TRENDS IN IJ CITATIONS IN 2020

STATEWIDE ADMINISTRATOR & DON MEETING
DECEMBER 8, 2020

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Today’s Topics

• Citation trends
• Meeting Compliance
• Education and Tools
Citation trends

Abuse
CPR
Elopement
Infection Control
Professional Standards
Facility failed to ensure systems in place and staff followed them to prevent resident to resident sexual abuse and physical abuse from occurring:

- Staff didn’t ensure behavior didn’t continue to occur a second time
- After the second event, staff failed to report the first incident to the Administrator/DON in a timely manner
- Failed to investigate a physical and/or verbal altercation between two residents
- Monitor one resident upon return from the hospital and failed to communicate to staff about previous incident when this resident was placed on same floor as the resident he/she had the altercation with
Facility failed to prevent a resident to resident altercation:
  – Lack of a thorough investigation
  – Did not conduct interviews with potential witnesses to rule out abuse. During an interview, Resident #1 confirmed he/she intentionally acted against Resident #2

Facility failed to ensure one resident remained free from sexual abuse from another resident:
  – Staff witnessed encounters and provided privacy for encounters prior to determining one resident unable to provide consent due to impaired cognition
CPR

• Facility failed to ensure adequate CPR efforts were provided and monitored for effectiveness by trained staff:
  – CPR discontinued after faint pulse noted, no vital signs taken to ensure resident stable
  – Nurse left a non-CPR certified CNA to monitor resident while he/she collected paperwork
  – Resident found with no pulse and not breathing when EMS arrived, CPR initiated
• Facility failed to develop and implement a policy addressing CPR requirements for staff:
  – Ensure certified staff scheduled and present 24/7
  – Ensure facility transporter or van driver certified to perform CPR
• Facility failed to provide supervision to prevent elopement for a resident who was identified as high risk for elopement by the facility:
• Resident eloped from a locked dementia unit and went outside the facility for approximately 9 hours.
**Elopeden**

- Facility failed to ensure adequate supervision to prevent accidents by not following protocols for monitoring for resident who voiced a desire to leave the building:
  - Ensure resident returned inside from smoke break
  - Monitor resident according to facility protocol
  - Incorrectly documented hourly resident checks
• Facility failed to provide protective oversight and supervision for resident with exit-seeking behavior:
  – Resident found outside in unenclosed area on his/her back on sidewalk in the rain
  – Resident found outside on his/her back on grass outside dining room door
  – Resident found outside on his/her bottom in grass outside dining room door
Facility failed to follow acceptable infection control practices when identifying residents for placement on the Covid + unit:

- Immunocompromised, Covid – resident placed on Covid + unit even though he/she didn’t meet the criteria for placement
- Resident residing on hall prior to it’s transition to a Covid + unit not moved off while Covid -, later became Covid +, expired
- Resident identified as PUI not moved off Covid + unit while awaiting test results. Remained on Covid + unit for 12 days, remained Covid -
Infection Control

• Facility failed to follow appropriate infection control practices:
  – Not screening all employees and visitors for signs and symptoms of Covid-19 upon entrance to the facility
  – Ensure residents wore facemasks when out of their rooms and within 6 feet of each other to prevent the spread
  – Ensure staff wore facemasks at all times
  – Ensure a resident readmitted from the hospital was quarantined and monitored for Signs and symptoms of Covid-19
Infection Control

• Facility failed to properly contain Covid-19 by not developing policies and procedures and not following current standards of practice regarding infection transmission:
  – Lack of a dedicated area to treat newly identified Covid + residents
  – Lack of policy for management of Covid + residents
  – No individual designated and trained as facility Infection Preventionist
  – No Covid + unit, Covid + residents commingled with Covid -/unknown residents
• Facility failed to implement infection control practices to control and prevent the potential spread of Covid-19 among residents and staff:
  – Allowed Covid + staff to care for Covid – residents
  – Covid – residents on secure memory care unit, 1 resident with change in condition tested positive at the hospital
  – CDC guidelines for changing PPE not followed by staff
  – No visitation policy for screening visitors for signs and symptoms of Covid-19, requiring visitors to wear masks or ensure social distancing during visits affecting residents participating in open window visits
Infection Control

