NURSING HOME SURVEILLANCE UPDATE

Shelly Glock, Acting Director
Division of Nursing Homes and ICF/IID Surveillance
Center for Health Care Provider Services and Oversight
Office of Primary Care and Health Systems Management

May 22, 2015
Mission Statement

The Division of Nursing Homes and ICF/IID Surveillance will ensure residents of NYS nursing homes and ICF/IID facilities are protected from harm through:

- **Close Surveillance Monitoring** to ensure facilities meet applicable Federal and State health standards;
  and

- **Fostering of continuous improvements** through collaboration with the long-term care community.
Acting Director: Shelly Glock

Capital District Regional Program, Area Program Director: Kim Valente

Central New York Regional Office, Area Program Director: Nancy Finnigan

Metropolitan Area Regional Office, Area Program Director: Leah Ryer

Western Regional Office, Area Program Director: Joe Egnaczak
Survey Performance - 10/01/2014 – 03/30/2015

- On average, 7.5 (LSC and Health) citations are issued per recertification survey in NYS
- The national average (FFY 2014) is 9.4 citations
Top 5 Citations in NYS for FFY 2015
Represents 24% Total Citations Issued

- Investigate/Report Allegations/Individuals (F225) - 5.3%
- Food Procurement, Store/Prepare/Serve -- Sanitary (F371) - 4.4%
- Infection Control, Prevent Spread, Linens (F441) - 4.4%
- Services by Qualified Persons In Accordance to Care Plan (F282) - 5.1%
- Provide Care/Services for Highest Well Being (F309) - 4.6%

Survey Performance - 10/01/2014 – 03/30/2015
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Survey Performance
Free of Accident Hazards/Supervision/Devices (F323)

Physical Restraints

Identification of residents at risk for accidents and/or falls

Handrails not secure, sharp edges, splinters

Wet floors not labeled

Adequate care planning

Implementation of procedures to prevent accidents

Defective or poorly maintained equipment/devices

Bathing facilities with non-slip surfaces

Supervision

Water temperature in sinks and bath tubs
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Survey Performance
Infection Control, Prevent Spread, Linens (F441)

- Develop Policies and Procedures
- Infection Control Preventionist
- Establish Collaboration with State and Local DOH
- Follow Current CDC Guidelines
- Track and Trend
- Evaluate
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Survey Performance
Investigate/Report Allegations/Individuals (F225)

Not Employ Individuals Guilty of Abuse, Neglect, Mistreatment

Immediate Reporting of Alleged Violations

Investigate Alleged Violations

Nurse Aide Registry/SED Office of Professional Discipline

NYS Criminal History Record Check Program (CHRC)

Supervision
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Survey Performance
Provide Care/Services for Highest Well Being (F309)

- Care Plans
- Care Plan Communication with Certified Nurse Aides
- Delivery of Care
- Accurate and Complete Assessments
- Review and Revise Interventions as Needed
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Survey Performance

Food Procurement, Store/Prepare/Serve – Sanitary (F371)

- Temperatures/Refrigeration
- Pest Free?
- Checks and Balances….. Who has Oversight?
- Storing, Preparing, Distributing and Serving Food
- Dishwashing
- Hazard Free (Insecticides, Detergents, Polishes)
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Citations Issued - FFY 2010 – FFY 2015
Recertification/Abbreviated Surveys, Health/LSC Inspections

<table>
<thead>
<tr>
<th>Year</th>
<th>FFY-2010</th>
<th>FFY-2011</th>
<th>FFY-2012</th>
<th>FFY-2013</th>
<th>FFY-2014</th>
<th>FFY-2015</th>
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<td>5,362</td>
<td>5,448</td>
<td>5,745</td>
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Surveys with Immediate Jeopardy (IJ) - Citations Issued

- 13 surveys resulted in IJ citations during FFY 2015
- 33 surveys resulted in IJ citations during FFY 2014
- During FFY 2015, 25% of the IJ citations were identified during abbreviated/complaint surveys
Top Immediate Jeopardy (IJ) Citations

