

Surveillance Update for NY Chapter of American College of Health Care Administrators

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**New York State Department of Health
Division of Residential Services**

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DRS MISSION

The Division of Residential Services will ensure residents of NYS nursing homes are protected from risk of harm through

- **close surveillance monitoring to ensure nursing homes meet applicable federal and state health standards; and**
- **the fostering of continuous improvements through collaboration with nursing home community.**



Long Term Care Quality and Safety Goals

- Ensure respectful resident quality of life**
- Protect resident safety**
- Ensure high quality service delivery**
- Promote & support innovation**

Discussion Topics

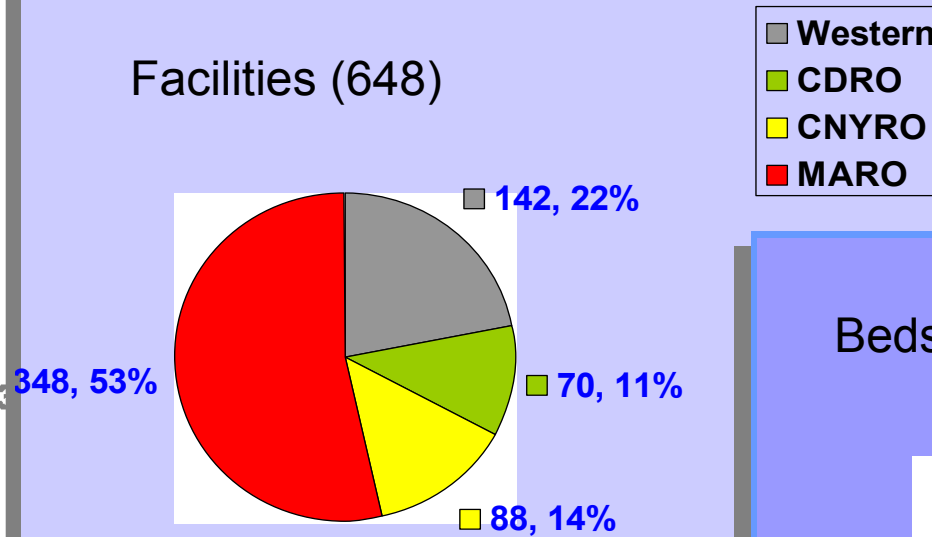
- **Survey Performance**
- **Pressure Ulcer Care**
- **Program Updates**
- **DRS Next Steps**



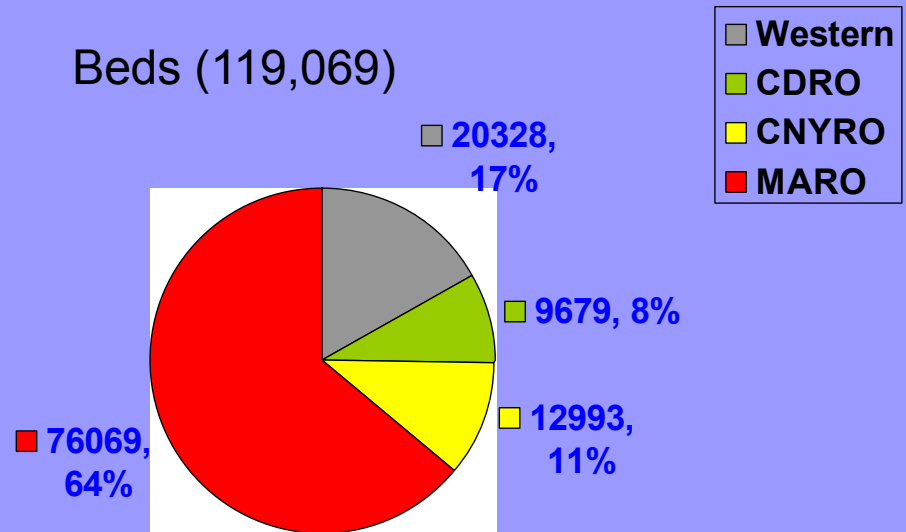
Survey Performance

Facilities and Beds by Region

Facilities (648)



Beds (119,069)



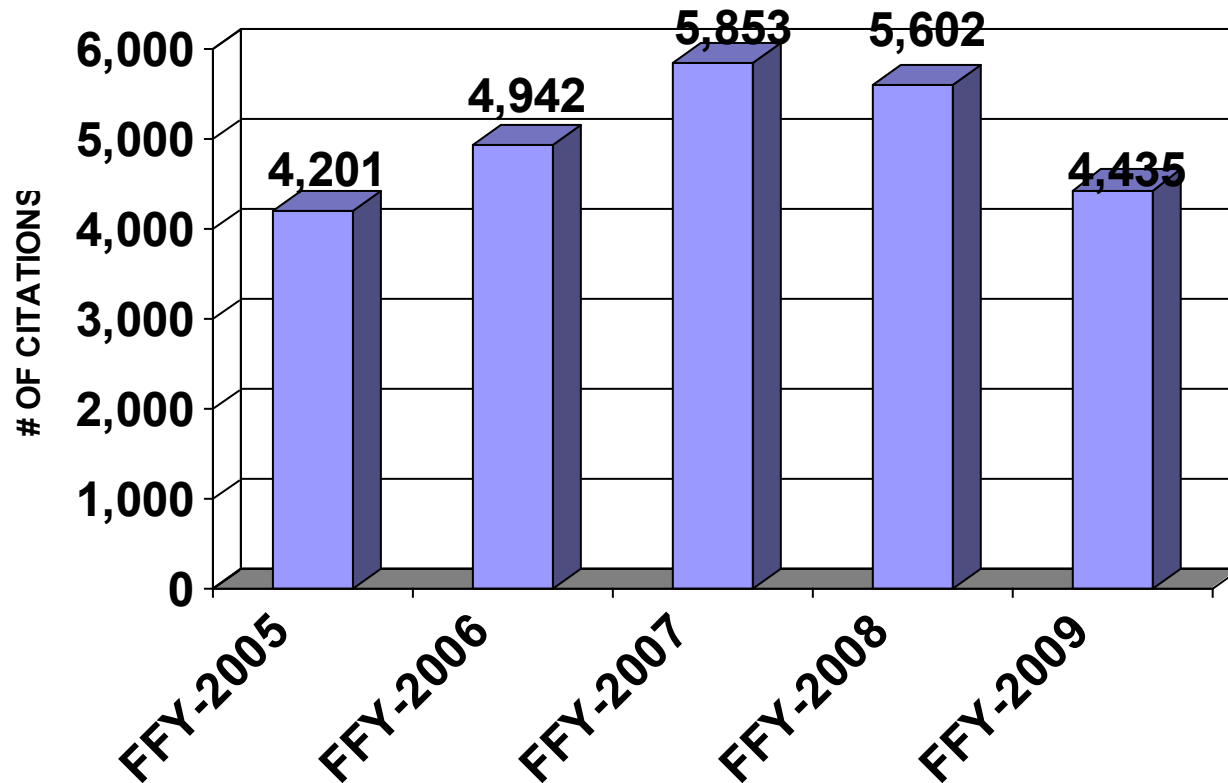
Overview of Survey Performance

- On average, **7** citations are issued per recertification survey in NYS. The national average is **11** citations.
- Top areas for citations include:
 - Elopement
 - Smoking
 - Maintaining a Hazard Free Environment
 - Assessment and Care Planning
 - Establishing an Infection Control Program
- The Top 5 citations result in **30** percent of all citations issued.

