.7	\$83,645	\$25,380	3.4004	\$7,464
Gynecology	18	2.3	\$30,753	\$8,070	1.1112	\$7,263
Medicine	1,273	4.8	\$23,059	\$6,980	1.2159	\$5,741
Neurology	266	3.0	\$19,707	\$4,777	1.0483	\$4,557
Oncology	56	5.4	\$34,404	\$9,656	1.5219	\$6,345
Orthopedic Surgery	242	4.6	\$48,416	\$15,702	2.3320	\$6,733
Orthopedics	90	3.9	\$18,396	\$5,442	1.0357	\$5,255
Psychiatry	22	3.5	\$19,489	\$4,991	0.9117	\$5,474
Pulmonology	629	4.5	\$25,663	\$7,389	1.4043	\$5,261
Surgery	359	6.7	\$56,114	\$16,174	2.8381	\$5,699
Urology	426	4.1	\$21,878	\$6,455	1.1119	\$5,806
Vascular Surgery	94	5.1	\$61,000	\$17,299	2.1598	\$8,009
<b>TOTAL</b>	<b>4,711</b>	<b>4.43</b>	<b>\$31,641</b>	<b>\$9,300</b>	<b>1.5345</b>	<b>\$6,060</b>

## Entered Facility From:

Entered Facility From	State Average	National Average
Community	9.0%	10.6%
Another Nursing Home	7.4%	6.4%
Acute Hospital	79.9%	78.7%
Psychiatric Hospital	1.8%	2.1%
Inpatient Rehab	0.4%	0.7%
ID/DD Facility	0.1%	0.1%
Hospice	0.5%	0.3%
LTAC	0.3%	0.2%
Other	0.5%	0.8%

## Hospital Interactions

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### INTERACT

- **INTERACT (Interventions to Reduce Acute Care Transfers)** is a quality improvement program that focuses on the management of acute change in resident condition. It includes clinical and educational tools and strategies for use in every day practice in long-term care facilities.



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### INTERACT Programs

- **Advanced Care Planning Tools**
- **Communication Tools**
  - Inside the SNF
  - To the Hospital
- **Decision Support Tools**
- **Quality Improvement Tools**

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**Engaging Hospitals** 

- Transitions in care require two partners.
- The best 'sending' to the acute care setting is only meaningful if the receiver uses the information.
- INTERACT facilities should stand ready to accept the patient back to the facility and avoid a hospitalization, if safe and appropriate.
- INTERACT facilities can influence improved methods of communication and transitioning patients from hospital to NH.
- INTERACT facilities will demonstrate their value-added in an increasingly competitive post-acute care business environment.

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**Quality Improvement Tool**  
*For Review of Acute Care Transfers* 

- Risk Factors for Hospitalization and Re-Admission**
- Describe the Acute Change and Factors that Contributed to the Transfer
- Describe Actions Taken To Evaluate and Manage the Change Prior to Transfer
- Describe the Hospital Transfer
- Identify Opportunities for Improvement

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 **Hospital Transfers**

Admission Log Transfer Log Trends Hospital Rates QI Reviews QI Analysis

Resident Characteristics Changes in Condition Actions Taken Hospital Transfer Info Improvement Opportunities

QI Analysis - Resident Characteristics

- Display Filters
- Resident Age
- Resident Conditions that Increase Risk for Hospitalization
- Other Hospital Admission
- Emergency Department Visit Without Hospital Admission

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### Hospital Metrics- MH

- 30 Day All Cause Re-admission Rate
- 30 Day All Cause Readmission Rate for Patients admitted with diagnosis of HF, Diabetes, COPD, Joint Replacement
- Physician Visit within 7 days of discharge from Acute Care Facility
- Number of ER visits with 30 days of admission to a SNF
- Nursing Home Compare Report
- COA Family/Resident Satisfaction Reports

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### Hospital Metrics- TH

- Data collected only for Ortho (TKA, THA, Hip Fx and Shoulder)
- Infections from Surgical sites or UTI's
- Re-hospitalization within 30 days with Admitting Dx
- VTE Treatment
- Therapy/ADL Disposition
- DC from SNF to Where? Name of Home Health

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### Regulatory Considerations

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### QAA Definitions

- Quality Assessment is an evaluation of a process and/or outcomes of a process to determine if a defined standard of quality is being achieved.
- Quality Assurance is the organizational structure, processes, and procedures designed to ensure that care practices are consistently applied and the facility meets or exceeds an expected standard of quality...

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### QAA Definitions

- Quality Deficiencies are potential markers of quality that the facility considers to be in need of investigating and which, after investigation, may or may not represent a deviation from quality that results in a potential or actual undesirable outcomes. The term "quality deficiency" in this regulation is meant to describe a deficit or an area for improvement. This term is not synonymous with a deficiency cited by surveyors.

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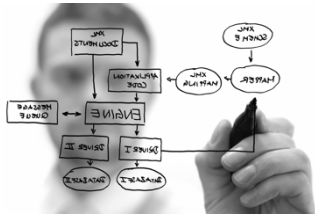
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### QAA Definitions

- Quality Improvement is an ongoing interdisciplinary process that is designed to improve the delivery of services and resident outcomes.



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### QA&A Objectives

- Keeping systems functioning satisfactorily and consistently including maintaining current practice standards;
- Prevention deviation from care processes from arising, to the extent possible;
- Discerning issues and concerns, if any, with facility systems and determining if issues/concerns are identified; and
- Correcting inappropriate care processes.

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### F520 Investigative Protocol

- "If the survey team's review of the QAA records reveal that the committee is making good faith efforts to identify quality deficiencies and to develop action plans to correct quality deficiencies, this requirement(F520) should not be cited."

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### F520 Investigative Protocol

- "...However, if the survey team had already independently (not through use of records) identified noncompliance in the same areas as those that have been selected by the QAA committee, the team is expected to cite the noncompliance for the other requirements."

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## Quality Assurance/ Performance Improvement

- Known as "QAPI"
- "QAPI is a data-driven, proactive approach to improving the quality of life, care and services in nursing homes. The activities of QAPI involve members at all levels of the organization to:
  - Identify opportunities for improvement
  - address gaps in systems or processes;
  - develop and implement an improvement or corrective plan, and;
  - continuously monitor effectiveness of interventions."
- Expansion of F520 Quality Assurance and Assessment
- 5 Elements




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## CMS Interpretive Guidelines

- Identify- the process through which the facility becomes aware of potential hazards;
- Evaluate- evaluation and analyzing of hazards and risks.
- Implement- implementation of interventions to reduce hazards and risks; and
- Monitor- monitoring for effectiveness and modifying interventions when necessary.

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## The Execution Gap

The "Execution Gap" usually occurs when there is a failure to implement planned interventions, or when the work process outputs are not translated and incorporated into the actual hands-on delivery of service or the resident outcomes process. The lack of follow through or break in the process is the source of lawsuits, regulatory deficiencies, poor quality indicator/quality measure outcomes and unsatisfied customers.