- Accidents
- Medications
- Abuse and Mistreatment
- Advance Directives
Surveys with Immediate Jeopardy (IJ) - FFY 2010 – FFY 2015 Recertification/Complaint Surveys, Health/LSC Inspections

<table>
<thead>
<tr>
<th>Year</th>
<th>Complaint</th>
<th>Recert</th>
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<tr>
<td>FFY 2011</td>
<td>27</td>
<td>13</td>
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<td>13</td>
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<tr>
<td>FFY 2015</td>
<td>8</td>
<td>2</td>
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Advance Directives

- Advance Directives have consistently been in the top Immediate Jeopardy (IJ) findings
- IJ regulatory tags cited in either:
  - F155 Right to Refuse; Formulate Advance Directives
  - F309 Provide Care/Services for Highest Well Being
- IJ citations in both recertification and abbreviated (complaint) surveys
- Facilities are expected to have systems, polices and procedures in place that ensure that resident Advance Directives regarding basic life support will be identified, known and honored
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Advance Directives

What Surveyors Look For

- A written policy and procedure regarding Advance Directives
- Each resident has an identified decision maker, when they can no longer make their own decisions
- Residents and their representatives are provided with Advance Directive education (both verbal and written) and are provided with the right to formulate an advance directive choice as soon as possible following admission
- A physicians order is obtained and is the same as the resident’s chosen advance directive
- The advance directive is documented and communicated to staff
- Facility staff know how to access the resident’s advance directive information in routine and/or urgent situations
- Facility staff are trained, react appropriately and deliver care in accordance with the advance directive
Advance Directives

Findings:
- The system to identify Advance Directives is not current and/or consistent with residents’ wishes
- Staff are unaware of the system to identify residents’ wishes
- Staff are not aware of the guidance regarding CPR
- Systems are convoluted and confusing

Complications:
- Resident has a change in status or condition
- Resident or legal representative change decision about directives

Best Practice:
- Obtain Advance Directive status on admission and follow through on documentation to support residents’ wishes
- Have documentation of residents’ Advance Directive wishes easily obtainable
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Abuse Prevention

Facility policies and procedures must include the following CMS Abuse Prohibition Protocols:

1. Screening
2. Training
3. Identification
4. Resident Protection
5. Investigation
6. Report/Response
7. Prevention
Facility policies and procedures must include the following CMS Abuse Prohibition Protocols:

- The Centralized Complaint Intake Unit Enters over 10,000 complaints/incidents per year
- About 40% of all intakes require on-site investigation at the facility by Regional Office staff, resulting in 3,200 complaint/incident surveys per year
- *The focus is on regulatory compliance and facility culpability to substantiate complaints*
Common Complaints By Third Parties

- Care issues-family reports symptoms to staff, no action taken
- Development of pressure sores
- Medications not available (especially pain meds)
- Staffing concerns
- Medication use of particular drug or overuse of psychoactive medications
- Not assisting with toileting, incontinence care and eating. No call bell response.
- Abuse allegations
Common Facility Reported Incidents

- Abuse, neglect, mistreatment, and misappropriation of resident property
- Resident to Resident abuse
- Dignity issues-staff treating residents poorly
- Elopements
- Medication errors
QIS Update for New York State

- NYS DOH has conducted 447 QIS surveys in FFY 2014
- The average citation rate is 4.4 (1,969 citations on 447 on QIS recertification, health surveys) for FFY 2014
- QIS will be used in ALL REGIONS
- QIS surveys typically require 4-5 days on-site
- CMS is releasing ASPEN 10.2 in July
- CMS has asked that all QIS training be postponed till after training materials released 8/24/15
QUALITY IMPROVEMENT
Medication Work Group Initiative

- A Work Group was convened to address residents not receiving significant medications in a timely manner upon admission/readmission.
- Goal is to identify root cause and develop opportunities for improvement through collaboration/partnership with providers.
- Guidance resulting from the Work Group’s efforts will be forthcoming.
Medication Work Group Initiative

