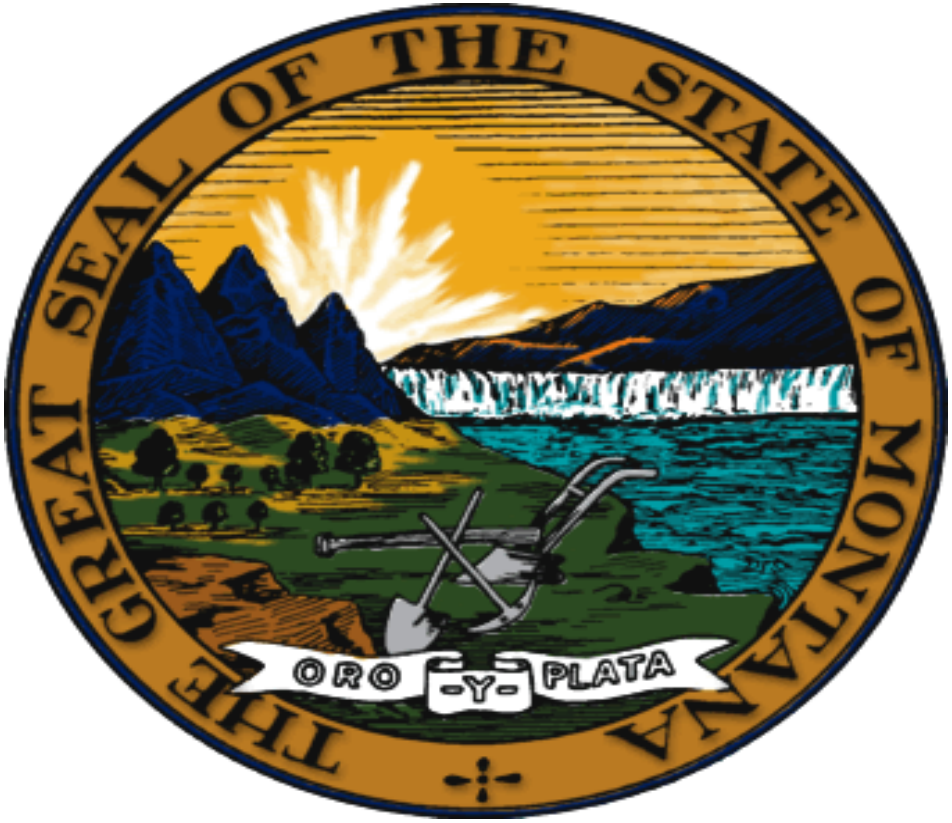
DPHHS
QUALITY ASSURANCE DIVISION
CERTIFICATION BUREAU

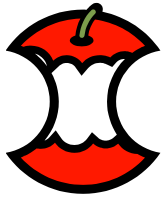


FALL 2014

CERTIFICATION BUREAU STAFF

- 24 Surveyors – Health and LSC
- 1 CLIA Surveyor
- 2 Certification Specialists
- 1 Nurse Aide Program Manager
- 3 Supervisors
- 1 Bureau Chief

CERTIFICATION BUREAU CORE VALUES



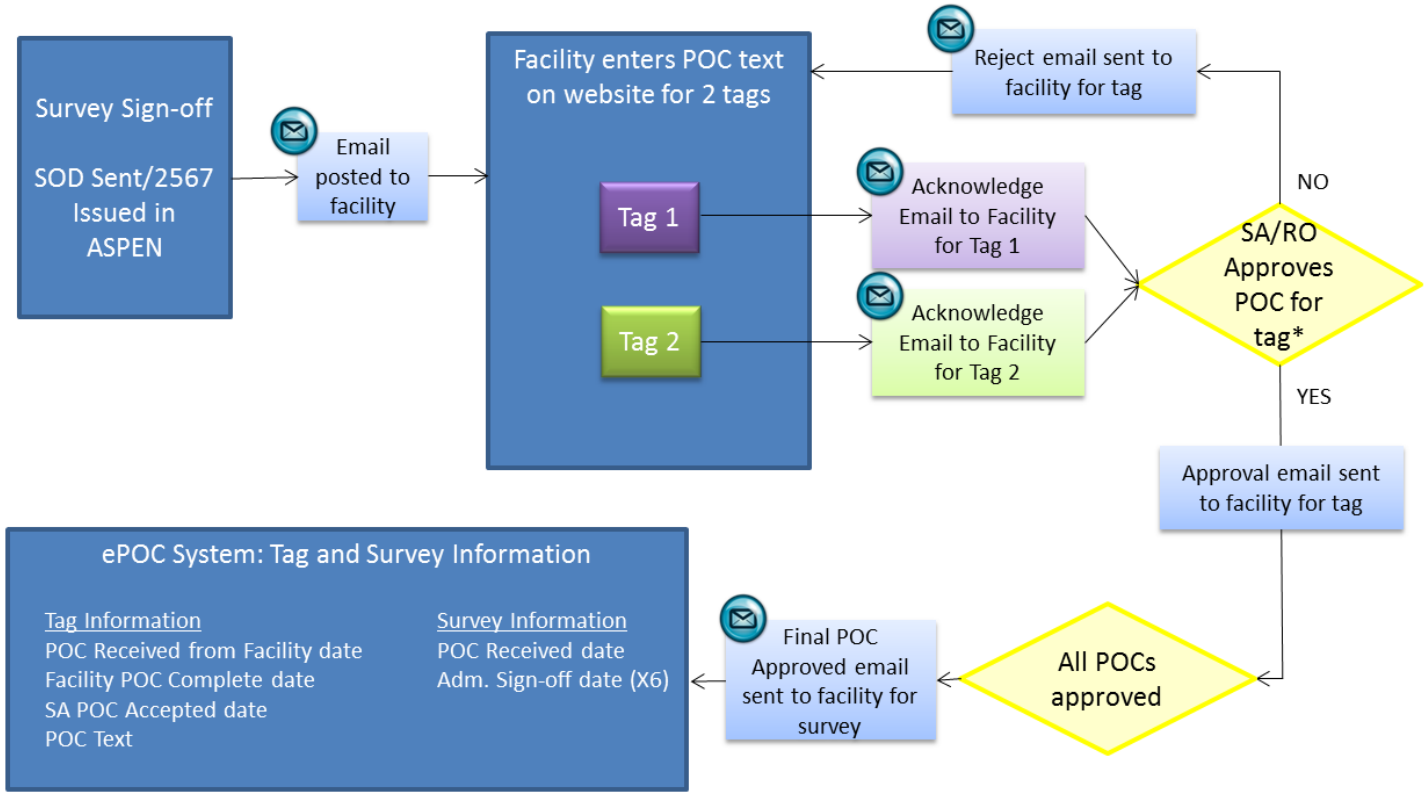
- Personal Accountability and Individual Responsibility
- Integrity in the Workplace
- Continuous Improvement

- QIS and the Bureau's plans
- Pilot projects with CMS
- Mock surveys for training
- File transfer requires one email address
- Surveyors need electronic access
- We have reduced the Entrance Conference request list
- Please call if you experience problems with a survey

OUR PLAN FOR THIS MORNING

- QAPI in Long Term Care
- Life Safety Code Update
- Questions

NEW EPOC PROCESS



Review and disposition (i.e. Rejection or Approval) occurs independently for each tag; however, a survey's dispositions may be saved as draft and later released to the facility as a group.

Long Term Care Facilities Criteria

- Must be federally certified provider
- Must have a CMS Certification #
- Must be activated by State for ePOC participation
- Must have completed ePOC Registration

Criteria for Users

- Must have IE version 8.0 or 9.0
- Each facility allowed a maximum of 4 users
- Corporate users can log onto different facilities
- Need specific logon for ePOC at CMSNet Access

Request Access

https://www.qtso.com/

QIES Technical Support Office - Welcome - Windows Internet Explorer

https://www.qtso.com/

NARS - WebUtil | QIES Technical Support Offic...

File Edit View Favorites Tools Help

Page Safety Tools

QIES Technical Support Office

Skip Navigation

- Home
- ASPEN
- CLIA
- QIS
- QIES Suggestions
- CMS Links
- Education
- HART
- HAVEN
- Hospice
- IRF-PAI
- iIRVEN / IRVEN
- LASER
- LTCH
- MDS 3.0
- MDS 2.0
- OASIS
- iRAVEN / RAVEN
- RAVEN Swing Bed
- Swing Bed

Minimum System Requirements for Home Health Agencies, Hospice Providers, Long Term Care Facilities, Inpatient Rehabilitation Facilities and Long Term Care Hospitals.

NEW: FY2014 System Requirements [PDF 22KB] Effective 10/01/2013 - 09/30/2014

FY2013 System Requirements [PDF 30KB] Effective 10/01/2012 - 09/30/2013

For all Medicare-Certified Agencies: (updated 04/08/2013)

There is still time to sign up for Home Health Care CAHPS (HHCAHPS). Please go to th website at https://homehealthcahps.org to register for HHCAHPS and to authorize your vendor. If you are an agency with 59 or less patients in the period of April 1, 2012 and March 31, 2013, go to the HHCAHPS website to complete an HHCAHPS Participation Exemption Form for the CY 2015 Annual Payment Update. Please email HHCAHPS@rti.org with any questions about HHCAHPS.