Citations Issued

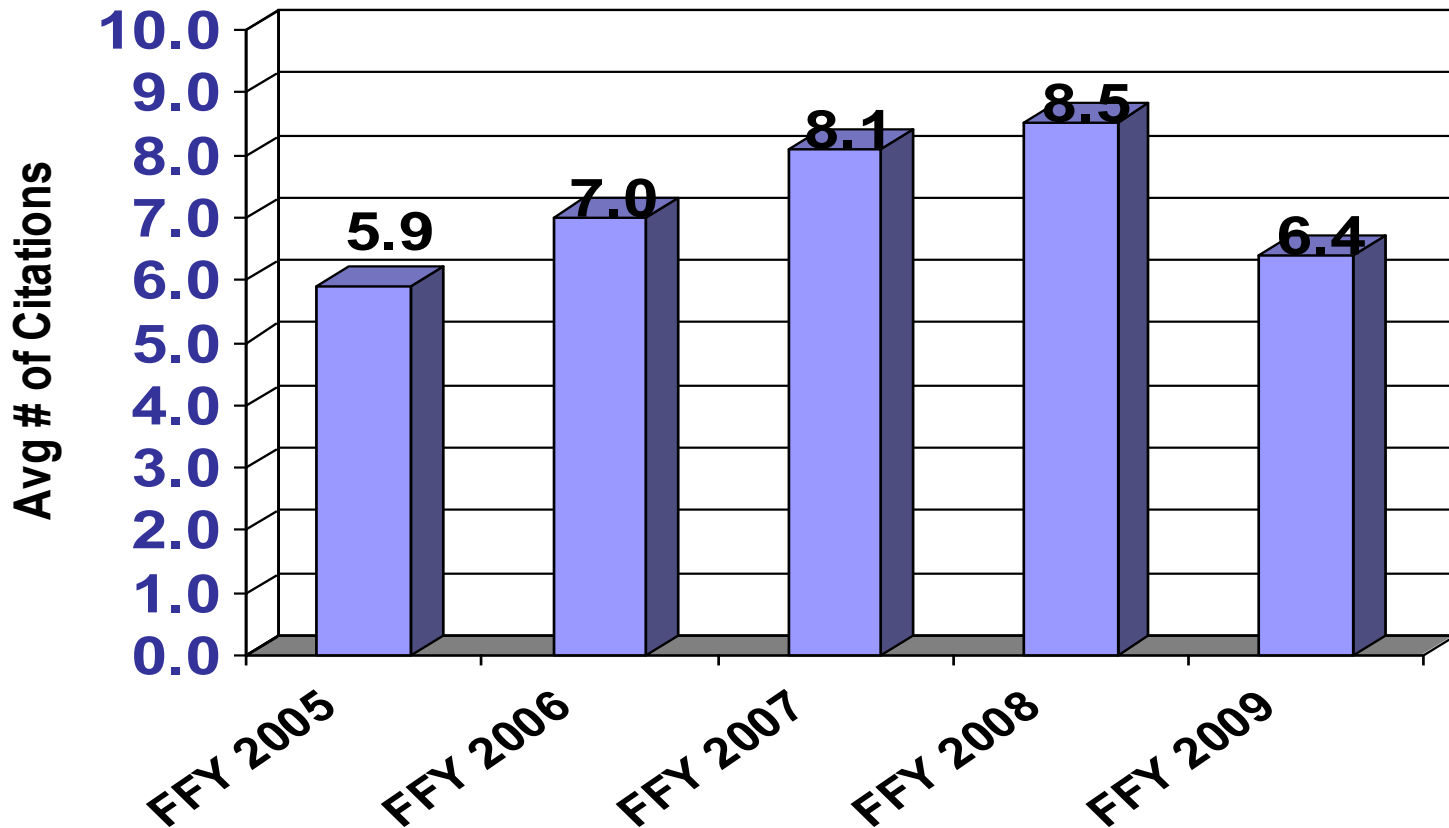
FFY 2005 – FFY 2009 (Projected)

Recertification/Abbreviated Surveys, Health/LSC Inspections



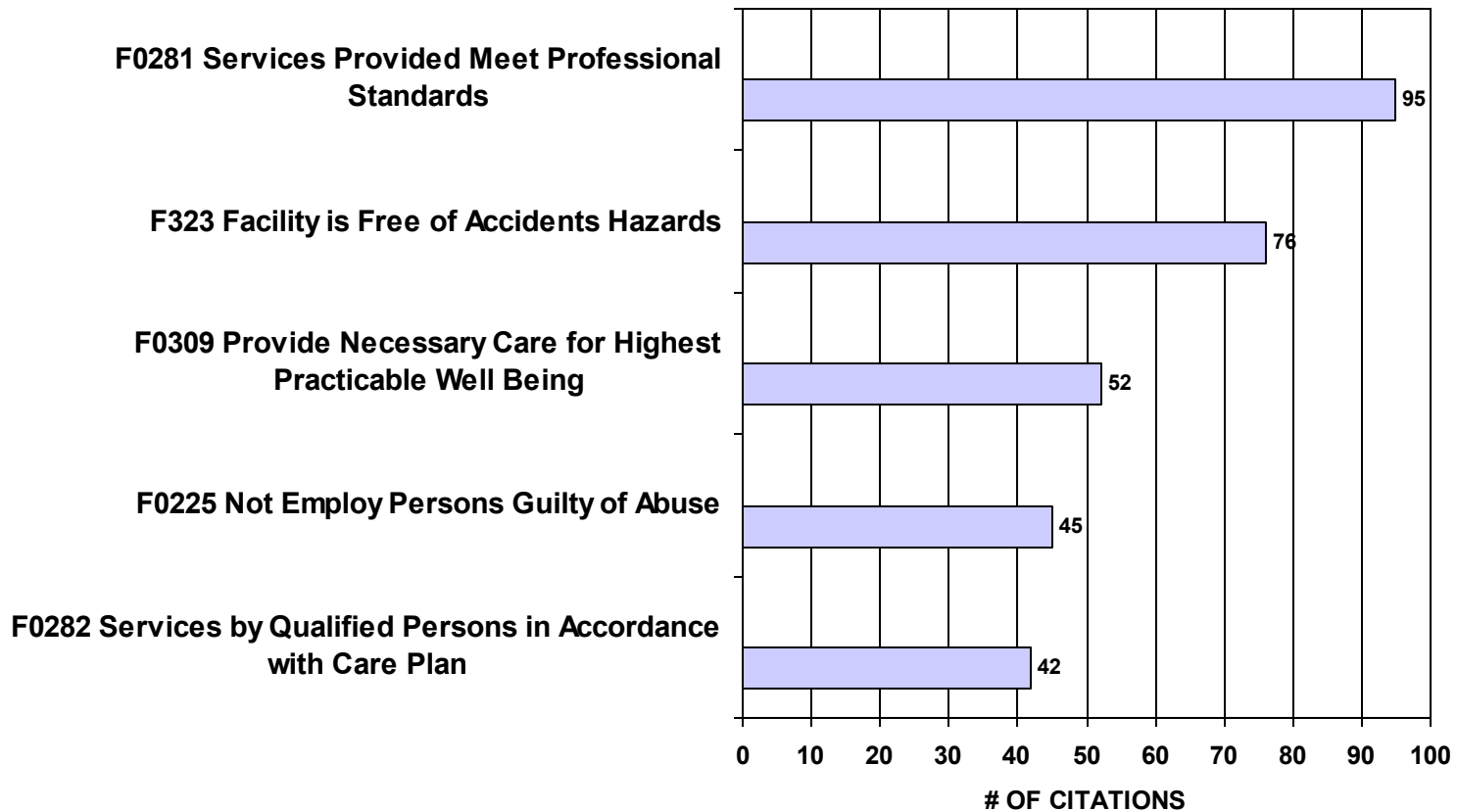
Average # Of Citations Per Survey FFY 2005 – FFY 2009

