

W10

Keep your survey from heading 'south' with the Winds



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Speaker Information



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Objectives:

- Participants will be able to identify the different phases of the QIS
- Participants will be able to prepare for your survey and identifying issues prior to survey
- Participants will be able to identify components of an acceptable plan of correction



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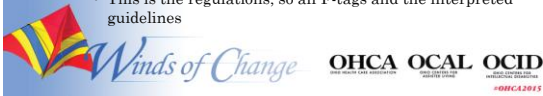
Survey Process Helpful Hints

- Entrance- information gathering and forms to complete
- Survey readiness book
- Nursing staff aware of interview questions
- Suggest asking residents the interview questions so prepared for some answers.
 - At least the missing items and staff treatment questions
- When able to go into Phase II
- Discharged records have 6 months of weights available for requested discharge records
- Know when your survey window is open- could be > 6 months



CMS Manuals

- Appendix p is survey process manual
 - http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_p_ltf.pdf
- Appendix pp is the State Operations Manual (SOM)
 - http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltf.pdf
 - This is the regulations, so all F-tags and the interpreted guidelines



Survey Tasks

- 9 tasks for QIS
 - Off site preparation
 - On site preparation and Entrance conference
 - Initial tour
 - Stage I
 - Non-stage survey tasks
 - Transition from Stage I to Stage II
 - Stage II
 - Analysis and Decision-Making
 - Exit conference



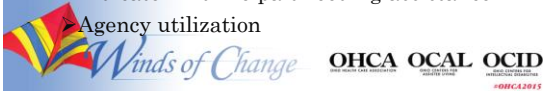
Survey Readiness/Entrance

- What 'Survey Readiness' book needs to include-
 - Facility census- alphabetical resident listing
 - Admissions in the last 30 days
 - Facility floor plan
 - Staffing schedules, meal and medication times
 - Grievance Committee- ORC 3721.12



Survey Readiness/Entrance

- Within 1 hour of entrance conference
 - List of key personnel and locations
 - Resident council information
 - Meal times and location of dining room
 - Schedule of medication administration times
 - Closed records sample
 - Indicate if utilize paid feeding assistance
 - Agency utilization



Survey Readiness/Entrance

- Within 4 hours of entrance
 - List of residents PASRR-level II, ventilator, dialysis, hospice,
 - Flu and pneumonia policy
 - QAA information
 - Experimental research
 - Abuse/Complaints/Grievance information



Survey Readiness/Entrance

- Within 24 hours of Entrance
 - 671 and 672
 - Demand bills



Survey week

- Call lights
- Meals(restorative dining)
- Glucometer cleaning
- Handwashing
- Ice scoop in ice chest
- Knocking of doors prior to entering
- Resident appearance/grooming
- Alarm response



Staff Questions

1. Indwelling foley catheter
2. Nutrition- supplements
3. Skin Care/Pressure areas
4. Side rails
5. Contractures
6. Falls and fractures



Resident/Family Interviews

- Many 'choice' questions
 - Awake, sleep, clothing, bathing, meals, visitors
- Concerns with roommate or other residents
- Missing items/staff treatment
 - Has staff abused you or other residents and did you report



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Resident/Family Interviews

- Are you treated with respect and dignity
- Is the building clean
 - Noise level, temperature, lighting
- Is the food appetizing, offered fluids, oral health
- Is there sufficient staff to provide care
- Personal funds



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Resident/Family Interviews

- They are to observe the following while completing the interviews
 - Odor, teeth, fingernails, glasses, décor of room, abnormalities with skin, non-verbal signs of pain, s/s of dehydration, positioning



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Resident Council Interview

- Frequency of meetings, space and arrangement (privacy)
- Facility staff act upon grievances
- Can voice a concern without repercussion
- Rules of the facility fair to all residents
- Many questions about resident rights



Non-staged Survey Tasks

- Dining observation
- Kitchen/Food Service observation
- Infection Control
- QA & A Review
- Storage of biological



Important Thresholds

Every care area has a couple of thresholds

- Abuse 0%
- Pressure Ulcers (III or IV) <1.0%
- Fall with fracture last 30 days <1.0%
- Side rails >19%
- Sufficient staffing <1.0%
- Dignity >9.0%



Transition from Stage I to Stage II

- Update resident pool
- Review surveyor-Initiated residents and/or care areas
- Review QCI



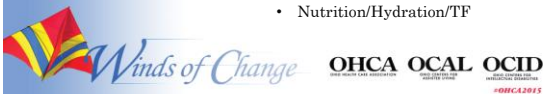
Stage II

- Critical Element Pathways
- Medication pass
- Environmental observations
- Resident funds
- Admission, transfer, and discharge review
- Sufficient staff



Critical Element Pathways

- | | |
|--------------------------|-----------------------------|
| • Activities | • Pain Management |
| • ADL-ROM | • Physical Restraints |
| • Behavior/Emotional | • Pressure Ulcers |
| • Bowel/Bladder/Catheter | • Psychoactive Medication |
| • Communication/Sensory | • Rehab/community discharge |
| • Dental and services | • Ventilator |
| • Dialysis | • Unnecessary medication |
| • General | • PASRR |
| • Hospice | • Hydration |
| • Hospital/Death | • Tube Feeding |
| | • Nutrition/Hydration/TF |



Investigative Protocol

- 1. Observation
- 2. Staff Interviews
- 3. Record review
- 4. Resident Interviews



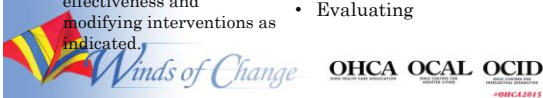
Determining Compliance

- Other words- citations
 - Know the Interpreted guidelines
 - Every citation has it's own guidelines for surveyors and investigative protocols
 - F-309 need to prove care and services not provided
 - F-314 must prove development was 'avoidable'
 - F-323 must prove incident was 'avoidable'