- Facility failed to follow acceptable infection control practices for Covid-19:
  - Did not follow facility policy and/or CDC guidelines for handling residents who develop Covid. Covid + resident remained in room with resident whose Covid status was unknown
  - No signage posted to indicate isolation/transmission-based precautions with type of PPE required
  - No designated care area for Covid + residents separate from Covid -
Infection Control

• Facility failed to follow appropriate infection control practices:
  – Not isolating resident(s) who were Covid + from those who were Covid –
  – Not isolating Covid + residents from Covid – residents at meal times
  – Ensure staff follow facility policy related to transmission-based precautions
  – Ensure staff wear appropriate PPE (gowns) when caring for Covid + residents
  – Ensure cart holding equipment/supplies for glucose testing and multi-resident use insulin not taken into Covid + resident’s room
Professional Standards of Care

• Facility failed to provide needed care and services in accordance with goals of care and professional standards of practice to meet resident’s needs:
  – Lab work not drawn on date ordered by physician, drawn 2 days late with critical results
  – Laboratory unable to reach nurse x 12 hours to report critical results
  – No nurse documentation found of critical result
  – Critical result not reported to physician
  – No follow up care provided to resident regarding critical lab value
These tags include:

- Resident’s right to be free from Abuse, Neglect, Misappropriation of Funds, Exploitation, Involuntary Seclusion, Physical/Chemical Restraints
- Hiring guidelines
- Development of Policies
- Reporting
- Investigation/Prevention

$\text{§}483.12 \text{ Freedom from Abuse, Neglect and Exploitation}$

10 F tags under this heading, all have the potential designation of “Substandard Care” if a deficiency is cited with a scope/severity of F, H, I, J, K or L.
• Written policies must include:
• Screening: EDL, Criminal background check, license/certification checks, Resident screening to evaluate facility ability to provide care and services
• Training: new/existing staff, prohibit/prevent, identify/recognize, reporting of abuse, understand behavioral symptoms that may increase risk for abuse
  – Aggressive and/or catastrophic reactions of resident
  – Wandering or elopement-type behaviors
  – Resistance to care
  – Outbursts or yelling out
  – Difficulty in adjusting to new routines or staff

§483.12(b) The facility must develop and implement written policies and procedures that:
§483.12(b)(1-4)
  Prohibit and prevent
  Establish policies and procedures to investigate allegations
  Include required training
  Establish coordination with QAPI program
Abuse Written Policies Continued

• Prevention
  – Establishing a safe environment
  – Identifying, correcting and intervening in situations in which abuse, neglect, etc. may occur
  – Ensuring structure/services in place to care for resident population
  – Identification, assessment, care planning with monitoring and interventions for residents with behaviors and needs which may lead to conflict:
    • Verbally, physically, sexually aggressive behavior
    • Taking, touching, rummaging through other’s property
    • Wandering into other’s room/space
    • H/O self-injurious behaviors
    • Communication disorders or who speak a different language
    • Require extensive nursing care and/or are totally dependent on staff for the provision of care
• Identification: identifying different types of abuse
  – Suspicious injury
  – Sudden unexplained behaviors-fearful of person or activity

• Protection:
  – Safety of resident(s)
  – Physical exam, if applicable
  – Supervision of resident(s)
  – Prevent retaliation-resident
  – Support of resident, staff, etc.

• Investigation
  – Who to report: charge nurse, supervisor, DON/ADON, Administrator
  – Documentation of investigation
Abuse Written Policies Continued

• Reporting/response:
  – Timeframe
  – Police, DHSS, ombudsman
  – Retaliation prevention-reporter (staff, visitor, family, etc.)
  – Reporting to licensing agencies: CNA registry, State Board of Nursing, EDL, Board of Nursing Home Administrators, etc.
  – Analysis of situation
  – Revision of policies and procedures
  – Future staff education
• **F678 Cardio-Pulmonary Resuscitation (CPR)**
  
• §483.24(a)(3) Personnel provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident’s advance directives.

• **GUIDANCE §483.24(a)(3)….**” facilities must ensure that properly trained personnel (and certified in CPR for Healthcare Providers) are available immediately (24 hours per day) to provide basic life support, including cardiopulmonary resuscitation (CPR), to residents requiring emergency care prior to the arrival of emergency medical personnel, and subject to accepted professional guidelines, the resident’s advance directives, and physician orders.
CPR Policies and Procedures

• Facilities must have systems in place supported by policies and procedures to ensure there are an adequate number of staff present at all times who are properly trained and/or certified in CPR for Healthcare Providers to be able to provide CPR until emergency medical services arrives.

