

Nursing Home Surveillance Update

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Division of Residential Services
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Division of Residential Services

MISSION

The Division of Residential Services will ensure residents of NYS nursing homes 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.**

Division of Residential Services Goals

- ◆ **Ensure respectful resident quality of life.**
- ◆ **Protect resident safety.**
- ◆ **Ensure high quality service delivery.**
- ◆ **Promote & support innovation.**

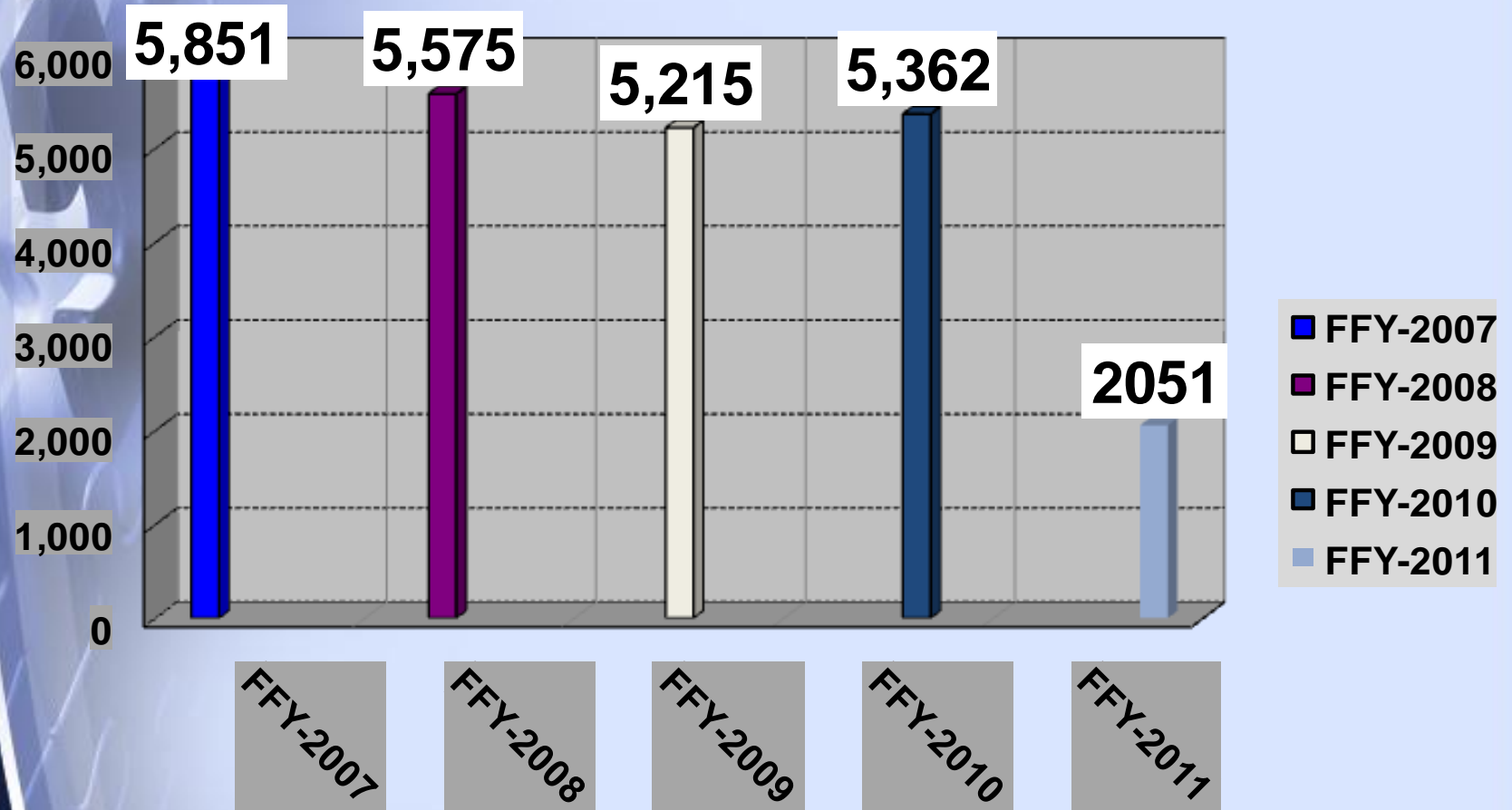
Overview of Survey Performance

- ◆ On average, 8 citations are issued per recertification survey in NYS. The national average is 10 citations.
- ◆ Top areas for citations include:
 - ◆ Elopement
 - ◆ Smoking
 - ◆ Maintaining a Hazard Free Environment
 - ◆ Assessment and Care Planning
 - ◆ Establishing an Infection Control Program
- ◆ The Top 5 citations result in 25 percent of all citations issued.

