Description

This session will provide the participant with helpful information to prepare for implementing Phase 3 regulations related to the State Operations Appendix PP for long term care. While it may seem that the first two phases included the most work, Phase 3 includes comprehensive programmatic changes that will require extensive training for staff members. Join us for this information packed session to help prioritize the next steps for compliance!

Objectives

• Understand the required elements of Phase 3 and how they affect long term care’s current policies and practices
• Analyze the components of the regulations that are new and those that are in addition to what is already in place
• Gain knowledge to be able to prepare staff members for the next phase of regulatory guidance for long term care
Phases of Implementation

Phase 1: November 28, 2016

Phase 2: November 28, 2017

Phase 3: November 28, 2019

Breaking News!

• New Survey Process!
  - https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html
• New F-Tags!
  - https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/F-Tag-Crosswalk.xlsx
• New and Revised Phase 2 Requirements!
• Notice of delays in enforcement remedies, but regulations will still be in effect

Phase 3 - Care Planning

F659 – Comprehensive Resident Centered Care Plans
  • (ii) Be provided by qualified persons in accordance with each resident’s written plan of care.
  • (iii) Be culturally-competent and trauma-informed

Guidance
  • The facility must ensure that services provided or arranged are delivered by individuals who have the skills, experience and knowledge to do a particular task or activity. This includes proper licensure or certification, if required.
F699 – Trauma Informed Care

The facility must ensure that residents who are trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for residents’ experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident.

Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment conducted pursuant to §483.70(e), and as linked to history of trauma and/or post-traumatic stress disorder, will be implemented 11/28/19.

Principles of Trauma Informed Care

1. Safety - Throughout the organization, staff and the people they serve feel physically and psychologically safe.
2. Trustworthiness and transparency - Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, clients, and family members of those who the organization serves.
3. Peer support and mutual self-help - These are integral to the organizational and service delivery approach and are understood as a key vehicle for building trust, establishing safety, and empowerment.
4. Collaboration and mutuality - “There is a true partnering and blending of power, offering between staff and clients. The organizational staff works together with clients to allow for client choice and preference. There is recognition that every person with a history of trauma and/or post-traumatic stress disorder has the right to play a role in a trauma-informed approach. All persons have the right to be survivors.”
5. Empowerment, voice, and choice - Throughout the organization and among the clients served, individual strengths are recognized, built on, and validated and new skills are developed as necessary. “The organization aims to strengthen the clients’ self-esteem, and family members’ experience of choice and recognition that every person’s experience is unique and requires an individualized approach. This includes a belief in resilience and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma. This builds on what clients, staff, and communities have to offer, rather than responding to perceived deficits.
6. Cultural, historical, and gender issues - The organization actively moves past cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, geography, offers gender responsive services, respects the healing value of traditional cultural connections, and recognizes and addresses historical trauma.
F726 – Competent Nursing Staff

The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility’s resident population in accordance with the facility assessment required at §483.70(e).

• The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents’ needs, as identified through resident assessments, and described in the plan of care.
• Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident’s needs.
• The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents’ needs, as identified through resident assessments, and described in the plan of care.

INTENT
To assure that all nursing staff possess the competencies and skill sets necessary to provide nursing and related services to meet the residents’ needs safely and in a manner that promotes each resident’s rights, physical, mental and psychosocial well-being.

DEFINITIONS
“Competency” is a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully.
Competencies for Nursing

Nursing Competencies

Competency in skills and techniques necessary to care for residents’ needs includes but is not limited to competencies in areas such as:

- Resident Rights
- Person centered care
- Communication
- Basic nursing skills
- Basic restorative services
- Skin and wound care
- Medication management
- Pain management
- Infection control
- Identification of changes in condition
- Cultural competency

Change in Condition

- A key component of competency is a nurse’s ability to identify and address a resident’s change in condition
- Facility staff should be aware of each resident’s current health status and regular activity, and be able to promptly identify changes that may indicate a change in health status
- Once identified, staff should demonstrate effective actions to address a change in condition, which may vary depending on the staff who is involved

Cultural Competency

- Cultural competencies help staff communicate effectively with residents and their families and help provide care that is appropriate to the culture and the individual.
- The term cultural competence refers to a person’s ability to interact effectively with persons of cultures different from his/her own.
- With regard to health care, cultural competence is a set of behaviors and attitudes held by clinicians that allows them to communicate effectively with individuals of various cultural backgrounds and to plan for and provide care that is appropriate to the culture and to the individual.