• Facility policies should address the provision of basic life support and CPR, including:
  – Directing staff to initiate CPR when cardiac or respiratory arrest occurs for residents who do not show obvious clinical signs of irreversible death and:
    – Who have requested CPR in their advance directives, or
    – Who have not formulated an advance directive or,
    – Who do not have a valid DNR order
    – Ensuring staff receive certification in performance of CPR (CPR for Healthcare Providers)

• Facility policy should also address how resident preferences and physician orders related to CPR and other advance directive issues are communicated throughout the facility so that staff know immediately what action to take or not take when an emergency arises
ELOPEMENT

• **F689 Free of Accidents Hazards/Supervision/Devices**

• §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.

• **INTENT:** §483.25(d) The intent of this requirement is to ensure the facility provides an environment that is free from accident hazards over which the facility has control and provides supervision and assistive devices to each resident to prevent avoidable accidents. This includes:
  – Identifying hazard(s) and risk(s);
  – Evaluating and analyzing hazard(s) and risk(s);
  – Implementing interventions to reduce hazard(s) and risk(s); and
  – Monitoring for effectiveness and modifying interventions when necessary.
ELOPEMENT

• Elopement occurs when a resident leaves the premises or a safe area without authorization (i.e., an order for discharge or leave of absence) and/or any necessary supervision to do so.

• A resident who leaves a safe area may be at risk of (or has the potential to experience) heat or cold exposure, dehydration and/or other medical complications, drowning, or being struck by a motor vehicle.

• While wander, door, or building alarms can help to monitor a resident’s activities, staff must be vigilant in order to respond to them in a timely manner. Alarms do not replace necessary supervision, and require scheduled maintenance and testing to ensure proper functioning.
• Facility policies that clearly define the mechanisms and procedures for assessing or identifying, monitoring and managing residents at risk for elopement can help to minimize the risk of a resident leaving a safe area without authorization and/or appropriate supervision.

• In addition, the resident at risk should have interventions in their comprehensive plan of care to address the potential for elopement.

• Furthermore, a facility’s disaster and emergency preparedness plan should include a plan to locate a missing resident.
F880 Infection Prevention & Control

The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards.
§483.80(a)(4) A system for recording incidents identified under the facility’s IPCP and the corrective actions taken by the facility.

§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.
INFECTION CONTROL POLICIES AND PROCEDURES

• §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:

• (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;

• (ii) When and to whom possible incidents of communicable disease or infections should be reported;

• (iii) Standard and transmission-based precautions to be followed to prevent spread of infections;

• (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.

• (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and

• (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.
Infection Control for Usage of Blood Glucose Meters

- Blood glucose meters, can become contaminated with blood and, if used for multiple residents, must be cleaned and disinfected after each use according to manufacturer’s instructions for multi-patient use. Additionally, staff must not carry blood glucose meters in pockets.

- “...healthcare personnel should consult the manufacturers of blood glucose meters in use at their facilities to determine what products, meeting the criteria specified by the FDA, are compatible with their meter prior to using any EPA-registered disinfectant for disinfection purposes. If manufacturers are unable to provide this information then the meter should not be used for multiple patients” 60

- Blood glucose meters dedicated for single-resident use should be stored in a manner that will protect against inadvertent use of the device for additional residents and also cross-contamination via contact with other meters or equipment.

• **F658 Services Provided Meet Professional Standards**

• **INTENT §483.21(b)(3)(i)** The intent of this regulation is to assure that services being provided meet professional standards of quality.

• **GUIDANCE §483.21(b)(3)(i)** “Professional standards of quality” means that care and services are provided according to accepted standards of clinical practice. Standards may apply to care provided by a particular clinical discipline or in a specific clinical situation or setting.
Professional Organizations Setting Standards for Clinical Practice

- npiap.com  NPIAP National Pressure Injury Advisory Panel wound care prevention and treatment, staging
- apic.org  APIC Association for Professionals in Infection Control and Epidemiology  Infection Control and Prevention practices
- Paltc.org  AMDA providing evidence based education in the post-acute care setting. Programs are designed to provide best practices implementation and improved quality within work settings

Utilize these and similar organizations when writing policies and procedures addressing clinical care and services