FAQ - CMSNet VPN Issues (posted 01/22/2013)

NEW: FAQ - CMSNet VPN Issues [PDF 65KB]

CMSNet Information

CMSNet Information
(Select to access CMSNet Submission Access)

Access Request Information / Forms

Please note all providers MUST submit a request for a CMSNet User ID to access secure CMS sites (e.g., submissions pages / reports) unless an otherwise secure connection has been established.

ePOC (Long Term Care, Nursing Home Facilities)

MDS (Long Term Care, Nursing Home Facilities)

OASIS (Home Health Agencies)

Hospice / IRF / LTCH / Swing Bed (Hospice Providers, Inpatient Rehabilitation Facilities, Long-Term Care Hospitals, Swing Beds)

State and Federal Personnel ONLY (State Agency, CMS RO/CO, ASPEN, AO & VA Users)
National Data Access Requests NOT for Providers

Step 1: Login

CMS CENTERS for MEDICARE & MEDICAID SERVICES

QIES National System Login

Welcome to EPOC

Please enter your User ID and Password

User ID:

Password:

Login

Unable to login?
Click here to reset your User ID/Password.

STEP 2: Choose Survey from list

Survey List

Page Safety Tools

ASPEN Web - Electronic Plan of Correction

Survey List

APEX REHABILITATION & CARE CENTER (CCN: 175202)
78 BIRCHWOOD DR
HUNTINGTON STATION , NY 11746

Survey List

Search: Showing 1 to 1 of 1 entries

Back

Event Id	SOD Sent	Exit Date	Type	Status	Category	# Def	Submitted	Approved/ Unapproved	POC Due Date	Letters	Attachments
F1CN11	06/17/2013	06/11/2013	Health	Open	A	0	0	0/0	06/27/2013	2	0

STEP 3: Review Survey details

DESERET HEALTH AND REHAB AT COLBY LLC (CCN: 175202)
105 EAST COLLEGE DRIVE, COLBY, KS 67701

Survey Detail

Deficiencies
- F154 - Pending
- F158 - Submitted
- F224 - Pending
- F243 - Approved

=IJ/Substandard Quality of Care

=Past noncompliance

Event Id: I53S11 **Survey Date:** 11/04/2013 **Status:** Open

Submit All Pending | 2567 | Back

F154 S/S: E	**483.10(b)(3), 483.10(d)(2) INFORMED OF HEALTH STATUS, CARE, & TREATMENTS** The resident has the right to be fully informed in language that he or she can understand of his or [MORE] **Observations:** The resident has the right to be fully informed in language that he or she can understand of his or [MORE]	**Plan of Correction:** pending	**Completion Date (X5):** **Status:** Pending **Date:** 11/12/2013
F158 S/S: K	**483.10(c)(1) RIGHT TO MANAGE OWN FINANCIAL AFFAIRS** The resident has the right to manage his or her financial affairs, and the facility may not require [MORE] **Observations:** The resident has the right to manage his or her financial affairs, and the facility may not require [MORE]	**Plan of Correction:** pending	**Completion Date (X5):** 11/12/2013 **Status:** Submitted **Date:** 11/12/2013
F224 S/S: K	**483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATN** The facility must develop and implement written policies and procedures that prohibit mistreatment, [MORE] **Observations:** The facility must develop and implement written policies and procedures that prohibit mistreatment, [MORE]	**Plan of Correction:** pending	**Completion Date (X5):** **Status:** Pending **Date:** 11/12/2013
PNC F243 S/S: C	**483.15(c)(1)-(5) RIGHT TO PARTICIPATE IN RESIDENT/FAMILY GROUP** A resident has the right to organize and participate in resident groups in the facility; a resident' [MORE] **Observations:** A resident has the right to organize and participate in resident groups in the facility; a resident' [MORE]	**Plan of Correction:**	**Completion Date (X5):** 11/12/2013 **Status:** Approved **Date:** 11/12/2013

STEP 4: Enter in POC Text

ASPEN Web - Electronic Plan of Correction

Survey List > Survey Detail > Plan of Correction

SAVANNAH COVE (CCN: 105886)
1301 W MAITLAND BLVD, MAITLAND, FL 32751

Plan of Correction

Event Id: SCY211 **Survey Exit:** 12/16/2013 **POC Due:** 01/03/2014 **Survey Posting:** 12/23/2013 **POC Status:** No POC **Back**

Statement of Deficiency

Tag 0167 - 483.10(g)(1) RIGHT TO SURVEY RESULTS - READILY ACCESSIBLE (LONG TERM CARE FACILITIES)

A resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility.

The facility must make the results available for examination and must post in a place readily accessible to residents and must post a notice of their availability.

Observations

A resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility.

The facility must make the results available for examination and must post in a place readily accessible to residents and must post a notice of their availability.

Facility Response

POC Instructions

POC Description:

The Plan of Correction (POC) must include the following:

- The provider or supplier's planned action(s) to correct the deficiency, which should include a thorough description of specific and realistic steps that will be taken to address the deficiency
- An expected completion date which must be approved by the State as acceptable based on the level of deficiency (if corrective actions are complete, provide the date they were completed)

Completion Date (X5):

Save as Pending **Submit as Final**

STEP 5: Attestation

DESERET HEALTH AND REHAB AT COLBY LLC (CCN: 175202)
105 EAST COLLEGE DRIVE, COLBY, KS 67701

Attest

Attestation of POC Submittal Terms and Conditions

A Plan of Correction for the following tag is being submitted:
- Tag 0224 - PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATN (Long Term Care Facilities) - Completion Date (X5) 11/13/2013

As an authorized signer for a Plan of Correction (POC) form for DESERET HEALTH AND REHAB AT COLBY LLC, you may sign this affirmation. The authority to sign this attestation on your behalf may not be delegated to an unauthorized person. By electronically submitting this Plan of Correction (POC) for the facility today (11/13/2013), you attest that you understand that submitting this POC in this manner is the legal equivalent of having placed your handwritten signature on the submitted record/document and, by this affirmation, you attest to the truth of the information contained therein under federal requirements to submit a Plan of Correction. Review these requirements carefully.

Electronic Signature

Do you accept the terms of the Attestation of POC Submittal?

☐ **I, CHERYLW, agree to the Attestation of POC Submittal. I certify that I intend my electronic signature to be the legally binding equivalent of my traditional handwritten signature.**

Continue Back

E-Signature Instructions
To e-sign the Plan of Correction (POC) information, follow the steps below.
1. Review all POC information prior to e-signing.
2. Review the Attestation of POC Submittal Terms and Conditions.
3. Acceptance of the Attestation of POC Submittal Terms and Conditions is a requirement to e-sign.

And DONE!!!

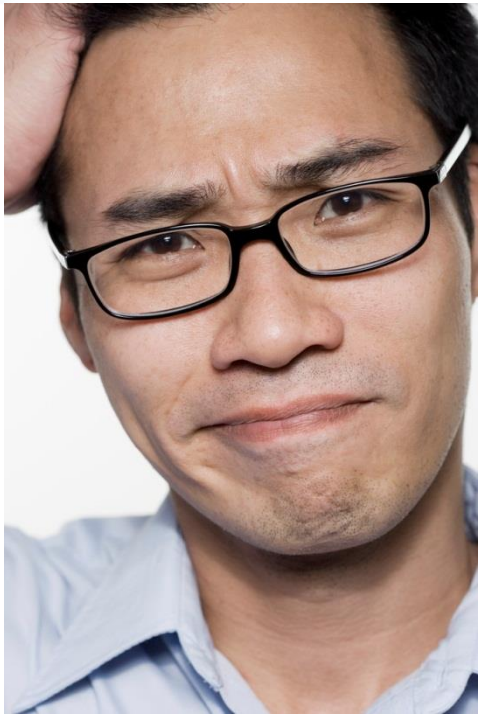
- You will be able to print out the 2567 form.
  - A level tags will show on different form
  - Will have a watermark “POC NOT FINAL” until approved
  - Once approved, the watermark will go away, and you can print for posting purposes.

Quality Assurance Review
or
All About QAPI

Code Identifier:

- QA Quality Assessment
- QI Quality Improvement
- QD Quality Deficiency
- CQI Continuous Quality Improvement
- QAA Quality Assurance and Assessment
- QOL Quality of Life
- PIP Performance Improvement Project/Plan
- ISO In Search Of

HAVE YOU EVER TRIED SOMETHING THAT DIDN'T WORK?



Or find something is just not right?

Quality Assessment

Is an evaluation of a process and/or outcome of a process to determine if
a defined standard of quality
is being achieved.

What is the QA process really?

Quality Deficiencies

Markers of quality in need of investigation, which may or not represent a deviation from desirable outcome.

Quality Improvement

Ongoing interdisciplinary process to improve delivery of services.

Quality Assurance

Organizational structure, process and procedure designed to ensure care practices are consistently applied. This includes principles of CQI.

QAA is
a management
process that is:
*ongoing
*multi level
*facility wide

It encompasses all managerial, administrative, clinical and environmental services as well as the performance of outside providers and suppliers.

Federal Regulation Requirements

Meeting Requirements

- **Committee is required 483.75(o)**
- **Must Meet Quarterly**
- **Director of Nursing**
- **Physician appointed by facility**
- **Three members of facility staff**

Records

- **Meeting minutes must be recorded to include participant sign in**
- **State may not require disclosure of committee minutes, but may request documents used to determine quality deficiencies**

Good Faith

- **Regulation F520 (4)-Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.**

Who and What?

Administrator/Asst.

Director of Nursing/Asst.

