NAB REVIEW

JOE TOWNSEND

1

Test Breakdown

Domains of Practice	Core	LOS
Care, Supports, and Services	39	27
Operations	37	17
Environment and Quality	13	16
Leadership and Strategy	11	0
	100	60

2

Customer Care, Supports, and Services

(Core: 39, LOS 27)

3

Changes in the Elders

```
Physical Changes normal in the aging process:
        ↓
Physical Changes abnormal in the aging process
        ↓
Psychological Changes normal:
        ↓
Psychological Changes abnormal in the aging process
```
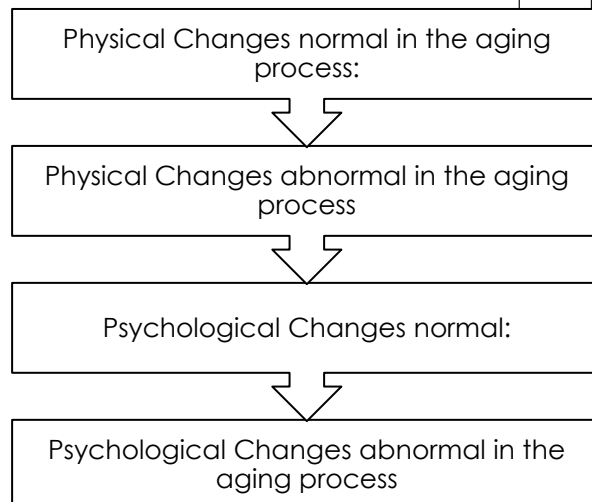
4

Preadmission Screening

Purpose: To ensure that individuals are not inappropriately placed in nursing homes for long-term care.

Mentally Ill

Intellectually Disabled (ID)

5

Resident Assessments

▶ MDS 3.0

▶ Must maintain all resident assessments completed within the previous 15 months in the resident's active record.

▶ Must be coordinated by a Registered Nurse (RN)

6

Non-SNF Time Frames

- ▶ No later than 14 days after admission
- ▶ After Significant Change
- ▶ Annually
- ▶ Quarterly Reviews

7

PDPM Assessements Skilled Residents

ONE 5 DAY ASSESSMENT SETS THE REIMBURSEMENT RATE FOR THE NURSING COMPONENT FOR THE ENTIRE STAY

8

Baseline Care Plans

- ► 48 hours after admission
- ► Person-centered care
- ► Remember, Friday is a day of the week!!!

9

<u>Comprehensive Plan of Care</u>

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Who Participates?

10

Acute and Chronic Diseases

▶Acute: Rapid onset, curable with proper treatment.

▶Examples: Flu, Pneumonia, UTI

▶Chronic: Develop over a period of time; can be treated but not cured. Examples: Alzheimer's Disease, COPD

11

Adverse Events

▶ Falls

▶ Medication Errors

▶ Spread of diseases due to poor infection control

▶ Pressure ulcers due to poor care

▶ Injuries due to abuse/neglect

▶ Failure to identify acute changes in condition

12

Fall Prevention CMS Recommendations

Assess	Educate	Review	Provide
Assess a resident's risk factors	Educate the staff about fall risk factors and prevention strategies	Review resident's medication regimen	Provide resident with hip pads

13

CMS Definition of a fall:

► Loss of balance and would have fallen if not for staff intervention

► Fall without injury is still a fall.

► Unless there is evidence suggesting otherwise, when a resident is found on the floor, a fall has occurred.

14

CMS

GIVES THE RESIDENT THE "RIGHT TO FALL."

15

Medication Errors

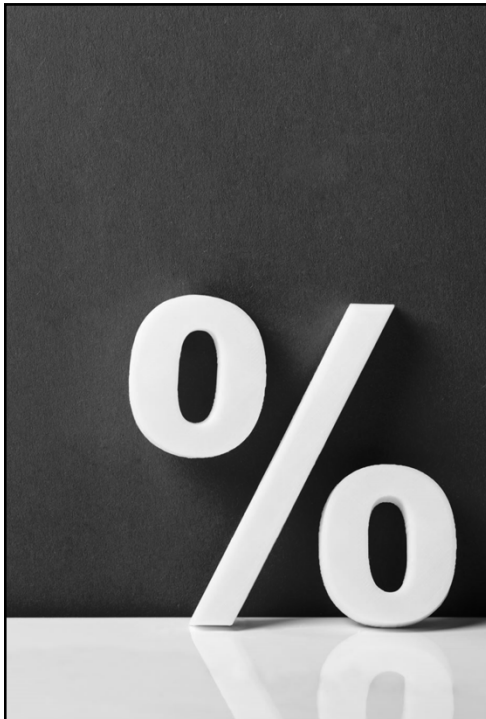ERROR RATE = # OF ERRORS/# OF OPPORTUNITIES

16

Health Surveyors do a med pass. During that pass, they review 50 potential opportunities. They found:

1 med ordered with food that was administered w/o food
1 PRN med not administered
2 meds given o/s 2hr. Timeframe

17

What was the percentage medication error rate:

a. 2%
b. 4%
C. 6%
D. 8%

18

Anti-psychotic Medications

Tardive Dyskinesia
Gradual Drug Reduction (GDR)

19

Psychotropic Drugs

Antipsychotic

Antidepressant

Antianxiety

Hypnotics

20

Skin Integrity

A MAJOR BAROMETER IN THE QUALITY OF SERVICES

21

<u>BEHAVIORAL HEALTH SERVICES</u>

▶The ultimate goal is the prevention and treatment of <u>mental and substance abuse disorders</u> which in turn allows that person to enjoy the highest quality of life practical for him/her.

