

Session #: W24

SNF Survey Success: Peer Review Tips for the Whole Team

4/29/15 2:30PM – 4:30PM

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Learning Objectives

- The learner will be able to understand the QIS survey process and how to prepare
- The learner will be able to identify key differences between the traditional and QIS survey process
- The learner will be able to understand the basics of QAPI
- The learner will be able to identify strategies for using the QIS tools to enhance resident quality of care
- The learner will be able to identify strategies for using the QIS tools for survey compliance

Learning Objectives (continued)

- The learner will be able to demonstrate the benefits of a mock survey/peer review program
- The learner will be able to state the procedures/rules of engagement necessary to implement an effective peer review program
- The learner will be able to discuss the steps towards achieving successful survey outcomes

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SNF Survey Success: Peer Review Tips for the Whole Team

Presented by:
Philip Jean, MBA, CNHA, FACHCA
Vice President of Administrative Operations

Disclosure of Commercial Interests

I have commercial interests in the following organization(s):

Harmony Healthcare International

List the Name of Your Employer: Harmony Healthcare International

-Your title: Vice President of Administrative Operations

-Name of organization: Harmony Healthcare International

-What the company does? Harmony Healthcare International is a leader in healthcare consulting.

If consultant for organizations, only list the names of the companies for which you consult.

-List all commercial interests. Note if you are employed by a company, you have a commercial interest in that company.

-If you are not employed, do not consult for anyone, and have no financial investments in organizations in the health care industry, then you may state that you "have no commercial interests."

About Phil



Philip Jean, MBA, CNHA, FACHCA, is Vice President of Administrative Operations at Harmony Healthcare International. (HHI) is an industry leader in Post Acute Care consulting.

- Served as VP of Elder Care Services for St. Mary's Health System in Maine
- Post-acute career began in 1995 and has worked in facility, corporate and hospital-based operations
- Master's Degree in Business Administration with a concentration in Health Care Management from Husson College in 1997
- Undergraduate Degree in Business Administration from the University of Maine in 1992
- Licensed/Certified Nursing Home Administrator
- Exam Item Writer for the National Association of Long-Term Care Administrator Boards (NAB) and the American College of Health Care Administrators (ACHCA) and Vice Chair of the NAB Nursing Home Exam Committee
- Fellow of the American College of Health Care Administrators and currently serves on the ACHCA Board of Directors
- Senior Examiner for the American Health Care Association National Quality Awards Program

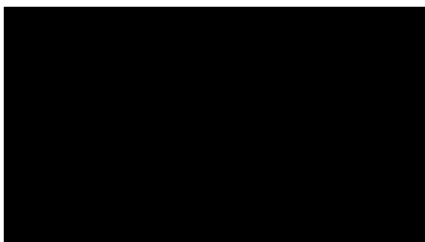
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Welcome



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Ellen



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OBRA '87

- Nursing facilities are subject to regulation on both the State and Federal level to ensure that quality care is provided to residents
- The Federal Nursing Home Reform Act or OBRA '87 creates a national minimum set of standards of care and rights for people living in certified nursing facilities
- These minimum federal health and care requirements for nursing homes are to be delivered through a variety of established protocols
- OBRA is a baseline that should be built upon to reach not only resident "well-being" but also happiness and fulfillment

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OBRA '87

- Regulation of nursing homes has been subject to frequent changes over the years, particularly the introduction and subsequent refinements of the resident assessment instrument, known as the Minimum Data Set (MDS)
- The Quality Indicator Survey is the most comprehensive regulatory change to the nursing home survey process since OBRA '87 was enacted

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CMS Survey Protocol: OBRA '87

- **Quality of Care**
 - Facility must provide services to attain and maintain highest practicable physical, mental, and psychosocial well-being of each resident, in accordance with plan of care
- **Quality of Life**
 - Facilities must care for residents in a manner and environment that will promote maintenance and enhancement of the quality of life of each resident

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**CMS Survey Protocol:
OBRA '87**

- **Focus on the resident's:**
 - Right to freedom from abuse, mistreatment and neglect
 - Right to freedom from physical restraints
 - Right to choose a personal physician
 - Right to access medical records
 - Right to be treated with dignity and to exercise self-determination

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**CMS Survey Protocol:
OBRA '87**

- **Focus on the resident's:**
 - Right to accommodation of medical, physical, psychological and social needs
 - Right to participate in resident and family groups
 - Right to communicate freely and voice grievances without discrimination or reprisal
 - Right to appropriate resident discharge and transfer