Medical Director/Physician

Therapy

Nurses

Social Workers

Staff Development

Activities

Environmental

Housekeeping

Family

Quality Measures

Quality Indicators

Survey History (3 yrs)

Ombudsman

Complaints/Customer Service

Monitored Trends/Negative Outcomes

Human Resource/Training

Policies and Procedures

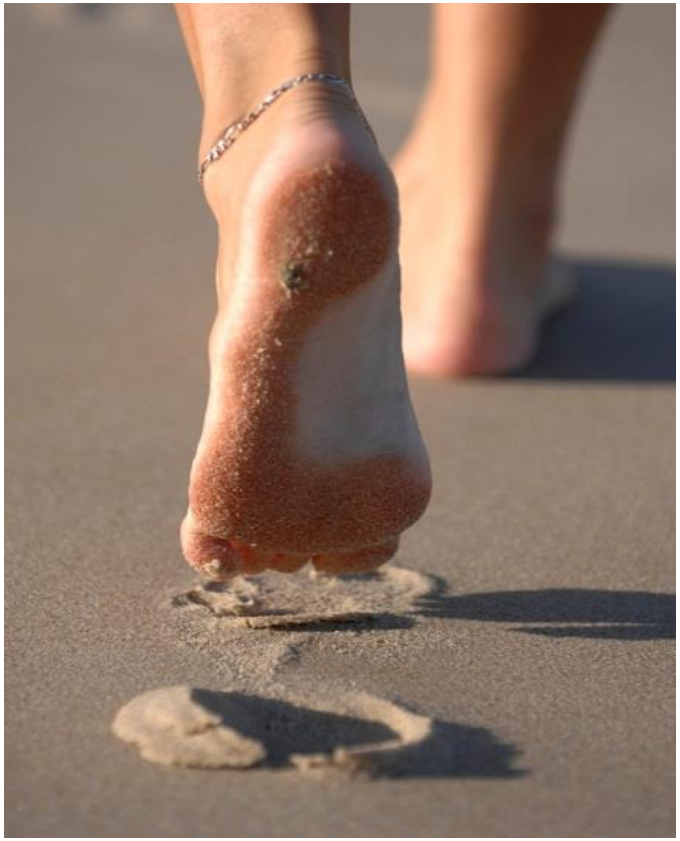
Key Facility Systems

Purpose of continuous evaluation:

- Keep systems functioning satisfactorily and consistently including maintaining current practices.
- Preventing deviation of care processes from arising, to the extent possible.
- Discerning issues and concerns with facility systems and determining if issues/concerns are identified.
- Correcting inappropriate care processes.

The QA process is one of trial and error. You may find you need to return to the early stages of the QA process to change your plan or the action steps because it was unsuccessful. This makes your QA process stronger and you are identifying what does not work and why.

Steps in the QA Process



Establishing a Baseline and Root Cause Analysis

Baseline-A basis for measurement, calculation, standard of value, reference data with which to compare future observations.

Root Cause-An initiating cause of a causal chain, which leads to an outcome or effect of interest. Commonly used to describe the depth in the causal chain where an intervention could reasonably be implemented to change performance.

Dig….

Dig…

Dig…

DEFINE THE PROBLEM

Why?

Why?

Why?

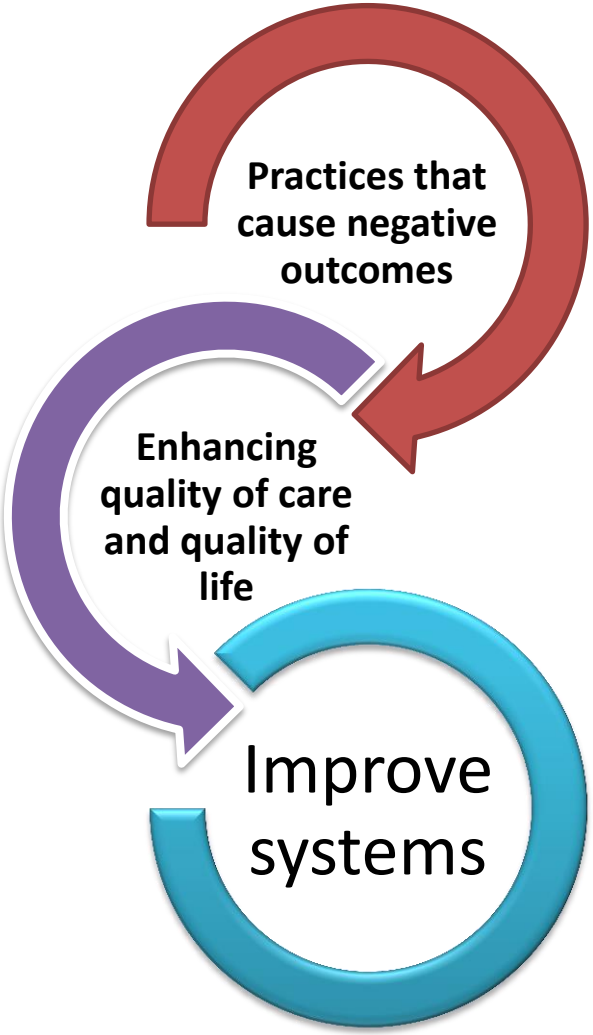
- Examine existing methods and procedures needing to be improved.
- Identify gaps between what is currently occurring with what your desired goals are.
- Define your best team to conquer the problem.

Why?

Ask yourself…

Why?

Collect and Analyze Data

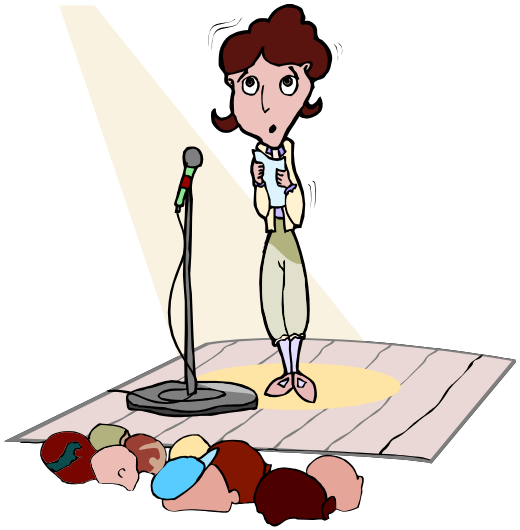


MEASURE THE PROBLEM

- Collect data to gain a full understanding of the situation.
- Define your starting point (baseline).
- Is it a cost effective plan?

ANALYZE THE PROBLEM

- Identify waste, poor quality or time delays in the process.
- Develop flow charts to effectively show each defect and cause of the defect.



IMPROVE THE PROCESS

- Generate solutions for each defect you identified during the analysis stage.
- Choose best solutions based on effectiveness in correcting the issue and that will cause the least amount of disruption.
- Look at global fix rather than singular.
- Implement the BEST solution.

Your plan is not your plan, but must be a plan for the people.

ACTION PLANs

	A	B	C	D	E
1					
2	Goal:	Move to larger home: I will locate a new home that is within 10 miles of my job, has good school system, and will allow me to move in by March			
3		1. It will be in a neighborhood with mostly home owners, and few if any rented homes. It should have at least 3 bedrooms and 2 1/2 baths, and a			
4		yard large enough for backyard cookouts and a family gatherings. I will have a contract on the house within 30 days, and the payment will be less than $1,800 per month.			
5	Start Date:	1/1/2010			
6	Finish Date:	3/31/2010			
7					
8					
9	Milestone	Tasks	Start	Finish	Notes
10	1. Get my current home ready to sell		1/1/2010	1/31/2010	
11		Contact realtors who currently have homes for sale in my neighborhood	1/2/2010		
12		Hire someone who can begin the process of packing up the things we can pack now			
13		Do all the maintenance tasks that need to be fixed			
14		Have new flowers planted in all the flower beds and the trees trimmed.			
15	2. Hire a realtor to help with my search		1/1/2010	1/10/2010	
16		Contact the brokerage in my neighborhood for suggestions			
17		Ask my friends if they have anyone they would recommend			
18		Look for houses for sale in the area I am interested, and interview the realtors who currently have listings for sale there			
19	3. Get prequalified for a mortgage to see how much I can afford to spend		1/5/2010	1/10/2010	
20		Search internet for current 30 year home mortgage rates			
21		Ask realtor (whoever we hire) for a referral			
22		Make copies of my last years tax return and a couple of recent pay stubs			
23	4. Interview moving companies, to be ready when the time comes		1/15/2010	2/1/2010	
24		Make a list of 3 companies and set up interviews			
25		Ask neighbors who have moved in recently about their mover			
26	5. Start packing the things that can be packed in advance		1/1/2010	1/31/2010	
27		Make a list of things that can be packed now			
28		Buy boxes and packing material			
29		Hire a neighborhood kid or college student to help by starting to pack the garage and attic			

GOAL

Plan

Start Date

End Date

Steps to be taken

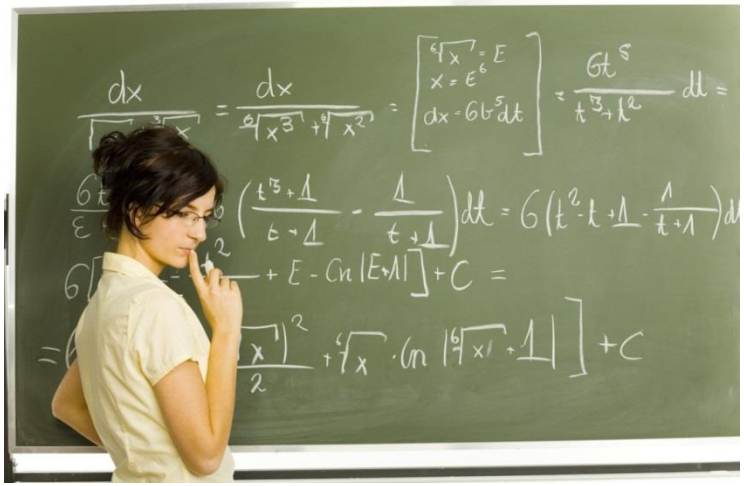
Don't forget who is responsible

EVALUATE PLAN FOR SUCCESS

- Evaluate your plan outcomes (did you meet your timelines)?
- Are your goals being met with the new plan?
- Determine if any barriers to success exist and why?
- What needs changed and how?