Interpreted Guidelines and Nursing Process

- | | |
|---|--|
| From guidelines <ul style="list-style-type: none"> • Identifying hazards and risks • Evaluating and analyzing hazards and risks • Implementing interventions to reduce hazards and risks; and • Monitoring for effectiveness and modifying interventions as indicated. | Nursing Process <ul style="list-style-type: none"> • Assessment • Diagnosis • Planning • Implementing • Evaluating |
|---|--|



Deficiency Categorization

Presence of harm or negative outcome

Degree of harm (actual or Potential)

The immediacy of correction required



5 Star Related to Survey

3 components determine 5 star rating

- Health Inspections
- Staffing both RN and total staffing
- Quality measures



Health Inspections

- Most important component
- Updated monthly
- Sets tone for overall score
- Includes both annual and compliant survey tags
- 3 years of survey Hx is included
- Compared to all LTCFs in state (941)



Cut Tables Ohio

- 5 STAR 6.667 or below
- 4 STAR 6.667 - 16.667
- 3 STAR 16.667 - 28.00
- 2 STAR 28.00 - 47.333
- 1 STAR 47.33 and above



FYI

- Revisit points 2nd visit adds 50% of survey points, 3rd adds 70%, and forth adds 85%
- Federal oversight on 5% of state inspections
- Sites with federal oversight are not reported on nursing home compare



ATC Survey Preparation

- Coumadin monitoring logs
- Routine education with staff
- Daily clinical meetings
- Appliance audits
- GDR tracking
- QIS questions with staff and residents
- Review new admits and significant changes



Scenario

- What to do next?????????



Scenario

- Ensure safety and well-being of the resident involved
- Investigate situation
- Identify root cause
- Care plan audit and revision
- Initiate POC binder



5 POC requirements

- Corrective action for those residents found to be affected by the deficient practice.
- Identify and address any like residents who have the potential to be affected by the deficient practice.
- Address what measures were put into place or procedural changes made to ensure that deficient practice will not reoccur.



5 POC requirements

- Indicate how the facility plans to monitor performance to ensure solution is sustained. Corrective action evaluated for its effectiveness. The plan should then be integrated into the QA system.
- Date of compliance



Additional information for harm or IJ

- Detailed analysis of the facts and circumstances of the finding including identification of its cause
- Detailed explanation of how the corrected actions described in the plan relate to identified cause of the finding
- A detailed explanation of the relationship between the ongoing monitoring and improvement process and the identified cause of the findings



Constructing Binder Plan of Correction Task #1

- Residents care plan reviewed/updated
- Employees involved educated/Disciplined/terminated
- Pain addressed
- Skin and Nutrition
- Socialization
- ADLS/Therapy
- Mood/behavior



**Constructing Binder
Plan of Correction Task #2**

- Identify all like residents who are two assist and at risk for falls
- Review and update care plans of those applicable residents
- All appliances R/T falls in place
- Fall risks at appropriate transfer status
- Gather all information and add to tab #2 in your binder



**Constructing Binder
Plan of Correction Task #3**

- Education/In-servicing
- Specify who you are educating
- Date
- Who is completing the in-service
- Signature log
- No employees permitted to work after the in-service date until educated



**Constructing Binder
Plan of Correction Task #4**

- Auditing compliance
- Ex. Fall care plan interventions will be monitored by DON or designee five times a week for six weeks to ensure compliance with safety measures.
- Two assist transfers will be monitored five times a week for six weeks by DON or designee to ensure care plan interventions are being followed.



**Constructing Binder
Plan of Correction Task #4**

- QA follow up
- Include QA minutes each month to show prior issues are being discussed and followed up on if needed
- Complete education and training as needed with new employees and current staff



**Constructing Binder
Plan of Correction Task #5**

- Date of completion
 - Make sure this is a reasonable date
 - All re-in-servicing completed
 - Audits do not have negative findings



Benefits of initiating POC

- Increased awareness of current care issues.
- Past non compliance
- No cite with tags that did not cause harm.
- More apt to a per instance fine rather than a per day penalty
- If per day you can save thousands in CMPs



Reasons to initiate POC

- F-323 falls with major injury, elopements, burns, environmental hazards
- F-329 Coumadin monitoring
- F-502 Labs (PT/INR draws)
- F-314 Stage 4, stage3, multiple stage 2s
- F-221 Entrapments, seatbelts, lap trays



Alarm Reduction

- Alarms being cited due to interfering with comfortable environment and privacy.
- F-258 For the maintenance of comfortable sound levels.**
- **Interpretive Guidelines §483.15(h)(7)**
 - –Comfortable sound levels do not interfere with resident's hearing and enhance privacy when privacy is desired, and encourage interaction when social participation is desired.
 - Of particular concern to comfortable sound levels is the resident's control over unwanted noise.



Alarm reduction

In your home what forces you to get up?

- Door bell
- Smoke alarm
- Alarm clock
- Clothes dryer
- Oven
- Microwave



Benefits of alarm reduction

- More comfortable environment
- Improved sleep patterns for residents
- Decreases in anxiety and behaviors
- Forces us as clinicians to find the root cause of falls
- Less stress on your floor staff
- Eliminating the institutional atmosphere of your building



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Helpful Websites

- http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf SOM on CMS website
- <http://www.odh.ohio.gov/odhprograms/ltc/nurhome/ann/nhann1.aspx> ODH announcement page/memos
- <http://www.aging.ks.gov/Manuals/QISManual.htm> QIS forms
- <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/QIS-Survey-Forms.html> Critical element pathways



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