The Role of the DON: Operational

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Master Trainer
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NADONA

Learning Outcomes

As a result of this activity, learners will:

- be able to demonstrate knowledge of the new regulations and expectations by passing a post test with a score of 80%.
- self-report gain of available resources for assisting with survey and compliance with federal nursing home regulations by indicating verbally which additional resource was most helpful.

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Objectives

- List 3 opportunities for communication on a daily basis
- Understand the new and revised final Rule for skilled nursing facility requirements
- Learn strategies for implementing the new and revised regulations
- Discuss audit tools to determine if the facility is clinically survey ready
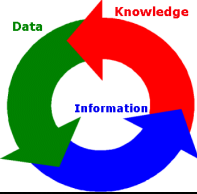
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Communication

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Live by DATA

- D – How are you going to Direct
- A – How will you Assess your Clinical Services
- T – Training is Key
- A - Accountability

Knowledge
Data
Information

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Communication

- Daily Rounds
- Morning Meeting
- Afternoon Wrap up meeting

- Scheduled and Routine Meetings
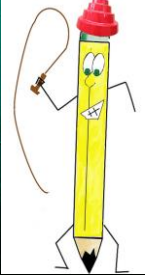 - Infection Control
  - Antibiotic Stewardship
  - QAPI

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Mock Survey

- AWHIP – a daily round to prepare for key clinical issues
- Abuse
- Weight
- Hydration
- Incontinence
- Pain and Pressure

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Daily Mini Mock Survey (AWHIP)

Monday (A)	Interventions	Follow-up
Accidents / Incidents /Falls		
New Occurrences in past week		
Documentation in order		
Care Plan edited		
Required Investigation Complete and Implemented		
Interventions resulting in positive outcome		
Tuesday (W)		
Weight		
Review weights – look for loss and excessive gains		
Use of nutritional supplements		
In the event of unavoidable weight loss has care plan been updated		
Wednesday (H)		
Hydration		
Review any resident with potential for dehydration tracking intake and output		
Validate water passing system		
Ice machine is clean / Scoop in appropriate place		
Thursday (I)		
Incontinence		
Review a sample of the bowel & Bladder assessments for the past week		
Is system working?		
Care Plans edited?		
Infection Control		
Review the line listing		
Review antibiotics started over past week		
Look for patterns / trends of infection types and pathogens		
Friday (P)		
Pain		
Review the medical records of ten residents: is there a pain assessment?		
Are your narcotics count complete, and correct?		
Check 5 residents with severe pain to ensure there is enough pain medication for the weekend.		
Pressure		
Wound Care Manager or Nurse Manager reviews and assesses any facility acquired wounds or decline is healing.		
Review updated Care Plan		

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Facility Wide Assessment

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Surveyor Instruction 1/12/18

F838- The Facility Assessment is a policy
- The survey team will ask for the Facility Assessment on the first day of the Annual Survey.
- During the survey process if the survey team in their investigation identifies an area where there is evidence of a systemic issues then the team will use the facility assessment to determine how the facility evaluated its population and identify the appropriate resources needed to provide the necessary care and services the residents require

Facility wide resource Assessment

- To determine appropriate resources to care for residents during day to day operations and emergencies
- Update annually and with any major change in census or services
- Address the following: Census, Capacity. Types of Care, Staff Competencies Required, Cultural Aspects, Resources Needed (personnel and equipment)

Facility Assessment Tool

Requirement
Nursing facilities will **conduct, document, and annually review** a facility-wide assessment, which includes both their resident population and the resources the facility needs to care for their residents (§483.70(e)).

Purpose
The purpose of the assessment is to **determine what resources are necessary to care for residents** competently during both day-to-day operations and emergencies. Use this assessment to **make decisions about your direct care staff needs,** as well as your **capabilities to provide services** to the residents in your facility. Using a **competency-based approach** focuses on ensuring that each resident is provided care that allows the resident **to maintain or attain their highest practicable physical, mental, and psychosocial well-being.**

Facility Assessment Tool cont.