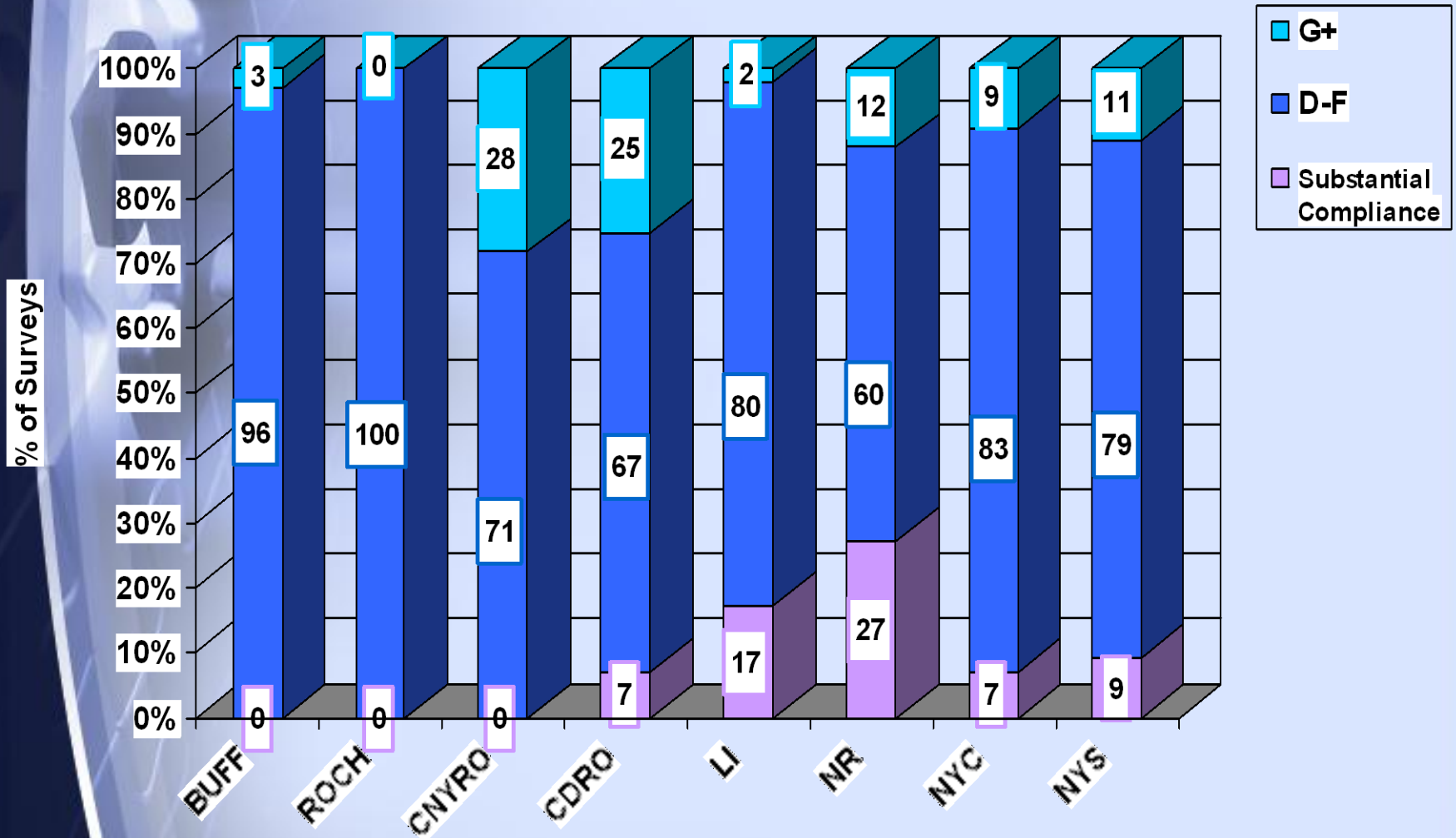
Citations Issued

FFY 2007 – FFY 2011 (thru 02/28/2011)

Recertification/Abbreviated Surveys, Health/LSC Inspections



% OF SURVEYS BY MAXIMUM SEVERITY/SCOPE FFY 2011 (10/01/2010 – 02/28/2011) Recertification Surveys, Health/LSC Inspections



OVERVIEW OF SURVEYS WITH IMMEDIATE JEOPARDY (IJ) CITATIONS ISSUED