22

Key words:

▶Prevention and treatment

▶Substance abuse disorders

▶PTSD

▶Culturally-competent, trauma-informed care

23

Depression

Treatments:

- •Medications
- •Counseling/psychotherapy
- •Activities
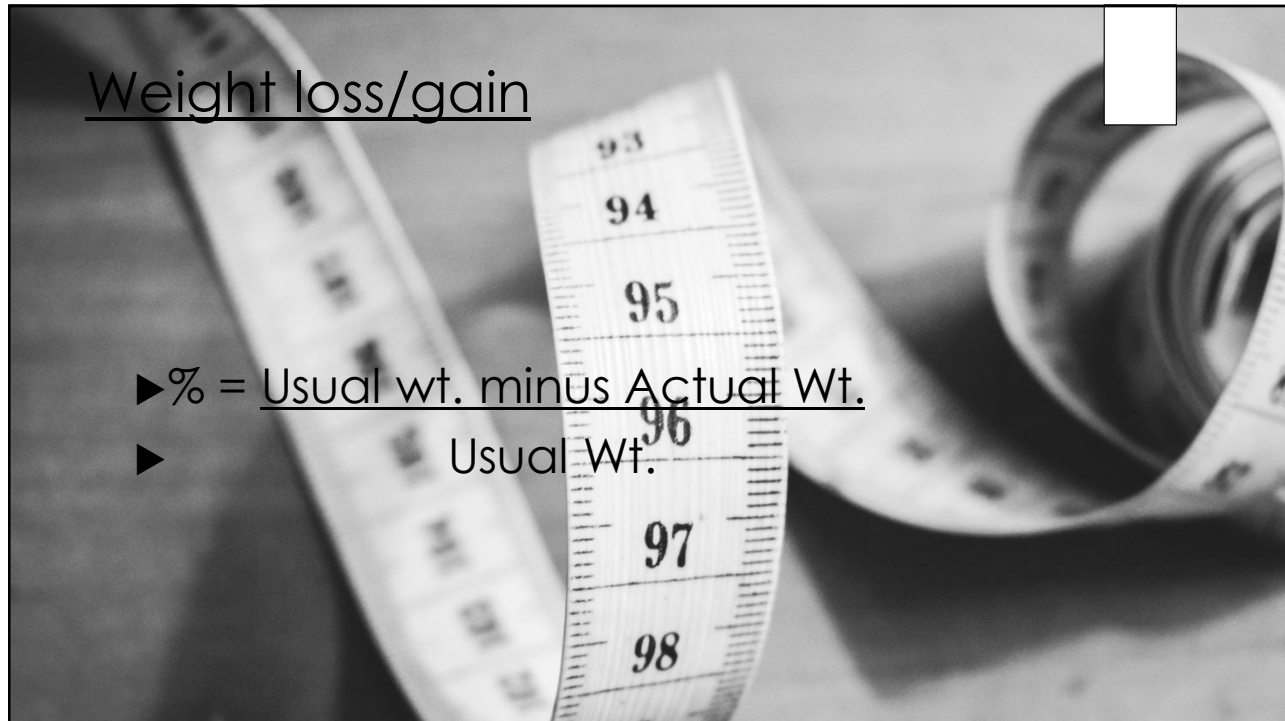
24

Social Service

▶ Goal: Help maintain or improve each resident's ability to meet everyday physical, mental, and psychosocial needs.

25

Dietary Management

MAY BE ONE OF THE MOST, IF NOT THE MOST, UNDER RESPECTED ASPECTS IN THE INDUSTRY!!
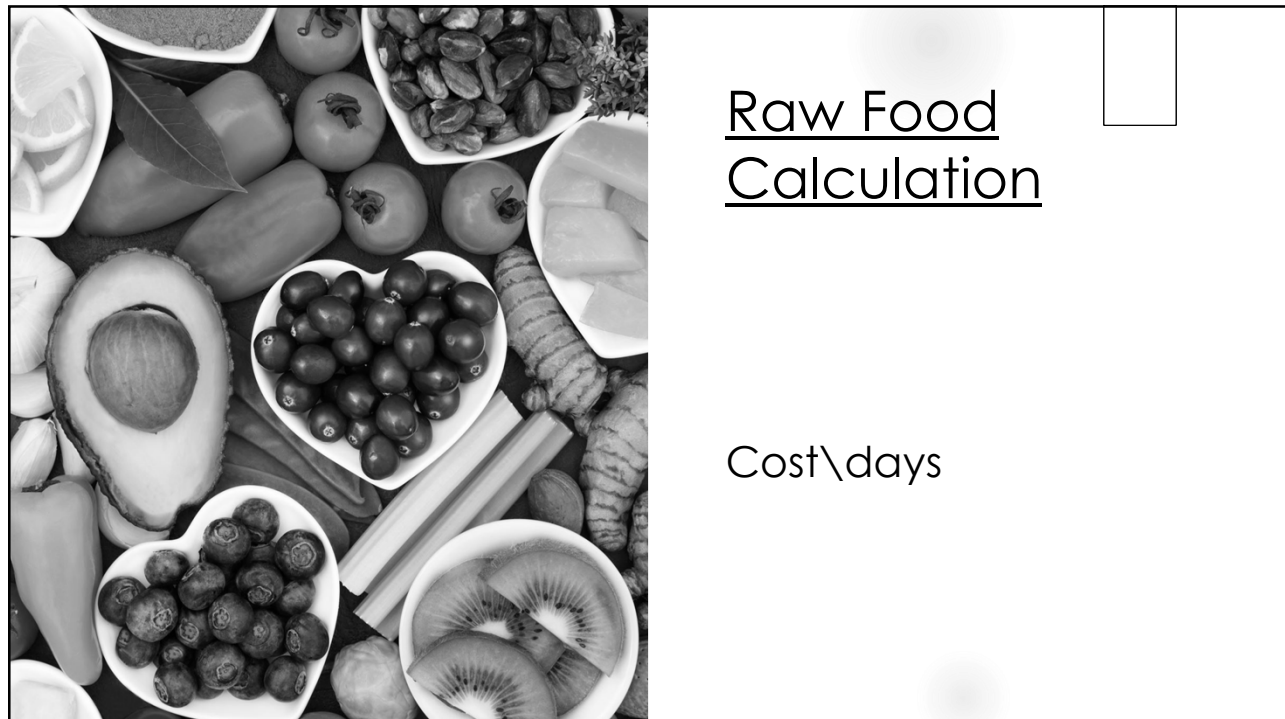
26

Weight loss/gain

▶% = <u>Usual wt. minus Actual Wt.</u>
▶   Usual Wt.

