Snake River:
Long Winding Road to Current Survey and Audit Issues
April 2023

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Wyoming
Office of
Rural Health

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Presenter Biography

Kerry Dunning, MHA, MSH, CAH-CBS, Lean Six Sigma Black Belt

Kerry has over 35 years in the health care industry, and over 30 specifically working in post-acute. She has been a COO and CMO in national rehabilitation chains and in hospital leadership positions. Kerry has experience with start-up units/facilities, programs beginning Medicare services, ongoing management of hospital business office operations, IRF units, skilled facility operations, and in 100-day turn around programs centered on cost reduction, cost avoidance and revenue enhancement. She is the primary swing bed trainer for multiple state/healthcare associations as well as continuing SNF/SWB onsite audits, training, and regulatory/compliance reviews.

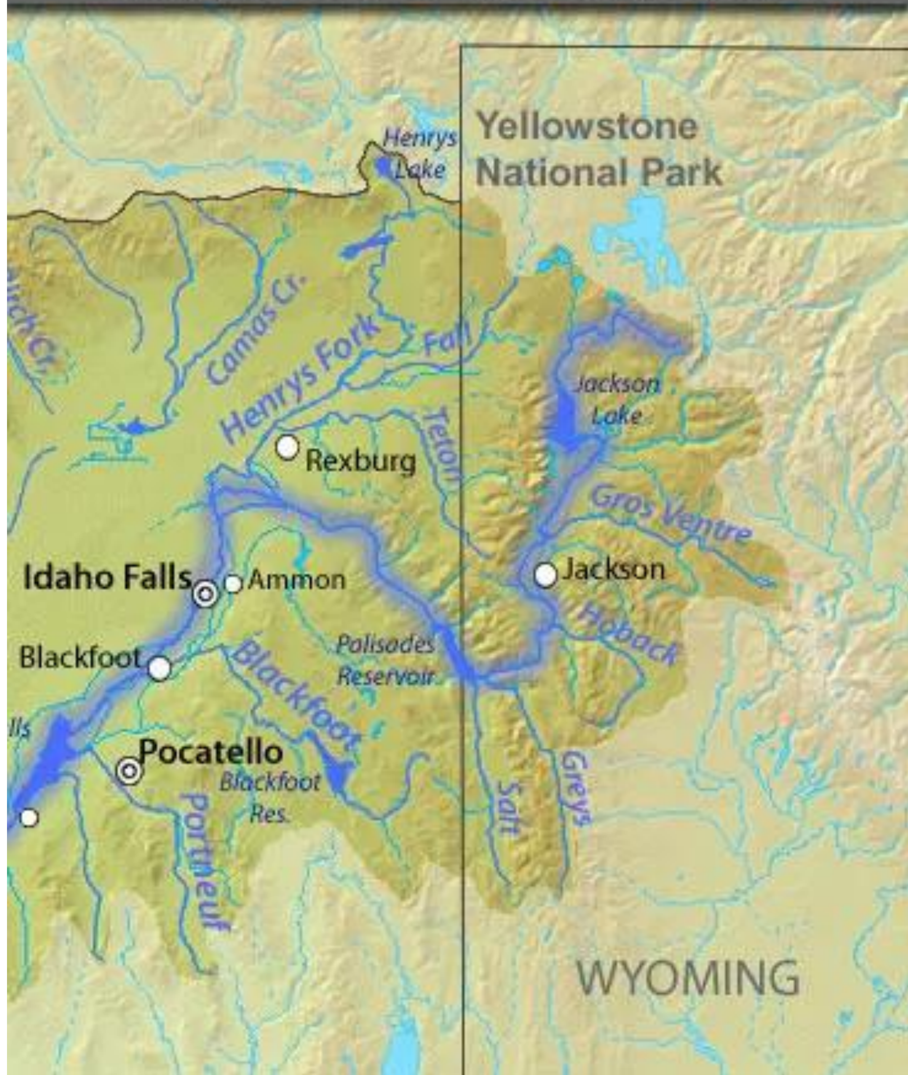
Her international work includes projects in Russia (training and starting the first nursing home services), China (teaching graduate students western post-acute services and western inpatient rehabilitation); volunteering with an orphanage clinic in Bolivia; teaching physicians outpatient surgery operations (National Health Services, England); training on Home Health (European Health Conference, Spain); presentations on Chinese Health in a Poster Session and a Free Theme Session at the 36th World Hospital Congress (Brazil); and study projects in Italy, Cuba, and Canada.