CONTROL THE PROCESS

- How will you monitor the success?
- Do you have timelines that are realistic?
- How will you sustain the success?
- Do you need new policies and procedures?
- How will you ensure staff are educated on the new process and goals?



QA GOAL

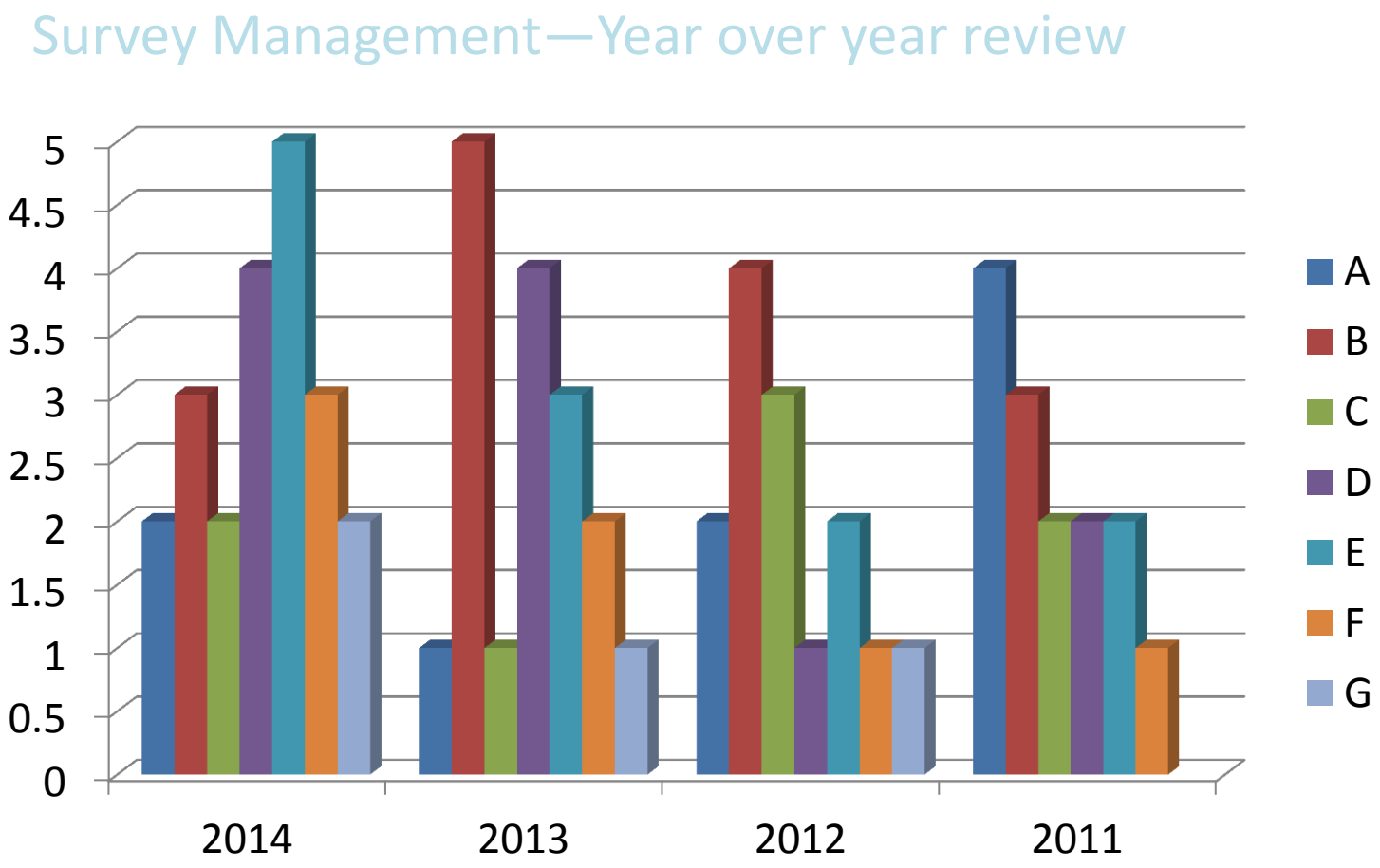
TO HAVE AN EFFECTIVE PROGRAM,
WHICH MEETS THE NEEDS OF ALL DEPARTMENTS EFFECTIVELY,
IS COST EFFECTIVE, AND
IS NOT TIME CONSUMING TO YOUR EMPLOYEES.
YOUR GOAL SHOULD DRIVE
EXCELLENT OUTCOMES FOR
IMPROVED QUALITY OF CARE
AND STAFF SATISFACTION.

IF YOUR GOALS HAVE NOT BEEN MET

OR

IF YOU IDENTIFIED BARRIERS ONCE YOU STARTED TO IMPLEMENT THE PLAN, USE THE SAME PROCESS STARTING ON STEP ONE TO CORRECT THE DEFECT AREAS.

So what do you use the QA process for?



Daily System Management

Examples

- Event Management
- Staffing
- Environmental
- Capital Needs
- Policy Review
- Customer Satisfaction
- Infection Control
- Abuse/Grievances
- Education
- Contracted Services
- Community Awareness
- Financial Outcomes

QAPI

Implementing Change In Long Term Care

A practical Guide to Transformation

What is QAPI?

Quality Assurance & Performance Improvement

The legislation requires CMS to provide quality assurance technical support to facility leaders on the development of:

"Best Practices"…

for continuous improvement of care outcomes. The focus is to assist nursing home staff in improving their QA committee functions.

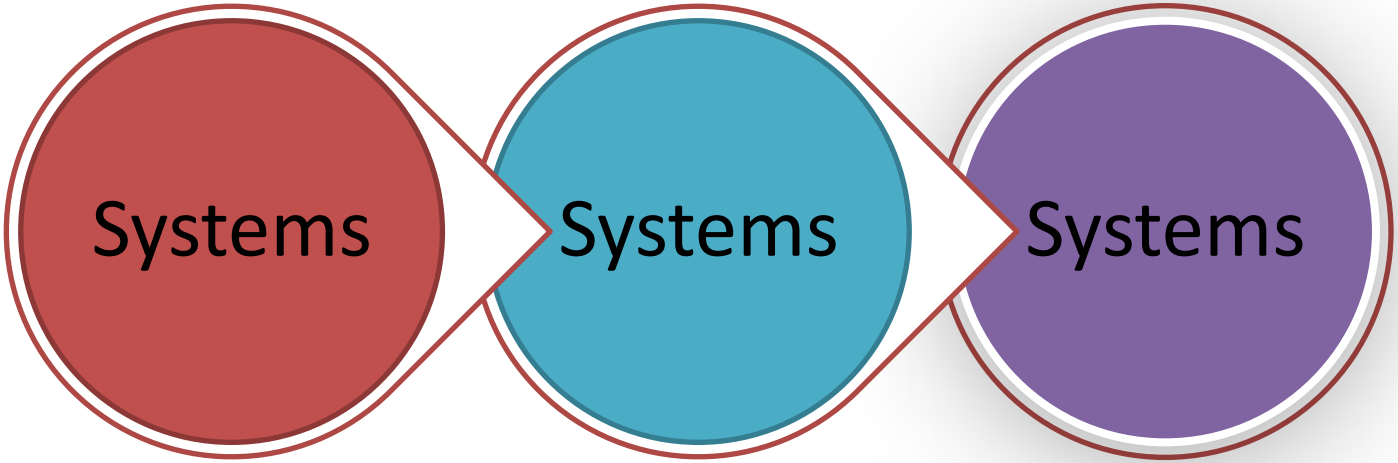
QAPI is:

- **The coordinated application of two mutually-reinforcing aspects of a quality management system.**
- **Quality Assurance (QA)**
- **Performance Improvement (PI)**
- **QAPI takes a systematic, comprehensive, and data-driven approach to maintaining and improving safety and quality in nursing homes.**
- **Involves all nursing home caregivers in practical and creative problem solving.**

The QAPI plan will:

- **Guide your organization's performance improvement efforts.**
- **Intended to assist you in achieving what you have identified as the purpose, guiding principles and scope for QAPI.**
- **A living document that you will continue to refine and revisit.**
- **Plan should reflect input from caregivers representing all roles and disciplines within your organization.**