27

Raw Food Calculation

Cost\days

28

Facility averaged 100 residents per day in September. They spent $24,000 on raw food. What was the PPD?

THE ANSWER IS: _____

29

Physician Services/Visits

Time Frames

Non-Physcian Practitioners (NPP) for SNF and Non SNF

30

Activity Programs or Life <u>Enhancement Programs</u>

| Cognitive | Motor Skills | Things of the heart | Spiritual |

31

<u>Medical Records</u>
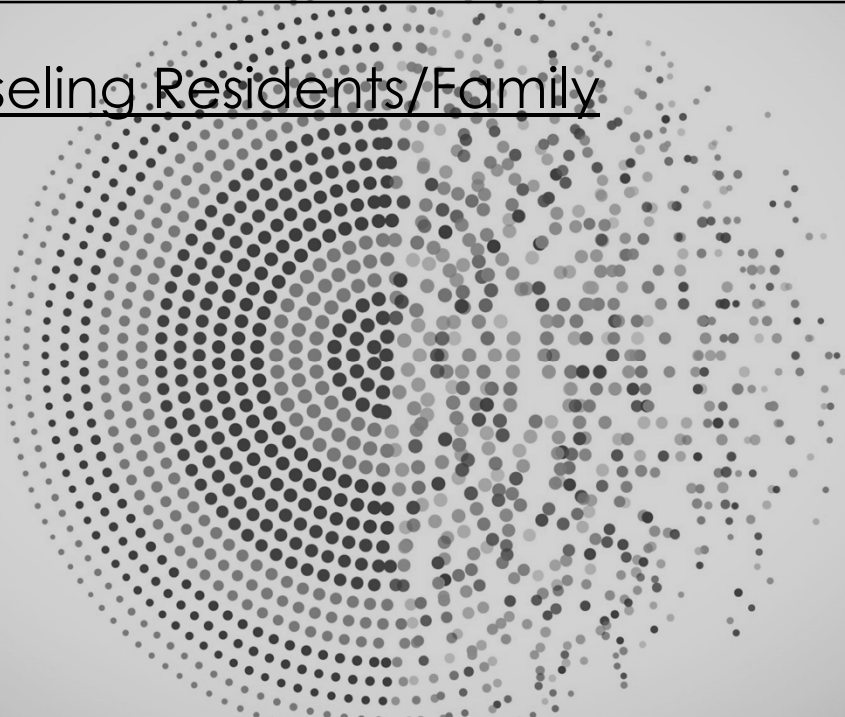
▶ <u>"If it 'ain't' written, it 'ain't done'"</u>

► Health Insurance Portability and Accountability Act (HIPAA)

► Confidentiality

► Business Associate Agreement (BAA)

32

Counseling Residents/Family

▶L

▶I

▶F

▶E

33

Resident Rights

▶Must educate upon admit.

▶Must educate staff upon hire and at least annually

34

Operations

▶Finance
▶Risk Management
▶Human Resources

35

Finance
Core—10;LOS--4

154,568	95,054
56,845	97,511
110,000	99,011
150,000	99,216
35,000	101,090
83,000	101,684
45,000	101,962
	102,747

36

Process of ensuring materials and other resources are bought and used efficiently and economically
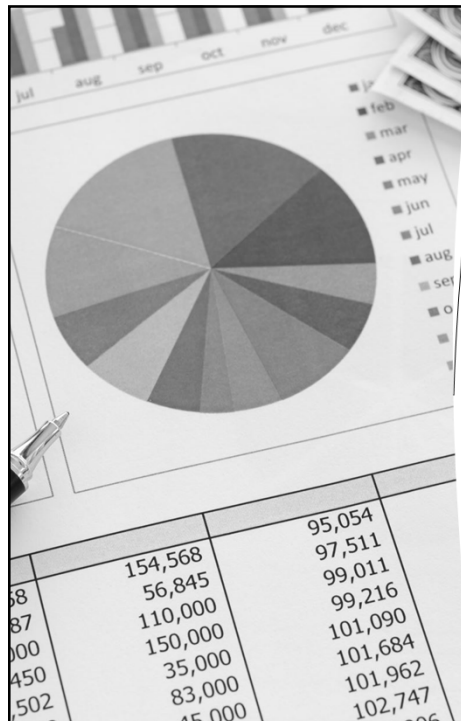
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Raw Food						Earning Statement or Profit and Loss Statement	
Actual	Budget	Variance	PPD Actual	PPD Budget	Variance		
$55,000	$50,000	($5,000)	$7.25	$7.00	($.25)		

38

Depreciation
Medicare
requires
Straight line
formula

▶ SLD = Cost – Salvage Value/Assigned life
▶ = $12,000 - $2,000 / 10 Years
▶ = $1000

39

Reimbursement Sources

Medicaid

Medicare

Private Pay

Managed Care

Long-term Care Insurance

40

PATIENT DRIVEN PAYMENT MODEL

FOCUSES ON THE PATIENT'S CONDITION AND RESULTING CARE RATHER THANTHE AMOUNT OF CARE PROVIDED

41

CASE MIX COMPONENTS

- ▶ PHYSCIAL THERAPY (PT)
- ▶ OCCUPATIONAL THERAPY (OT)
- ▶ SPEECH LANGUAGE PATHOLOGY (SLP)
- ▶ NURSING
- ▶ NON-THERAPY ANCILLARY (NTA)

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TERMS TO STUDY

▶ PROSPECTIVE PAY SYSTEM

▶ INTERRUPTED STAY

▶ INTERRUPTED PAY ASSESSMENT (IPA)

▶ NON-CASE MIX

▶ GROUP AND CONCURRENT THERAPY

▶ ICD-10

▶ TRIPLE CHECK

43

CONSOLIDATED BILLING

▶ MAKES THE SNF RESPONSIBLE FOR THE COST OF ALMOST ALL OF THE SERVICES A RESIDENT RECEIVES WHILE COVERED UNDER MEDICARE PART A

