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"NEWS AND VIEWS YOU CAN REALLY USE"

THE HAT ADVANTAGE by Rebecca Adelman

ABUSE RISK PREVENTION, PLANNING AND STRATEGIES - PART 1

CMS continues to implement the Affordable Care Act's provisions for quality improvement, dementia care, and prevention of abuse as its current, high priority initiatives. The law mandates the inclusion of training for nurse aides working in nursing homes on abuse prevention and care of persons with dementia. State regulations for assisted living also include abuse prevention reporting and training mandates. Despite the fact that many nursing and assisted living facilities provide good care to the aging, incidences of abuse and neglect of nursing home and assisted living residents are reported in the nation's media each day. Reports and research also point to the increase in Alzheimer's dementia and the needs of the aging now and in the future.

Working with our clients to develop prevention education is a team effort. By asking the right questions, and identifying the risks, preventive measures can be taken to provide a meaningful, useful, safer, more secure and more sensitive living environment for residents. In this two-part article, we will present abuse risk prevention, planning and strategies that identify facility risk, resident risk and relationship risk factors. The article sections will also provide guidance for planning and prevention strategies. By including a comprehensive abuse prevention program with on-going assessment and training as part of your organization's Quality Assurance/Performance Improvement, incidences of abuse can be reduced and quality of care improved.

Comprehensive Prevention Program: It is recommended the following components be included in your program: 1) facility policies for background checks of employees; 2) extensive orientation and training for staff; 3) specific investigation procedures for reporting and investigating suspected abuse; 4) immediate measures to protect residents; and 4) detailed management quality monitoring tools.

Planning and Resources: Collaboration and identification of necessary resources are central to a meaningful and effective abuse prevention program. Combining knowledge, perspectives and skills to reduce risks will be determinative of success. Below are suggestions for teamwork and resource building?

1. ***Create a partnership*** of stakeholders for prevention of nursing home abuse. Among nursing home and assisted living administrators and staff, adult protective services, internal and external mediators, licensure and certification regulators, and others identified should be included in the partnership.

2. ***Organize a meeting*** of the abuse prevention task force inviting each risk stakeholder to offer specific views about

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IN THIS ISSUE:

KESSLER'S CORNER

by Chip Kessler

"The DART Chart Systems Difference"

You see their advertisement in each issue of our Nursing & Assisted Living Facility Professional Newsletter. They are DART Chart Systems and this month I wanted to give you an opportunity to know a little bit more about this innovative leader in their field. I can say this without hesitation because I personally consult for a number of facilities which use DART Chart and the wonderful results these buildings report they receive. Here now is a special question and answer session which features DART Chart Systems President Dr. Linda Kunz Ph.D.

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Pathway to Rehabilitation Excellence

By Sheila G. Capitosti, RN-BC, NHA, MHSA
VP Clinical and Compliance Services

What We Know and What We Do Not Know

We know that CMS released the final rule for FY 2014 on the Medicare Program Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2014 and we know that the major provisions include the following:

1. An increase in aggregate payments to SNFs of $470 million, or 1.3 percent, for FY 2014 relative to payments in FY 2013

2. Addition of an item to the Minimum Data Set (MDS) to record the number of distinct calendar days of therapy provided by all the rehabilitation disciplines to a beneficiary over the seven-day look-back period to ensure accuracy in case-mix assignment and payment

3. New requirements to report co-treatment minutes in section O on the MDS

However, there is still much uncertainty as to what SNF providers may experience in the times ahead. On August 2nd, the Ways and Means Committee released draft legislation of the President's proposals to strengthen Medicare. This followed the release of the post-acute care stakeholder letter that the Senate Finance Committee, working jointly with the House Ways and Means Committee released in June addressed to post-acute care PAC) stakeholders that asks for reform ideas to be submitted to their committees. This letter states the committees' goal is to "ensure that Medicare beneficiaries receive the right post acute care, in the right setting at the right time with the highest level of quality and that taxpayers and beneficiaries are paying the right amount for the care that is delivered." The committees are looking for information and ideas on the types of long-term PAC reforms that will help advance the goal of improving patient quality of care and improving care transitions, while rationalizing payment systems and improving program efficiency. The letter gives some specific ideas to react to as well as asking for comments on general reforms that have been proposed in the President's budget, and from other sources such as the Bipartisan Policy Center.

