New Rules of Participation -
Survey Trends, Implementation
Challenges and Upcoming
Requirements

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Todays Goals

- Rules of Participation (RoP)
  - History - how we got here
  - Phase I and Phase II overview

- Survey and Quality Trends
  - Survey tags 2016 vs 2017
  - Other quality results

- Implementation Challenges
  - RoP challenges
  - Delayed remedies

- Phase III Requirements
  - Timeline and key changes
  - Strategies for compliance
Reform of Requirements for Long-Term Care Facilities

- According to CMS, the policies in the final rule are targeted to:
  - Reducing unnecessary hospital readmissions
  - Reducing infections
  - Improving the quality of care received
  - Strengthening safety measures
Key changes and themes

- Still focused on resident centered care
- Expands upon resident choice
- Emphasis on quality of care – quality of life
  - Additional special care issues: restraints, pain management, bowel incontinence, dialysis services, and trauma-informed care.
- Requires comprehensive Facility Assessment

Key changes and themes

- Advanced focus on:
  - Antibiotic stewardship
  - Reducing re-hospitalization
  - Improving behavioral health
- Implementation of regulations from the Affordable Care Act:
  - Compliance and ethics programs
  - Quality Assurance Performance Improvement (QAPI)
  - Discharge planning
  - Staff training
## Implementation Overview

<table>
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<tr>
<th>Phase/Date</th>
<th>Highlights</th>
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| **Phase 1:** November 28, 2016 (Implemented) | Full implementation of Basis and Scope and Definitions, Regulatory Groupings become Regulatory Sections. Expanded from 15 to 21.  
- Resident rights/facility responsibilities combined and expanded  
- Drug regimen review process more detailed  
- Must have discharge planning process & plan for all residents  
- Person-centered care plan  
  - More extensive resident assessment process  
  - Must include CNA and dietary worker  
  - PASARR incorporated into assessment, care plan and discharge  
- New behavioral health services |
| **Phase 2:** November 28, 2017 (Implemented) | Five key sections updated, new Interpretive Guidance (IG), New F-Tag numbering, implementation of new survey process  
- Quality Assurance and Performance Improvement - QAPI Plan  
- Greater monitoring and documentation related to appropriateness of meds  
  - Psychotropic & antibiotic stewardship  
- Added staff competency requirements to determine staffing levels  
  - Based on a **Facility Assessment** which includes the number of residents, resident acuity, range of diagnoses, and the content of individual care plans  
- Facility Assessment aligned with Emergency Preparedness Regulation (effective 11/15/18) |
How are we doing … has there been change?

2016 vs 2017 Survey Trends

National Average as reported by AHCA
Avg. # of survey tags 5.7 (2016) vs 5.5 (2017)

**2016 Top 10**
- F441 Infection Control
- F371 Food Procurement
- F323 Free of Accident Hazards/Supervision/Devices
- F309 Provide Care/ Services for Highest Well Being
- F431 Drug Records Label/ Store Drugs and Biologicals
- F329 Drug Regimen is Free From Unnecessary Drugs
- F279 Develop Comprehensive Care Plans
- F514 Resident Records-Complete/Accurate/ Accessible
- F241 Dignity and Respect of Individuality
- F282 Services by Qualified Persons/ Per Care Plan

**2017 Top 10**
- F441 Infection Control
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- F329 Drug Regimen is Free From Unnecessary Drugs
- F514 Resident Records-Complete/Accurate/ Accessible
- F241 Dignity and Respect of Individuality
- F278 Assessment Accuracy/ Coordination/ Certified (new)
2018 and beyond

- Facilities and surveyors still learning new regs and processes
- Harder to make direct comparisons
  - New F-Tags and survey process
    - Won’t be “apples-to-apples”

Quality Outcomes

- **100%** of all Post Acute Care (Short Stay) QM’s improved from Q3 2016 to Q3 2017
  - SS Pain from 14.1% to 12.6%
  - SS Pressure Ulcers from 0.9% to 0.7%
  - SS Antipsychotics from 1.8% to 1.7%
Quality Outcomes continued

- **93%** of all Chronic Care (Long Stay) QM’s improved or remained the same from Q3 2016 to Q3 2017
  - LS Antipsychotic from 15.8% to 15.3%
  - LS Pain from 5.9% to 5.1%
  - LS UTI’s from 3.8% to 3.4%

30-Day Re-hospitalizations

National Average
Source: AHCA TrendTracker
Implementation Challenges

Key Challenges

- Costly and time consuming
  - Estimated at $62,900 first year - $55,000 subsequently
- CMS and other governmental agencies are not always on the same page
  - Notice of Transfer and Discharge and abuse reporting requirements
- Multiple revisions and updates to Appendix PP
- The scope and timing of new regulations, rework of F-Tags and the implementation of a new survey process has had an impact on an already stressed industry and its workforce
A little light ..... we’ll take it!

- **Temporary Enforcement Delays**
  - CMS provided an 18-month restriction of enforcement remedies for specific Phase 2 requirements.

