

**Center for Clinical Standards and Quality/Survey & Certification Group**

**Ref: S&C: 16-26-NH**

**DATE:** May 20, 2016

**TO:** State Survey Agency Directors

**FROM:** Director  
Survey and Certification Group

**SUBJECT:** Fiscal Year (FY) 2016 to FY 2017 Nursing Home Action Plan

**Memorandum Summary**

**Release of the Nursing Home Action Plan:** The FY 2016 to 2017 Nursing Home Action Plan is posted on the CMS website at <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/NHs.html>.

The Survey and Certification Program Nursing Home Action Plan guides CMS' efforts to continue to improve nursing home safety and quality. The Plan outlines five inter-related and coordinated approaches – or principles of action – for nursing home quality, ultimately aligning with CMS' main goals. The Plan is organized into five actionable strategies:

1. Enhance Consumer Awareness and Assistance,
2. Strengthen Survey Processes, Standards and Training,
3. Improve Enforcement Activities,
4. Promote Quality Improvement, and
5. Create Strategic Approaches through Partnerships.

The Action Plan is located on the CMS website at <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/NHs.html>.

**Effective Date:** Immediately. This information should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum.

/s/  
David R. Wright  
Acting Director

Attachment- 2016/2017 Nursing Home Action Plan

cc: Survey and Certification Regional Office Management



# CMS Survey and Certification Group 2016/2017 Nursing Home Action Plan

Action Plan for Further Improvement of Nursing Home Quality

# 2016/2017 Nursing Home Action Plan

## Background

The mission of the U.S. Centers for Medicare & Medicaid Services (CMS) is to ensure effective, up-to-date health care coverage and to promote quality care for beneficiaries. A number of areas within CMS work together to promote nursing home quality improvement, address reimbursement issues, and enforce Medicare requirements of participation. The combined levers of technical assistance, payment, oversight, and enforcement create a powerful system that promotes quality care in nursing homes.

This Nursing Home Action Plan will reflect the work being done by the Survey and Certification Group, Division of Nursing Homes (DNH). The mission of DNH is to optimize the health, safety and quality of life for people living in nursing homes. Through our ongoing projects we strive to: enforce the current requirements to ensure the basic health and safety of people living in nursing homes; promote quality of care and quality of life by interpreting regulations and guidance and promoting resident-centered quality care so that they are consonant with current clinical and organizational practice standards; and work with CMS Regional Offices to ensure consistent application of regulations, guidance and enforcement across the country.

More than 3 million Americans rely on services provided by nursing homes at some point during the year; 1.4 million Americans reside in the Nation's approximately 15,654 nursing homes on any given day. Those individuals and an even larger number of their family members, friends, and relatives must be able to count on nursing homes to provide reliable, high quality care.

## The Four Main Goals

Every four years, the Department of Health and Human Services (HHS) updates its strategic plan as required by the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62) and the GPRA Modernization Act (GPRA-MA) of 2010 (PL 111-352). HHS' plan defines its mission, goals, and the means by which it will measure its progress in addressing mission-related challenges. In accordance with the HHS strategic plan, CMS developed the [CMS Strategy](#) which is built on four main goals.

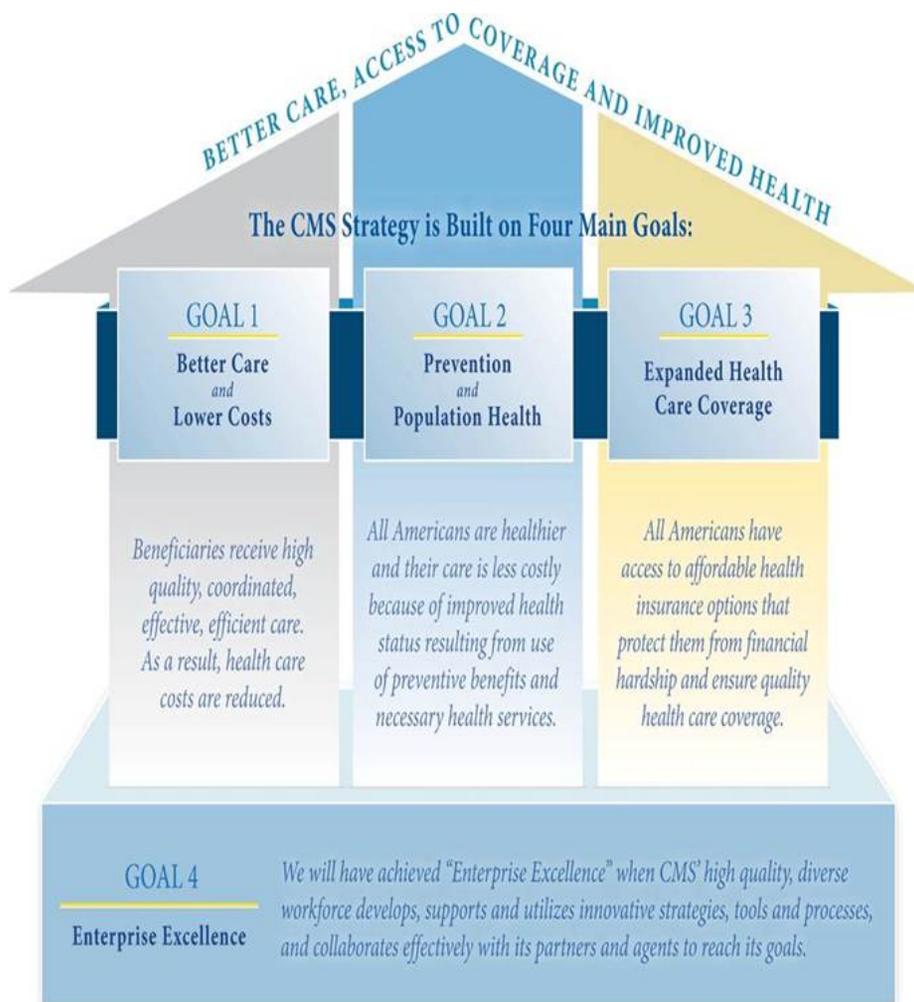
The CMS' Four Main Goals (Figure 1) are the following:

1. Better Care and Lower Costs;
2. Prevention and Population Health;
3. Expanded Health Care Coverage; and
4. Enterprise Excellence.

### Action Plan for Further Improvement of Nursing Home Quality

These strategic goals cut across programs and support functions throughout CMS to strengthen and modernize the nation’s health care system to provide access to high quality care and improved health at lower cost. The themes outlined in this action plan will guide the DNH efforts to continue progress in improving nursing home safety and quality. The DNH five actionable strategies will be pursued simultaneously, consistent with the main goals.

**Figure 1. The Four Main Goals**



## Principles of Action

The most effective approach to ensure quality is one that mobilizes and integrates all available tools and resources –aligning them in a comprehensive, actionable strategy. This Nursing Home Action Plan outlines five inter-related and coordinated approaches – or principles of action – for nursing home quality, ultimately aligning with CMS’ main goals.

### 1. Enhance Consumer Awareness and Assistance

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Consumers are essential participants in ensuring the quality of care in any health care system. The availability of relevant, timely information can significantly assist consumers with actively managing their own care. Additionally, this information can enable individuals to hold the health care system accountable for the quality of services and support that should be provided. To that end, the DNH seeks to provide an increasing array of understandable information that can be readily accessed by the public. The CMS website, <https://www.Medicare.gov>, features important educational resources such as Nursing Home Compare as well as other information for consumers, far

#### **2. Strengthen Survey Processes, Standards and Training**

The DNH is engaged in several ongoing initiatives to improve the effectiveness of annual nursing home surveys (standard surveys), as well as the investigations that are prompted by complaints (complaint surveys) from consumers or family members about nursing homes. The DNH also has improved the way that data are captured from oversight of state surveys. By strengthening the survey processes, the DNH believes that State Agencies will drive improvement at the population level in nursing homes. This, in turn, is likely to reduce the number of adverse events and preventable healthcare acquired conditions, leading to lower per capita costs.

#### **3. Improve Enforcement Activities**

The DNH is dedicated to maintaining an enforcement system that is centered on promoting quality resident-centered health and safety to nursing home residents and compliance with federal requirements. To improve our current enforcement efforts, we will continue to work in partnership with Regional Offices, States, consumer advocates, national associations, and others.