44

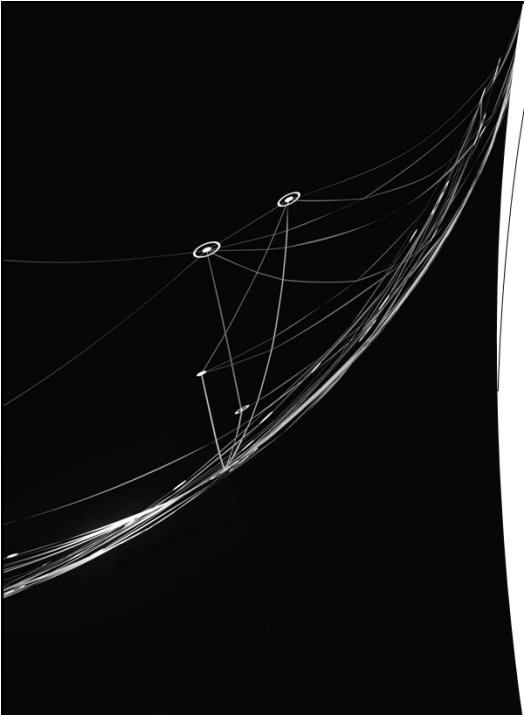## EXCLUSIONS TO CONSOLIDATED BILLING

PHYSICIAN SERVICES

PROFESSIONAL COMPONENT OF DIAGNOSTIC TEST, BUT NOT THE TECHNICAL ASPECT ITSELF

PHYSICIAN ASSISTANT AND NURSE PRACTITIONERS

HOSPICE CARE

QUALIFIED PSYCHOLOGISTS
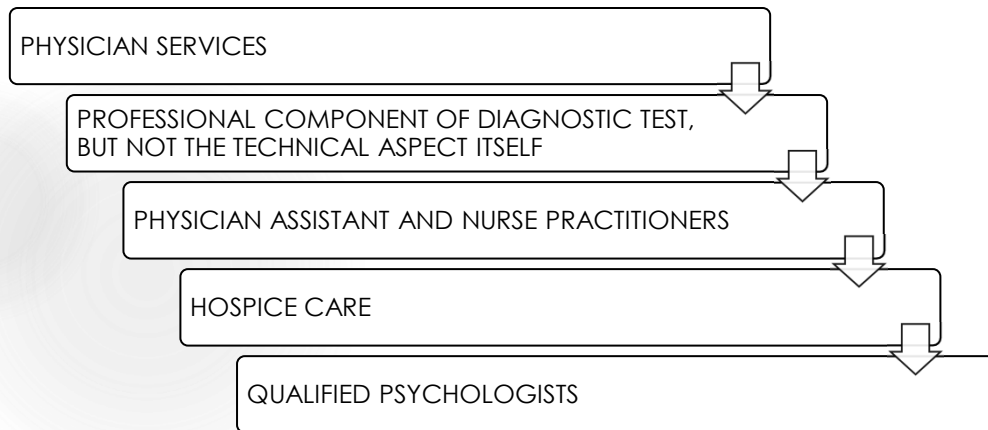
45

Risk Management
Core: 13 LOS 5

Program to reduce occurrences that may lead to action damaging to the facility and its reputation. It may result in economic loss through tort actions.

Primary purpose is to:

▶   Protect the facility

▶   Protect residents, staff, and visitors

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Legal Management

▶ KEYS:

- ▶ Develop relationships with residents and their responsible parties
- ▶ Proper documentation: The faintest ink is better than the clearest memory…
- ▶ Understand and follow facility Risk Management Program
- ▶ Complete incident report
- ▶ Follow-up

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Quality Assessment and Assurance Committee

▶ Required members:

- ▶ DON
- ▶ Medical Director or designee
- ▶ Infection Preventionist
- ▶ Three other staff members (one who must be either the administrator, owner, board member, or someone else who has a leadership role)

48

Quality Assurance and Performance Improvement (QAPI)

▶Plan that investigates all resident/family complaints, decides on course of action, implements, provides feedback.

49

Compliance and Ethics Program

▶Required by Federal Regulations

▶Should be designed, implemented, and enforced so that they will be effective in preventing and detecting criminal, civil, and administrative violations, and in promoting quality care.

50

Patient Self-Determination Act

▶Requires Medicare and/or Medicaid facilities to recognize a person's living will or power of attorney for health care decisions

51

Fraud Control

▶False Claims Act

▶Safe Harbor Rules

▶Anti-kickback Statues

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Human Resource Management Core—14; LOS--8
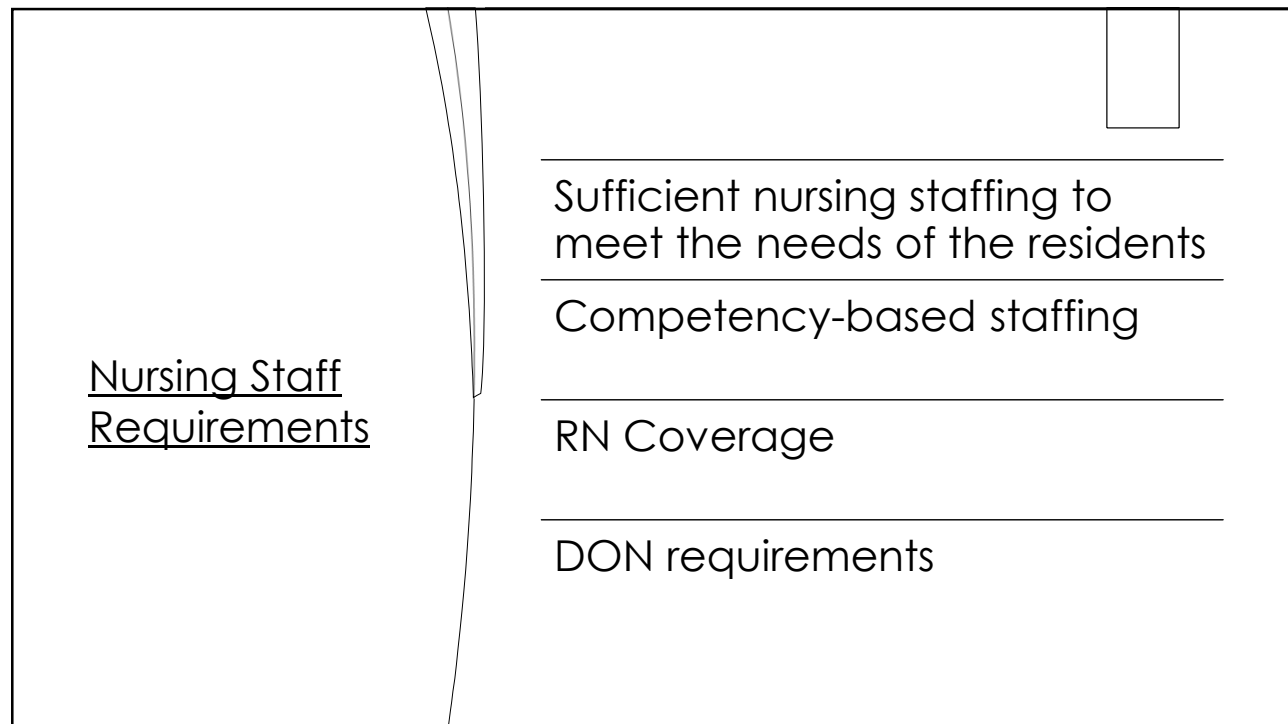
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Policies, Procedures, Rules

