

Long Term Care 2014

Disclosure Information 2014 Geriatric and Long-Term Care Pharmacist Linda Jennings RN, BS, NHA

- I have no financial relationships to disclose.
- I will not discuss off label use and/or investigational use in my presentation

AGENDA

- Survey Overview for 2014
- Immediate Jeopardies
- Civil Monetary Penalties
- Special Focus Facilities
- Five Star
- CMS Quality Initiatives
- QUITSS
- New Medicaid Payment System Transition

Survey Deficiencies

- Have reviewed 171 facility surveys this years with a total of 1477 total deficiencies
- **The Top Three deficiencies:**
 1. F441 Investigates, controls/prevents infections.
 2. F371 Store, prepare, distribute, and serve food.
 3. F323 Accident hazards.

Immediate Jeopardy

- 8 Facilities have been cited with IJs
- 2 in East Tennessee and 6 in West Tennessee
- Immediate Jeopardy means a situation in which the provider's noncompliance with one or more requirements of participation has caused, **or is likely to cause**, serious injury, harm, impairment, or death to a resident.

Civil Monetary Penalties

- Penalties are cited from the date of the occurrence of the incident until the deficiency is cleared and the facility is back in compliance.
- The penalties are assessed from \$3,000 to \$10,000 per day
- CMS Region IV has the highest penalties in the United States with Tennessee penalties alone exceeding 33 other states combined.

Special Focus Facilities

During the Sequestration last year, this program was suspended and no new facilities were added on the lists.

Currently we have two facilities on the list and both are listed as "improving"

- This year, an announcement was made that the program was to be operational again.
- Tennessee will have 10 possible facilities on the list for inclusion and two facilities will be "chosen" to be special focus facilities.
- These facilities will be surveyed at least every six months until they are back into substantial compliance consistently.

Deficiencies related to Pharmacy

- **F329-Unnecessary Drugs**
- Patients receiving antipsychotics without a supporting diagnosis
- Patients not receiving gradual dose reductions
- Nursing staff not completing the behavior/intervention monthly flow record
- Not discontinuing a drug when it had been discontinued by the physician
- IJ was written due to administering the wrong medication to a patient causing a hospitalization (this occurred for several days)

- **F332-Medication error rates of 5% or more**

Failed to wait required minutes between eye drops

Administering medications out of time---such as ordered before meals, and administered after meals

Meals not served timely after insulin administration

- **F333-Residents free of significant medication errors**

- Meals not served timely in relation to the administration of the insulin
- Continuing to administer medications after it had been discontinued (Coumadin)
- Incorrect dosage of sliding scale insulin
- Failure to ensure oral and IV antibiotics were administered as ordered for one patient causing Immediate Jeopardy
- Three patients not receiving anticoagulant correctly--IJ citation

- **F425- Provide routine and emergency medications**

- Failure to monitor medications as ordered
- Failure to provide pharmacy services to enable an accurate reconciliation of all controlled drugs for one patient
- Failed to have procedures and a system of records in place to ensure the accuracy of acquiring and receiving controlled medications from the pharmacy

- **F428-Drug Regimen must be reviewed by a licensed pharmacist**
- Facility did not relay information from the pharmacy consultant reports to the physician
- Failed to address a drug order irregularity during the monthly medication reconciliation for one patient
- Pharmacist failed to identify and notify the facility for the potential drug interactions for one patient receiving Coumadin---this was an IJ citation

- **F431-Labeling of drugs and biologicals**
- Failure to store drugs properly-- loose pills in medication cart drawers
- Failure to discard expired items
- Failure to separate internal medications with externals in medication storage areas
- Failure to store medications in a locked area (unlocked and unattended medication carts)
- Failure to put "open dates" on multi-unit packaging when it was opened

- Failure to secure medications by leaving them on a patient's bedside
- Failure to account for controlled medications on three medication carts

- FIVE STAR**
- CMS Nursing Home Compare website
 - Driven by the survey even though there are several measures being collected
 - Tennessee has more 5-Star facilities than in the past, but approximately 40% of the facilities in the state are 1 and 2 star facilities.
 - If there is a jeopardy citation, the five star goes to a 1 overnight

- CMS Quality Initiatives**
- Reduce the use of off-label antipsychotics by 15%
 - Reduce the number of re-hospitalizations within the first 30 days of discharge by 15%
 - Increase the level of Resident and Family satisfaction
 - Reduce staff turnover by 15%

- Reducing the Use of Antipsychotics**
- Tennessee has reduced the rate by 22% overall.
- Worked in partnerships including the Tennessee Pharmacy Association, AMDA, THA, Tennessee Department of Health, CMS, the QIO, Leading Age, etc.

Reducing re-hospitalizations

- A moving target and much harder to get your hands around
- Multiple projects and teams working on this issue
- Has required everyone working together instead of in silos
- The goal has been to have “warm hand-offs” with a clear understanding of what the patient’s needs are and how to deliver the care between the settings

Increase Patient and Family Satisfaction

- Much harder to get your arms around—there are no national standards or survey products used universally
- Abiqis
- My Inner View
- Corporate Internal Satisfaction surveys

Reduce Staff Turnover

- Again, a number that is not universally tracked anywhere. Some companies track from facility to facility but there are no national standards.

QUILTSS

- Quality Improvement in Long Term Care Services and Supports
- TennCare initiative to improve patient care, promote quality, and give a “bonus” quality payment to all the facilities that can show certain benchmarks have been obtained.

Stakeholders Meetings

- Began across the state in October 2013 by TennCare. Had eighteen separate meetings with providers as well as consumers.

Stakeholders began meeting at the first of the year, every other week for several months.

Quality Payments

- Patient/Family/ Staff satisfaction 35
- Culture Change/Quality of Life 30
- Staffing Competency 25
- Clinical Performance 10
- Bonus Points Up to 10 for verifying active participation in a nationally recognized quality program

- All is part of a complete new reimbursement system for long term care
- Revenue based "tax" rather than the old "bed" tax
- Acuity levels will be considered with higher payments for higher acuity

QUESTIONS?????

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