#### **4. Promote Quality Improvement**

We continue to promote comprehensive quality improvement programs in a number of key areas, including reductions in the use of physical restraints, the prevalence of preventable pressure ulcers and reduction in use of unnecessary antipsychotic medication. In an effort to achieve these quality improvement goals, the Agency's participation in the *Advancing Excellence in America's Nursing Homes* Campaign as well as support of the national "culture change" movement continues to grow. The principles behind culture change echo the Omnibus Budget Reconciliation Act of 1987 (OBRA '87) principles of person-centered care – embracing individualized approaches to care.

#### **5. Create Strategic Approaches through Partnerships**

No single approach or individual can fully assure better health care. Rather, we must combine, coordinate, and mobilize many people and techniques through a partnership approach. State survey agencies and others are committed to such a common endeavor. The differences in their responsibilities remain, but their distinct roles can be coordinated in a number of appropriate ways to achieve better results than can be achieved by any one actor alone. In addition, the DNH plans to strengthen our partnerships with non-governmental organizations who are also committed to quality improvement in nursing homes. In May 2006, we began partnering with stakeholders to design and then facilitate the *Advancing Excellence in America's Nursing Homes* Campaign. The unprecedented, collaborative campaign seeks to better define quantitative goals in nursing home quality improvement. The DNH also partners with Quality Improvement Organizations (QIOs) to improve care for the millions of nursing home residents across the country and in April 2015, with the QIOs, CMS launched the National Nursing Home Quality Care Collaborative. The Collaborative will strive to instill quality and performance improvement practices, eliminate health care-acquired conditions and improve resident satisfaction by focusing on the systems that impact quality.

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# Action Plan for Further Improvement of Nursing Home Quality

In this report we set forth our action plan for the continued improvement of quality in nursing homes. Five coordinated sets of actions make up our comprehensive strategy:

1. Consumer Awareness and Assistance
2. Survey, Standards and Training Processes
3. Enforcement Activities
4. Quality Improvement
5. Quality Approaches through Partnerships

## Comprehensive Strategies

### 1. Enhance Consumer Awareness and Assistance

Older adults, people with disabilities, their families, friends, and neighbors are all essential stakeholders to consider when ensuring the quality of care in any health care system. The availability of relevant and timely information can enable individuals to be active and informed participants in their care. To that end, the Division of Nursing Homes (DNH) seeks to provide an increasing array of understandable information about nursing homes that can be accessed readily by the public.

#### A. Five-Star Quality Rating System

##### Background

The CMS created the *Nursing Home Compare* website in 1998. Since the creation of the website, DNH has regularly increased the amount information available to beneficiaries and their families about quality of care in nursing homes. In 2002, the Quality Measures and Health Assessment Group added 10 quality measures (QMs) to *Nursing Home Compare*, increasing the number of QMs to 18. In 2005, DNH expanded the Nursing Home Compare website to include Life Safety Code inspection results. In 2007, DNH began publishing the names of nursing homes that are a part of a more intense monitoring program for selected nursing homes with a history of performance issues. Further explanation of this monitoring program (called the Special Focus Facility program) can be found on page 15 of this document.

In 2008, we unveiled the *Nursing Home Compare Five-Star Quality Rating System*. This rating system was developed to help individuals, family members, and the public compare the quality of nursing homes more easily by synthesizing a large volume of information on the website into a more easily viewable star rating system. The website can be found at:

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<https://www.Medicare.gov/NHCompare/Home.asp>. CMS based the ratings on an algorithm that calculates a composite view of nursing homes from three measures: results from approximately three years of onsite inspections carried out by trained surveyors; performance on certain quality measures; and self-reported nursing staffing levels. CMS continuously seeks to improve the usefulness of the information on our websites. In 2009, CMS began structured surveys to obtain and analyze systematic information about how users search and employ the new information, the perceived strengths and limits of the website, and the overall usefulness of the website. CMS has also regularly conducted focus group sessions with consumers who have gone through nursing home searches. These focus groups provide important feedback about the usability and understandability of *Nursing Home Compare*.

In 2012, CMS made additional improvements to *Nursing Home Compare*. These included adding 7 additional quality measures derived from MDS 3.0 data, providing the full text of surveyors' deficiency findings, reporting the names of individual owners of nursing homes, and reporting on enforcement actions that CMS has taken against nursing homes. In 2015, CMS made improvements to the *Five Star Quality Rating System* by adding two quality measures to the 5-star calculation (short-stay and long-stay usage of antipsychotic medications), improving calculations for staffing levels, and reflecting higher standards for nursing homes to achieve a high rating on all measures publicly reported in the quality measures dimension on the website.

The DNH is also continuing to evaluate additional quality measures for nursing homes, particularly measures of hospitalization, discharge to community, and functional status improvement in both short- and long-stay nursing home residents. CMS will continue to regularly update and modify *Nursing Home Compare* to make the website easier to use and understand.

CMS continues to provide an easily searchable and downloadable copy of *Nursing Home Compare* data on the data.medicare.gov website. The data.medicare.gov site is suitable for regulators, researchers, quality improvement leads, and other individuals who have a need to download nursing home data. Data.medicare.gov also contains archives of *Nursing Home Compare* data for researchers who want to look at longitudinal trends.

## **B. Improving Staffing Data on the CMS website**

### **Background**

Staffing is one of three domains that make up the *Five-Star Quality Rating System* for nursing homes and was first posted on *Nursing Home Compare* in 1999. Staffing data are case-mix adjusted using the Resource Utilization Group (RUG III) categories. Case-mix adjustments allow for a fair comparison of staffing across facilities with different levels of resident acuity.

Adequate quantity and quality of staffing in a nursing home are key determinants of the level of care residents receive. Consequently, DNH publishes staffing information for each nursing home on *Nursing Home Compare*. Currently, this information is self-reported by nursing homes; therefore, DNH urges consumers to use this data in combination with the other data reported on *Nursing Home Compare* and with visits to nursing homes of interest, if possible.

Between 2008 and 2010, DNH made the following changes to *Nursing Home Compare*:

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- Implemented a case-mix adjustment system for the staffing domain of the *Five-Star Quality Rating System* for nursing homes.
- Collected public comment on mandatory electronic data collection through an addition to the 2010 skilled nursing facility (SNF) Prospective Payment System Rule.

Starting July 1, 2016, CMS will be collecting quarterly payroll-based staffing data nationwide which implements Section 6106 of the Affordable Care Act. DNH designed, developed and implemented a pilot system to collect this data between 2010 and 2012. Nursing homes voluntarily submitted data in October 2015. Additional information about the payroll-based staffing system can be found at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html>.

### **2016/2017 Action Plan**

Action Plan	Date
Seek input from consumers, providers, states and other relevant groups about the accuracy and usefulness of Nursing Home Compare website and about what new information would be useful to display on the website.	Fall 2015 and ongoing
Voluntary submission staffing data into Payroll-based Journal	October 2015
Conduct focus testing of <i>Nursing Home Compare</i> to improve understandability and navigability	December 2015
Gain insights from the <i>Nursing Home Compare</i> Technical Expert Panel to evaluate the use of new, MDS 3.0 Quality Measures	Ongoing
Evaluate additional quality measures for nursing homes	Ongoing
Add quality measures for hospital readmission, discharge to the community, and functional status improvement	Spring 2016
Mandatory submission quarterly payroll-based staffing data	July 1, 2016

## **2. Strengthen Survey Process, Standards and Training**

The CMS Survey and Certification Group (SCG) acts to assure basic levels of quality and safety for Medicare and Medicaid beneficiaries. Within SCG, DNH focuses on optimizing the health, safety, and quality of life for people living in nursing homes. Approximately 5,000 Federal and State surveyors conduct on-site surveys of certified nursing homes every 12 months on average to assure basic levels of quality and safety for beneficiaries.

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The DNH has undertaken several initiatives within the past few years to improve the effectiveness of the annual nursing home surveys, as well as the investigations prompted by complaints from consumers or family members about nursing homes.

