Are You Ready for a Focused Survey?

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They Just Keep On Coming...

- May 24, 2013 S&C 13-35-NH
  Advanced Copy: Dementia Care in Nursing Homes: Clarification to Appendix P State Operations Manual (SOM) and Appendix PP in the SOM for F309 – Quality of Care and F329 – Unnecessary Drugs
- April 18, 2014 S&C 14-22-NH
  Focused Minimum Data Set (MDS) and Dementia Care Surveys
- October 31, 2014 S&C 15-06-NH
  Nationwide Expansion of Minimum Data Set (MDS) Focused Survey

They Just Keep On Coming...

- February 13, 2015 S&C 15-25-NH
  MDS/Staffing Focused Surveys Update
- March 27, 2015 S&C 15-31-NH
  2014 Final Report and 2015 Expansion Project – CMS Focused Dementia Care Survey Pilot
- July 17, 2015 S&C 15-47-NH
  Medication – Related Adverse Events in Nursing Homes
- ?????

OFFICE OF INSPECTOR GENERAL

- February 2013: Skilled Nursing Facilities Often Fail to Meet Care Planning and Discharge Planning Requirements
- Findings
  - 37% of stays SNFs did not develop care plans that met requirements or did not provide services in accordance with care plans
  - 31% of stays SNFs did not meet discharge planning requirements
  - Medicare paid approximately $5.1 billion for stays in which SNFs did not meet these quality of care requirements

Payments and Quality of Care Other Recent Studies

- 2006-2008
  - SNFs increasingly billed for higher paying categories, even though beneficiary characteristics remained largely unchanged
  - 5 facilities did not provide adequate staffing and services to beneficiaries, resulting in beneficiaries’ developing pressure ulcers, malnutrition, dehydration, and side effects from not receiving medications (Department of Justice [DOJ] and Cathedral Rock 2010)
- 2009
  - SNFs billed one quarter of claims in error in 2009, resulting in $1.5 billion in inappropriate Medicare payments
OIG Recommendations

- Strengthen the regulations on care planning and discharge planning
- Provide guidance to SNFs to improve care planning and discharge planning
- Increase surveyor efforts to identify SNFs that do not meet care planning and discharge planning requirements and to hold these SNFs accountable
- Link payments to meeting quality of care requirements
- Follow up on the SNFs that failed to meet care planning and discharge planning requirements

OIG Recommendations to CMS

- Strengthen the regulations on care planning and discharge planning to reflect current standards of practice
  - Documentation of services provided including why services were not provided or why it was not care planned (as noted in the Care Area Assessment [CAA])
  - Discharge planning be interdisciplinary team, including a physician
- CMS response: concurred and is conducting a comprehensive review of participation requirements; Reaching out to stakeholders for public input

OIG Recommendations to CMS

- Provide guidance to SNFs to improve care planning and discharge planning
  - Reiterate and expand on the care planning discharge planning requirements
  - Care Planning: addressing problem areas identified in the assessment, must be customized and include measurable objectives and time frames; should be based interdisciplinary team member communication and not viewed as a “documentation exercise”
  - Discharge Planning: discharge summary needs to provide an adequate clinical picture of the beneficiary and individualized care instructions, care coordination and safe transition
- CMS concurred: Quality Improvement Organizations (QIO) are enrolling facilities to improve the overall quality of care with one item focusing on care planning

OIG Recommendations to CMS

- Increase surveyor efforts to identify SNFs that do not meet care planning and discharge planning requirements and to hold these SNFs accountable
  - CMS should increase surveyor efforts to make SNFs more accountable
  - Provide surveyors with detailed guidance to improve the detection of noncompliance, particularly discharge planning (revise interpretive guidelines and train surveyors and cite facilities for non compliance)
- CMS concurred: will consider ways to increase oversight of care planning and discharge planning; will review current citations for improvement and enforcement efforts

OIG Recommendations to CMS

- Link payments to meeting Quality of Care Requirements
  - CMS should link SNF payments more closely to meeting the Quality of Care Requirements
  - Example: CMS could incorporate quality measures for care planning and discharge planning in its SNF Value-Based Purchasing program
- CMS concurred and will consider incorporating care planning and discharge planning in future nursing home demonstrations

OIG Recommendations to CMS

- Follow up on the SNFs that failed to meet care planning and discharge planning requirements
  - OIG will provide CMS with list of SNFs that failed care planning and discharge planning requirements or provided poor quality of care
  - It may indicate a wider problem in the facility
- CMS concurred: will analyze the survey data and determine appropriate methods to strengthen enforcement of CMS requirements
MDS Focused Surveys

