



Critical Element Pathways

WHAT YOUR DIRECT CARE STAFF NEED TO KNOW

OVERVIEW

- ▶ Regulation Reform from Affordable Care Act and IMPACT act
- ▶ Implemented pieces of legislation
 - ▶ QAPI
 - ▶ Reporting suspicious crime
 - ▶ Increasing discharge planning requirements
 - ▶ Staff Training

OVERVIEW

Estimated Implementation Date	Type of Change	Details of Change
Phase 1: November 28, 2016 (Implemented)	Date of new Nursing Home Requirements for Participation	New Regulatory Language was uploaded to the Automated Survey Processing Environment (ASPEN) under current F Tags
Phase 2: November 28, 2017	F Tag numbering Interpretive Guidance (IG) Implement new survey process	New F Tag numbers Changes Begin surveying with the new survey process
Phase 3: November 28, 2019	Requirements that need more time to implement	Requirements that need more time to implement

OVERVIEW

Intent of Changes to the
LTC Survey Process





CHANGES TO LTC SURVEY PROCESS

- ▶ Develop one process for universal use
- ▶ Promote consistency
- ▶ Conduct consistent, organized and systematic investigations
- ▶ Focus on person-centered care



KEY CHANGES

- ▶ Survey Sampling
- ▶ Resident Centered process
- ▶ Focus on Quality of care and Quality of Life
- ▶ Resident Centered Outcomes



NEW SURVEY PROCESS

- ▶ Resident sample 20 percent of census
- ▶ Interview, observation, and limited record review areas are provided for initial pool process
- ▶ Surveyors can meet and discuss after initial pool process. Additional care areas can be added
- ▶ Investigations are then completed during remainder of survey using the Critical Element Pathways

Critical Element Pathway

- ▶ Surveyors use CE Pathway for each “task”
- ▶ Defined tasks for Quality of Life and Quality of Care investigations
- ▶ Five main parts
 - ▶ Review in advance to guide observations and interviews
 - ▶ Observations across shifts
 - ▶ Interviews with Resident, Representative or Family, and Staff (DON, MDS, LPN, CNA, Therapy, Dietary, Activities, Social, etc.)
 - ▶ Record Review
 - ▶ Critical Element Decisions



CRITICAL ELEMENT PATHWAYS

- ▶ Beneficiary Notice
- ▶ Dining
- ▶ Infection Prevention, Control, and Immunizations
- ▶ Kitchen
- ▶ Medication Administration
- ▶ Resident Council
- ▶ QAA and QAPI
- ▶ Abuse
- ▶ Environment



CRITICAL ELEMENT PATHWAYS

- ▶ Sufficient and Competent Nursing Staff
- ▶ Personal funds
- ▶ Activities
- ▶ Activities of Daily Living
- ▶ Behavioral and Emotional Status
- ▶ Urinary Catheter or UTI
- ▶ Communication and Sensory Problems (includes Hearing and Vision)



CRITICAL ELEMENT PATHWAYS

- ▶ Dental
- ▶ Dialysis
- ▶ General
- ▶ Hospice & End of Life
- ▶ Death
- ▶ Nutrition
- ▶ Pain Management
- ▶ Physical Restraints
- ▶ Pressure Ulcer

CRITICAL ELEMENT PATHWAYS

- ▶ Specialized Rehabilitative or Restorative Services
- ▶ Respiratory Care
- ▶ Unnecessary Medications
- ▶ Medication Storage
- ▶ PASARR
- ▶ Extended Survey
- ▶ Hydration
- ▶ Tube Feeding
- ▶ Positioning, Mobility, ROM



CRITICAL ELEMENT PATHWAYS

- ▶ Hospitalizations
- ▶ Bladder or Bowel Incontinence
- ▶ Accidents
- ▶ Neglect
- ▶ Resident Assessment
- ▶ Discharge
- ▶ Dementia Care

CRITICAL ELEMENT PATHWAY

- ▶ Each has a description on what the pathway is to be used for
- ▶ Section for Review to Guide Observations and Interviews
- ▶ Observation cues
- ▶ Interview cues for Management and Floor Staff
- ▶ Interview cues for Resident, Resident Representative, or family Interview
- ▶ Record review cues
- ▶ Critical Element Decisions

Critical Element Pathways

- ▶ General Critical Element Pathway
 - ▶ Investigates quality of care concerns that are not otherwise covered in remaining tags of Quality of Care and for which specific pathways have not been established