Recertification Surveys, Health/LSC Inspections



Top 5 Health Citations FFY 2009 (through 1/31/09)

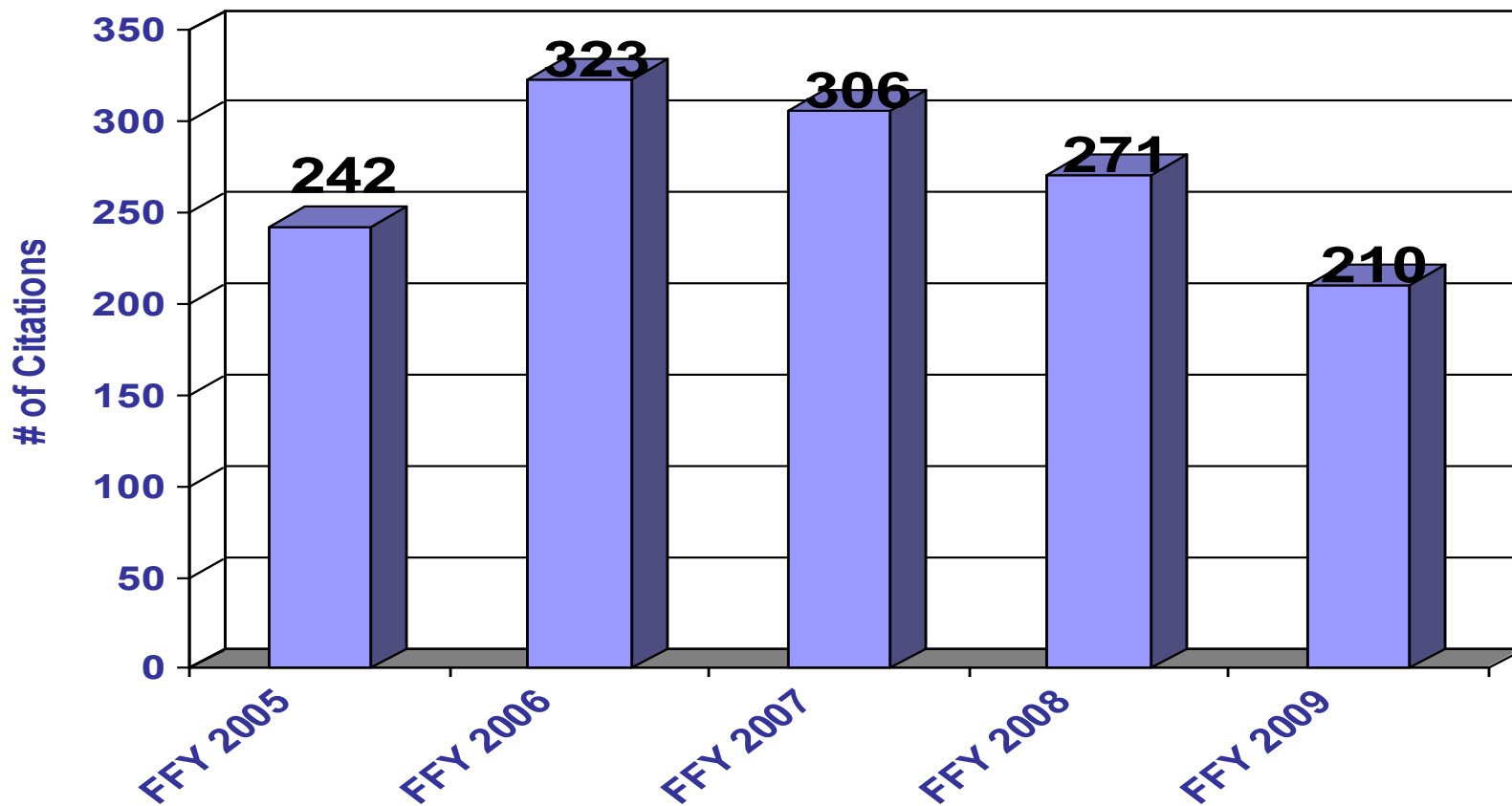
Recertification/Complaint Surveys, Health Inspections



CITATIONS AT HARM LEVEL (G+)

FFY 2005 – FFY 2009 (Projected)

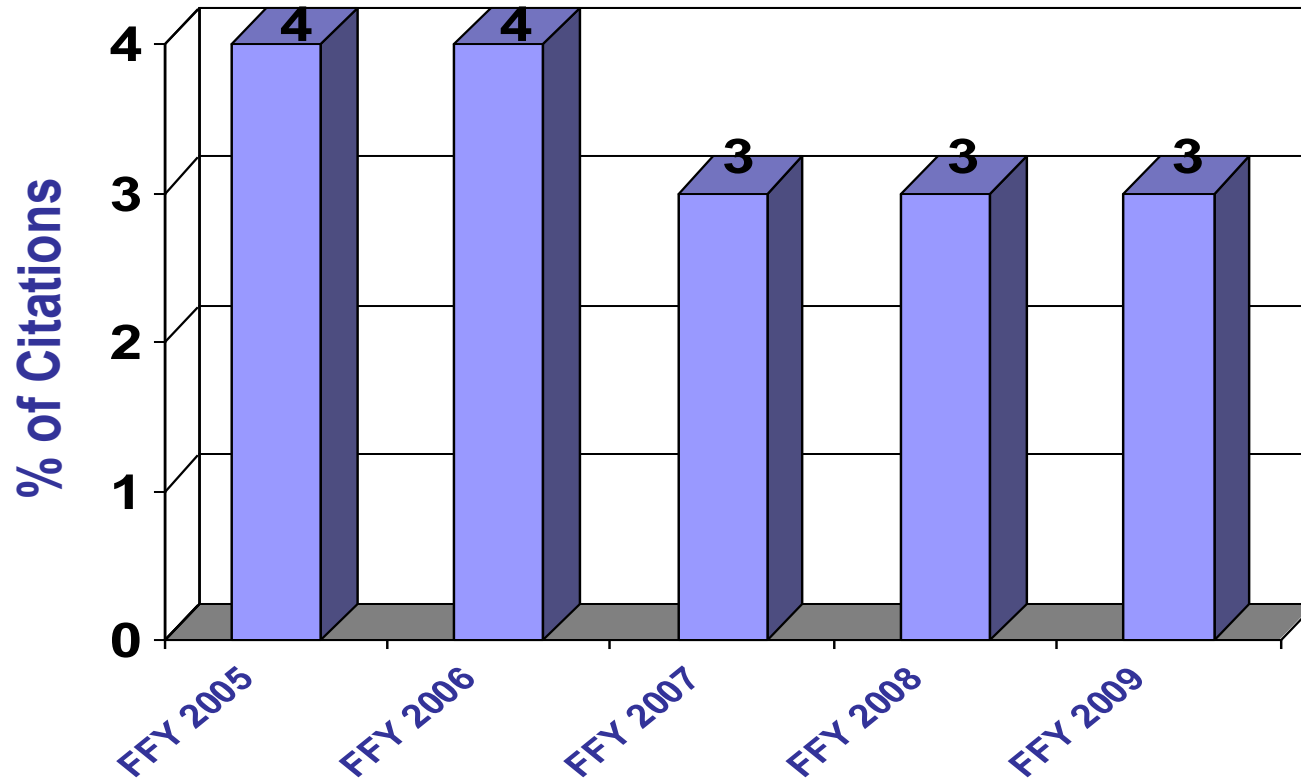
Recertification/Abbreviated Surveys, Health/LSC Inspections



