

FHCA 2019 Annual Conference & Trade Show

CE Session #46 – Phase III Requirements of Participation

Wednesday, August 7 – 2:15 to 4:15 p.m.

Celebration 9-10 – Legal/Regulatory/Survey

Upon completion of this presentation, the learner will be able to:

- Identify three of the areas that are to be implemented with Phase III of the RoP
- Identify three strategies that can be utilized for an efficacious implementation of the last Phase of the RoP
- Recognize three tools to assist them through your execution of Phase III

Seminar Description:

If you are like most of us, your head is still reeling from the rollercoaster ride brought on by Phases I and II of the Requirements of Participation (RoP). Hold on tight because Phase III is right around the corner and must be implemented no later than November 28, 2019. Items in Phase III of the ROP include coordination with QAPI Plan, Trauma-Informed Care, governing body responsibility of QAPI program, Infection Preventionist (IP), IP participation on QAA committee, call system from each resident's bedside and the implementation of new required trainings. This session will not only discuss the individual requirements of each item, but also the strategies needed for an efficacious implementation of the last Phase of the RoP. Tools will be shared that can assist you through your execution of Phase III and the tangible solutions needed to ensure your implementation progresses with ease.

Presenter Bio(s):

Jennifer Leatherbarrow is a graduate of Kent State University's School of Nursing. She has over 20 years of health care experience including Corporate Reimbursement Specialist, Director of Nursing, MDS Coordinator and Staff Development Coordinator. Jennifer is currently the Manager of Clinical Consulting for Richter Healthcare Consultants where she has been a State and National level speaker and author with a focus on the LTPAC communities. Jennifer's focus areas include regulatory compliance, process review and redesign, and education and training.



Phase III Requirements of Participation



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Today's Presenter



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Objectives

Participants will be able to:

1. Identify three of the areas that are to be implemented with Phase III of the RoP
2. Identify three strategies that can be utilized for an efficacious implementation of the last Phase of the RoP
3. Recognize three tools to assist them through your execution of Phase III

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Compliance and Ethics



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Compliance and Ethics



➤ "Compliance and ethics program means, with respect to a facility, a program of the operating organization that –


1. Has been reasonably designed, implemented, and enforced so that it is likely to be effective in preventing and detecting criminal, civil, and administrative violations under the Act and in promoting quality of care; and
2. Includes, at a minimum, the required components specified in paragraph (c) of this section.

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Compliance and Ethics



➤ High-level personnel means individual(s) who have substantial control over the operating organization or who have a substantial role in the making of policy within the operating organization.

➤ Operating organization means the individual(s) or entity that operates a facility."

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Compliance and Ethics



- §483.85(b) - "General rule. Beginning November 28, 2019, the operating organization for each facility must have in operation a compliance and ethics program (as defined in paragraph (a) of this section) that meets the requirements of this section.
- §483.85(c) - Required components for all facilities. The operating organization for each facility must develop, implement, and maintain an effective compliance and ethics program that contains, at a minimum, the following components:"

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Compliance and Ethics



1. Established written compliance and ethics standards, policies, and procedures to follow
 - a. The designation of a compliance and ethics program contact
 - b. An alternate method of reporting suspected violations anonymously
 - c. Disciplinary standards that set out the consequences for committing violations for the operating organization's entire staff

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Compliance and Ethics



2. Assignment of specific individuals within the high-level personnel of the operating organization with the overall responsibility to oversee compliance with the operating organization's compliance and ethics program's standards, policies, and procedures, such as, but not limited to, the chief executive officer (CEO), members of the board of directors, or directors of major divisions in the operating organization.

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Compliance and Ethics



- 3. Sufficient resources and authority to the specific individuals designated in paragraph (c)(2) of this section to reasonably assure compliance with such standards, policies, and procedures.
- 4. Due care not to delegate substantial discretionary authority to individuals who the operating organization knew, or should have known through the exercise of due diligence, had a propensity to engage in criminal, civil, and administrative violations under the Social Security Act.