Examples of policies and procedures include pain management, IV therapy, fall prevention, skin and wound care, restorative nursing, specialized respiratory care for tracheostomy or ventilator, storage of medications and biologicals, and transportation.
Education and Tools

Training
Competencies
QAPI
**TRAINING TOPICS**

- Communication – effective communications for direct care staff
- Resident's rights and facility responsibilities – ensure that staff members are educated on the rights of the resident and the responsibilities of a facility to properly care for its residents
- **Abuse**, neglect, and exploitation – training that at a minimum educates staff on—(1) Activities that constitute abuse, neglect, exploitation, and misappropriation of resident property; (2) Procedures for reporting incidents, of abuse, neglect, exploitation, or the misappropriation of resident property; and (3) Care/management for persons with dementia and resident abuse prevention.
- **Infection control** – a facility must include as part of its infection prevention and control program mandatory training that includes the written standards, policies, and procedures for the program
- Culture change (that is, person-centered and person-directed care)
- Identification of **resident changes in condition**, including how to identify medical issues appropriately, how to determine if symptoms represent problems in need of intervention, how to identify when medical interventions are causing rather than helping relieve suffering and improve quality of life
COMPETENCIES

• Person-centered care - This should include but not be limited to person-centered care planning, education of resident and family/resident representative about treatments and medications, documentation of resident treatment preferences, end-of-life care, and advance care planning.

• Activities of daily living - bathing (e.g., tub, shower, sitz, bed), bed-making (occupied and unoccupied), bedpan, dressing, feeding, nail and hair care, perineal care (female and male), mouth care (brushing teeth or dentures), providing resident privacy, range of motion (upper or lower extremity), transfers, using gait belt, using mechanic lifts.

• Disaster planning and procedures - active shooter, elopement, fire, flood, power outage, tornado.

• Infection control - hand hygiene, isolation, standard universal precautions including use of personal protective equipment, MRSA/VRE/CDI precautions, environmental cleaning.

• Medication administration – injectable, oral, subcutaneous, topical.
• Measurements: blood pressure, orthostatic blood pressure, body temperature, urinary output including urinary drainage bags, height and weight, radial and apical pulse, respirations, recording intake and output, urine test for glucose/acetone

• Resident assessment and examinations - admission assessment, skin assessment, pressure injury assessment, neurological check, lung sounds, nutritional check, observations of response to treatment, pain assessment

• Caring for persons with Alzheimer’s or other dementia

• Specialized care - catheterization insertion/care, colostomy care, diabetic blood glucose testing, oxygen administration, suctioning, pre-op and post-op care, trach care/suctioning, ventilator care, tube feedings, wound care/dressings, dialysis care

• Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, and implementing non-pharmacological interventions
483.75 Quality Assurance and Performance Improvement

• §483.75(c) QAPI Program feedback, data systems, and monitoring. The policies and procedures must include, at a minimum, the following: … (2) Facility maintenance of effective systems to identify, collect, and use data and information from all departments, including but not limited to the facility assessment required at §483.70(e) and including how such information will be used to develop and monitor performance indicators.

• §483.75(e) QAPI Program activities …. (3) … The number and frequency of improvement projects conducted by the facility must reflect the scope and complexity of the facility's services and available resources, as reflected in the facility assessment required at §483.70(e).
• §483.75(e) Program activities (PIP-Element 4).

• The facility must set priorities for its performance improvement activities that focus on high-risk, high-volume, or problem-prone areas;

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

• The facility must conduct distinct performance improvement projects (PIP). The number and frequency of improvement projects conducted by the facility must reflect the scope and complexity of the facility's services and available resources, as reflected in the facility assessment required. Improvement projects must include at least annually a project that focuses on high risk or problem-prone areas.
Other Areas QAPI Related

• F607-Abuse
  – §483.12(b)(4) Establish coordination with the QAPI program required under §483.75.

