2013 KAHCF Spring Education Conference

Session #18

Beyond the Basics - Investigations, Processes and Outcomes... The QIS?

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4/17/2013

KBN: 5-0002-707-051-1217
QIS is Transforming: Will You Be Ready?

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Spring 2013

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Nursing Facility Survey

- There has been a great deal of focus survey deficiencies by CMS, the press, Congress and consumers the past year
- More than 91% of all nursing facilities were cited for one or more deficiencies in 2010
- Nearly 18% of nursing homes were cited for harm and/or immediate jeopardy
- Quality of care, resident assessment and quality of life are most common
QIS Update

• 2012 review of QIS reveals:
  – Typically 4 surveyors onsite for 4 days
  – 81.5% of resident are interviewable
  – 14 quality of care/life indicators are triggered for stage II compliance investigation (down from initial studies suggesting as many as 22)
  – Surveyor initiated issues at survey = 1.4
  – Ave citations recommended by software is 7.5 but average citation is 7.2
  – Ohio average under 6 deficiencies

Citations and Survey Time

<table>
<thead>
<tr>
<th></th>
<th>QIS</th>
<th>Traditional</th>
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<tr>
<td>Average Number of</td>
<td>7.2</td>
<td>5.7</td>
</tr>
<tr>
<td>Citations/ Survey</td>
<td></td>
<td></td>
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<tr>
<td>Deficiency free</td>
<td>6.9</td>
<td>9.6%</td>
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Scope and Severity

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>A</td>
<td>1.2%</td>
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<tr>
<td>B</td>
<td>2.7%</td>
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<tr>
<td>C</td>
<td>3.0%</td>
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<tr>
<td>D</td>
<td>65.3%</td>
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<tr>
<td>E</td>
<td>19.9%</td>
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<td>F</td>
<td>4.8%</td>
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<tr>
<td>G</td>
<td>2.4%</td>
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<td>H – L</td>
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QIS – Time spent on survey

Based on Ohio Experience

- Average time on survey – 192.61 hours
- Greater than traditional survey – 118.29 hours
- Decreases as individuals/teams become more experienced and comfortable with process

Source of “Trigger” Responses

QIS rates for:
- Resident Observation 16.6%
- Resident Interview 19.4%
- Family Interview 19.6%
- Staff Interview 18.6%
- Census Clinical Record 15.2%
- Admission Clinical Record 17.8%

Triggered Care Areas

- Frequently Triggered (> 60% of surveys)
  - Accidents and Falls, Pressure Sores, Community Discharge, Pressure Ulcers,
- Commonly triggered (30%-59% of surveys)
  - Dental status, personal property, ROM, activities, Abuse/Abuse Prohibition, Environment, ADLs, Death, Sufficient staffing, personal funds, choices dignity
- Less Frequently Triggered (< 20% of surveys)
  - Incontinence, participating in care planning, food quality, pain, skin (non-pressure), privacy, restraints, notification of change, positioning and social services
Low-density Lipoprotein Particle Number Distribution in Type 2 Diabetic Subjects (n=1291)  
LDL-C >40 mg/dL, HDL-C ≥40 mg/dL, and TG <150 mg/dL

Citation Rates for NON-Mandatory Facility Tasks

- Unnecessary Med Use  39%
- Kitchen  36.2%
- Infection Control  35.8%
- Dining  25.5%
- Med Storage  23.7%
- Med. Admin  14.3%
- Liability Notices  11%
- Resident Council  7.5%
- QA & A  6.7%

Rates = # cited divided by # investigated (not total # of surveys)

Citation Rates for Mandatory Facility Tasks

- Abuse Prohibition  23.9%
- Adm, Transfer, Discharge  22.4%
- Environment  69%
- Personal Funds  24.6%
- Sufficient Nursing Staff  9.4%

Rates = # cited divided by # investigated (not total # of surveys)
Frequency of Citations

- High frequency (>50%)
  - Positioning (F309)
  - Environmental conditions (F253)
  - Physical restraints (F221)