▶ First step in Human Resource Management

▶ Purpose: Provide information on what management expects of employees and what employees expect from management

54

Nursing Staff Requirements

Sufficient nursing staffing to meet the needs of the residents

Competency-based staffing

RN Coverage

DON requirements

55

Social Worker

MORE THAN 120 BEDS

56

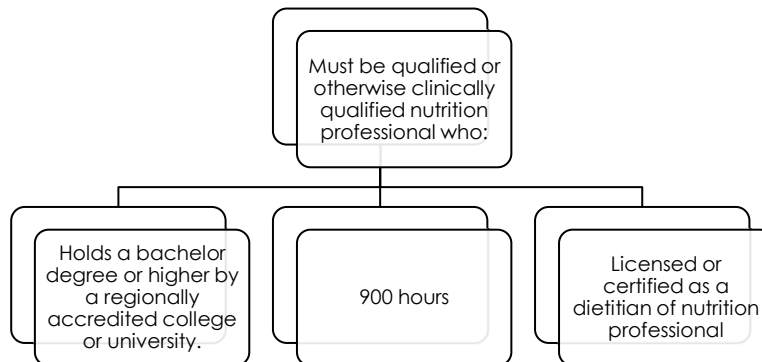# Resident Activity Director Life Enhancement Director

▶Therapeutic Recreation Specialist

▶Occupational Therapist

▶COTA

▶State certified

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Dietitian

Must be qualified or otherwise clinically qualified nutrition professional who:

Holds a bachelor degree or higher by a regionally accredited college or university.

900 hours

Licensed or certified as a dietitian of nutrition professional

58

29

Support Staff

THERE ARE NO FEDERAL MANDATES ON QUALIFICATION OF HOUSEKEEPING, DIETARY, MAINTENANCE STAFF, ETC.

59

Overtime 8/80

Time Card

Week 1

S	M	T	W	T	F	S	Total
12	10	8	X	X	8	12	50

Week 2

S	M	T	W	T	F	S	Total
8	16	X	X	8	8	X	40

60

How Many Hours of Overtime Is Due to the Employee

Answer:

a. 10
b. 16
c. 18
d. 23

61

Equal Employment Opportunity Commission (EEOC)

PROHIBITS DISCRIMINATION BASED ON RACE, RELIGION, GENDER, AND NATIONAL ORIGIN

62

Americans with Disability Act (ADA—now the ADAAA)

CHECK TO ENSURE JOB DESCRIPTIONS ARE ADA COMPLIANT

63

Family and Medical Leave Act (FMLA)

▸ Up to 12 weeks per year
▸ Must have worked at least 1250 hours during the past 12-month period
▸ Not a paid leave

64

Turnover

▶ # of employees terminated divided by the # position

▶ Terminated = voluntary or involuntary

65

Unions—They are a business

▶ What you can do; and what
You cannot
▶ S
▶ P
▶ I
▶ T

66

Environment and Quality

Core—13; LOS--16

67

Life Safety Code

- ▶ Purpose: Provide a reasonable degree of safety from fire
- ▶ Promulgated by the National Fire Protection Association (NFPA)
- ▶ Accept ANSI and ADAAG standards
- ▶ Annual Surveys—tags are K-tags

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34

Resident Room Requirements

80 square feet living space in semi-private rooms

100 square feet living space in private rooms
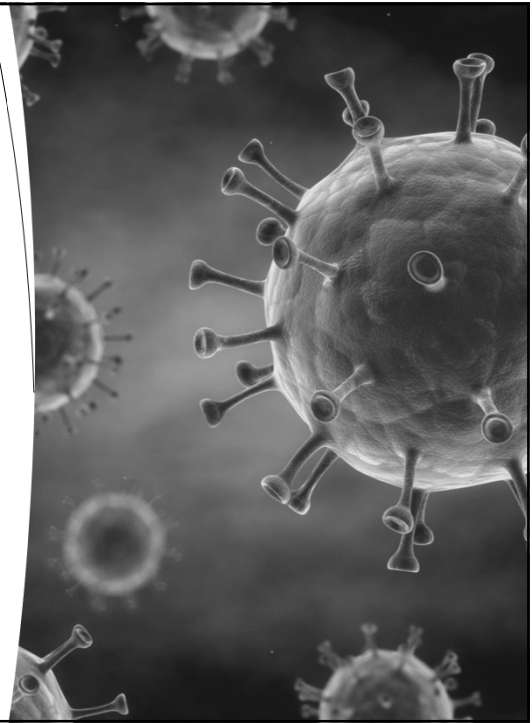
Closets and bathrooms are excluded

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ANSI-American National Standards Institute
ADA—American with Disabilities Act Accessibility Guidelines

REQUIRE BUILDING TO BE ACCESSIBLE TO THE PHYSICALLY DISABLED; NOT THE MENTALLY DISABLED

70

Infection Prevention and Control Program

▶ Coronavirus

▶ Enough said!!