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Compliance and Ethics



- 5. The facility takes steps to effectively communicate the standards, policies, and procedures in the operating organization's compliance and ethics program to the operating organization's entire staff; individuals providing services under a contractual arrangement; and volunteers, consistent with the volunteers' expected roles. Requirements include, but are not limited to, mandatory participation in training as set forth at § 483.95(f) or orientation programs, or disseminating information that explains in a practical manner what is required under the program.

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Compliance and Ethics



- 6. The facility takes reasonable steps to achieve compliance with the program's standards, policies, and procedures.
 - a. Utilizing monitoring and auditing systems
 - b. Providing services under a contractual arrangement, or volunteers, having in place and publicizing a reporting system
 - c. Having a process for ensuring the integrity of any reported data.

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Compliance and Ethics



7. Consistent enforcement of the operating organization's standards, policies, and procedures through appropriate disciplinary mechanisms, including, as appropriate, discipline of individuals responsible for the failure to detect and report a violation to the compliance and ethics program contact identified in the operating organization's compliance and ethics program.

Compliance and Ethics



8. After a violation is detected, the operating organization must ensure that all reasonable steps identified in its program are taken to respond appropriately to the violation and to prevent further similar violations, including any necessary modification to the operating organization's program to prevent and detect criminal, civil, and administrative violations under the Act."

Compliance and Ethics



➤ §483.85(d) "Additional required components for operating organizations with five or more facilities. In addition to all of the other requirements in paragraphs (a), (b), (c), and (e) of this section, operating organizations that operate five or more facilities must also include, at a minimum, the following components in their compliance and ethics program:

Compliance and Ethics



1. A mandatory annual training program on the operating organization's compliance and ethics program that meets the requirements set forth in § 483.95(f).
2. A designated compliance officer for whom the operating organization's compliance and ethics program is a major responsibility. This individual must report directly to the operating organization's governing body and not be subordinate to the general counsel, chief financial officer or chief operating officer.
3. Designated compliance liaisons located at each of the operating organization's facilities."

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Compliance and Ethics



➤ §483.85(e) - "Annual review. The operating organization for each facility must review its compliance and ethics program annually and revise its program as needed to reflect changes in all applicable laws or regulations and within the operating organization and its facilities to improve its performance in deterring, reducing, and detecting violations under the Act and in promoting quality of care."

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Trauma Informed Care

Trauma Informed Care



➤ Individual trauma is an experience (or series of circumstances, events or occurrences) that an individual considers emotionally, physically or socially threatening or harmful and that has a long term negative impact on the individual's emotional, physical or social well-being.

Trauma Informed Care



- 51% of women have experienced at least one traumatic experience and;
- 61% of men have experienced at least one traumatic experience
- Statistically speaking the longer one lives, the more likely they will have experienced a traumatic event.

Trauma Informed Care



➤ An event becomes traumatic when the ability to cope is overwhelmed. Progress is underway when the individual feels they have overcome an event, a repeat event, however, can move them back down in the continuum toward overwhelmed.

Trauma Informed Care



- The key elements of the Trauma-Informed Approach include the following strategies:
 - Realize that trauma is prevalent
 - Recognize that all individuals within an organization are affected by trauma
 - Resist re-traumatization
 - Respond to the risk through incorporating knowledge in practice

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Trauma Informed Care



- Five key principles of the Trauma-Informed Care system:
 1. Safety: Keep residents (and staff) emotionally and physically safe
 2. Trustworthy: Make certain that tasks and boundaries are clear
 3. Choice: Offer control and choice as much as possible (the perception of control is as important as actual control)
 4. Collaborate: Build in opportunities for participation
 5. Empowerment: Assure residents and staff feel empowered with decision-making and choices

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Trauma Informed Care



- Empowerment: Assure residents and staff feel empowered with decision-making and choices
- When implementing Trauma-Informed Care you will want to use phases such as:
 - "What happened to you?"
 - "How can we help you?"
 - "Do you feel safe?"

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Trauma Informed Care



- When the resident is talking be sure to listen, be curious, educate about the human response of fight, flight, or freeze, offer coping strategies, build strategies into the care plan. Comprehensive person centered care planning should focus on quality of care as well as behavioral health services.