Course Intent

- State and Federal surveys are on the uptick timing with the ending of many COVID PHE regulations.
- Topics Included: Trauma Informed Care, Cultural Competence, Staffing, Plan of Care, Physician Certification
- Audience: SWB leadership, Nursing, Therapy, Social Services, Key Nursing personnel, Compliance

Learning Objectives

1. Describe Medicare intent found in the SNF/SWB updates coming with 10/1/2023
2. Review current Federal survey issues and impact on CAH swing beds
3. Identify review points for SWB programs including policies, documentation, and compliance



- Headwaters encompass the largest total number of linear miles of streams in the US (Federal Regulations)
- Headwaters form a network of small stream tributaries (Review elements)
- Headwaters are a food source for the entire river (Admissions through Discharge)

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October 1 Highlights and CAH SWBs

- **Swing bed facilities must use the instructions in this manual when completing MDS assessments.**
- New transfer of health information (medication list) to a subsequent provider or patient/family at discharge
- New MDS items needed for PAC standardization (i.e., Patient demographics and social determinants of health
- Change from “ADLs” to “Functional Gain” items found in new MDS section GG (v1.18.11)
- Schizophrenia and Medication regulations/reviews

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Transfer of Health Regulations

At this time Critical Access Hospital (CAH) swing bed programs are not required to complete a MDS, but it is highly recommended that required data elements such as patient demographics and social determinants should be collected and maintained in the patient record.

- Two key elements: (1) Demographics and (2) Medication Reconciliation
  - For Example . . .Going from tracking 6 Race/Ethnicity questions to 20
- These changes are consistent with all PAC settings: SNF/SWB, Home Health, Inpatient Rehab and LTCHs

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White

- Not Hispanic, Latino/a, Spanish
- Mexican, Mexican American, Chicano/a
- Puerto Rican
- Cuban
- Another Hispanic, Latino/a or Spanish
- White
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander

Current

10/1/2023

Medications

- Three new MDS items (A2122-2124)
  - Route of Current Reconciled Mediation List Transmission to Subsequent Provider – this includes documenting how it was passed on – electronic health record, health information exchange, verbal (in person, telephone, video conferencing), paper-based, other methods (texting, email, CDs)
  - Provision of Current Reconciled Medication List to Resident (Patient) at Discharge
  - Route of Current Reconciled Mediation List Transmission to Resident (electronic health record, health information exchange, verbal, paper-based, other methods

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Schizophrenia

- CMS schizophrenia and antipsychotic audits are coming – do you have admissions with that diagnosis? What is your policy and review for antipsychotic meds?
- Documentation for audits will include:
  - MDS assessments (CAH documentation)
  - Behavioral health records
  - Medication orders and administration records
  - Other associated information
    - RoPs will strengthen rules for non-medication interventions AND attempts by SNF/SWB
    - Tracking effectiveness of antipsychotic meds

Pharmacist on your IDT team? Documentation of issues/reviews?

Now where we started. . .

CAH Swing Beds

42 CFR § 485.645 - Special requirements for CAH providers of long-term care services ("swing-beds")

- Conditions of Participation include:
  - Culturally-Competent and Trauma-Informed Plan of Care (C-0388): The CoPs require that residents who are trauma survivors must receive culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for residents' experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident.
  - The first step, of course, is to identify if trauma has occurred, which should be incorporated as part of the comprehensive assessment. The information from the assessment can then be utilized, in consultation with the resident, to develop an individualized plan of care.