The draft legislative text released on August 2 by the Ways and Means Committee can be found at www.waysandmeans.house.gov/entitlementreform. These latest legislative proposals mirror proposals on post-acute care (PAC) that were put forth by President Obama in his FY2014 Budget as well as discussions by Simpson-Bowles and the Bipartisan Policy Commission. The draft specifically addresses the following changes to PAC:

1. Reducing market basket updates for home health agencies (HHAs), skilled nursing facilities (SNFs), inpatient rehabilitation facilities (IRFs) and long-term care hospitals (LTCHs)

2. Creating site neutral payments between IRFs and SNFs for certain procedures

3. Modifying the criteria required for IRF status (the so-called "75 percent rule")

4. Establishing a SNF readmissions program

5. Creating PAC bundled payments.

Most likely, House and Senate committees will consider proposals in the early fall, perhaps hold hearings, and then include reform in either a bill that fixes the SGR or have separate PAC reform legislation. Either way, there is a risk that reform to our sector is included with cuts to our sector. Additionally, therapy cap legislation could be wrapped up into the SGR fix or maybe be placed in another vehicle. We face the risk of cuts each year.

So, while this October may seem mild when compared with the changes we faced in past Medicare fiscal year payment rules, as leaders in the PAC sector, we cannot lose sight of the ever-changing environment of rules, regulations and payment initiatives we work within. I challenge everybody to stay alert and take all opportunity to work with your provider organizations and legislators to voice your concerns and ideas for reform!

For more information, please contact Sheila Capitosti, VP Clinical and Compliance Services, Functional Pathways at scapitosti@fprehab.com or call 888-531-2204. You may also discover more at www.functionalpathways.com

Enjoy "Pathway to Rehabilitation Excellence" Each Month in Nursing & Assisted Living Professional

Editor's Note: The Nursing & Assisted Living Professional is pleased to present another article by Ms. Cheryl Stewart. As you may recall, Cheryl is Human Resources Manager for a Southeastern Healthcare Facility Consulting Company and works with clients in multiple states. She has had several years experience dealing with a variety of complex employment issues and concerns.

From Cheryl Stewart, PHR

The following is a piece I ran across a while back and have used it with the facilities in which I consult for. After reading it, I'll then present some comments for you to dwell on as well.

WHO IS PACKING YOUR PARACHUTE????

Charles Plumb was an U.S. Navy jet pilot in Vietnam. After 75 combat missions, his plane was destroyed by a surface-to-air missile. Plumb ejected and parachuted into enemy hands. He was captured and spent six years in a communist Vietnamese prison. He survived the ordeal and now lectures on lessons learned from that experience.

One day, when Plumb and his wife were sitting in a restaurant, a man at another table came up and said, "You're Captain Plumb! You flew jet fighters in Vietnam from the aircraft carrier Kitty Hawk. You were shot down!"

"How in the world did you know that?" asked Plumb. "I packed your parachute," the man replied. Plumb gasped in surprise and gratitude. The man pumped his hand and said, "I guess it worked!" Plumb assured him, "It sure did. If your chute hadn't worked, I wouldn't be here today."

Plumb couldn't sleep that night thinking about that man. Plumb says "I kept wondering what he might have looked like in a Navy uniform: a white hat, a bib in the back, and bell-bottoms trousers. I wonder how many times I might have seen him and not even said 'Good morning, how are you?' or anything because you see, I was a fighter pilot and he was just a sailor."

Plumb thought of the many hours the sailor had spent on a long wooden table in the bowels of the ship, carefully weaving the shrouds and folding the silks of each chute, holding in his hands each time the fate of someone he didn't know.

Writer-Unknown

So now I ask you … who's packing your parachute?

