Skilled Nursing Facilities: Solutions for the Current Climate

Marguerite McLaughlin
Current Climate

• This session will provide context for the current challenges faced by nursing centers and offer ideas for staying nimble.
QAPI Plan
Implementation Strategies
Making it work on the floor
Performance Improvement Project (PIP)

VBP Value Based Purchasing

Requirements of Participation
Phase 1 Nov 2016
Phase 2 Nov 2017
Phase 3 Nov 2019

Staffing, Stability & Turnover

Patient Driven Payment Model (PDPM) effective beginning October 1, 2019

PBJ Reporting Guidelines: New mandate for long-term care facilities
Phase 3: November 28, 2019

- 483.12 Freedom from abuse, neglect, and exploitation
  - (b)(4) Coordination with QAPI Plan

- 483.21 Comprehensive person-centered care planning
  - (b)(3)(iii) Trauma informed care

- 483.25 Quality of care
  - (m) Trauma informed care

- 483.40 Behavioral health services
  - (a)(1) As related to residents with a history of trauma Deadline and/or post-traumatic stress disorder

- 483.60 Food and nutrition services
  - (a)(1)(iv) Dietitians hired or contracted with prior to effective date—Built in implementation date of 5 years following effective date of the final rule.
  - (a)(2)(i) Director of food & nutrition services designated to serve prior to effective—Built in implementation date Deadline of 5 years following the effective date of the final rule.

- 483.70 Administration
  - (d)(3) Governing body responsibility of QAPI program

- 483.75 Quality assurance and performance improvement
  - (g)(1) QAA committee the addition of the ICPO

- 483.80 Infection control
  - (b) Infection “Preventionist” (IP)
  - (c) IP participation on QAA committee

- 483.85 Compliance and Ethics program

- 483.90 Physical environment
  - (f)(1) Call system from each resident’s bedside

- 483.95 Training requirements
• Five-Star Rating: Develop understanding & expertise
• Adopt a person-centered approach to care & Quality Assurance and Process Improvement (QAPI)
• Focus on training & competencies of staff
• Develop expertise around Value-Based Purchasing (VBP)
• Make a deep personal and organizational commitment to staff
Five-Star Rating: Develop Understanding & Expertise
Components of Your Five-Star Rating

• **Health Inspection Rating**
  - Measures based on outcomes from State health inspections
  - Number, scope, and severity of deficiencies during the most recent 36 months
  - Standard and substantiated complaint surveys

• **Staffing Rating**
  - Measures based on nursing home staffing levels
  - RN hours PPD, RN + LPN + NA hours PPD
  - Case-mix adjusted

• **Quality Measure Rating**
  - Measures based on resident-level quality measures (QMs)
  - Use data from the MDS
  - Use a portion of the publically reported QMs

• **Overall Nursing Home Rating**
  - Composite Rating
  - 5-step process
Why Your Stars Matter

INTERNAL OPERATIONS

- Quality improvement
- Census and profitability
- Recruitment & retention
- Incentive compensation

EXTERNAL ENVIRONMENT

- Consumer information
- Payors, hospital executives, and ACOs*
- Hospital discharge planners
- CJR & episodic payment models*
- Payment incentives and penalties
- Better loan rates
- Less risk from predatory legal practices

* Allowed to waive three-day qualifying stay if discharging to SNFs with > 3 Stars
Practical Tools

Here’s a practical tool from a sister QIO
Nursing Home Five-Star Quality Measure Calculation Tool

Here’s a practical tool from CMS to help you understand
Adopt a Person-Centered Approach to Care & QAPI
# The Nursing Home Stages Model by Les Grant & LaVrene Norton