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# QAPI Element #1: Design and Scope

**Element 1: Design and Scope**

A QAPI program must be ongoing and comprehensive, dealing with the full range of services offered by the facility, including the full range of departments. When fully implemented, the QAPI program should address all systems of care and management practices, and should always include clinical care, quality of life, and resident choice. It aims for safety and high quality with all clinical interventions while emphasizing autonomy and choice in daily life for residents (or resident's agents). It utilizes the best available evidence to define and measure goals. Nursing homes will have in place a written QAPI plan adhering to these principles.



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# QAPI Element #2: Governance & Leadership

**Element 2: Governance and Leadership**

The governing body and/or administration of the nursing home develops a culture that involves leadership seeking input from facility staff, residents, and their families and/or representatives. The governing body assures adequate resources exist to conduct QAPI efforts. This includes designating one or more persons to be accountable for QAPI, developing leadership and facility-wide training on QAPI, and ensuring staff time, equipment, and technical training as needed. The Governing Body should foster a culture where QAPI is a priority by ensuring that policies are developed to sustain QAPI despite changes in personnel and turnover. Their responsibilities include, setting expectations around safety, quality, rights, choice, and respect by balancing safety with resident-centered rights and choice. The governing body ensures staff accountability, while creating an atmosphere where staff is comfortable identifying and reporting quality problems as well as opportunities for improvement.



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# QAPI Element #3: Feedback, Data Systems, Monitoring

**Element 3: Feedback, Data Systems and Monitoring**

The facility puts systems in place to monitor care and services, drawing data from multiple sources. Feedback systems actively incorporate input from staff, residents, families, and others as appropriate. This element includes using Performance Indicators to monitor a wide range of care processes and outcomes, and reviewing findings against benchmarks and/or targets the facility has established for performance. It also includes tracking, investigating, and monitoring Adverse Events that must be investigated every time they occur, and action plans implemented to prevent recurrences.



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### Data Element #4: Performance Improvement Projects (PIP's)

**Element 4: Performance Improvement Projects (PIPs)**

A Performance Improvement Project (PIP) is a concentrated effort on a particular problem in one area of the facility or facility wide; it involves gathering information systematically to clarify issues or problems, and intervening for improvements. The facility conducts PIPs to examine and improve care or services in areas that the facility identifies as needing attention. Areas that need attention will vary depending on the type of facility and the unique scope of services they provide.



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### QAPI Element #5: Systematic Analysis and Action

**Element 5: Systematic Analysis and Systemic Action**

The facility uses a systematic approach to determine when in-depth analysis is needed to fully understand the problem, its causes, and implications of a change. The facility uses a thorough and highly organized/ structured approach to determine whether and how identified problems may be caused or exacerbated by the way care and services are organized or delivered. Additionally, facilities will be expected to develop policies and procedures and demonstrate proficiency in the use of Root Cause Analysis. Systemic Actions look comprehensively across all involved systems to prevent future events and promote sustained improvement. This element includes a focus on continual learning and continuous improvement.



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### Top 10 Citations The Usual Suspects

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### Top Ten 2014 Health Deficiencies - Nursing Homes

- F323 - Accidents & supervision (289)
- F309 - Quality of care (257)
- F441 - Infection control (239)
- F371 - Sanitary conditions, food prep & service (191)
- F329 - Unnecessary drugs (183)
- F225 - Investigate/report allegations (137)
- F226 - Develop/implement abuse & neglect policies (129)
- F157 - Notify of changes (Injury/decline/room) (122)
- F279 - Develop comprehensive care plans (120)
- F314 - Pressure Sores (108)

Data as of March 30, 2015




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### Top Ten 2014 Life Safety Code Deficiencies - Nursing Homes

- K062 - Automatic sprinkler systems are operable (252)
- K038 - Exits readily accessible at all times (203)
- K018 - Corridor doors (194)
- K029 - Hazardous areas (188)
- K144 - Inspect, test and maintain generators (186)
- K050 - Fire drills (175)
- K052 - Fire alarm system (170)
- K147 - Management of electrical equipment (166)
- K056 - Automatic sprinkler exist and installed properly (123)
- K025 - Smoke barriers (118)




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### Top 10 RCF Citations

TAG	TITLE	FREQUENCY
R0277	Building, plumbing & fire safety requirements	80
R0233	Dietary Services; Supervision of Special Diets	60
R0255	Changes in resident health status; incident	40
R0146	Qualifications and Health of Personnel	33
R0234	Dietary Services; Supervision of Special Diets	31
R0197	Personal Care Services	27
R0332	Building maintenance, Equipment, Supplies	25
R0177	Resident Health Assessments	23
R0309	Space Requirements	21
R0161	Qualifications And Health of Personnel	21

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## Top 10 ICF/ID Citations

TAG	TITLE	FREQUENCY
W0120	Program implementation	58
W0120	Services provided with outside sources	56
W0369	Drug administration	52
W0149	Staff treatment of clients	39
W0331	Nursing Services	38
W0436	Space and Equipment	31
W0153	Staff treatment of clients	31
W0247	Individual Program Plan	29
W0154	Staff treatment of clients	28
W0192	Staff training program	28

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**2014 Nursing Home Survey and Enforcement Actions**  
 Annual Inspections Complaint Investigations  
 Office of Health Assurance and Licensing  
 Feb 2015