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Traditional Survey Process

- **Main criticisms and concerns with the traditional survey process:**
 - Subjective – leads to surveyor bias
 - Does not address issues that are most important to the industry, residents, family members, etc.
 - No real focus on resident outcomes and quality of care
 - Inconsistent application of regulations from state to state and surveyor to surveyor

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QIS Overview

- Quality Indicator Survey is a computer assisted long term care survey process used by selected State Survey Agencies and CMS to determine if Medicare and Medicaid certified nursing homes meet federal guidelines for nursing home care

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QIS Overview

- The QIS is a **two-staged process** used by surveyors to systematically review specific nursing home requirements and objectively investigate any regulatory areas that are triggered
- Although the survey process has been revised under the QIS, the **federal regulations and interpretive guidance remain unchanged**

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Fact from Fiction

- Following over a decade of development and after a pilot, CMS began the national rollout of QIS in 2007
- Goal and intent of QIS is to improve consistency in the nursing home survey and to render the survey process more resident-centered and aligned with the intent of OBRA '87
- Nineteen states implemented the QIS between 2007 and 2010, with nearly 20% of U.S. nursing homes receiving QIS survey in 2010
- Due to Federal funding cuts, the banded rollout has been delayed, but have no fear, it's still coming!

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QIS Objectives (continued)

- Provide tools for continuous improvement
- Enhance documentation by organizing survey findings through automation, ultimately moving to a paperless survey process
- Focus survey resources on facilities (and areas within the facilities) with the largest number of quality concerns

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A Visual Image of the QIS Process

FIGURE 1: OVERVIEW OF THE QIS PROCESS



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QIS Structure and Process

- An entrance conference checklist (revised) and abbreviated tour are still part of the survey process
- QIS uses a customized software data collection tool/system on tablets to guide surveyors through a structured investigation
- The two stages consist of:
 - **Stage I:** Preliminary statistical assessment of regulatory areas to determine care areas that warrant stage 2 review
 - **Stage II:** Determine and document any findings/deficiencies and identify F-tags and scope and severity

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High Risk Areas

- Things that will catch the attention of surveyors as part of the pre-survey prep process, include:
 - Weight Loss
 - Dehydration
 - Pressure Ulcers
 - Fecal Impaction
 - Quality of Life Indicators at or above 90%

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Facility Tour

- Upon arrival, some of the surveyors will conduct a facility tour to:
 - Verify that pre-selected residents are still in the facility
 - Confirm information collected during off-site preparation
 - Take note of any potential new concerns
 - Make observations about care and services and meet with residents and staff (or schedule a time later)
 - Beware – one of the surveyors will likely head to the kitchen to begin observations

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Surveyor Observations

- As part of the tour and interviews, surveyors will monitor for the quality of specific services, to include:
 - Monitor resident grooming and cleanliness
 - Resident activities (including 1:1 programs)
 - Caregiver availability, call bell responsiveness
 - Management of residents with behaviors
 - Physical plant – whether facility is home-like and clean
 - Proper use of infection control practices
 - Monitor whether residents have appropriate assistive devices (which will later be compared to the care plan)

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QIS Stage I

- **Three distinct Stage I samples** are collected:
 - Census sample focuses on quality of care and quality of life – includes 40 randomly selected residents who reside in the nursing facility at time of survey
 - Admission sample includes 30 recent admissions and emphasizes issues such as re-hospitalizations, death or functional loss. This includes both current and discharged residents for a focused chart review.
 - MDS data are used to create the resident pool from which Stage I samples are randomly selected and to calculate the MDS-based Quality of Care and Life indicators (QCLIs) for use in Stage II

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QIS Stage I (continued)

- Stage I provides for an initial review of:
 - Large samples of residents, which includes resident, family and staff interviews
 - Resident observations
 - Medical record reviews
 - Findings are entered into each surveyor Tablet PC Data Collection Tool (DCT)
 - DCT calculates whether facility has exceeded the national threshold for compliance with the various mandatory tasks

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QIS Stage I (continued)

- Mandatory facility-level tasks are started, to include:
 - Resident council president interview
 - Observations of dining and kitchen areas
 - Infection control practices
 - Medication administration observation
 - Review of Quality Assessment & Assurance program
 - Liability Notices & Beneficiary Appeal Rights Review

