1, 2, 3 ... The Final Phase is Near

Lisa Thomson
Chief Strategy and Marketing Officer

Consulting | Talent | Training | Resources

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I have commercial interests in the following organization(s):
Pathway Health Services

List the Name of Your Employer:
- Lisa Thomson
- Pathway Health Services

Pathway Health is a professional management and consulting organization serving clients in the long-term and post-acute care industry.

Objectives

- Identify skilled nursing facility requirements of participation for Phase 3
- Understand necessary training for Phase 3 for direct caregivers and management
- Apply concepts learned and individualize sample resources provided to aid in the development of necessary policies, training, and tools
- Develop a plan for the next year to fully implement Phase 3
Phase 3
Prepare | Plan | Implement

Phase 3 Intent
Completes the final phase implementation of the BoP for Skilled Nursing Facilities/NFs
Updates and reorganization of the new requirements are viewed as necessary to reflect current standards of practice
Goal is to improve care and reduce negative outcomes
F 659
Care Planning

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.

F 659 – Comprehensive Resident Centered Care Plans

• (i) Be provided by qualified persons in accordance with each resident’s written plan of care.

• (ii) Be culturally-competent and trauma-informed
Care Planning

Phase 3 Expectations

- Comprehensive Resident Centered Care Plans must be
- Culturally Competent
- Trauma Informed

Definitions

- Competency
  "A measurable pattern of knowledge, skills, abilities, behaviors and other characteristics needed to perform work roles or occupational functions successfully"

- Cultural Competency
  "Helps staff communicate effectively with residents and their families, helps provide care that is appropriate to the culture and the individual, also known as cultural responsiveness, awareness and sensitivity... it is a set of behaviors and attitudes held by clinicians allowing effective communication with various cultures and backgrounds"

Care Plan Example

- Adapting Care to patients cultural needs and preferences:
  - Cultural assessment forms care plan foundation
  - Cultural beliefs
  - Values
  - Practices
Care Plan Example

Muslim resident
- Islamic faith and beliefs
- Need for modesty and privacy
- Appropriate use of touch
- Respect for personal space
- Dietary requirements
- Medication use
- Treatment requirements and wishes
- Refusal of care guidelines

Quality of Care

F999 – Trauma Informed Care
- Residents who are trauma survivors receive culturally competent, trauma-informed care
- Professional standards of practice
- Eliminate or mitigate triggers that may cause re-traumatization of the resident.

https://www.samhsa.gov/

Trauma Informed Care
- 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
- 11/28/19

https://www.samhsa.gov/
Care Planning

Trauma Informed Approach to Care Planning

- Trauma screening and assessment
- Trauma specific interventions
- If not available within the organization, have an effective referral system to connect individuals and families with appropriate treatment
- Evidence based

Trauma is:
- Widespread
- Harmful
- Costly
- Public Health Problem

Results from:
- Abuse
- Neglect
- Loss
- Disaster
- War
- Other harmful experiences
## Concepts of Trauma

Individual trauma results from:

- an event
- a series of events
- a set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being

## Principles of Trauma Informed Care

- Safety
- Trustworthy and Transparency
- Peer Support and Mutual Self-Help
- Collaboration and Mutuality
- Empowerment Voice Choice
- Cultural Historical Gender issues

## Trauma Informed Care

- It is common, 50% of people report a history of trauma!

- First screen to determine if the person has a history of trauma
- If yes, do they have trauma-related symptoms?
- A positive screen only indicates that further evaluation is warranted
- Positive screen does not indicate a disorder actually exists
- Negative screens do not necessarily mean there are no symptoms
- Why we screen
  - To identify stress symptoms
  - Prevents misdiagnosis
  - Prevents inappropriate treatment planning
Domains to Screen

- Trauma-related symptoms
- Depressive or dissociative symptoms
- Sleep disturbances
- Intrusive experiences
- Past and present mental health disorders
- Severity or characteristics of a specific trauma
- Substance Use
- Social support and coping styles
- Availability of resources
- Risk for self-harm, suicide, and violence
- Health screenings

Leaders Guide

Cultural Competence
What is Culture?

- Ethnicity
- Life Experiences
- Religion
- Age
- Parental Orientation
- Race

Having Cultural Competence

- Have an awareness of one’s own cultural identity and views about difference
- The ability to learn and build on varying cultural and community norms
- The ability to interact effectively with people of different cultures
- To be respectful and responsive to health beliefs and practices
- Understand cultural and linguistic needs of diverse population groups.

Increasing Cultural Competence

1. Recognize that culture extends beyond skin color
2. Find out each resident’s cultural background
3. Determine your cultural effectiveness
4. Make your residents feel “at home”
5. Conduct culturally sensitive evaluations
6. Elicit resident expectations and preferences
7. Understand your cultural identity

https://www.mdedge.com/psychiatry/article/59732/7-ways-improve-cultural-competence
Core Competency Development

- Self-Awareness
- Cross-Culture Knowledge
- Health Literacy
- Delivery of Care
- Advocacy

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Competency
Nursing Services

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F726 – Competent Nursing Staff

INTENT
Nursing staff possess:
Competencies
Skill sets necessary
Sufficient Staff

33
Competency

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.

