Overview of CMS Phase III Regulatory Changes and Updates

Department of Health and Senior Services
Section for Long-Term Care Regulation

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The Three Phases of the New LTC Survey Process

• Phase I
  • Greatest number of changes in the regulations
  • 20 out of 21 Regulatory groupings implemented
  • Included 5 full implementations and 15 partial implementations

• Phase II
  • New F-tag numbering
  • New tablet based survey process
  • Fewer number of implementations, but more comprehensive regulations

• Phase III
  • One regulatory grouping implementation
  • Referenced a total of 27 times throughout Appendix PP

Phase I
November 28th, 2016

Phase II
November 28th, 2017

Phase III
November 28th, 2019
CMS Phase III Regulatory Overview

- Effective November 28th, 2019
- Includes 11 F-tags in their entirety
- Referenced in 10 additional F-tags
- Seek to target rehospitalization, facility acquired infections, overall resident quality of care/life, and resident safety

“Not all change is improvement, but all improvement is change.”
Donald Berwick, MD
Former CMS Administrator

Phase 3 Regulation

**IMPLEMENTATION INCLUDES**

- §483.25(m) Trauma-Informed Care
- §483.75(c) QAPI/QAA Data Collection and Monitoring
- §483.80 Infection Control
  - §483.80(b) Infection Preventionist Qualifications/Role
  - §483.80 (c) IP participation in QAA
- §483.85 Compliance and Ethics Program
- §483.95 Training Requirements
  - §483.95(a) Communication
  - §483.95(b) Resident’s Rights and facility responsibilities
  - §483.95(d) QAPI
  - §483.95(e) Infection Control
  - §483.95(f) Compliance and Ethics
  - §483.95(i) Behavioral Health
§483.25(m) Trauma-Informed Care

F699 Trauma Informed Care

- Resident’s who are trauma survivors are to receive culturally competent, trauma informed care.
  - Care needs to account for experiences and preferences in order to eliminate or mitigate triggers that may cause retraumatization of the resident.
  - Care is to follow professional standards of practice.

What is Trauma and Trauma-Informed Care?

- Trauma
  - An event, series of events, or set of circumstances that result in lasting physical, emotional, and/or life-threatening adverse effects on the individual’s functioning.

- Trauma-Informed Care
  - An approach to delivering care to residents that experience all types of trauma, recognizing the widespread impact and signs and symptoms trauma in residents.
  - Incorporates the knowledge of trauma into policies, procedures, and practices to avoid re-traumatization.
Person-Centered Care to Meet Culturally Competency and Trauma-Informed Care

Assessment
• Identifying a resident’s history of trauma and cultural preferences

Trauma
• Review of Physician history and physical
• Visual screening of the resident’s skin
• Review of diagnoses

Triggers
• Highly individualized

Culture
• Increasingly changing demographics
• To be respectful and responsive to the health beliefs and practices
• Determine resident’s needs and preferences

§483.21(b)(3) Trauma-Informed Care and Cultural Competence

F656 Comprehensive Care Plans

• The services provided or arranged by the facility, as outlined by the comprehensive care plan, must be culturally-competent and trauma-informed.

• Cultural competency is the ability to interact effectively with people of different cultures.
Care Planning for Past Trauma

• Collaboration with family and friends and any other health care professionals to develop and implement individualized interventions
• Trigger specific interventions to decrease exposure to triggers and identify ways to mitigate or decrease the effect of the trigger(s)
• Recognize interrelation between trauma and symptoms of trauma
• Recognizing effects of past trauma

Care Planning to Address Cultural Preferences

• Cultural competency includes:
  • Language
  • Cultural preferences, and other cultural concerns
• Must reflect the individual resident’s cultural preferences
• Use of the Facility Assessment to identify diverse resident populations within their facility having unique cultural characteristics
• Identify how to communicate with the resident
  • Guidance has to be provided to staff, including temporary staff, on how to communicate and deliver care
• Must monitor approaches of the interventions to ensure they are meeting the residents goals
**Trauma-Informed Care and Cultural Competence**

**F741 Sufficient and Competent Staff**

- Must have sufficient staff who possess the basic competencies and skill sets to meet the behavioral health needs of the resident population in the facility, including those with a history of trauma or post-traumatic stress disorder (PTSD).