Trauma Informed Care



- Care and service services that assist resident to attain or maintain the highest practicable physical, mental, and psychosocial well-being
- Baseline care plan within 48 hours of admission which includes six specified elements
- Addition of nurse aide and food & nutrition representative to ID Team responsible to develop comprehensive plan of care; should reflect resident's strengths and weaknesses; right to receive care outlined in plan of care; documentation if resident/rep do not attend care plan meeting

Trauma Informed Care



- Discharge and transition in care plan that is focused on resident's goals
- Discharge planning requirements mandated by IMPACT
 - Reduce preventable hospital re-admissions
 - Effective transitions
 - Discharge summary
 - Medication reconciliation of all pre-discharge meds with post-discharge meds

Trauma Informed Care



- The facility should, in collaboration with the resident and resident representative, document in the care plan the patient's goals for admission and desired outcomes.
- Patient preferences for discharge and desire to return to the community will need to be documented in the care planning process.
- Ensure that that staff responsible to this have the education they need in order to be effective in completing their task and ultimately improving the quality of life for your residents.

Training Requirements

Training Requirements



Requires development, implementation and maintenance of an effective training program for new and existing staff, contractors and volunteers:

- | | |
|---|---|
| ➤ Communication | ➤ Infection Control |
| ➤ Resident Rights & Facility Responsibilities | ➤ Behavioral health |
| ➤ Abuse, neglect and exploitation | ➤ Compliance & ethics |
| ➤ QAPI | ➤ Other-based upon identified needs per Facility Assessment |

Training Requirements



Phase 1 of Training - Develop and / or review existing training for the following and incorporate into new hire orientation and annual training plan :

- Abuse, neglect and exploitation training
- Dementia management
- Abuse prevention
- Care of cognitively impaired ◦ Training of feeding assistants

Phase 2 of Training - Ensure training plan is aligned with needs identified in facility assessment

Training Requirements



Phase 3 of Training - Develop and implement required training for staff, contractors and volunteers: communication;

- Resident rights; facility responsibilities
- Abuse/neglect/exploitation
- Quality Assurance/Performance Improvement (QAPI)
- Infection control
- Compliance and ethics
- Behavioral health training requirements specified for all staff, contractors and volunteers.

Training Requirements



Training must include:

- | | |
|---|--|
| <ul style="list-style-type: none"> ➤ Effective communication ➤ Resident rights f ➤ Facility responsibilities ➤ Dementia management and abuse prevention ➤ Freedom from abuse, neglect and exploitation ➤ QAPI | <ul style="list-style-type: none"> ➤ Infection prevention ➤ Compliance and ethics ➤ Dementia management ➤ Resident abuse prevention ➤ Training is a required component of the 12 hours of annual nursing assistant training |
|---|--|

Training Requirements



- Phase 3 of the Requirements of Participation require the determination of competency for both nurses and aides.
- By definition, competence is an underlying characteristic that enables an individual to perform a role or task.
- It does not come from education, alone, but develops overtime and can be learned.

Training Requirements



- Facilities will need a to develop a plan to determine competency including the following:
 - Core competencies: This can be determined using a skills check list.
 - Annual required knowledge: This should include organizational competencies for performance and skills.
 - Advanced skills/competencies: This should include the performance of skills that were not taught in a basic educational program.

Training Requirements



The six core areas of competence:

1. Clinical knowledge
 - Understanding that how to do a task or skill
 - Comprehending why the task/skill is completed
 - Grasping why the task/skill is important
 - Incorporating the task/skill into practice

Training Requirements



The six core areas of competence:

- 2. Patient/resident care
 - Understanding the patient's needs
 - Interpreting the plan of care with the patient
 - Eliciting agreement from the patient with the plan of care
 - Providing care in a compassionate manner
 - Advocating for the patient

Training Requirements



The six core areas of competence:

- 3. Professionalism
 - Seeking out opportunities for continued education
 - Asking for clarification when instructions are not clear
 - Awareness of one's self and image
 - Following ethical standards
 - Compliance with practice standards and guidelines

