



An Informational Bulletin Brought To You By Polaris Group

## The Core Elements of Antibiotic Stewardship for Nursing Homes

On October 4, 2016, The Centers for Medicare and Medicaid Services (CMS) published a Final Rule to revise Medicare and Medicaid participation requirements for nursing facilities. The Final Rule requires that facilities establish an Antibiotic Stewardship Program as part of the Infection Prevention and Control Program (IPCP) by November 28, 2017.

The Antibiotic Stewardship Program must include antibiotic use protocols and a system for monitoring such use. The Core Elements of Antibiotic Stewardship for Nursing Homes adapts the Centers for Disease Control Prevention (CDC) Core Elements of Hospital Antibiotic Stewardship into practical ways to initiate or expand antibiotic stewardship activities in nursing homes. Antibiotic stewardship refers to a set of commitments and actions designed to optimize the treatment of infections while reducing the adverse events associated with antibiotic use. The CDC recommends that all nursing homes take steps to improve antibiotic prescribing practices and reduce inappropriate use.

While the elements are the same for both hospitals and nursing homes, the implementation of these elements may vary based on facility staffing and resources. The CDC encourages nursing homes to work in a step-wise fashion, implementing one or two activities to start and gradually adding new strategies from each element over time. Any action taken to improve antibiotic use is expected to reduce adverse events, prevent emergence of resistance, and lead to better outcomes for residents in this setting.

### Components of a nursing home antibiotic stewardship program:

- **Leadership Commitment:** Nursing home leaders commit to improving antibiotic use. Dedication of necessary staffing, financial and information technology resources.
- **Accountability:** Nursing homes identify individuals accountable for the antibiotic stewardship activities who have the support of facility leadership. (i.e. Medical Director, Director of Nursing, Consultant Pharmacist, Consultant Lab, Infection prevention program coordinator and Health Department).

- **Drug Expertise:** Nursing homes establish access to individuals with antibiotic expertise to implement antibiotic stewardship activities. Receiving support from infectious disease consultants and consultant pharmacists with training in antibiotic stewardship can help a nursing home reduce antibiotic use.
- **Action:** Nursing homes implement prescribing policies and change practices to improve antibiotic use. The introduction of new policies and procedures which address antibiotic use should be done in a step-wise fashion so staff become familiar with changes in practice. Prioritize interventions based on the needs of your facility and share outcomes from successful interventions with nursing staff and clinical providers.
- **Tracking:** Nursing homes monitor both antibiotic use practices and outcomes related to antibiotics in order to guide practice changes and track the impact of new interventions.
- **Reporting:** Regular reporting of information on antibiotic use and resistance to doctors, nurses and relevant staff.
- **Education:** Nursing homes provide antibiotic stewardship education to clinicians, nursing staff, residents and families. Effective educational programs address both nursing staff and clinical providers on the goal of an antibiotic stewardship intervention, and the responsibility of each group for ensuring its implementation.

## CMS Delays Expansion of Bundled Payment Programs

The Centers for Medicare and Medicaid Services (CMS) have delayed the expansion of a major bundled payment pilot, Comprehensive Care for Joint Replacement (CJR), and the implementation of its bundled payment initiatives for cardiac care from July 1, 2017 to Oct. 1, 2017, according to an interim final rule posted to the Federal Register on Monday March 20, 2017.

In the CJR program, which rolled out in April 2016 across 800 hospitals in 67 metropolitan areas, Medicare pays providers a single amount to cover all the costs associated with a hip or knee replacement over a 90-day period. The program was slated to expand in July 2017 to include repairing hip and femur fractures as well as cardiac care.



The cardiac bundles, a five-year demonstration, would have applied to hospitals in 98 metropolitan areas of the U.S., holding them financially accountable for the costs of all care involved in bypass surgery and heart attacks. They were originally slated to begin in July 2017 and end Dec. 31, 2021.

CMS reports, that the delay would give participants more time to prepare for these models and that it would be preferable for payment periods to align with the calendar year.

The interim rule also notes that CMS will be accepting comments on the delay, with the possibility of pushing back the implementation date of the rule to Jan. 1, 2018. If the agency decides to delay the cardiac bundles, it will also push back the joint replacement expansion until Jan. 1, 2018.