• F801-Food and Nutrition Staff
  – Participating in the quality assurance and performance improvement (QAPI), as described in §483.75, when food and nutrition services are involved

• F944-Training Requirements
  – §483.95(d) Quality assurance and performance improvement.
  – 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 as set forth at § 483.75.
QAPI Resources

- CMS QAPI Homepage - Wide range of resources available
  https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapiresources.html
- QAPI At a Glance
- QAPI Written Plan How-To Guide
- Institute for Healthcare Improvement-PDSA
  http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx
- Quality Innovation Network-QIOs (QIN-QIOs)
  https://qioprogram.org/
- Nursing Home Help (QIPMO/Leadership Coaching)
  https://nursinghomehelp.org/
Abuse Critical Element Pathway

- Describe any mental assessments that were conducted pertaining the alleged abuse, and any interventions taken to assist the resident (e.g., counseling).
- If the allegation relates to sexual abuse, describe the immediate actions of the staff, including preserving evidence, providing medical intervention (e.g., transfer to hospital for sexual assault for rape kit), conducting a physical assessment, and reporting.
- Who did you notify and when (date/time) of the alleged abuse? Was an outside entity informed about the alleged abuse, and if so, when (date and time)? NOTE: If a suspected crime, note the date and time reported. Obtain copies of the outside entities investigations, if available.

Administrator Interview:
- When (date and time) were you notified of the allegation and by whom?
- When (date and time) was the initial report reported to required agencies and law enforcement, as applicable?
- Who was/is responsible for the investigation? Is the investigation completed or ongoing? If completed, what was the outcome? (if the administrator is the facility investigator, use the questions above to determine how the investigation was conducted.)
- When (date and time) were the results of the investigation reported to you and to the required agencies?
- When and what actions were taken to protect the alleged victim and residents at risk from further abuse while the investigation was in process?
- What happened as a result of the investigation?

QAA Responsible Person Interview:
- How do you monitor reported allegations of abuse?
- When did the QAA Committee receive the results of the investigation for the allegation of abuse?

- What actions were taken as a result of the investigation (e.g., for the alleged victim, the alleged perpetrator, other staff, training, policy revisions)?
- Is there any related information regarding the allegation that may not be included in the investigation report?
- How do you monitor for potential or actual reported allegations of abuse?
- If the alleged perpetrator is an employee, were there previous warnings or incidents at the facility? If the alleged abuse was verified, describe actions that were taken.
- How do you assure retaliation does not occur when staff or a resident reports an allegation of abuse?
- For an allegation that a resident was deprived of goods or services, ask:
  - Have staff reported any concerns to you about the manner in which care is provided to the resident? If yes, when, what did they report, and what did you do; and
  - Who is responsible for supervising and monitoring the delivery of care at the bedside?
- Did the QAA Committee make any recommendations based on the results of the investigation, such as policy revisions or training to prevent abuse?
Accidents Critical Element Pathway

Use this pathway for a resident who requires supervision and/or assistive devices to prevent accidents and to ensure the environment is free from accident hazards as is possible.

Review the Following in Advance to Guide Observations and Interviews:

☐ Review the most current comprehensive and most recent quarterly (if the comprehensive isn’t the most recent assessment) MDS/CAAs for Sections C - Cognitive Patterns, E – Behavior-Impact on others, Wandering, G – Functional Status, H – Bladder and Bowel, J – Health Conditions-Falls, Fractures, and Tobacco Use, N – Medications, O – Special Treatments, Procedures, and Programs-therapy services, restorative nursing program, and O2 use, and P – Restraints and Alarms.

☐ Physician’s orders.

☐ Progress notes related to any incidents of smoking, injuries, altercations, elopements, or falls.

☐ If available, investigation report related to any incidents of smoking, injuries, altercations, elopements, or falls.

☐ Pertinent diagnoses.

☐ Care plan Interventions for the following:
  o Smoking;
  o Resident-to-Resident Altercations (also being reviewed under the Abuse pathway);
  o Falls;
  o Wandering and elopement; and/or
  o Safety/Entrapment (e.g., physical restraints, bed rails).

Observations for all areas:

☐ What type of supervision is provided to the resident and by whom?

☐ How are care-planned interventions implemented?

Wandering and Elopement Observations:

☐ Where is wandering behavior observed?

☐ What interventions are implemented to ensure the resident’s safety?

☐ If the resident is exit seeking, what interventions are implemented to prevent elopements?