General Critical Element Pathway

- ▶ **Review the Following in Advance to Guide Observation and Interviews**
 - ▶ The most current comprehensive and quarterly MDS/CAAs
 - ▶ Physician orders
 - ▶ Pertinent diagnoses
 - ▶ Care plan

General Critical Element Pathway

▶ **Observations Across Various shifts**

- ▶ Does staff consistently implement the care-planned interventions? IF not, describe.
- ▶ Ensure interventions adhere to professional standards of practice
- ▶ What is the resident's response to interventions? Is the resident's response as intended?
- ▶ Do observations of the resident match the assessment? If not, describe. Are there visual cues of psychosocial distress and harm?

General Critical Element Pathway

- ▶ **Resident, Resident Representative, or Family Interview**
 - ▶ Will you describe your current condition or history of the condition or diagnosis?
 - ▶ How did the facility involve you in the development of the care plan and goals?
 - ▶ How effective have the interventions been? If not effective, what alternate approaches have been tried?
 - ▶ What are your goals for care? Do you think the facility is meeting them? IF not, why do you think that is?
 - ▶ For newly admitted residents, did you receive a summary of your (or resident's) baseline care plan? Did you understand it?

General Critical Element Pathway

- ▶ **Staff Interviews (Nursing Aides, Nurse, DON, Therapist, Attending Practitioner):**
 - ▶ Will you describe specific interventions for the resident, including facility-specific guidelines/protocols?
 - ▶ How, what, when and to whom do you report changes in condition?
 - ▶ How is information passed across shifts, and between all disciplines?
 - ▶ How are revisions to the comprehensive care plan communicated to staff?

General Critical Element Pathway

▶ **Staff interviews Continued:**

- ▶ How was it determined that the chosen interventions were appropriate?
- ▶ Did the resident have a change in condition that may justify additional or different interventions?
- ▶ How does staff validate the effectiveness of current interventions?

General Critical Element Pathway

▶ **Record Review**

- ▶ Review relevant information such as medication and treatment administration records, interdisciplinary progress notes, and any facility-required assessments that may have been completed. Does the information accurately and comprehensively reflect the resident's condition? If not, describe.
- ▶ Are federally required RAI/MDS assessments completed according to required time frames?
- ▶ For newly admitted residents, is there a baseline care plan, and does it describe the instructions necessary to meet the resident's immediate needs? Does it address the resident's clinical and safety risks?

General Critical Element Pathway

▶ **Record Review**

- ▶ Is the care plan comprehensive? Is it consistent with the resident's specific conditions, risks, needs, preferences, and behaviors? Does it include goals for admission, measurable objectives, timetables, and desired outcomes? How did the resident respond to care planned interventions? Was the care plan revised if interventions weren't effective, the desired outcome was achieved, or if there was a change in condition?
- ▶ Is there evidence of resident or resident representative participation in developing resident specific, measurable objectives, and interventions? If not, is there an explanation as to why the resident or representative did not participate?

General Critical Element Pathway

▶ **Record Review**

- ▶ Is there evidence that the resident has refused any care or services that would otherwise be required, but are not provided due to the resident's exercise of rights, including the right to refuse treatment? IF so, does the care plan reflect this refusal, and how has the facility addressed this refusal?
- ▶ Was there a "significant change" in the resident's condition (i.e., will not resolve itself without intervention by staff or by implementing standard disease-related clinical interventions; impacts more than one area of health; requires IDT review or revision of the care plan)? IF so, was a significant change comprehensive assessment conducted within 14 days?

General Critical Element Pathway

▶ **Critical Element Decisions**

- ▶ Did the facility ensure that the resident received treatment and care in accordance with professional standard of practice, their comprehensive, person-centered care plan, and the resident's choice? If NO, cite appropriate outcome tag or F684
- ▶ For newly admitted residents and if applicable based on the concern under investigation, did the facility develop and implement a baseline care plan within 48 hours of admission that included the minimum healthcare information necessary to properly care for the immediate needs of the resident? Did the resident and resident representative receive written summary of the baseline care plan that he/she was able to understand? If No, cite F655 NA if resident did not have admission

General Critical Element Pathway

▶ **Critical Element Decisions**

- ▶ If the condition or risks were present at the time of the required comprehensive assessment, did the facility comprehensively assess the resident's physical, mental, psychosocial needs to identify the risks and/or to determine underlying causes, to the extent possible, and the impact upon the resident's function, mood, and cognition? IF No, cite F636 NA, if conditions/risks were identified after completion of the required comprehensive assessment and did not meet the criteria for a significant change MDS OR the resident was recently admitted and the comprehensive assessment was not yet required.

