



SNF Survey Success: Peer Review Tips for the Whole Team

Presented by:
HARMONY UNIVERSITY
The Provider Unit of
Harmony Healthcare International, Inc.
HHI

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Peer Review Tips for the
Whole Team**

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The Provider Unit of
Harmony Healthcare International, Inc. (HHI)
Presented by:
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Vice President of Administrative Operations

Disclosure of Commercial Interests

I have commercial interests in the following organization(s):
Harmony Healthcare International
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 -Your title: **Vice President of Administrative Operations**
 -Name of organization: **Harmony Healthcare International**
 -What the company does?
Harmony Healthcare International is a national leader in healthcare consulting.

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

Welcome



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Learning Objectives

- The participant will be able to discuss the QIS survey process and how to prepare
 - The participant will be able to identify three (3) management strategies for using the QIS tools as part of survey readiness
 - The participant will be able to discuss the basics of the new MDS and Dementia focused survey process
 - The participant will be able to demonstrate the purpose and benefits of a mock survey/peer review program as part of a QAPI program
 - The participant will be able to summarize the process and procedures necessary to implement an effective peer review program
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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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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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TRADITIONAL SURVEY	QIS
<ul style="list-style-type: none"> Survey team collects data and records the findings on paper The computer is only used to prepare the deficiencies recorded on the CMS 2567 	<p>AUTOMATION</p> <ul style="list-style-type: none"> Each survey team member uses a tablet PC throughout the survey process to record findings that are synthesized and organized by the QIS software
<ul style="list-style-type: none"> Review OSCAR 3 and 4 report Survey team uses CMS/State report efforts to identify preliminary sample of residents (about 20% of facility census) and ease of access 	<p>OFF-SITE</p> <ul style="list-style-type: none"> Review the OSCAR 3 Report and current complaints Download the NDS data to tablet PCs DET selects a random sample of residents for Stage 1
<ul style="list-style-type: none"> Review of Resident Sample Matrix Form (CMS 802) 	<p>ENTRANCE INFORMATION</p> <ul style="list-style-type: none"> Obtain alphabetical resident census with room numbers and units List of new admissions over last 30 days
<ul style="list-style-type: none"> Further information about pre-selected residents and new admissions Determine whether pre-selected residents are still appropriate 	<p>ON-SITE</p> <ul style="list-style-type: none"> No sample selection Initial overview of facility
<ul style="list-style-type: none"> Sample size determined by facility census Residents selected based on QIS 30 percentages, and review identified efforts and on list 	<p>SAMPLE SELECTION</p> <ul style="list-style-type: none"> The DET provides a randomly selected sample of residents for the following: <ul style="list-style-type: none"> Admission sample is a review of 30 current or discharged resident records Census sample includes 40 current residents for observation, interview, and record review
<ul style="list-style-type: none"> Resident sample is about 20% of facility census for resident observations, interviews, and record reviews <ul style="list-style-type: none"> Phase I Focused and comprehensive reviews based on QIS/3 report and issues identified from off-site information and facility tour Phase II Focused record reviews <ul style="list-style-type: none"> Facility and environmental risks completed during the survey 	<p>SURVEY STRUCTURE</p> <ul style="list-style-type: none"> Stage I: Preliminary investigation of regulatory areas in the admission and census samples and mandatory facility level tasks started Stage II: Completion of in-depth investigation of triggered care areas and/or facility level tasks based on Stage I findings
<ul style="list-style-type: none"> Meet with Resident Group Council Includes Resident Council minutes review to identify concerns 	<p>GROUP PRESENTATION</p> <ul style="list-style-type: none"> Interview with Resident Council President or Representative

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What Has Not Changed...

- The Social Security Act
- The regulations
- The interpretive guidelines
- The enforcement process

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QIS Objectives

- Improve **consistency and accuracy** of quality of care and quality of life problem identification by using a more structured process
- Enable timely and effective feedback on survey processes for surveyors and managers
- Systematically review requirements and **objectively investigate** all triggered regulatory areas

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QIS Objectives

- 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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ENTRANCE CONFERENCE WORKSHEET (QIS Facility Copy)

INFORMATION TO PROVIDE IMMEDIATELY UPON ENTRANCE CONFERENCE:

1. Facility name and an alphabetical list of resident names (with room numbers only). Note: census includes only those in the facility (i.e., in the hospital, home care, etc.).
2. The completed New Admission Information form.
3. List of new admissions after the date listed on the New Admission Information form. In-hold-over residents will residing in the facility. Includes Admission Date, Date of Birth, and Room Number/Unit for each resident.
4. Post survey measurement signs in high-visibility areas.
5. A copy of the facility floor plan.
6. A copy of the meeting schedule for limited and required meeting staff for the survey time period.