## **A. Interpretive Guidance to Surveyors**

### **Background**

On July 16, 2015, the CMS published a Notice of Proposed Rulemaking (NPRM) that would revise the requirements that nursing homes must meet to participate in the Medicare and Medicaid programs. Once the rule is final, DNH must develop revised interpretive guidance to address the new regulatory requirements. DNH is also using this as an opportunity to review the existing interpretive guidance for clarity, effectiveness and updated standards of practice. The guidance supports a nationally consistent application of the survey process and interpretation of the regulatory language in evaluating facilities for compliance with nursing home requirements. The final product will include interpretive guidance based on current standards of practice, investigative protocols, and guidance to determine the severity and scope of deficiencies identified in a survey.

In addition to the guidance, DNH continues to provide improved methods of communicating this information. Training is made available via advance copies of S&C policy memos, training tools, and satellite broadcasts as needed. Beginning in 2012, monthly conference calls with Central and Regional Offices provide enhanced information to policy makers in Central Office regarding implementation of interpretive guidance in states and regions and how this process can be continuously improved. Current S&C Memos can be found at the following website: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html>.

### **2016/2017 Action Plan**

<b>Action Plan</b>	<b>Date</b>
Revisions to SOM Appendix PP based upon updated Interpretive Guidance and new S&C policy memos.	Ongoing

## **B. Improvements to the Nursing Home Survey Processes**

### **Background**

Approximately 5,000 Federal and State surveyors conduct on-site surveys of Medicare certified nursing home every 12 months, on average, to determine compliance with the federal requirements and assure basic levels of quality and safety for beneficiaries. The DNH has long recognized the need to improve the effectiveness of the Traditional Survey process based on critiques that included: 1- the need to improve consistency and accuracy of surveys; 2-the need to improve documentation of survey findings; and, 3-the need to develop a systematic approach to the review of the nursing home regulatory requirements. Since 2007, the DNH has used two separate

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processes for conducting the standard nursing home recertification survey, the Traditional Survey and the Quality Indicator Survey (QIS).

Since Fiscal Year (FY) 2012, DNH has focused on making adjustments and improvements to the QIS system for States that have implemented the QIS system rather than expanding the initiative to additional States. Examples include improvements to medication pathways, addition of the desk audit report capability for supervisors, changes to user interface, adjustments to the sample sizes for small facilities, solutions to certain computer and security C challenges, and additional flexibility in the system design to incorporate complaint investigations (being implemented this year).

The DNH expects to continue to make improvements so that the States currently participating in the QIS have the support necessary to conduct surveys as effectively as possible and to realize the benefits of the QIS process. At the same time, we continue to evaluate both the traditional survey and the QIS processes to identify, in both quantitative and qualitative terms, the strengths and limitations of each system. These efforts involve considerable data analysis from survey results, user feedback from CMS Regional Offices and State Survey Agencies, technical expert panels, reviews of CMS Form 2567 statements of deficiencies, and observational reviews of the nursing home survey.

In May 2015, the DNH produced a survey methodology status report that provides a high-level summary of the work done to examine nursing home survey methodologies for efficiency and effectiveness, as well as the actions that were taken to improve the processes, with particular emphasis on the QIS. That memorandum can be found at:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-15-40.pdf>

Since that time, CMS has been talking with stakeholders to explore those aspects of the survey processes that are working well at identifying quality issues and those aspects that could be improved. CMS' intent is to build on the best of both Traditional and QIS processes in developing a single revised survey methodology that can be implemented nationwide.

### **2016/2017 Action Plan**

<b>Action Plan</b>	<b>Date</b>
Development of revised survey methodology	Ongoing
Testing of revised survey methodology	November 2015 and after

## **C. Fire Safety and Life Safety Code in Nursing Homes**

### **Background**

The DNH initiatives to reduce nursing home fires focus on four action themes:

- Better Protection (such as improved standards)
- Better Information and Reporting (such as improved information on the Web)
- Better Monitoring (such as more DNH validation surveys)

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- Better Enforcement (such as improved methods of citing deficiencies).

The DNH continues to move toward better fire protection for nursing homes. On August 13, 2008, CMS published a final rule requiring that all long-term care facilities must have automatic sprinkler systems installed in accordance with the technical provisions of the 1999 edition of the NFPA 13, Standard for the Installation of Sprinkler Systems, published by the National Fire Protection Association (NFPA). The requirement includes a five-year phase-in period for installation. DNH published a rule in May, 2014 to allow for a limited extension of time for facilities undergoing renovation or reconstruction to install the required sprinkler systems. We will continue to collect and report information on the sprinkler status and survey results for nursing homes and post this information on the *Nursing Home Compare* website.

On April 16, 2014, CMS published a Notice of Proposed Rulemaking (NPRM) to adopt the 2012 edition of the NFPA 101, Life Safety Code published by the NFPA. The proposed rule will update the fire safety requirements for nursing homes both newly constructed and existing facilities.

The CMS also continues to move toward better emergency preparedness in nursing homes. On December 27, 2013, CMS published a NPRM to update and clarify emergency preparedness regulations for nursing homes. The proposed rule outlines improvements that nursing homes must make to improve a facility's response to a disaster. This includes more effective planning and response to various disasters that could affect a nursing home as well as additional revisions to the survey process once rules are final.

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<b>Action Plan</b>	<b>Date</b>
Sustain increase in validation surveys for Life Safety Code (LSC) to promote oversight and effective implementation of LSC surveys by states through use of contractor	Ongoing
Continue to assess the optimal frequency of LSC surveys of nursing homes within the context of other health and safety priorities	Ongoing
Develop options for greater efficiency in nursing home surveys, especially in relation to the life safety code inspections.	Ongoing

**D. Surveyor and Regional Office Training**

**Background**

The SCG provides a program of instruction for surveyors, supervisors, regional offices and State Agency staff members to assist them in surveying and certifying health facilities receiving funds from federal sources.

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The DNH continues to add resources to the Web-Based Training (WBT) curriculum. Most notable in FY 2010 were the widespread recognition of the online Basic Life Safety Code and Office of Civil Rights courses. Satellites and traditional WBT tools are typically for shorter training messages, while longer items are placed on the Blackboard learning management system. Select courses, such as the Minimum Data Set (MDS) training are placed in the traditional WBT setting to allow for provider access to the training. Tens of thousands of “hits” have been received for these trainings.

To make training more readily available, DNH created and piloted what DNH calls the Virtual Classroom (Blackboard) version of the LSC Basic. This allows surveyors to access training at any time of day via the Internet and to still have opportunities for interaction between students and instructors. This is a live-instructor-facilitated training and goes beyond the depth and complexity of WBT available through other mediums. Evaluation of this process showed that the Virtual Classroom produced results measurably better than that of the traditional classroom version. This has been replicated multiple times since the pilot. We currently offer 14 Basic Long-Term Care (BLTC) surveyor training courses including Magnet Area Training (MAT) State courses and two Life Safety Code (LSC) courses.

We also offer specialized training on the National Fire Protection Association Standard for Gas and Vacuum Systems (NFPA 99). These classes are offered annually depending upon the SAs projections of needs for surveyors in this class.

In addition to the training courses discussed above, the DNH offers training in:

- Complaint Investigation (further explanation of this can be found on page 9 of this document)
- Infection Control (further explanation of this can be found on page 10 of this document)
- MDS 3.0 (further explanation of this can be found on page 18 of this document)
- Adverse Events (further explanation of this can be found on page 21 of this document)

Classroom training for basic courses as well as satellite broadcasts and webcasts have been increased and archived by CMS for later viewing. These are on relevant clinical and program topics to increase consistency and understanding of Federal requirements among surveyors and providers. In FY 2008, we had more than 94 titles for surveyors’ use. The webcasts, satellites, and related videos are generally available for one year after they are first presented, but it is possible to keep topics of interest for longer periods. Subject matter experts (SMEs) extend the life of these training tools at the end of each year to assure that the materials are still current. DVDs and CDs have been distributed to CMS, ROs and major stakeholder groups.