% OF CITATIONS AT HARM LEVEL (G+)

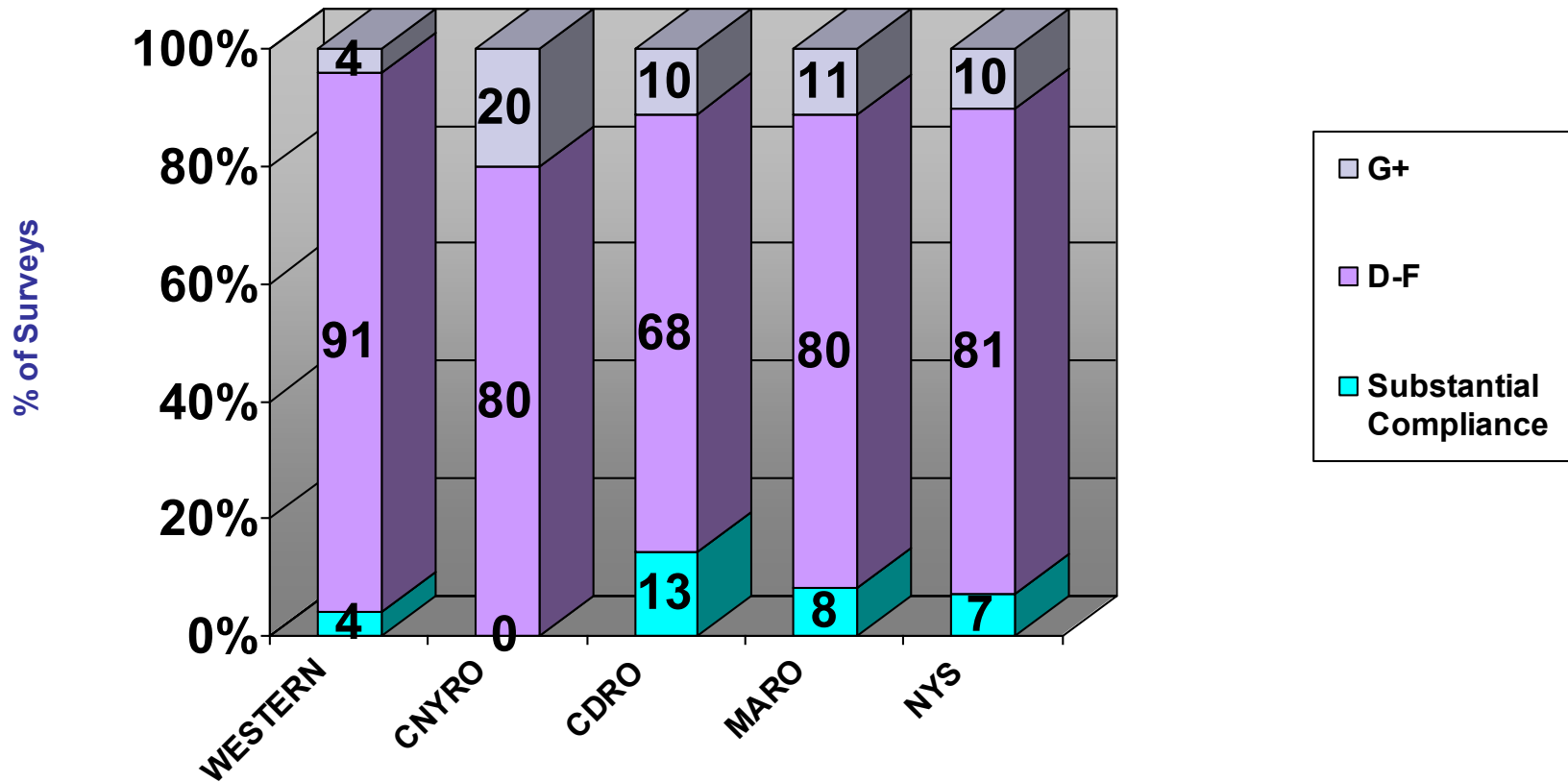
FFY 2005 – FFY 2009

Recertification Surveys, Health/LSC Inspections




% OF SURVEYS BY MAXIMUM SEVERITY/SCOPE FFY 2009

Recertification Surveys, Health/LSC Inspections



OVERVIEW OF SURVEY PERFORMANCE REGARDING SURVEYS WITH IMMEDIATE JEOPARDY CITATIONS ISSUED

- **42 surveys were cited with IJ the last fiscal year, which is fairly consistent with prior fiscal years. In the four months of this fiscal year 12 surveys were cited with IJ.**
- **50% of the IJ citations were identified during abbreviated/complaint surveys. This is consistent with recent fiscal years.**



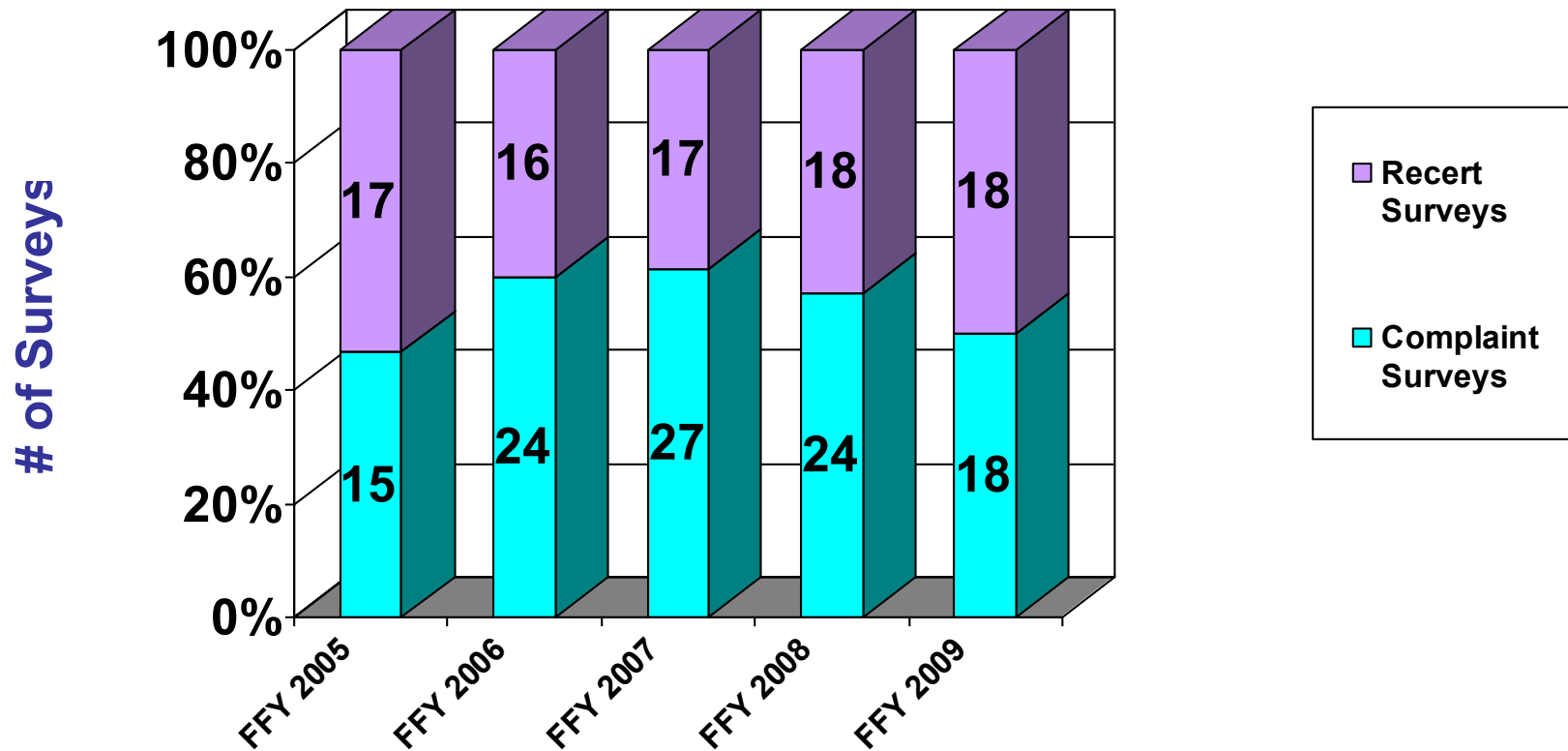
OVERVIEW OF SURVEY PERFORMANCE REGARDING SURVEYS WITH IMMEDIATE JEOPARDY CITATIONS

