Requirements of Participation
Planning and Teamwork

Leadership Self Assessment

• Where are you on your journey?
• Do you have a workplan in place?
• Is your team on board?
• What resources have been valuable and what do you still need?
• How do you plan to measure your outcomes?
RoP Section Changes

- Basis & Scope (§483.1) Behavioral health services (§483.40)
- Pharmacy services (§483.45)
- Laboratory, radiology, and other diagnostic services (§483.50)
- Dental services (§483.55)
- Food & nutrition services (§483.60)
- Specialized rehabilitative services (§483.65)
- Administration (§483.70)
- Quality assurance and performance improvement (§483.75)
- Infection control (§483.80)
- Compliance and ethics (§483.85)
- Physical environment (§483.90)
- Training requirements (§483.95)
- Definitions (§483.5)
- Resident Rights (§483.10)
- Abuse & neglect, (§483.12)
- Admission, transfer, and discharge rights (§483.15)
- Resident assessment (§483.20)
- Comprehensive person centered Care planning (§483.21)
- Quality of life (§483.24)
- Quality of care §483.25)
- Physician services (§483.30)
- Nursing services (§483.35)
- Red Txt = new sections or completely rewritten sections.
Themes in the Rule

• Person-Centered Care
  – Greater involvement of person (and their representative)
  – More notifications

  ▪ Monitoring
    ▪ Staff competencies
    ▪ Adverse events
    ▪ Medication prescribing

  ▪ Alignment of resources with patient needs

• Changing Patient Population
  – Increasing acuity and behavioral health
Purpose & Intent Should Guide Your Implementation

• Mindset will drive how well you comply with the new requirements

• Two philosophical Approaches
  – practice to the regulation vs.
  – practice to the purpose and intent
Phase II Begins ... November 2017

- Facility Assessments
- Competencies
- QAPI
- Infection control
- New survey Process
The facility must conduct and document a facility wide assessment to determine what resources are necessary to care for its residents competently during both day-day operations and emergencies.

Goal:
- To determine staffing requirements
- Establishing the facility QAPI program
- Conducting emergency preparedness planning

When does this need to be done? Starts November 28, 2017. How often is it required? Initial assessment and updates as needed but at least annually.
The Facility Assessment Will Address:

1. The Facility’s Residents population:

- # of residents and SNF resident capacity
- The care required related to diseases, physical and cognitive disabilities, overall acuity, and other pertinent factors
- Staff competencies
- Physical environment, equipment and services and other plant consideration for the population
- Any ethnic, cultural or religious factors that may affect the care of the residents i.e., nutrition, activities
The Facility Assessment Will Address....

2. Then facilities resources:
   - All buildings and/or physical structures and vehicles
   - Equipment: medical and non medical
   - Services provide i.e. physical, occupational, respiratory, therapies, pharmacy
   - All personnel, including managers, staff (including contract staff), volunteers as well as their education and competencies related to resident care
   - Contract, memorandums of understanding or other agreements with third parties to provide services or equipment during regular or emergency operations
   - HIT resources such as EMR and electronic sharing of information with other organizations

3. A facility based and community risk assessment, utilizing all hazards approach
Competencies
Intent & Purpose

• Centers need to ensure all staff have the skills and competencies they need to provide effective, person centered care

Competencies Defined

• “An expected level of performance that integrates knowledge, skills, abilities and judgement.” (ANA 2008)
Guiding Principles

• Based on your Facility Assessment
• Tie your competencies to your mission
• Take the KSA Approach (knowledge, skill and attitude) within your competencies program
Helpful Hints

• Link competencies to resident population, acuity and diagnosis
• Build on experience, certification and education
• Ensure competencies are job and team specific
• Involve key people and ask for input
• Competency Assessment/Verification
• Remember contract staff
• Identify any potential gaps in care delivery
Reviewing Your Competency Process

- What competencies do you assess?
- Are they core & job specific?
- How often, what methods are used & who assesses?
- How do you document?
- What’s working well and what isn’t?
- How do you promote accountability for competencies?
- Does your process incorporate cultural competency & person centered care?
Methods for Evaluating Competencies