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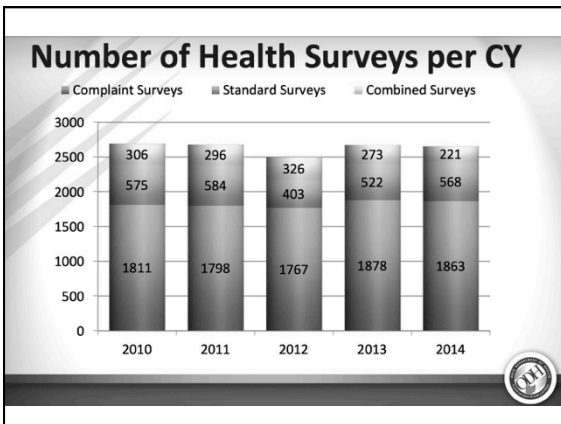
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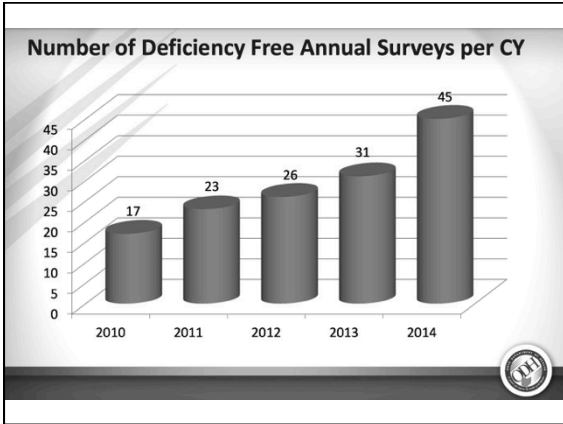
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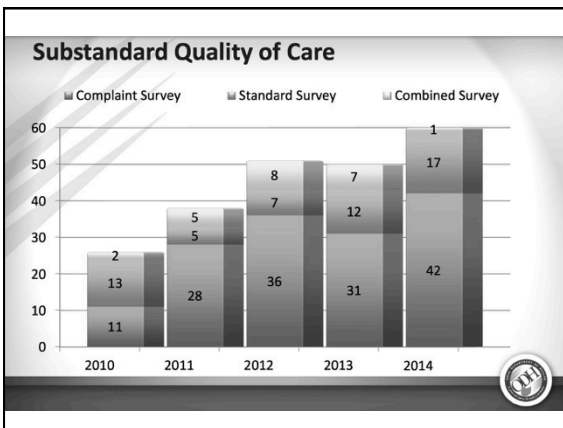
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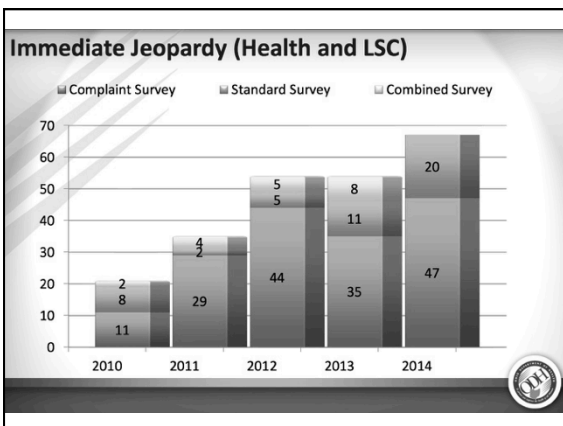
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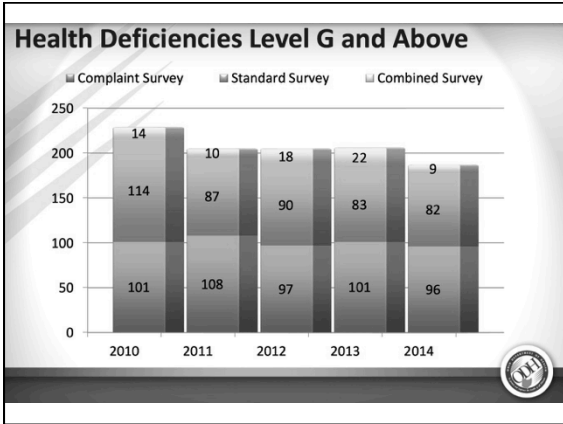
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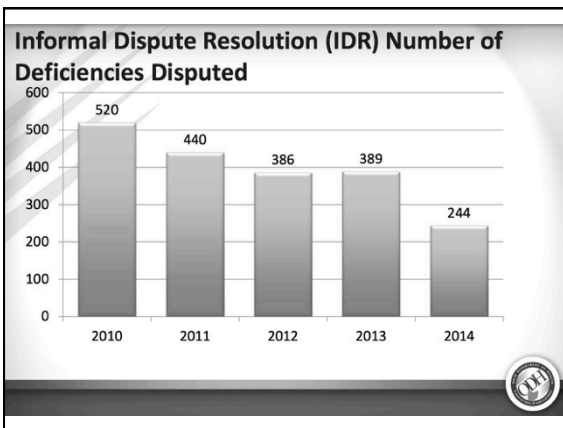
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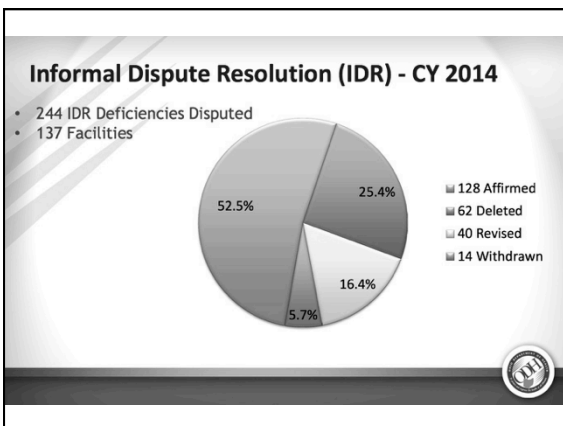
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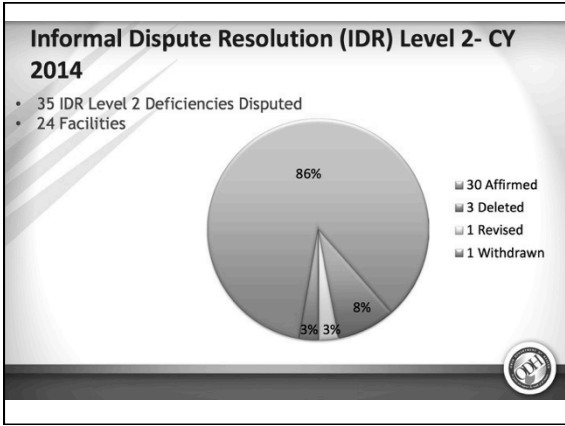
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### Informal Dispute Resolution (IIDR) - CY 2012 & 2014

	2012	2013	2014
Affirmed	23	17	29
Deleted	4	4	10
Revised	7	2	5
Withdrawn	0	0	5*
Total	34	23	48

\*These IDRs were not conducted due to conflicts between the dispute resolution processes of CFR 488.331 and 488.431.

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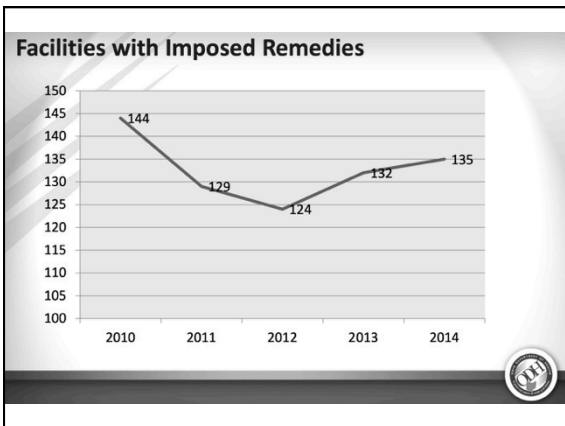
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**Imposed Remedy Summary CY 2009 - 2014**

Remedy Description	2010	2011	2012	2013	2014
CMPs	137	126	124	139	137
Denial of Payment (Discretionary and Mandatory)	13	20	21	11	17
Directed In-Service	21	26	8	2	0
Termination	0	0	0	2	2
State Monitoring	0	0	2	1	0



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Ohio Department of Health  
Division of Quality Assurance  
Quarterly Nursing Home Report  
Issue 15, January 2015