- **Freezing Star Ratings**
  - Survey findings will be published on NHC, but will not be incorporated into calculations for the *Five-Star Quality Rating System* for 12 months.
  - Health inspection star ratings will be based on the two most recent cycles of findings for standard health inspection surveys and the two most recent years of complaint inspections.

Moving Forward - Phase 3
Implementation Overview

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<td>Phase 3: November 28, 2019</td>
<td>Implemented three years following effective date of final rule, includes requirements that need more time to implement.</td>
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<td>• QAPI needs to be fully implemented and overseen by Governing Body</td>
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<td>• Trained Infection Control Preventionist must be in place – active member of QAPI</td>
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<td>• Compliance and Ethics Program</td>
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<td>• Behavioral Health – Trauma Informed Care</td>
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<td>• Physical Environment (call-lights/resident bedside)</td>
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<td>• Training Requirements</td>
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Quality Assurance Performance Improvement - 483.75

- Full implementation under the direction of the Governing Body:
  - Feedback, data collection, and monitoring
  - Systematic approaches for quality improvement
  - Inclusion of Infection Preventionist/Officer (trained and certified)
  - Ensuring staff knowledge of root cause analysis at all levels within the organization
  - Utilizing Performance Improvement Projects
  - Facility Assessment coordination to ensure:
    - Sufficient and competent staff based upon resident acuity and care needs
    - Sufficient and appropriate services and provisioning during normal operations and in the event of disasters or emergency
Compliance and Ethics Program – 483. 85

- Required compliance program components for all facilities:
  - Written compliance and ethics standards, policies and procedures. This includes delegation of an appropriate contact to which individuals may report violations or suspected violations anonymously without fear of retribution.
  - Assignment of individuals within the high-level personnel to oversee the compliance program of the facility. This includes the CEO, board members or directors of major divisions within the operating organization.
  - High-level personnel are given sufficient resources and authority to ensure compliance with the written standards, policies and procedures.

Compliance and Ethics - continued

- The compliance and ethics program must be communicated to staff and volunteers in accordance with their roles and contracted individuals.
- Implementation of monitoring and auditing systems that are reasonably designed to detect criminal, civil and administrative violations under the Social Security Act.
- Consistent enforcement of facility standards, policies and procedures through appropriate disciplinary mechanisms for failure to detect and report compliance violations.
- Once a violation is identified, the operating organization must take all reasonable steps to appropriately respond to the violation and to prevent similar violations that would include modifications to existing compliance standards, policies and procedures.
Compliance and Ethics - continued

- Organizations with five or more facilities must include these additional components in their compliance and ethics programs:
  - Mandatory annual training program on the operating organization’s compliance and ethics program.
  - A designated compliance officer who reports directly to the operating organization’s governing body. The compliance officer is not subordinate to the general counsel, chief financial officer or chief operating officer of the operating organization.
  - Compliance liaisons are located at each facility of the operating organization.

Behavioral Health – 483. 40

- Addition of new section focusing on requirement to provide necessary behavioral health care and services to residents, in accordance with their comprehensive assessment and residents plan of care.
  - New requirement consolidates:
    - Highest practicable well-being
    - Specialized rehabilitation, and
    - Medical social services
  - Addition of “gerontology” to the list of possible human services fields from which a bachelor degree could provide the minimum educational requirement for a social worker.
Behavioral Health - continued

- Requires review of residents who display and/or are diagnosed with mental disorder or psychosocial adjustment difficulty.
- State that the facility must “correct” resident’s assessed problem or assist resident in attaining their highest practicable mental and psychosocial well-being.
- Requires review of residents who do not have diagnosis of a mental disorder or psychosocial adjustment difficulty to ensure they do not have an avoidable decrease in social interaction since admission to the facility.

Focus on Trauma Informed Care – 483.25

- Trauma Informed Care (TIC) is also listed in multiple additional sections of the new regulations:
  - Comprehensive Person-center care planning (483.21)
  - Quality of Care (483.24)
  - Behavioral Health Services (483.40)
- CMS requires that a facility 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.
TIC - Getting Started

- Facility Assessment should capture all behavioral health needs
- Identify staff competencies (or gaps) and develop training
  - Develop training using established TIC practices such as:
    - The Six Principles of Trauma Informed Care, using the
    - The 10 Implementation Domains
  - Develop or modify Policy/Procedures
- Educate staff on TIC and Treatment Improvement Protocols (TIP)
- Implement trauma informed practices
- Evaluate your progress through your QAPI Program

Additional - Phase 3

- Center must be equipped to allow residents to call for staff through a communication system which relays the call directly to a staff member or to a centralized staff work area from each resident’s bedside
- Most of the new training requirements, including the requirement for developing, implementing, and maintaining an effective training program for all staff on specified topics and based upon the needs identified in the Facility Assessment, are Phase 3 requirements.
Obtaining Compliance

Tying together the major themes and related processes is key to compliance and success!

Alignment leads to success!

- Committed to Person-Centered Care
  - Thorough assessments and care planning
- Accurate Facility Assessment
- Compliance with sufficient staffing
  - Focusing on competencies
- All monitored through
  - QAPI and Compliance and Ethics!
Thank You!