## **E. Long Term Care Surveyor Training and Testing**

### **Background**

The Omnibus Budget Reconciliation Act of 1987 (OBRA ’87) requires all surveyors of certified Medicare/Medicaid LTC are board certified within their professional discipline and successfully complete a CMS approved training and testing program. In response to the OBRA ’87 mandate, DNH created and facilitates a Basic Long Term Care Course (BLTCC) which is the classroom

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portion of surveyor candidate training. Before a survey candidate is allowed to request registration for the BLTCC, the surveyor candidate must successfully complete all prerequisite training and evaluations. Upon successful completion of all prerequisite and classroom training the surveyor candidate must successfully complete the Surveyor Minimum Qualifications Test (SMQT).

The purpose of the SMQT is to ensure surveyor candidates demonstrate the knowledge, skills and abilities required to observe and evaluate compliance of LTC facilities with Federal requirements. Surveyor candidates must successfully complete the SMQT to independently survey long term care facilities.

To remain in compliance with current statutory mandates, test questions are routinely reviewed and vetted by DNH, LTC subject matter experts (SME), and the contractor. The steps involved in the test question review process consist of the following:

- DNH, SMEs and the contractor evaluate current questions for retention, editing or discarding.
- DNH, SMEs and the contractor collaborate to research, create and validate new test questions.
- New and edited test questions are pilot tested and re-evaluated before the question is included in the surveyor final test question pool.

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<b>Action Plan</b>	<b>Date</b>
Through collaboration with DNH, SMEs and the contractor review existing SMQT question bank to identify questions for editing or discarding which are no longer consistent with current LTC survey guidance	Ongoing
Identify test question knowledge gaps, and create questions that are consistent with current LTC survey guidance. New test questions will be vetted through DNH, SMEs and the contractor before being piloted on the SMQT	Ongoing

**F. Complaint Investigation Process**

**Background**

In the Fall of 2010, the Training Division of CMS Central Office established the Complaint Investigation and Supervisory Review (CI/SR) and LTC Analysis Tasks under a CMS Contract. The objectives of this project were:

- To gather information concerning the investigation of complaints and supervisory review in SAs and ROs,

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- To identify the challenges facing those agencies in performing these tasks,
- To investigate causes of under-citation of deficiencies and obtain information from stakeholder groups about their perception of current problems with the complaint investigation process.

Since March 2011, DNH has been working with CMS Regional Offices and States in response to the Government Accountability Office (GAO) Draft Report: “Nursing Homes: More Reliable Data and Consistent Guidance Would Improve CMS Oversight of State Complaint Investigations (GAO-11-280).” The report focuses on the timeliness and adequacy of complaint investigations and CMS’s oversight at the Central and Regional Office (RO) levels.

The DNH is working to improve consistency in:

- SA’s complaint intake and triage procedures (including prioritization and processing);
- Use of the ACTS (ASPEN Complaint Tracking System) database;
- Survey investigations, substantiation/ decision making, reporting of results (disclosure of information to complainants);
- Regional Office oversight of the procedures and investigations conducted at the SA level; and,
- Surveyor investigative skills (which include creation of training components).

#### **2016/2017 Action Plan**

<b>Focus Areas</b>	<b>Action Plan</b>	<b>Date</b>
Intake and triage	Ongoing work focuses on an evaluation of how complaint intake cases were triaged, and the outcomes of the complaint investigations. These evaluations will inform the intake and triage training that is currently under development.	Fall 2015- Summer 2016
Investigative skills training for surveyors	DNH staff are contributing members of the workgroup that is developing a series of web-based investigative skills training webinars.	Fall 2015- Summer 2016

#### **G. Infection Control in Long-Term Care**

##### **Background**

Healthcare associated infections (HAIs) are largely preventable, but occur far too often in nursing homes. The high incidence of HAIs in nursing homes is due to multiple factors including, but not limited to understaffed facilities, staff without the appropriate training or time to prevent infections early, overtreatment with antibiotics, the increasing clinical complexity of the average nursing home

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resident, and frequent transitions between care settings that lead to the transmission of HAIs. Additionally, nursing homes frequently lack a systematic approach to prevent and identify HAIs.

The HAIs reduce nursing home residents' quality of life; increase the risks for acute hospitalizations (with their associated negative sequelae), morbidity, and mortality; and further strain the limited resources of the provider community. It has been estimated in the medical literature that 1 to 3 million serious infections occur every year in these facilities, and infections are a major cause of hospitalization and death with as many as 300,000 people dying of infection in long term care facilities annually. These infections include urinary tract infection, diarrheal diseases, antibiotic-resistant staphylococcal infections and many others. Reducing HAIs, therefore, is an important goal for DNH. We will accomplish this strategic objective through multiple projects, described below, many of which are currently underway, using all the tools and levers we have available while enlisting the help from our partners in the payer and provider communities.

### **Partnership with Federal agencies**

There is a clear need to assess the continuum of infection prevention efforts between hospitals and nursing homes in order to prevent transmission of infections in both settings. The DNH is embarking on an intra-agency agreement with the Centers for Disease Control and Prevention (CDC) to investigate HAIs during transitions of care. The agreement provides funding to the CMS from the CDC to meet identified joint priorities related to assessing the continuum of infection prevention efforts between hospitals and nursing homes in order to prevent transmission of infections in both settings, particularly in catchment areas. Efforts in this area can be used to strengthen the nursing home survey process and the connection between infection control non-compliance and any technical assistance needed to achieve sustainable improvements in hospitals with higher than expected infection rates. This will be accomplished by leveraging existing policies and tools and by developing a pilot survey to better assess compliance with infection control regulations.

### **Ongoing Survey and Certification Work Related to HAIs**

The DNH continues to work with CDC and other partners in a number of areas. Most recently, DNH broadcasted a three-part infection control webinar series for State and federal surveyors. These webinars provided an overview of current issues in infection control and prevention. Topics covered included multi-drug resistant organisms (MDRO), urinary tract and respiratory tract infections, and general infection control and prevention in the nursing home environment with some emphasis placed on *Clostridium difficile* (*C. difficile*) infection.

Once the production of the webinar series was publicized, the DNH received multiple inquiries from providers requesting a similar webinar series targeted to that audience. The DNH will explore the possibility of offering a one or two part webinar series to nursing home providers. We are also currently participating in development of a cross-provider training within the Survey and Certification Group that will serve as a resource regarding general infection control issues applicable to all facility surveyors.

The DNH continues to field questions related to infection control and prevention and update the guidance for F441 as needed. Most recently, updates to policy guidance for F441 were published in

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the spring of 2015 with the addition of new guidance related to single use devices and reprocessing of these devices, single dose and single use medications, insulin pens, and management of laundry processing to prevent spread of infection. Future updates may include addition of policy guidance related to urinary tract infections (UTIs) and catheter-associated urinary tract infections (CAUTI).

### **2016/2017 Action Plan**

<b>Action Plan</b>	<b>Date</b>
Initiate intra-agency agreement with CDC to improve infection control and prevention in hospitals and LTC facilities and during transitions of care	Ongoing
Develop an infection control surveyor worksheet that will be used during 10 pilot nursing home surveys to assist in strengthening the nursing home survey process and assess for new antibiotic stewardship requirement	FY 2016
Conduct 40 hospital and LTC surveys (one hospital and one LTC facility in that hospital's catchment area), use the survey findings to develop an action plan to improve infection control and prevention in each facility and during transitions of care, and offer technical assistance to each facility to implement the action plan	FY 2017
Develop infection control webinars and other trainings for surveyors	Completed and Ongoing
Initiate investigation into development of an infection control training for nursing home providers	Ongoing
Revise policy guidance for F441 as needed	Ongoing

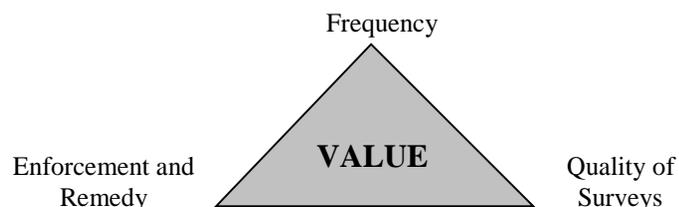
## **H. State Performance Standards**

### **Background**

In FY 2001, CMS implemented a uniform State Performance Standards System (SPSS) to determine whether the SAs were meeting the requirements for the survey and certification program and to identify areas for improvement in management. In FY 2002, CMS added hospitals, end-stage renal disease (ESRD) facilities, intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs) – formerly referred to as intermediate care facilities for people with mental retardation (ICF/MRs) – and home health agencies (HHAs) to the SPSS.