- Must implement person centered, care approaches to meet the individual needs each resident.

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

- QAPI creates a self sustaining approach to improving safety and quality, while involving care givers and practical and creative problem solving.

- QAPI is the merger of two complimentary approaches to quality management, quality assurance, performance improvement.

- QAPI is one of the largest regulatory additions in Phase III.
The Five Building Blocks to QAPI

- Systematic Analysis and Systemic Action (F867)
- Feedback, Data Systems, and Monitoring (F866)
- Performance Improvement Projects (F867)
- Design and Scope (F865)
- Governance and Leadership (F865)

Quality Assurance and Performance Improvement

§483.75 QAPI

- The facility must maintain documentation and evidence of an effective, comprehensive, data-driven QAPI program.
- The QAPI plan is to be presented to State Survey Agency or Federal Surveyor at each annual recertification.

The QAPI program must:
- Address all systems of care and management practices;
- Include clinical care, quality of life, and resident choices;
- Utilize the best available evidence to define and measure indicators of quality and facility goals; and
- Reflect the complexities, unique care, and services provided by the facility.
### §483.75 QAPI

<table>
<thead>
<tr>
<th>Facility’s must establish and implement written policies and procedures for feedback, data collections systems, and monitoring, including adverse event monitoring.</th>
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<tbody>
<tr>
<td><strong>The policies and procedures must include, at minimum the following:</strong></td>
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<tr>
<td>• Systems to obtain and use of feedback and input;</td>
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<tr>
<td>• Systems to identify, collect, and use data and information from all departments;</td>
</tr>
<tr>
<td>• Development, monitoring, and evaluation of performance indicators; and</td>
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<tr>
<td>• Adverse event monitoring and how the facility will use the data to develop activities to prevent adverse events.</td>
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### §483.75 QAPI

<table>
<thead>
<tr>
<th>Program systematic analysis and systemic action</th>
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<tbody>
<tr>
<td>The facility must take actions aimed at performance improvement then measure the success and track the performance to ensure improvements are sustained.</td>
</tr>
<tr>
<td><strong>The facility policy must address:</strong></td>
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<tr>
<td>• How they will use a systematic approach;</td>
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<tr>
<td>• How they will develop corrective actions; and</td>
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<tr>
<td>• How the facility will monitor the effectiveness of its performance improvement activities.</td>
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§483.75 QAPI

Program Activities

• Priorities must be set for the facilities performance improvement activities focused on high-risk, high-volume, or problem prone areas.

• Performance improvement activities must track medical errors and adverse resident events, analyze causes, and implement preventive actions that include feedback and learning.

• Performance improvement projects (PIPs) must be conducted by the facility.
  • The number and frequency of projects must reflect the scope and complexity of the facility’s services and available resources.
  • Must include a project focused on high risk or problem prone areas identified through data collection and analysis at least annually.

F867 QAPI/QAA Improvement Activities (continued)

§483.75 QAPI

Quality Assessment and Assurance

• The QAA committee reports to the governing body, or designated person(s) functioning as a governing body.

• The committee must:
  • Develop and implement appropriate plans of actions to correct identified quality deficiencies; and
  • Regularly review and analyze data and act on available data to make improvements.
The QAA committee must consist of:
- The director of nursing services;
- The medical director or his/her designee;
- At least three other members of the facility's staff; and
- The infection preventionist.

§483.80(b) Infection Preventionist

- Designate one or more individual(s) as the infection preventionist(s) (IP)(s) responsible for the facility’s Infection Prevention and Control Program (IPCP).
- The IP must:
  - Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;
  - Be qualified by education, training, experience or certification;
  - Work at least part-time at the facility; and
  - Have completed specialized training in infection prevention and control.
- Must be a member of the facility’s QAA and report to the committee on the IPCP on a regular basis.
§483.80(b) Infection Preventionist

- CMS and the CDC collaborated the development of a training course for infection prevention and control.
- Free of charge
- Available now on the CDC’s TRAIN website
  - “Nursing Home Infection Preventionist Training Course”
    (https://www.train.org/cdctrain/training_plan/3814)

§483.85(a) Compliance and Ethics Program

**Purpose**
- The Compliance and Ethics program is to design, implement and enforce to prevent and detect criminal, civil, and administrative violations and promote quality of care.

