



CONSONUS
HEALTHCARE

ROP – Ensuring Compliance and in an Ever-Changing Environment



Objectives

Participants will have an overview and understanding of the following areas:

- Analyze outcomes of ROP in survey results
- Ensure compliance by implementing best practices to stay within regulation
- Identify how accurate MDS coding impacts compliance outcome including understanding change of condition which may be related to COVID-19
- Application of successful management of the Drug Regimen Reviews and Gradual Dose Reduction of psychotropic medications, behavior management and depression that may be to long periods of isolation during pandemic times



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History

Outcomes of ROP Surveys

Three phases of ROP:

1. Phase one: November 28, 2016
2. Phase two: November 28, 2018
3. Phase three: November 28, 2019
 - Some areas needed further clarification in Spring of 2020, but then COVID entered our world.

Citations noted in areas of:

- Facility assessment not followed or updated
- Antibiotic Stewardship not tracked
- Infection control not maintained (UTI/Wounds)
- Antipsychotic Drug use (Behavior interventions)
- Quality Assurance and Process improvement
 - Plan not implemented, followed or staff aware of QAA process
- Emergency Procedures not tested
- Staff Competency incomplete
- Staff evaluations incomplete
- Abuse and Neglect not assessed timely

ROP phase 3 Review

Phase 3 areas of compliance (11/28/2019):

1. Quality Assurance and Performance Improvement (QAPI) program
 - Developed, implemented, data driven, outcomes of care and quality of life
2. Person Centered Care Planning
 - Includes behavioral needs and trauma informed care
3. Infection Preventionist
 - Designate at least one person responsible for infection control that is in nursing or related field, works at least part time in the facility and is a member of the QAPI team
4. Physical environment
 - Residents must have the capacity to call for staff assistance at bedside
5. Staff Training and Competencies
 - Training for all new and existing staff and contract service staff and volunteers on resident rights, infection control, QAPI, compliance and ethics, dementia management, resident abuse and neglect and cognitive and behavioral resident health

Cultural Competency

Phase 3 continued:

6. Cultural Competency:

- The ability to communicate effectively with residents and their families that is appropriate to their culture and the individual.
- The ability to work with various backgrounds and plan accordingly for their care that meets their cultural needs



Trauma Informed Care

Trauma – Informed Care Planning:

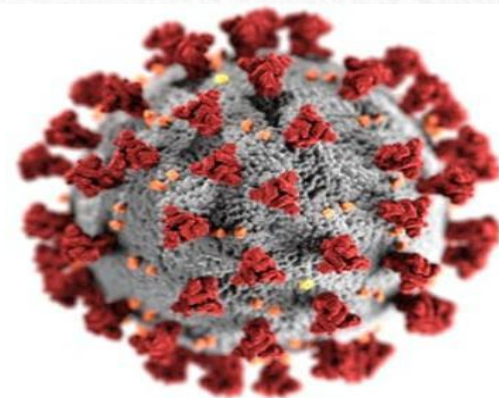
- Accounting for resident’s experiences
- Opening doors for effective communication and understanding
- Understanding triggers for trauma
- Providing a safe environment in which a residents are encourage to make their own decisions
- Knowing the resident’s history to create an informed resident centered plan of care



Change in Condition

Change in condition related to behavioral health:

- Understanding the resident's behavioral health in order to provide an environment that provides the resident with the highest level of psychosocial well being.
- Staff awareness of a resident's patterns in health status and behaviors to prompt staff to act promptly to identify changes that may indicate a change in the resident's health status
- MDS accuracy to refer to baseline assessments to assist in recognizing changes of condition
- Changes related COVID-19



Facility/Pharmacy Partnership

Strategic Partnership:

- Updating Pharmacy P & Ps
- Monitoring MRR and AMRR process
- Pharmacist role in QAPI meeting
- Trusted Advisor to physicians, nurses, staff, residents and families
- Support with survey process
- Assistance with Psychotropic drug regime review and recommendations
- Assistance with resident changes related to COVID



Therapy Services

Programing to improve functional outcomes (New QRP 10-1-2020):

- Changes in self-care, Changes in Mobility, Discharge Self-care score, Discharge Mobility score
- Restorative programming development and training for late loss ADL, changes in mobility and dining assistance needs (changes due to COVID isolation)
- Assisting in assessing changes of condition related to function.



Developing a tool kit for compliance:

- [Pharmacy AMMR follow- up audit](#)
- Therapy review of functional status changes via CASPER reporting or change of condition reporting in morning huddles
- [Cognitive assessment through Therapy](#)
- [Infection control rounds Audit](#)
- CDC Nursing Home Infection Control Check-list
- CMS survey update website data
- State Association training and support
- Competency training

Closing Conversations



Questions? Contact Us!



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