In FY 2006, the SPSS, as illustrated below, was redesigned in order to emphasize that the value of the survey program stems not only from completing surveys timely, but also from the quality of the surveys themselves, the proper identification of deficiencies, and the enforcement and remedy of identified problems in Medicare/Medicaid-certified providers/suppliers, preferably through systemic change.

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**Frequency + Quality of Surveys + Enforcement and Remedy = Value**

- *Timeliness and Frequency of surveys:* Off-hour surveys for nursing homes, frequency of surveys, and frequency of data entry of standard surveys
- *Quality of Surveys:* Documentation of deficiencies; conduct of surveys in accordance with Federal standards; documentation of noncompliance, accuracy of documentation, prioritizing complaints and incidents, timeliness of complaints and incident investigations; quality of Emergency Medical Treatment & Labor Act (EMTALA) investigations; and quality of complaint/incident investigations
- *Enforcement and Remedy:* Timeliness of processing immediate jeopardy cases, timeliness of mandatory denial of payment for new admissions notification, processing of termination for non-nursing homes, and Special Focus Facilities

The fundamental elements in the SPSS have remained the same, with improvements made to:

- align performance measurement with Federal survey and certification priorities,
- assure that non-nursing home provider/suppliers are being surveyed,
- respond to changes made to policies and guidance, and
- detect whether problems exist in the identification of deficiencies during surveys.

Starting in the spring of 2012, DNH generated a quarterly report on performance to help Regional Offices (ROs) identify states that are in the early stages of falling behind on the completion of surveys, so that early interventions can be initiated. Since then, the SPSS has provided feedback to States and regions that may have contributed to improvement in key areas.

**2016/2017 Action Plan**

Action Plan	Date
Finalize FY 2016 State Performance Standards protocol	Fall 2015
Develop national reports to support the evaluation of the SPSS and to allow for continuous monitoring by the States and ROs	Ongoing
Monitor State performance and require that States develop and implement corrective action plans to address identified problems	Ongoing

### 3. Improving Enforcement Activities

The DNH is committed to improving the quality of care and life for nursing home residents. As part of our commitment we are working to improve the use and effectiveness of enforcement remedies to assure facility compliance with federal regulations.

Our enforcement strategic plan encompasses goals and objectives geared toward maximizing our efforts and expanding and strengthening partnerships with Regional Offices (ROs), States, Federal programs, consumer advocates, national associations, and other CMS Centers and groups for the purpose of improving enforcement activities by focusing on transparency, consistency in application of enforcement remedies and data management to track enforcement actions across the nation.

#### A. Enforcement Policies

##### Background

As we continue our efforts to strengthen and improve our nursing home enforcement practices and policies, DNH developed a Nursing Home Enforcement Strategic Action Plan. This action plan includes goals and objectives for the purpose of providing on-going improvement to our enforcement policies and practices.

The action plan focuses on transparency, consistency in national application of enforcement remedies, including data management to monitor enforcement actions across the nation. Our efforts to improve enforcement activities include but are not limited to the following activities:

##### 2016/2017 Action Plan

Action Plan	Date
Tracking the imposition of enforcement remedies through development of National, Regional and State-specific data reports that can be shared with CO, RO, States and the Public	Ongoing
Conducting quarterly calls with each RO to discuss enforcement trends, issues, concerns and enforcement improvement opportunities	Ongoing
Providing additional enforcement training for CMS ROs and State Survey Agencies. The training will be web-based and will focus on LTC enforcement for those who are new to LTC	May 2016
Revising Chapter 7 of the SOM to expand the circumstances where remedies must be imposed, clarify guidance and ensure appropriate and consistent national application of enforcement policies and remedies	July 2016
Publishing Nursing Home Enforcement Reports	July 2016
Improving efforts to monitor and track Special Focus Facilities	Ongoing
Evaluating the use and application of the CMP Analytic Tool for efficiency and consistency	Ongoing

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DNH is drafting guidance for citing IJ where an IJ has occurred after the exit date of the last Standard Health or LSC survey, but prior to the current survey yet noncompliance continues at a lower severity at the time of the current survey	Spring 2016
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**B. Federal Civil Money Penalty Fund**

**Background**

Through LTC surveys, State Agencies acting on behalf of the Secretary identify deficiencies and invoke Federal regulations at §160.410, which states, “The Secretary will impose a civil money penalty upon a covered entity or business associate if the Secretary determines that the covered entity or business associate has violated an administrative simplification provision. In determining the amount of any civil money penalty, the Secretary will consider factors, which may be mitigating or aggravating as appropriate. Once a determination of the Secretary to impose a penalty has become final, the penalty will be collected by the Secretary, subject to the first sentence of 42 U.S.C. 1320a-7a(f)”.

The Affordable Health Care, Elder Justice, and Social Security Acts authorizes the use of CMPs to further the mission of CMS by generating innovative thought and processes in the areas of reduction of adverse events, enhanced staffing, and improved dementia care in adult long term care facilities. The outcomes from the CMP solicitation will potentially become the foundation for national implementation. The multi-year CMP solicitation is currently being drafted, and upon publication will specifically state CMP fund parameters and Office of Management and Budget (OMB) auditing requirements.

**2016/2017 Action Plan**

Action Plan	Date
DNH approved CMP Solicitation	September 2016
Publication of Solicitation	October 2016
Awarding of Funds	December 2016

**C. Monitor Civil Monetary Penalty Amounts**

**Background**

The DNH, with Regional Office input, issued a memorandum and final CMP Analytic Tool and conducted a pilot test from April 1, 2013-September 30, 2013. Data reports of pilot were completed and information was collected to evaluate the usefulness and effectiveness of the CMP Analytic Tool and guidance. Adjustments and changes were made as appropriate in June 2014.

**2016/2017 Action Plan**

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Action Plan	Date
DNH will monitor CMP Analytic Tool usage for consistency in the application of enforcement remedies and meet with ROs to discuss results of analysis of national enforcement remedies.	Ongoing
DNH will make SOM revisions that apply to the range of per instance CMPs.	July 2016

**D. Special Focus Facilities (SFF)**

**Background**

While many nursing homes meet minimum nursing home requirements either upon survey or within a short period afterwards, some nursing homes pass one survey, only to fail the next survey for issues identified previously and perhaps intensified. DNH experience shows that such facilities rarely address the underlying systemic problems that have given rise to repeated cycles of serious deficiencies.

In recognition of this phenomenon, DNH created the SFF program in 1998 as one of the initiatives of the Nursing Home Oversight and Improvement Program. The purpose of the SFF program was to decrease the number of persistently poor performing nursing homes by directing more attention to nursing homes with a record of poor survey performance. In January 1999, we instructed SAs to conduct two standard surveys per year for each SFF instead of the one required by law. DNH also requested that States submit a monthly status report listing surveys, revisits, or complaint investigations of SFFs they conducted in that month.

With collaboration with the States, DNH identified areas where the SFF program could be improved. In December, 2004, DNH augmented the SFF program by:

- ***Increasing the Number of Nursing Homes in the SFF program:*** We increased the total number of facilities by about 30%, with larger states having more SFFs than smaller states (instead of 2 nursing homes in every state)
- ***Better Selection:*** Improving the data and methods by which substandard nursing homes are identified, thereby enabling states to move on to other nursing homes on the candidate list if the original nursing homes show significant improvement
- ***Stronger Enforcement:*** Implementing more robust enforcement for nursing homes that fail to make progress
- ***Reduced Reporting Burden:*** Removing the monthly reporting requirement for states; current requirements for surveying each SFF twice a year remain unchanged
- ***Building in Timeframes for Action:*** Requiring that nursing homes have three standard surveys to make improvements and graduate from the program, make significant improvement or face termination as referenced in S&C Memo 10-32-NH.