- Some commonalities to consider:
  - Are staff aware of pharmacy delivery schedules?
  - Is there a system in place for obtaining medications for late afternoon/evening admissions?
  - Is there communication with physicians when medications will not be available for next scheduled dose?
  - Is there a lack of staff knowledge about policies/procedures to obtain ordered medications (complacency regarding missed medications)?
  - Electronic Medical Record (EMR) concerns
Gold STAMP Program to Reduce Pressure Ulcers

Establishing **GOLD** STANDARDS THROUGH:

ASSESSMENT

MANAGEMENT

PREVENTION
GOLD STAMP PROGRAM TO REDUCE PRESSURE ULCERS

- Regional Collaboratives
- Building communication between all care settings
- 20 Collaboratives established (including Collaboratives involving 2 NYS Veterans’ homes)
- Meetings held with Gold STAMP coaches
- Training provided
- Sharing best practices/improving practices
- Building communications between all care settings
- Consolidation of the discrete activities of Gold STAMP partners into a broad organizational structure (Coordinating Committee)
- www.goldstamp.org
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MRT Phase 1 Collaboratives: 🟠
MRT Phase 2 Collaboratives: 🟩
Grant Collaboratives: 🟡
MRT Phase 3 Collaboratives: 🟢
MRT Phase 4 Collaboratives: 🟤
<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage of High Risk Residents with Pressure Ulcers in Nursing Homes</th>
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<tbody>
<tr>
<td>SFY 2010</td>
<td>14.2%</td>
</tr>
<tr>
<td>SFY 2011</td>
<td>9.4%</td>
</tr>
<tr>
<td>SFY 2012</td>
<td>8.3%</td>
</tr>
<tr>
<td>SFY 2013</td>
<td>8.0%</td>
</tr>
<tr>
<td>SFY 2014</td>
<td>7.6%</td>
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Reducing the Use of Antipsychotic Medications in Nursing Home Residents

CMS Antipsychotic Initiative

- CMS formed the Partnership to Improve Dementia Care in 2012, an initiative to ensure appropriate care and use of antipsychotic medications for nursing home residents.

- Goal: Enhance the use of non-pharmacological approaches and person-centered care practices.

- Initial focus: Reduce the national rate of antipsychotic medication use in persons living in nursing home by 15% by the end of 2012, new goal of 25% reduction end of 2015 (15.97% NYS), 30% goal by end of 2016 (14.91% NYS).

- Distributed to all nursing homes the “Hand in Hand” training series that emphasizes person-centered care, prevention of abuse and high quality of care for residents.
REDUCING THE USE OF ANTIPSYCHOTIC MEDICATIONS IN NURSING HOME RESIDENTS

NYS DOH ANTIPSYCHOTIC INITIATIVE

NYS DOH IS FOCUSING ON INCREASING KNOWLEDGE AND SUPPORTING SURVEYORS TO DETERMINE COMPLIANCE AND EVIDENCE OF ALTERNATIVES

- Increasing awareness of initiative among surveyors
- Identification/sharing of best practices among surveyors
- Identification/sharing of education and training opportunities among surveyors
- NYS currently ranked 20 nationally for Q3 2014 (lower=better)
- Data demonstrates 18.3% relative improvement Q4 2011-Q3 2014 with rate of 17.42% for Q3 2014
### Reducing the Use of Antipsychotic Medications in Nursing Home Residents in NYS

<table>
<thead>
<tr>
<th>Year</th>
<th>Quarter</th>
<th>Percentage of Long-Stay Residents who Received an Antipsychotic Medication</th>
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<tbody>
<tr>
<td>2011</td>
<td>Second Quarter</td>
<td>22.0%</td>
</tr>
<tr>
<td>2012</td>
<td>Second Quarter</td>
<td>20.8%</td>
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<tr>
<td>2013</td>
<td>Second Quarter</td>
<td>18.9%</td>
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<tr>
<td>2014</td>
<td>Second Quarter</td>
<td>17.6%</td>
</tr>
<tr>
<td>2014</td>
<td>Third Quarter</td>
<td>17.42%</td>
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BEYOND ANTIPSYCHOTICS
CMS FOCUSED DEMENTIA CARE SURVEY PILOT