<table>
<thead>
<tr>
<th>Traditional Medical Model</th>
<th>Moving from Institutional to Individualized</th>
<th>Uniquely defined space and schedule</th>
<th>Household Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional care</td>
<td>Less institutional</td>
<td>Smaller, functional areas operating independently with a consistent team</td>
<td></td>
</tr>
<tr>
<td>Organized around a nursing unit</td>
<td>Growing awareness and finesse in centering life and schedule around residents</td>
<td>Neighborhood coordinator</td>
<td></td>
</tr>
<tr>
<td>Without permanent staff assignment</td>
<td>Minimalistic or low-budget changes to environment</td>
<td>No nursing stations or other institutional trappings</td>
<td></td>
</tr>
<tr>
<td>Top down</td>
<td></td>
<td>Resident-centered dining with modifications for resident choice</td>
<td></td>
</tr>
<tr>
<td>Little empowerment of staff or residents</td>
<td></td>
<td>Elimination of traditional departments</td>
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</table>

## Institutional
- Institutional care
- Organized around a nursing unit
- Without permanent staff assignment
- Top down
- Little empowerment of staff or residents

## Transformational
- Less institutional
- Growing awareness and finesse in centering life and schedule around residents
- Minimalistic or low-budget changes to environment

## Households
- Self contained living areas of 12-25 people max
- Common areas include a kitchen, dining room, and living room
- Staff are cross-functional and self-led work teams
- Elimination of traditional departments

## Neighborhoods
- Smaller, functional areas operating independently with a consistent team
- No nursing stations or other institutional trappings
- Resident-centered dining with modifications for resident choice
A Competency Approach requires that staff must have the appropriate competencies and skills to provide behavioral health care and services, which include caring for residents with mental and psychosocial illnesses and implementing non-pharmacological interventions.
Phase 3 of ROP: Training Requirements

Requires an effective training program that facilities must develop, implement, and maintain for all new and existing staff, individuals providing services under a contractual arrangement, and volunteers, consistent with their expected roles.

Training topics must include-

- **Communication** – requires facilities to include effective communications as a mandatory training for direct care personnel.

- **Resident Rights and Facility Responsibilities** – requires facilities to ensure that staff members are educated on the rights of the resident and the responsibilities of a facility to properly care for its residents as set forth in the regulations.

- **Abuse, Neglect, and Exploitation** – requires facilities, at a minimum, to educate staff on activities that constitute abuse, neglect, exploitation, and misappropriation of resident property, and procedures for reporting these incidents.

- **QAPI & Infection Control** – requires facilities to include mandatory training as a part of their QAPI and infection prevention and control programs that educate staff on the written standards, policies, and procedures for each program.

- **In-Service training for nurse aides** – requires dementia management and resident abuse prevention training to be a part of 12 hours per year in-services training for nurse aides.

- **Behavioral Health training** – requires facilities to provide behavioral health training to its entire staff, based on the facility assessment as 483.70(e).

- **Nurse Aide Training** on areas of weakness determined by performance reviews and the facility assessment 483.95(g)(3).

- **Compliance and Ethics** – requires the operating organization for each facility to include training as a part of their compliance and ethics program. Requires annual training if the operating organization operates five or more facilities.
Telling isn’t Teaching & Listening isn’t Learning
We Learn . . .

- 10% of what we read
- 20% of what we hear
- 30% of what we see
- 50% of what we see and hear
- 70% of what we discuss
- 80% of what we experience
- 95% of what we teach
Transfer Knowledge into Practice

What does it take?
## Essential Elements

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Skill</th>
<th>Behavior/Attitude</th>
</tr>
</thead>
<tbody>
<tr>
<td>What information does staff need to know to attain the highest level of performance?</td>
<td>What skill is required to carry out the knowledge?</td>
<td>What behavior or attitude might prevent or keep staff from performing at the highest level?</td>
</tr>
<tr>
<td>Do they know?</td>
<td>Can they do it?</td>
<td>Are there issues?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Information</th>
<th>Proficiency</th>
<th>Conduct</th>
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</table>
Value Based Purchasing (VBP)

- TIPs Team
- BATeam
- Advanced Directives
  - Decision guide – To go or to Stay
- Soft handoffs to home
- Interact Tools
Safely Reducing Hospital Readmissions