71

CMS Infection Control Standards

1. Investigate, control, and prevent infections.

2. Develop procedures for the entire program, which guide decisions about what procedures should be applied to an individual resident, e.g. isolation

3. Document incidents and corrective actions

4. Require all staff members to practice acceptable hand hygiene

5. Handle, process, and transport linens in a manner to prevent the spread of an infection

6. Prohibit employees with open lesions from having direct contact with residenrts or the food provided to the resident
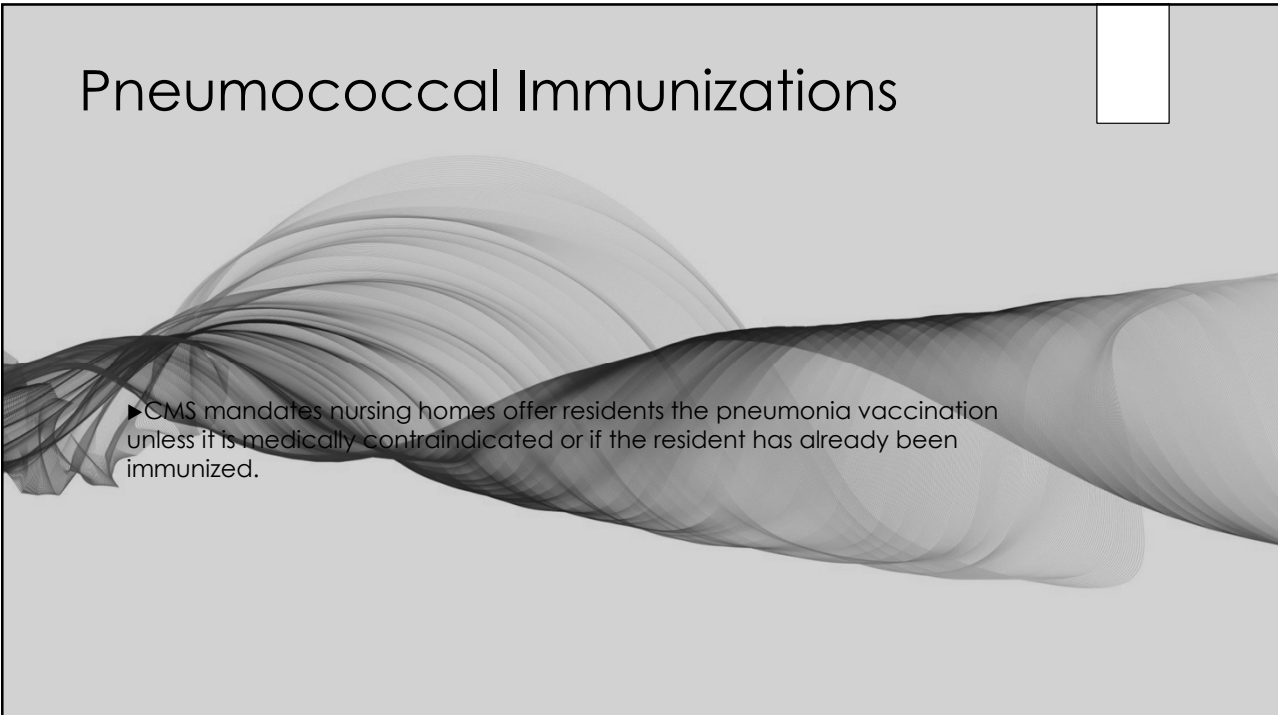
72

Flu Shots

▶Nursing homes are required to offer residents the influenza immunization annually between October 1 and March 31

73

Pneumococcal Immunizations

▶CMS mandates nursing homes offer residents the pneumonia vaccination unless it is medically contraindicated or if the resident has already been immunized.

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INFECTION CONTROL TAG NUMBERS

- ➢ F 880 Infection Prevention and Control
- ➢ F 881 Antibiotic Stewardship
- ➢ F 882 Infection Prevention
- ➢ F 883 Flu and Pneumonia
- ➢ F 945 Training Requirements

75

Infection Preventionist

- ▶ Have primary professional training in nursing, medical technology, microbiology, epidemiology, or a related field
- ▶ Be qualified by education training, experience, or certification
- ▶ Work at least part time at the facility
- ▶ Completed specialized training infection prevention and control
- ▶ Be a member of the QA Committee

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OSHA: concerned with employee safety and health

MANDATED TO INSPECT NURSING HOMES THAT MEET CERTAIN CRITERIA

77

DART
DA—Days Away from work
R   Restricted work duties
T   Transfers

OSHA MAY INSPECT NURSING HOME THAT HAVE 10% OR MORE OF ITS EMPLOYEES WHO FALL INTO THESE CATEGORIES

78

NEP: National Emphasis Program

OSHA will evaluate a facilities:
- Employee health and safety policies and procedures
- Determine if employees have had the opportunity to have input into those policies
- Determine if the facility has adequate number of lifts, transfer and positioning devices

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Alcohol-based Hand-rub Dispensers

Employees are required to use the alcohol-based hand rubs, with three exceptions:

- Providing care to someone who has an active case of C-dif
- Has visible soil on their hands
- Working with food

80

Hazard Communication Program

May be known as the Right to Know program

Required facilities have Safety Data Sheets on chemicals used in the facility

SDS must be kept in the area where employees are using them

81

Disaster Drills

▶ Must have at least 2 per year: one is a community-based drill; the second can be a table-top program.
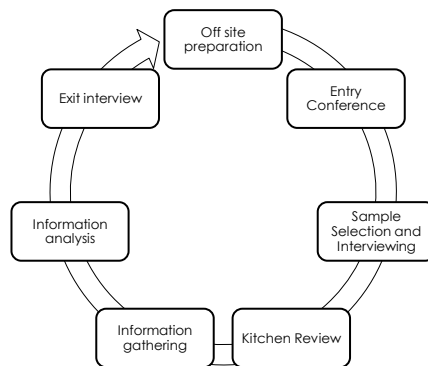
82