- FY 2014 Pilot Surveys
  - 5 volunteer states
    - Maryland
    - Pennsylvania
    - Virginia
    - Illinois
    - Minnesota

MDS Focused Surveys Pilot

- Each state completed five surveys
  - Conducted over approximately two days
- CMS reported relatively high levels of compliance in nurse assessment coordination and timing requirements
- Specific areas of the assessments showed discrepancies

Discrepancies

<table>
<thead>
<tr>
<th>MDS Assessment reviewed for:</th>
<th>% showing disagreement between MDS and chart:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls with major injury</td>
<td>25.5%</td>
</tr>
<tr>
<td>Stage of pressure ulcers</td>
<td>18.3%</td>
</tr>
<tr>
<td>Urinary tract infections (UTI)</td>
<td>17.6%</td>
</tr>
<tr>
<td>Use of restraints</td>
<td>17.0%</td>
</tr>
<tr>
<td>Neurogenic bladder diagnoses</td>
<td>15.9%</td>
</tr>
<tr>
<td>Late loss ADLs</td>
<td>15.4%</td>
</tr>
</tbody>
</table>

Discrepancies

- Other, lesser discrepancies, but with potential for negative outcomes:
  - Accurate reflection of status for residents using antipsychotics
  - Accurate reflection of status for individuals with indwelling catheters

MDS Focused Surveys

- MDS Related Tags
  - F272 Comprehensive Care Plans
  - F273 Comprehensive Assessment 14 days after admission
  - F274 Comprehensive Assessment after significant change
  - F275 Comprehensive Assessment at least every 12 months

MDS Focused Surveys

- F 276 Quarterly Assessment at least every 3 months
- F278 Assessment Accuracy/Coordinated/Certified
- F279 Develop Comprehensive Care Plans
- F 280 Right to Participate Planning Care- Revise CP
- F286 Maintain 15 months of Resident Instruments
- F287 Encoding/Transmitting Resident Assessment
**Nursing Home Staffing**

- Assess accuracy of information on staffing
- Only collected on the annual survey
- No information of how staffing levels may fluctuate
- Will assess the staffing levels during the MDS-focused surveys

**Focused Surveys**

- To begin in early FY 2015
- To be completed by September 30, 2015
- CMS, with state input, will determine homes to be surveyed
- CMS developed survey protocol and tools for the states to use

**State Agencies**

- MDS/Staffing focused surveys will vary from state to state
- States will be expected to allocate at least 3 surveyors for each survey
  - At least one of the onsite surveyors must be a Registered Nurse
- Surveys will require and estimated 2 days on average
- Surveyors will complete and submit post survey information to CMS

**Training**

- States divided into two groups for training
- Missouri was in second group
- Mandatory half day, web-based training for State Agency staff conducting surveys
- CMS providing support necessary to conduct surveys
- In addition, CMS may work with a contractor to supplement States’ efforts to conduct surveys (S&C 15-25-NH February 13, 2015)

**Enforcement Implications**

- Inaccuracies and insufficient staffing noted during the survey will result in relevant citations
  - Including those related to quality of care and or life, or nursing services
- The concerns may be cited or referred to the Survey Agency as a complaint for further review

**Focused Surveys**

- Do not impact the standard survey cycle
- If deficient practices are found:
  - Statement of deficiencies will be issued
  - Plan of correction will be required
- An exit conference will be conducted at the conclusion of the survey
Focused Surveys

- There will be information required immediately when surveyors enter building:
  - Resident census sheet
  - Computer access
  - Floor plan
  - Admission/Readmission records for last 90 days
  - Identification of a Wound Care Nurse
  - Identification of person responsible for staffing

Focused Surveys

- Provide within one hour:
  - Completed worksheet and admission/readmission data
  - A list of key personnel and their location and extension

Focused Surveys

- Within 24 hours:
  - Completed Medicare Medicaid application (Form CMS 671)
- Upon request:
  - Any additional paperwork requested by surveyors

Focused Surveys

- Surveyors will need access to:
  - MDS Assessments
  - Documentation to support coding
  - Computer(s) if electronic health records implemented
- They will observe resident care

Focus Areas

- Pressure Ulcers
- Indwelling catheters
- Restraints (other than side rails)
- Urinary Tract Infections
- Antipsychotics Medications
- Residents who fell in the last 12 months
  - Date of fall
  - Resulting injury

Pressure Ulcers

- Does the wound report match the MDS?
- Does the MDS accurately reflect
  - Tissue injury
  - Pressure ulcers that have worsened
  - Debrided ulcers vs surgical closing
- Proper documentation on why it is not a pressure ulcers of a bony prominence
Indwelling Catheters

- Includes all types of catheters that drain urine from the body
- Urethral
- Suprapubic
- Nephrostomy
- Medical diagnosis to support the need
- Appropriately care planned
- Proper care provided

Restraints

- Evaluate all devices for their restraining effect and impact on the resident
- How did you determine if it was or was not a restraint?
  - Device Decision Guide
- Was the family/resident educated on risk and benefits?
- Do you have necessary documentation required for restraint use?
- Do you have documentation showing restraint reduction attempts, what has worked, what has failed?

