



CONSONUS
HEALTHCARE

Driving Success with Alternative Payment Models

DESCRIPTION

In the ever-changing world of healthcare reimbursement, understanding the alternative payment models providers face in the future will help ensure successful results. There will be winners and losers in this marketplace. In order to win, it's more important than ever for post-acute health care organizations to demonstrate key pay-for-performance capabilities such as reducing readmissions and delivering functional improvements as efficiently as possible.

There are distinguishing themes demonstrated in these high performing health care organizations; particularly in the area of rehabilitation and preparing these patients for discharge to a lower level of care. These themes are the foundation for high quality and efficient results. Learn from leaders of a chain of facilities with experience in a heavily managed care environment about how they have implemented these strategies throughout their organization and the results they are experiencing compared to a more traditional Medicare payment model. Follow along as they share specific case study examples of patients in both traditional and alternative payment models, best practices in laying the groundwork, testing and leveraging results. This presentation will review critical tools needed for this more efficient model and allow the audience to participate in the discovery process with tangible examples of how to achieve similar results in your market.

LEARNING OBJECTIVES

1. Distinguish the shift in Post-Acute Reimbursement to Alternate Payment Methods
2. Describe qualities of those high performing, successful providers who will be winners in this environment.
3. Outline what a successful transition to these new payment models looks like.
4. Specify the tools you will need to be navigate this new environment.
5. Identify how to use the tools to demonstrate evidence of success.



“Documenting Your Way Through a Resident’s Stay”

DESCRIPTION

Proper documentation is critical to resident centered care, service plan development, change of condition and alert charting. It supports skilled reimbursement and the MDS 3.0 process, and survey outcomes. Facilities place themselves at risk for skilled reimbursement audits and potential denial of payment, inaccurate MDS coding, and survey scrutiny and citation.

The objective of this session is to focus on documentation standards required to assure medical necessity for skilled reimbursement. The differences in therapy language compared to nursing language, survey preparedness documentation. Service plan and care plan process related to correlating documentation including medication and treatment management that are all in alignment with proper documentation. In the end, there is a story to tell about each resident through documentation.

OBJECTIVES

1. Attendees will learn documentation standards required to assure medical necessity for skilled reimbursement.
2. Attendees will learn best practices for proper documentation including use of language, Quality Measures, and MDS accuracy to tell the story of each resident.
3. Attendees will learn how to avoid payment denials, inaccurate MDS coding, and survey citations through proper documentation.

It is beyond the Quality Assurance Report: Getting the bugs out of your infection control programs

DESCRIPTION

Facilities are required to have infection control programs that demonstrate ongoing surveillance, recognition, investigation and prevention of the onset and spread of infection. A strong infection control program will help protect your residents and staff from unnecessary infection events and outbreaks. With the Ebola outbreak in the news, we are all acutely aware of the importance of a highly functioning infection control program. This session will review the following:

- The interpretive guidelines relating to infection control (F441)
- Ongoing Infection control surveillance processes, a departmental view
- Management of the Urinary Tract Infection Quality Measure
- Immunization management
- Facility isolation practices
- CDC guidelines on infection control in long term care facilities
- The outbreak process: How to prevent the infection from spreading, postings, isolation and reporting
- Linen handling and storage, hand washing, environmental services and dietary services

LEARNING OBJECTIVES

1. Attendees will gain a solid understanding of the infection control guidelines in long term care facilities to ensure they are prepared for ongoing surveillance.
2. Attendees will review best practice principles for how to manage an outbreak should one occur including how to prevent the infection from spreading, postings, isolation, and reporting.
3. Attendees will learn how to manage the Urinary Tract Infection Quality Measure.



Leadership Training

DESCRIPTION

This two-day class will address all of the key aspects of serving as the Director of Nursing in a long-term care facility. If you are a new DON or have been one for 30 years, this class is for you!

The class will give you the correct tools to successfully perform the duties of Director of Nursing in a long-term care facility.

