Welcome to Community Based Care News Hour

July 23rd, 2015

Agenda

- Regulatory/Department Updates
- Compliance Tips:
- Compliance Trend Report
- Hot Topics:

- Manager's Corner: Ana Potter

Regulatory/Department Updates

1. Reducing Revisits

CBC Reducing Revisits

Rapid Process Improvement Communication

Project Sponsor:

Donna Keddy, OLRO Director

RPI Representation:

CBC Survey

CBC Management

CBC Licensing Policy Analyst & Corrective Action

OLRO Business Innovation & Research Unit

DHS Office of Continuous Improvement

Communication Outline

Revisit Rapid Process Improvement (RPI)

- *OLRO Revisit RPI Overview*
- *Condensed Report Writing changes*

RPI Revisit Charter

- Problem Statement:

CBC is 23% or 112 facilities behind in the timeliness of required licensing surveys leading to vulnerable populations being at risk of inadequate care and diminished quality of life.

Statistic as of May 2015

- Goal/Objective:

- *Improve relicense timeliness*
- *Decrease Revisits*
- *Sustain support & accountability to providers*
- *Promote compliance*

Why are we concerned about revisits?

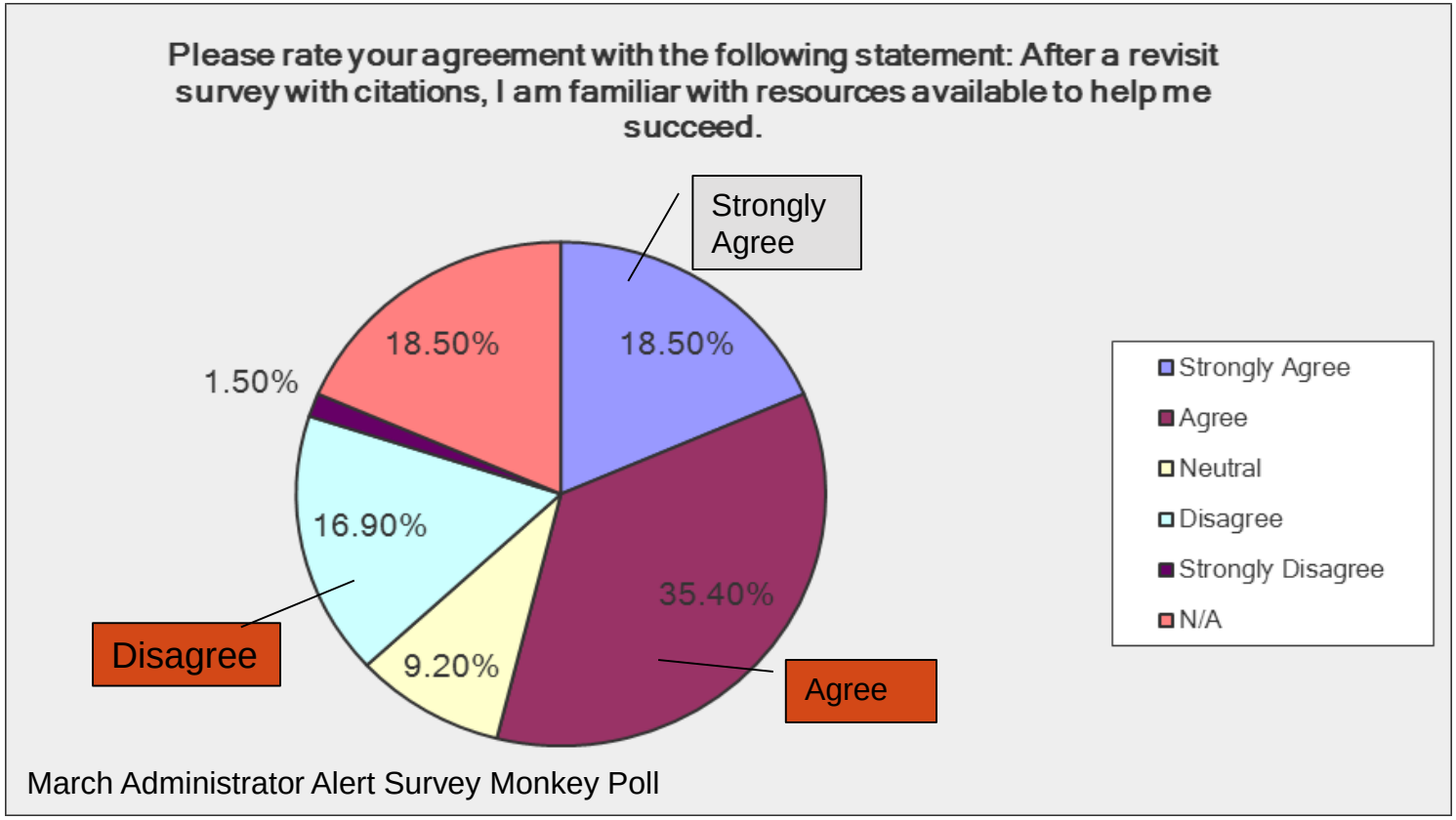
- RPI Outcomes:
  - Relicense intervals falling further behind
  - Facilities not reaching compliance
  - 75% of total surveys are Revisits
  - Initial & Ownership Change surveys not timely
  - Address noncompliance process
  - Residents potentially at risk
  - Increasing resident acuity
  - Provider staff training needs
  - Increasing number of facilities
  - Reports focus on individual rather than system correction