Three Important Principles of QAPI

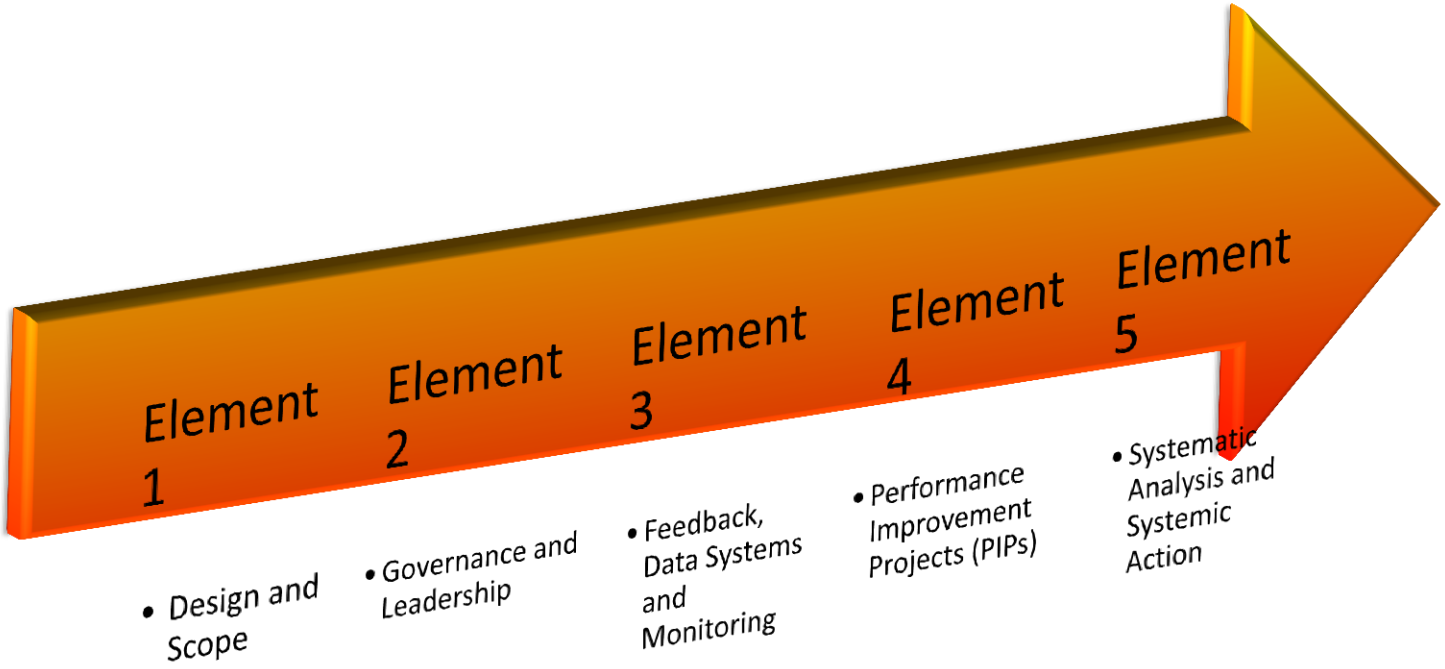


IS QAPI MANDATORY?

The Affordable Care Act (ACA) of 2010 was a response from the new legislation, and requires each nursing home institute a compliance program by the end of 2013 and a quality assurance and performance improvement (QAPI) program soon after.

QAPI programs will seek to create a facility and corporate-wide infrastructure that supports and effectively strengthens a nursing home's internal capacities for data collection and analysis, while developing strategies that can identify the causes of both persistent and isolated problems and develop plans to prevent them

QAPI—5 Elements to Implement



Element 1-Design and Scope

A QAPI program must be ongoing and comprehensive, dealing with the full range of services offered by the facility, including the full range of departments.

It aims for safety and high quality with all clinical interventions while emphasizing autonomy and choice in daily life for residents (or resident's agents). It utilizes the best available evidence to define and measure goals. Nursing homes will have in place a written QAPI plan adhering to these principles.

Element 2-Governance and Leadership

Element 2: Governance and Leadership The governing body and/or administration of the nursing home develops a culture that involves leadership seeking input from facility staff, residents, and their families and/or representatives.

The governing body assures adequate resources exist to conduct QAPI efforts. This includes:
-Designating one or more persons to be accountable for QAPI;
-Developing leadership and facility-wide training on QAPI;
-Ensuring staff time, equipment, and technical training as needed.

The Governing Body should foster a culture where QAPI is a priority by ensuring:
-Policies are developed to sustain QAPI despite changes in personnel and turnover;
-Their responsibilities include, setting expectations around safety;
-Expectation of Quality, rights, choice, and respect by balancing safety with resident-centered rights and choice.

The governing body ensures staff accountability, while creating an atmosphere where staff is comfortable identifying and reporting quality problems as well as opportunities for improvement.

Element 3-Feedback, Data Systems and Monitoring

The facility puts systems in place to monitor care and services, drawing data from multiple sources. Feedback systems actively incorporate input from staff, residents, families, and others as appropriate.

This element includes:

-Using Performance Indicators to monitor care processes/outcomes

-Reviewing findings against identified benchmarks

-Tracking

-Investigating

-Monitoring adverse events that must be investigated every time they occur

-Action plans implemented to prevent recurrences of negative findings

Element 4-Performance Improvement Projects (PIPs)

A Performance Improvement Project (PIP) is a concentrated effort on a particular problem in one area of the facility or facility wide, which:

- Involves gathering information systematically to clarify issues or problems
- Intervening for improvements
- Conducted to examine and improve care or services in areas that the facility identifies as needing attention;
- Which, depends on the type of facility and the unique scope of services they provide.

Element 5-Systematic Analysis and Systematic Action

The facility uses a systematic approach to:

- determine when analysis is needed to understand the problem
- Organize and structure how to identify problems, which may be caused or exacerbated by the way care and services are organized or delivered.
- Demonstrate proficiency in the use of Root Cause Analysis. Systemic Actions
- Allows you to look comprehensively across all involved systems to prevent future events and promote sustained improvement.

This element includes a focus on continual learning and continuous improvement.

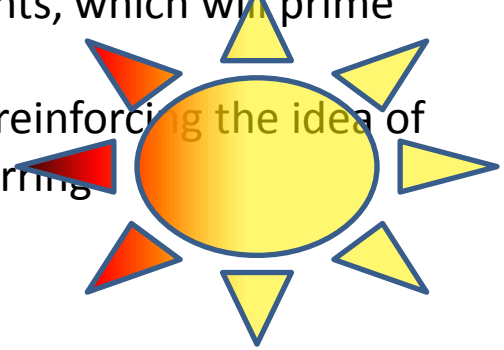
Implementing Change

Monkey See…
Monkey Don't Do

Let yourself shine!

Changes you make must be reflective of your entities goals, culture and internal relationships.

- Develop Person Centered Care and Culture Change Models
- Develop strong leadership, which may be your key to success
- Develop the teams to be strong, inclusive and vital to your goal
- Develop staff with engagement while you support and develop
- Prepare activities and conduct organizational assessments, which will prime the climate change
- Sustain change and develop accountability systems, by reinforcing the idea of developing systems around your goals and change occurring



What is person centered care?

Person centered care allows the resident to be an individual. Staff can embrace this individuality, which improves care outcomes and expectations from all. You talk "To" the residents not "At them."

Person centered care examples are:

- Facility design, which makes space feel like home
- Residents have choices in their meals and meal times
- Activity choices are expanded to encompass all generations and interests
- Bathing preferences are encouraged and provided
- Letting the residents take more risks by refusing service they do not want
- Encourage family involvement and bringing items from home to decorate
- Invite residents and families more to care plan meetings to ensure you know preferences

How do you provide Person Centered Care?

Dining

- Buffet or Family Style
- Available for period of time
- Several types of meal choices
- Snacks are always available
- Snacks are per preference not determined by facility
- Some facilities may choose to have aides and residents plan and prepare meals together

Bathing

- Residents are asked when, how often and in what manner they want to bathe
- Spa rooms are warm and aesthetically pleasing. May have candles, music, towel warmers
- Staff members control bathing sessions to ensure plenty of time is available and resident is not rushed
- Some physical plans now provide private bathrooms and shower areas

Bedtime

- Residents go to bed when they prefer to or did when at home
- This allows more time for the resident to do what they prefer and not on staff schedule
- Shift schedules are arranged to accommodate resident schedules

Activities

- Pets and Children become part of the facility
- Groups and community events are increased
- Neighborhoods may be created
- Households can be developed and function as a family unit in a small setting
- Spontaneous activity functions are incorporated into the daily events with every effort to accommodate

Relationships

- Frontline staff have the authority to do something about resident preferences
- Frontline staff openly share their own life with the residents and build on the meaningful relationships
- Staff are permanently assigned to ensure long-standing assignments
- Staff are allowed time to sit with the residents and partake in conversation an activity or share a meal with them

Medication Administration

- Medication administration times are arranged according to the resident's preferred schedule
- Medication carts may be eliminated

Staff Training Adjustments

- All staff may become nursing assistant certified although CNAs will continue to do the primary care
- All staff become cross trained in various departments to assist with care and facility needs to ensure all departments are covered adequately at all times
- Homemaker role is integrated into the facility such as doing dishes, laundry, housekeeping and activities

GREAT LEADERS

- Engage Staff
- Constantly Assess
- Surround Self With Right People
- Communication Is Priority
- Allow Staff To Make Decisions
- Empower Staff
- Provide Active Support Whenever Needed

Leaders

-Provide Direction
-Lead Courageously
-Influence Others
-Foster Teamwork
-Champion of Change
-Coach and Develop
-Motivate and Inspire
-Build Relationships

Leaders

Communicate why change is occurring
Understand staff challenges by actively being involved

Act and Do- don’t just speak

Anticipate responses

Decide when your successful

Decide if changes are consistent and sustainable

Clarify problems immediately

ISO-Problem Solvers

Finding the right employees to meet the needs of your facility may be more challenging then you realize.

You need to ask yourself, “Are the right people employed in key positions?”

Here are three items every employer should look for when hiring. These are:

1. Skill Match-Education, work history, background
2. Job Match-Critical thinking, personality, comfort level
3. Organizational Match-Matching values, integrity, comfort

Building a team to conquer the identified areas of improvement, is as valuable as hiring a key employee. Their success, will be your success.

Empowering Your Employees

Employee empowerment can be rather ambiguous in the work environment. Have you ever asked yourself…

*If you give to much power do still supervise?