TOPICS INCLUDE

- **The Face of Skilled Nursing**
Overview of SNF demographics and history
- **The Role of the DON and Key Partners**
Role of DON, NHA, MD, DSD, SSD, AC, RD/DDS, Charge Nurse, CNAs
- **Regulatory and Reimbursement Framework**
Practice Acts/Standards of Care, T22, CFR, Licensure vs Certification, HSC, and other applicable codes and statutes, payment sources, RUGs, MDS, RAI, Level of Care
- **DON Survival and other "Need to Knows"**
Time management, stress management, importance of Policies and Procedures, staffing requirements, budget, abuse requirement reporting, Disaster Preparedness, unusual occurrence reporting, and more
- **Humans are Our Best Resource**
HR practices, communication skills, honoring caregivers, leadership, building teams, consistent assignments, coaching, orientation, training, counseling, staff satisfaction, and more
- **Residents are our Reason/Quality of Life**
Putting yourself in the bed, person directed care, working with families, resident and family satisfaction, admission assessment, managing complaints, Ombudsman's role, admission orientation, residents' rights, and more
- **End of Life**
Determining capacity, obtaining consent, legally recognized decision makers, POLST, Hospice, advanced planning
- **Resident Safety/Quality of Care**
Risk management, best practices nutrition, avoidable/unavoidable, documentation, assessment and plan of care, reporting of change of condition, SBAR, stand up meetings
- **Culture of Quality - How to of QAA**
Why needed, define, data sources, QIO (HSAG), Advancing Excellence benchmarking, root cause analysis, role of the committee, QITs, data analysis, action planning, implementation, monitoring, how to protect on survey

Implementing a QAPI Process to comply with CMS expectations and improve quality of care

DESCRIPTION

CMS defines QAPI as the merger of two complementary approaches to Quality: Quality Assurance (QA) and Performance Improvement (PI). While CMS has not imposed regulations around QAPI, they do expect facilities to adopt a data-driven, proactive approach to improving the quality of life, care and services for residents.

The problem many facilities are facing is out of standard Quality Indicator scores, placing them at risk for potential negative survey outcomes. Follow the instructor as she shares case study examples of facilities facing this very problem and how to address it. It starts with Root Cause Analysis, a method of problem solving used to identify the primary cause of a program so that you can determine what happened, why it happened and reduce the likelihood of it happening again. Next, it requires adopting a QAPI process to review results and create an action plan.

In the end this results in reduction in potential negative survey outcomes, enhanced programs specific to reduction in negative Quality Indicator Outcomes, pain management interventions, accurate MDS item set coding, psychotropic drug reduction, and reduction in pressure ulcers through wound management.

LEARNING OBJECTIVES

1. Review what QAPI means and how CMS is expecting facilities to adopt a data-driven, proactive approach to improving quality.
2. Understand how Root Cause Analysis (RCA) can play a role in your QAPI process
3. Discuss real-world case study examples facing problems with Quality Indicator scores and strategies to improve them.

“Quality Measures: A Moving Target”

DESCRIPTION

Are your Quality Measures a moving target? Do you know why? By reviewing and understanding the Quality Measures, it may help determine why your ratings are changing. Administrators, Directors of Nursing Services, and Interdisciplinary team members need to understand how the Quality Measures are used to report a snapshot of your provision of care of the residents and communities you serve. CMS is committed to the quality of care provided in our nursing homes across the nation. The Quality Measures provide an indication of how the nursing home provides care to residents over specific periods of time. These measures have been validated and are based on current best practices and research.

This interactive session will be a mix between lecture and group work. The instructor will review the current Quality Measures so you can better understand their purpose. You will learn which specific data item sets on the MDS trigger the Quality Measures and the difference between short stay and long stay measures. Ever wonder why your ratings are changing each quarter? This session will cover how the Quality Measures are used to populate the 5 Star Rating and Ranking System, Nursing Home Compare and how they are utilized for Survey and Certification. If you are able to understand how the Quality Measures impact these systems, you can create talking points around why you are seeing changes in ratings. Finally, you will learn how to use the Quality Measures as a Quality Assurance tool for your facility.

LEARNING OBJECTIVES

1. Attendees will learn Quality Measures and the specific data item sets on the MDS that trigger the Quality Measures.
2. Attendees will learn how the Quality Measures are used to populate the 5 Star Rating and Ranking System, Nursing Home Compare and how they are utilized for Survey and Certification. This will help them understand why their ratings are changing each quarter.
3. Attendees will learn how to use the Quality Measures as a Quality Assurance tool in their facility.

Patti Garibaldi: ROP Phase 3

DESCRIPTION

The Final Rule for Medicare and Medicaid Program requirements, better known as the Rules of Participation has been issued and providers are actively working their way through managing the Phase 1 requirements that began on November 28, 2016 and Phase 2 requirements that began on November 28, 2017. The Phase 3 requirements will be effective on November 28, 2019. Phase 3 requirements will expand on Comprehensive person-centered care planning, Quality of Care for Trauma informed care, Behavioral Health Services, Medication management, Infection Control, Compliance and Ethics, Physical environment and Training requirements to name a few. This presentation is an open discussion of where facilities are, how they are doing and what needs to be in their tool kit to have successful compliance outcomes.