Competencies listed in SOM

- Preventing and reporting abuse, neglect, and exploitation
- Dementia management
- Infection Control
- Competencies related to an approved nurse aide training and evaluation program
- Medication management
- Change in condition
- Resident rights
- Person-centered care
- Communication
- Basic nursing skills
- Basic restorative services
- Skin and wound care
- Pain management
- Cultural competency
Change in Condition

- Competency is a nurse’s ability to identify and address a resident’s change in condition
- Promptly identify changes
- Effective interventions to address

Available Tools

Detecting and communicating a change in condition

AHRQ – Agency for Health Care Research and Quality

INTERACT®
http://www.pathway-interact.com/
Behavioral Health Services

- 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.

Individual Professional Resident Outcomes

Mandatory

- Identify Gaps
- Determine Competencies Needed
- Develop Education
- Evaluate

Knows (Knowledge)
Knows How (Competency)

Does (Action) understands how (performance)
Competent and Sufficient Staff

- Leadership Strategies:
  - Monthly Staff Deployment Meeting
    - Review the overall staffing
      - Behavioral Health
      - Dietary
      - Nursing
  - Attendees
  - Potential Subjects
Governing Body
Intention
Active (engaged and involved) governing body
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.

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:
- Licensed by the State, where licensing is required
- Responsible for management of the facility
- Reports to and is accountable to the governing body
- The governing body is responsible and accountable for the QAPI program
- Governing body responsibility of QAPI program will be implemented beginning November 28, 2019 (Phase 3)
Facility must determine:
• NHA reports and reporting to Governing Body
• Method of Communication
• NHA Accountability
• NHA and GB Involvement in Facility Assessment

Quality Assurance Performance Improvement

QAPI

<table>
<thead>
<tr>
<th>QUALITY ASSURANCE</th>
<th>PERFORMANCE IMPROVEMENT</th>
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<tr>
<td>Motivation</td>
<td>Measuring compliance with standards</td>
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<td>Means</td>
<td>Inspection</td>
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<td>Attitude</td>
<td>Required, reactive</td>
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<td>Focus</td>
<td>Culture: “Bad apple”</td>
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<tr>
<td>Scope</td>
<td>Medical provider</td>
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<td>Responsibility</td>
<td>Team</td>
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The chart was adapted from the Health Resources and Services Administration (HRSA)1
F865 – QAPI Program/Plan, Disclosure, Good Faith Attempt

INTENT

Describes the process for conducting QAPI/QAA activities, such as identifying and correcting quality deficiencies as well as opportunities for improvement.

QAPI

Disclosure of Information and Good Faith Attempts

- The survey process - objective assessment of facility compliance with the requirements of participation
- Guided by facility performance and outcomes
- The surveyor task - review the QAPI Plan and QAA
- Occur at the end of the survey
- Ensure that concerns are identified by the survey team independent of the QAPI Plan and QAA review.

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.
QAPI - F867

F867 - Program systematic analysis and systemic action
- Policies and procedures
- Actions aimed at performance improvement
- Implement corrective actions
- Measure success
- Track performance
- System wide action

Infection Control
Phase 3

Infection Preventionist
- IP Requirements:
  - Professional background
  - Qualifications
  - Work (PTE)
  - Specialized training
  - QAA Committee
  - Report to Committee
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

Purpose

Reduce the prospect of violations
Required for all buildings

- Established written compliance and ethics:
- Standards
- Policies and procedures
- Reduce

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Other F Tags

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
General Training Requirements

F 940

To ensure any training needs are met for:
- New Staff
- Existing Staff
- Individuals providing services under a contractual arrangement
- Volunteers

F941 – Communication Training
- Mandatory training for direct care staff

F942 – Resident Rights Training
- Rights of the resident
- Facility responsibilities
- Staff responsibilities
Training Requirements

F944 – QAPI Training
A 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.

F946 – Compliance and Ethics Training
Mandatory Training
- Communicate the program’s standards, policies
- Annual training

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

- Consistent with their expected job roles
- What policies are required
- Review job descriptions
- Do they meet professional standards of practice?

Competency Based Training Program

- Evaluates current staff training program to ensure competencies
- Identifies gaps in education that may contribute to poor outcomes
- Outlines what education is needed based on resident population
- Delineates what specific training is needed based on facility assessment
- Details the tracking system used to ensure competency program is assessing, planning, implementing, and evaluating effectiveness of training
- Ensures the competency training is not limited to online computer-based but also test for critical thinking skills as well as the ability to manage care in complex environments with multiple interruptions
Leadership Knowledge Check

- Phase 3 – Understanding and Overview
  - Key process and system changes
  - Professional development plan for management
- Cultural competency
- Trauma Informed Care
- Governing Body
  - Role and Responsibility
- Training

- QAPI – full implementation
- Infection Control and Prevention Program
- Program and Facility Assessment
- Staff Competency – required and based upon FA
- Preventionist role
- Compliance and Ethics
- Training Requirements – required and based upon FA
- Facility Training Program
Leadership Implementation Strategies

PATHWAYHEALTH Insight | Expertise | Knowledge

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<tr>
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• Review each of the F-tags in the Requirements of Participation for Phase III in the CMS State Operations Manual, Guidance to Surveyors for Long Term Care Facilities, Appendix PP
• Develop an Interdisciplinary Team
• Educate the Team that will be developing your systems to meet the new requirements
Strategies

- Develop Policies, Procedures and Systems using best practices and compliance resources
- Educate your entire team including verification of competency
- Audit your systems for compliance and quality

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

Strategies

- 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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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

(QCOR) Quality, Certification, and Oversight Reports (as of 2-2019)
https://qcor.cms.gov/report_select.jsp?which=0

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

The National Standards for Culturally and Linguistically appropriate Services in Health and Health Care (developed by the Office of Minority Health in HHS)

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