Urinary Tract Infections

- 30 day look back on MDS
- Chart must include all for components to mark it on MDS
- Diagnosis (Physician or NP)
- Documented signs and symptoms
  - Fever
  - Painful urination
  - Pain
  - Confusion or change in mental status
  - Change in character of urine
- Significant lab findings - determined by prescriber
- Current treatment

Antipsychotics

- Medications coded according to pharmacological classification
  - Coded appropriately in Section N
- Included if given in last seven days
- What non-pharmacologic interventions have been attempted and are care planned
- GDR attempts
  - Physician documentation

Falls

- Definition:
  - Unintentional change in position coming to rest on the ground, floor, or next lower surface
  - May be witnessed, reported by resident or identified by finding resident on floor or ground
  - May occur in any setting
  - Not a result of overwhelming force
  - If intercepted, is still considered a fall

J1800/J1900

- Code falls reported by the resident, family, or significant other even if not documented in the medical record
- Code the level of injury for each fall that occurred during the look-back period
- If the resident has multiple injuries, code for the highest level of injury
Falls

- Understand the difference between injury and major injury
- Injury includes:
  - Skin tears
  - Abrasions
  - Lacerations
  - Superficial bruises
  - Hematomas
  - Sprains
    - Any fall related injury that causes the resident pain
- Major injury includes:
  - Bone fractures
  - Joint dislocations
  - Closed head injuries with altered consciousness
  - Subdural hematoma

Dementia Focused Survey

- CMS piloted in 2014
- Expanding to more states, including Missouri
- More intensive effort to improve surveyor effectiveness in identifying poor dementia care and overuse of antipsychotic medications
- CMS launched National Partnership to Improve Dementia Care
  - Goal: reduce antipsychotic medication use in LTC
  - 2014 Late CY 19.4% reduction across U.S.
  - 2016 Goal is 30% reduction
- February 13, 2015 CMS added two measure of antipsychotic use to algorithm used to calculate QM scores in 5 Star system
  - Short stay
    - Resident started on antipsychotic after initial assessment
  - Long stay
    - Resident receiving antipsychotic during target period

Dementia Focused Survey Pilot

- CY 2015 CMS expanding use of targeted Dementia Care Survey
- Piloted in 2014
- Goals:
  - Gain new insights into surveyor knowledge, skills, and attitudes
  - Identify ways the current survey process may be streamlined to efficiently and accurately identify and cite deficient practice
  - Recognize successful dementia care programs
- Five states volunteered
  - California
  - Minnesota
  - New York
  - Illinois
  - Louisiana
Dementia Focused Survey Pilot

- Pilot surveys conducted between July and September, 2014
- Four surveys each states plus one observation visit
- Subject matter expert accompanied each survey team

Dementia Focused Survey Pilot – Summary of Surveyor Feedback

- Dementia care focused survey was positive and valuable learning experience
- Many identified learning needs related to enforcement
  - Scope and severity
  - Basic dementia care practices
  - Prescribing practices
- Many wanted more training

Dementia Focused Survey Pilot – Summary of Surveyor Feedback

- Time intensive
- Need for a more detailed/focused survey but have concerns about time requirement compared to other tasks required on each survey
- Some suggested eliminating the closed record review
- Majority of surveyors believe more detailed evaluation of dementia care practices should be integrated into the annual survey process and suggested that focused survey should remain as a stand-alone to be conducted at the discretion of the SA or CMS

Survey Findings from CMS Form 2567

- Each state did an observation of a facility with a reputation for good dementia care and these were not intended to result in deficiency citations.
- Out of 20 surveys:
  - Three surveys had no deficiencies
    - Illinois – 1
    - Louisiana – 2
  - 16 of 20 surveys (80%) cited F309 Care of a Resident with Dementia or F329 Unnecessary Use of Medications
  - 11 of 20 (55%) cited with both
- Other common tags included:
  - F520 (Quality Assessment and Assurance)
  - F279 (Develop Comprehensive Care Plans)