General Critical Element Pathway

▶ **Critical Element Decisions**

- ▶ IF there was a significant change in the resident's status, did the facility complete a significant change assessment within 14 days of determining the status change was significant? IF No, cite F637 NA the initial comprehensive assessment had not yet been completed; therefore, a significant change in status assessment is not required OR the resident did not have a significant change in status

General Critical Element Pathway

▶ **Critical Element Decisions**

- ▶ Did staff who the skills and qualifications to assess relevant care areas and who are knowledgeable about the resident's status, needs, strengths, and areas of decline, accurately complete the resident assessment (i.e., comprehensive, quarterly, significant change in status)? IF No, cite F641

General Critical Element Pathway

▶ **Critical Element Decisions**

- ▶ Did the facility develop and implement a comprehensive person-centered care plan that includes measurable objectives and time frames to meet the resident's medical, nursing, mental, and psychosocial needs and includes the resident's goals, desired outcomes, and preferences? IF No, cite F656 NA the comprehensive assessment was not completed
- ▶ Did the facility reassess the effectiveness of the interventions and review and revise the resident's care plan (with input from the resident or resident representative, to the extent possible), if necessary to meet the resident's needs? IF No, cite F657

General Critical Element Pathway

- ▶ **Other Tags, Care Areas (CA), and Tasks (Task) to Consider:**

- ▶ Notification of Change F580, Admission Orders F635, Professional Standards F658, Qualified Staff F659, QOL F675, Foot Care F687, Colostomy/Urostomy/Ileostomy Care F691, Prosthesis F696, Sufficient and Competent Staffing (Task), Physician Services F710, Facility Assessment F838, Medical Director F841, Resident Records F842, QAA/QAPI

Activities of Daily Living Critical Element Pathway

- ▶ Surveyors use this pathway for a residents who requires assistance with or is unable to perform ADLs (Hygiene-bathing, dressing, grooming, and oral care; Elimination-toileting; Dining- eating, including meals and snacks; and Communication including- speech, language, and other functional communication systems) to determine if facility practices are in place to identify, evaluate, and intervene, to maintain, improve, or prevent an avoidable decline in ADLs.

Activity of Daily Living Pathway

▶ Observations

- ▶ For a Resident receiving assistance with ADLs
 - ▶ Observe for the provision of ADL's (teeth clean, hair clean and brushed, nails clean and trimmed, bathing, based upon preferences whether shaving is provided or female facial hair removed, appropriate hygiene including toileting and continence care, and dressed per resident's preference)?
 - ▶ Did staff explain all procedures to the resident prior to providing the care? Does the resident require special communication? If so,, are they being used?

Activity of Daily Living Pathway

▶ **Observations**

- ▶ Does staff encourage the resident to perform ADLs as much as the resident is able?
- ▶ Did staff provide the necessary level of assistance that meets the current needs?
- ▶ Does staff allow sufficient time for the resident to complete tasks independently (e.g., putting on their own shirt)?
- ▶ How are care-planned interventions implemented?
- ▶ If the resident wears prostheses, are they in place or removed in accordance with time of day, activities, and resident preferences?

Activities of Daily Living Pathway

▶ **Observations**

- ▶ For a resident who is unable to care out ADLs observe for the following:
- ▶ Observe for the provision of ADL's
- ▶ Did staff explain all procedures to the resident prior to providing care?
- ▶ If the resident refuses care, how does the staff respond?
- ▶ Is assistance with ADL's provided within a timely manner and per resident preference?

Activities of Daily Living Pathway

- ▶ **Resident, Resident Representative, or Family Interview**
 - ▶ How did the facility involve you in developing the care plan? Did you talk about your preferences and choices regarding care?
 - ▶ Are you able to actively participate in your ADLs?
 - ▶ How much help do you need from staff?
 - ▶ Do they tell you what they are going to do?
 - ▶ Encourage you?
 - ▶ Allow ample time?
 - ▶ Provide timely assistance?