Smoking Observations:

☐ Is the resident smoking safely (observe as soon as possible):
  o Is the resident supervised if required;
  o Does the resident have oxygen on while smoking;
  o Does the resident have a smoking apron or other safety equipment if needed;
  o Does the resident have difficulty holding or lighting a cigarette;
  o Are there burned areas in the resident’s clothing/body; and
  o Does the resident keep his/her cigarettes and lighter?
COVID-19 Focused Survey for Nursing Homes

Infection Control
This survey tool must be used to investigate compliance at F880, F882, F884 (CMS Federal surveyors only), F885, F886, and E0024. Surveyors must determine whether the facility is implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19 and other communicable diseases and infections. Entry and screening procedures as well as resident care guidance has varied over the progression of COVID-19 transmission in facilities. Facilities are expected to be in compliance with CMS requirements and surveyors will use guidance that is in effect at the time of the survey. Refer to QSO memos released at: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.

This survey tool provides a focused review of the critical elements associated with the transmission of COVID-19, will help surveyors to prioritize survey activities while onsite, and identifies those survey activities which can be accomplished offsite. These efficiencies will decrease the potential for transmission of COVID-19, as well as lessen disruptions to the facility and minimize exposure of the surveyor. Surveyors should be mindful to ensure their activities do not interfere with the active treatment or prevention of transmission of COVID-19.

If citing for noncompliance related to COVID-19, the surveyor(s) must include the following language at the beginning of the Deficient Practice Statement or other place determined appropriate on the Form CMS-2567: “Based on observations/interviews/record review, the facility failed to [properly prevent and/or contain – or other appropriate statement] COVID-19.”

If surveyors see concerns related to compliance with other requirements, they should investigate them in accordance with the existing guidance in Appendix PP of the State Operations Manual and related survey instructions. Surveyors may also need to consider investigating concerns related to Emergency Preparedness in accordance with the guidance in Appendix Z of the State Operations Manual (e.g., for emergency staffing).

For the purpose of this survey tool, “staff” includes employees, consultants, contractors, volunteers, and others who provide care and services to residents on behalf of the facility. The Infection Prevention and Control Program (IPCP) must be facility-wide and include all departments and contracted services.

Note: It is imperative that surveyors refer to the most recent information for COVID-19 testing parameters and frequency set forth by the Secretary described in the guidance for F886. County-level data are available on the CDC website: https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/blw2-xpg

Critical Element #8 is only for consideration by CMS Federal Survey staff. Information to determine the facility’s compliance at F884 is only reported to each of the 10 CMS locations.
Guidance for Performing Root Cause Analysis (RCA) with Performance Improvement Projects (PIPs)

**Overview:** RCA is a structured facilitation team process to identify root causes of an event that resulted in an undesired outcome and develop corrective actions. The RCA process provides you with a way to identify breakdowns in processes and systems that contributed to the event and how to prevent future events. The purpose of an RCA is to find out what happened, why it happened, and determine what changes need to be made. It can be an early step in a PIP, helping to identify what needs to be changed to improve performance. Once you have identified what changes need to be made, the steps you will follow are those you would use in any type of PIP. Note there are a number of tools you can use to perform RCA, described below.

**Directions:** Use this guide to walk through a Root Cause Analysis (RCA) to investigate events in your facility (e.g., adverse event, incident, near miss, complaint). Facilities accredited by the Joint Commission or in states with regulations governing completion of RCAs should refer to those requirements to be sure all necessary steps are followed.

Below is a quick overview of the steps a PIP team might use to conduct RCA.

<table>
<thead>
<tr>
<th>Steps</th>
<th>Explanation</th>
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<tr>
<td>1. Identify the event to be investigated and gather preliminary information</td>
<td>Events and issues can come from many sources (e.g., incident report, risk management referral, resident or family complaint, health department citation). The facility should have a process for selecting events that will undergo an RCA.</td>
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<tr>
<td>2. Charter and select team facilitator and team members</td>
<td>Leadership should provide a project charter to launch the team. The facilitator is appointed by leadership. Team members are people with personal knowledge of the processes and systems involved in the event to be investigated.</td>
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<td>3. Describe what happened</td>
<td>Collect and organize the facts surrounding the event to understand what happened.</td>
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<td>4. Identify the contributing factors</td>
<td>The situations, circumstances or conditions that increased the likelihood of the event are identified.</td>
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<tr>
<td>5. Identify the root causes</td>
<td>A thorough analysis of contributing factors leads to identification of the underlying process and system issues (root causes) of the event.</td>
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<tr>
<td>6. Design and implement changes to eliminate the root causes</td>
<td>The team determines how best to change processes and systems to reduce the likelihood of another similar event.</td>
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<tr>
<td>7. Measure the success of changes</td>
<td>Like all improvement projects, the success of improvement actions is evaluated.</td>
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Steps two through six should be completed as quickly as possible. For facilities accredited by the Joint Commission, these steps must be completed within 45 days of occurrence of the event.

