Final Report: Centers for Medicare & Medicaid Services (CMS) Focused Dementia Care Survey Pilot 2014

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Focused Dementia Care Survey Pilot:

Overview

The Centers for Medicare & Medicaid Services (CMS) *National Partnership to Improve Dementia Care*, a public-private partnership established in late 2011, has effectively begun to transform how individuals with dementia receive care in nursing homes across the country. Building on earlier CMS quality initiatives such as those that focused on reducing the use of physical restraints, a broad group of stakeholders came together and now operates through State coalitions, national organizations and government agencies. An Interim Report publicized in a CMS Survey and Certification (S&C) Memo is posted on the CMS website and may be found at: http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-14-19.pdf

A major focus of the Partnership's work has been on the enforcement of existing nursing home regulations and CMS guidance. Surveyor interpretive guidance for §483.25, Quality of Care at F309 (*Care of a Resident with Dementia*) and F329 (*Unnecessary Use of Medications*) were extensively revised as part of the National Partnership work and disseminated in a S&C Memo in May of 2013: http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-13-35.pdf.

Focus on Survey Process and Enforcement related to Dementia Care

In discussions with CMS Regional and Central Office leadership, State survey agency directors and managers, advocates and others, CMS determined that additional assessment of the survey and enforcement processes around dementia care would be useful. CMS completed a series of in-depth conversations with key stakeholders and experts, and over a period of several months developed a dementia care focused survey.

Focused Survey Development and Pre-Pilot Testing

The CMS obtained input from frontline surveyors, State Survey Agency leadership, Regional and Central Office staff, advocates, consumers, associations, researchers, clinicians, national dementia experts and others in developing the focused survey worksheets and other materials. The worksheets and revised survey process were tested in a pre-pilot in three facilities in one State with teams of an experienced complaint surveyor, two CMS consultants and a nursing home consultant who was an experienced geriatric nurse practitioner. We obtained extensive input from facility staff as well.

Pilot State Selection and Initial Five Surveys

The CMS invited States to participate in a pilot to test the new surveyor worksheets and processes; State participation was voluntary. Of those that volunteered, five States (California, Minnesota, New York, Illinois, and Louisiana) were chosen to participate.

The worksheets were revised based on the pre-pilot work and were provided to the surveyors and managers/directors from the five pilot States in order to obtain their feedback prior to going into field testing. A one-hour training session was held with all five pilot States. Individual follow up calls with each State agency were also conducted, to answer any questions, hear new suggestions and address any concerns.

Alice Bonner, a CMS consultant, accompanied each survey team on their first survey. Dr. Bonner is a subject matter expert; she has over 20 years of experience as a geriatric nurse practitioner working with residents with dementia in nursing homes, as well as being a former Director of the Division of Nursing Homes in the Survey & Certification Group within CMS, and former director of the Massachusetts State Survey Agency.

The project was led by Michele Laughman, Health Insurance Specialist and CMS Project Coordinator for the *National Partnership*. The initial visits in each State were conducted from July 14 through August 6, 2014. CMS reviewed summaries of all five initial surveys.

Completion of Pilot Surveys

After the initial surveys were completed, the teams discussed strengths and challenges with CMS Central Office and consultants. Some minor revisions to the process were made at this point, based on the feedback from the frontline teams (for example, checklists that had been developed by the New York team separated out worksheet part 1 from parts 2, 3 and 4, which streamlined the initial entrance conference; this enhancement was shared with other States).

Generally, the worksheets functioned well in the pilot, and each State completed the remaining four surveys. The surveys in each State included one observational survey at a State-identified “best practice” facility (potential deficiencies were not cited, unless there was actual harm) and four surveys of record (entered into ASPEN Complaints/Incidents Tracking System (ACTS); deficient practices were cited and standard enforcement procedures followed, including revisits). CMS provided written guidelines for how States should select facilities for the pilot. Some of the States obtained additional input from CMS regarding their selection of facilities for the pilot.