Every day we need different kinds of parachutes – physical parachutes, mental parachutes, emotional parachutes and spiritual parachutes. We call on these supports every day.

With all of the daily challenges that we face at work and home, we need to remember our coworkers, friends and family who play an important part of our lives. We also need to see that through working together more things are accomplished and makes everyone's tasks a little easier.

There are many people who are essential in maintaining a long-term care facility. This article reminds us that we need to recognize every department and their support in making a facility successful.

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nursing home vulnerabilities and resident abuse. We have questionnaires and talking point materials developed that assist with this process. Identify differences in definitions and perspectives; both in what constitutes abuse and the extent of the problem. Discuss risk assessment and desirable outcomes. Gather support and commitment from the team and clearly define roles and responsibilities and explicitly state goals.

3. ***Schedule follow-up group meetings*** with team partners to discuss and develop a common understanding of the problem of abuse and likely contributing factors. Gathering information from questionnaires and sharing perspectives will allow the team to reach a consensus on the abuse risks that most need to be addressed. Creating a priority list of three to five factors to work on together is the goal of the task force team. The team prioritizes action steps to be taken individually, as separate organizations and as a group to reduce the risk of abuse and promote well-being of the facilities and their residents.

4. ***Evaluate the progress of the goal objectives.*** Continuous and consistent reviews of action steps and risk prevention inventory will provide information about whether goals and objectives are being met and if strategies need to be adjusted.

Information Sources for Assessing Risk: Our first program steps are to identify what's really happening in the facility. Below is a list of information sources and references that are reviewed as part of this process. Consider these as you develop QAPI and abuse prevention programs and training.

Reports, Complaints, Data:
Nursing home survey report
Licensing records
Nursing Home Compare data
Complaint data/resident grievances
Police reports
Nurse Aid Registry
Abuse registry
Criminal background checks

Facility Records, Policies, Reports:
Facility policies
Facility personnel records/staff performance reviews
Facility incident reports
Quality improvement reports

Training Information
Training curriculum for certifying nurse aides
Facility's training and orientation curricula
Requests for facility staff training that come via the ombudsman program, licensing and certification, adult protective services, Medicare/Medicaid fraud control unit

Resident and Family Information
Nurses' notes/residents' records
Medical reports
MDS and resident assessments
Care plans
Customer satisfaction surveys
Resident and family council minutes

Risk Factors Overview: Three risk factors should be considered as part of an abuse prevention program to provide the best possible outcome for the organization and residents. The possible outcomes are: 1) **Facility risk factors; 2) Resident risk factors; and 3) Relationship risk factors.** Part 1 of this article will discuss Facility

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Kessler's Corner continued from page 1

Dr. Linda Kunz Ph.D.

Kessler: Please explain about the role DART Chart Systems plays in long term care facilities, and the benefits a building receives from using your services?

Kunz: DART Chart provides documentation and analytics software to Skilled Nursing Facilities. We record real-time accurate CNA, nursing and therapy care as it happens within a long term care facility. DART Chart delivers a web-based solution, coupled with exceptional staff to help our customers achieve the most accurate documentation possible. Together, we help ensure quality care while enabling long term care organizations to achieve the highest level of Medicare reimbursement, aligning with clinical and safety guidelines through granularity, compliance and accuracy.

Kessler: How long has DART Chart been in business, and what were the catalysts for your company to begin operation?

Dr. Kunz: Bernard Hoffmann, EMBA, CPA and I founded DART Chart Systems L.L.C. in 1997. The vision for the company began as CMS announced implementing the Prospective Payment System (PPS). Looking ahead at the proposed rules and regulations surrounding PPS, Mr. Hoffmann and I saw the need for providers to develop a deep understanding and strategic implementation for PPS. We always update and align our system processes as regulatory and subregulatory changes occur.

Kessler: How has the long term care profession responded to the products and services you provide to the industry?

