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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Missouri
DHSS
Department of Health
and Senior Services

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
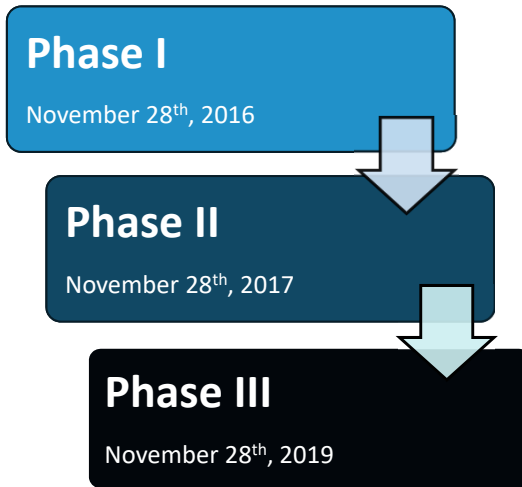
CMS Phase III Regulatory Overview

- 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
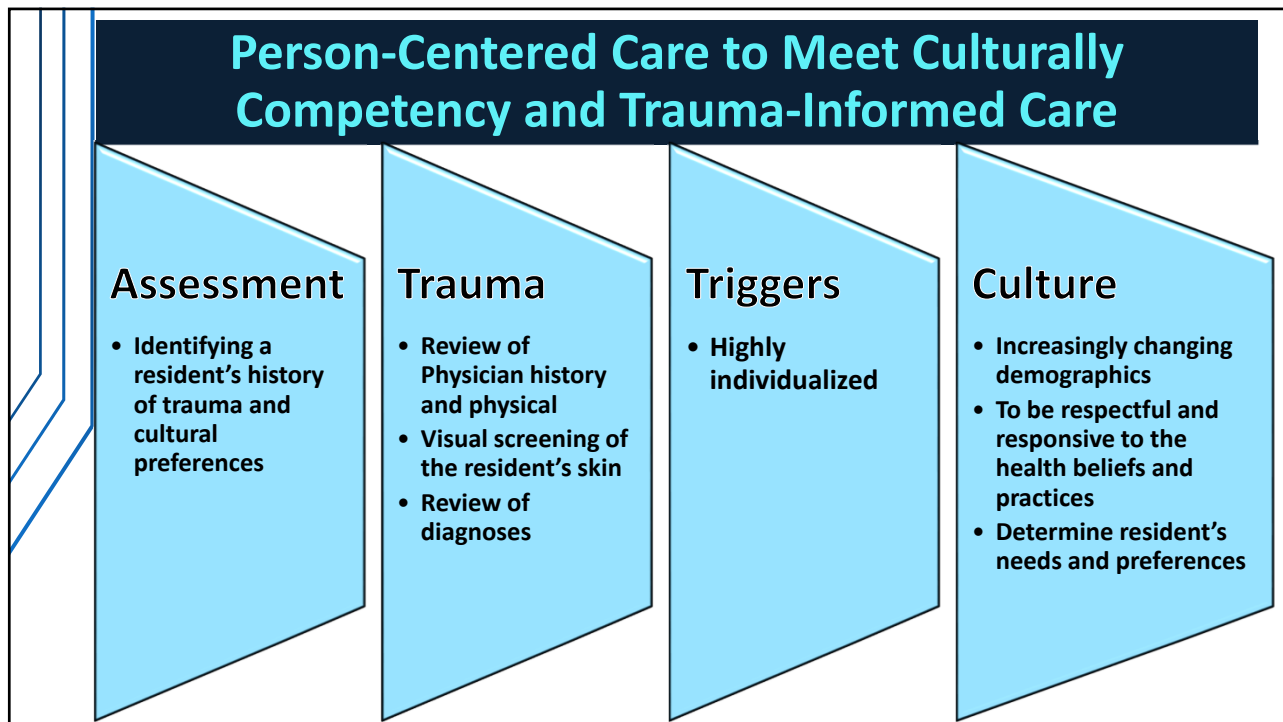 - §483.95(i) Behavioral Health

§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 retruamatization 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

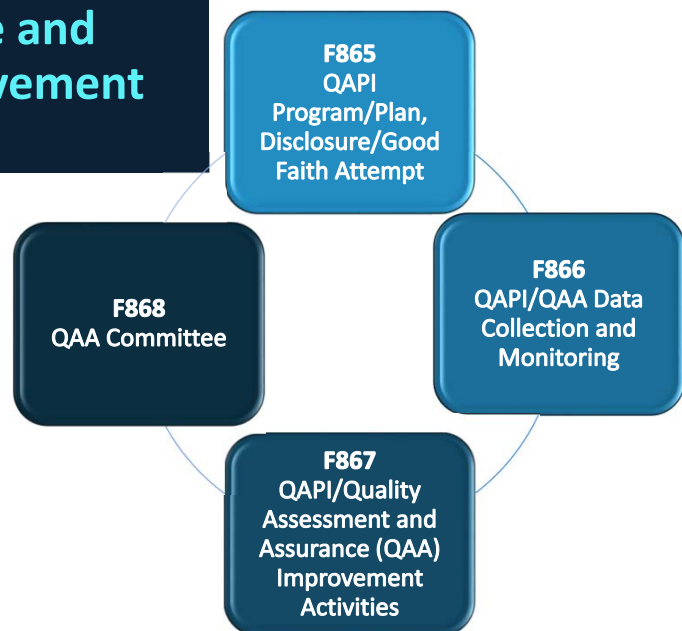- Must monitor approaches of the interventions to ensure they are meeting the residents goals