Fire Drills

ONE PER SHIFT PER QUARTER—A TOTAL OF 12 PER YEAR

83

Emergency Generator

Must have an on-site generator if facility uses any type of life-support equipment

Must be "cranked" on weekly

Must be run under full load for at least 30 minutes per month

Document

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Surveys

Off site preparation

Entry Conference

Exit interview

Sample Selection and Interviewing

Information analysis

Information gathering

Kitchen Review

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Health Inspection
Scope, Severity and Levels

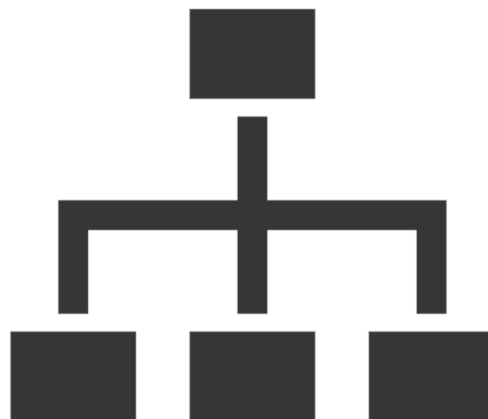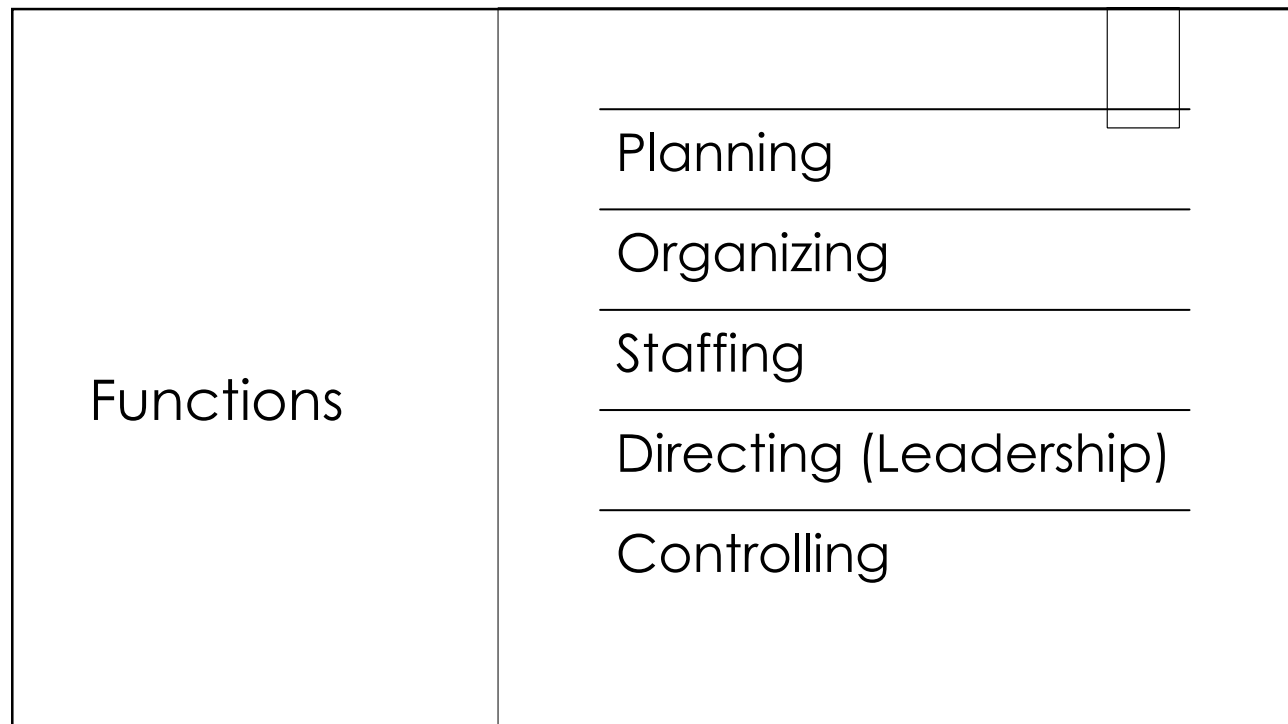| Severity	Scope		
	Isolated	Pattern	Widespread
Immediate jeopardy to resident health or safety	J PoC Required	K PoC Required	L PoC Required
Actual harm that is not immediate jeopardy	G PoC Required	H PoC Required	I PoC Required
No actual harm with potential for more than minimal harm that is not immediate jeopardy	D PoC Required	E PoC Required	F PoC Required
No actual harm with potential for minimal harm	A No PoC Required No Remedies Commitment to Correct Not on CMS-2567	B PoC Required	C PoC Required

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Leadership and Strategy Core—11; LOS--0

87

Management

▶Creating and maintaining an environment within an organization that makes it possible for staff to work together toward common goals