- NYS was selected to be one of 5 states to participate in the pilot
- 5 nursing homes surveyed
- All surveys have been completed and CMS has analyzed the data – Executive summary released
- Pilot should result in streamlined survey process and give surveyors a better way to accurately identify and cite deficient practices related to dementia care
- NYS conducted training for all NYS surveyors in October
Updated F309 and F329

- S&C 13-35 NH: Advanced Copy: Dementia Care in Nursing Homes:
- Clarification to Appendix P State Operations Manual (SOM) and Appendix PP in the SOM for F309 – Quality of Care and F329 – Unnecessary Drugs
- A new section of interpretive guidance at F309 related to the review of care and services for a resident with dementia;
- Revisions to the antipsychotic medication section of Table 1 at F329;
- New severity example at the end of the interpretive guidance at F329 (Unnecessary drugs)
Dementia Care Principles (7)

- Person Centered Care
- Quality and quantity of staff
- Thorough evaluation of new or worsening behaviors
- Individualized approaches to care
- Critical thinking related to antipsychotic drug use
- Interviews with prescribers
- Engagement of resident and/or representative in decision-making
NYS Experience with the Survey Pilot

- Treat a behavioral incident like an investigation of a fall
  - What happened?
  - What led to the incident?
  - Who, what, where, why?
  - What did the facility do, is it appropriate?
  - History is critical
  - Pay attention to what the facility is doing to manage behavior
NYS Experience with the Survey Pilot

• Unless life threatening/resident in severe distress/risk of harm to others, NO AP use to control behavior
  – History is critical
  – Especially with newly admitted residents
  – If resident is admitted on an AP, why was it prescribed, the facility needs to determine whether or not to continue/discontinue/GDR
  – RN/MD/SW must get this information
Goal: Individualized, systematic process to care for residents with dementia

Medications are not the only focus, just a piece of the puzzle

Initiative promotes the four “R’s”

- **Rethink** – Rethink our approach to dementia care
- **Reconnect** – Reconnect with residents via person-centered care practices
- **Restore** – Restore good health and quality of life
- **Respect** – Respect resident dignity
Medical Direction and Medical Care in Nursing Homes

- NYS DOH partnership with the community and provider associations

- Designed to strengthen medical direction and medical care through the provision of written guidance and model policies and procedures for:
  - Credentialing
  - The role, responsibility and accountability of Medical Directors, attending physicians, nursing practitioners and physician assistants

- January 2012 Dear Administrator Letter (guidelines)

- Quality improvement project to implement guidelines
Quality Assurance and Performance Improvement (QAPI)

The Big Picture

- Quality Assurance and Performance Improvement (QAPI) does not refer to a program...QAPI is an approach to doing our work
- The ability to think, make decisions and take action at the system level is a prerequisite for QAPI success
- Combines **Quality Assurance (QA)** and **Performance Improvement (PI)**
Quality Assurance and Performance Improvement (QAPI)

THE BASICS

- **Mandated by March 2010 Affordable Care Act**
- **Federal regulations under development, but not yet finalized. No CMS timeline published. Track progress at:**
  
  [www.reginfo.gov/public/do/eAgendaMain](http://www.reginfo.gov/public/do/eAgendaMain)

- **Effective QAPI planning and implementation means creating a self-sustaining systems approach to improving safety and quality, while involving all staff in practical and creative problem solving**
Quality Assurance and Performance Improvement (QAPI)

QAPI AS A FOUNDATION

- For person-centered care:
  - Relies on the input of residents and families
  - Measurement of not only process, but also outcomes
- For defining quality as “how work is done”
  - Broad scope … entire organization (all staff, all departments)
  - Leadership expected to be a model
- For systems thinking
  - Proactive analysis vs. Band-Aid approach
  - Data and measurement driven
  - Supported by tools
  - Defining quality as “Feedback Data Systems and Monitoring”
Quality Assurance and Performance Improvement (QAPI)

WHERE DO I BEGIN?