• Self–assessment
• Observation of daily practices
• Peer review
• Return demonstration
• Interactive scenarios or role play
• Competency fair
• Checklists (procedures)
• Pre and Post tests
Ready, Set, Go

• Complete facility assessment
• Identify Specific competencies
• Review current procedures and education
• Revise or develop list of competencies & review annually
• Action Plan
• Monitor & report quarterly QAPI
• Record in personnel file
Resources

• Webinars
• Video links (Nursing Schools)
• Procedural manuals
• Sim Labs

* Look for current evidence based resources
NYSHFA/NYSCAL Website

- Tools/Resources
- NYSHFA’s Starter Competency Tool Kit
  https://www.youtube.com/watch?v=sI15riHZlEc
  (Arkansas Tech University Nursing Program)
QAPI: Quality Assurance and Performance Improvement

• How are you doing with your program development?

• What resources are you using?

• This is what we have seen recently........
So Begin Now or Continue Your Journey
QAPI Program: 483.75
Resource:
QIO: Lake Superior QIN’s QAPI Written
Plan How-To Guide
www.lsqaui.org

The Key steps are as follows:

Purpose of your plan
1. Identifying a clear vision, mission and guiding principles
   Then Write the purpose of your SNF’s QAPI Plan

Scope
2. List your services provided to residents
3. Describe how your QAPI plan will Address Key Items
4. Integrate your current QA Activities
5. Use the best available Evidence
QAPI Program (Cont’d)

Guidelines for Governance and Leadership

6. Responsibility & Accountability
7. How QAPI will be financed
8. QAPI training/orientation
9. Framework for QAPI
10. Reporting to governing body
11. Non Punitive Culture
QAPI Program (Cont’d)

Feedback, Data Systems and Monitoring

12. Identify Data sources to analyze performance
13. Identify data sources to assess risk
14. Identify Data sources to collect feedback/input

Performance Improvement Projects

15. Describe how your will conduct PIP
16. Describe how Potential topics for PIPs will be identified
17. Criteria for prioritizing and selecting PIP
QAPI Program (Cont’d)

18. How will PIP charters be developed

19. Team development for the PIP

20. Documentation and communication processes for the PIP

Another good resource:

New Survey Process

• Training starts this summer

• Requested transparent training with surveyors and providers

• Combination of standard survey and QIS processes

• Implementation this fall
Pssst! Hey kid! Wanna be a Superbug...?
Stick some of this into your genome...
Even penicillin won't be able to harm you...

It was on a short-cut through the hospital kitchens that Albert was first approached by a member of the Antibiotic Resistance.
Your Facility Assessment Ties Into Your Surveillance Program
AHCA Initiatives with CMS
Discussions Related to IJ/CMP with David Wright

• De – Emphasize Per-Diem CMPs for Retroactive Deficiencies
• Further Define Immediate Jeopardy
• Allow Opportunity to Correct Deficiencies
• Remove CMP with Facility Evidence
• Timeliness of Process/Delayed Notification of a Finding with a CMP
• State Recommendation of Remedies and RO Role
• Ban on Operating a Nurse Aid Training Program
AHCA Call to ACTION:
Requirements of Participation

Specific ROP Categories of Concern:

• Timeframes and Cost Associated with Conducting Assessments and Building Programs:
  – Facility Assessment
  – QAPI Program
  – Infection Control/ Antibiotic Stewardship Programs
  – Behavioral Health

• New Survey Process Implementation

• Duplication of Reporting Requirements:
  – Injuries
  – Complaints
Initial Steps

Read the
– Final Rule Language (25 pg)
– AHCA Playbook
– RoP Overview Checklist
Questions

For more information contact:
Nancy Leveille, RN, MS
Executive Director, FQC
Nleveille@nyshfa.org  518-462-4800 X20

Lisa Volk, RN, B.P.S., LNHA
Director, Clinical and Quality Services, NYSHFA
Lvolk@nyshfa.org  518-462-4800 X15