Long Term Care Stakeholder Meeting

Bureau of Survey and Certification

July 17, 2024

LARA
LICENSING AND REGULATORY AFFAIRS

Public Service Announcement

Survey & Certification (michigan.gov)

Sign up to receive announcements and alerts from BSC!

BSC Webinars and Trainings (michigan.gov)

Quality Innovation Network-Quality Improvement Organization (QIN-QIO)

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Update from the QIO

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Agenda

- POC and Revisits
- Data and CMS Compare
- Site Verification Visits
- Facility Assessment Update
- Med Administration and eMAR
- Friendly Reminders

Review and Approval of POC – QSO-24-14-ALL

- When level of noncompliance requires mandatory onsite revisit
  - G level or higher or SQOC
- Should prioritize the revisit survey as primary means of assessing compliance
- Unable to approve POC after two submissions:
  - Reach out to confirm readiness
  - Perform Revisit Survey

Data and CMS Compare – QSO-24-14-NH

- Effective July 31, 2024
- New guides for consumers
- New Staffing Level Case-Mix Methodology
  - Based on new staffing level case-mix adjustment (QSO-23-21-NH)
- Revise Staffing Turnover Methodology
- Post Facility Data – Characteristics of nursing homes and their residents
  - MDS for the facility level as compared to National and State
  - Use the CMS-671 form for facility characteristics

Site Verification Visits – CMS/CPI

- Confirm Brick and Mortar
- Pictures exterior and interior
- Gather Names and Titles
- Not affiliated with the State Agency
- Palmetto GBA Primary, partnered with:
  - Compliance Review
  - IDS (Information Discovery Services)
  - NCCI

Facility Assessment – QSO-24-13-NH

- F838 Facility Assessment – Cited 8 times since 2023
- New requirements effective August 8, 2024

Facility Assessment – QSO-24-13-NH

- Infection Prevention, Control and Immunization
  - IPCP based on Facility Assessment
  - Surveillance plan based on facility assessment
- Kitchen
  - Dietary staff have appropriate competencies and skills in accordance with facility assessment
- QAPI
  - P&P maintain systems to id, collect, use and monitor data based on facility assessment

Facility Assessment – QSO-24-13-NH

- Behavioral and Emotional Status
  - Behavioral health training to staff based on facility assessment
  - Sufficient staff to provide direct services and implement non-pharmacological interventions based on facility assessment

- Extended survey
  - In compliance with Facility Assessment
  - Effective training program based on facility assessment

- Activities, General, Hospice, Nutrition, Respirator Care, PASARR, Hospitalization, Neglect, Dialysis
  - Other tags, care areas and task to consider

Facility Assessment – QSO-24-13-NH

The intent of the facility assessment is for the facility to evaluate its resident population and identify the resources needed to provide the necessary care and services the residents require during both day-today operations (including nights and weekends) and emergencies.

Definition: "Representative of direct care employees" is an employee of the facility or a third party authorized by direct care employees at the facility to provide expertise and input on behalf of the employees for the purposes of informing a facility assessment."

Facility Assessment – QSO-24-13-NH

The facility assessment must address or include *the following*:

§483.7*1(a)*(1) The facility's resident population, including, but not limited to*:*

(i) Both the number of residents and the facility's resident capacity;

(ii) The care required by the resident population*, using evidence-based, data-driven methods that* consider the types of diseases, conditions, physical and *behavioral health needs*, cognitive disabilities, overall acuity, and other pertinent facts that are present within that population*, consistent with and informed by individual resident assessments as required under § 483.20*;

Facility Assessment – QSO-24-13-NH

§ 483.71(b) In conducting the facility assessment, the facility must ensure:

§ 483.71(b)(1) Active involvement of the following participants in the process:

(i) Nursing home leadership and management, including but not limited to, a member of the governing body, the medical director, an administrator, and the director of nursing; and

(ii) Direct care staff, including but not limited to, RNs, LPNs/LVNs, NAs, and representatives of the direct care staff, if applicable.

(iii) The facility must also solicit and consider input received from residents, resident representatives, and family members.

Facility Assessment – QSO-24-13-NH

§483.71(c) The facility must use this facility assessment to:

§483.71(c)(1) Inform staffing decisions to ensure that there are a sufficient number of staff with the appropriate competencies and skill sets necessary to care for its residents' needs as identified through resident assessments and plans of care as required in § 483.35(a)(3).

§483.71(c)(2) Consider specific staffing needs for each resident unit in the facility and adjust as necessary based on changes to its resident population.

§483.71(c)(3) Consider specific staffing needs for each shift, such as day, evening, night, and adjust as necessary based on any changes to its resident population.

Facility Assessment – QSO-24-13-NH

§483.71(c)(4) Develop and maintain a plan to maximize recruitment and retention of direct care staff.

§483.71(c)(5) Inform contingency planning for events that do not require activation of the facility's emergency plan, but do have the potential to affect resident care, such as, but not limited to, the availability of direct care nurse staffing or other resources needed for resident care.

Facility Assessment – QSO-24-13-NH

Traditional Approach	Data-Driven Approach
Relies on intuition and past experiences.	Utilizes analytics and empirical evidence.
Often reactive, responding to immediate needs.	Proactive, predicting future staffing requirements.
Limited foresight into future staffing needs.	Offers insights into patterns and workforce dynamics.
Higher risk of overstaffing or understaffing.	Optimizes resource allocation, reducing wastage.
Decisions made based on generalized assumptions.	Decisions made based on specific, real-time data.

Med Administration and eMAR

Best Practices/Recommendations for Med Administration using eMAR

-Not overly confusing for cumbersome for the nurses

-Reduce Errors

-Improve Timeliness

-Resident and Team Satisfaction

Other places to document Tasks?

Reminders

- Read your notices
  - Attestation forms sent to manager and analyst

- PNC, must be in current compliance to be considered for PNC

Questions?

Med Administration and eMAR tips and tricks

- You can add tasks as nursing orders. They just need stop dates and someone to be reviewing that items are being addressed and removed when no longer appropriate.
- easy to get data to track resident outcomes for investigations, monitoring infections, skin management, and tracking and trending assessments
- Use the Set Reminder function if a resident refuses and you want to reproach or if they are busy/out of building so they don't get missed-esp in shift crossover
- You can work globally to check on what is going on in the facility
- use your pharmacy consultant as well - they have great input
- Improve time management and space management including HIPAA.
- Have extra hands on deck when you go live for support.
- Build your policies and processes into order sets- for falls, antibiotic use etc to enhance compliance.