Activities of Daily Living Pathway

▶ **Staff Interviews**

- ▶ How much assistance does resident need?
- ▶ Can you describe resident's goals?
- ▶ What interventions or assistive devices are used?
- ▶ Does the resident have pain with ADLs? Who do you report pain to and how is it treated?
- ▶ What do you do if resident refuses?
- ▶ What is resident's ADLs worsen? What do you do and who do you report to?
- ▶ Are they receiving restorative services?

Activities of Daily Living Pathway

▶ **Record Review**

- ▶ Does the assessment identify resident's status in all areas of ADLs, inability to perform ADLs, risk for decline, or ability to improve ADLs?
- ▶ Is pain assessed?
- ▶ Is restorative services assessed?
- ▶ Were changes in ADL status or other risks identified and communicated?
- ▶ Are preventative measures documented prior to decline?

Activities of Daily Living Pathway

▶ **Critical Element Decisions**

- ▶ F676 If facility failed to ensure resident's ADL abilities were maintained or improved and did not diminish unless unavoidable
- ▶ F677 If facility did not provide a dependent resident necessary services to maintain good nutrition, grooming, personal and oral hygiene
- ▶ F655 If facility did not implement baseline care plan within 48 hours of admission to include minimum healthcare information necessary to properly care for immediate needs

Activities of Daily Living Pathway

▶ **Critical Element Decisions**

- ▶ F641 Staff did not have skills and qualifications to assess care areas and knowledgeable about resident's needs
- ▶ F656 Facility did not develop and implement a person-centered care plan
- ▶ F657 Facility did not reassess the effectiveness of interventions and review and revise care plan



Sufficient and Competent Nurse Staffing Review

- ▶ Key Points
 - ▶ Observations include: odors, call lights, census, staff's ability to complete assignments
 - ▶ Facility Assessment
 - ▶ Use of position change alarms
 - ▶ Hospitalizations and recognition of changes in condition
 - ▶ Agency staff
 - ▶ Trainings used to assess if staff retained information
 - ▶ Turnover and QAA

Sufficient and Competent Nurse Staffing Review

▶ Resident Interviews

- ▶ Is there enough staff?
- ▶ Negative outcome do to waiting for care?
- ▶ Does staff interact with you?
- ▶ Do you eat in your room? Is it your choice?
- ▶ Do you get your medications on time?
- ▶ Do you have or ever had a position change alarm?
- ▶ Do you receive medication that make you sleepy?

Sufficient and Competent Nurse Staffing Review

▶ Resident Interviews

- ▶ Staff Competency
- ▶ Do you feel safe and comfortable when staff assists you?
- ▶ Do you think nursing staff is experienced and knowledgeable?
- ▶ Do you recall a time when you didn't feel well? Did you report to staff? What happened?
- ▶ Have you been transferred to hospital?

Sufficient and Competent Nurse Staffing Review

▶ **CNA and Nurse Interviews**

- ▶ How many residents are you responsible for?
- ▶ Do you have enough time to complete assignments?
- ▶ How often are you asked to stay last, come in early, or work overtime?
- ▶ Do you have position change alarms? Why?
- ▶ Are there any devices used to keep residents from falling?
- ▶ Are you have to complete rehab services?
- ▶ How are current staffing needs determined?

Sufficient and Competent Nurse Staffing Review

▶ **Staff Competency**

- ▶ How are you aware of care and services for residents?
- ▶ How do you identify a resident's change in condition?
- ▶ How are changes communicated?
- ▶ How often are resident's transferred to hospital?
- ▶ How have you been trained to provide care, use equipment, ensure proper infection control?

Sufficient and Competent Nurse Staffing Review

▶ **Staff Competency**

- ▶ Do You receive periodic evaluations on skills, knowledge, and abilities?
- ▶ Do you have regular in-services on abuse, resident rights, dementia care, and specific resident needs?
- ▶ Does your facility use agency staff?

Sufficient and Competent Nurse Staffing Review

▶ **DON and Staff Development Interview**

- ▶ Facility Assessment include determination of the level and competency of staff?
- ▶ How are resident's acuity, needs, and diagnoses considered when determining staffing?
- ▶ How does census impact staffing?
- ▶ Does staff, residents, or families bring workload concerns to you?
- ▶ What is your turnover rate?
- ▶ Do you use position change alarms? Why?
- ▶ Are there any devices used to keep residents from falling?