- ◆ **39 surveys were cited with IJ during FFY 2010, which is consistent with prior fiscal years.**
- ◆ **12 surveys already have been cited at IJ during FFY 2011.**
- ◆ **58% of the IJ citations issued in FFY2010 were identified during abbreviated/complaint surveys.**

Immediate Jeopardy Citations

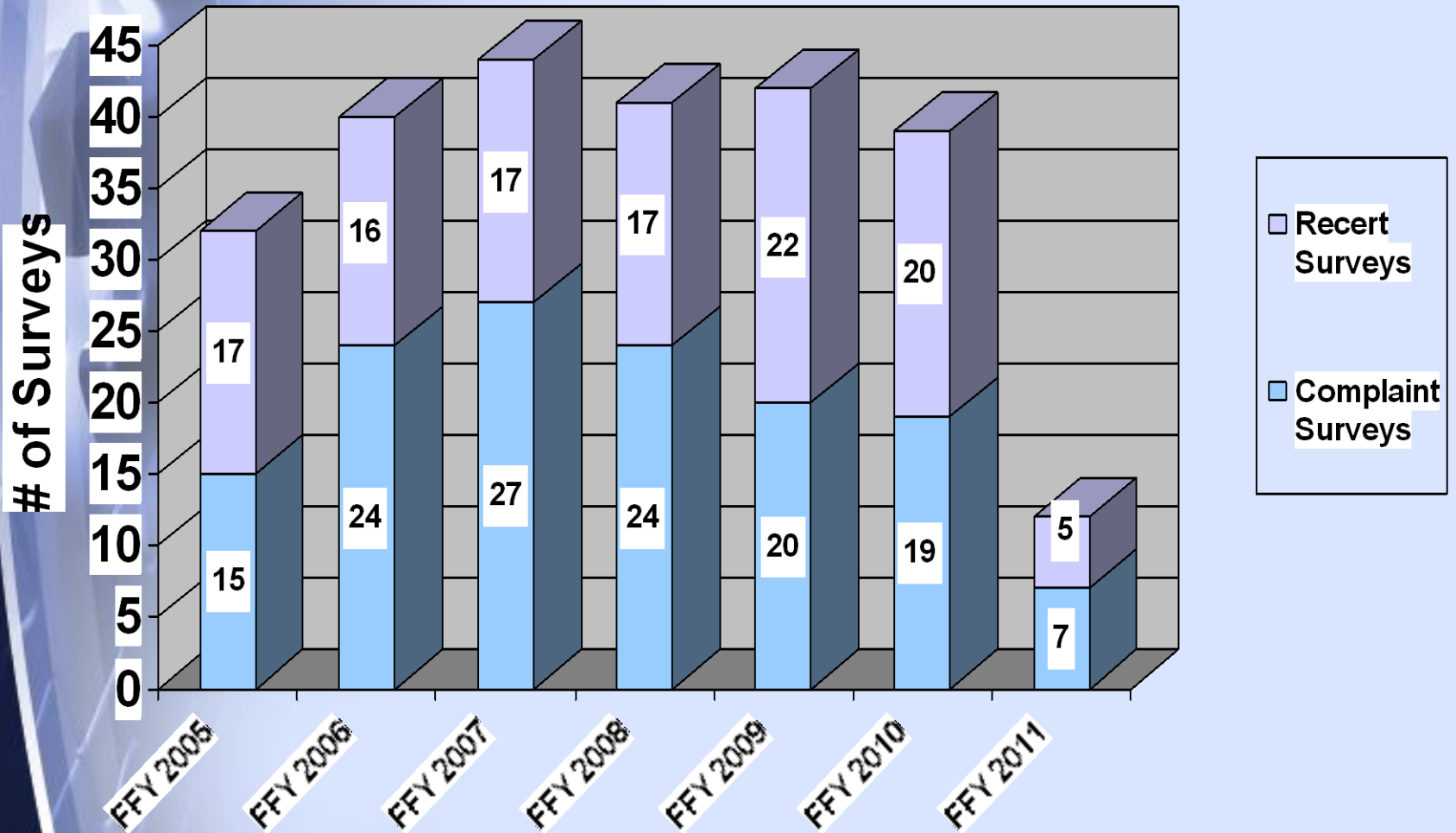
Top Three Federal Citations For Immediate Jeopardy:

- ◆ **F323 Accidents**
- ◆ **F309 Quality of Care**
- ◆ **F225 Abuse**

SURVEYS WITH IMMEDIATE JEOPARDY

FFY 2005 – FFY 2011 (thru 3/09/2011)

Recertification/Complaint Surveys, Health/LSC Inspections



Provider Considerations

- ✓ **Implement & document the interventions based on assessment and periodic reassessment.**
- ✓ **Exercise caution when developing P&P;**
 - ✓ **Assess if those policies & procedures are easily & consistently effectuated.**
 - ✓ **DOH has identified that problems arise & systems consistently breakdown when policies/protocols are multi-layered.**
 - ✓ **Ask the question who is responsible for the implementation?**
 - ✓ **Is there a back-up system in place?**
 - ✓ **Is that back-up system communicated to all appropriate staff?**
- ✓ **Measure effectiveness of facility policies, procedures, protocols & resident specific interventions.**
- ✓ **Understand the components of a thorough investigation.**

OVERVIEW OF COMPLAINT PROGRAM

- ◆ **NYS receives approximately 12,000 calls per year.**
- ◆ **Approximately 9,000 calls will result in an intake to be investigated at the facility by Area Office Staff, or through the Offsite Complaint Investigation Unit (CRU).**
- ◆ **Over 50% of all intakes require investigation by Area Office Staff at the facility, resulting in over 3,600 complaint surveys per year.**
- ◆ **The focus is on regulatory compliance and facility culpability to substantiate complaints.**
- ◆ **Over 8% of all intakes investigated onsite result in a SOD.**

IMPROVING PERFORMANCE

Actions Leaders Should Consider:

- ◆ Identify potential hazards and risks.
- ◆ Identify interventions to reduce identified hazards and risks.
- ◆ Conduct a pilot study to ensure effectiveness.
- ◆ Mentor staff through training.
- ◆ Evaluate and Document!

Abuse Prevention

Facilities are strongly encouraged to review with staff the Abuse Prohibition Protocols & the 7 areas covered as outlined by the CMS Abuse Prohibition Protocol.