RPI Problem Solving Process

DHS Office of Continuous Improvement

1. Identification of value
2. Isolating variables
3. Root cause analysis
4. Building consensus
5. Prioritizing solutions
6. Improve and implement

What did providers say?



March Administrator Alert Survey Monkey Poll

Retaining Value:
for Public, Provider, & OLRO

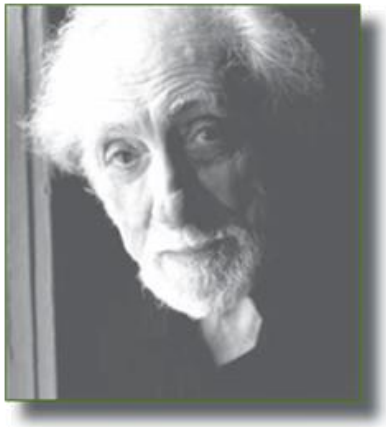
- On-time survey & reporting
- Clear & concise communication
- Report identifies system failures
- Objective facts without judgment
- Positive, professional, and courteous interactions
- Support for maintaining compliance
- OLRO partner collaboration

Are you ready?
Lets Get Started!

Condensed Survey Reports

What stays the same?

- The Survey Process
- Onsite survey example reviews
- Level 3 or G citation detail reports
- Oregon Administrative Rule reviews
- Shared goal for quality resident care



Condensed Survey Reports

What will look different?

- Condensed reports - level 2 or D citations ONLY
- Clear message for system improvement
- No resident detail for level 2 or D citations
- Summary paragraphs only
- Reports communicate system failures

Let's review some examples!!

C 260 Service Plans – Example

Based on observation, interview and record review, it was determined the facility failed to ensure service plans were reflective of residents' care needs and provided clear direction regarding the delivery of services, for 4 of 6 sampled residents whose service plans were reviewed. Findings include, but are not limited to:

Facility service plans were found to not be reflective of current care needs or did not provide clear direction to staff in several areas, including:

*Side rail and assistive device use;

*Compression sleeve and hose;

*HH and Hospice involvement and specific care being provided;

*ADL needs;

*Pain; or

*Skin breakdown interventions.

Service plans were discussed with Staff 1 (Administrator), Staff 2 (RN), Staff 3 (LPN) and Staff 4 (Health and Wellness Coordinator) on Date/Time. It was acknowledged the service plans were not reflective of resident care needs.