Top Areas of Concern Include:

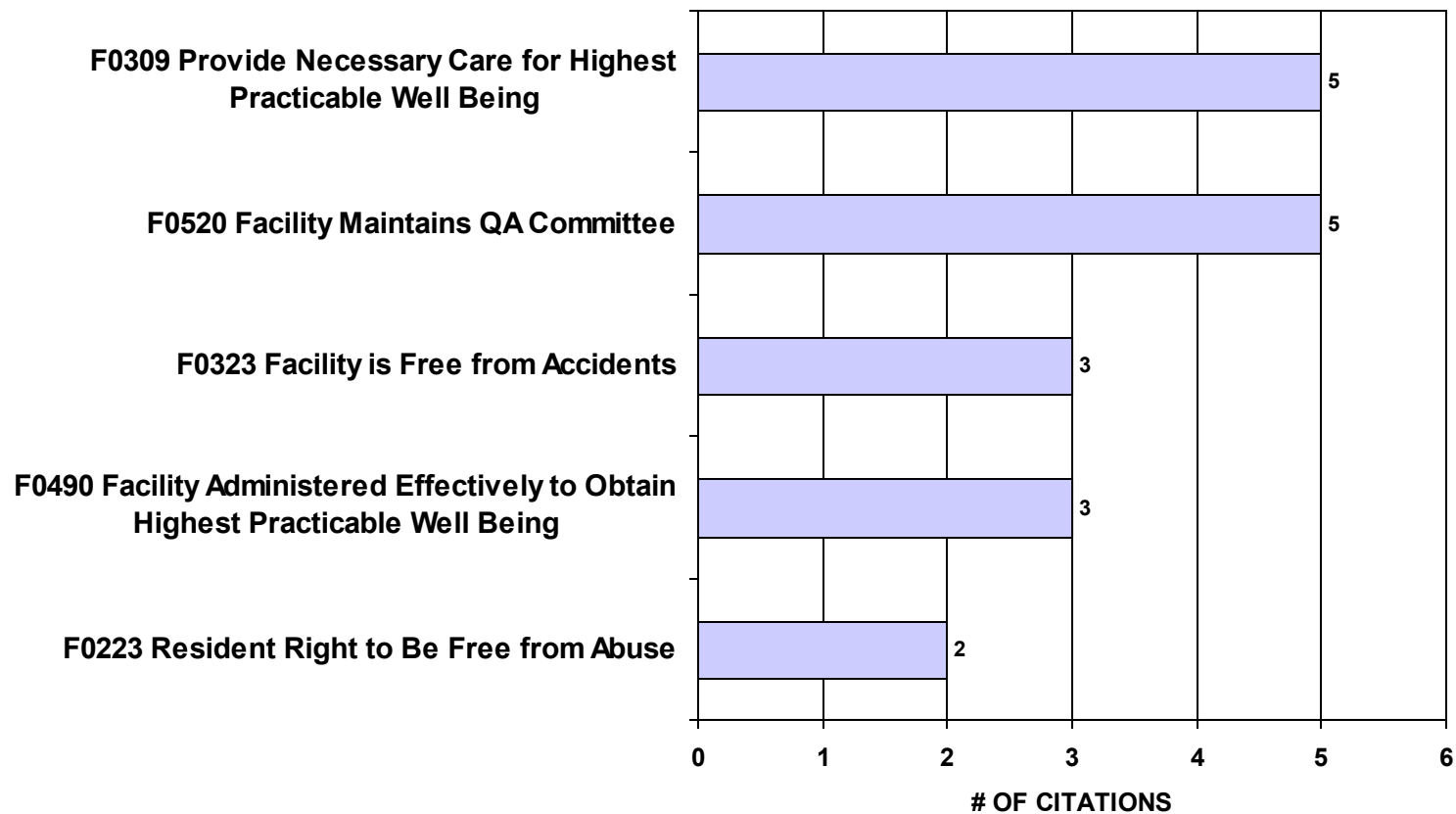
- **Accident Free Environment**
- **Providing Adequate Supervision**
- **Advanced Directives**

SURVEYS WITH IMMEDIATE JEOPARDY FFY 2005 – FFY 2009 (Projected)

Recertification/Complaint Surveys, Health/LSC Inspections



TOP 5 IJ CITATIONS FFY 2009 (through 1/31/09)



IMPROVING PERFORMANCE

■ Actions Leaders Should Consider:

- Assess leadership responsibilities to maintain appropriate operations
- Ensure the correct system is in place and communicated to staff
- Engage Staff in the QA Process
- Reevaluate Care Plans through the QA Committee, and the Process to ensure Quality Assurance

IMPROVING PERFORMANCE

Actions Leaders Should Consider:

- Identify potential hazards and risks
- Evaluate and analyze risks
- Identify interventions to reduce identified hazards and risks
- Conduct a pilot study to ensure effectiveness