## CMS Provides Payroll-Based Journal Updates

- The next quarter of Payroll-Based Journal (PBJ) data from Jan 1, 2017 to March 31, 2017 must be submitted no later than 45 days from the end of the quarter. CMS is encouraging providers to submit their data early in case there are errors, they have time to correct and fully submit their files prior to the deadline.
- CMS added an indicator on the Nursing Home Compare (NHC) website that shows if the facility has submitted their data through PBJ. If the indicator is green the facility has submitted their data to PBJ but if the indicator is grey the facility has not submitted any data through PBJ. They will continue to find other ways to reflect the level of compliance with the program on the NHC.
- CMS reminds providers that the PBJ data currently does not impact your facilities 5 Star ratings. They reassured providers that they will give advance notice when this will take place.
- CMS also wants providers to know that they are providing feedback on data submitted in a monthly provider's preview report. This feedback is intended to help providers improve the completion and accuracy of their reporting.
- CMS has identified an issue with some providers having difficulty in sending data when an employee was hired, terminated and rehired in the same quarter. For this reason, they are making the hire and termination date fields optional at this time.

## Fiscal Year 2017 Special Focus Facility Program Update

The Centers for Medicare and Medicaid Services (CMS) published a Fiscal Year (FY) 2017 update to the Special Focus Facility (SFF) program on March 2, 2017. The SFF program focuses on nursing homes that have a persistent record of poor care. Although such facilities sometimes improve enough to achieve substantial compliance on one survey, they frequently have many problems on a subsequent survey, often for the same or similar deficiencies as before. Once a facility is selected as an SFF, the Survey Agency (SA) conducts a standard survey not less than once every six months and recommends progressive enforcement until the nursing home either (1) graduates from the SFF program; or (2) is terminated from the Medicare and/or Medicaid program(s).

- **Total SFF slots and candidates for each State:** The number of designated slots and candidates for FY 2017 will not change from those effective since May 1, 2014.
- **Initial selection notice:** The State Survey Agency (SA) must notify the provider in writing of their SFF selection and conduct a meeting (either onsite or via telephone) with the nursing home's accountable parties, and the Centers for Medicare & Medicaid Services (CMS) Regional Office (RO), if the RO wants to be included.
- **Graduation from the SFF program:** Once an SFF has completed two consecutive standard surveys with no deficiencies cited at a scope and severity of "F" or greater (or "G" or greater for Life Safety Code (LSC) deficiencies), and has had no complaint surveys with deficiencies at "F" or greater (or "G" or greater for Life Safety Code (LSC) deficiencies) in between those two standard surveys, the facility will graduate from the SFF program. However, if the only deficiency preventing graduation is an "F" level deficiency for food safety requirements (42 CFR §483.60(i) Tag F371), the RO has discretion to allow the facility to graduate from the SFF program. F371 deficiencies at a "G" level or greater will prevent the facility from graduating from the SFF program.
- **Authority for termination:** Consistent with longstanding authority, the CMS ROs may use discretionary termination for SFFs (or any facility) if necessary to protect resident health and safety.

To read the complete CMS Survey and Certification Memo click here: <http://www.polaris-group.com/>



**Polaris Group Solution Center  
Hotline Q&A  
“Where No Question Goes Unanswered!”**

**Question:**

We had a resident leave early Monday morning for the hospital. The resident didn't have therapy on Saturday or Sunday so the last therapy treatment was on Friday. Do I need to do an EOT since they did not have therapy for three days?

**Answer:**

No, because the resident discharged from the SNF on the third day. The RAI says if the date coded for Item A2000 is on or prior to the third consecutive day of missed therapy services then no EOT OMRA is required” The SNF has the choice of completing the EOT OMRA and combining it with the discharge assessment.

**Question:**

I have a resident that had a Chest tube that was taken out. Can I code the insertion site as a surgical wound?

**Answer:**

Yes. The surgical wound definition according to the RAI: Any healing and non-healing, open or closed surgical incisions, skin grafts or drainage sites.

**Question:**

We had a resident that admitted on 3/6/17 and discharged on 3/11/17. Therapy started on 3/7/17 but they told me to make the ARD for 3/10 which is day 5 instead of the day of discharge. Can I do that?

**Answer:**

No. The ARD for the 5 day PPS MDS has to equal the day of discharge.



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Polaris Group is pleased to offer the following  
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	<u>Date</u>
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Process Improvement (PI) Skill Building Part 3	4/6
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COT, EOT, SOT Combinations & More! Part 2	4/11
PPS Systems & management Part 3	4/12
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**Advanced Billing for SNFs**

April 18-20 Dallas, TX  
August 22-24 Las Vegas, NV  
November 14-16 Tampa, FL

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