- The intent :

of the facility assessment is for the facility **to evaluate its resident population and identify the resources** needed to provide the necessary person-centered care and services the residents require.

- Overview of the Assessment Tool

This is an optional template provided for nursing facilities, and if used, it may be modified. Each facility has flexibility to decide the best way to comply with this requirement.

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Facility Assessment Tool cont.

The tool is organized in three parts:

1. Resident profile including numbers, diseases/conditions, physical and cognitive disabilities, acuity, and ethnic/cultural/religious factors that impact care

2. Services and care offered based on resident needs (includes types of care your resident population requires; the focus is not to include individual level care plans in the facility assessment)

3. Facility resources needed to provide competent care for residents, including staff, staffing plan, staff training/education and competencies, education and training, physical environment and building needs, and other resources, including agreements with third parties, health information technology resources and systems, a facility-based and community-based risk assessment, and other information that you may choose

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FACILITY ASSESSMENT TOOL

Facility Name	
Persons (names/ titles) involved in completing assessment	Administrator: Director of Nursing: Governing Body Rep: Medical Director: Other:
Date(s) of assessment or update	
Date(s) assessment reviewed with QAA/QAPI committee	

Part 1: Our Resident Profile

Numbers

1.1. Indicate the number of residents you are licensed to provide care for: (enter number of beds) _____.

Consider if it would also be helpful to differentiate between long-stay and short-stay residents or other categorizations (e.g., unit floors or specialty areas or units, such as those that provide care and support for persons living with dementia or using ventilators).

1.2. Indicate your average daily census: (enter a range) _____.

Consider if it would also be helpful to differentiate between long-stay and short-stay residents or other categorizations (e.g., unit floors or specialty areas or units, such as those that provide care and support for persons living with dementia or using ventilators).

1.2.a. Consider if it would be helpful to describe the number of persons admitted and discharged, as these processes can impact staffing needs.

	Number (enter average or range) of persons admitted	Number (enter average or range) of persons discharged
Weekday		
Weekend		

Diseases/conditions, physical and cognitive disabilities

Category	Common diagnoses
Psychiatric/Mood Disorders	Psychosis (Hallucinations, Delusions, etc.), Impaired Cognition, Mental Disorder, Depression, Bipolar Disorder (i.e., Mania/Depression), Schizophrenia, Post-Traumatic Stress Disorder, Anxiety Disorder, Behavior that Needs Interventions
Heart/Circulatory System	Congestive Heart Failure, Coronary Artery Disease, Angina, Dysrhythmias, Hypertension, Orthostatic Hypotension, Peripheral Vascular Disease, Risk for Bleeding or Blood Clots, Deep Venous Thrombosis (DVT), Pulmonary Thrombo-Embolism (PTE)
Neurological System	Parkinson's Disease, Hemiparesis, Hemiplegia, Paraplegia, Quadriplegia, Multiple Sclerosis, Alzheimer's Disease, Non-Alzheimer's Dementia, Seizure Disorders, CVA, TIA, Stroke, Traumatic Brain Injuries, Neuropathy, Down's Syndrome, Autism, Huntington's Disease, Tourette's Syndrome, Aphasia, Cerebral Palsy
Vision	Visual Loss, Cataracts, Glaucoma, Macular Degeneration
Hearing	Hearing Loss
Musculoskeletal System	Fractures, Osteoarthritis, Other Forms of Arthritis
Neoplasm	Prostate Cancer, Breast Cancer, Lung Cancer, Colon Cancer
Metabolic Disorders	Diabetes, Thyroid Disorders, Hyponatremia, Hyperkalemia, Hyperlipidemia, Obesity, Morbid Obesity
Respiratory System	Chronic Obstructive Pulmonary Disease (COPD), Pneumonia, Asthma, Chronic Lung Disease, Respiratory Failure
Genitourinary System	Renal Insufficiency, Nephropathy, Neurogenic Bowel or Bladder, Renal Failure, End Stage Renal Disease, Benign Prostatic Hyperplasia, Obstructive Uropathy, Urinary Incontinence
Diseases of Blood	Anemia
Digestive System	Gastroenteritis, Cirrhosis, Peptic Ulcers, Gastroesophageal Reflux, Ulcerative Colitis, Crohn's Disease, Inflammatory Bowel Disease,