IMPROVING PERFORMANCE

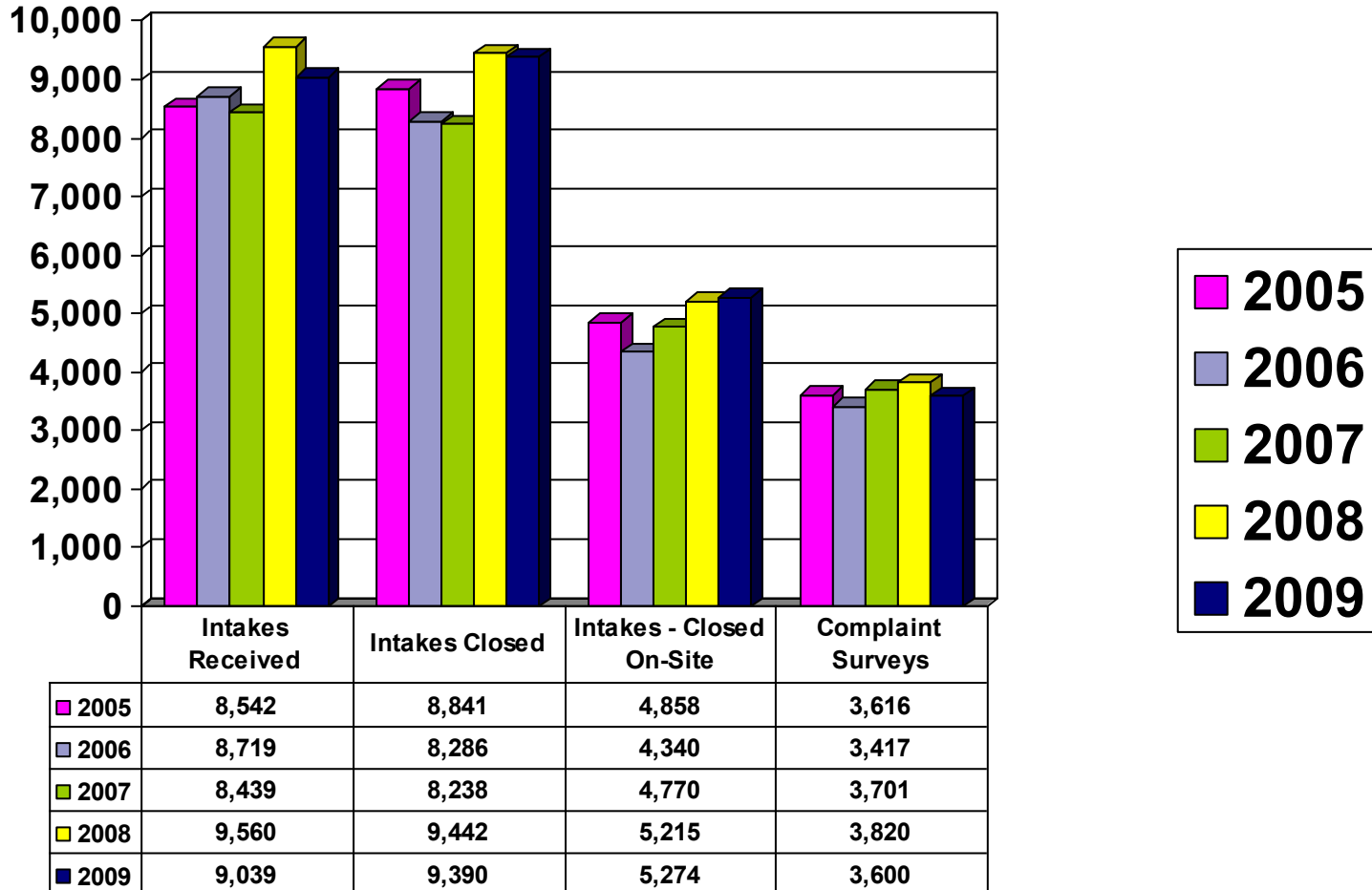
Actions Leaders Should Consider:

- **Communicate interventions to all staff**
- **Assign responsibility for the implementation of the interventions**
- **Educate, Educate, Educate**
- **Implement and document the interventions**
- **Measure effectiveness of the intervention**

OVERVIEW OF COMPLAINT PROGRAM

- NYS receives approximately **12,000** calls per year.
- Over **9,000** calls will result in an intake to be investigated by Area Office Staff at the facility, or through the Complaint Resolution Bureau at Central Office.
- About **70%** of all intakes require investigation by Area Office Staff at the facility, resulting in over **3,600** complaint surveys during FFY 2008.
- Over **7%** of all on-site investigations result in a SOD.

NYS COMPLAINT INVESTIGATIONS FFY 2005 – FFY 2009 (Projected)





Pressure Ulcer Care

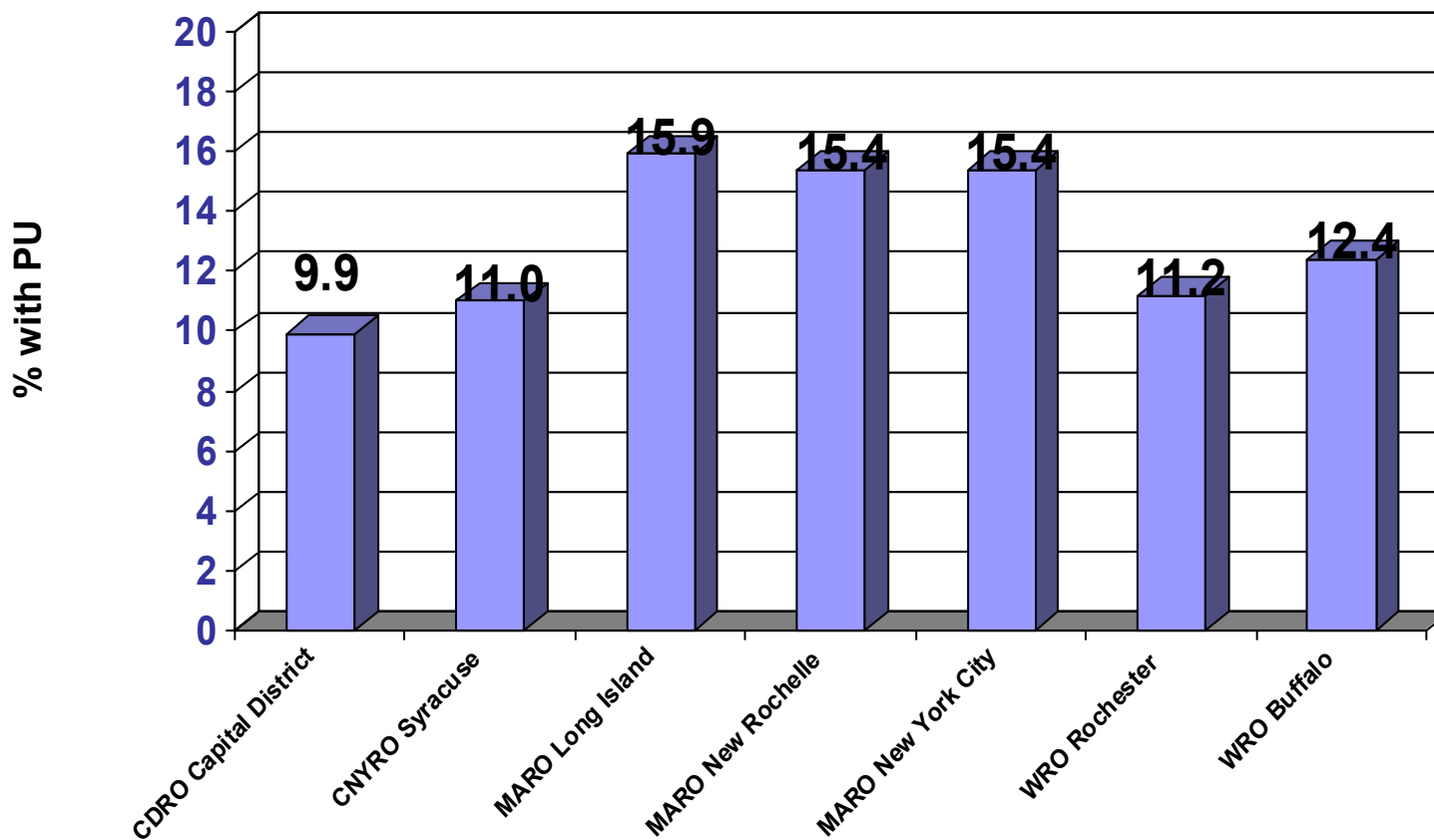
PRESSURE ULCER OVERVIEW

- The percent of high-risk residents with pressure ulcers varied widely by region.
- Overall, the pressure ulcer rates by office for NYS ranged from **9.9%** to **15.9%**.
- CMS has set the reduction of pressure ulcer rates to be less than **8.6%**.
- The initiative to reduce pressure ulcer rates is a **shared goal**: state, federal, provider associations and providers.

