6-24-24 Weekly Clinical Update

Let's talk about "stuff" today…miscellaneous "stuff".

> There are so many questions about EBP going on. First of all, surveyors are surveying to EBP. In Kansas, there has been some questions about storage of PPE…in the room or outside the room? This question came up at the AHCA/CDC Open Door Discussion. After a question that was submitted to CDC related to surveyors requiring storage outside the room, the question was sent to CMS by AHCA staff and here is the answer from the CMS DNH Triage Team. "Thank you for your recent inquiry regarding the Federal infection control requirements.
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> While not recommended, PPE for could be stored in the resident's room for use when EBP are indicated. A facility could store PPE for the use with EBP ONLY within the resident's room as long as it can avoid contamination and it is not used for other residents, however it is best stored near or at the entrance to a resident's room. PPE for use with transmission-based precautions can NOT be stored in the resident's room as it must be donned prior to entering the room. Additionally, PPE taken into the resident's room cannot be used for another resident or returned to facility stock.
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> If you have additional questions or concerns, please forward them to the DNH Triage Team via email at DNH_TriageTeam@cms.hhs.gov. We value your interest and thank you for helping to optimize the health, safety, and quality of life for people living in nursing homes."
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> So, straight from the mouths of survey experts, each facility will need to make a decision about PPE storage. It is clear that every room does not require an "Isolation Cart" outside the room and for life safety reason, all carts in the hallway should be on wheels. You aren't required to have a cart for every resident but you could have a "hallway storage" area that could serve more than one room to make the hallway more like "home".
> If you are struggling with understanding the CDC recommendations, here is a link to the CDC FAQs for Enhanced Barrier Precautions. It offers great clarity. https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html

Of specific interest are residents who have been determined to be colonized. This answer may help, but likely won't be of much positive reaction: "**18. May nursing homes stop using Enhanced Barrier Precautions if we screen the infected or colonized resident and they test negative for the novel or targeted MDRO?**

Residents colonized with a novel or targeted MDRO are intended to remain on Enhanced Barrier Precautions for the duration of their stay in a facility. Because MDRO colonization is typically prolonged and follow-up testing to determine clearance may yield false negatives, CDC does not recommend routine retesting of residents with a history of colonization or infection with a MDRO or discontinuation of Enhanced Barrier Precautions after a subsequent negative test."

Changing subjects, AHCA recognizes the CMS continues to focus on inappropriate use of antipsychotic medications for off-label reasons. From Courtney Bishnoi, the Vice President, Quality & Program American Health Care Association: "Antipsychotic medications remain an area of high focus for CMS, as seen during surveys, ongoing quality measures in the Five-Star Quality Rating program and the recently implemented Schizophrenia Audits.

Therefore, the AHCA Clinical and Regulatory Team has refreshed the Antipsychotic Medication Management Toolkit. This toolkit includes a variety of evidenced-based tools which may be used by members for their quality improvement efforts. In addition to the main toolkit, there are three Fact Sheets and a separate case study for staff education.
Please consider sharing this information with your members. Questions about the toolkit may be sent to regulatory@ahca.org."

As you probably all know, CMS has released the QSO letter with revised guidance for the LTC Facility Assessment. QSO-24-13-NH can be accessed at https://www.cms.gov/files/document/qso-24-13-nh.pdf. This requirement will be required to be implemented by August 9, 2024, and the changes and requirements are extensive. Facilities would probably be wise to get the processes started as soon as possible. Pay close attention to the requirements for categories of people that are required to provide "input".
The changes in the regulation are in red italics:
§483.7*1* Facility assessment. The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations *(including nights and weekends)* and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment.
§483.7*1(a*)The facility assessment must address or include *the following*:
§483.*71(a)(1)* The facility's resident population, including, but not limited to:

(i) Both the number of residents and the facility's resident capacity;
(ii) The care required by the resident population, *using evidence-based, data-driven methods that* consider the types of diseases, conditions, physical and *behavioral health needs*, cognitive disabilities, overall acuity, and other pertinent facts that are present within that population, *consistent with and informed by individual resident assessments as required under § 483.20;*
(iii) The staff competencies *and skill sets* that are necessary to provide the level and types of care needed for the resident population;
(iv) The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and
(v) Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services.

§483.7*1(a)(*2) The facility's resources, including but not limited to *the following*:

(i) All buildings and/or other physical structures and vehicles;
(ii) Equipment (medical and non- medical);
(iii) Services provided, such as physical therapy, pharmacy, *behavioral health*, and specific rehabilitation therapies;
(iv) All personnel, including managers, *nursing and other direct care* staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care;
(v) Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and
(vi) Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations.

§483.71(a)(3) A facility-based and community-based risk assessment, utilizing an all-hazards approach *as required in §483.73(a)*(1).

§ 483.71(b) In conducting the facility assessment, the facility must ensure:
§ 483.71(b)(1) Active involvement of the following participants in the process:

- *(i) Nursing home leadership and management, including but not limited to, a member of the governing body, the medical director, an administrator, and the director of nursing; and*
- *(ii) Direct care staff, including but not limited to, RNs, LPNs/LVNs, NAs, and representatives of the direct care staff, if applicable.*
- *(iii) The facility must also solicit and consider input received from residents, resident representatives, and family members.*

§483.71(c) The facility must use this facility assessment to:
§483.71(c)(1) Inform staffing decisions to ensure that there are a sufficient number of staff with the appropriate competencies and skill sets necessary to care for its residents' needs as identified through resident assessments and plans of care as required in § 483.35(a)(3).

§483.71(c)(2) Consider specific staffing needs for each resident unit in the facility and adjust as necessary based on changes to its resident population.

§483.71(c)(3) Consider specific staffing needs for each shift, such as day, evening, night, and adjust as necessary based on any changes to its resident population.

§483.71(c)(4) Develop and maintain a plan to maximize recruitment and retention of direct care staff.

§483.71(c)(5) Inform contingency planning for events that do not require activation of the facility's emergency plan, but do have the potential to affect resident care, such as, but not limited to, the availability of direct care nurse staffing or other resources needed for resident care.

Contact: For questions or concerns relating to this memorandum, please contact DNH_TriageTeam@cms.hhs.gov.

Effective Date:
August 8, 2024

/s/

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Resources to Improve Quality of Care:
Check out CMS's new Quality in Focus interactive video series. The series of 10–15 minute videos are tailored to provider types and intended to reduce the deficiencies most commonly cited during the CMS survey process, like infection control and accident prevention. Reducing these common deficiencies increases the quality of care for people with Medicare and Medicaid. Learn to:

- *Understand surveyor evaluation criteria*
- *Recognize deficiencies*
- *Incorporate solutions into your facility's standards of care*

See the Quality, Safety, & Education Portal Training Catalog, and select Quality in Focus