1. Screening
2. Training
3. Identification
4. Resident Protection
5. Investigation
6. Report/Response
7. Prevention

IMPROVING PERFORMANCE

Back to Basics

- ◆ Enhance communications to all staff.
- ◆ Provide adequate supervision.
- ◆ Engage staff in the quality process.
- ◆ Ensure the correct system is in place and communicated to staff.
- ◆ Educate, Educate, Educate.



DRS Updates

DRS Supports Person Centered Care

- ◆ **Key is involving the resident, family and the staff who care for the resident.**
- ◆ **Review resident care systems and daily routines.**
- ◆ **Focus efforts on identifying needs, interests, lifestyle, preferences, choices, and abilities and strengths of residents.**
- ◆ **Help staff recognize the value of person centered care.**

DRS Person Centered Care

- ◆ **DRS staff participate on Person Centered Care Committee with Provider Associations.**
- ◆ **Learning together by sharing joint education seminars.**
- ◆ **Using critical thinking to dispel myths and promote collaboration.**
- ◆ **Building communication between nursing homes and Regional Offices.**
- ◆ **Surveyors are looking for the documentation that the resident, family and the staff who care for the residents are included in planning, education and monitoring.**

PRESSURE ULCER OVERVIEW

- ◆ **The percent of high-risk residents with pressure ulcers varied widely by region. Overall, the pressure ulcer rates by office for NYS ranged from 10.4% to 15.6%.**
- ◆ **CMS has set the pressure ulcer rates for NYS to be less than 8.6%.**
- ◆ **The initiative to reduce pressure ulcer rates is a shared goal: state, federal, provider associations and providers.**

Move That Rate!

- ◆ **Formed the Pressure Ulcer Initiative.**
- ◆ **Included Healthcare Partners from across the continuum.**
- ◆ **Provided training on building a strong Collaborative.**
- ◆ **Built Awareness with Healthcare Partners across the continuum.**
- ◆ **Shared Best Practices.**

Pressure Ulcer Initiative Promoting Gold Standards

Defining the *Gold STAMP* Program
for Skin Care in New York State:



Success Through:

- ◆ ***Assessment***
- ◆ ***Management***
- ◆ ***Prevention***

Gold STAMP Goals

- ◆ **Provide Information and Education.**
- ◆ **Promote Collaboration and Communication.**
- ◆ **Provide Strategic Direction and Support for Performance Measurement.**
- ◆ **Ensure Care Transitions.**



DRS Next Steps

CMS Automatic Sprinkler System

- ◆ Amendment of federal regulations regarding nursing home fire safety requirements.
- ◆ Installation must be in accordance with the 1999 edition of NFPA 13, *Standard for the Installation of Sprinkler Systems*.
- ◆ Compliance must occur no later than August 13, 2013.
- ◆ CON applications requested by January 1, 2011.
- ◆ Questions regarding project application should be directed to the Bureau of Project Management at (518) 402-0911.
- ◆ Questions regarding the regulatory requirements should be directed to David A. Brusio at (518) 408-1282.

QIS Implementation

- ◆ CMS Requirement
- ◆ NYS Assigned August 2010 Start Date
- ◆ Statewide Implementation Within 3 Years
- ◆ All Surveyors Must Be Trained

QIS Change Management

◆ State Level

- ◆ Computerization**

- ◆ Extensive Training Required**

- ◆ Prescriptive System**

◆ Provider Level

- ◆ Initially Length of Survey Extended**

- ◆ Nationally Higher Citation Rates**

QIS Rollout

- ◆ **First Round (Aug. 2010)**
 - ◆ Buffalo and New Rochelle
 - ◆ Expanded to Rochester
- ◆ **Second Round (Jan. 2011)**
 - ◆ MARO (NYC and Long Island)
- ◆ **Third Round (Apr. 2011)**
 - ◆ Capitol District

- ◆ **To date, 31 Registered QIS Surveyors and 3 Certified QIS Trainers**

- ◆ **Over 35 Surveys of Record**

QIS Implementation 2nd Round

- ◆ **CMS Sponsored 2nd Round of Training**
- ◆ **Started January 2011**
- ◆ **MARO Region with Teams From NYC and Long Island**
- ◆ **10 Surveyors**
- ◆ **4 QIS Trainers**