In FY 2008, DNH made further improvements to the SFF initiative by requiring that states notify nursing homes designated as a SFF and requiring that states notify other accountable parties such as owners, governing parties, and other additional parties such as the State Ombudsman, the State

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Medicaid Agency, and a state’s Quality Improvement Organization. Another improvement was posting the names of all SFF nursing homes on the Nursing Home Compare website. SFF’s names are organized so consumers and families can distinguish between nursing homes that have significantly improved and those that have not, have graduated, or have terminated participation in the Medicare Program, as well as SFF nursing homes that have recently been added to the SFF initiative.

In FY 2011, DNH made additional improvements to the SFF initiative by initiating quarterly calls to the CMS ROs to discuss the status of any nursing home that continues on the SFF program for a time exceeding 24 months. DNH discusses the history of the nursing home as to how the past survey results led to their designation as a SFF. The DNH and ROs also discuss enforcement remedies, quality assurance programs such as the Advancing Excellence program, conferences with ownership and management of the facility, monitoring tools from the State Survey Agency and RO, and recommendation for Termination or a System Improvement Agreement.

In FY 2013, DNH modified the programmatic oversight of those nursing homes that have exhibited a persistent pattern of poor quality and have been enrolled in the SFF initiative. The operational adjustment implemented on the quarterly calls to the RO involved reviewing all SFF who were on the list for more than 12 months. The second adjustment initiated a “last chance” on site survey for those facilities that have been on the SFF list for more than 18 months and have failed to improve.

DNH will be developing several pilot programs in various CMS Regions and may be making additional policy adjustments to the SFF program. The pilot programs are designed to evaluate other interventions for the SFF program.

**2016/2017 Action Plan**

<b>Action Plan</b>	<b>Date</b>
Post all SFF names on Nursing Home Compare website	Ongoing, updated monthly
Develop further guidance on enforcement options for SFFs	Ongoing, quarterly
Phone calls to the Regions of SFF nursing homes exceeding 12 months and the 18 months “last chance” survey	Ongoing, quarterly

**E. Notice of Facility Closure of Nursing Homes**

**Background**

Under Sections 1128I(h) and 1819(h)(4) of the Social Security Act (the Act) and regulations at 42 CFR §§483.75(r) and (s), individuals serving as the administrator of a Skilled Nursing Facility (SNF), Nursing Facility (NF) or SNF/NF must provide written notification of an impending closure of a facility including the plan for relocation of residents at least 60 days prior to the impending closure; or, if the Secretary terminates the facility’s participation in Medicare or Medicaid, not later than the date the Secretary determines appropriate. Specifically, the administrator must notify the

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State, CMS, long-term care ombudsman, residents of the facility, and legal representatives (or other responsible parties), ensure that the facility does not admit new residents, and provide a plan for the safe transfer and adequate relocation of residents. CMS may also impose a CMP against an administrator (up to \$100,000) for failure to meet these closure notice requirements. An interim final rule was published in the *Federal Register* in February 2011 and a final rule was published on March 15, 2013 and became effective on April 18, 2013.

In April 2011, a Survey & Certification Group memorandum was issued to the State Survey Agency Directors highlighting Section 6113 of the Affordable Care Act “Notification of Facility Closure” with a copy of the interim final rule. In August 2013, a Survey & Certification Group memorandum was issued providing surveyor guidance for the final rule and regulations.

#### **2016/2017 Action Plan**

<b>Action Plan</b>	<b>Date</b>
Finalize Guidance for “Notification of Facility Closure” for Chapter 7 (SOM)	Fall 2015
Finalize Collection Procedure with OFM for Sanctions for Nursing Home Administrators	Fall 2015

## **4. Promote Quality Improvement**

The DNH promotes a system-based, comprehensive program of quality improvement as well as improvement in a number of specific areas. These areas include reducing inappropriate use of antipsychotics and reduction in the extent to which physical and chemical restraints are used in nursing homes.

### **A. Maintenance of Minimum Data Set 3.0**

#### **Background**

The statutory authority for the RAI is found in Section 1819(f)(6)(A-B) for Medicare and Section 1919 (f)(6)(A-B) for Medicaid, of the Social Security Act (SSA), as amended by the OBRA '87. These sections of the SSA require the Secretary of the Department of Health and Human Services (the Secretary) to specify a Minimum Data Set (MDS) of core elements for use in conducting assessments of nursing home residents. It furthermore requires the Secretary to designate one or more resident assessment instruments based on the MDS.

The regulations implementing OBRA '87 require nursing homes that are Medicare certified, Medicaid certified or both, to conduct initial and periodic assessments for all their residents. The Resident Assessment Instrument (RAI) process, the basis for the accurate assessment of each nursing home resident, consists of three basic components:

- Minimum Data Set (MDS) Version 3.0
- Care Area Assessment (CAA) process

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- Utilization Guidelines

While its primary purpose as an assessment tool is used to identify resident care problems that are addressed in an individualized care plan, data collected from MDS assessments is also used for the Medicare reimbursement Prospective Payment System (PPS), many state Medicaid reimbursement systems, and monitoring the quality of care provided to nursing home residents.

MDS assessment data are also used to monitor the quality of care in the nation's nursing homes. MDS-based quality measures (QMs) were developed by researchers to assist: (1) State Survey and Certifications staff in identifying potential care problems in a nursing home; (2) nursing home providers with quality improvement activities/efforts; (3) nursing home consumers in understanding the quality of care provided by a nursing home; and (4) CMS with long-term quality monitoring and program planning. DNH continuously evaluates the usefulness of the QMs, which may be modified in the future to enhance their effectiveness.

In keeping with the objectives set forth in the Institute of Medicine (IOM) study completed in 1986 (Committee on Nursing Home Regulation, IOM) that made recommendations to improve the quality of care in nursing homes, the RAI provides each resident with a standardized, comprehensive and reproducible assessment.

The CMS' original RAI was published in 1990 and implemented in all States by 1991. CMS subsequently undertook a collaborative process to revise the RAI, which culminated in the release of MDS version 2.0 (MDS 2.0) in 1995. In response to changes in nursing home care, resident characteristics, advances in resident assessment methods, and provider and consumer concerns about the performance of the MDS 2.0, the MDS Version 3.0 was implemented in October 2010. The goals of MDS 3.0 are to introduce advances in assessment measures, increase clinical relevance of items, improve the accuracy and validity of the tool, increase user satisfaction, and increase the resident's voice by introducing more resident interview items. We continue to evaluate the MDS Assessment tool and RAI manual on a regular basis to look for opportunities for improvement.

### **MDS 3.0 Focused Survey**

In mid-2014, the SAs and DNH piloted a short-term focused survey to assess MDS 3.0 coding practices and its relationship to resident care in nursing homes in five states. The pilot was completed in August 2014 and enabled surveyors (who received specialized training for these surveys) to review the nursing home resident assessment processes in more depth than the annual surveys. For example, findings from the surveys included inaccurate staging and documentation of pressure ulcers, lack of knowledge regarding the classification of antipsychotic drugs, and poor coding regarding the use of restraints. Deficiencies were identified and cited on all but one survey (i.e., 24 of 25 surveys). Therefore, since these surveys enhanced surveyors' ability to identify errors and deficiencies related to MDS coding and resident care, the surveys have been expanded nationwide in 2015.

Finally, through the passage of the "Improving Medicare Post-Acute Care Transformation Act of 2014" (IMPACT Act), we aim to standardize certain aspects of assessment tools and quality measures. To accomplish this, we plan to work with other CMS components and industry stakeholders to seek standardization while always keeping the identification of residents' needs as

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the primary objective of the MDS assessment.

**2016/2017 Action Plan**

<b>Action Plan</b>	<b>Date</b>
National Expansion of MDS/Staffing Focused Survey	May 2015-ongoing
Revisions to the MDS 3.0 assessment tool for improved resident assessment, and inclusion of standardized items related to the IMPACT Act	Effective October 2016
Revisions to the Long-Term Care Facility Resident Assessment Instrument (RAI) User’s Manual, MDS 3.0	Effective October of each year
State RAI Coordinator’s Training – Classroom training	Spring 2016
MDS/RAI Provider Training	Summer 2016
MDS 3.0 and Quality Measure updates	Monthly State Calls; Q&As—Ongoing

**B. Quality Assurance and Performance Improvement (QAPI)**

**Background**

The DNH has undertaken a bold initiative to broaden quality activities in nursing homes. The provisions set forth at section 1128I (c) of the Social Security Act, as added by Section 6102c of the Affordable Act require that the Secretary (delegated to CMS) shall establish and implement a QAPI program for facilities that includes development of standards (regulations) and provision of technical assistance on the development of best practices in order to meet regulation standards.