Survey Findings from CMS Form 2567

- Out of 68 total deficiencies
  - Four cited at G level
    - Three in California
    - One in Illinois
  - Louisiana had four total out of four surveys
  - California had 21 total out of four surveys
  - This could represent differences in selection process, survey agencies, and staff knowledge and training

Next Steps

- CMS revised dementia focus survey process
- Will now be applied in both traditional and QIS states
- Will use streamlined version of worksheets and process during complaint surveys to evaluate integration of focus survey into SA activities
- Training and orientation being discussed
Dementia Focused Survey

- States, including Missouri, have volunteered for expanded surveys
- Generally
- 3-4 surveyors
- 1.5-2 days
- Could be incorporated into an extended or complaint survey process

Dementia Focused Survey

- CMS to provide criteria for determining facilities to be surveyed
- CMS will work with states to identify dementia care experts to accompany for the first survey when possible

Training

- CMS will provide web-based training
- CMS will be available to ongoing phone and email support while surveyors are conducting reviews

Deficiency Implications

- Deficient practices noted during the surveys will result in relevant citations.
- Additional concerns identified during on-site reviews will be investigated during the survey or will be referred to SA as a complaint for further review.

Focused Survey – Medication Safety Systems and Adverse Drug Event Trigger Tool

- February 2014 OIG released report "Adverse Events in Skilled Nursing Facilities: National Incidence Among Medicare Beneficiaries"
- One in three SNF residents harmed by an adverse event or temporary harm event within first 35 days of a SNF stay
- 37% related to medication

Focused Survey – Medication Safety Systems and Adverse Drug Event Trigger Tool

- Second most frequent cause of medication related adverse events was excessive bleeding related to anticoagulant use ranging from hospitalization to death.
Focused Survey – Medication Safety Systems

- CMS has begun pilot testing
- Looking at nursing home practice around high-risk and problem-prone medications like Coumadin
- Identify preventable adverse drug events that have or may occur
- Determine whether facilities identify residents’ risk factors for adverse events and implement individualized interventions
- Determine if the facility has implemented effective systems to prevent, recognize, and respond to adverse events

Adverse Drug Event Trigger Tool

- Collaboration between Agency for Healthcare Research and Quality (AHRQ) and OIG
- Use of draft tool not mandatory
- May aide surveyors in assessing compliance
- Providers may find it a valuable risk management tool

References

- Survey and Cert Memos
- Quality Measures

Questions?

- QIPMO
  - Jessica Mueller 573-882-0241
  - muellerjes@missouri.edu
  - www.nursinghomehelp.org

Thank You

Information From the Field

- A nursing home in Survey Region 6 had the first MDS focused survey in the state.
- They were very willing to share any information they could in order to help other homes.
Information From the Field

- Upon entry, the surveyors asked for:
  - Focused survey facility worksheet
  - Computer access
  - Floor plan
  - Admission/Readmission records
  - Person responsible for staffing
  - Policies related to MDS, staffing, and scheduling
  - List of key personal and contact information
  - Form 671

- The team consisted of three surveyors.
- Surveyors entered the building at 8 AM and exited at 6:30 PM for two days.
- The first day focused on observation:
  - The DON reported they seemed to observe anything that might have infection control, restraint, or dignity implications.
- The second day focused on reviewing care plans, MDSs, documentation, and talking with staff.

Information From the Field

- The home received three tags:
  - Depakote coded incorrectly as an antipsychotic
  - Catheter tubing on floor when resident up in wheelchair
  - Increased skin risk due to incontinence not care planned

- Two more homes were surveyed by two CMS surveyors from West Virginia in August.
- First item asked for was 18 months of staff posting.
- They toured the facility and jotted notes, did not ask for resident specific information.
- They then got access to computers and targeted residents and asked for records.

Information From the Field

- During the next two days, they observed:
  - Two-person resident transfer
  - Catheter care
  - Minimal amount of meal service/feeding assistance

- Many staff interviews:
  - How are care needs communicated
  - Training
    - Training materials used for anyone completing sections of the MDS.
### Information From the Field

- **Requested policies on**
  - Restraint use
  - Psychotropic medication use
  - Catheter use
  - UTIs
  - MDS and who completes each section

- **The goal was to complete the survey in two days.** One was, the other took an extra half day due to internet issues.
- **Staff reported the “surveyors were more open with identified problems that our own surveyors have been. They would discuss and recap at the end of the day.”**

### Information From the Field

- **The first exit was brief and they shared “areas of concern”**
  - 18 months of staff posting not retained
  - Dignity for one catheter bag not covered
  - Pain med not offered prior to treatment

