Quality of Care

Tube Feeding, Dialysis, Bowel/Bladder incontinence, Catheter, UTI; Pain Management, Respiratory, Rehab & Restorative, Positioning-Mobility-ROM

LeadingAge PA and PADONA

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Presenters

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Disclaimer

Disclaimer:

- The information included in this presentation was current at the time that it was developed. Medicare policy changes frequently so there may be changes to what is included here after this session is completed.

Objectives

- Learners will be able to identify the elements of the regulatory requirements for each F Tag
- Learners will be able to identify facility responsibilities related to the clinical areas
- Learners will be able to recognize the requirements from the SOM Appendix PP

Regulation F 693

- § 483.25 (g) Assisted nutrition and hydration
  - Includes naso-gastric and gastrostomy tubes, both, percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids

Regulation F 693

- §483.25 (g) (4)-(5) Enteral Nutrition
- Based on a resident's comprehensive assessment, the facility must ensure that-
  - §483.25 (g) (4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and

Regulation F 693

- §483.25 (g) (5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers

Critical Element Pathway

- Surveyors will obtain through observations, interviews, record review
  - How do staff involve resident in plan of care- goals & approaches?
  - How do staff ensure interventions reflect choices?
  - What did facility do to maintain oral intake?
  - What did staff tell you about the benefits and risks?
  - What significant physical, functional, or psychosocial changes have occurred?
  - Has tube dislodged? How?

Critical Element Pathway

- What was cause of decrease intake/weight loss or impaired nutrition?
- What are specific care needs for resident (positioning, personal care, insertion site care, feeding?)
- How do you ensure the care plan is implemented correctly?
- How or when does facility reassess resident for continued necessity of the tube?
- What would you do if a resident requests food or fluids and they are NPO?
- Are staff comfortable and competent in providing care, i.e. adequate training?

Critical Element Pathway

- Care Plan-order for tube feeding; oral care; alternatives if resident refuses or resists staff interventions to consume food, fluids or enteral feedings;
  - Monitoring intake of foods and fluids daily and reporting of deviations
  - Are weights monitored? What if weights fall out of usual body weight parameters?
  - Are we using rehab or restorative interventions and specific measures to improve functional skills
  - Interventions to prevent complications
  - Were meds reviewed that are known to cause drug/nutrient interaction, having side effects affecting food intake or enjoyment like affecting taste or causing anorexia?
  - If a resident was admitted with a tube feeding, does Baseline care plan address needs?
  - Was a significant change in assessment completed on a resident with a new feeding tube?

Critical Element Pathway

- When does staff initiate, continue, terminate feedings?
- Does resident's level of alertness and functioning permit oral intake?
- How do staff minimize complications risks such as aspiration, leaking around the insertion site, intestinal perforation, abdominal wall abscess or erosion at site
- Interventions to minimize negative psychosocial impact?
- Provide oral care
- Check tube placement- facility protocols
- Head-of-bed elevated at least 30 degrees during feeding and 30-60 minutes after
- Standards precautions and clean techniques used

Critical Element Pathway

- Ensure that dressing at the site and tube are clean
- Is the right feeding used, type, rate, volume, and duration of feeding per MD orders and manufacturer's recommendations followed?
- Checking residuals per policy and notifying physician
- Ensure H2O flushes are administered per orders
- Storage of feeding syringe- rinsed after use- includes resident name and time opened- disposed in 24 hours
- How are medications administered via the tube? Are staff following physician's orders and standards of practice?

Feeding Tube Policies

- Must be developed and implemented, and address:
  - How to verify that the tube is functioning before beginning a feeding and before administering medications.
  - Care of the tube
  - Feeding tube replacement. Direction for staff regarding the conditions and circumstances under which a tube is to be changed
  - Nutritional Aspects of tube- Enteral Feeding & Flow
  - Complications related to feeding tube such as interactions with meds, clogging of tube

Respiratory Care
F 695 §483.25 (i)

Regulation F 695

- § 483.25 (i) Respiratory care, including tracheostomy care and tracheal suctioning.
- The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart

Regulatory Guidance

- The Minimum data Set (MDS) identifies most frequent respiratory diseases/syndromes common to our residents admitted
  - Pneumonia
  - Asthma
  - COPD
  - Chronic lung disease

Regulatory Guidance

- Various modalities/treatments for respiratory care
  - Oxygen therapy
  - Respiratory treatments/therapy
  - Use of BiPAP/CPAP
  - Tracheostomy and/or suctioning
  - Some facilities- chest tubes and mechanical ventilation

Regulatory Guidance

- Based on Facility Assessment, resident population, diagnosis, staffing, resources and staff knowledge/skill level, facility must:
  - Determine capability and capacity to provide care and services for the needed respiratory care
  - Need sufficient numbers of qualified professional staff
  - Established resident care policies
  - Trained staff