WHAT IS INCLUDED IN ASSESSMENTS? WHAT DOES YOUR POC COVER? IS YOUR STAFF TRAINED AND BEEN ASSISTED?

Trauma Informed Care

- TIC requirements address the need for physical and emotional safety of patients and staff
- TIC requires ongoing training and development of support services with planning in service quality, patient care, and workforce support
- Therefore . . . Staff training must be ongoing and documented . . .Patient assessments and education must be ongoing and documented . . .ALL employees, from hourly waged to administration . . . Board members?

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Trauma

- Trauma is present in every part of human society – age, race, gender, socioeconomic group
  - While there is often discussion on trauma with children and/or women, equally disturbing is unaddressed trauma impacting men and marginalized populations
- Trauma *informed care* takes a discussion from "what's wrong with you" to "what happened to you"
  - Understand that its implications go beyond health care into the workplace, home life, society in general

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Trauma Basics

- Extreme stress and/or physical reaction to an event or circumstances which overwhelm a person's ability to cope
- Threat to emotional and physical health – violence, abuse, hate crimes, disease/pandemics
- "Individual" trauma results from an event or series of events or circumstances that is EXPERIENCED as physically and/or emotionally harmful or life-threatening
- Adverse effects interfere with function (mental, physical, social, emotional and/or spiritual well-being)

https://training.womensconsortium.org/building-trauma-informed-practices-and-organizations

Safety	Choice	Collaboration	Trustworthiness	Empowerment
Definitions				
Ensuring physical and emotional safety	Individual has choice and control	Making decisions with the individual and sharing power	Task clarity, consistency, and Interpersonal Boundaries	Prioritizing empowerment and skill building
Principles in Practice				
Common areas are welcoming and privacy is respected	Individuals are provided a clear and appropriate message about their rights and responsibilities	Individuals are provided a significant role in planning and evaluating services	Respectful and professional boundaries are maintained	Providing an atmosphere that allows individuals to feel validated and affirmed with each and every contact at the agency

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Adverse Childhood Experiences (ACE)

- Assessment includes questions to determine if someone was mistreated by an adult, growing up without feeling like they had enough to eat, if adults in the home were impaired by drugs/alcohol
- It has been used to connect trauma and brain development
- Statistics show those with trauma are three times more likely to get cancer or heart disease
- CDC stats show that 61% of people experiencing at least one type of ACE before the age of 18 and that 1 in 6 have experienced 4 or more types of ACE

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Populations at Risk

- 2.5 million youth per year experience homelessness
- IDD you experience exposure to trauma at a higher rate than non-disabled peers
- Substance abuse and traumatic stress are interrelated
- Co-occurring issues and unique adversities can complicate recovery from trauma

- Trauma and Substance Abuse
- Economic Distress
- Military and Veteran Families
- Homelessness (Youth)
- LGBTQ Youth
- Intellectual and Developmental Disabilities
- Food Deprivation
- Isolation
- Religious Beliefs

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The Three “E’s” of Trauma

- Individual trauma results from an EVENT, series of events, or set of circumstances that is EXPERIENCED by an individual as overwhelming or life-changing and that has profound EFFECTS on the individual’s psychological development or well-being, often involving a physiological, social, and/or spiritual impact

https://www.samhsa.gov/sites/default/files/trauma-informed-care-operating-plan.pdf

Four Assumptions of Trauma

- Realization about trauma and how it can affect people and groups, recognizing the signs of trauma, having a system which can respond to trauma, and resisting re-traumatization
- It is re-traumatization CMS reviews the most – how are we training staff to understand their trauma and to recognize “triggers” from those they treat?