- Medium frequency (25%-49%)
  - ADLs (F312-13)
  - Pain (F309)
  - Catheter (F315)
  - Accidents and falls (F323)
  - Social services (F250)
  - Pressure sores (F314)
  - ROM (F312-13)
  - Dental (F411-12)
  - Food Quality (F365)
  - Nutrition (F325)

- Low frequency (<15%)
  - Abuse (F223,24,25,26)
  - Notification of change (F157)
  - Hospitalization
  - Personal property (F223,24,25,26)
  - Sufficient staffing (F353,54)
  - Community discharge (F202,03,04)
  - Death
Transition from Stage I to Stage II

- Software calculates the QIs & determines which exceed the established thresholds
  - Determination of what care areas require an in-depth investigation
- Stage II sample selected by software
  - Fewest residents with most QIs
- Software normally selects at least three residents from each triggered care area to be subject to investigation

Critical Element Pathway Investigations

- Each pathway is set up with similar format and guides surveyors through investigation the like the CAAs
  - Assessment (F272)
  - Care planning (F279)
  - Professional Standards of care (F282)
  - Care plan revision (F280)
  - Provision of care and services
    - Concerns with structure, process and/or outcomes related to process of care
- Each pathway suggest specific F-tags that should be considered for non-compliance

Leading Deficiencies

- Assessment F272
- Care Planning F279
- Professional Standards of Care F281
- Accident/ Hazards F323
- Quality of Care F309
- Unnecessary Medications F329
- Bowel/Bladder function F315
- Dignity F241
- Food Handling F371
- Pressure Sores F314
- Infection Control F441
- Environment F253
- Notify of change F 157
- Resident Abuse F223-26
- Staffing F353
Assessment and Care Planning

• Systems Approach
  • Identify hazards & risks
  • Evaluate and analyze hazards and risks
  • Implement interventions to reduce hazards and risks
  • Monitor for effectiveness and modify interventions as indicated

Evaluation and measurement of success
Implementation concurrently with response to hazards
Care planning/ interventions undertaken
Determination of where you want to be

F272/ F279 Assessments & Care Plans

• Behaviors/Psychoactive Medication Use
• Refusals of Care or Treatment
• Restraint Use
• Nutrition
• Skin conditions (pressure and non-pressure related conditions)
• Discharge planning
• Failure to follow-through
• Failure to be measurable
• Dehydration
• Catheter use
• Activities
• Advance Directives

F282 Qualified Persons

• Labs and medications not initiated, as ordered
• Diet not served as ordered; mechanically altered
• Blood glucose monitoring/insulin coverage not administered as ordered
• Fall interventions not in place, as ordered
• Failure to monitor and document consumption of supplements
• Failure to clarify medication orders to ensure complete medication orders in place...
• Appointments not scheduled
• Treatment not provided, as ordered
• Positioning devices
• Adherence with fluid restrictions
• Thickened liquids
• Splint/orthotic application, as ordered
• Obtaining blood pressures, as ordered
• Dressing not in place, as ordered
F 323 Vulnerabilities

- Falls
- Elopements
- Residents with behavior, emotional and memory problems
- Smoking
- Environment

- Dangerous Device Use (Resident Observation)
  Random Census >1.0%
- Fall and/or Fracture in Last 30 Days (Staff Interview) Random Census >1.0%
- Potential Accident Hazards / Bed Side Rails (Resident Observation)
  Random Census >2.4%

F 323 Accidents, Hazards & Supervision

- The requirement has three key aspects:
  - Resident’s environment remain as free of accident hazards as possible
  - Facility provides adequate supervision
  - Facility provides assistive devices to prevent accidents

  "Risk" is a concept that denotes potential negative impact to some event which seems undesirable
  - Once identified, was the risk consistently addressed?
  - Supervision is an intervention and a means of mitigating accident risk.