Part 2: Services and Care We Offer Based on our Residents' Needs

Resident support/care needs

2.1 List the types of care that your resident population requires and that you provide for your resident population. List by general categories, adding specifics as needed. It is not expected that you quantify each care or practice in terms of the number of residents that need that care, or enter an aggregate of all resident care plans here. The intent is to identify and reflect on resources needed (in Section 3) to provide these types of care.

For example, start with this list and modify as needed:

General Care	Specific Care or Practices
Activities of daily living	Bathing, showers, oral/denture care, dressing, eating, support with needs related to hearing/vision/sensory impairment;

Part 3: Facility Resources Needed to Provide Competent Support and Care for our Resident Population Every Day and During Emergencies

Staff type

3.1 Identify the type of staff members, other health care professionals, and medical practitioners that are needed to provide support and care for residents. Potential data sources include staffing records, organization chart, and Payroll-Based Journal reports.

Considering the following type of staff and other professionals/practitioners, list (or refer to or provide a link to) your staffing data, directories, organization chart, or other lists that show the type of staff needed to care for your resident population.

- Administration (e.g., Administrator, Administrative Assistant, Staff Development, QAPI, Infection Control and Prevention, Environmental Services, Social Services, Discharge Planning, Business Office, Finance, Human Resources, Compliance and Ethics)
- Nursing Services (e.g., DON, RN, LPN or LVN, CNA or NAR, medication aide or technician, MDS nurse)
- Food and Nutrition Services (e.g., Director, support staff, registered dietician)
- Therapy Services (e.g., OT, OTA, PT, PTA, RT, RT tech, speech language pathology, audiologist, optometrist, activities professionals, other activities staff, social worker, mental health social worker)
- Medical/Physician Services (e.g., Medical Director, Attending Physician, Physician Assistant, Nurse Practitioner, Dentist, Podiatrist, Ophthalmologist)

- Pharmacist
- Behavioral and mental health providers
- Support Staff (e.g., engineering, plant operations, information technology, custodians, housekeeping, maintenance staff, groundskeepers, laundry services)
- Chaplain/Religious services
- Volunteers, students
- Other (vocational services worker, clinical laboratory services worker, diagnostic X-ray services worker, blood services worker) psychiatric services and mental health providers

Staffing plan

3.2. Based on your resident population and their needs for care and support, describe your general approach to staffing to ensure that you have sufficient staff to meet the needs of the residents at any given time.

Examples of two different ways to look at your staffing plan are provided in the tables below. Choose a methodology that works best for your organization. You may elect to use one or both tables below or choose your own methodology. It may be helpful to review specific staffing references in the regulation regarding the facility assessment (see attachment 1). For a discussion on how to determine sufficient staffing, see attachment 2, section 7.b.

Example 1. Evaluation of overall number of facility staff needed to ensure a sufficient number of qualified staff are available to meet each resident's needs. Refer to the guidance in the various tags that have requirements for staffing to be based on/in accordance with the facility assessment, for example, Nursing (F725), Behavioral Health (F741), Nutrition (F802), and Administration (F839). Enter number of staff needed or an average or range:

Position	Total Number Needed or Average or Range
Licensed nurses providing direct care	
Nurse aides	

Facility Assessment Tool

- The Facility Assessment is an overall planning document to help guide the overall operations and care delivery system of the facility.