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Re-Traumatization

- Re-traumatization is any situation or environment that resembles (literally or symbolically) an individual's trauma and thus TRIGGERS uncomfortable feelings and significant reaction. It can “recreate” the original trauma in a survivor’s mind
- Triggers are set off when a survivor becomes physically and/or emotionally upset/reactive to something relating to their trauma.
  - Symptoms and feelings are part of the brain’s response to unsafe experiences from the past – a warning to stay safe

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SNF/SWB Regulations

- Regardless of payor status (PPS vs. CAH), all Swing Bed programs fall under Skilled Nursing Regulations. *(To see specific requirements and/or variations from SNF regulations go to the State Operations Manual)*
- TIC is an approach to care requiring staff competencies, a coordinated care system
- There are multiple CMS F-Tags assigned to TIC compliance, and thus every survey process will include these requirements AND SWBs will be held to Quality standards set by CMS (whether they are reported directly or discovered on-site)

Appendix PP: 483.12

- The State Operations Manual (SOM) contains the primary survey and certification rules and guidance from CMS (for LTC providers but SNF also on survey)
- Appendix PP is the Guidance to Surveyors, and it must be used to identify noncompliance with the Requirements of Participation
- It was updated 10/2022 in 11 categories

Where are your policies?

When was the last time they were reviewed?

Last training you've had?

Do you survey your staff?

1. You have experienced:

   (a) Childhood Trauma (b) Adult Trauma (c) Both

2. You have co-workers who have admitted to personal trauma:

   (a) True (b) False

3. In your experience, patients admit to trauma:

   (a) True (b) False

4. You have completed TIC training in the last:

   (a) 3 months (b) 6 months (c) 12 months (d) Never

5. You have TIC chart documentation on each chart:

   (a) True (b) False (c) Sometimes

6. You have personally discussed trauma with:

   (a) Patients (b) Staff (c) Both

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Cultural Competence

Culture	Cultural Competency
▪ Conceptual system that structures the way people view the world ▪ Set of beliefs, norms, and values	"A developmental process in which individuals or institutions achieve increasing levels of awareness, knowledge and skills along a cultural competence continuum"

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Importance of Cultural Compliance

- Influence the beliefs surrounding health, healing, wellness and the delivery of health services and are critical to reducing health disparities
- Cultural competence importance
  - US more diverse and health care services see people with a broad range of perspectives on health, often influenced by their social or cultural backgrounds
  - Research has shown that provider-patient communication is linked to health outcomes

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Reviewing a Patient’s Care Plan

1. Describe the resident’s cultural preferences, values, and practices
2. Include approaches to meet the resident’s cultural needs and preferences
3. For residents with a history of trauma, does the care plan describes interventions accounting for the resident’s experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization

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Can you . . .?

1. Can you list the religious/spiritual practices prevalent in your community:

    (a) Yes (b) No (c) Not Sure

2. Each of your charts has a care plan for cultural practices:

    (a) True (b) False

3. Are your care plans specific to the individual:

    (a) True (b) False

4. Do you provide access to spiritual leaders of multiple faiths/spiritual practice:

    (a) True (b) False (c) Not sure

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Staffing

- CMS can provide public information because SNFs are required to submit information
  - Trying to improve tracking of non-nursing information (i.e., therapy) as well as turnover information
  - Can ask for guidelines determining number of nurses needed to staff and schedule to provide patient care
    - Dependent on types of admission/complexity of patients
- In January Congress registered concern on staffing expectations, especially in remote areas
  - Evangelical Lutheran Good Samaritan Society, one of the largest skilled nursing providers serving rural markets, announced a strategy to consolidate its operations from 22 states to seven

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Plan of Care

- IDT is the “root” of exploring cooperation and appropriate documentation
- Remember multidisciplinary (in the same room), meeting together, does not mean interdisciplinary thinking
  - Why it is required for all participants to be in the room
  - It is interaction (recorded how?) to develop an individualized plan
  - Discipline training sets forth the goal for that training BUT interdisciplinary sets for the goal for the patient