SNF-VBP Performance Scoring Function (0-100)
Purpose

• The purpose for creating the B.A.T Team (Bedside Assessment Team) was to provide a more focused assessment and care to those residents who are demonstrating an acute change in condition with the goal of providing care and treatment within the facility and avoid hospitalization if possible.
B.A.T Cart Supplies

- Pen lights
- Cell phone to call physician from bedside
- Stethoscope
- Blood Pressure Monitor
- Pulse Oximetry Machine
- Sharps Container
- Scissors
- Dressing Supply Changes
- IV Fluids
- IV tubing
- IV Starter Kits
- 16, 18, 20, 22 catheter needles
- Filter Needles, Butterfly and Huber
- IV Pole and Infusion Pump
- Vital Mate Adapters
- Extension Sets
- Gloves
- Foley Cath
- PICC Line Dressing Change Kits
- Oxygen Tank and tubing
- Nebulizer Machine/Non Re-breather mask
- Incentive Spirometer
- Nasal Cannula
- Urine Dipstick
- Glucometer and strips
- EKG Machine, Bladder Scanner, Zoe Machine
Your Profile

Get A Seat At The Referral Table

• Outcomes, readmission rates, and patient satisfaction scores are key

By: Jason Stevens  Source: Provider Magazine
Special Report 10/01/2013
How are you validating your value?

• Objective data opens doors!
  o Helps you become a viable partner
  o Data makes you stand out and provides evidence that you should be part of the network
Key Components

- Demonstrate good clinical care/outcomes
- Low readmission rates
- Excellent patient experience scores
How to Build Your Referral Resume

1. Aggregate profile of your residents
2. Promote your Quality Measures
3. Share your hospital readmission rates
4. Talk about resident and family experiences

“64% of our residents have dementia; but, let me tell you how our Rec Therapy staff changed the way we scheduled our day so that we only have two people on meds.”
### Overview

#### Nursing Home Facility Characteristics

<table>
<thead>
<tr>
<th>Facility Square Feet</th>
<th>400,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed beds</td>
<td>412</td>
</tr>
<tr>
<td>Patient days 2015</td>
<td>137,368</td>
</tr>
</tbody>
</table>

| Total Employees       | 768     |
| Direct Care Staff     | 272.14  |
| Registered Nurses     | 24.56   |
| Licensed Practical Nurses | 31.63  |
| Aides (FTE)           | 187     |

| Average Daily Census  | 367.6   |
| Rehospitalization Rate| 14.8%   |
| Discharge to Community Rate | 49.6% |

#### Patient Characteristics

<table>
<thead>
<tr>
<th></th>
<th>Nursing Home</th>
<th>All services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Patients Served</td>
<td>1,166</td>
<td>4,840</td>
</tr>
<tr>
<td>Admissions</td>
<td>103</td>
<td>3,919</td>
</tr>
<tr>
<td>Average Daily Census</td>
<td>367.6</td>
<td>928</td>
</tr>
<tr>
<td>% with Medicare FFS Payer</td>
<td>6.5%</td>
<td></td>
</tr>
<tr>
<td>Average Age</td>
<td>85</td>
<td>86</td>
</tr>
<tr>
<td>Average ADL Dependence</td>
<td>4.5</td>
<td>4.3</td>
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- Long Stay (24mos): 31.3 vs 34.2
- % with Medicaid as Current Payer: 98% vs 86%
- Average Age: 88 vs 86
- Average ADL: 4.5 vs 4.3
- % with Dementia: 15% vs 15%

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### An Average Day

- Care for 300 people at an average of $173
- Pay employees for 3,000 hours of labor and time off, which amounts to $85,000 per day in salary
- Use $1,700 in office supplies
- Make 4,600 lbs of trash
- Circulate 4,448 pieces of linen
- Consume 19,000 KWH of electricity
- Serve 1,200 meals per day
- Clean 235 rooms per day

### Awards

- U.S. News & World Report “Best Nursing Home 2014”
- Silver Quality Award 2012
- 5 Star Quality Award