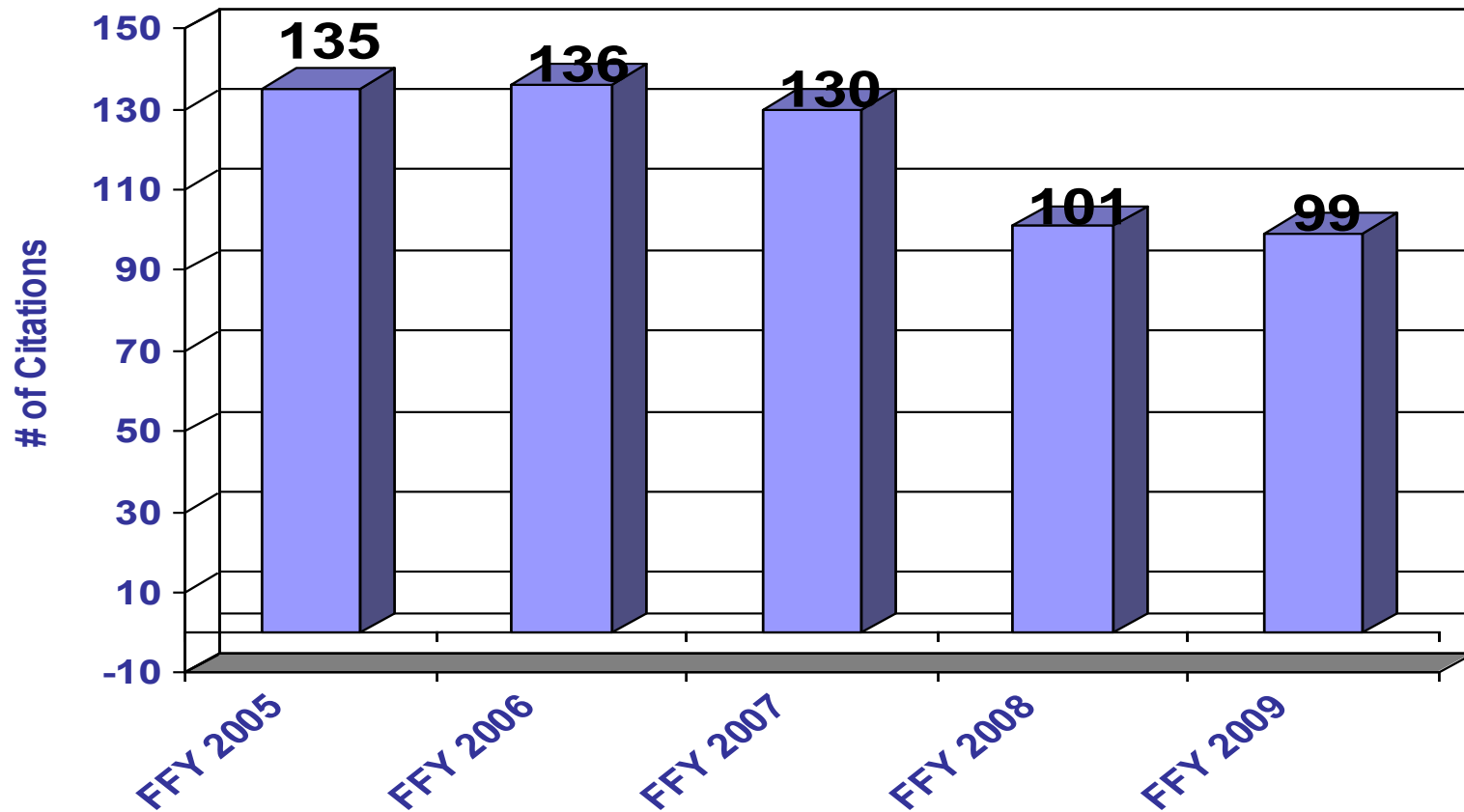
% of High Risk Residents with Pressure Ulcers by Office

NYS = 14%; National = 12%

Source: CMS Quality Measure Data, Sept. 2008



Citations Issued for Pressure Ulcers (F-314) FFY-2005 –FFY-2009 Projected



Pressure Ulcer Initiative Activities

Local Multi-Provider Collaboration

- Improve communication and care coordination
- Standardize patient transfer form
- Cross-train staff on best practices
- Track and monitor data

Resident, Family, Public Education

- Develop and implement tools

Assist Poor Performing NH's

- Clinical expert technical assistance
- NH mentoring program
- Mandated DPOC

Nursing Homes are Improving Quality of Care

Pressure Ulcer Related Citations FFY 2008 vs. FFY 2009

- **57% decrease in harm/IJ citations**

**Improvements
are being
realized.**

**There is still
more work
ahead....**



Program Updates

Quality Activities

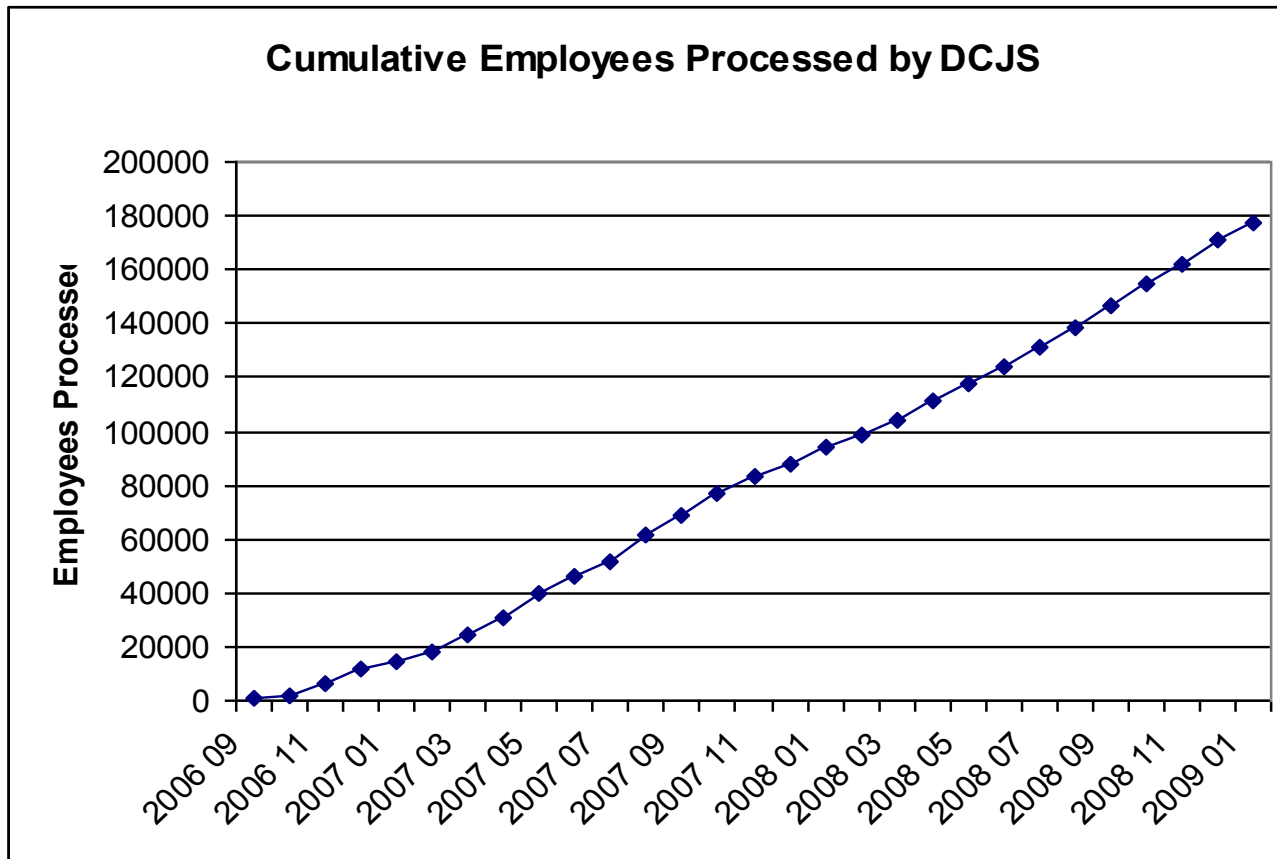
Improving Survey Impact

- **Mandated Directed Plan of Correction**
- **Implement QA Review of Plan of Correction**
- **Maintaining Consistency Across Program**
- **Cross-Program Communication and Referral**