INFORMATION TO PROVIDE WITHIN ONE (1) HOUR OF ENTRANCE CONFERENCE:

1. List of LTV personnel and their locations.
2. Name of resident control provider or an official survey control receipt.
3. Schedule of meal times and location of dining services.
4. Schedule of Medication Administration times.
5. All clinical records that list type of admission target resident provided to the facility after the Entrance Conference. Bring these records to the survey team work area. Make arrangements for complete storage of the records in a secure location; the survey team will need to access them throughout the survey.
6. If the facility employs paid facility training, provide the following information:
 - a) Whether the paid facility training was provided through a state-approved training program by qualified personnel as defined by law, with a minimum of 4 hours of training.
 - b) The names of staff including agency staff who have successfully completed training for paid facility training, and who are currently assisting residents with eating meals and snacks.
 - c) A list of residents who are eligible for assistance and who are currently receiving assistance from paid facility training.

ENTRANCE CONFERENCE WORKSHEET (QIS Facility Copy)

INFORMATION TO PROVIDE WITHIN FOUR HOURS OF ENTRANCE CONFERENCE:

1. Complete pages 1 and 4 of this worksheet and return the information to the survey team. The form requests a list of residents who require Prescription Monitoring and Resident Review of OPIER Level II services, resident status whether in or out of the facility, and all services (including residents receiving constant care), or certified Medication licenses.
 - a) Provide the location of P OPIER information.
 - b) For dialysis unit residents, provide access to the within unit, agreement, emergency, policies, procedures, and/or plan of care, specifying how dialysis care is coordinated in event with the coordination of care.
 - c) Mark the appropriate column to indicate the type of dialysis (dialysis unit) used, performed in home (see table 1).
 - d) If there are residents receiving home dialysis services, provide the following information on page 4 of this worksheet:
 - i) Resident status, resident name, name of OPIER assigned caregiver (include unit indicator whether this caregiver is provided by the OPIER/Unit, the OPIER supplier, or the LTV facility).
 - ii) Diet and time each resident will receive his/her dialysis treatment.
2. Schedule:
 - a) Physical assessment: "Plan of Procedure."
3. List of items meeting any one of the following conditions that require a violation:
 - Less than the required number of staff
 - More than four violations
 - Items graded critical
 - No violation to the criteria
 - No direct access to an exit corridor
4. Quality Assessment and Assurance (QAA) committee information (name of cabinet, dates of meetings, and frequency of meetings).
5. Description of any environmental research occurring in the facility.
6. Name of contact person for OSHA, Prescription Policy and Procedure Compliance, or other information.

INFORMATION TO PROVIDE WITHIN 24 HOURS OF ENTRANCE CONFERENCE:

1. Resident Medical Information (RMI-1) and Resident Census and Compliance (RMI-477).
2. List of facilities/individuals who reported a demand bill in the past six months.
3. The survey team will be requesting information about the facility's emergency (in our census) and OPIER services (under coordination is acceptable).

COMMUNICATIONS THROUGHOUT THE SURVEY

Ongoing communication occurs throughout the survey between the survey team and the facility staff. During the first portion of the survey (Stage I), the team will not have completed full investigations and cannot yet discuss findings. The survey team will be communicating with staff throughout the survey, and staff will have opportunities to clarify issues when brought to their attention. However, surveyors are not to release information about ongoing concerns until their investigations is completed.

QIS Structure and Process

- At any time in the process, surveyors can initiate the addition of residents, care areas or F-tags
- Off-Site survey preparation activities is far more robust than the traditional survey and includes a review of:
 1. Prior Deficiencies (annual and complaint)
 2. Current Complaints
 3. Ombudsman Information
 4. Existing Waivers/Variations (if applicable)
 5. Minimum Data Set gets loaded into surveyor laptops

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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

- 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

- 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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Why it Matters?