Behavioral Health Services

F741 – Sufficient/Competent Staff – Behavioral Health Needs

- The facility must have sufficient staff who provide direct services to residents with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility’s resident population.

F741 – Sufficient/Competent Nursing Staff

- Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment and
- Linked to history of trauma and/or post-traumatic stress disorder, will be implemented beginning November 28, 2019 (Phase 3)
- Includes implementing non-pharmacological interventions.
**Behavioral Health Services**

**INTENT**

- The intent of this requirement is to ensure that the facility has sufficient staff members who possess the basic competencies and skills sets to meet the behavioral health needs of residents for whom the facility has assessed and developed care plans.
- The facility must consider the acuity of the population in its assessment. This includes residents with mental disorders, psychosocial disorders, and/or substance use disorders.
- Facility staff members must implement person-centered care approaches designed to meet the individual needs of each resident.

**Administration**

F837 – Governing Body

The facility must have a governing body, or designated persons functioning as a governing body, legally responsible for establishing and implementing policies regarding the management and operation of the facility.

The governing body appoints the administrator who is—

(i) Licensed by the State, where licensing is required
(ii) Responsible for management of the facility
(iii) Reports to and is accountable to the governing body
(iv) The governing body is responsible and accountable for the QAPI program
(v) Governing body responsibility of QAPI program will be implemented beginning November 28, 2019 (Phase 3)

**Governing Body**

**INTENT**

This regulation is intended to ensure that the facility has an active (engaged and involved) governing body that is responsible for establishing and implementing policies regarding the management of the facility.

**DEFINITIONS**

“Governing body” refers to individuals such as facility owner(s), Chief Executive Officer(s), or other individuals who are legally responsible to establish and implement policies regarding the management and operations of the facility.
QAPI – F865

Quality Assurance and Performance Improvement
F865 – QAPI Program/Plan, Disclosure, Good Faith Attempt

INTENT
These requirements are intended to ensure facilities develop a plan that describes the process for conducting QAPI/QAA activities, such as identifying and correcting quality deficiencies as well as opportunities for improvement, which will lead to improvement in the lives of nursing home residents, through continuous attention to quality of care, quality of life, and resident safety.

QAPI - F865

Disclosure of Information and Good Faith Attempts

• The survey process is intended to be an objective assessment of facility compliance with the requirements of participation. This assessment is guided by facility performance and outcomes as reported by QMs and MDS data, as well as complaints and surveyor observations, interviews, and record reviews.
• The surveyor task to review the QAPI Plan and QAA is intended to occur at the end of the survey, after completion of investigation into all other requirements to ensure that concerns are identified by the survey team independent of the QAPI Plan and QAA review.

QAPI – F866

F866 – QAPI/QAA Data Collection and Monitoring

• Facility maintenance of effective systems to identify, collect, and use data and information from all departments, including but not limited to the facility assessment and including how such information will be used to develop and monitor performance indicators.
• Facility development, monitoring, and evaluation of performance indicators, including the methodology and frequency for such development, monitoring, and evaluation.
• Facility adverse event monitoring, including the methods by which the facility will systematically identify, report, track, investigate, analyze and use data and information relating to adverse events in the facility, including how the facility will use the data to develop activities to prevent adverse events.
F867 - Program systematic analysis and systemic action
The facility must take actions aimed at performance improvement and, after implementing those actions, measure its success, and track performance to ensure that improvements are realized and sustained.