F323 Accidents/Supervision

- Side rails/assessment/entrapment risk
- Utilize lift according to manufacturer’s instructions
- Proper transfers as per plan of care
  - 1 person transfers when resident requires 2
- Residents toileted; left unattended
- Meds unattended/cart unlocked
- Fall risk identified/interventions implemented/root cause identified/ foreseeability
- Bed and Chair alarms not in place as indicated in POC
- Improper storage of chemicals
- Elopement risk/supervision
- Unsafe water temperatures
F 309 Quality of Care

- Pain
- End-of-life (hospice)
- DNR
- Fractures
- Diabetes
- Renal disease
- Non-pressure related skin issues
- Fecal impaction
- Resident positioning
- Abnormal lab results (reporting and treatment)
- Coordination of dialysis services (monitoring weight, access site)
- Timely specimen collection
- Poor coordination with hospice care
- Evaluation and treatment of resident pain
- Assessment of bruising, skin tears (non-pressure related skin conditions)
- Failure to notify physician of change in condition (deterioration)

F329 Unnecessary Drug

- Surveyors conduct 10 resident's drug regime review (F329):
  - Adequate indication for use
  - Adequate monitoring
  - Appropriate duration
  - Appropriate dose – consider duplicative therapy
  - Gradual dose reductions – unless clinically contraindicated
  - Medication dose reduced or discontinued in presence of adverse drug reactions or side effects
- Review consulting pharmacist practices (F428)

Unnecessary Drugs

- Antipsychotics without medical justification and/or lacking monitoring for side effects
- Hypnotics without adequate justification
- Anticoagulant medication and laboratory monitoring
- Adequate indications for PRN anti-anxiety medication administration
- Lack of attempted non-pharmacological interventions
- Lack of review for Gradual Dose Reduction
Infection Control

- Hand washing
- Gloves (wearing/changing)
- Incontinent Care
- Transmission Based Precautions (C-Diff)
- Medication Pass (eye drops)
- Handling of Linens
- Tracking and Trending of facility acquired and non-facility acquired infections
- Blood glucose monitoring equipment (clean/disinfect)

F 315 Bowel and Bladder Function

- Lack of proper incontinence care
- Decline in bladder function- lacking assessment, training, etc.
- Lack of order for use and care of an indwelling catheter
- UTIs and catheter utilization
- Drainage bag/tubing maintenance (below bladder level)
- Obtaining timely UAs, as ordered
- Lack of medical justification for catheter use

Dignity F241

- Staff dressed resident in institutional fashion such as a hospital type gown during the day
- Staff failed to knock and/or request permission to enter the room or wait to receive permission to enter
- Staff failed to include the resident in conversations while providing care or services
- Staff used a label for the resident (e.g., “feeder” or “honey”)
- Staff failed to cover a urinary catheter bag or any other type of body fluid collection device
- Staff posted confidential clinical or personal care instructions in areas that can be seen by others
- Making disapproving comments such as “What do you want now?”
- Staff failed to provide visual privacy of the resident’s body while transporting him/her through common areas, or uncovered in their rooms but visible to others
- Staff failed to respond to the resident’s call for assistance in a timely manner
**F 371 Kitchen/ Food Service**

- To observe general sanitation practices, cleanliness of the kitchen and any practice that might indicate potential food-borne illness
  - Labeling and dating food in refrigerators
  - Steam table – holding of foods
  - Beard restraints/hair coverings
  - Soap dispensers
  - Sanitizing chemicals/testing strips
  - Ice machine/cleanliness
  - Hand washing
  - Handling food/containers on trays improperly
  - Pans clean and in good repair
  - Cross contamination
  - Dishes stored with lime build up
  - Meal, dish machine, refrigeration temps

**F314 Pressure Sores**

- **Assessment**
  - Comprehensive review of resident function, medications, skin condition, cognitive nutrition
  - Identifies factors that increase risks for development or healing
- **Care planning**
  - Developed to address the specific conditions, risks, needs, behaviors, and preferences (and standards of practice)
  - Treatment protocols, including interventions, infection potential and revised as necessary
  - Lack of skin assessment
  - Dressing not changed, as ordered
  - Failure to obtain treatment (wound worsened)
  - Lack of position changes
  - Cushions/devices not in use
  - Treatment not done in accordance with physician’s orders