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

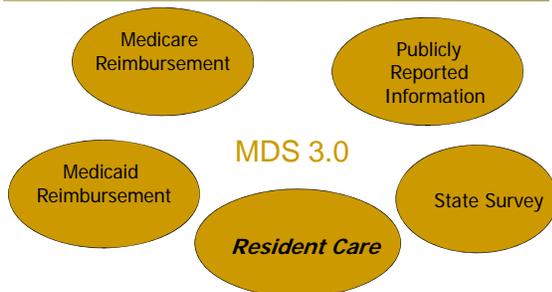
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MDS & QIS Evolution

- 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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Quality of Care and Life Indicators (QCLIs)

- Resident-centered
- Sample thresholds
- Calculations include *numerator*, *denominator* and *exclusions*
- **QCLI Dictionary** - <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QCLI-Dictionary.pdf>
- When a QCLI exceeds its pre-determined *threshold*, a care area is triggered for review in stage II

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Regulatory and Survey Update

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Regulatory & Survey Updates

- Medicare and Medicaid Programs: Proposed Rule Reform of Requirements for LTC
- MDS Focused Survey
- Dementia Care Focused Survey
- Adverse Drug Events
- Traditional and QIS Survey Format

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Summary of Major Provisions – Proposed Rule

- Updates and revises current nursing center Requirements for Participation and includes provisions from the Affordable Care Act, including compliance and ethics programs, quality assurance performance improvement (QAPI) and reporting of suspicion of a crime requirement

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Proposed Rule: Cliff Notes Summary

- Some of the proposed “high level” changes you should be aware of:
 - Facility assessment which aims to determine what resources are necessary to care for residents
 - Transitions of care
 - Compliance and ethics programs
 - QAPI program
 - Comprehensive person-centered care planning
 - Quality of Care and Quality of Life

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Proposed Rule: Cliff Notes Summary

- Pharmacy services
- Infection control
- Training requirements
- Food and nutrition services
- Laboratory, radiology & other diagnostics
- Dental services
- Behavioral health services

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MDS Focused Survey Highlights

- In mid-2014, CMS piloted a short-term focused survey to assess MDS 3.0 coding practices and its relationship to resident care in nursing homes
- CMS will expand surveys in 2015 to be conducted nationwide, but the number that will be conducted by state will vary
- As part of an effort to strengthen the Five Star Quality Rating system, the scope of some or most focused surveys will also be expanded to include an assessment of staffing levels. This will aim to verify the data that is self-reported and identify changes in staffing levels throughout the year.

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Minimum Number of Focused Surveys Per State

AK	3	ID	3	MT	3	PR	4
AL	6	IL	17	NC	9	RI	6
AR	3	IN	12	ND	3	SC	4
AZ	5	KS	8	NE	6	SD	3
CA	27	KY	6	NH	3	TN	7
CO	6	LA	6	NJ	9	TX	27
CT	6	MA	9	NM	3	UT	3
DC	1	MD	6	NV	*	VA	6
DE	*	ME	3	NY	14	VT	*
FL	16	MI	12	OH	24	WA	6
GA	9	MN	8	OK	7	WI	10
HI	*	MO	3	OR	3	WV	3
IA	10	MS	8	PA	16	WY	*

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MDS Focused Survey Highlights

- MDS-focused surveys are expected to take approximately 2 days
- Not unlike standard and complaint surveys, MDS focused surveys will also be unannounced
- An entrance conference worksheet will identify items to be provided immediately, within 1-hour of entrance and within 24 hours
- These surveys will not impact the standard survey cycle
- The format of these surveys will include record review, resident observations and staff and/or resident interviews that will validate MDS 3.0 coding and staffing levels

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MDS Focused Survey Highlights

- If inaccuracies to MDS 3.0 coding are found, citations may be issued to quality of care, quality of life and nursing services, and a Plan of Correction will be required, as per normal CMS protocol
- Surveyors will hold an exit conference at the end of survey to discuss findings, but scope and severity will not be provided
- It is not clear how facilities are chosen, but a history of concerns with MDS coding, previous MDS-related citations or certain quality measure triggers (i.e. pressure ulcers, falls, restraints) may put a facility at higher risk

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MDS Focused Surveys: How to Prepare