Disclaimer of Use of this Joint Commission (JCAHO) material: The material in this document is not intended to be a substitute for the Joint Commission's requirements for the accreditation of healthcare organizations. It is intended to provide guidance and assistance in fulfilling these requirements.
**RESOURCES**

- [www.nursinghomehelp.org](http://www.nursinghomehelp.org) Facility Assessment Tool, ICAR Project Announcement
- [www.cpr.heart.org](http://www.cpr.heart.org) BLS Algorithm
What’s New?

Regulatory Updates and Information
Hello Health Care Professionals,

A female health incubator program is looking for your feedback to assist them in designing and producing individualized eye protection. Personal Protective Equipment, in general, was not designed for demographics of the healthcare or direct care workforce. Therefore healthcare employees that do not fit the "standard" may become injured on the job as they need to improvise solutions for themselves.

They have created a short survey, under 5 minutes, to gather some basic information from front line workers. All information is anonymous and will aid in the design and implementation of better fitting PPE.

[Link to Survey]
CMS/HHS Updates

• QSO 21-06-NH Updates to Nursing Home Compare and Five Star Quality Rating System
  – Health Inspection: CMS will resume calculating health inspection ratings January 27, 2021
    • Focused Infection Control Survey findings will be used to calculate rating and included the same as complaint surveys.
  – QMs: Will be updated January 27, 2021
    • Data collection period ending June 30, 2020
    • Claims based measures included
    • Five Star Technical User’s Guide Update expected January 15, 2021
  – Care Compare website replacing Nursing Home Compare (no longer available as of December 1, 2020)

• Survey tools updated
  – Long Term Care Survey Process
    • Several changes made to the process
  – Initial Pool Care Areas
  – CMS 802-MATRIX
    • Adds sepsis, scabies, gastroenteritis, SARS-CoV-2 (suspected or confirmed) and other in column 20 (Infections)
  – CMS 20054 Infection Prevention, Control & Immunizations

• COVID-19 Frequently Asked Questions (FAQs) on Medicare Fee-for-Service (FFS) Billing updated December 3, 2020
• Toolkit on State Actions to Mitigate COVID-19 Prevalence in Nursing Homes November 2020 Version 15 Updated December 3, 2020
• CVS to pilot the administration of bamlanivimab antibody therapy in nursing homes.
DHSS Updates

First Responder Provider Network
• The Missouri First Responder Provider Network, in partnership with the Department of Mental Health and Coalition for Community Behavioral Healthcare, can provide free behavioral health services for healthcare professionals who have been impacted by COVID-19.

Healthcare Team Member Recruitment and Job Fair
• There will also be a healthcare specific job fair focusing on entry-level clinical and non-clinical positions to connect with Missouri’s job seekers across the state. The virtual job fair will take place on December 22nd, from 10 a.m.-2 p.m. Participate in this fair by completing the Employer Registration form before December 16th. Employer registration is best used with Google Chrome. Click on “Register Now” and be sure to select the “Dec 22nd-Healthcare Industry Fair.” An on-line resource of job board sites can be found here.

COVID-19 LTC Bed Availability Portal
• This portal has been established to improve communication across the care continuum to assist in ensuring Missourians have access to the right care in the right setting. We are asking all long-term care communities to complete this brief survey each day by 9:00 AM beginning Wednesday, November 25th in order to identify available beds for potential admissions. Participation in the bed availability survey is voluntary. Once the initial submission is completed, each submitter will receive a link in order to update the bed availability information. The survey information will populate an accompanying dashboard that will be available to hospitals to use as a tool in finding placement for those patients who would be best served in a long-term care setting.
Vaccine Information

• DHSS STRONGER TOGETHER. COVID-19 Vaccine Information
  - On Thursdays from 3-4 p.m., the State of Missouri COVID-19 vaccine planning team will provide state and federal updates as needed on COVID-19 vaccine production and distribution plans and answer questions from providers who have enrolled with DHSS as COVID-19 vaccinators as well as those who are seeking more information about the process prior to enrollment.