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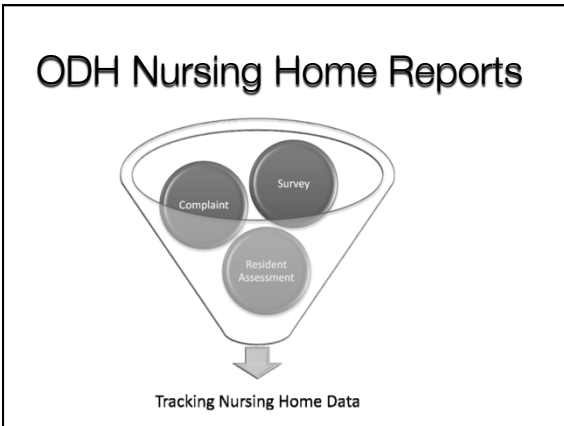
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# Quarterly Nursing Home Report

- This report provides information on selected indicators of care and services being provided to nursing home residents in Ohio.
- Data will be pulled each calendar year (CY) quarter and added to the current data in order to assess trends and determine if changes across quarters indicate an actual change in care being provided to residents or if the changes are due to confounding factors, such as seasonal changes or a change in survey process.

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# Quarterly Nursing Home Report

- Comments about QIS from ODH:
- It is a resident-centered, outcome-oriented quality review which entails structured resident, family, and staff interviews, resident observations, record reviews, and analysis of health assessment data.
  - Data from the QIS will be used to track certain quality of care, quality of life and person-centered tags as well as deficiencies constituting immediate jeopardy.
  - Staffing data collected as part of the QIS will also be monitored.

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# Quarterly Nursing Home Report

- Philosophy of the Report:
- ODH believes that three quality of care survey tags pertaining to pressure ulcers, nutrition and weight loss, and hydration merit monitoring because they are indicative of worsening health status.
  - The quality of life and person centered care tags pertaining to resident neglect and mistreatment, resident self-determination and participation, accommodation of needs and housekeeping and environment also bear monitoring.
  - These tags were chosen because they relate to basic fundamental aspects of resident well-being.
  - We are also monitoring deficiencies constituting immediate jeopardy, and violations of federal staffing requirements.

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## Quarterly Nursing Home Report

- o Key Indications selected by ODH:
  - o Falls
  - o Pressure Ulcers
  - o Nutrition/Weight Loss
  - o Hydration
- o These "were chosen because they are indicative of worsening health conditions. Although we are tracking deficiencies in these areas, monitoring of the resident assessment data will provide a more global picture of residents' conditions in nursing homes."

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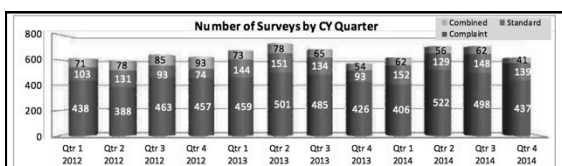
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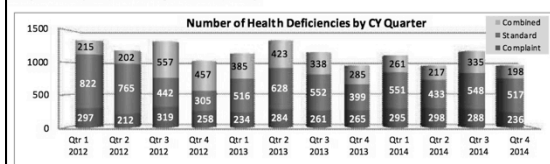
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The above chart shows the total number of surveys by survey type conducted within each CY quarter. A combined survey is a complaint survey conducted during the standard survey.



The above chart shows the total number of health deficiencies cited within each CY quarter. Combined deficiencies are those that are attributed to both the standard and the complaint survey.

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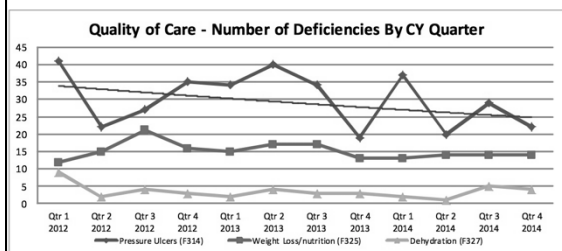
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## Quality of Care Deficiencies




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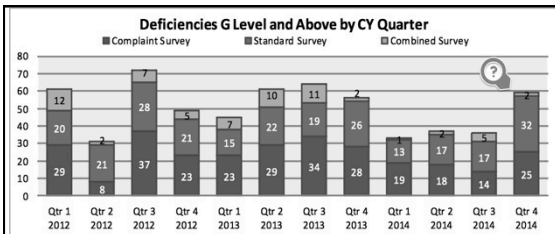
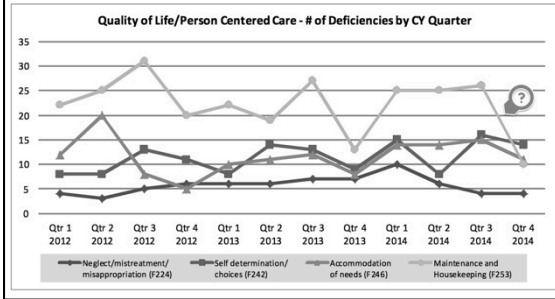
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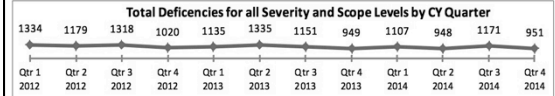
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## Quality of Life/Person Centered Care

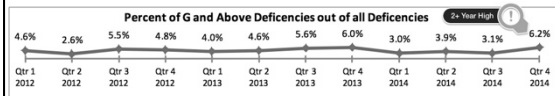


The above chart shows the total number of deficiencies G level and above for all standard and complaint surveys conducted within each CY quarter.



Since 2011 through 2013, the average number of deficiencies per survey has decreased from 2.7 to 1.7.

## G and Above Deficiencies



Issue 15 Page 5 01/31/2015

### Immediate Jeopardy

Immediate Jeopardy by CY Quarters												
	Qtr 1 2012	Qtr 2 2012	Qtr 3 2012	Qtr 4 2012	Qtr 1 2013	Qtr 2 2013	Qtr 3 2013	Qtr 4 2013	Qtr 1 2014	Qtr 2 2014	Qtr 3 2014	Qtr 4 2014
Number of Is	14	2	25	13	10	8	23	14	5	9	22	23
Number of Facilities	9	2	16	10	10	8	11	12	5	9	15	21

The 23 II deficiencies cited during CY - Qtr 4 2014 were under the following 9 tags:

- F221 - Right to be free from physical restraints = 1
- F223 - Free from abuse/involuntary seclusion = 2
- F225 - Investigate/report allegations = 1
- F226 - Develop/implement abuse and neglect policies = 1
- F309 - Provide care/services for highest well-being = 3
- F314 - Treatment, services to prevent and heal pressure ulcers = 2
- F323 - Free of accident hazards/supervision/devices = 11
- F329 - Drug regimen is free from unnecessary drugs = 1
- F441 - Infection control, prevent spread of disease = 1

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### Immediate Jeopardy: Abuse