- Develop a system to ensure MDS assessments are completed and submitted timely per CMS regulations, per regularly required assessment schedules
 - QAPI Process
- Develop a system that defines how significant change in status is identified and addressed
 - Interdisciplinary

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MDS Focused Survey: How to Prepare

- Know the scope of practice for an LPN/LVN in your state and ensure appropriate supervision is provided and reflected in documentation
- Develop and implement a system to ensure documentation about a resident is accurate and consistent in all areas of the Medical Record from all disciplines
 - Compliance Process

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MDS Focused Survey: How to Prepare

- Ensure the Care Area Assessment (CAA) process is effectively used to provide a link between the MDS and care planning and involves the resident, family and other representatives, as appropriate
- Focused review and education for all interdisciplinary staff of potential risk areas for MDS coding

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Dementia Focused Survey: How We Got Here

- CMS released a memorandum on March 27, 2015
 - The summary covers three (3) principle issues, those being:
 - Final Report
 - Expansion of Focused Dementia Care Survey Efforts
 - Deficiency Implications

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Dementia Focused Survey: Final Report

- Identified Issues:
 - Antipsychotic use in Long Term Care
 - Issues related to:
 - Caring for residents with dementia, such as management of symptoms (e.g., pain)
 - Decision-making
 - Caregiver stress
 - Other factors important to providing competent and comprehensive care
-

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Dementia Focused Survey: Expansion Project

- Surveys in FY 2015 will be conducted nationwide on a voluntary basis
 - Project will involve a more intensive, targeted effort to improve surveyor effectiveness in citing poor dementia care and overutilization of antipsychotic medications – QA opportunity
 - This could become part of the annual QIS survey process or there is the option of incorporating it into an extended or complaint survey
 - Stand-alone focused surveys generally require a team of 3-4 staff members for 1.5 to 2 days
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Dementia Focused Survey: Deficiency Implications

- Deficient practices noted during surveys will result in relevant citations
 - If additional care concerns are identified during on site reviews, they will be investigated during the survey and/or referred to the State Agency for complaint investigation
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Dementia Focused Survey: How to Prepare

- Ensure that the facility has implemented policies and procedures that incorporate current standards and best practice:
 - For dementia care specifically, the best tool is the State Operations Manual – F-309 Quality of Care related to dementia
 - QAPI Process

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Adverse Drug Events: How We Got Here

- CMS released a memorandum on July 17, 2015
- The summary covers two (2) principle issues, those being:
 - **Medication-Related Adverse Events**
 - **Focused Survey on Medication Safety Systems and Adverse Drug Event Trigger Tool**

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Medication-Related Adverse Events

- In 2014, the OIG released a report that found 1 in 3 SNF residents were harmed by an adverse event or temporary harm event within the first 35 days (37% of those were medication related)
- The second most frequent cause of medication-related adverse events was excessive bleeding related to anticoagulant use, causing harm ranging from hospitalization to death

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Focused Survey on Medication Safety Systems

- CMS has developed and begun pilot testing the Focused Survey on Medication Safety Systems to look at nursing home practice around high-risk and problem-prone medications, such as Coumadin
- There are many objectives of this survey pilot, including a review of general nursing home medication practices, prevention efforts, identification of risk factors specific to each resident, etc.

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Adverse Drug Event Trigger Tool

- CMS collaborated with the Agency for Healthcare Research and Quality (AHRQ) to develop an adverse drug event trigger tool
- This is one of several tools for use in this pilot and includes:
 - Potentially preventable medication-related events
 - Risk Factors
 - Triggers
 - Probes for investigations and evaluation of systems
 - Use of this tool is not mandatory at this time by surveyors during standard or complaint surveys, but serves as a good risk management tool for providers

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Traditional & QIS Survey Formats

- CMS released a memorandum on May 22, 2015
 - The summary covers two (2) principle issues, those being:
 - **Nursing Home Survey Evaluation**
 - **Survey Efficiency and Effectiveness**

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Nursing Home Survey Evaluation

- For the past 10 years, CMS and State Agencies have used two standard survey processes – traditional and QIS
- National roll-out of QIS was paused in 2012 due to operational challenges
- CMS has focused on making adjustments and improvements rather than expanding the initiative to other states

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Survey Efficiency and Effectiveness