QIS Change Management

- ◆ **Learn More About QIS**
- ◆ **Volunteer for Mock Site**
- ◆ **Be Prepared For Survey On-site Needs**
 - ◆ **Alpha Listing of Current Census**
 - ◆ **New Admissions in Last 30 Days**
 - ◆ **Consistent Weight Tracking Record (day, month, yr)**

QIS Provider Preparation

- ◆ **Learn More About QIS**
- ◆ **Volunteer for Mock Site**
- ◆ **Be Prepared For Survey On-site**
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Affordable Care Act

- **Themes of Quality Care in Recent Legislation include:**
 - **Prevention provides quality;**
 - **Transparency in areas affecting quality;**
 - **Accountability for quality and outcomes;**
 - **Quality Improvement across the board; &**
 - **Workforce Development.**

Skilled Nursing Facility Reform

◆ Upcoming Initiatives:

- ◆ IIDR – Independent informal dispute resolution.
- ◆ New Interpretive Guidance – Feeding Tubes, End of Life Care, & Advance Directives.
- ◆ MDS 3.0 (lag in QI/QMs).
- ◆ Disclosure of Ownership.
- ◆ Notification of NH Closure
- ◆ QAPI
- ◆ Civil Money Penalties – (CMPs)

NQF Endorses 21 Measures for Nursing Homes

- **Physical therapy or nursing rehabilitation/restorative care for long-stay patients with new balance problem (RAND)**
- **% of residents experiencing one or more falls with major injury (long stay) (CMS)**
- **% of residents on a scheduled pain medication regimen on admission who report a decrease in pain intensity or frequency (short stay) (CMS)**
- **% of residents who self-report moderate to severe pain (short stay) (CMS)**
- **% of residents who self-report moderate to severe pain (long stay) (CMS)**
- **% of residents with pressure ulcers that are new or worsened (short stay) (CMS)**
- **% of high-risk residents with pressure ulcers (long stay) (CMS)**
- **% of residents assessed and appropriately given the seasonal influenza vaccine during the flu season (short stay) (CMS)**
- **% of residents assessed and appropriately given the seasonal influenza vaccine (long stay) (CMS)**
- **% of residents assessed and appropriately given the pneumococcal vaccine (short stay) (CMS)**
- **% of residents assessed and appropriately given the pneumococcal vaccine (long stay) (CMS)**

NQF Endorses 21 Measures for Nursing Homes (Continued)

- % of residents with a urinary tract infection (long stay) (CMS)
- % of low-risk residents who lose control of their bowels or bladder (long stay) (CMS)
- % of residents who have/had a catheter inserted and left in their bladder (long stay) (CMS)
- % of residents who were physically restrained (long stay) (CMS)
- % of residents whose need for help with activities of daily living has increased (long stay) (CMS)
- % of residents who lose too much weight (long stay) (CMS)
- % of residents who have depressive symptoms (long stay) (CMS)
- Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Discharged Resident Instrument (ARHQ)
- Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Long-Stay Resident Instrument (ARHQ)
- Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Family Member Instrument (ARHQ)

Ongoing Efforts To Improve Quality

Ensuring the survey has an impact on sustainable improvement in performance

- ◆ **Increasing CMS designation as a Special Focus Facilities (SFF).**
- ◆ **Working with Nursing Homes that have repeat deficiencies and/or serious conditions.**
- ◆ **Expanding use of Directed Plans of Corrections as an improvement tool.**
- ◆ **Holding Leaders Accountable.**

Working Together to Improve Quality

Collaboration with Partners

- ◆ **Build Strong Communications with your Regional Office.**
- ◆ **Collaborate with NYS Ombudsman Program.**
- ◆ **Expand Emergency Preparedness:**
 - ◆ **Evacuation Plans**
 - ◆ **Surge Planning**

Thank You!

Questions?

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