- You may find a copy at http://qioprogram.org/facility-assessment-tool

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Nursing Services

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Nursing Services

- Your licensed nurse staff must have specific competencies and skill sets necessary to care for resident needs as identified through assessments and care planning
- Provide care that includes assessing, evaluating, planning, and implementing resident care plans and responding to resident needs

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Sufficient Staffing

- Policies that address Capacity, Census, Acuity, Assures Resident Safety, Range of Diagnosis, Person Centered Care Content
- Adds competency requirement for determining sufficient staff based on the facility assessment

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Competencies

- From your Facility Assessment you can determine what services and types of residents you are caring for
- Determine what treatments, equipment, and disease processes and from that what skills and knowledge does your staff need to have. Develop competencies to educate and test on.
- Document in personnel files
- Reassess through monitoring and annual re-education and testing.

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Infection Control, Medical Director Role

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Components - Infection Control Program

- Risk Assessment
- Program Development and Oversight
- Policies and Procedures
- Infection Preventionist
- Surveillance
- Annual Review
- Linen
- Documentation
- Monitoring
- Data Analysis
- Communicable Disease Reporting
- Education
- Antibiotic Review and Stewardship

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Infection Control Program Development and Oversight: Personnel

- Facility Ov*ersight and Collaboration* needs to include:
- Team
  - Infection Preventionist,
  - Administrator,
  - Director of Nursing
  - Medical Director or designee

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Infection Communication

- How are your interdisciplinary team members made aware of infections/outbreaks/isolation precautions
- Create systems for communication
- How can you substantiate your system is effective
- 72 Hour Antibiotic Time Out

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Medical Director Roles & Responsibilities

- Advisory
- Criteria for identifying infections
- How to distinguish facility acquired from community-acquired
- Appropriate surveillance activities
- Data collection instruments
- Antibiotic usage
- Surveillance forms

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Accident prevention, Quality of Life

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Substantiate Safety in Your Program

This includes systems and processes to:

- *Identify* hazard(s) and risk(s);
- *Evaluate* and analyze hazard(s) and risk(s);
- *Implement* interventions to reduce hazard(s) and risk(s); and
- *Monitor* for effectiveness and modify approaches as indicated.
- Residents receive supervision and assistive devices to prevent avoidable accidents

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The Overall Safety System

- Resident Directed
  - Approach addresses risks for individual residents
- Facility Centered
  - Approach addresses risks for groups of residents
- Culture of Safety
  - Blameless reporting of safety concerns

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What was found in previous surveys????

- Expired medications in medication and treatment carts
- Use of expired wound dressings used on residents
- Insulin vials not dated when opened
- Nutritional drink expired
- Narcotic Check Sheet was not signed at shift change
- Nebulizer masks and medication cups dirty and open to air on bedside table
- Central line and IV line dressing changes not consistent with MD orders or facility policy
- Hand hygiene not performed according to standard of care
- Medications signed out on the Controlled Drug Record but not on MAR

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F761: Storage of Drugs and Biologicals

"(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments

under proper temperature controls, and permit only authorized personnel to have access to the keys

(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in

Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except

when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected."

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Behavioral Services

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_____

Behavioral Health Services (483.40)

- Each resident must receive and the facility must provide the necessary behavioral health care and services.
- Behavioral health encompasses a resident's whole emotional and mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders.

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_____

Behavioral Health Services cont.

- ACTIONS:
  - The facility must have **sufficient staff** who provide direct services to residents with the **appropriate competencies and skills sets** to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with § 483.70(e).
  - These competencies and skills sets include, but are not limited to, **knowledge of and appropriate training and supervision** for:
    - Caring for residents with mental and psychosocial disorders, as well as residents with a **history of trauma and/ or post-traumatic stress disorder,** that have been identified in the facility assessment

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Behavioral Health Services cont.

- Actions cont.
  - **Develop and implement process** to **assess** staff competencies and skills sets as related to caring for residents with a **history of trauma** and / or **post-traumatic stress disorder**
  - **Review all Policies & Procedures** regarding staff training for disease process and ensure that PSTD is included.