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QIS Synthesis

- Transition from Stage I to Stage II:
 - After Stage I review is complete, specialized software will use the surveyors' findings together with MDS data to determine which QCLIs exceed a national threshold and consequently trigger care areas and/or triggered facility-level tasks for further investigation in Stage II
 - The more care areas triggered, the larger the sample

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QIS Stage II

- Stage II investigations include:
 - Care area investigations using a set of investigative protocols (critical element pathways) that assist surveyors in completing an organized and systematic review of triggered areas
 - Completion of mandatory facility-level tasks
 - Triggered non-mandatory facility-level tasks which include abuse prohibition, environment, nursing services, sufficient staffing personal funds and admission, transfer and discharge

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Stage II Analysis

- Stage II Analysis and decision making:
 - After all investigations have been completed, the team analyzes the results to determine whether non-compliance with Federal requirements exist
 - The team identifies deficiencies to determine scope and severity
 - The exit conference process is the same

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Consider the Possibility

- The QIS process is a significant step toward a more **resident-centered** and comprehensive survey process which allows nursing home providers to embrace the change movement by linking the regulatory process with internal quality-improvement activities

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Care Transitions – Culture Change

- WHY A Culture Change?
 - **Needed in order to be successful!**
 - **The Affordable Care Act** mandates that each facility have a Quality Assurance and Performance Improvement Program (QAPI)
 - **Improving management of acute changes in condition and reducing unnecessary or avoidable hospital transfers** is one major focus to meet QAPI requirements

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Themes & Trends

- Health care delivery is changing – FAST
- Nursing facilities are transforming from sites of custodial care into sites of high intensity care for sick, complex patients
- Expectations from hospitals, payers, regulators, etc. are rising – greater scrutiny of quality and cost
- Pay for performance - OUTCOMES
- Much more is and will be expected of facilities, physicians and medical directors
- More care will be provided by fewer practitioners

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The Best Medicine



"It appears that you've got a Power Drill stuck in your head, but just to be safe we'll need to take multiple tests and we should have a proper diagnosis by mid-week"

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Potential Risks to Providers

- The annual survey is closely linked to **clinical and financial success** of the facility, as well as continued certification for participation in the Medicare and Medicaid programs
- Survey preparation and completion of the Plan of Correction are critical components of a compliance plan
- Although the State Operations Manual and interpretive guidelines have not changed with the implementation of QIS, the **survey process is drastically different** and facilities must be familiar with the new process to be successful

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Why it Matters?

- Quality Care and Care Planning
- Accurate Medicare Reimbursement
- Accurate Medicaid Reimbursement
- Securing Revenue for Quality Care provided

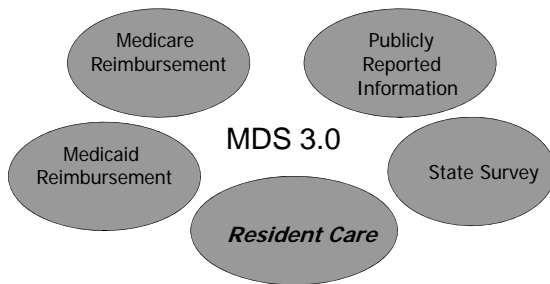
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MDS & QIS Evolution

- Foundation of the more structured and objective QIS assessment process is the MDS data
- The MDS has resulted in a greater emphasis on case-mix adjusted reimbursement, standardized resident assessment protocols and the transmission of resident data through electronic information systems
- **MDS accuracy is A MUST!**

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Impact of the MDS 3.0



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Quality of Care and Life Indicators (QCLIs)

- Quality of care indicators continue to be an important and essential part of the survey process. The QIS methodology actually uses **162 indicators – more than those comprising the MDS.**

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F-Tag List and Regulatory Groups for Nursing Homes