- QAPI tools and resources
  - QAPI at a glance
  - Facility self-assessment
  - Development of a QAPI plan

- Alignment with State and National initiatives
  - Advancing Excellence in America’s nursing home campaign: [www.nhqualitycampaign.org/](http://www.nhqualitycampaign.org/)

Quality Assurance and Performance Improvement (QAPI)

QUALITY IMPROVEMENT OPPORTUNITY!!

- **QUALITY IMPROVEMENT ORGANIZATION (QIO)**
- **QUALITY INNOVATION NETWORK (QIN)**

**NURSING HOME PARTICIPATION WILL PROMOTE:**
- Improved Resident Care
- Improved Survey Performance
- Improved Five-Star Quality Rating
- Reduction/elimination of enforcement actions
- Potential Nursing Home Quality Pool eligibility

- **NYS DOH/QIN PROVIDER RECRUITMENT (BEGAN FALL 2014)**
HOT TOPICS
HOT TOPICS

- Repatriation of Out-of-State nursing home residents
- Implementation of Olmstead Act
- Discharge Planning
- Planning for all emergencies
- MDS/Staffing focused surveys 2015
- Adult Day Health Care Programs federal OIG Audit findings
Repatriation of Out-of-State Nursing Home Residents

- Seeks to repatriate NYS Medicaid beneficiaries residing in out-of-state skilled nursing facilities
- Identified barriers and challenges
- Implemented Prior Authorization processes
- Building Specialized care capacity
- Discharge planning is an ongoing process

RESIDENT CHOICE REMAINS AN IMPORTANT FACTOR
Olmstead Plan

- Comprehensive plan for serving people with disabilities in the most integrated setting
- Seeks to:
  - Assist in transitioning people with disabilities out of segregated settings and into community settings;
  - Change the way New York assesses and measures Olmstead performance
  - Enhance the integration of people in their communities; and
  - Assure accountability for serving people in the most integrated setting
- 2/5/15 DAL MDS Section Q requirements
Discharge Planning

- Do…issue written Notices of Transfer or Discharge and/or cite regulatory basis prior to any transfer or discharge (long term care and sub acute)
- Acceptable bases for transfer or discharge include:
  - resident welfare and resident need cannot be met after reasonable attempts at accommodation
  - Resident health has improved sufficiently so resident no longer needs services
  - health or safety of individuals in the facility are endangered and all reasonable alternatives have been explored
  - Failure to pay
- Do…readmit nursing home residents who are temporarily hospitalized (next available semi-private bed)
  - Without regard to payment source
  - With or without bed hold
- Do…Follow transfer and discharge requirements for the sub acute population
HOSPITALS ARE NOT ACCEPTABLE FINAL DISCHARGE LOCATIONS!!
Planning for All Emergencies

- Planning for response to emergencies
- Strengthen your communication plan
  - *Share appropriate information from the emergency plan with the resident/family/representative*

Ensure: Training and Testing
- *Conduct one mock drill and one table top exercise annually*

- Know your response partners
- Practice (incorporate into drills)
- e-FINDS Patient Tracking System
- Evacuation plans must be updated
MDS/Staffing Focused Survey 2015

- CMS is requiring states to conduct MDS/Staffing Focused surveys in 2015
  - CMS determines the number of surveys to be done and the facility pool to select the facilities from
  - Survey will take 2 surveyors 2 days to complete
  - Surveyor training for NYS began May 13
  - Surveys will begin in June and must be completed by the end of September
  - All regions of NYS will have at least one survey done
Federal Office of Inspector General
Adult Day Health Care Programs

- Compliance with 10 NYCRR Part 425, Part 415
- ADHC Surveillance process evaluates provider compliance with regulatory requirements (inspections at least once every 3 years, annual Program Survey Report)
- Documentation must be complete, accurate and timely (Medical History/Physical Examination, Care Plans, Continued Stay Evaluations, etc.)
- Evaluations must be completed by appropriate professional
- Appropriate records retention (10 NYCRR Part 425)
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