Since passage of the Affordable Care Act, we have embarked on a mission to develop and disseminate technical assistance, tools and resources to assist nursing homes establish best practices in quality management and safety systems to prevent adverse events.

**Launch of QAPI Webpage**

In the summer of 2013, DNH launched its QAPI webpage for nursing homes. This webpage contains a set of tools and resources designed to help nursing homes begin implementing the foundations of QAPI. Among the tools and resources are *QAPI at a Glance*, a detailed guide that will enable nursing homes to understand QAPI principles and begin to incorporate these principles into their systems of care. Within *QAPI at a Glance*, nursing homes will find tools to help their facilities establish QAPI. Additionally, we developed a news brief containing concise, interesting articles intended to give a better understanding of some of the key principles of QAPI. Nursing home providers can download the news brief from the QAPI website. The QAPI website can be found at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/nhqapi.html>. Visitors to the site may also email any questions to: [Nhqapi@cms.hhs.gov](mailto:Nhqapi@cms.hhs.gov). DNH continues to add tools and

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resources to the webpage that can be helpful in improving the quality of care and services, as well as safety systems in nursing homes.

### **QAPI in Nursing Homes Rule**

Section 1128I(c) of the Social Security Act requires CMS to promulgate a new QAPI regulation. Nursing home requirements for QAPI have been published in the proposed rule, Reform of Requirements for Long-Term Care Facilities. The proposed QAPI rule will require that all nursing homes establish and implement effective, comprehensive, data-driven QAPI programs that focus on systems of care, including indicators of outcomes of care, quality of life, and resident and staff satisfaction. We believe effective nursing home QAPI can transform the lives of nursing homes residents through continuous attention to quality of care and quality of life.

### **QAPI for Surveyors and Consumers**

Throughout planning and development for the program of technical assistance for nursing home providers, DNH became keenly aware that in order to facilitate a true paradigm shift to systems thinking in the country's nursing homes, it would be necessary to include tools and resources for nursing home surveyors and consumers. In addition to developing interpretative guidance on the forthcoming QAPI regulation, we are planning to develop training sessions that will help surveyors better identify when negative outcomes are symptoms of underlying systems failures. Additionally, DNH is planning to develop resources and tools that empower and engage nursing home residents, their families, and advocates.

### **Adverse Events**

In February 2014, the Office of Inspector General (OIG) released its report, "Adverse Events in Skilled Nursing Facilities (SNF): National Incidence among Medicare Beneficiaries" where the OIG found that 22 percent of Medicare beneficiaries experienced adverse events in their first 35 days while residing in a SNF. An additional 11 percent of residents experienced temporary harm events during the same time period. It was determined that 59 percent of these adverse events and temporary harm events were clearly or likely preventable.

The DNH requirements regarding resident safety in nursing homes include both broad, facility-wide mandates (such as staff training) and requirements specific to certain practices (such as treatment of pressure ulcers). Quality management principles and safety systems must be in place to identify, track and reduce adverse events in nursing homes.

The CMS collaborated with the Agency for Healthcare Research & Quality (AHRQ) and the OIG to develop a tool which includes potentially preventable medication-related adverse events, risk factors, triggers, and probes to assist surveyors in investigating actual and potential adverse events and evaluate whether systems are in place to prevent medication-related adverse events. Use of the draft tool is not mandatory but may aid surveyors in assessing compliance around medication issues during standard and complaint surveys. Nursing home providers may also find it useful as a risk management tool. The trigger tool is one of several tools CMS used in a pilot Focused Survey on Medication Safety Systems. The focused survey looks at nursing home practice around high-risk and problem-prone medications, such as Coumadin.

**2016/2017 Action Plan**

<b>Action Plan</b>	<b>Date</b>
Continue to add Tools/Resources to QAPI Webpage	Ongoing
Development of Nursing Home surveyor training	Fall 2016
Development of Nursing Home Consumer materials –	Fall 2016
Development of Focused Survey on Medication Safety Systems (Adverse Events)	Fall 2015

**C. National Partnership to Improve Dementia Care in Nursing Homes**

Antipsychotic medications are frequently prescribed off label to residents with dementia related behavioral and psychological symptoms (BPSD). This has led to increased attention to the behavioral health management of nursing home residents and the potentially inappropriate use of antipsychotics in this population. Evidence suggests that antipsychotics have limited benefits in this population, and the potential for adverse consequences such as the risk of movement disorders, falls, hip fractures, cerebrovascular accidents, and death. Additionally, nursing home residents are medically complex and take multiple medications that increase their risk of adverse effects and drug interactions.

Based on continued evidence that nursing home residents are at risk for adverse events due to polypharmacy and overuse of many different types of medications, CMS has undertaken a national partnership with collaborative parties both internally and externally. This partnership currently focuses on one particular class of medications, antipsychotics, in an effort to reduce the overall use of these agents in nursing homes. However, as outlined in F329, DNH still expects surveyors to evaluate other important classes of medications for unnecessary use, such as antibiotics, anticoagulants, proton pump inhibitors and others (F329 focuses on the importance of looking at all medications as well as implementation of non-pharmacological approaches to optimize the care of residents in nursing homes). The DNH is taking a multidimensional approach to improving the quality of care provided to individuals with dementia living in nursing homes.

The potential overuse of antipsychotic agents is a symptom of a much larger problem – namely that many nursing home providers may not have a systematic plan to provide comprehensive behavioral health management to residents with diagnoses such as dementia and BPSD. DNH believes that the intent of OBRA '87 and current regulations already support a number of essential elements that must be in place in order for nursing homes to be in compliance with federal regulations on quality of care and quality of life related to behavioral health.

**Background**

- Case Studies: (a) In FY2013, CMS conducted a study to examine 200 nursing home residents' records. The purpose of the study was to describe factors influencing

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antipsychotic prescribing practices and patterns of prescribing, so that effective interventions can be identified;

- State Collaboration: In early FY 2012, SCG began working with the State of Illinois in support of their effort for full reporting of prescription drug use in nursing homes (pursuant to a State law and in collaboration with their Prescription Monitoring Program); the first report was presented in FY 2013.

### **Measurement**

- Quality Measures: CMS is developing quality measures and quality indicators, such as (a) use of claims data to generate frequency data on all nursing home residents, and (b) development of MDS 3.0-based quality measures on unjustified antipsychotic medication use.

### **Public Information**

- Nursing Home Compare: CMS posted two new quality measures related to antipsychotic medications in FY 2012. The new measures include an incidence measure that assesses the percentage of short-stay residents that are given an antipsychotic medication after admission to the nursing home, and a prevalence measure that assesses the percentage of long-stay residents that are receiving an antipsychotic medication. In early 2015, the nursing home Five Star Quality Rating System began including the use of antipsychotic medications when calculating nursing home ratings. Changes to the Five Star Quality Rating System, demonstrate that DNH has raised the bar for performance and anticipates nursing homes will make quality improvements to achieve these higher standards.

### **Technical Assistance and Training**

- Surveyor Trainings: DNH has developed and released three mandatory surveyor training videos on the care of persons with dementia. The first program provides background information on the National Partnership to Improve Dementia Care and survey basics related to the care of persons with dementia and unnecessary medications. The second program is an interactive self-study with video clips that walks through portions of an actual nursing home survey. The third is a video-streaming program that discusses how to cite severity. In 2015, DNH produced an additional surveyor training related to investigation related to dementia care practices and an evaluation of psychosocial harm.
- Surveyor Guidance: DNH released an advanced copy of clarifications to Appendix P *State Operations Manual* (SOM) and Appendix PP in the SOM for F309 – Quality of Care and F329 – Unnecessary Drugs.
- Focused Surveys: In 2014, DNH initiated a focused dementia care survey in five volunteer states. Based upon surveyor feedback and pilot data analysis, DNH expanded upon the work of the focused survey pilot and invited States to conduct such surveys in FY 2015 on a voluntary basis. The expansion project will involve a more intensive, targeted effort to improve surveyor effectiveness in citing poor dementia care and the overutilization of

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antipsychotic medications, and broaden the opportunities for quality improvement among providers. Survey tools, protocols, and training materials were revised to create a more streamlined review process. For FY2016, DNH will be working with a contractor to conduct focused dementia care surveys in selected facilities.