- CMS continues to evaluate both the traditional and QIS survey processes to identify, both quantitatively and qualitatively, the strengths and limitations of each system
- CMS has identified a set of changes to improve the QIS process – software changes will be released in 2015
- While CMS acknowledges the inefficiencies created by operating two survey processes, they will continue to engage stakeholders and subject matter experts to develop a plan for improving the transition of the survey process and tools

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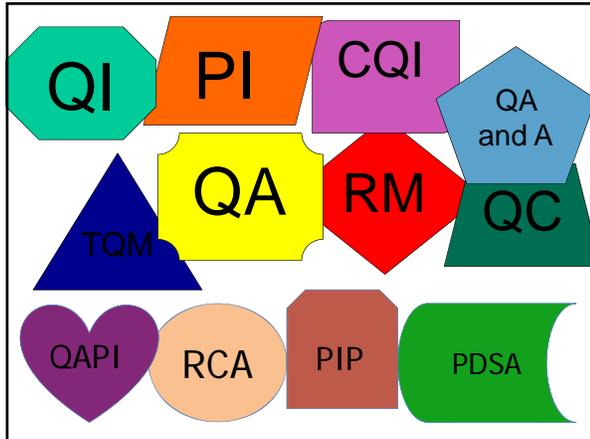
Quality Assurance
Performance Improvement

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Federal and State Regulations

- Employing QAPI principles to regulatory compliance must begin with an understanding of the regulations and interpretive guidelines as outlined in the State Operations Manual (SOM), including any state-specific regulations and practices
- Newly released proposed CMS rules contain final provisions for QAPI

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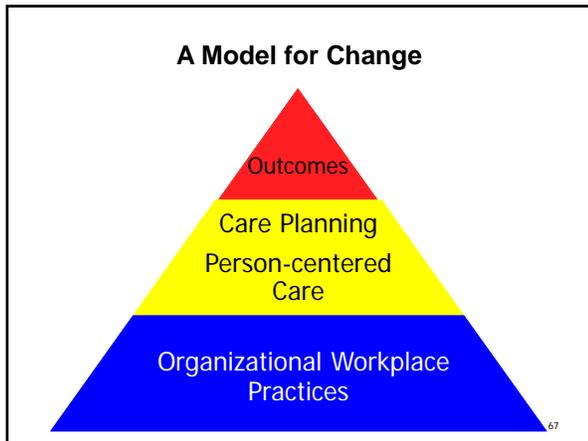
Quality Assurance	Performance Improvement
<ul style="list-style-type: none"> ■ Reactive ■ Single episode ■ Organizational mistake ■ Prevents something from happening again ■ Sometimes anecdotal ■ Retrospective ■ Monitoring based on audit ■ Sometimes punitive 	<ul style="list-style-type: none"> ■ Proactive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

QAPI Guidelines

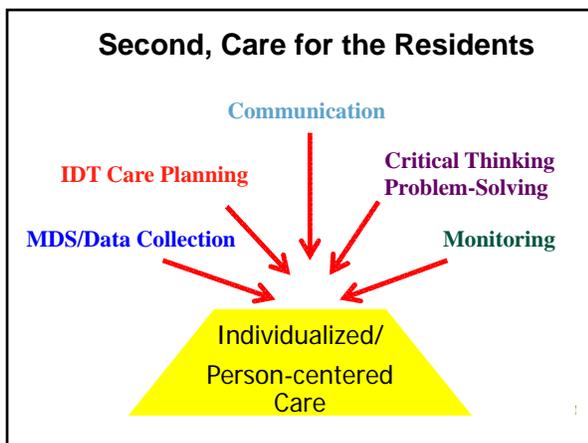
- CMS is kicking QA & A up a notch
- Expectations change, especially with **problem identification and definition, root cause analysis and data management**
- Surveyors will spend more time on QAPI and outcomes
- You'll need a **functioning plan**
- You'll need to be able to show **PIPs** that show demonstrable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