88

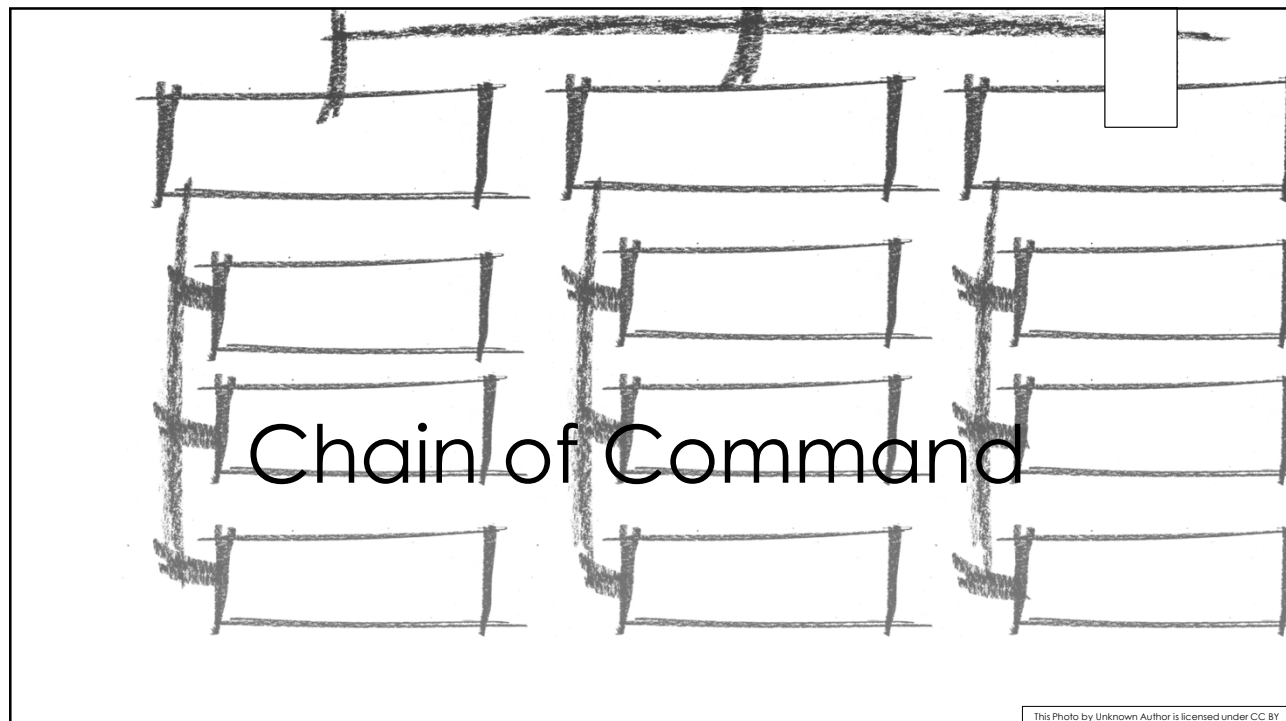| Functions | Planning |
	Organizing
	Staffing
	Directing (Leadership)
	Controlling

89

PLANNING

THOSE WHO FAIL TO PLAN, PLAN TO FAIL!!!

90

Organizing

Grouping activities and people assigning roles, delegating authority.

91

Chain of Command

92

Staffing

▶ This is Human Resources. It involves recruiting, interviewing, hiring, promoting, demoting, terminating, and retiring employees.

93

Directing/Leading

Influencing employees to do their work according to the facility standards. It involves leading, motivating, communicating, giving instructions, setting goals, making decisions, representing, coordinating, and managing conflicts.

Considered the function new administrators struggle the most with.

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Leadership

Visibility
Decisive
Listener
Pitches In
Understanding
Goal Oriented
Competitive
Knowledge

95
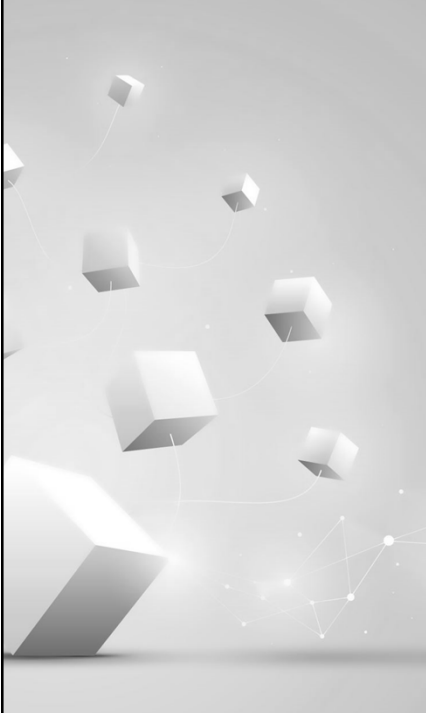
Visibility
ghost cannot lead

96

48

Controlling

▶Measurement of the work performance to determine if employees are following guidelines, and the correction of any errors in performance. This function requires good policies and procedures.

97

Steps in Correcting Errors

▶ Review how the work was to be done—begin with a mutual understanding

▶ Point out the error

▶ Indicate the remedy

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Guidelines in correcting errors

▶ Correct the first error, in private, as soon as possible

▶ Be objective, specific, factual

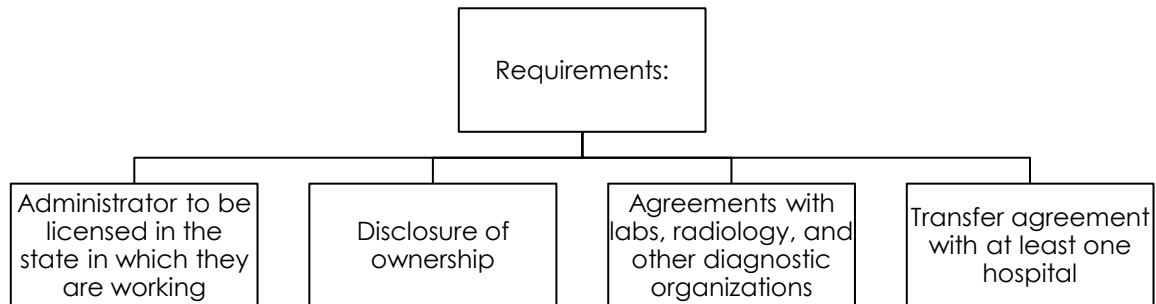▶ Make no excuses or accept them

▶ Don't threaten employees

99

BEST PR PROGRAM IS A TOUR OF THE FACILITY IF THE FACILITY IS "TOURABLE"

Marketing and Public Relations

100

OBRA of 1987
Federal Regulations

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                    ┌─────────────────┐
                    │ Requirements:   │
                    └─────────────────┘
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| Administrator to be licensed in the state in which they are working | Disclosure of ownership | Agreements with labs, radiology, and other diagnostic organizations | Transfer agreement with at least one hospital |

101

Ombudsman Program

PRIMARY RESPONSIBILITY: TO RESOLVE PROBLEMS MADE BY OR ON BEHALF OF THE LONG-TERM CARE RESIDENT

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