- Review and revise systems
- Take action system wide

QAPI - F867

Intent:
- Ensure information obtained from QAA committee documents that is related to the committee’s good faith attempt to identify and correct quality deficiencies are not used by surveyors to identify additional concerns not previously identified during the survey
- Foster a culture where nursing homes can openly conduct their internal QAA investigations and performance improvement efforts

QAPI - F867

F867 – QAPI/QAA Improvement Activities
The facility will develop and implement policies addressing:
- How they will use a systematic approach to determine underlying causes of problems impacting larger systems
- How they will develop corrective actions that will be designed to effect change at the systems level to prevent quality of care, quality of life, or safety problems
- How the facility will monitor the effectiveness of its performance improvement activities to ensure that improvements are sustained
Infection Control

F882 – Infection Preventionist
The facility must designate one or more individual(s) as the infection preventionist(s) who is/are responsible for the facility’s IPCP.

The IP must:
• Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field
• Be qualified by education, training, experience or certification
• Work at least part-time at the facility
• Have completed specialized training in infection prevention and control
• Be a member of the facility’s quality assessment and assurance committee and report to the committee on the IPCP on a regular basis

Compliance & Ethics

F895 – Compliance and Ethics Program
• The operating organization must develop, implement, and maintain an effective compliance and ethics program that contains, at a minimum, the following components:
  • Established written compliance and ethics standards, policies, and procedures
  • The designation of an appropriate compliance and ethics program contact to which individuals may report suspected violations, as well as an alternate method of reporting suspected violations anonymously
  • Disciplinary standards that set out the consequences for committing violations for the operating organization’s entire staff; individuals providing services under a contractual arrangement; and volunteers, consistent with the volunteers’ expected roles.
  • Annual Review

Physical Environment

F919 – Resident Call System
The facility must be adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area
• Each resident’s bedside
• Toilet and bathing facilities
Training Requirements

F940 – General Training Requirements
A facility must develop, implement, and maintain an effective training program for
- all new and existing staff;
- individuals providing services under a contractual arrangement
- Volunteers
- A facility must determine the amount and types of training necessary based on the facility assessment as specified at F838.


Training Requirements

F941 – Communication Training
A facility must include effective communications as mandatory training for direct care staff

Training Requirements

F942 – Resident Rights Training
A facility must ensure that staff members are educated on the rights of the resident and the responsibilities of a facility to properly care for its residents
Rights/Responsibilities

Cross Reference Guide to Resident Rights and Facility Responsibilities

Rights/Responsibilities

Facility must include as part of its QAPI program mandatory training that outlines and informs staff of the elements and goals of the facility’s QAPI program

- Five Elements
- Facility QAPI Implementation Plan

F945 – Infection Control Training

A facility must include as part of its infection prevention and control program mandatory training that includes the written standards, policies, and procedures for the program

CDC Centers for Disease Control and Prevention

CDC Saves Lives. Protecting People™
**Training Requirements**

**F946 – Compliance and Ethics Training**
The operating organization for each facility must include as part of its compliance and ethics program:
- An effective way to communicate the program’s standards, policies, and procedures through a training program or in another practical manner which explains the requirements under the program.
- Annual training if the operating organization operates five or more facilities.

**F949 – Behavioral Health Training**
A facility must provide behavioral health training consistent with the requirements and as determined by the facility assessment.

**Leadership Strategies**
- Coordinate Abuse/Neglect efforts with QAPI Committee
- Prepare for care planning for trauma informed care
- Explore training for trauma informed care
- Pay attention to staff competencies for Phase 3
- Sufficient staffing may be observed for behavioral health
- Define Governing Body
- Ramp up QAPI
- Begin working on Compliance and Ethics
- Evaluate and update training programs

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**Top-quality nursing homes harder to access with mental health issues**
References

The National Center for Cultural Competency
https://nccc.georgetown.edu/index.html

Substance Abuse and Mental Health Services Administration
https://www.samhsa.gov/

State Operations Manual – Appendix PP

Questions?

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