**Definitions**
- High-level personnel is an individual(s) who have substantial control over the operating organization or who have a substantial role in the making of policy within the operating organizations.
- Operating organization is the individual(s) or entity that operates a facility.
### §483.85(a) Compliance and Ethics Program

**Eight Required Components**

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<th>Written standards polices and procedures</th>
<th>High level personnel to oversee the compliance</th>
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<tr>
<td><strong>Sufficient resources and authority for high level personnel</strong></td>
<td>Due care not to delegate authority to individuals the operating organization knew, or should have known through due diligence, had a propensity to engage in criminal, civil, and administrative violations</td>
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<td><strong>Mandatory training</strong></td>
<td>Reasonable efforts to achieve compliance</td>
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<tr>
<td><strong>Enforcement of the standards, policies and procedures</strong></td>
<td>An appropriate response to the violations and prevention of future similar violations</td>
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### §483.85(d) Compliance and Ethics Program

If an organization has five or more facilities, they must include these elements:

- Mandatory annual training program;
- A compliance officer; and
- Compliance liaisons at each of the organization’s facilities.

- Have a more formal program that includes established written policies defining the standards and procedures followed by it’s employees;
- Develop a compliance and ethics program that is appropriate for the complexity of the operating organization and it’s facilities.
§483.85(e) Compliance and Ethics Program

**Annual Review**

- The compliance and ethics program must be reviewed annually and revised as needed to reflect changes in laws or regulations, or changes within the operating organization.

§483.90(g) Physical Environment

**Resident call system**

- The facility must have a communication system that sends a resident’s call for assistance directly from their bedside to a staff member or a centralized work area.
§483.95 General Training Requirements

- A facility must develop, implement and maintain a training program for all new and existing employees, individual’s under a contract arrangement and volunteers consistent with their roles.

- **KEY POINTS**
  - Training needs based on the facility assessment
  - CMS does not suggest a specific training mechanism
  - Training records must be maintained.

§483.95(a) Communication Training

- A facility must include an effective way of communication as mandatory training for direct care staff.

- **KEY POINTS**
  - Topics must reflect the resident population
  - No specific amount of time, specific communication topics or specific training mechanisms
  - Effective communication means........
§483.95(b) Resident’s Rights Training

- A facility must ensure staff members are educated on the rights of residents and the responsibilities of a facility to properly care for its residents respectively.

Trainings must include at a minimum:

- Authority and responsibilities of a resident’s representative
- Self-determination and decision making
- Respect, dignity, and person-centered care
- Visitors and roommates
- Required notifications
- Personal funds
- Records management
- Grievances
§483.95(d) QAPI Training

- A facility must include as part of its QAPI program mandatory training that outlines and informs staff of the elements and goals of the facility's QAPI program.

§483.95(e) Infection Control Training

- A facility must have as part of it’s infection prevention and control program mandatory training that includes written standards, policies, and procedures for the program.

- **KEY POINTS**
  - Changes to the resident population, infection risk, national standards, staff turnover, facility assessment may require revisions to the training program for Infection Control.
  - Training should incorporate learning objectives, performance standards and evaluation criteria, address potential risks.
  - Process to ensure trainings was completed and track staff’s understanding of material presented.
§483.95(f) Compliance and Ethics Training

- An effective way to communicate the program's standards, policies, and procedures through a training program or in another practical manner which explains the requirements of the program.

- Annual training if the operating organization operates five or more facilities.

§483.95(i) Behavioral Health Training

- A facility must provide behavioral health training consistent with the requirements as determined by facility assessment.

- KEY POINTS
  - Changes to the resident population, staff turnover, facility assessment may require revisions to the training.
  - Training should incorporate learning objectives, performance standards and evaluation criteria, address potential risks.
  - Process to ensure trainings was completed and track staff’s understanding of material presented.
§483.95(i) Behavioral Health Training

Behavioral health training must include at a minimum:

- Person-centered care and resident goals for care
- Interpersonal communication that promotes mental and psychosocial well-being
- Meaningful activities which promote engagement and positive meaningful relationships
- An environment and atmosphere that is conducive to mental and psychosocial well-being
- Care specific to the resident’s needs
- Individualized, non-pharmaceutical approaches

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Questions???