- Cited at F221, F223, F225 & F226
- F221- Restraints
- Types of Abuse (Verbal, Physical Sexual)
  - Resident to Resident
  - Staff to Resident
  - Visitor to Resident




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### Immediate Jeopardy: Medications

- F329 Drug Regimen is Free from Unnecessary Drugs – Coumadin
- Citation Examples:
  - Medication Errors
  - Dosage Errors
  - Anticoagulant Monitoring




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**Immediate Jeopardy:  
Care and Services**

- F309 Provide Care/Services for Highest Well Being
- Examples:
  - CPR



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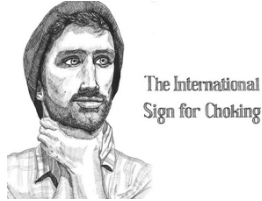
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**Immediate Jeopardy:  
Dietary**

- F309 Provide Care/Services for Highest Well Being Dietary-
- Examples in Dietary
  - Unsupervised Eating
  - Dietary General
  - Paid Feeding Assistant
  - Washer Temperature
  - Food Storage Temp



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**Immediate Jeopardy: Emergency Services**

- F309 Provide Care/Services for Highest Well Being-
- Emergency Services
- Falls, Elopement, Supervision
- Case Study- BiPAP and Emergency Generators



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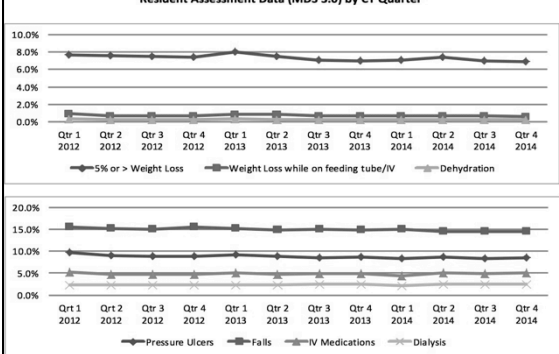
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# Nursing Home Staffing

Federal Minimum Nursing Standards - Number of Deficiencies by CY Quarter

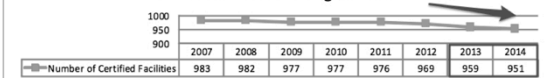
	Qtr 1 2012	Qtr 2 2012	Qtr 3 2012	Qtr 4 2012	Qtr 1 2013	Qtr 2 2013	Qtr 3 2013	Qtr 4 2013	Qtr 1 2014	Qtr 2 2014	Qtr 3 2014	Qtr 4 2014
Sufficient Staff (F353)	10	5	5	4	8	12	6	11	13	8	14	9
RN 8 hrs per day 7 days a week (F354)	6	4	3	1	2	5	4	3	6	2	3	3

Resident Assessment Data (MDS 3.0) by CY Quarter

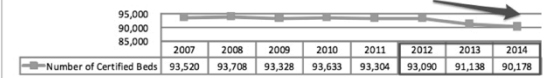


The above chart shows the percent of resident weight loss of 5 percent or more in the last month; weight loss of 5 percent or more while on a feeding tube or IV feeding; dehydration; unhealed stage 1 or higher pressure ulcer; falls; residents on IV medications; and dialysis. These data continues to be constant across time.

Annual Number of Nursing Facilities



Annual Number of Nursing Facility Beds



	CY 2010	CY 2011	CY 2012	CY 2013	CY 2014
Average Nursing Facility Occupancy	85%	85%	84%	84%	84%
Nursing Facility Census	78,816	78,271	77,580	76,894	76,357



## Tracking Nursing Home Self Reported Incidents & Complaints

Data from July 1, 2010 to December 31, 2014




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Total Number	Qtr 1 2012	Qtr 2 2012	Qtr 3 2012	Qtr 4 2012	Qtr 1 2013	Qtr 2 2013	Qtr 3 2013	Qtr 4 2013	Qtr 1 2014	Qtr 2 2014	Qtr 3 2014	Qtr 4 2014
Complaints	890	719	883	760	741	730	782	649	665	792	810	572
Substantiated Complaints*	243	189	244	215	169	164	167	145	206	205	230	135

\*Data does not reflect complaints not yet investigated which may result in substantiated complaints

Number of Nursing Home Complaints by Allegation Category	Qtr 1 2012	Qtr 2 2012	Qtr 3 2012	Qtr 4 2012	Qtr 1 2013	Qtr 2 2013	Qtr 3 2013	Qtr 4 2013	Qtr 1 2014	Qtr 2 2014	Qtr 3 2014	Qtr 4 2014
Injury of Unknown Origin	42	36	56	47	35	40	39	31	40	34	43	35
Admission, Transfer & Discharge Rights	49	29	43	30	33	47	38	40	34	50	52	40
Dietary Services	71	63	75	74	61	55	50	51	56	72	84	44
Physical Environment	157	148	181	151	149	134	151	130	156	168	181	108
Facility Staffing	126	107	142	106	119	129	142	110	131	202	179	112
Resident Safety/Falls	91	79	114	91	67	72	96	56	68	98	106	73
Res Meds Not Given According To Physician Instructions	55	18	36	41	45	38	39	40	32	64	84	44
Resident Meds Improperly Administered	15	11	16	15	10	11	17	16	23	47	30	20

For CY 2011, the complaint unit received 3,667 complaints and 1,089 were substantiated (30 percent). For CY 2012, the complaint unit received 3,525 complaints and 891 were substantiated (25 percent). For CY 2013, the complaint unit received 2,902 complaints and 645 were substantiated (22 percent). For CY 2014, the complaint unit received 2,839 complaints and 776 have been substantiated to date (27 percent).

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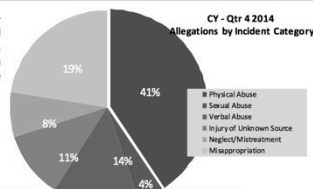
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## Self Reported Incidents (SRI)

Facility Self Reported Incidents (SRIs) are required to be immediately reported for all alleged violations involving abuse, neglect, mistreatment, injuries of unknown source, and misappropriation of resident property, regardless of whether the allegation is verified.