- **MDS**
  - One diagnosis missing
  - Defined parameter mattress not coded as restraint
  - Pain not accurate
- **Care Plan**
  - Mattress not addressed
  - Pain not addressed

### Information From the Field

- **Second survey completed in two days**
- **Concerns identified**
  - Similar to first survey
  - Staff posting not at main entrance to facility
  - Catheter not secured with leg strap

- **Issues with MDS coding**
  - Restraints
  - Antipsychotics
  - Wounds
- **Care Plans lacking for**
  - restraints
  - wounds
A facility in Dallas had the first Texas Dementia Focused Survey in early July.
- Census = 86
- Persons with dementia = 20
- Home received 20 tags
- Administrator reported
  - 50% of survey directed at activities
  - 35% directed at social services
  - 15% directed at nursing

10 total surveyors
- 5 from CMS
- 5 from Texas survey agency
- Of the 10, 6 were there for observation and training only
- Lasted 2 days
  - 8 AM – 7 PM day 1
  - 8 AM – 3 PM day 2

Requested at entry
- List of all dementia residents with their diagnosis
  - 802/672
- Bath and meal times
- Care plans
  - ADL plan of care
  - Did CNAs know which residents had dementia
  - Heavy focus on BMs

Med pass times
- Policies and procedures relating to dementia residents
- Social Worker files
- Activity Director files
- Activity calendars
- Proof of dementia training for staff
- QA sign in page to see who attends meetings

Also requested
- Care plan meeting with at least one resident identified as having dementia
  - Medical director or personal physician
  - Psychologist
  - Psychiatrist
  - Pharmacy consultant
  - Family
  - Housekeeping
  - Dietary
  - Maintenance nurse aides

While there, they
- Watched baths
  - How do aides manage resistance
- Med pass
- Dining room
  - Are staff communicating with residents
  - Do aides tell residents why they were in dining room
  - One CNA did not explain why resident was being taken to dining room and they were cited
Information From the Field

- Reviewed psych consents and behavior monitoring sheets
  - Issue - not all listed the exact behaviors that were monitored
  - Forms not completely filled out
  - Wanted to know if staff, including leadership, new the resident’s behaviors

- Reviewed for proof that someone, not just consulting pharmacist, is tracking antipsychotics
- Reviewed for proof that there is a process for identifying opportunities for reduction
- Wanted to see tracking and trending

- Reviewed Social Service behavior assessments
- Reviewed weight loss
- Questioned if there were enough staff for 20 residents with dementia
  - Nurses
  - Activity staff

- Heavy focus on in-room activities
  - Care planned
    - There were three females in one room
    - Activity Director was playing music
    - Stated she was doing in-room activities
    - Care planned for two of the ladies, not the third - they were cited
  - Activities not performed as scheduled
    - One program not provided - they were cited

- Home like environment
  - One room with no pictures on wall
  - Roommate had just gone to hospital
  - Roommate on alternating pressure mattress
  - DMI picked mattress up
  - No pictures on wall, not mattress on bed = not home like - they were cited

- Watched peri-care
  - One resident mentioned pain while CNA doing peri-care
    - Did not immediately notify nurse
  - Another resident in bed 3 hours
    - Given peri-care before getting ready for meal
    - Forgot to put cushion in wheelchair – they were cited under Quality of Care-pressure ulcers and provision of services
Information From the Field

- Reviewed every MDS
- Closely monitored if diagnoses in chart (within last 60 days) matched diagnoses on MDS

Information From the Field

- Four surveyors interviewed Administrator
  - How are policies and procedures developed
  - What type of guidelines are used
  - Administrator said they strongly favored the Alzheimer guidelines
  - How do you know your dementia residents are being cared for adequately

Information From the Field

- Ten surveyors interviewed the DON
  - Asked specific questions about each of the 20 residents regarding
    - Care provided
    - Pressure ulcers
    - Peri-care
    - ADLs
    - Meds
    - How do the aides communicate with the residents

Information From the Field

- Tags
  - F 248 Activities not provided as stated – one program not performed as stated on calendar
  - F 252 Home-like environment
  - F 241 Dignity – dining room incident
  - F329 Unnecessary Drugs

Information From the Field

- Performance of services
  - F 250 SW not actively pursuing guardianship
  - F 314 Quality of Care – pressure ulcers
  - F 280 Care Plans

Dementia Focused Survey in Missouri

- We know there has been at least one dementia focused survey in Missouri. We have not been able to get details.
- When there are details to share, they will be in our updates.
- Please, if you have a focused survey, let your QIPMO nurse know.
Thank you