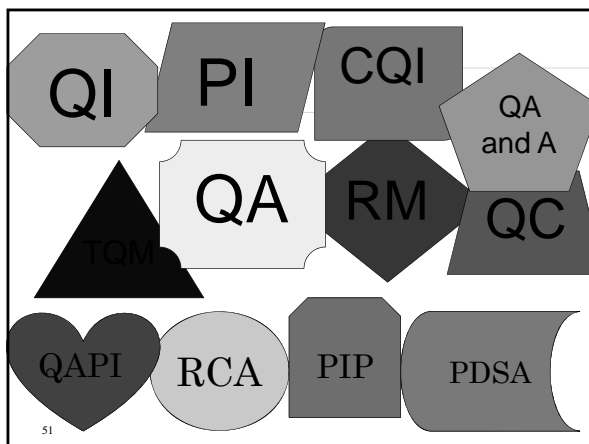
Nursing Services	Dental Services	Administration
Nursing Services 1703 National Nursing Staff on 16-hour Hours 1754 Use of Charge Nurse & Registered Nurse 1755 Nurse of 24 Hr Nurse Staffing 1756 Nurse Staffing Units (Inpatient)	Dental Services F411 Dental Services on-site F412 Dental Services in NFA	Administration F109 Facility Assessment & Re-licensing F481 Licensure Under State - Local Law F102 Full-time Local Law/PDF Requirements F491 User Study - Nurse Assist F493 Comp Nurse Assist Worked - 4 hrs F494 Nurse Aide Competency F499 Nurse Aide Registry Verification F487 Trained Person - Education F498 Proficiency of Nurse Aide F486 Facility Emergency Evacuation drill report F496 Use of Outside Professional Resources F501 Responsibilities of Medical Director F492 New Ontario Provision Lab Services F500 Laboratory Services Provided by Facilities F502 Laboratory Services Only - Hours of service F503 Phys Properly Staffed in Lab Services F504 Lab Services Report - Transport to Lab F507 Lab Report Filed in Clinical Record F505 Lab Services - Ontario Regulatory Form F509 Laboratory Services - Meet requirements F510 Radiology Services - When Ordered F511 Properly Ready Phys of Rad On - Readings F512 Nurses Inv in Management of Radiology F513 Reports of Any xray or xray film in use F514 Consent Records with Phys Completed F515 Description of Clinical Records F516 Lab Substrate in Clinical Records F517 Plans in Effect - Emergency Evacuation F518 Train Employees - Emergency Proc-Dir in the Hospital Agreement in Hospital F520 Fire Alarm/Ina QA Certificate F522 Maintenance of Licensing Requirements
 Dietary Services F306 Appropriateness Diet F301 Employment of Qualified Dietitian F302 Dietician Dietitian Personnel F303 Menus Meet Needs & are Palatable F304 Food Preparation-Palatable Temperature F305 Food Safety- Minimize Individual Risks F306 Substitution of Similar Nutritional Value F307 Temperature Data Provided by Phys F308 Frequency of Menu - 14 hours F309 Allergen Labeling- Employee Records F311 Dietary Food Process-Pre-Use Storage F372 Proper Disposal of Carbon & Refuse F373 Staff-Training Assistance	Pharmacy Services F435 Facility Provides Drugs & Biologics F436 Drug Regimen Reviewed - Monthly F431 Proper Labeling of Drugs & Biologics	
Infection Control F451 Infection Control Program Infection Available When Appropriate Long-term Care Disease - No Test Contact Hand Washing Linen Handling by Pressure Infection	Physical Environment F458 Fire Designed to Protect Health-Safety F455 Emergency Electrical Power F456 Essential Equipment in Safe Condition F457 No More than Four Infections per Month F458 Fire Safety - 2 Inlets or 100 in/minute out F459 Rooms - Access to Exit Corridor F459 Rooms - Access Visual Privacy F461 Rooms - At least one window to outside F462 Rooms - Call and Belling Facilities F463 Rooms - Call - Logs and Bedding Facilities F464 Equipment for Dining & Activities F465 Site to Staff/Resident/Staff/Comfort F466 Emergency Water Availability F467 Adequate Outside Ventilation F468 Centroids Have Firmly Secured Handrails F469 Handrail Elevators must Control Program	
Resident Services F406 Resident Care Supervised by Physician F408 Physician Inpatient/Outpatient Dining Visits F421 Frequency/Continuity of Physician Visits F404 Visits by Physician/Phys Assistant/Chc F420 Emergency Physician Services 24 hr/day F396 Phys Referral of Tests in SMI's NFA	Specialized Health Services F461 Out-Private Specialized Health Services F461: Qualifications for Providing Health Care	

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Quality Assurance/Performance Improvement (QAPI)

- The Affordable Care Act, Section 6102 requires CMS to strengthen QA requirements in nursing homes
- CMS must provide technical assistance to nursing homes in order to meet new requirements.
- Law requires implementation by December 31, 2011
- QAPI Plans must be submitted to HHS Secretary one year later

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Quality Assurance Paradigm Shift