	Incidents By Perpetrator and CY Quarter											
	Qtr 1 2012	Qtr 2 2012	Qtr 3 2012	Qtr 4 2012	Qtr 1 2013	Qtr 2 2013	Qtr 3 2013	Qtr 4 2013	Qtr 1 2014	Qtr 2 2014	Qtr 3 2014	Qtr 4 2014
Staff	1,063	1,126	1,205	1,067	1,033	1,221	1,171	1,119	1,187	1,169	1,250	1,239
Resident	1,299	1,482	1,465	1,540	1,453	1,709	1,651	1,660	1,366	1,524	1,580	1,579
Family/Visitor	82	112	111	92	120	116	101	94	91	95	120	134
Unknown	1,212	1,254	1,292	1,341	1,164	1,286	1,313	1,164	1,337	1,354	1,415	
<b>Total Perpetrators</b>	<b>3,656</b>	<b>3,974</b>	<b>4,073</b>	<b>4,040</b>	<b>3,770</b>	<b>4,332</b>	<b>4,209</b>	<b>4,186</b>	<b>3,808</b>	<b>4,125</b>	<b>4,304</b>	<b>4,367</b>

Note: There may be one or more allegations or perpetrators per incident

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## Abuse Allegations by Category

Self-Reported Incidents by CY Quarter													
	Qtr 1 2012	Qtr 2 2012	Qtr 3 2012	Qtr 4 2012	Qtr 1 2013	Qtr 2 2013	Qtr 3 2013	Qtr 4 2013	Qtr 1 2014	Qtr 2 2014	Qtr 3 2014	Qtr 4 2014	
<b>Total Incidents</b>	<b>3,622</b>	<b>3,943</b>	<b>4,038</b>	<b>4,010</b>	<b>3,752</b>	<b>4,303</b>	<b>4,178</b>	<b>4,159</b>	<b>3,766</b>	<b>4,097</b>	<b>4,277</b>	<b>4,340</b>	

Number of Allegations by Incident Category and CY Quarter													
Category	Qtr 1 2012	Qtr 2 2012	Qtr 3 2012	Qtr 4 2012	Qtr 1 2013	Qtr 2 2013	Qtr 3 2013	Qtr 4 2013	Qtr 1 2014	Qtr 2 2014	Qtr 3 2014	Qtr 4 2014	
Physical Abuse	1,568	1,175	1,723	1,712	1,682	1,980	1,894	1,941	1,636	1,751	1,838	1,811	
Sexual Abuse	146	167	157	169	173	207	194	183	197	189	164	187	
Verbal Abuse	503	525	582	556	526	648	603	525	575	610	625	641	
Injury of Unknown Source	523	528	580	564	507	508	483	487	444	473	492	487	
Neglect/Mistreatment	311	320	319	277	300	300	292	281	306	302	329	335	
Misappropriation	685	765	807	850	676	805	848	857	753	880	947	1,001	
<b>Total Allegations</b>	<b>3,736</b>	<b>3,480</b>	<b>4,168</b>	<b>4,128</b>	<b>3,864</b>	<b>4,448</b>	<b>4,314</b>	<b>4,274</b>	<b>3,911</b>	<b>4,205</b>	<b>4,395</b>	<b>4,462</b>	

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## ODA Satisfaction Surveys Resident and Family

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## ODA Satisfaction Surveys Link




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## 2013 Resident Satisfaction Survey

2013 Resident Survey	2009	2011	2013
General	84.9	88.3	88.9
Choice	97	87.9	88.1
Activities	83.9	84.6	84.4
Administration	89.3	90.5	90.9
Direct Care and Nurse Assistants	86.7	86.9	87.2
Meals and Dining	81	81.2	81.5
Environment-Resident	87.6	87.9	88.7
Environment- Facility	91.2	91.4	91.8
Laundry	90.5	90.8	91.2
Therapy	N/A	88.4	89.3
Overall	85.9	87.1	87.5

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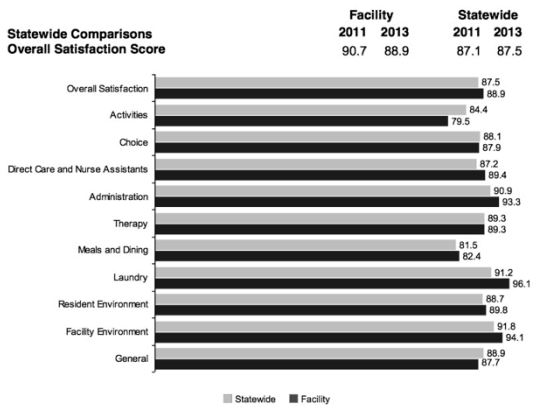
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## 2012 Family Satisfaction Survey

2012 Family Survey	2012
Choices	83.9
Direct Care and Nursing Staff	86.6
General Questions	88.1
Therapy	81.7
Activities	82.9
Social Services	91.1
Administration	91.3
Laundry	85.5
Admission	87.3
Environment	85
Meals and Dining	78.9
Overall	
Would you recommend this Facility?	88.1
Overall, to you like this facility?	85.6

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## Immediate Jeopardy Prevention

Things to Consider

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## CMS Guidelines

- Immediate Jeopardy - "A situation in which the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident."
- "Harm does NOT have to occur before considering Immediate Jeopardy."
- "The Entity knows or should have known about the situation."

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## IJ General Comments

- Have an active Quality Assurance/Improvement Program in place
- Routine Auditing is an essential element
- Most IJ's are appear in the same categories- Start auditing in those areas.
- Use Regulatory Language for P&P- Quote the Regs.
- Make P&P's simple
- Utilize Trade Association Support
- Educate, Educate, Educate!

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**CMS Interpretive Guidelines  
Recommendations for QA System**

- Acknowledge the high risk nature of our population and setting
- Develop a reporting system that does not place blame on the staff member for reporting resident risks and environmental hazards
- Involves all staff in helping identify solutions to ensure a safe resident environment

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**CMS Interpretive Guidelines  
Recommendations for QA System**

- Continued
  - Directs resources to address safety concerns; and
  - Demonstrates a commitment to safety at all levels of the organization.

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**CMS Interpretive Guidelines**

- Identify effectiveness and modifying interventions as necessary;
- Evaluating and analyzing hazards and risks;
- Implementing interventions to reduce hazards and risks; and
- Monitoring for effectiveness and modifying interventions when necessary.

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## Identification of Hazards & Risks

- "Identification of hazards and risks is the process through which the facility becomes aware of potential hazards in the resident environment and the risk of having an avoidable accident

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## Evaluation and Analysis

- "Evaluation and Analysis is the process of examining data to identify specific hazards and risks and to develop targeted interventions to reduce the potential for accidents."
- "Analysis may include, for example, considering the severity of hazards, the immediacy of the risk and trends such as time of day, location, etc."

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## Implementation of Interventions

- "Implementation refers to using specific interventions to try to reduce risks from hazards in the environment."
- "The process includes: communicating the interventions to all relevant staff, assigning responsibility, providing training as needed, documenting interventions and ensuring the interventions are put into action."

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## Monitoring and Modification

- "Monitoring is the process of evaluating the effectiveness of interventions."
- "Modification is the process of adjusting interventions as needed to make them more effective in addressing hazards and risks."

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## Monitoring and Modification Continued

- Monitoring and modification processes include:
  - Ensuring that interventions are implemented correctly and consistently
  - Evaluating the effectiveness of interventions
  - Modifying or replacing interventions as needed
  - Evaluating the effectiveness of new interventions

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## The "Execution Gap"

- The "Execution Gap" usually occurs when there is a failure to implement planned interventions, or when the work process outputs are not translated and incorporated into the actual hands-on delivery of service or the resident outcomes process. The lack of follow through or break in the process is the source of lawsuits, regulatory deficiencies, poor quality indicator/quality measure outcomes and unsatisfied customers.