**F 253 Maintenance & Housekeeping**

- To observe the facility’s environment in terms of its affect on the health, well-being and safety of the residents
  - Cleanliness
  - Care equipment
  - Sound, temperature, lighting
  - Laundry
  - Postings
  - Water temperatures
  - Bathing areas
  - Pests
  - Disaster planning
  - Marred and paint chipped walls
  - Dusty ceiling vents/blinds
  - Missing floor tile
  - Broken or missing cove base
  - Resident furniture in poor condition
  - Soiled shower chairs
  - Spillage on feeding pumps
  - Marred and scratched furniture
  - Urine odors, strong musty odor, objectionable odor………
F 223-226 Abuse

- To determine if the facility has developed and operationalized policies and procedures that prohibit abuse, neglect, involuntary seclusion, and misappropriation of property for all residents
- These include policies and procedures for the following:
  - Screening of potential employees;
  - Training of employees (both for new employees, and ongoing training for all employees);
  - Prevention policies and procedures;
  - Identification of possible incidents or allegations which need investigation;
  - Investigation of incidents and allegations;
  - Protection of residents during investigations; and
  - Reporting of incidents, investigations, and facility response to the results of their investigations.

Quality Assurance Performance Improvement

S&C Memo
13-05-NH
December 14, 2012

Description: What is QAPI?

- QA is a process of meeting quality standards and assuring that care reaches an acceptable level. Nursing homes typically set QA thresholds to comply with regulations.
- PI is a pro-active and continuous study of processes with the intent to prevent or decrease the likelihood of problems. PI identifies areas of opportunity and tests new approaches to fix underlying causes of persistent/systemic problems.
Quality Assurance and Performance Improvement (QAPI)

- According to CMS, this initiative "significantly expands the level and scope of required QAPI activities to ensure that... continuously identify and correct quality deficiencies as well as sustain performance improvement."
- QA: QUALITY ASSESSMENT
  - How are we doing compared to our industry?
- PI: PROCESS IMPROVEMENT
  - Making it better
- Think of it as "QAPI"

Nursing Home QAPI Purpose Roll-Out

- Phase I – September 2010
  - Planning and development
- Phase 2 – Fall 2011
  - Testing and further development of QAPI tools and resources
- Phase 3
  - Initial rollout of foundational materials including Nursing Home Quality Improvement Questionnaire
  - Development of consumer and surveyor materials
Mandatory Corporate Compliance
§6401(7)(A)

• As a condition of enrollment:
  ....... Shall have in operation a compliance and ethics program that has been reasonable designed, implemented and enforces so that it generally will be effective in preventing and detecting criminal, civil and administrative violations AND in promoting quality of care consistent with regulations developed by the Secretary, working jointly with HHS OIG.

Nursing Home Corporate Compliance

• March 23, 2013, all skilled nursing facilities and nursing facilities must have an “operational compliance ethics program that is effective in preventing and detecting criminal, civil and administrative violations and in promoting quality of care.”
• Designing, implementing and maintaining an effective compliance program has been a best practice since 2000

Compliance Components

1. Compliance standards and procedures to be followed by the organization, its employees and other agents, capable of reducing the prospect of criminal, civil, and administrative violations.
2. Specific, high-level personnel are assigned overall responsibility to oversee compliance with such standards and procedures and have sufficient resources and authority
Compliance Components

3. No individual may have substantial discretionary authority who have a propensity to engage in criminal, civil and administrative violations

4. Effective communications of standards and procedures including training and written materials

5. Achieve compliance through monitoring and auditing systems designed to detect criminal, civil and administrative violations

Compliance Components

6. The compliance standards must be consistently enforced

7. Take steps to respond to the offense and to prevent further similar offenses.

8. The organization must periodically reassess its compliance program to identify modifications necessary to address changes within the organization and its facilities.

Internet Resources

www.QTSO.com

www.med-pass.com

Quality Indicator Survey: "Process Tools and Resources Manual"
Final Thoughts

- State and Federal governments have a lot on our plates
- Success or failure determined by more than survey
- Quality is like eating this burger – ONE BITE AT A TIME!
- Quality is expected now and a lot is riding on it in the future
- There is much to do this year for each of us

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- Consulting and education focused on quality improvement, survey compliance, and facility management
- Provide comprehensive QIS technical assistance, Mock surveys, vulnerability analysis and consulting