Training Requirements



The six core areas of competence:

- 4. Interpersonal communication
 - Effectively communicating verbally
 - Recording the patient's clinical care and response in a way that others can understand
 - Expressing ideas and suggestions clearly
 - Speaking up when advocacy is needed

Training Requirements



The six core areas of competence:

- 5. Clinically-based learning/personal improvement
 - Teaching others when opportunity presents
 - Educating patients and family members on care routines and options
 - Seeking out courses, seminars and programs to continue life-long learning

Training Requirements



The six core areas of competence:

- 6. System-based practice/improvement
 - Understanding the implications of practicing within a system
 - Knowing who to call and when
 - Seeking direction or guidance from other disciplines and from those with more expertise
 - Having and demonstrating the moral courage to make a difference for system change

Quality Assurance and Performance Improvement (QAPI)

QAPI



- Fully integrated QAPI program will be required on this date.
- Each LTPAC facility, including a facility that is part of a multiunit chain, must develop, implement and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life.
- Phase 3 requires the reporting to the governing body.
- Phase 3 is the coordination of freedom of abuse and neglect with your QAPI plan
- Phase 3 is the inclusion of the Infection Preventionist in your QAA meetings.

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Quality Assurance and Performance Improvement (QAPI) – Plan Outline

QAPI



- Feedback, Data Systems, and Monitoring:
- c. QAPI needs to be adequately resourced
 - i. Mandatory QAPI staff training and orientation
 - ii. Framework for QAPI
 - iii. Reporting QAPI activities
 - iv. Fair and just culture

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QAPI



Performance improvement projects (PIPs):

- II. Conduct PIPs to improve care or services in areas relevant for your residents:
 - a. Gather information systematically to clarify issues and identify opportunities
 - b. Test and implement changes
 - c. Data
 - d. Identifying topics

QAPI



Performance improvement projects (PIPs) continued:

- II. Conduct PIPs to improve care or services in areas relevant for your residents:
 - e. Prioritizing and selecting PIPs
 - f. PIP charters
 - g. PIP teams
 - h. Documentation and communication

QAPI



Performance improvement projects (PIPs):

- II. PIPs: identifying topics
 - a. Aspects of care occurring most frequently or affecting large numbers of residents
 - b. Diagnoses associated with high rates of morbidity or disability if not treated in accordance with accepted standards of care (evidence-based research/practices)
 - c. Issues identified from demographic and epidemiological data
 - d. Access to care post-discharge

QAPI



Performance improvement projects (PIPs) continued:

- II. PIPs: identifying topics
 - e. Resident/family expectations
 - f. Regulatory requirements
 - g. Availability of data
 - h. Ability to impact the problem and available resources
 - i. Critical incidents
 - j. Near misses
 - k. Safety concerns
 - l. Survey deficiencies scope and severity

QAPI



Systematic analysis and systematic action:

- I. Create real impact and long-lasting improvement as the result of QAPI through:
 - a. Taking into consideration all aspects of the organization when making changes
 - b. Addressing errors at the systems level rather than looking at an individual to blame
 - c. Linking outcomes of QAPI efforts to policies and procedures; staff orientation and ongoing education; performance expectations; and strategic planning

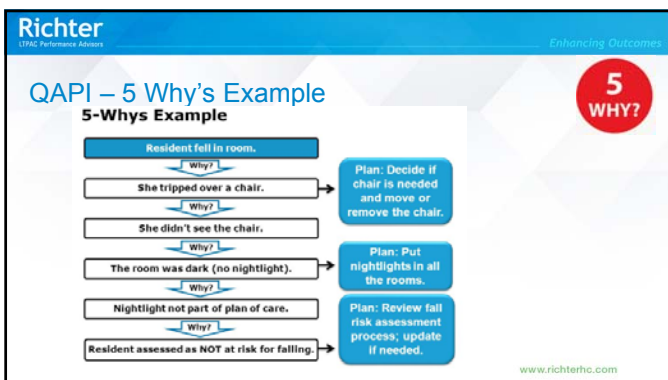
QAPI



Systematic analysis and systematic action continued:

- a. QAPI self-assessment every 12 months
- b. Resident satisfaction
- c. Family satisfaction
- d. Staff satisfaction
- e. Root cause analysis





5
WHY?

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QAPI

- Remember, it is always better for you to identify your own opportunities for improvement, rather than a surveyor. It will be in your best interest to share your QAPI information with the surveyor if you have already identified an issue they are looking at. In many cases, the surveyor will reduce the severity of the citation, and in some cases, they will not cite the facility at all.

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Physical Environment


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Title

- (f)(1) call system from each resident's bedside (Phase 3)
- Communication system that allows residents to call a staff member or centralized work space from bedside, toilet and bathing facilities


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Infection Control

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Infection Control



- Identify an Infection Prevention and Control Officer (IP) at the facility level with responsibility for Infection Prevention and Control Program (IPCP). The IPCO must have specialized training beyond initial professional degree. Refer to APIC , Alliant, Georgia IPN for further education and information.
- The IPCO should become a regular member of the QAPI Committee and report regularly on status of program , trends and analysis of surveillance data.

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Food and Nutrition Services

Food and Nutrition Services



- Requirement of certification for food services managers not previously specified under this rule.
- Recommend review requirements of qualifications for a food service manager and assess how they align with your current food service manager. Incorporate into QAPI how this rule will be addressed within the recommended time frame by either your current food service manger obtaining the correct certification or the addition of a food service manager that meets these requirements.

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Food and Nutrition Services



- Focus on resident preferences
- Staff with adequate skills and competencies to carry out functions of dietary services in consideration of resident assessments and plans of care, acuity and census
- Procurement of food from locally grown sources and facility gardens
- Meals & snacks outside scheduled or 'non-traditional' times

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Food and Nutrition Services



- Review policy and guidelines to reflect how the resident's religious, cultural and ethnic needs are evaluated and reviewed on an individual basis and frequency of which they are reviewed with the resident council.
- Recommend this discussion be reflected both in the resident council minutes as well as QAPI.
- Recommend include in both resident's council meeting minutes when menus are changed and/or updates as well as include in QAPI minutes.

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Key Operational Strategies

Key Operational Strategies



1. Enhance consumer engagement
 - a. Speak regularly with residents and family members
 - b. Listen to their feedback
 - c. Turnaround time on requests - clarify expectations
 - d. Share concerns raised transparently with the staff
 - e. Attend and participate in the resident and family council meeting
 - f. Invite the resident council president to join the QAA meeting or a leadership meeting

Key Operational Strategies



2. Promote quality improvement:
 - a. Review existing data
 - b. Identify goals in a participatory fashion ~ involve staff and resident in setting goals
 - c. Seek creative solutions to issues
 - d. Display data transparently
 - e. Celebrate successes!

Key Operational Strategies



3. Create strategic approaches through partnerships:
 - a. Partner with area hospitals to achieve community based improvements in care
 - b. Consider intra-agency agreements for key resources such as infection control
 - c. Partner with providers to collaborate on outcomes
 - d. Partner with advocacy groups such as the local Agency on Aging, AARP, area churches and the local Red Hat Society

Key Operational Strategies



- 4. Advance quality through innovation and demonstration; The healthcare delivery system is undergoing dramatic change, with an emphasis on finding new approaches and organizational frameworks to:
 - a. Improve health outcomes
 - i. Advanced Alternative Payment Models (APMs)
 - b. control costs, and
 - ii. Voluntary episodic payment models
 - c. improve population health

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Key Operational Strategies



- 5. Strengthen survey processes, standards and enforcement:
 - a. Prepare your Survey Binder now
 - b. As the time of the survey nears, increase reviews of the CASPER reports and focus on those residents who will be selected through the Surveyor's triggers
 - c. Complete mock surveys
 - d. Engage the staff in peer to peer reviews of survey compliance
 - e. Be the expert in the facility on the regulations

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Thank You!

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