LEARNING OBJECTIVES

1. Discuss outcome of ROP Phase 1 and Phase 2 processes for facilities like yours
2. Pinpoint components of ROP Phase 3
3. Understand the MDS coding changes of specific sections and their impact
4. Highlight successful management of the Drug Regimen Reviews and Gradual Dose Reduction of psychotropic medications.

Safe Transition Planning – Experts Driving Outcomes

DESCRIPTION

The updated regulations that occurred in November 2016 have specific requirements for long term care facilities participating in Medicare and Medicaid programs. Included in those rules are updated requirements for transfer and discharge. Facilities have long transferred and discharged residents to other nursing homes, or communities. The new updates require that a facility begin safe transfer and discharge transitions soon after admission and that those transitions be initiated through conversations with the resident and/or their responsible parties through person centered discharge goals and care planning into the community. These goals and discussions are the basis for the requirement of facilities being active partners in effective transitions, reducing hospital readmissions and providing safe post discharge care in the communities.

With a combined LTC experience of over 60 years, the presenters will review the rules of participation related to transfer and discharge. They will discuss the facilities' responsibility in person centered care plan development, documentation requirements, notice of transfer and discharge requirements to the State Ombudsman. Attendees will be provided with specific examples of facilities facing difficult transfer and discharge transitions, tools for transfer and discharge care plan, documentation practices and a review of Quality Measure data analytics driven by the IMPACT act of 2014.

LEARNING OBJECTIVES

1. Identify new discharge planning requirements of participation
2. Describe the Safe Transition Planning Patient/Family Meetings.
3. Implement a Master Transition Planning Calendar.
4. Evaluate Outcome Data for Post-Acute Care

Tune in to Your Survey Results: How to Prepare for Success

DESCRIPTION

Survey always feels like it is just around the corner. How prepared are you for your survey success? Survey success improves when facilities are prepared for what is expected of them during the survey process and confidently reinforces ongoing readiness. Facilities are successful when they utilize QIS focus areas as ongoing quality assurance and process improvement for preparedness and daily quality of care. This session provides resources and best practices for survey prep including a review of requirements, use of Quality Measures for Quality Assurance and Process Improvement, and tools to de-stressing staff.

LEARNING OBJECTIVES

1. Attendees will review information requirements that facilities need to provide during the first 24 hours of the survey teams entrance to the facility.
2. Attendees will learn how to develop information tools for survey entrance preparedness.
3. Attendees will examine how to use the Quality Measures for Quality Assurance and Process Improvement.
4. Attendees will learn how to use their QIS survey formats to test their survey preparedness.
5. Attendees will gain tools for distressing their staff during the survey process.

WHAT'S NEW IN THE REGULATORY WORLD

DESCRIPTION

Nursing Home Requirements for Participation and New Regulatory language was uploaded into the Automated Survey Processing Environment (ASPEN) to be implemented as of November 28, 2017. Providers must be compliant with the second phase of the Requirements for participation and all States will use the new computer-based survey process in Long Term Care Facilities. What does that mean to you? New Regulatory Requirements in Phase 2 were added to your Phase 1 requirements on November 28th even though imposed civil money penalties for phase 2 will be on hold for one year. All of the F-Tags that we are so accustomed to have had regulatory language changes, additions, deletions, and are renumbered. Along with these changes, the State Operations Manual appendix PP has been revised and there are updated Emergency Preparedness requirements that went into effect on November 15, 2017. QAPI Plans are now due, Antibiotic Stewardship programs are to be in place and evidence of nursing competency training needs to be available. Initial Person Centered Care Plans need to be in place and the use of as needed psychotropic medications with 14-day stop dates are mandatory and more. This session will review Phase 2 Requirements of Participation with a facility systems approach. Review the combined QIS and standard Long Term Survey Process including survey preparedness process and updated clinical pathways. QAPI plan overview with emphasis on Quality Measure report review and team process. And finally discuss required facility assessment process and provide samples of nursing competency checklists.

LEARNING OBJECTIVES

1. Review Phase II Requirements of Participation with a facility systems approach.
2. Implement survey preparedness best practices under the new ROP Phase II guidelines.
3. Operationalize QAPI plans, antibiotic stewardship programs, person centered care plans, and facility assessment tools.