- Quality Assurance has been a **reactive, static process** that is largely based on QIs and QMs
- Using QIS for Quality Assurance is a **pro-active, comprehensive and focused process**
- QIS process tools and resources should be part of your **overall quality assurance and compliance plan**

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Quality Assurance	Performance Improvement
<ul style="list-style-type: none"> • Reactive • Single episode • Organizational mistake • Prevents something from happening again • Sometimes anecdotal • Retrospective • Monitoring based on audit • Sometimes punitive 	<ul style="list-style-type: none"> • Proactive • Aggregate Data • Organizational process • Improves overall performance • Always measurable • Concurrent • Monitoring is continuous • Positive change

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QAPI Guidelines

- CMS is kicking QA & A up a notch
- Expectations change, especially with **problem identification and definition, root cause analysis and data management**
- Surveyors will likely spend more time on QAPI
- You'll need a **functioning plan**
- You'll need to be able to show **PIPs** that show demonstrable improvement

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QAPI – What Will Be Expected?

- QAPI Plan
 - Leadership and systems
 - Personalized
- Performance Improvement Plans (PIPs)
 - QAPI methods
 - Data collection that uses standardized tools for measurement
 - Evidence of success
- Plans of Correction
 - Critical thinking

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QAPI and QIS

- Not unlike QIS, 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 system or processes;
 - Develop and implement an improvement or corrective plan; and
 - Continuously monitor effectiveness of interventions

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How do I get started?

- Consider the following when developing a QAPI plan that will merge the resident-centered focus and systematic approach to assessing quality of care and life in the QIS process:
 - Create a **culture of responsibility and accountability**
 - Include team members at **all levels of the organization**
 - Listen to the voice of your residents, family and staff and **engage** them in the process
 - Develop a strategy for **collecting and using data**

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How do I get started (continued)?

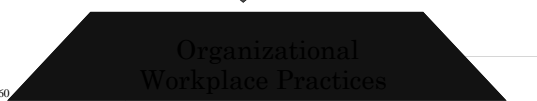
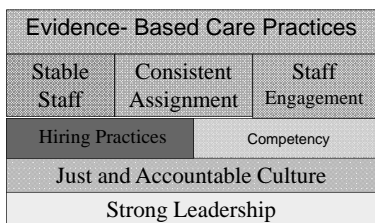
- Identify gaps and opportunities
- Prioritize opportunities and charter performance improvement projects
- Plan, conduct and document your projects and measure against targets
- Take systemic action
- Share your results with everyone

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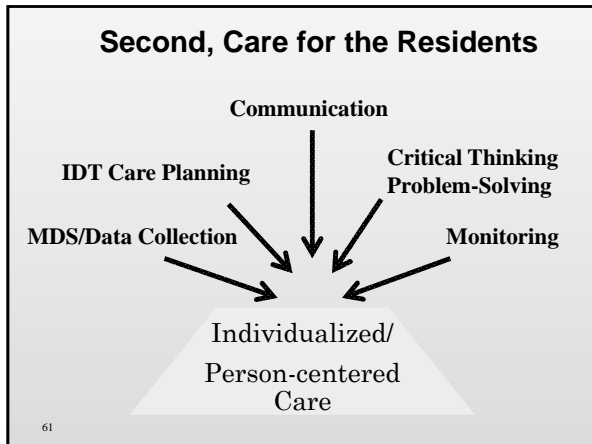
A Model for Change

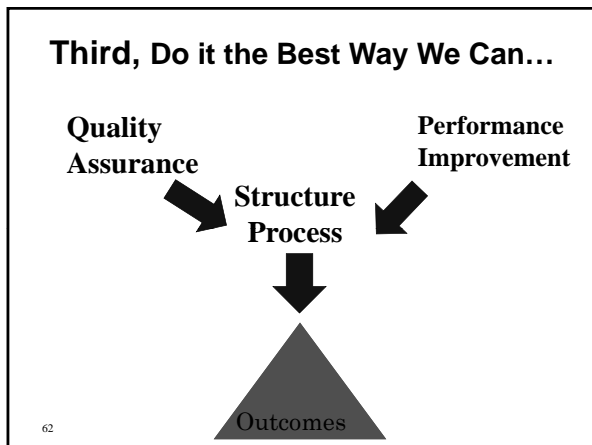


First, Build the Foundation...



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Food For Thought

- Not all change is improvement, but all improvement is change
- Some is not a number and soon is not a time
- Hope is not a strategy!