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Trauma informed care

  - The facility must ensure that residents who are **trauma survivors** receive <u>culturally competent</u>, <u>trauma-informed care</u> in accordance with professional standards of practice and accounting for <u>residents' experiences </u>and preferences in order to <u>eliminate</u> or <u>mitigate triggers</u> that may cause <u>re-traumatization of the resident.</u>

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_____

Trauma informed care cont.

- Trauma-informed practice incorporates assessment of trauma and trauma symptoms into all routine practice;
- It also ensures that clients have access to trauma-focused interventions, that is, interventions that treat the consequences of traumatic stress.
- Generally, trauma-informed practice is organized around the principles of safety/trustworthiness, choice/collaboration/empowerment, and a strengths-based approach.

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_____

Trauma informed care cont.

- ACTION:
  - Modify Social Service / nursing **assessment** so it contains questions to determine if there is trauma history (or research of medical record history)
  - Modify Care Plan **Policy & Procedure** to include Trauma Informed Care is addressed in care planning
  - If possible add trauma informed care focuses, goals and interventions to **care plan library**
  - Ensure that every staff member, from the receptionist to the executive director, **understands/trained** regarding trauma and trauma reactions.

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Abuse Reporting, Care Planning

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Reporting Incidents

- There is a two hour window for reporting to the Administrator, State Survey Agency, Adult Protective Services and other officials in accordance with State Law
- REMEMBER if a resident suffers serious bodily injury due to neglect, exploitation , mistreatment or an injury of unknown source it is 2 hours.

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RECAPITULATION - Update your Admission Process

- This includes Diagnosis, course of illness/treatment or therapy, pertinent lab results, and that arrangements have been made with other providers for the resident's follow-up care.
- Requires facilities to reconcile all pre-discharge medications with the resident's post-discharge medications as part of the discharge summary.

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Base Line Care Plan

- Must :
  - Be developed within 48 hours of a resident's admission
  - Include the minimum healthcare information necessary to properly care for a resident
  - Must include at a minimum:
    - Initial goals based on admission orders
    - Physician Orders
    - Dietary orders
    - Therapy orders
    - Social Services
    - PASARR recommendations

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Base Line Care Plan Check List

- Reason for Admission
- Advanced Directives
- Discharge Plan
- Special Conditions (PASARR 2)
- Emergency Preparedness
- Dressing Bathing Grooming
- Mobility
- Toileting
- Skin
- Communication
- Fall Prevention
- Adjustment / Behaviors/ Mood
- Cognition
- Comfort / Pain

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Base Line Care Plan cont.

- The Following Categories need to be addressed according to the individual resident's needs and orders :
  - **Cultural Preferences**
  - **Restraints and Alarms**
  - **Special Conditions (Be sure all the appropriate interventions are selected as they were written to meet the regulations)**
    - **Dialysis**
    - **DM (Diabetes)**
    - **Hospice**
    - **Pneumonia**
    - **Respiratory**
    - **Other (Mixture of conditions and interventions)**
    - **Vent/Trach/Respirator**
- Summary of Medications
  - **Medications & Treatments**
- Dietary Instructions
  - **Diet/Eating**

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Additional Comments

- Bed Holds
  - Policy reviewed on admission
  - Form signed when resident leaves / phone call to family and then get form signed
  - Add to top of form that you are using :
    - Give a copy to the resident and
    - A copy to the resident's representative
- PASARR
  - Be persistent in getting these
  - Keep a log so you can track them
  - Document in chart your attempts to receive this form

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Resident/Resident's Representative

- Must be provided with a summary of the baseline care plan that includes at a minimum:
  - The Initial Goals of the resident
  - A summary of the resident's medications and dietary instructions
  - Any services and treatments to be administered by the facility personnel
  - If Base Line Care is updated it needs to be shared with them
  - Need to sign that they have reviewed the care plan

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The Comprehensive Care Plan

- Facility must develop and implement a comprehensive person- centered care plan for each resident;
  - Consistent with the resident rights
  - Include measurable objectives and timeframes
- To meet a resident's medical, nursing and mental and psychosocial needs that are identified in the comprehensive assessment (MDS)

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The Comprehensive Care Plan cont.