Sufficient and Competent Nurse Staffing Review

▶ **DON and Staff Development Interview**

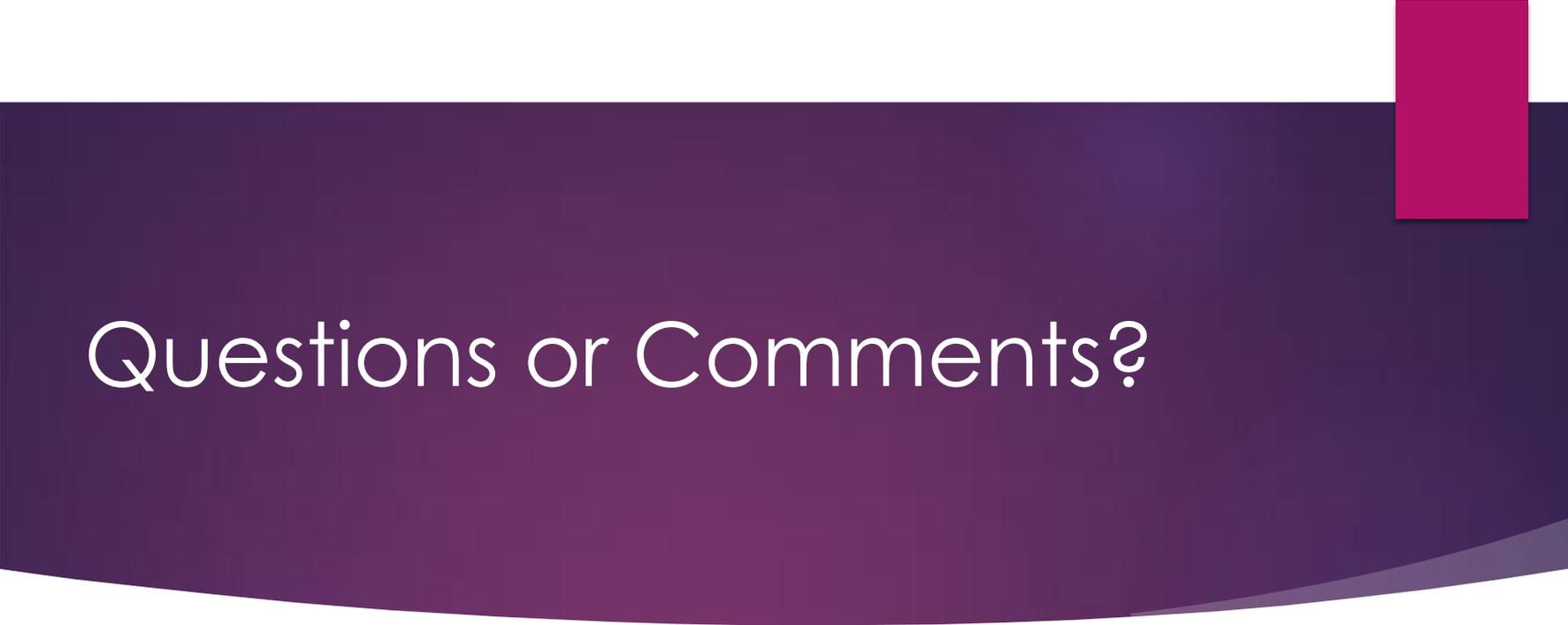
- ▶ How do staff identify change in condition? What process do they follow?
- ▶ What are the most common reasons for transfers to hospital?
- ▶ How do you assure staff are appropriately assigned?
- ▶ Do you use agency staff?
- ▶ Is ongoing training provided for all staff?
- ▶ Who is responsible for competency oversight?

Sufficient and Competent Nurse Staffing Review

- ▶ **Facility Documents/Records**
 - ▶ Review Facility Assessment
 - ▶ Review staffing schedule
 - ▶ Review list of nursing staff
 - ▶ Review specific policies to resident rights, QOL, QOC
 - ▶ Review hospital transfers
 - ▶ Review staff evaluation and/or training logs

Are You Ready?

- ▶ **Be Prepared**
- ▶ **Open Book Test**
- ▶ **Know your Quality Measures and your Hot items**
- ▶ **Review Critical Element pathways for each required task**
- ▶ **Educate your staff on interviews**



Questions or Comments?

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“To improve is to change;
to be perfect is to change
often.”

— Winston S. Churchill

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Thank you

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