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## General QA System

- Prioritize the known risk areas throughout the state.
- Prioritize the Risk areas in your building
- Make High Risk areas a permanent part of your QA Program
- Make Low Risk areas a less frequent part of your QA Program

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## QA Areas of Focus

- Education – Teachers or Disciplinarians?
- On the Resident as an Individual
- Systems and Process
- Measurement of Success
- Inter-Disciplinary Approach

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## Getting Started

- What are the high risk areas in any facility?
  - Accidents and Supervision
  - Abuse & Neglect
  - Medication Errors
  - Dietary- Choking
  - CPR Protocols
  - Pressure Ulcers
- Educate on High Risk Areas

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## Identifying Problems

- Audit the Nurses Notes
- Audit the Treatment Administration Records
- Audit the Medication Administration Records
- Audit the Ancillary/Appliance Records
- Audit the environment- Walk the Building
- Observe the Residents
- Conduct Morning Meeting/Report

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## The Medical Record: A Place of True Enlightenment

- Units of Measure
- What are you trying to say???
- The English Major



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## New Additions to: Funny Things Found in Nurse's Notes



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## QAA- Resident Level

- **Identify**
  - Assessments- Admission, Risk, Event/Incident
- **Implement**
  - POC's (Both LT and ST), Interventions, Flow Records, Administration Records
- **Evaluate**
  - Nurse's Notes, Specific Discipline Notes, Inter-Disciplinary Team Notes (IDT)
- **Monitor**
  - Audits, Chart Reviews , Inter-Disciplinary Team Notes (IDT)

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## Documentation Recommendations

- Initial Nurses/Discipline Note
- Short Term Plan of Care with interventions
- IDT Note- Initial
- Ongoing Nurses/Discipline notes
- Long Term POC updated with intervention
- IDT Note- Conclusion

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## PCC Users

- Risk Management Section for Falls
  - Progress Note Section pulls to Medical Record and can be the IDT Note that records your conclusion.
- General UDA's
  - Insert Narrative Section for Summary when Stopping the UDA

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## QA Monitoring Tool Nurses Notes

QUALITY ASSURANCE MONITORING TOOL NURSE'S NOTES DOCUMENTATION			
STANDARD	YES	NO	CORRECTIVE ACTION
1. Doctor notification			
2. Family notification			
3. New intervention to prevent reoccurrence or decline.			
4. Acute plan of care or update of Long Term Plan of care			
5. Physical assessment of resident.			
6. Documentation that other care planned interventions were in place.			
7. Follow-up charting for effectiveness of new interventions.			

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## Case Study: Maintenance- Hot Water




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**Water Temperature Monitoring**

Date	Room	Temperature	Unit
11-30-09	120	112	112
11-30-09	107	110	113
11-30-09	109	113	113
11-30-09	800	111	119
11-30-09	930	117	112
11-30-09	112	113	114
11-30-09	113	114	114
11-30-09	114	114	114
11-30-09	115	112	112
11-30-09	116	112	112
11-30-09	117	112	112
11-30-09	118	112	112
11-30-09	119	112	112
11-30-09	120	112	112
11-30-09	121	112	112
11-30-09	122	112	112
11-30-09	123	112	112
11-30-09	124	112	112
11-30-09	125	112	112
11-30-09	126	112	112
11-30-09	127	112	112
11-30-09	128	112	112
11-30-09	129	112	112
11-30-09	130	112	112
11-30-09	131	112	112
11-30-09	132	112	112
11-30-09	133	112	112
11-30-09	134	112	112
11-30-09	135	112	112
11-30-09	136	112	112
11-30-09	137	112	112
11-30-09	138	112	112
11-30-09	139	112	112
11-30-09	140	112	112
11-30-09	141	112	112
11-30-09	142	112	112
11-30-09	143	112	112
11-30-09	144	112	112
11-30-09	145	112	112
11-30-09	146	112	112
11-30-09	147	112	112
11-30-09	148	112	112
11-30-09	149	112	112
11-30-09	150	112	112
11-30-09	151	112	112
11-30-09	152	112	112
11-30-09	153	112	112
11-30-09	154	112	112
11-30-09	155	112	112
11-30-09	156	112	112
11-30-09	157	112	112
11-30-09	158	112	112
11-30-09	159	112	112
11-30-09	160	112	112
11-30-09	161	112	112
11-30-09	162	112	112
11-30-09	163	112	112
11-30-09	164	112	112
11-30-09	165	112	112
11-30-09	166	112	112
11-30-09	167	112	112
11-30-09	168	112	112
11-30-09	169	112	112
11-30-09	170	112	112
11-30-09	171	112	112
11-30-09	172	112	112
11-30-09	173	112	112
11-30-09	174	112	112
11-30-09	175	112	112
11-30-09	176	112	112
11-30-09	177	112	112
11-30-09	178	112	112
11-30-09	179	112	112
11-30-09	180	112	112
11-30-09	181	112	112
11-30-09	182	112	112
11-30-09	183	112	112
11-30-09	184	112	112
11-30-09	185	112	112
11-30-09	186	112	112
11-30-09	187	112	112
11-30-09	188	112	112
11-30-09	189	112	112
11-30-09	190	112	112
11-30-09	191	112	112
11-30-09	192	112	112
11-30-09	193	112	112
11-30-09	194	112	112
11-30-09	195	112	112
11-30-09	196	112	112
11-30-09	197	112	112
11-30-09	198	112	112
11-30-09	199	112	112
11-30-09	200	112	112

*Handwritten note:* Tank #1000 11-30-09 15-7-09 80

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## Review Maintenance Process

- Identify Problem- Elevated water temp
- Evaluate Circumstances- Inspection found leak in water pipe and damaged mixing valve
- Implement Intervention- Adjusted mixing valve, replaced water pipe, replaced mixing valve.
- Monitor for Effectiveness- Monitor Water temps after each adjustment and repair

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## Hot Water Temps

- Citation? Yes or No?
  - Discussion regarding involved resident population (Dementia Unit verses General population)
  - Discussion of process
  - Discussion of the quality of the process.
- Cited at Exit
- Not present on Statement of Deficiencies
- Suggestions on Improving the process?

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## Elopement

- Review Admission process- Can this facility adequately meet the needs of this resident?
- Assess Resident and take protective actions for prevention. Cognitive level must be taken into consideration
- Review LOA Policies- Who requires supervision with outings? Who is qualified to Supervise?