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IDT

- Required once every 7 days or at least once before D/C
- Team Membership: Care is planned by an interdisciplinary team representing all appropriate health care professionals.
- Core Members:
  - **Attending Physician**
  - **RN with responsibility for patient**
  - **CNA**
  - **Dietary**
  - **Resident/patient and/or Patient Representative**
  - Case Management
  - Therapy (PT, OT, ST)
  - Respiratory Therapy
  - Social Services/Discharge Planning
  - Pharmacy

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Physician Certification

- The Medicare program conditions of payment require a physician certification and when n necessary recertification for all skilled nursing settings including rural hospital and CAH swing bed programs
- Based on claim denials by three CMS audit groups – CERT (Comprehensive Error Rate Testing), RA (Remittance Advice) and MAC (Medicare Administrative Contractor) a trend of failing to comply with the certification/re-certification requirements have increased

Physician Certification

- The purpose is straight forward: the physician (and thus the swing bed program) is certifying that posthospital extended care services were required because of the individual's need for skilled care after receiving inpatient hospital services
  - What Medicare is asking is why couldn't the beneficiary gone to a lower level of care (i.e., outpatient therapy or home health)?
- A cert/recert must be signed (dated and timed) by an attending or a hospitalist who has knowledge of the case, or A nurse practitioner (NP), clinical nurse specialist (CNS) or a physician assistant (PA) who does not have a direct or indirect employment relationship with the facility, but who is working in collaboration with the physician. (Remember that NP, CNS and PA involvement is also based on state practice acts.)

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Self-Audit

Patient Name	Admitting MD	Admitting Orders	Physician Visits (+ dates)	Primary Dx/ Dxs	Physician Orders Signed	IDT Meetings	H & P	Cert/ Re-cert	Therapy POC	Prog Note(s)	D/C Summary

Know Medicare Intent

CAH swing bed programs need to understand the reason behind the initiation of swing beds and the reliance on understanding skilled nursing regulations to operate and successfully financially manage the program

Swing Bed programs need to center around Medicare-required documentation and management decisions on programming: Long-COVID? CHF and COPD? Clinically Complex?

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If I Were to Ask You . . .

1. Where are your records for staff training on TIC and Culturally Competent Care? Who hasn't been trained and why?
2. What self-audits are going on now for your SWB?
3. Is the first Physician Cert in admission orders and the second one in the chart? If yes, who audits to make sure the second one signed and dated timely?
4. What else did you think about as far as training, documentation, and/or signatures?

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What do you need to audit?

1.

2.

3.

4.

5.

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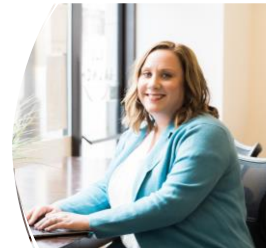
Resources

- Center for Health Strategies' Trauma-Informed Care Implementation Resource Center; https://www.traumainformedcare.chcs.org/
- Lake Superior Quality Innovation Network webinar, "Trauma-Informed Care in Nursing Homes," July 24, 2018; https://www.lsqin.org/event/trauma-informed-care/
- SAMHSA-HRSA Center for Integrated Health Solutions trauma resources; https://www.samhsa.gov/national-coe-integrated-health-solutions
- Trauma-Informed Care Toolkit and Implementing Trauma-Informed Care: A Guidebook, the LeadingAge Maryland trauma-informed care resources; https://www.leadingagemaryland.org/page/RFA-resources

Contact Information for the Burrows Consulting Team:



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Next Webinar

Thursday, May 25th at 3:00 p.m. ET/1:00 p.m. ET MST

- **Cody Rodeos to Cheyenne Frontier Days**
  - Nursing requirements and Therapy requirements
  - Topics Included: Staffing, Self-audits, Creative approaches to care including activities programming, therapy required documentation
  - Audience: SWB leadership, Nursing director(s), Therapy department head, nurses representing different shifts (per facility choice), representative(s) from PT, OT and SLP