On September 11, 2014, CMS conducted a conference call with all the States in order to determine the findings to date, any specific challenges, learnings and common themes across States. At that point, some States had already completed their five surveys; others had one or two remaining.

States sent hard copies of the five completed CMS-2567 reports to CMS Central Office for data analysis, as well as entering the 2567s into ACTS. Each surveyor completed an “Experience of Survey” questionnaire. The results are presented in the following section.

Summary of Surveyor Feedback

Overall themes that emerged from data analysis included:

1. The dementia care focused survey was a positive and valuable learning experience.

2. Many surveyors identified learning needs related to enforcement (e.g., scope and severity), basic dementia care practices and prescribing practices. A number of surveyors wanted more preparation /training related to the focused survey and process.
3. The dementia care focused survey in its present form is time-intensive but yields valuable information that enabled the surveyors to better identify and cite deficient practice when compared to the standard annual or complaint surveys (either Traditional or Quality Indicator Survey (QIS)).
4. Surveyors believe that there is a need for a more detailed/focused survey in order to be able to identify and cite deficient dementia care and psychoactive medication prescribing practices. However, they have concerns about the amount of time this requires compared to the other tasks that are required on each survey.
5. Some opportunities exist to shorten the current focused survey worksheets and process without losing the ability to cite dementia care and related practices effectively. Also, several surveyors suggested eliminating the closed record review (tracer case).
6. The majority of surveyors believe that a more detailed evaluation of dementia care practices (some questions from the dementia care focused survey pilot tools and processes) should be integrated into the annual survey process; however a majority also suggested that the focused survey should remain as a stand-alone survey to be conducted at the discretion of the SA or CMS.

Review of Survey Findings from CMS Form 2567

The CMS reviewed the number of deficiencies, types of deficiencies and scope and severity for all facilities in the pilot. Each State was expected to have one survey of a facility with a reputation for good dementia care (a “best practice home”), and these were observational surveys not intended to result in deficiency citations, and no citations were made. Of the remaining surveys (surveys of record), Illinois had one survey and Louisiana had two surveys without deficiencies. Excluding the five observational surveys, 16 out of 20 surveys (80%) cited either F309 (*Care of a Resident with Dementia*) or F329 (*Unnecessary Use of Medications*), and 11 out of 20 surveys (55%) cited both tags. Other commonly cited tags included F520 (*Quality Assessment and Assurance*) and F279 (*Develop Comprehensive Care Plans*).

Out of 68 total deficiency citations across the States, four were cited at a G or harm level (three in California and one in Illinois). There was also a range in the total number of deficiencies cited: Louisiana cited four deficiencies as a result of their four surveys, whereas California cited a total of 21 from four surveys of record. This could reflect differences in the facility selection process in different States (resulting in a very different set of four facilities), and/or could also represent differences in survey agencies and in staff knowledge and training in different States.

Most State surveyors said that they were able to identify deficient practices related to dementia care and unnecessary drugs. In some cases, the teams conducting focused Dementia Care surveys found deficient practices just a few weeks after a standard survey team had been in the facility and had not cited deficiencies related to dementia care.

Citations at the actual harm level (G or above) were uncommon, based on 2567 review. Discussions with survey teams revealed that some surveyors struggle with linking antipsychotic medication use with actual harm outcomes in people with dementia, particularly psychosocial harm.

Next Steps

Based on the results of the pilot, CMS has revised the dementia care focused survey process and plans to apply the revised version in both traditional and QIS States. CMS also plans to use a streamlined version of the dementia care focused worksheets and processes during complaint surveys in several States, to determine if this is an effective means of integrating a focus on dementia care into State Survey Agencies activities. Finally, CMS is in discussions with the Central Office training division and State Agency training coordinators on ways to integrate the valuable experiential learning into ongoing orientation and other training efforts.