C 270 Change of Condition/Monitoring – Example

Based on observation, interview and record review, it was determined the facility failed to evaluate and monitor interventions for 1 of 1 sampled resident who wandered. Findings include, but are not limited to:
Interview and record review revealed memory loss, experienced confusion and wandered inside and out of the facility. Progress notes indicated s/he had been confused and found outside the facility three times in May 2015.
There was no documented evidence the interventions had been consistently monitored as being in place or evaluated for effectiveness with each subsequent incident.

The lack of documented evidence of monitoring Resident 2's interventions for wandering was reviewed with Staff 1 (Administrator) on Date/Time.

C 310 Medication (MAR Accuracy) – Example

Based on interview and record review, it was determined the facility failed to maintain accurate MARs, including reasons for medication use, and to ensure there were instructions to guide unlicensed CGs in the administration of PRN medications, for 3 of 3 sampled residents. Findings include, but are not limited to:

Review of the MARs and clinical records revealed:

*MARs with medications that did not include a reason for use;

*Medications that were not signed as having been administered;

*Lack of parameters to guide unlicensed CGs in the administration of PRN medications; and

*Duplicate medications identified on the MAR.

On Date/Time, the need to ensure MARs were complete, accurate, and included specific instructions for non-licensed staff, was discussed with Staff 1 (Administrator) and Staff 2 (RN).

Shared dedication to quality resident care !

Compliance Tips

Be sure to notify us for change in Administrator

Please send in:

1. Administrator Reference Summary
2. Completed back ground check
3. Uniform disclosure statement
4. Administrator Class Certificate

Compliance Trend Report
Top Ten Citations: 4/1/2015-6/30/2015

1: 260 Service Plans (27)

2: 270 Change of Condition (24)

3: 280 Resident Health Services (22)

4: 370 Staff Training (21)

5: Resident Move in (19)

6:310 Med Administration (17)

7: 303 Treatment Orders (16)

8: 240 Food Sanitation (13)

9: 231 Abuse Reporting (10)

10: 330Psychoactive Medication (10)

999: Technical assistance (41)