Dr. Kunz: After becoming a DART Chart client, providers experience increases in their reimbursements as well as improvements in their facility processes. In a time when Medicare and Medicaid services are trying to find ways to cut costs, it is a relief for these facilities to find extra cash flow. In addition, DART Chart clients appreciate the topnotch customer service they receive from customer service representatives and account managers. When switching over from other Point of Care Services (POCs), facilities are amazed at the night and day difference of how quickly they can get an answer when they have a question and how they're treated.

Kessler: In your quest to stay in the forefront talk about your newest offering "Instant Risk Alerts" … what is it and how do facilities gain from using it?

Dr. Kunz: Centers for Medicare and Medicaid Services (CMS) has made a push toward reducing hospital readmissions while providing quality care for residents within Skilled Nursing Facilities. DART Chart's Instant Risk Alerts track CNA documentation 24/7 and automatically signal new alerts. When there is a condition documented outside of a patient's baseline, the condition is reported as an alert. CNAs can also send a message in their own words to the nurse to report decline in functional status. Nurses are immediately notified and able to log in to view CNAs' messages along with Instant Risk Alerts in a single real-time report of how a patient's functional status changes. This affords the benefit of allowing the nurses to do an assessment and initiate changes for the patient at the earliest stage possible, often well before a condition escalates to a level that warrants a transfer to the hospital.

The DART Chart Instant Risk Alert Report highlights a patient's condition by looking at shift trends and changes for the last 12 shifts. With the multi-shift view of condition patterns it is possible to react "on the spot" with the very earliest possible nursing interventions that minimize unnecessary hospital readmissions. Nurses can identify the conditions before they progress and contact the treating physician with up-to-date detailed information increasing the physician's comfort level about treating the patient in place. In addition, the physician has the necessary information to change the order or plan of care without requiring a hospitalization. The facilities' clinical workflow decision process, be it based on INTERACT or other facility processes can be supported and integrated with the DART Chart Instant Risk Alerts to improve patient outcomes and minimize unnecessary hospital readmissions.

Kessler: In an effort to keep folks on top of the latest developments, DART Chart also hosts a regular series of webinars- how has this gone for you and what kind of feedback have you received from webinar participants?

Dr. Kunz: At DART Chart, we believe having the best analytics means we need also to "always be educating" and we are committed to providing complimentary educational webinars to serve the Long Term Care Community. DART Chart is honored to have a diverse group of contributors and industry experts who participate in peer reviews of the materials we present. We have found that the Long Term Care industry has an appreciation for the industry experts featured in our monthly webinars. Participants enjoy the webinars we provide and are able to use us as a resource when they have questions. There are a lot of regulations to keep up with and the webinars keep people up-to-date in an entertaining way without having to pay anything.

Kessler: As you look to the future, what areas and services do you see DART Chart playing a vital role in for your clients?

Dr. Kunz: We are in a time of transition right now. With many different regulation changes, initiatives and new payment models, facility policies need to adjust in order to comply with new regulations. Accountable Care Organizations and Managed Care Organizations are becoming more and more prevalent in the Long Term Care industry. In order to stay competitive, providers are going to need to provide the greatest quality care within their facilities while keeping the costs down. DART Chart will be a tool that will facilitate both. With the ability to collect data, analyze it, and report it to facilities, DART Chart will provide valuable information to the facility in order to pinpoint patient trends and plan for improvement.

My thanks to Dr. Linda Kunz for joining me on this interview. For more information on DART Chart Systems please visit www.dartchart.com or call them toll-free at 1-888-210-3200.

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risk factors and Part 2 will focus on the other two risk factors as well as risk prevention strategies.

***Facility Risk Factors*:** Staffing levels and an environmental awareness regarding abuse prevention is the cornerstone to an effective program. Critical risk prevention factors, according to professional opinion, focus on abuse prevention policy, staff training, staff screening, staff stresses and burnout, staff ratio and turnover, history of deficiencies or complaints, culture/ management, and physical environment.