*If you don't give enough power can the employee effectively do their job?

Building a culture of change requires employee empowerment. This includes:

- Empowering front line staff, educate, provide opportunity and mentor.
- Provide support
- Listen
- Provide resources
- Make communication a priority
- Address barriers immediately

Team Development

The basic teams should be formed to create an environment for fostering improvement.

Things to consider when developing teams:

- How many members do you need? Six to ten is ideal.
- Integrate members from across your organization including management.
- Define your mission, goals and timelines.
- Review the skills of each team member
- Develop participation policies
- Create an environment-develop skills, model norms and ensure non-hostile environment.
- Create templates for the teams to use, which may include agendas, minutes, outlines.
- Empower your teams-Be comfortable knowing you have chosen the right people for the right job.

TWO TYPES OF TEAMS

Who do they impact?

Leaders

- Shape the direction of projects or change;
- A primary information source and establish a firm link between administration.
- Team is designed to include members of authority to distribute resources along with front line staff who are knowledgeable about the systems and routines.

Connected Team

- Will communicate and remain a part of the front line of your organization.
- Link initiatives directly to the resident care
- Comprised of front line workers, department heads, professional staff, therapies, human resource, purchasing. Unit nurses are pivotal to the development of the caring team.

Evaluation of Team Progress

- Has the team created goals relevant to change initiatives?
- Has the team created goals relevant to resident QOL?
- Has the team met consistently?
- Has the team maintained diversity?
- Has the team communicated plans, progress and barriers throughout the organization as appropriate?
- Had the team developed measurable objectives?
- Has the team completed their objectives?
- Has the team monitored their completed mission?
- Has the team identified barriers to their mission?

How will your team be successful

- Encourage
- Believe
- Ensure
- Right People
- Advice
- Advocate
- Allow Authority
- Coach-don’t manage
- Allocate resources

CONDUCTING YOUR ORGANIZATIONAL ASSESSMENT

- What accountability do your units have to next level management?
- Is there a way to determine how each shift, unit or department is performing overall?
- Are there QA improvement activities going in each department?
- Are departments honoring resident preferences? Is the expectation clear?
- How do educational programs address needs of front line staff?
- Have your managers been trained and do they effectively mentor, coach, delegate and resolve conflict?
- What do your employees think about the work environment?
- Do you elicit resident feedback?
- Do you act on employee and resident feedback effectively?

Quality of Life Assessment Process

Phase 1-Establishing if a system is in place to measure data collected or do you need to establish a new system to measure data.

Phase 2-Unit exercises for assessing resident quality of life. Ask the resident directly what they would change…don’t recommend or tell.

Assessing the Work Environment

Many culture-change models have the greatest impact on the quality of work experiences for staff. An effective assessment initially, will identify barriers necessary to foster change.

Phase 1-Assess quality of work environment. Exit interviews and Performance Reviews, which solicit fair and open communication are utilized as good resources.

Phase 2-Assess workplace environment. Look at communication flow, decision making process, leadership and supervision.

BASIC CLINICAL KNOWLEDGE ASSESSMENT

- What is the organizational process to evaluate clinical skills?
- Do all staff have basic skills, up to date with technical knowledge to perform their duties independently?
- Are the educational programs and formats effectively training the staff on key areas of care such as:

Pain

Skin

Elimination

Psychosocial well-being

Falls and restorative care

Nutrition

Are staff required to perform return demonstration on skills learned after training is complete?

ROLE OF LEADERSHIP TEAM

Oversee Processes

- Do staff have resources
- Does organization respond to challenges
- Is training adequate
- Are all levels encouraged
- Evaluate date to ensure it’s adequate to make informed decisions
- Are teams accountable

SUSTAINING CHANGE & DEVELOPING ACCOUNTABILITY IN SYSTEMS

- Effective accountability
- Specificity to the daily or weekly level of data collection
- Objective outcome or process indicators
- Clear links between indicators and initiatives
- Clear designation of responsibility
- Systematic data and evidence collection

Conducting an Effective Meeting

Facilitator of the meeting must guide the participants for success utilizing the following steps:

1. Initiate conversation and state problem.
2. Orient throughout meeting to keep team focused.
3. Clarify to ensure information is accurate for what was relayed.
4. Inform by providing facts or information to facilitate decision making.
5. Test possible solutions.

HOW TO END A MEETING…

- Watch the time
- Ten minutes prior to end of meeting remind group of time and meeting will soon end.
- Five minutes from end of meeting begin summarizing the meeting.
- Inform participants minutes or summary will be provided later.
- Announce future meetings
- Close with strong positive comments.

In Summary

Are your goals:

1) Specific-What do you need to accomplish?
2) Measurable-How will it be measured?
3) Attainable-Are your bench marks attainable and best practice?
4) Are your goals relevant?
5) Are goals time bound?

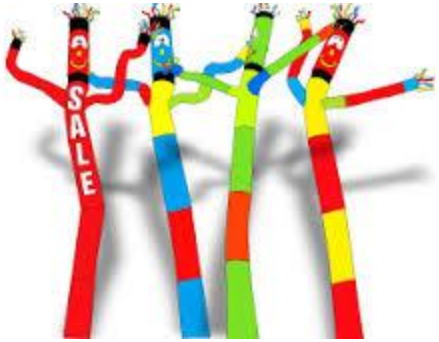
LIFE SAFETY CODE

- Three Types of Life Safety Code (LSC) Waivers
- 2012 Edition, NFPA 101 Life Safety Code Adoption
- Comparatives / Federal Oversight and Support Survey (FOSS)
- Entrance and Exit for LSC
- Top 10 LSC Tags for FFY 2014
- Questions

THIS IS THE LAST ALTERNATIVE

THREE TYPES OF LSC WAIVERS

- TEMPORARY or CONSTRUCTION



- STANDARD WAIVER

- CATEGORICAL WAIVER

LESSONS LEARNED FROM CMS OVERSIGHT

- Batteries in Fire Alarm Control Panels must be tested every 6 months
- Generator Remote Annunciator at the nurses station or similar 24 hour area

FACTS ABOUT NURSING HOME FIRES

- 2,808 Total Fires for 2006 – 2010
- Automatic Sprinklers Reduce Loss of Life and Damage from Fires
- Causes of Fires

CMS ADOPTION OF NEW CODE

- 2012 NFPA 101 LIFE SAFETY CODE

- Major Changes
  - Increase Suite Sizes
  - High-Rise Buildings (over 75 feet)– Fully Sprinklered within 12 years
  - Allow Controlled Access Doors to Prevent Wandering Patients;
  - Alcohol Based Hand Rub Dispensers in Corridors and Patient Rooms; and
  - Fire watch Remain after 4 Hours / Designated Person
  - Smoke Control in Anesthetizing Locations

LESSONS LEARNED: POTENTIAL FACILITY FIRE IN MONTANA

ENTRANCE FOR LSC

- DISCUSS CATEGORICAL WAIVERS
- PROVIDE COPY OF ELECTRONIC POC OPTIONS
- LIST OF AREAS OF CONCERNS

"I hope this bullhorn will make this meeting a little less boring."

EXIT CONFERENCE

- SURVEYOR WILL DISCUSS:
  - IDR IS AN OPTION
  - HOLD OFF UNTIL YOU GET THE FINAL REPORT
  - GIVEN A DATE AND TIME TO SUBMIT ADDITIONAL INFORMATION
  - CATEGORICAL WAIVERS

FIRE WATCH

- CRITERIA FOR:
  - FIRE SPRINKLERS AND OR ALARM OFF FOR MORE THAN 4 HOURS IN A 24-HOUR PERIOD
  - CALL 444-4170
  - WHAT DO WE NEED:
    - NAME OF FACILITY
    - REASON ON FIRE WATCH
    - INITIATION
    - CONTACT PERSON AND PHONE NUMBER
    - CALL BACK WHEN FIRE WATCH IS DISCONTINUED

TOP 10 LTC DEFICIENCIES FOR LSC

TAG NUMBER	NARRATIVE	RANK IN MONTANA	RANK IN REGION	RANK IN NATION
K0147	Electrical Wiring & Equipment	1	2	2
K0062	Sprinkler System Maintenance	2	1	1
K0012	Construction Type	3		
K0018	Corridor Doors	4	5	4
K0029	Hazardous Areas Separation	5	4	3
K0064	Fire Extinguishers	6	16	16
K0052	Test Fire Alarms	7	7	10
K0056	Sprinkler System Maintenance	8	13	7
K0076	Med Gas System	9	10	13
K0074	Combustible Curtains	10	17	40

#1 TAG FOR LSC

- K147 Electrical

- What Surveyors Find:
  - Broken Outlets
  - Use of Extension Cords
  - Power Strips Issues

#2 TAG FOR LSC

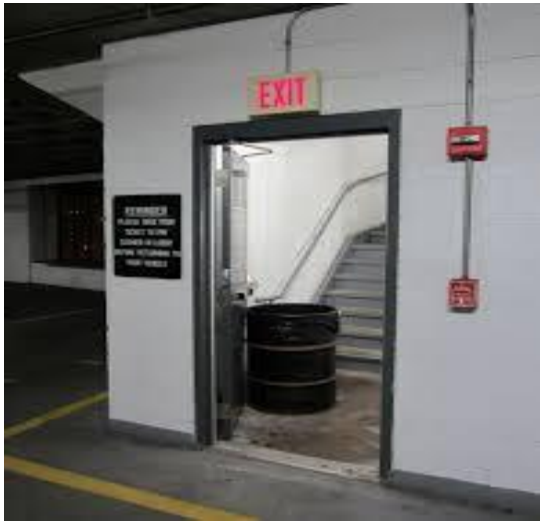
- K062 SPRINKLER SYSTEM MAINTENANCE
- What Surveyors Find:
  - Notes on Contractor Inspections
  - Escutcheon Rings Missing
  - Not in Proper Location or Adjustment
  - Ceiling Tiles Missing