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QAPI Techniques

- Identify meaningful area for improvement – things people care about will be committed to improving
- Benchmark/measure the starting point
- Decide on the target or improvement
- Identify what processes will impact change
- Choose a selection(s) that make sense
- Implement the solution(s)
- Use “Plan, Do, Study, Act” (PDSA) cycle to improve
- Monitor and measure for improvement

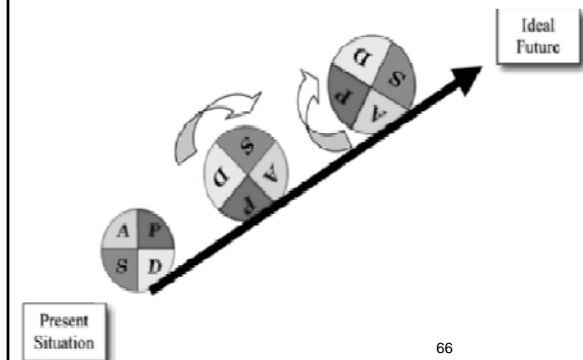
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PDSA Model



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Change is not linear...



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What should I be monitoring?

- As part of a good survey preparation strategy, there are many things your team can monitor, but consider the following:
 - Clinical care areas
 - Quality Measures/Indicators – Nursing Home Compare
 - Past annual and complaint surveys
 - Resident/family/staff complaints
 - Satisfaction survey results
 - MDS data for problem patterns
 - Patterns of ED visits or re-hospitalizations (ACOs)

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Quality Assessment & Assurance

- Surveyors review Ombudsman complaints/concerns (obtained during off-site process)
- Surveyors will interview the QA contact person
- Aside from meeting minimum standards, this is an **opportunity to showcase all your best practices and quality initiatives**
- Interviews – surveyors are doing interviews, are you?
- All providers should be transitioning from QA to QAPI
- Your **data should be posted**
- Quality improvement activity can often times **prevent deficiencies or at least reduce scope and severity**

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QIS Tools and Protocols in Action

- Resident, family and staff interviews
- Facility-Level Tasks
- Triggered Facility-Level Tasks
- Resident Observations
- Quality of Care & Quality of Life Indicators
- Federal regulations guidance

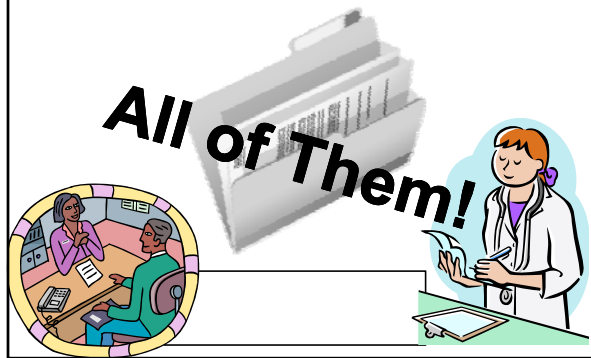
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Tools and Techniques

- Checklists
- Audits
- Rating forms
- Self-Assessment
- Structured observations
- Direct Interviews
- Competency checklists or protocols

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What QIS tools can be used?





Resources

- The Quality Indicator Survey Checklist - <http://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertificationgeninfo/downloads/qis-checklist.pdf>
- Fact or Fiction - <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Fact-Fiction.pdf>
- QIS Resources and Guides - <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/QIS-Resources-Guides.html>
- QIS Survey Forms - <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/QIS-Survey-Forms.html>
- State Operations Manual - http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_1_tcf.pdf
- Facility Self-Assessment (Mock Survey) Tool - http://www.nursinghomehelp.org/surveymanual/sect5_0313.pdf

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Triggered Care Areas

- Potential triggered care areas with specific CE pathways:
 - Activities
 - ADLs and ROM
 - Behavior & Emotional Status
 - Communication/Sensory
 - Dialysis
 - Hospice
 - Hospitalization or Death
 - Pain
 - Physical Restraints
 - Pressure Ulcers
 - Psychoactive Medications
 - Tube Feeding
 - Unnecessary Medications
 - Urinary Incontinence

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Triggered Facility-Level Tasks

- Abuse Prohibition Review
- Admission, Transfer & Discharge
- Environmental Observations
- Sufficient Nurse Staffing
- Personal Funds Review
- Unnecessary Drugs