Paid Feeding Assistants

- Regulations adopted December 19, 2007
- 15 hour training requirement
- No residents with swallowing issues
- Nurse presence in congregate dining area
- Providers responding to requirement to submit request in writing has been slow (57 in total 3/1/09)

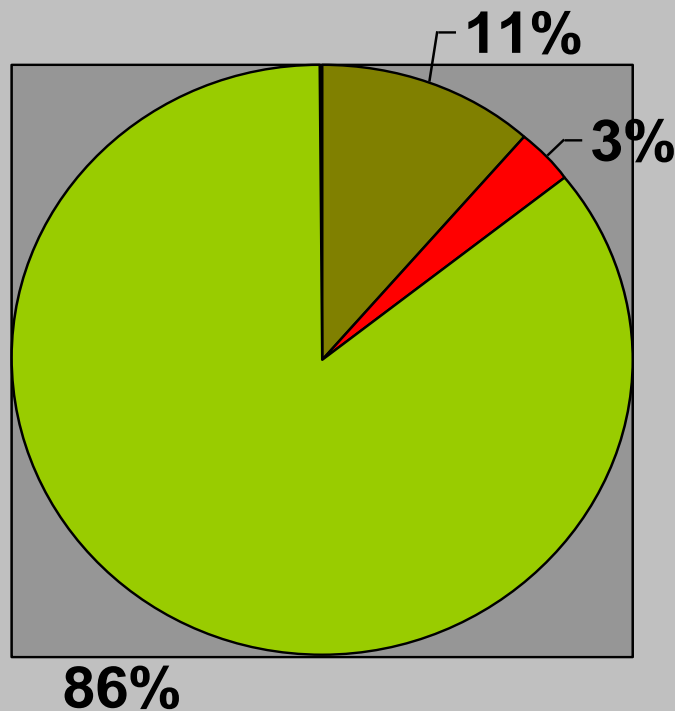
Criminal History Record Check Program Number of Individuals Processed by DCJS 1/31/2009






CRIMINAL HISTORY RECORD CHECK (CHRC)

- **Over 180,000 applications processed. 60% from home care agencies, and 40% from nursing homes.**
- **Almost 1 in 3 individuals are processed through expedited coverage process.**
- **If an individual has already been processed before, there is no need for additional payment or fingerprinting.**
- **85% have no criminal histories. Remaining 15% with criminal histories are processed through the Legal Department.**
- **Only 3% of those individuals checked by CHRC (5,400 individuals) have been denied employment.**

CHRC Program Background Results



-  Criminal Background Not Denied Employment
-  Criminal Background Denied Employment
-  No Criminal Background

CRIMINAL HISTORY RECORD CHECK (CHRC) Continued

Rejection rates of fingerprint cards have declined from over a 25% rejection rate to just 11%. Much of this is attributable to providers attending training with CHRC/DCJS and the increased attention by the Authorized Persons (AP).

Future Projects include:

- Live Scan**
- Electronic Payment**
- Provider Training Program**

DOH NURSING HOME PROFILE WEBSITE

Nursing Home Profile provides detailed information for all nursing homes

- Search capability
- Demographic information
- Quality information for 19 CMS quality indicators
- Complaint information
- Stipulation and Orders
- Survey information
- Special Focus Facilities (SFF)



CMS Nursing Home Compare Five Star Quality Rating System

- **Tool for consumers and caregivers to compare nursing homes more easily.**
- **Summarizes information into an easy to understand rating system:**
 - **Overall Rating**
 - **Health Inspections**
 - **Quality Measures**
 - **Staffing**

CMS Nursing Home Compare Five Star Rating

Nursing Home Name and General Information ▲	Overall Rating [What is this?]	Health Inspections [What is this?]	Nursing Home Staffing [What is this?]	Quality Measures [What is this?]	Program Participation	Number of Certified Beds [What is this?]	Type of Ownership
<input type="checkbox"/> ST PETER'S NURSING AND REHABILITATION CENTER 301 HACKETT BLVD ALBANY, NY 12208 (518) 525-7600 Resident & Family Councils Mapping & Directions	★★★★★ 4 out of 5 stars	★★★★★ 4 out of 5 stars	★★★★★ 4 out of 5 stars	★★★ 3 out of 5 stars	Medicare and Medicaid	160	Non profit - Church related

The Five Star Rating is based on three areas:

- ✓ **Inspection Results** – looks at all aspects of care in a nursing home.
- ✓ **Staffing** – the number of staff compared to the number of residents, and how many of the staff are trained nurses.
- ✓ **Quality Measures** – ten aspects of care, using standard CMS quality measures. For example, these measures demonstrate the ability of residents to dress and eat, or how well the nursing home prevents skin ulcers.



DRS Next Steps

Plans To Improve Quality

Ensuring the survey has an impact on sustainable improvement

- **CMS designation as a Special Focus Facilities (SFF)**
- **DPOC as QI tool**
- **Acceptable Plan of Corrections (POC)**

Plans To Improve Quality

Focusing the survey resources on most significant issues

- **Working with Nursing Homes that have repeat deficiencies and/or serious conditions**
- **Identifying trends with Multi-Facility operators**
- **Accountability is more than one person: Operator, Administrator, Board and DNS**

Plans To Improve Quality

Supporting Culture Change

- Individualized Resident Schedule
- Negotiated Risk
- Enhanced CNA-Resident Relationship
- Universal Staff
- More than One Model
- Surveyor education

Supporting Culture Change

- **Real Culture Change Requires Considerable Time and Effort**
- **Staff Training and Retraining Crucial**
- **Care systems and daily routine focus on needs, interests, lifestyle, preferences, choices, and abilities and strengths of residents**
- **The Benefit to Residents is the Real Purpose of Culture Change**

DOH Innovations Workgroup

- DOH formed Workgroup in May 2008
- Currently working with providers who are establishing alternative housing arrangements to address and resolve grey areas both in design and operation.
- Reviewing regulatory impact on the implementation of culture change projects.
- Waivers are reviewed on case by case basis
- Pro-active and supports culture change that assures NYS elders' self determination and quality of life.

Plans to Improve Quality

Build Consistency Across Regions

- Streamline survey process
- Reduce overall processing timeframes
- Enhance surveyor training programs for survey consistency
- Collecting and Analyzing Data

Plans to Improve Quality

Collaboration with Partners

- **Building Strong Communications with your Regional Office**
- **Working together for Quality Improvement**
- **Collaborate with NYS Ombudsman Program**
- **Expanding Emergency Preparedness**



Thank You!

Questions?

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Division of Residential Services**

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