Facility Risk Factor #1: Abuse Prevention Policy. Employees must be able to recognize the signs and symptoms of abuse, and feel confident that they will not suffer negative consequences when reporting allegations to management. At a minimum, we recommend an abuse prevention policy should include the following elements: information on how to recognize abuse; detailed procedures for reporting abuse allegations including assurance in facility policy that staff will not be punished for reporting; staff training requirements to ensure safety and prevent abuse; and appropriate and prompt steps by management to stop the abuse, investigate, and report abuse to appropriate agencies when it occurs.

Facility Risk Factor #2: Staff Education and Training. Besides improving competence and knowledge, training also offers a vehicle for building self-esteem, which also may help to reduce stress and burnout. Research demonstrates that training can also prepare staff to respond appropriately to difficult situations, such as dealing with physically combative residents, which have the potential to trigger abuse. Provide conflict resolution and other coping skills, and increase staff empathy and competence. There are many training topics we include ranging from communication skills to caring for residents with dementia and Alzheimer's.

Facility Risk Factor #3: Staff Screening. Pre-employment screening, including reference and criminal background checks, is essential in evaluating applicants who may not be suited to care for vulnerable elders. Consider pre-screening questions as a tool to learn about the applicant: feelings about caring for elders; how they might react to an abusive situation; work ethic; how they handle anger and stress; and history of alcohol or substance abuse.

Facility **Risk Factor #4: Staff Stresses/Burnout.** Nursing home and assisted living caregivers are exposed to countless stressful situations daily. Along with program tools to combat stress, we advise facilities adopt the following preventive strategies to the extent possible: increase wages; develop a career ladder for direct service staff; include nurse aides as members of the care team; encourage registered and licensed professional nurses to help with hands-on care, especially when nurse aides are struggling to complete tasks; improve communication between management and employees and departments; and provide strong leadership.

Facility Risk Factor #5: Staff Ratio/Turnover. Inadequate staffing and staff turnover are contributing factors in increased abuse risk. Unfortunately, all parts of the healthcare system are affected by workforce shortages. Inadequate staffing means each staff person may have too many residents to care for. As we know, labor shortages affect not only staff, but also residents, needing caregivers who may be overtired and stressed, and less able to handle difficult situations. Consistency of staffing is especially important for residents who have dementia.

Facility Risk Factor #6: History of Deficiencies/ Complaints. An increased risk of abuse is often found at facilities with a history of serious noncompliance, particularly if abuse has occurred in the facility in the past. Vigorous enforcement of the regulations will help reduce risks of abuse.

Facility Risk Factor #7: Culture and Management. A nursing home's "culture" including the mission and vision, goals, traditions, values and shared attitudes are central factors in the success of efforts to prevent abuse. Leadership has a strong hand in safety and organizations should encourage directors of nursing and administrators to be closely in touch with the care being provided. Residents can be positively impacted when policies are open, flexible, evenly enforced, and when communication, among departments and between direct service staff and administrators, is consistent, clear, and positive.

Facility Risk Factor #8: Physical Environment. Facilities with an outdated building design create risks for residents. Some of the physical elements that may negatively impact residents include long or narrow corridors, inadequate lighting, crowded rooms, many floors and stair wells, and long distances between dining and residents' rooms. Strategic locations for nurses' stations are important for supervising care. Building improvements and maintenance should be considered as part of short and long term abuse prevention strategies and improved quality of care.

We've reviewed generally in this article the Facility risk factors to be identified in an individualized way with each organization, along with ideas for developing a collaborative task force to evaluate resources for developing a comprehensive abuse prevention training program. Our next steps will be to identify the other risk factors and offer strategies to consider for your specific program. Through the commitment to this process, your organization can build a strong foundation and establish exemplary programming and training for abuse prevention and improved quality of care now and well into the future.

NAL Professional Not Coming Addressed to You Personally?

We want to make sure you are personally getting this newsletter each month, not just have it forwarded to you because you're now holding down the position of a predecessor! Let us know you now are on the job. E-mail your name, facility/company name and address to chip@ecpnews.net & we'll update our records. Just put NAL Professional on the e-mail subject line and we'll take care of the rest.

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