#3 TAG FOR LSC

- K012 CONSTRUCTION TYPE
- What Surveyors Find:
  - Incomplete Sections of Wall
  - Damaged Area from Water Leak

#4 TAG FOR LSC

- K018 Corridor Openings
- What Surveyors Find:
  - Doors that will not Latch
  - Doors Blocked Opened



#5 TAG FOR LSC

- K029 Hazardous Areas
- What Surveyors Find:
  - Lack of Corridor Door Self-Closure
  - Resident Rooms Converted into Storage Areas

#6 TAG FOR LSC

- K064 Fire Extinguishers
- What Surveyors Find:
  - Not Mounted
  - Mounted Too High – Over 5 feet
  - Inadequate Hydrotesting or Maintenance
  - Monthly Inspections Not Complete

#7 TAG FOR LSC

- K052 Fire Alarms
- What Surveyors Find:
  - Smoke Detector Sensitivities
  - No Annual Test of Fire Alarm- 1 year plus 30 days
  - Contractor Report Reviews
  - Strobes or Audible Alarm Not Working

#8 TAG FOR LSC

- K056 Sprinkler Systems
- What Surveyors Find:
  - Unsprinklered Areas of Building
  - Changes to Room without Consideration of Sprinkler Coverage
  - Canopies, Canopies, Canopies

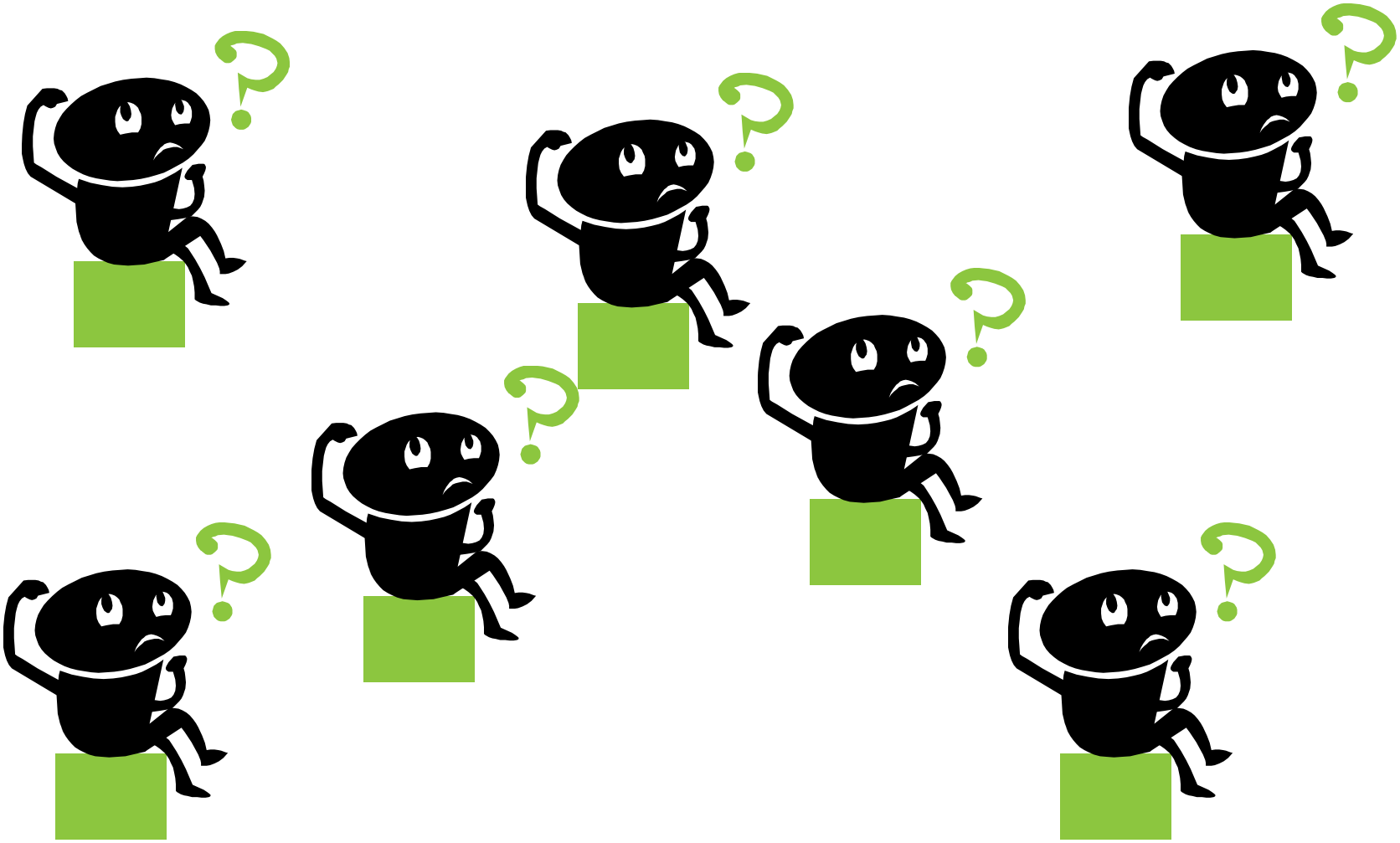
#9 TAG FOR LSC

- K076 Medical Gas Systems
- What Surveyors Find:
  - Free Standing Medical Gas Cylinders
  - Inadequate Labeling of Transferring Areas
  - New Locations not Meeting Requirements
  - Lack of Proper Signage at Storage Locations

#10 TAG FOR LSC

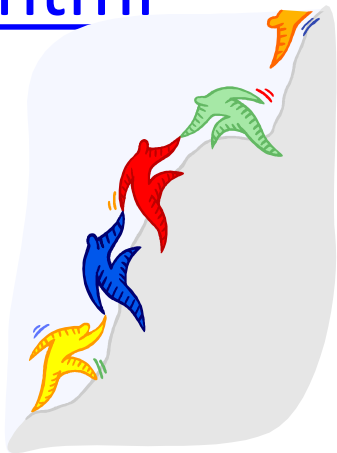
- K074 Combustible Curtains
- What Surveyors Find:
  - Curtains Brought in By Family/Loved Ones
  - Curtains Brought in By Staff
  - Hanging Fabrics not Treated – Quilts, Blinds, Vinyl Blinds, Blankets used as Shades

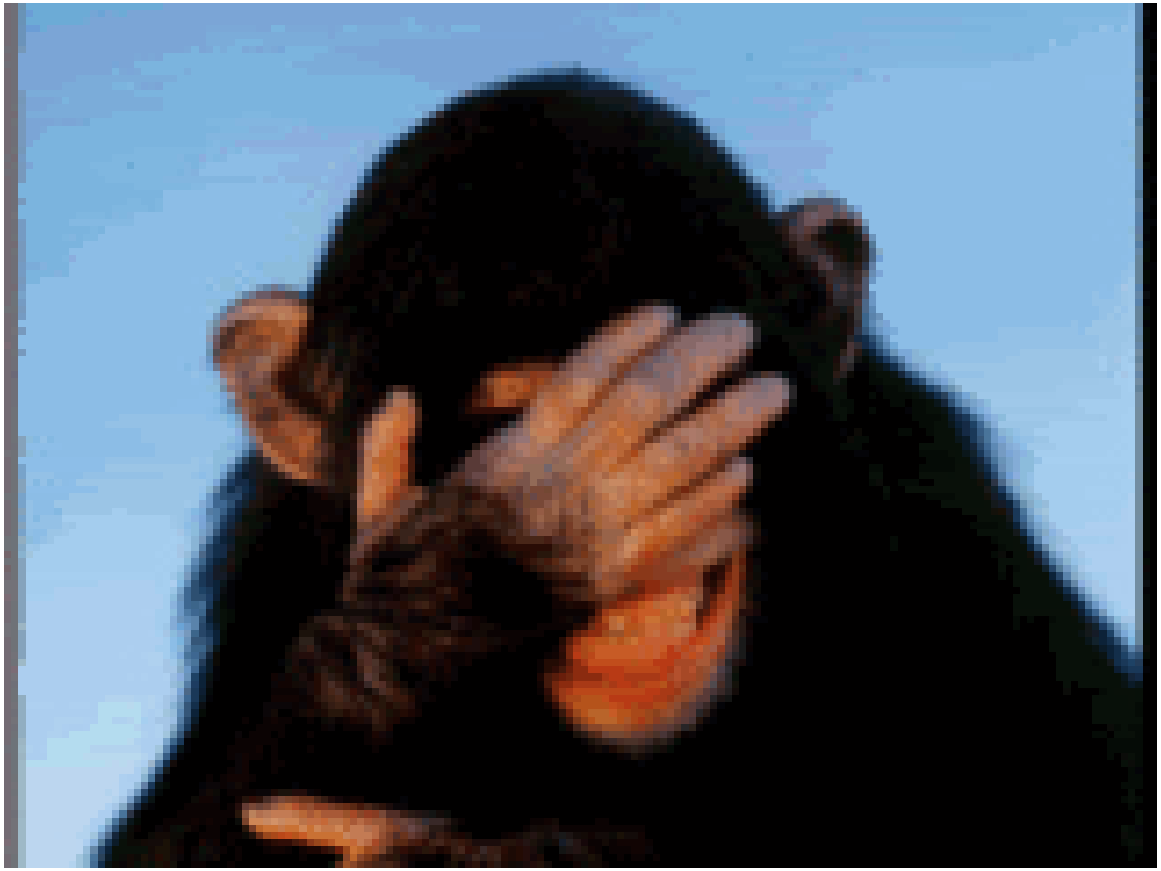
Questions?
406-444-2099



HELPFUL RESOURCES

- http://QTSO.com
- http://surveyortraining.hhs.cms.gov
- http://cms.gov/Regulations-and-Guidance/Regulations-and-Guidance.html
- http://www.mpqhf.org/





Thank you for coming…

and staying!