• Walgreens and Omnicare/CVS

• AMDA: Questions and Answers about the COVID-19 Vaccine for PALTC Staff, Patients, Residents and Family Members

• JAMA: COVID-19 and mRNA Vaccines—First Large Test for a New Approach

• MHCA Webinar-Employment Issues associated with the COVID Vaccine: Legal and Practical.
  - 12/17/20
  - 9:30 – 10:30 a.m.
  - 1.0 Administrative CEU
**Vaccine Preparation**

- It is very important that you not opt out of the federal program. Apparently, there are some contacts being made to communities indicating their vaccination needs can be met outside the federal program, which is causing confusion. You should **NOT** opt out of the federal program for any reason. Any questions about this can be directed to DHSS.
- Residents and staff will be vaccinated at the same time.
- Consent forms need to be completed in advance.
- Have resident/staff demographic information available
  - Copies of insurance cards may be needed
- Clinic site selection/set-up
- VAR Recordkeeping-Keep copies for your records
- Encourage staff to take pictures of the card they receive in case they lose it
<table>
<thead>
<tr>
<th>County</th>
<th>Location</th>
<th>City</th>
<th>Date</th>
<th>Time</th>
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<tbody>
<tr>
<td>Cooper</td>
<td>Cooper County Fairgrounds</td>
<td>Boonville</td>
<td>December 9</td>
<td>12PM - 6PM</td>
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<tr>
<td>Pike</td>
<td>Pike County Fairgrounds</td>
<td>Bowling Green</td>
<td>December 9</td>
<td>12PM - 6PM</td>
</tr>
<tr>
<td>Cole</td>
<td>American Legion</td>
<td>Jefferson City</td>
<td>December 10</td>
<td>10AM - 6PM</td>
</tr>
<tr>
<td>St. Charles</td>
<td>The Family Arena</td>
<td>St. Charles</td>
<td>December 10-11</td>
<td>Dec. 10: 10AM - 4PM&lt;br&gt;Dec. 11: 8AM - 4PM</td>
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<td>12PM - 6PM</td>
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<tr>
<td>Jefferson</td>
<td>Hillsboro Civic Club</td>
<td>Hillsboro</td>
<td>December 12</td>
<td>9AM - 3PM</td>
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<td>Perryville City Park</td>
<td>Perryville</td>
<td>December 12</td>
<td>11AM - 5PM</td>
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<td>Gainesville Saddle Club</td>
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<td>December 14</td>
<td>10AM - 2PM</td>
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<td>Platte County Resource Center</td>
<td>Kansas City</td>
<td>December 14-15</td>
<td>Dec. 14: 12PM - 6PM&lt;br&gt;Dec. 15: 10AM - 4PM</td>
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<td>McDonald</td>
<td>First Baptist Church</td>
<td>Anderson</td>
<td>December 15</td>
<td>12PM - 5PM</td>
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</tbody>
</table>
QIPMO ICAR Project

• Members of the ICAR Team are available for voluntary, no cost visits (virtual and/or in-person) to any residential care, assisted living, and skilled nursing facility in Missouri. These visits are intended to be consultative and collaborative in nature with a non-regulatory focus to evaluate infection control practices. Visits will consist of:
  – completion of a standardized assessment of infection control processes, focusing on highly transmittable infectious diseases
  – observations of infection control practices
  – preliminary feedback with supplemental educational resources

• Participating facilities will receive a comprehensive feedback report following the visit. Additionally, the QIPMO ICAR team will be available to participating homes for follow-up assistance and education as requested.

• Facilities interested in assessing their infection prevention programs and partnering to enhance patient safety through quality facility assessment, staff education and training can contact the QIPMO ICAR Team at musonicarproject@missouri.edu or at (573) 882-0241. You may also contact your QIPMO Nurse or Leadership Coach for more information.
The holidays can seem especially draining this year with all that is going on. It is doubly difficult because we all miss our usual means of support, the comfort of gathering with friends, family, and most importantly our residents as a part of our traditions. This season may not be the merry and bright we are all used to. This season is unlike any other, to end a year unlike any other. Throughout this season, and as we move into a new (and hopefully better) year, we wish you moments of peace amid the difficulties, connections with family and friends even if they can’t be in person, the warmth of memories from holidays past, and wonderful glimpses of the joy that still lives under the surface. We are here for you through it all. We wish you endurance, strength, health, and as much happiness as these times can allow!