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Sufficient Nursing Staffing

- To determine if the facility has licensed registered nursing staff available to provide and monitor the delivery of resident care
- Is your staffing posted and do you track changes in staffing patterns?
- To discern if the facility has sufficient nursing staff available to meet residents' needs – **meeting state minimum staffing requirements may not be enough**
- Triggered by resident interview, family interview or surveyor observation:
 1. Review staffing schedules
 2. Review observation of provision of care
 3. Review interviews of staff, residents and families

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Environmental Observations

- To observe the facility's environment as it impacts the **residents' health and safety**
- Triggered by resident interview, family interview or resident observation
- Involves a **comprehensive overview of facility environment**
- Follow-up conducted on all **resident-specific concerns** that triggered the task
- **Routine environmental rounds** should be done in all departments and documented as part of a well established preventive maintenance and QA program

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Facility-Level Tasks Forms

- Liability Notices and Beneficiary Appeal Rights Review
- Dining Observation
- Infection Control & Immunizations
- Kitchen/Food Service Observation
- Medication Administration & Observation
- Medication Storage
- Quality Assurance

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Dining & Food Service Observation

- Observation occurs in each dining room, as well as in-room delivery, if applicable
- Food storage, temperature, preparation sanitation, etc. are all reviewed
- Meal satisfaction surveys
- Menu selection, rotation and preferences
- Therapeutic diets

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Survey Readiness Summary

- Be survey ready every day of the year:
 1. Continuous training with staff/staff competency programs
 2. An effective QAPI program
 3. Active Resident Council
 4. An effective customer service program
 5. An effective grievance policy/program
 6. Daily and weekly rounds
 7. Review and monitor quality outcomes
 8. Peer Review/Mock Survey process
 9. Evaluate patient/resident, family and staff satisfaction

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Survey Readiness Summary (continued)

- Maintain a survey readiness manual
- Train staff and residents on what to expect during survey
- Plan for weekend, holiday and after hour surveys
- Be transparent and post your quality results/outcomes to show trends and continuous improvement

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What else can I do?

- Develop a mock survey/peer review program
- Institute a chart auditing process and system
- Scrub MDS data and assessments

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Peer Review/Mock Survey

- Reasons to consider mock surveys:
 1. A “fresh” perspective may **reveal opportunities** for improvement
 2. An outsider can more easily replicate the survey process
 3. It’s an opportunity to evaluate whether your **systems are really current or evidence-based**
 4. You may not be QIS ready
 5. Residents and staff may **express concerns more freely**

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Benefits of Peer Review

- Quality Assurance Performance Improvement
- Survey readiness (Federal and State)
- Sharing best practices
- Part of your compliance plan
- Collaboration
- Professional development
- Mentorship
- Regulatory compliance
- Identify survey and litigation risk areas

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Process and Procedures/Rules of Engagement

- Team selection and composition (internal vs. external)
- Scheduling (announced vs. unannounced)
- Agenda
- Review of preliminary materials
- Entrance conference

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Process and Procedures/Rules of Engagement (continued)

- Sample selection
- Exit conference
- Action plans
- Peer review visit schedule
- Peer review evaluation
- Ethical Considerations

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Team Selection

- Use **external consultants or colleagues from other buildings** – a fresh perspective will yield far better and more comprehensive results/outcomes
- If internal staff conduct the mock survey, it is recommended that they evaluate a unit outside their direct span of control
- Internal peer review team members should be **trained and guided** as to process, regulations, rules of engagement, etc.

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Team Selection (continued)

- Make the process as “real” as possible, using CMS forms, observation methods, record reviews, interviews, etc.
- **Peer reviews make for great QAPI material** – it shows a good faith effort to prepare and improve
- Keep in mind – peer reviews are intended to be a **collaborative and safe process**
- Peer reviews should generally be scheduled in advance of “survey window”

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Team Composition

- Administration/Finance – facilitator
- Dining Services
- Social Services
- Nursing
- Environmental Services
- Activities
- Therapy Services



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Team Composition

- **Recommended Minimum Team Size:**
 - **Buildings <50 Beds:** Facilitating Administrator, Environmental Services, 2 Nurses
 - **Buildings 51-75 Beds:** Facilitating Administrator, Environmental Services, 2 Nurses, Social Worker
 - **Buildings 76-125 Beds:** Facilitating Administrator, Environmental Services, 2 Nurses, Social Worker, Dining Services, Recreational Therapy/Activities
 - **Buildings >126 Beds:** Facilitating Administrator, Environmental Services, 2 Nurses, Social Worker, Dining Services, Therapist or 3 Nurses, Recreational Therapy/Activities