LONG TERM CARE HEALTH SURVEY DEFICIENCIES

Number 10
F 309

Each resident must receive and
the facility must provide
the necessary care and services
to attain or maintain
the highest practicable physical, mental, and psychosocial well-being,
in accordance with the
comprehensive assessment and plan of care.

F 309
Surveyors will…

Review the assessment and care plan including revisions and orders
Determine if the facility has recognized and addressed resident needs

Observe the implementation of the care plan

Interview the resident or representative regarding the specifics of the care plan

Interview staff on various shifts to determine their knowledge of the interventions and monitoring of the condition.

Interview Health Care Practitioners and Professionals regarding the consistency of the care plan and the interventions

F309
The surveyors find…

Repeated falls

Uncontrolled pain

Poorly controlled diabetes

Poor coordination with hospice services

Outdated care plans

Boiler plate care plans

Number 9
F 157

A facility must immediately inform the resident, consult with the resident's physician, and if known, the resident's legal representative/interested family member when an accident involving the resident results in injury and has the potential for requiring physician intervention.

This also includes a significant change in the resident's physical, mental, or psychosocial status, a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or a decision to transfer or discharge the resident from the facility.

The facility must also promptly notify the resident (et al) when there is a change in room or roommate assignment .

The facility must record and periodically update the address and phone number of the resident's legal representative or family member.

F 157
Surveyors will…

Interview the resident and family or legal representative.

Interview facility administration and staff.

Interview the medical practitioner.

Review the medical record for documentation.

F 157
The surveyors find…

Families are not notified of significant changes in a timely manner.

Physicians or resident's health care provider are not notified of significant changes or alterations in care.

Number 8
F 431

The facility must employ a licensed pharmacist maintains a system to monitor all controlled drugs.

Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the expiration date when applicable.

The facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.

The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.

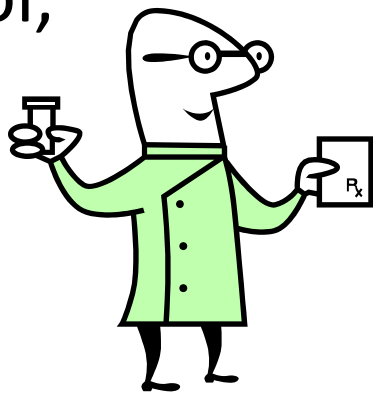
F 431
Surveyors will…

Look for the safe and secure storage of medications.

Verify that access to medications is limited to authorized staff

Verify that medications are labeled in accordance with Federal and State labeling requirements and accepted standards of practice; and

Look for safeguards and systems to control, account for, and periodically reconcile controlled medications.



F 431
The surveyors find…

- Unlabeled drugs
- Expired drugs
- Medication carts left unlocked
- Inaccurate narcotic counts

Number 7
F 241

The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

F241
The surveyors will…

Look for evidence that in staff interactions with residents, resident self-esteem and self-worth are considered and respected. Some examples include are:

Grooming preferences

Dining preferences

Respect for resident property

Visual privacy during transport to shower, etc.

F241
The surveyors find…

Ungroomed residents in the dining room

CNAs standing over residents to feed them

Uncovered catheter bags

Mocking or teasing residents

Flushing peg tubes or administering insulin in the dining room

Number 6
F 371

- The facility must -
- (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and
- (2) Store, prepare, distribute and serve food under sanitary conditions

F371
The surveyors will…

Inspect the kitchen for meal prep and service for safe food handling

- Time & Temperature
- Serving

Inspect all food storage

Inspect sanitation

F371
The surveyors find…

Outdated and undated food

Packages of food open to contamination

Food served at unsafe temperatures

Unsanitary conditions in the kitchen

Unsanitary food handling by staff

Number 5
F 253

The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.

F 253
The surveyors will…

Look for sanitary resident care equipment

Look for an orderly area orderly

Look for clutter or lack of maintenance

Also applies to sidewalks and exits

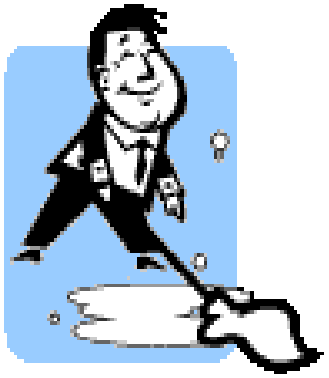
F 253
The surveyors find…

Persistent odors throughout the survey

Uncleanable surfaces (torn linoleum, cracked tiles, etc.

Torn or soiled upholstery

Dust and dirt



Number 4
F 281

The services provided or arranged by the facility must meet professional standards of quality.

F 281
The surveyors will…

- Look at negative outcomes
- Look for physician/nurse discussions of acute medical problems
- Look at residents with acute conditions who require intensive monitoring and treatments
- Look at techniques of medication administration
- Look for evidence of assessment and care planning sufficient to meet the needs of newly admitted residents, prior to completion of the first comprehensive assessment and comprehensive care plan
- Look for implementation of physicians' orders

F 281
The surveyors find…

Medications administered in the wrong dose

Medications not administered, not documented, and efficacy not noted

Physician orders not followed for meds or treatments

Treatments not performed as ordered

Number 3
F 279

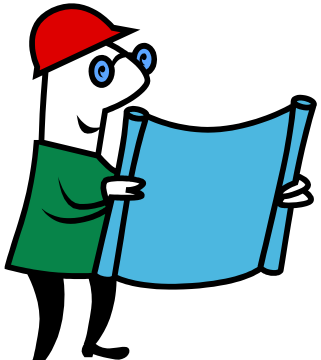
- A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.

- The care plan for each resident must include measurable objectives and timetables to meet all the resident's needs.

- The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being

F 279
The surveyors will…

- Evaluate the care plan for addressing the needs identified in the comprehensive resident assessment
- Evaluate the care plan for preventing avoidable declines in functioning or functional levels
- Evaluate the treatment objectives and measurable outcomes
- Evaluate the resident’s participation in the care plan
- Evaluate residents that refuse treatment for the facility's efforts to find alternative means to address the problem

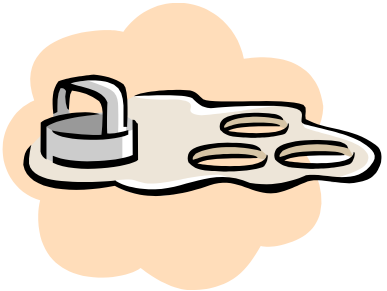


F 279
The surveyors find…

"Cookie cutter" care plans lacking individualized approaches

Care plans that are not updated when needed

Care plans that do not address resident needs



Number 2
F 323

The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.

F 323
The surveyors will…

Look for evidence that the facility provides an environment that is free from accident hazards and provides supervision and assistive devices to each resident to prevent avoidable accidents. This includes:

- Identifying hazard(s) and risk(s)
- Evaluating and analyzing hazard(s) and risk(s)
- Implementing interventions to reduce hazard(s) and risk(s)
- Monitoring for effectiveness and modifying interventions when necessary

F 323
The surveyors find…

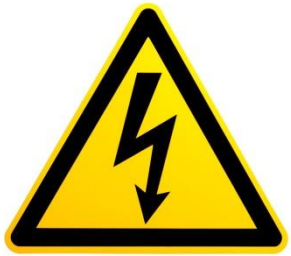
Lack of resident supervision

Broken equipment

Unsafe use of equipment (wheelchairs, lifts, etc.)

Unlocked cabinets of dangerous chemicals

Poorly maintained handrails, sidewalks, etc.



DRUM ROLL PLEASE

The Number One,

Most Commonly Cited Deficiency

in Long Term Care Facilities

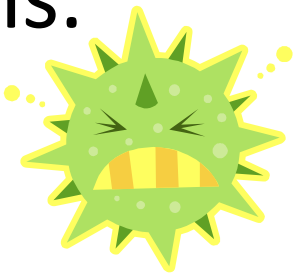
in Montana

is…

F 441

The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.

This includes an effective Infection Control Program, methods to prevent the spread of infection and the proper handling of linens.



F 441

The surveyors will…

Conduct the observations of hand washing, linen handling, wound care, cleaning and disinfecting, etc.

Review the facility's infection control policies, infection tracking, antibiotic stewardship and staff training

Interview residents and staff regarding infection control practices

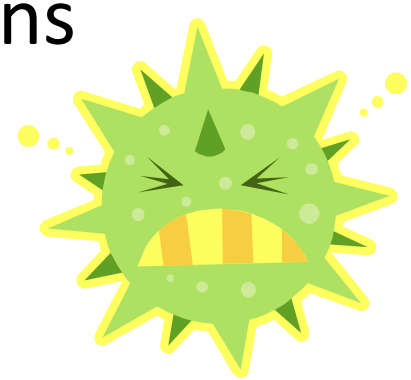
Observe handling of linen, clean and soiled

F 441
The surveyors find…

Poor handwashing techniques

Reusing gloves

Not sanitizing glucometers

Carrying linens (clean and dirty) against staff clothing

Inadequate tracking of facility infections