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## Elopement

- Secure Unit P&P
- Equipment and alarms must be functioning correctly and used properly
- Interventions must be attainable
- Conduct frequent elopement drills
- Use the "Elopement Prevention and Management Planning Guide" ([www.ohca.org/content/view/320](http://www.ohca.org/content/view/320))

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## Elopement

- Focus on 3 areas-
  - Elopement Prevention
  - Elopement Assessment and Care Planning
  - Elopement Follow Up
- This is a high profile problem

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## Case Study Elopement



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## Case Study Abuse



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## QA Monitoring- CPR/DNR

- CPR Protocols
  - Educate, Educate, Educate
  - Take random tests of your Nurses
- Develop a consistent and easily understood method of identifying Code Status
- At this point and time, only and Physician can stop a code.
- Board of Nursing Ruling

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## Areas to Implement a QA Process

- Abuse
- Elopement
- CPR
- Coumadin
- Falls



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## Transition- From One to Many

QAA is involved on a resident level on a day to day basis.  
QAA is also involved on a facility level reviewed on at least a monthly basis.

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Page 1 of 1

**CASPER Report**  
**MDS 3.0 Facility Quality Measure Report**

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	10	23	43.5%	43.5%	37.0%	22.9%	79*
Self-Reported (SR) Moderate/Severe Pain (L)	0677	8	52	15.4%	10.4%	31.7%	19.0%	38
High-Risk Residents with Pressure Ulcers (L)	0679	3	38	7.9%	7.9%	15.0%	10.5%	62
New/Worsened Pressure Ulcers (S)	0678	0	24	0.0%	0.0%	16.0%	4.3%	0
Physical Restraints (L)	0687	1	68	1.5%	1.5%	17.3%	5.7%	67
Falls (L)		25	68	36.8%	36.8%	36.5%	41.2%	48
Falls with Major Injury (L)	0674	1	68	1.5%	1.5%	38.2%	39.6%	19
Psychotropic Medication Use in Absence of Psychotic or Related Condition (L)		1	52	1.9%	1.9%	26.9%	24.8%	21
Antianxiety/Hypnotic Medication Use (L)		3	43	7.0%	7.0%	32.0%	32.8%	17
Behavioral Symptoms Affecting Others (L)		18	64	28.1%	28.1%	28.6%	23.5%	63
Depressive Symptoms (L)	0990	2	65	3.1%	3.1%	21.2%	9.6%	41
Urinary Tract Infection (L)	0684	5	67	7.5%	7.5%	18.5%	10.3%	62
Catheter Inserted and Left in Bladder (L)	0686	1	54	1.9%	3.0%	16.4%	7.6%	29
Low-Risk Residents Who Lose Bowel/Bladder Control (L)	0685	6	16	37.5%	37.5%	30.6%	36.1%	41
Excessive Weight Loss (L)	0689	5	67	7.5%	7.5%	21.8%	11.2%	61
Need for Help with ADLs Has Increased (L)	0688	4	41	9.8%	9.8%	25.3%	18.1%	35

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Page 1 of 1

**CASPER Report**  
**MDS 3.0 Facility Quality Measure Report**

Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile
10	23	43.5%	43.5%	37.0%	22.9%	79*
8	52	15.4%	10.4%	31.7%	19.0%	38
3	38	7.9%	7.9%	15.0%	10.5%	62
0	24	0.0%	0.0%	16.0%	4.3%	0

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Self-Reported (SR) Moderate/Severe Pain (S)
Self-Reported (SR) Moderate/Severe Pain (L)
High-Risk Residents with Pressure Ulcers (L)
New/Worsened Pressure Ulcers (S)
Physical Restraints (L)
Falls (L)
Falls with Major Injury (L)
Psychoactive Medication Use in Absence of Psychotic or Related Condition (L)
Antianxiety/Hypnotic Medication Use (L)
Behavior Symptoms Affecting Others (L)
Depressive Symptoms (L)
Urinary Tract Infection (L)
Catheter Inserted and Left in Bladder (L)
Low-Risk Residents Who Lose Bowel/Bladder Control (L)
Excessive Weight Loss (L)
Need for Help with ADLs Has Increased (L)

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### Analysis

There were 33 falls for the month of \_\_\_\_\_ 2009 (42 last month)

<b>Northwest</b>	7a-7p: 03 last month: 04	<b>MI</b>	7a-7p: 03 last month: 03
	7p-7a: 01 last month: 04		7p-7a: 06 last month: 05
<b>Total: 04</b>	<b>last month: 04</b>	<b>Total: 09</b>	<b>last month: 08</b>
<b>Central</b>	7a-7p: 00 last month: 00	<b>West</b>	7a-7p: 04 last month: 02
	7p-7a: 03 last month: 03		7p-7a: 00 last month: 06
<b>Total: 03</b>	<b>last month: 03</b>	<b>Total: 04</b>	<b>last month: 08</b>
<b>South</b>	7a-7p: 00 last month: 02	<b>Northwest</b>	7a-7p: 03 last month: 00
	7p-7a: 01 last month: 01		7p-7a: 00 last month: 01
<b>Total: 01</b>	<b>last month: 03</b>	<b>Total: 03</b>	<b>last month: 01</b>
<b>Southeast</b>	7a-7p: 03 last month: 04	<b>North</b>	7a-7p: 03 last month: 00
	7p-7a: 03 last month: 03		7p-7a: 02 last month: 05
<b>Total: 06</b>	<b>last month: 07</b>	<b>Total: 05</b>	<b>last month: 05</b>

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### Analysis- Falls

**Total House Falls Per Shift**  
 7a-7p: 20 last month: 15  
 7p-7a: 13 last month: 27

<b>Analysis/Comments</b>		
<b>Location of falls:</b>		
Res. Room: 21	last month: 24	Alarms: 11
Hallway: 04	last month: 08	Side rails: 3 (1/2 rails)
Bathroom: 01	last month: 08	Restraints: 00
Shower: 03	last month: 00	Psychotropic med: 20
Outside: 00	last month: 00	Res. With > 1 fall: 05
MDR: 00	last month: 00	# of Res. Who fell: 31
MI Dining: 03	last month: 02	No injury: 26
Therapy: 00	last month: 00	Non-Serious Injury: 07
Nurse Station: 00	last month: 00	Serious Injury: 00
Other: 01	last month: 00	

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### Analysis- Pressure Ulcers

Unit	Name	Location	Stage	Acquired I/ O
1	John	Coccyx/L Heel	II / II	O / O
2	Joe	Coccyx	II	I
3	Judy	R 4th Finger	II	I
4	Jill	B Heels/ Coccyx	III / IV	O / O

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### Facility Level

- Even at the facility level the process is the same
  - Identify problems
  - Evaluate Circumstances regarding problem
  - Implement Facility wide interventions
  - Monitor for effectiveness

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### Facility Focus

- F279- Comprehensive Care Plans
- F323- Accident/Supervision
- F309- Quality of Care/Highest Practicable Level
- F329- Unnecessary Medications
- F253- Housekeeping & Maintenance
- F371- Food Sanitation

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## Review

- You are responsible for what you know and what your should have known
- CMS states QA has 4 components:
  - Identify
  - Evaluate
  - Implement
  - Monitor
- Do not fall into the Execution Gap!

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## Thank You!

*Arabic*  
Dank

THANK  
YOU

ขอบคุณ

Gracias

Merci

شكراً

Hőszönnetel

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