Together with the Resident & Resident's Representative Determine

- The resident's goals for admission and desired outcomes
- The resident's preferences and potential DC
- Discharge plan
- Developed within 7 days of signing off CAAs
- Prepared by the Interdisciplinary team /attending Care Conference
  - Attending Physician
  - A registered nurse with responsibility for the resident
  - A nurse aide with responsibility for the resident
  - A member from dietary
  - A member of the activity department
  - Social services personnel
  - The resident if practicable
  - The resident's representative if possible
- Need to sign that they have reviewed the care plan

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The Comprehensive Care Plan cont.

- Updated after each OBRA MDS assessment
- Updated as resident's plan or services changes
- Must meet professional standards of quality
- Be provided by qualified personnel
- Be culturally competent and trauma - informed

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Audits

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_____
_____
_____
_____
_____
_____
_____
_____

Remember DATA

- D – What will you Direct
- A- How will You Assess (AUDITS)
- T- Take a look at your Training
- A- Hold yourself Accountable- Discuss with your Administrator, Medical Director and Consultant Nurse

- One Day at a Time

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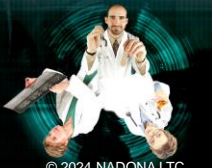
Audits and Performance Improvement Plans (PIPs)

- What kind of Audits do you do?
  - Medical Record
    - Assessments
    - MDS
    - Physician Orders
    - Infection Control
    - Progress Notes
    - Care Plans

- Discuss opportunities to improve with a PIP
  - When do you initiate a PIP
  - What's an AD HOC review?

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_____
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55

AWHIP

- A   Accidents
- W   Weights
- H   Hydration
- I   Incontinence /Infections
- P   Pain or Pressure areas

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_____
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_____

AWHIP daily focus
56

- **Monday** A – all residents that had an injury of unknown origin, or accident in the past week has their Person Centered Care Plan reviewed to validate implementation of new interventions and that the interventions have been evaluated for effectiveness
- **Tuesday** W– Review all weights and validate scale calibration Review five meal intake sheets for accuracy

WHIP IT

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_____
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_____

57   **AWHIP cont.**

- **Wednesday**- H - Hydration audit for water pass and fluid intake
- Anyone on I&O has been evaluated
- Check Ice Machine for cleanliness

- **Thursday** – I - Incontinence and Infection look at your trends any outliers, validate antibiotic start and stop dates
- Any catheters need to be discontinued five peri- care audits

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AWHIP cont.

58

- **Wednesday**- H - Hydration audit for water pass and fluid intake
- Anyone on I&O has been evaluated
- Check Ice Machine for cleanliness

- **Thursday** – I - Incontinence and Infection look at your trends any outliers, validate antibiotic start and stop dates
- Any catheters need to be discontinued five peri- care audits

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AWHIP cont.

59

- Friday – P -Pressure and Pain
- Review healing of all pressure ulcers any new facility acquired pressure ulcers need root cause analysis with action plan to prevent recurrence

- Pain - check all pain scales to insure residents receiving pain meds and that adequate medication is in-house for weekend coverage

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Available Resources

- Facility Assessment Tool
- Infection Risk Assessment
- Daily Rounds Tool
- List of revised F-Tags
- Regulations That Reference Facility Policies
- CLINICAL NURSING SKILLS SELF ASSESSMENT FORM
- Report of Nursing Staff Directly Responsible For Resident Care (Posting)

- Which one is most helpful?

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References

- https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf
- https://achca.memberclicks.net/assets/Convo2018/1203.%20Tag,%20You%20Are%20it%20Review%20of%20Appendix%20PP,%20Regulations,%20and%20Guidance%20on%20F-Tags.pdf
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