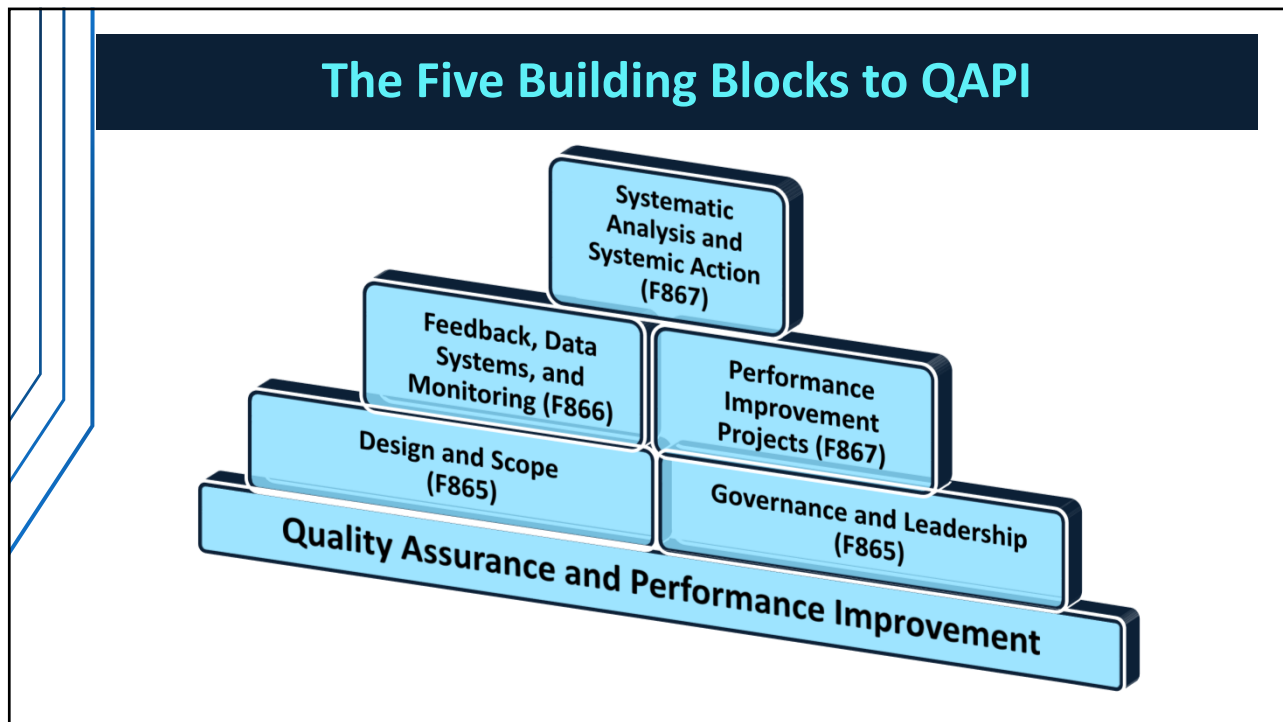## Trauma-Informed Care and Cultural Competence

**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.

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.

F865
QAPI Program/Plan, Disclosure/Good Faith Attempt

F866
QAPI/QAA Data Collection and Monitoring

F868
QAA Committee

F867
QAPI/Quality Assessment and Assurance (QAA) Improvement Activities

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

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§483.75 QAPI

F865 QAPI Program/Plan, Disclosure/Good Faith Attempt

• 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

- Facility's must establish and implement written policies and procedures for feedback, data collections systems, and monitoring, including adverse event monitoring.

**F866
Program Feedback, Data Systems, and Monitoring**

The policies and procedures must include, at minimum the following:
- **Systems to obtain and use of feedback and input;**
- **Systems to identify, collect, and use data and information from all departments;**
- **Development, monitoring, and evaluation of performance indicators; and**
- **Adverse event monitoring and how the facility will use the data to develop activities to prevent adverse events.**

§483.75 QAPI

Program systematic analysis and systemic action
The facility must take actions aimed at performance improvement then measure the success and track the performance to ensure improvements are sustained.

**F867
QAPI/QAA Improvement Activities**

The facility policy must address:
- **How they will use a systematic approach;**
- **How they will develop corrective actions; and**
- **How the facility will monitor the effectiveness of its performance improvement activities.**

§483.75 QAPI

Program Activities

**F867
QAPI/QAA
Improvement
Activities**
(continued)

- 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.

§483.75 QAPI

Quality Assessment and Assurance

**F867
QAPI/QAA
Improvement
Activities**
(continued)

- 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.

§483.75 QAPI

**F868
QAA Committee**

Quality Assessment and Assurance

- 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

**F882
Infection
Preventionist
Qualifications
/ Role**

- 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

**F882
Infection
Preventionist
Qualifications
/ Role**

- 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

**F895
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 a(n) 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

Written standards polices and procedures	High level personnel to oversee the compliance
Sufficient resources and authority for high level personnel	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
Mandatory training	Reasonable efforts to achieve compliance
Enforcement of the standards, policies and procedures	An appropriate response to the violations and prevention of future similar violations

§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

F919 Resident Call Systems

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

**F940
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

**F941
Communication**

- 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

**F942
Resident's
Rights and
Facility
Responsibilities**

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

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§483.95(b) Resident's Rights Training

**F942
Resident's
Rights and
Facility
Responsibilities**
(Continued)

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**

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§483.95(d) QAPI Training

**F944
QAPI**

- 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

**F945
Infection
Control**

- 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

F946 Compliance and Ethics

- 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

F949 Behavioral Health

- 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:

**F949
Behavioral
Health**
(continued)

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-pharmological approaches

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Questions???