### **Professional Practice**

- **Practitioner Support and Outreach:** DNH continues to reach out to key practitioners, such as nursing home medical directors, directors of nursing, and pharmacists, to enlist their support and action in addressing the inappropriate use of medications.

### **2016/2017 Action Plan**

<b>Action Plan</b>	<b>Date</b>
Revise focused survey tools, based upon surveyor feedback and pilot data analysis.	Fall 2015
Conduct focused dementia care surveys in selected states	FY2016
Continue coordination of efforts and alignment of strategies between the National Nursing Home Collaborative (QIN-QIO 10 <sup>th</sup> and 11 <sup>th</sup> SOWs), Advancing Excellence in America's Nursing Homes Campaign, National Partnership to Improve Dementia Care in Nursing Homes and Quality Assurance and Performance Improvement (QAPI)	Ongoing
Training for surveyors, providers, prescribers	Ongoing

## **5. Create Strategic Approaches through Partnerships**

Effective quality assurance in nursing homes is best achieved through the combined, motivated, and coordinated approach by many stakeholders in the health care system, including:

- Consumers, their families, and their friends
- Providers
- Purchasers, including CMS, states, private and public health plans, and individual purchasers or policy-holders
- Professionals, professional associations, workers of all types
- Survey and Certification agencies (States and CMS)
- Quality Improvement Organizations
- Universities and other educational and research organizations
- Legal rights organizations, including advocacy groups such as the American Association of Retired Persons (AARP), State Ombudsmen, and law enforcement.

Although each entity within the system may have different roles and responsibilities, the goal of quality care is advanced when an increasing number of entities in the system can act synergistically. When such a concerted action is achieved, the total can indeed become greater than “the sum of its

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parts.” Therefore, it is our mission to encourage collaboration among the principal individuals and organizations that are responsible for ensuring quality.

#### **A. Collaboration between SAs and QIOs**

The QIOs are contractors for CMS. QIOs provide free assistance to hospitals, nursing homes and other providers of care for Medicare beneficiaries to address issues related to better clinical outcomes for patients, program efficiencies, and cost savings to the Medicare Trust Fund.

In April 2015, CMS and the Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs) launched the National Nursing Home Quality Care Collaborative with the mission to improve care for nursing home residents across the country. The Collaborative strives to instill quality and performance improvement practices, eliminate Healthcare-Acquired Conditions (HACs), and dramatically improve resident satisfaction by focusing on the systems that impact quality such as: staffing, operations, communication, leadership, compliance, clinical models, quality of life indicators and specific, clinical outcomes (targeted focus on inappropriate antipsychotics in persons living with dementia, falls, pressure ulcers, physical restraints, urinary tract infections, and healthcare-acquired infections).

For more information on current work that is being done by the QIOs, please visit <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityImprovementOrgs/index.html>.

#### **B. Advancing Excellence in America’s Nursing Homes Campaign**

The CMS collaborates with 30 national organizations to facilitate a national nursing home quality campaign entitled *Advancing Excellence in America’s Nursing Homes* ([www.nhqualitycampaign.org](http://www.nhqualitycampaign.org)). The unprecedented, collaborative campaign, which began in 2006, seeks to dramatically advance the quality of care and quality of life for those living or recuperating in America’s, approximately, 15,654 nursing homes. The *Advancing Excellence in America’s Nursing Homes Campaign* is helping nursing homes and others coordinate their energy and resources and aligns with other current initiatives such as the National Partnership to Improve Dementia Care in Nursing Homes, CMS GPRG goals, Quality First, the Campaign for Quality Care, and the culture change movement.

The national campaign has focused on the following actionable goals and demonstrated that nursing homes that select a goal and work on do, in fact, improve at a rate faster than others:

- Goal 1: Consistent Assignment
- Goal 2: Hospitalizations
- Goal 3: Person-Centered Care
- Goal 4: Staff Stability
- Goal 5: Infections
- Goal 6: Medications
- Goal 7: Mobility
- Goal 8: Pain
- Goal 9: Pressure Ulcers

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Based on the latest available count of Medicare/Medicaid nursing homes, more than 9,810 providers have joined the Campaign. This represents more than 62.7% of all nursing homes in the United States. In addition, nearly 4,000 consumers have joined the Campaign.

Participating consumers are promoting the Campaign by encouraging nursing homes to sign onto the campaign, and asking nursing home administrators if they are participating and which goals they have chosen. The Campaign has demonstrated progress in meeting its goals. For example, the goal to lower restraints to less than 5% nationally was met and reset to less than 3% nationally.

The DNH meets regularly with the Campaign Board of Directors to evaluate progress and to determine areas in nursing home care that will benefit from quality improvement. Progress toward the goals will be posted on the campaign's website quarterly at:

<https://www.nhqualitycampaign.org/>.

### **C. Nursing Home Convergence**

The DNH actively participates in the CMS Nursing Home Convergence workgroup which was established to align and coordinate the efforts of multiple components across CMS who work to improve quality of care and quality of life for nursing home residents and staff. The Nursing Home Convergence group members share relevant information and have collaborated to develop a mission and vision that aligns with the CMS Quality Strategy, "To optimize health outcomes in nursing homes through system transformation, innovative and fair payment models, quality improvement practice, sound science and in the absence of harm with respect for an individual's wishes, culture, and special conditions." The Nursing Home Convergence group seeks to engage stakeholders, residents, and families as it strives to accomplish its mission.

#### **2016/2017 Action Plan**

<b>Action Plan</b>	<b>Date</b>
Participate in quarterly meetings with States	Ongoing
Convene Leadership Summit	Annually
Communicate with other stakeholders	Ongoing
Participate actively with Advancing Excellence in America's Nursing Homes Campaign, including Steering Committee	Quarterly, ongoing
Collaborate with Medicaid and community-based partners on long term care rebalancing	Ongoing

### **D. National Background Check Program**

#### **Background**

Nursing home residents have a statutory right to be free from abuse, neglect, or misappropriation of property. A competent and caring workforce is instrumental in fulfilling these legal rights. Effective recruitment, screening, supervision, and training of care providers are essential to ensuring

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a knowledgeable, capable, and sustainable workforce.

In January 2005, CMS piloted a program to determine the most efficient, effective, and economical method for conducting State and national background checks. The goal of the program was to develop background check processes that would include searches of relevant registries for screening applicants who would have direct access to residents in nursing homes and other long-term care (LTC) providers.

After reviewing CMS' background check pilot results, Congress took the next step in funding State background check systems by including a provision in the Affordable Care Act for the development of a Nationwide Program for National and State Background Checks on Direct Patient Access Employees of Long-Term Care Facilities and Providers. The program's purpose is to identify efficient, effective, and economical procedures for conducting background checks. The program is administered by CMS, in consultation with the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI). CMS was given responsibility to provide 3-to-1 matching grants to all applying States and U.S. Territories up to \$3 million each for this multi-year program effort. States that participated in the pilot program are eligible to receive up to \$1.5 million. In order to receive an award, each State must agree to cover all LTC provider types, cover all job applicants to these providers that will have direct access to residents, consult registry information in all States in which the applicant resided, and must provide rolled fingerprints to the Federal Bureau of Investigations (FBI). CMS, along with its contractor, is providing technical assistance to applicants. Approximately half of the States and U.S. Territories have received grants and more are expected to apply during the ninth solicitation. CMS has awarded more than \$57 million to 25 States and U.S. Territories to design comprehensive national background check programs for direct patient access employees. Program evaluation by the Health and Human Services (HHS), Office of Inspector General (OIG) began in 2014.

**2016/2017 Action Plan**

<b>Action Plan</b>	<b>Date</b>
Ninth solicitation (posted to Grants.gov and CMS National Background Check Program (NBCP) webpage) with selection of States on a flow basis by application deadline	Applications will be accepted on a flow basis and acted on every 30 days
National Training	Spring 2016