QAPI and QIS

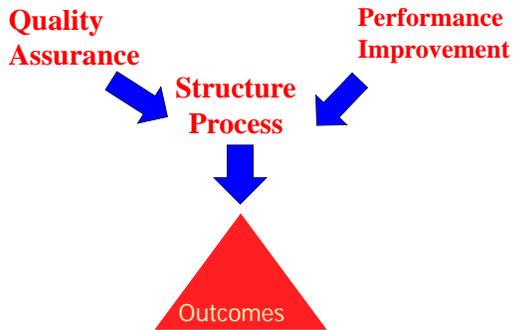
- Not unlike QIS, QAPI is a **data-driven, proactive approach** to improving the quality of life, care, and services in nursing homes
- The activities of QAPI involve members at all levels of the organization to:
 - Identify opportunities for improvement;
 - Address gaps in system or processes;
 - Develop and implement an improvement or corrective plan; and
 - Continuously monitor effectiveness of interventions







Third, Do it the Best Way We Can...

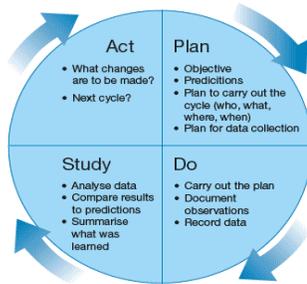


QAPI Techniques

- 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

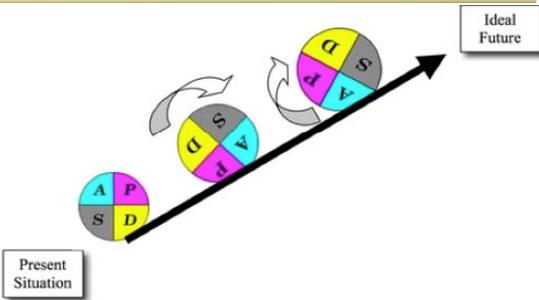
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PDSA Model



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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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It's All About Quality

- 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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How to be a Shining Star

- Efforts to improve the quality of resident care will lead to a better survey...and better 5 Star rating
- Be familiar with the 671 and 672 to ensure correct reporting of staffing and census
- QAPI as a way of life in your facility
- Survey Ready 24/7

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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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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

- 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

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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

- 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

- 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 of 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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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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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

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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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_p_ltf.pdf
- Facility Self-Assessment (Mock Survey) Tool - http://www.nursinghomehelp.org/surveymanual/sect5_0313.pdf

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Resources

- <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-15-06.pdf> - Nationwide Expansion of Minimum Data Set (MDS) Focused Survey S & C Memo
- <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-15-31.pdf> - 2014 Final Report and 2015 Expansion Project – CMS Focused Dementia Care Survey Pilot S & C Memo
- <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-15-47.pdf> - Medication Adverse Events in Nursing Homes Survey S & C Memo

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References

- State Operations Manual Appendix P - Survey Protocol for Long Term Care Facilities - Part I (Rev. 106, 04-04-14)
- Centers for Medicare and Medicaid, The QIS Checklist, (Rev. 4/10/14)
- Centers for Medicare and Medicaid, Fact or Fiction (April 2014)
- Centers for Medicare and Medicaid, QIS Resources and Guides
- Centers for Medicare and Medicaid, QIS Survey Forms
- Centers for Medicare and Medicaid, Ref. S&C: 13-05-NH, Preview of Nursing Home Quality Assurance and Performance Improvement Guide, December 14, 2012
- 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

111

References

- Preparing for the Seven Mandatory Tasks in a Quality Indicator Survey <http://musite.s3.amazonaws.com/PreparingfortheSevenMandatoryTasks.pdf>
- QAPI Boot Camp, Carol Benner, Sc.M., 2014
- http://www.dailymotion.com/video/x1xizp_ellen-degeneres-i-love-jesus-but-i-drink-a-little-complete-phone-call-with-gladys-hardy_fun
- <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-15-06.pdf> - Nationwide Expansion of Minimum Data Set (MDS) Focused Survey S & C Memo
- Making the Quality Indicator Survey Work for YOU, Providigm (formerly Nursing Home Quality), July 10, 2012
- Long-Term Care Survey Manual - <http://www.nursinghomehelp.org/surveymanual/FullManual.pdf>

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References

- <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-15-31.pdf> - 2014 Final Report and 2015 Expansion Project – CMS Focused Dementia Care Survey Pilot S & C Memo
- <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-15-47.pdf> - Medication Adverse Events in Nursing Homes Survey S & C Memo
- <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-15-47.pdf>

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Questions/Answers



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