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Preliminary Materials Top Ten List

1. Two family members for interview including when they would be available
2. Names or residents admitted within the past 30 days
3. List of residents with 5-10% weight loss
4. List of residents with active pressure ulcers
5. List of residents deceased within the past 6 months for whom the facility managed their funds
6. Name of residents currently receiving rehabilitation services
7. Most recent annual survey results and any substantial complaint investigations
8. List of interviewable residents
9. List of Medicare A beneficiaries discharged in the past 6 months
10. List of residents requesting a demand bill within the past 6 months

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Proposed Agenda

- 8:00 - 8:30: Entrance conference
- 8:30 - 9:00: Facility tours
- 9:00 -12:00: Review process
- 12:00 - 12:30: Lunch
- 12:30 - 3:00: Review process continued
- 3:00 - Exit conference and wrap-up

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Checklist Overview



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Entrance Conference

- Team debrief and introductions
- Facility tour
- Obtain current census
- Obtain list of interviewable residents
- Personnel file review
- Obtain list of family members available for interview
- Discuss final record sample selection
- Obtain daily staffing

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Sample Selection

- Quality Indicators/Quality Measures
- Roster/Sample Matrix (CMS – 802)
- Admission Sample
- Census Sample
- Past and current complaints
- High risk

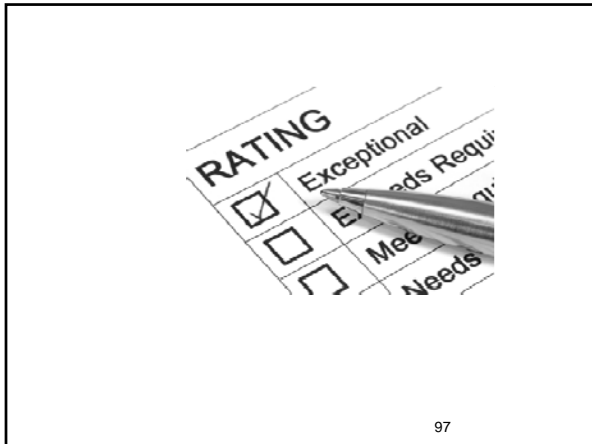
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ENTRANCE CONFERENCE (CMS-802-01) (AMERICAN HEALTH CARE SURVEILLANCE SYSTEMS) COURSES FOR MEDICARE & MEDICAID SERVICES

Office _____ Room 1 _____ Room 2 _____ Room # _____


Resident Name		ROSTER/SAMPLE MATRIX																																		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32					

Form CMS-802-01(03)



Written vs. Electronic Records

- Electronic Document Access
- Confidentiality
- Preliminary Materials
- Record Reviews



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That's a Wrap

- Exit Conference Prep – information synthesis
- Summary of findings
- Action plans
- Share results with staff
- Make it part of your QAPI plan and process

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Survey Success: Top Ten List

1. Empower and educate staff, residents and family on the QIS process
2. Monitor your data carefully – everyone else is looking at it (Nursing Home Compare)
3. Be visible and follow-up on any concerns or issues promptly
4. Implement a mock survey/peer review program and seek out external support
5. Utilize the tools that are part of QIS to build a comprehensive compliance program

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Survey Success: Top Ten List (Cont.)

6. Integrate into your overall compliance plan an MDS/chart auditing process
7. Enhance your documentation systems
8. Don't be a follower: implement evidence-based practices and be a champion
9. Develop a quality assurance process that touches every corner of the facility and involves staff at all levels of the organization
10. Share with your staff – open lines of communication and transparency are key

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- Journal of Aging & Social Policy, 25:10-29, 2013, The Quality Indicator Survey: Background, Implementation & Widespread Change
- Quality Indicator Survey S 4, Kansas Health Care Association, 2007 American Health Care Association Annual Convention
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Nursing Home Humor


Top 5 Signs You're Not in the Right Nursing Home:

- It's named "Heaven's Waiting Room"
- Defibrillator doubles as a remote control
- Radio stations alternate between Glenn Miller and broadcasting Last Rites in every language
- You can't ring a nurse, but you can page the attorney's office down the hall
- Two words you never want to hear: Community Bedpan

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Questions/Answers



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