Hot Topics

Compliance Specialist: Doug Colling

PRESENTATION

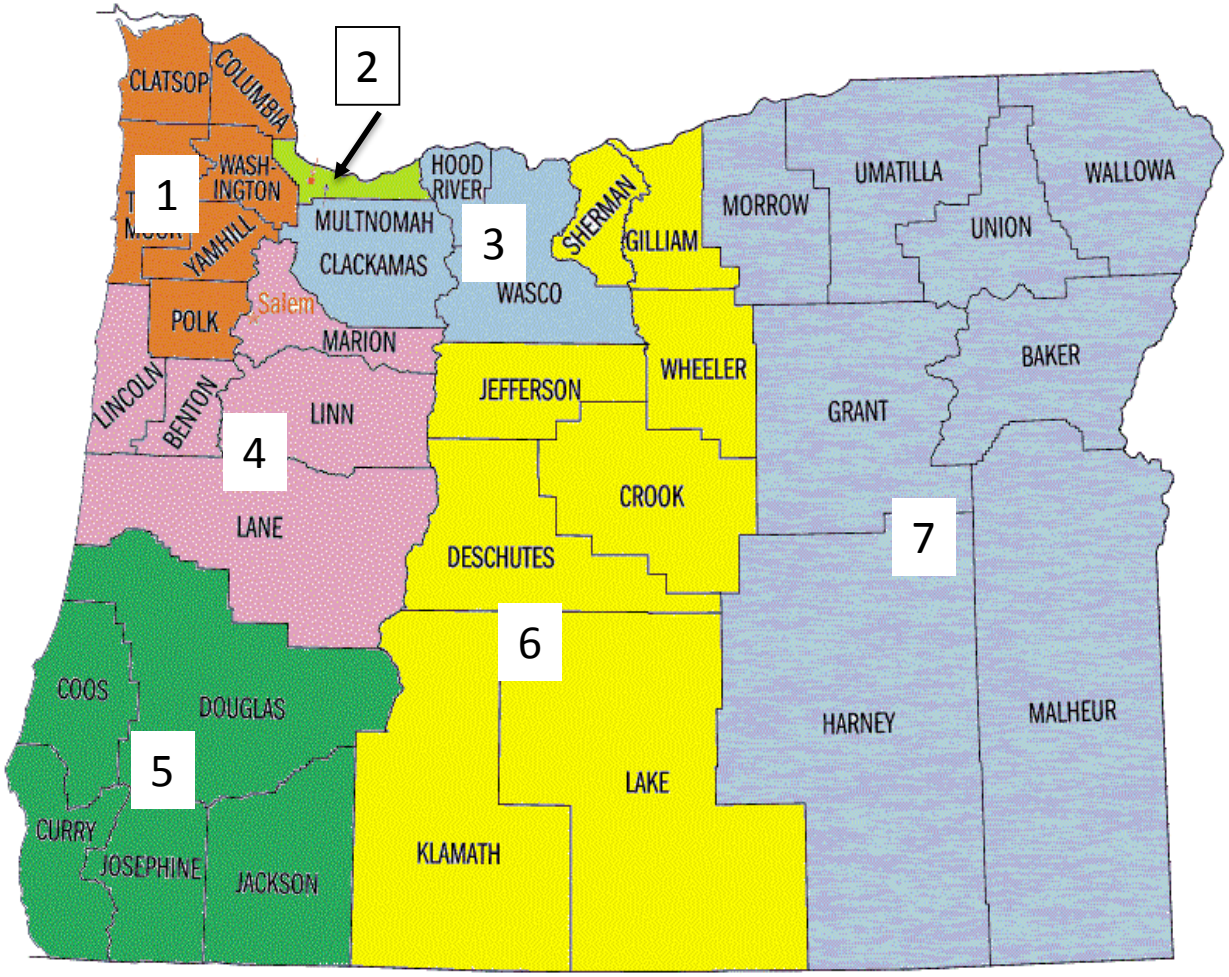
Licensing Complaint Investigation Unit (LCIU)

CBC News Hour: July 23, 2015

Doug Colling, MPA/HA

DHS | Oregon Department of Human Services
AGING & PEOPLE WITH DISABILITIES

Regionally located investigators



Region 1: Tigard
(2 investigators)

Region 2: Portland

Region 3: Canby

Region 4: Salem
(2 investigators/screeners)

Region 5: Roseburg

Region 6: Redmond

Region 7: LaGrande

DHS | Oregon Department of Human Services

Roles of the Investigators

- Investigate complaints of non-compliance related to ALFs, RCFs, and Memory Care facilities
- Work closely with providers around quality assurance, early intervention and conduct technical assistance.
- Work collaboratively with local staff to ensure the best possible outcomes for residents and their families.

Roles of the Investigators

- For complaints related to abuse or neglect, the Compliance Specialist will make a referral to APS.
- Work closely with the local ombudsman to solve issues at the lowest level.
- Issue citations for non-compliance in accordance with Oregon Administrative Rule.
- Work jointly with OLRO to process citations, recommend sanctions, and monitor facilities.

What to Expect

- Compliance Specialists will make unannounced visits to investigate reported licensing violations.
- Access to resident records, facility staff, and residents (similar to APS and Survey).
- Exit and preliminary findings.
- Written report on the results of the investigation, and list any technical assistance or citation on a 2567.
- Program to go live <u>August 3rd, 2015</u>

To make a referral

- Program starting August 1, 2015
- Toll Free: **844-503-7443**
- Email: licensing.complaint@state.or.us

For questions call:
Doug Colling,
Office: (503) 624-4371
Cell: (503) 358-7424

DHS | Oregon Department of Human Services

Manager’s Corner

Ana Potter, Residential and Assisted Living Manager

Thanks so much!

Next News hour:

September, 22nd, 2015

9:00am

Questions????

CBCTeam@state.or.us

- CBC web site Address:

http://www.oregon.gov/dhs/providers-partners/licensing/cbc/Pages/index.aspx