Resident Care Policies

- Must have policies and procedures in place based on the respiratory care and services provided
  - O2 services
  - Types of therapy exercises- deep breathing, cough, therapeutic percussion/vibration and brochopulmonary drainage
  - Aerosol drug delivery systems (nebulizers/metered-dose inhalers
  - BIPAP/CPAP treatments
  - Mechanical ventilation/trach care
  - Emergency Care

Critical Element Pathway

- Surveyors will obtain through observations, interviews, record review
  - Physician orders (nebulizers, trach or vent interventions, times of administration, parameters for pulse oximetry
  - Pertinent diagnosis for treatment
  - Care Plan (respiratory treatment & care, possible complications, communication, advance directives, equipment functioning and cleaning
  - Procedures for emergencies

Critical Element Pathway

- Does staff perform hand hygiene before & after care or contact with respiratory equipment?
- Appropriate PPE used?
- **Oxygen**
  - Method of delivery
  - How do staff intervene if resident has anxiety, distress or discomfort?
  - What types of precautions are observed (proper handling of O2 cylinders)
  - Are “No Smoking” signs present where oxygen is administered
  - How do staff clean and sanitize equipment, tubing, and humidifier?

Critical Element Pathway

- Observation
  - Are sterile solutions (water, saline) used for nebulization
  - Single dose vials for one resident
  - Multi-dose vials- manufactures instructions followed for handling, storing, dispensing
  - Jet nebulizers only used for 1 resident then cleaned and stored per facility policy (rinse & air dry)
  - Mesh nebulizers that remain in ventilator circuit cleaned, disinfected, changed at intervals recommended by manufacture
  - Are neb/drug combination systems cleaned and disinfected according to manufacturer's instructions?

Critical Element Pathway

- Observation
  - Are the breathing exercises, percussion, pulmonary drainage ordered and provided as written?
  - How do staff assess resident's condition before and after treatment?
  - Mechanical Ventilation/Tracheostomy
    - Sufficient numbers trained competent staff consistent with State acts / laws
    - Who is authorized to perform each type of respiratory care service
    - How do staff respond to residents needs, anxiety, distress or discomfort?
    - Condition of resident's oral cavity
    - Ventilator settings, availability of power sources
    - How do staff respond to alarms

Critical Element Pathway

- Observations
  - Condition of trach site
  - Changing a trach tube- trained, qualified, competent staff
  - How do staff respond if there are signs of obstructed airway or need suctioning
  - Suction equipment clean, in working order, emergency power immediately available
  - Positioning
  - Sterile water used to fill humidifiers
  - Sterile fluid to remove secretions
  - How are machines or equipment maintained, cleaned, disinfected

Critical Element Pathway

- Interviews
  - Resident, Resident Representative, Family
  - Staff nurse, DON, Respiratory Staff
    - Who provides the care?
    - Who provides supervision?
    - Special procedures- blood gases, blood pressure, respiratory rate
    - When and what type of training has been provided, by whom, and how often competencies assessed?
    - Who do you communicate changes to?
    - Who is responsible to assure machines and equipment are in proper working order, maintained, cleaned, disinfected?
    - Describe infection control practices for respiratory care

Critical Element Pathway

- Record review
  - Does resident's assessment reflect the status impacted by respiratory care needs
  - Care plan
    - Comprehensive?
    - Identify all care needs?
    - Identify all potential complications?
    - Identify specific monitoring-vent settings, type & size of airway
    - Specific complications- unplanned extubation, Aspiration & potential; for respiratory infection, DVT due to immobility,
  - Presence of documentation for all aspects of mechanical ventilation care
    - Notification of physician immediately for significant changes in condition

Positioning, Mobility, & Range of Motion
F 688 § 483.25

Regulation

- § 483.25 (c) Mobility
  - § 483.25 (c) (1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and
  - § 483.25 (c) (2) A resident with limited range of motion receives appropriate treatment and services to increase ROM and/or prevent further decrease in ROM

Regulation

- § 483.25 (C) (3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable
- To review the impact of the physical, mental, and/or psychosocial aspects of the resident's ability to maintain, improve or prevent avoidable decline in ROM and mobility, the surveyor must review the provision of care and services and implementation of interventions under this tag

Regulatory Guidance

- Assessment for ROM/Mobility
  - Comprehensive assessment should include and measure, as appropriate, resident's current extent of movement of the joints and the identification of limitations for ROM and current mobility status
  - Should address if previously received treatment & services for ROM or mobility were provided
  - Assessment should address if ROM and mobility limitations are present and if services are not provided, the reasons why services are not provided

Regulatory Guidance

- Resident-specific comprehensive assessment should identify individual risks which could impact resident's ROM
  - Immobilization
  - Neurological conditions
  - Conditions that result in pain or muscle spasms
  - Immobilized limbs or digits
- Mobility
  - MDS tool provides assessment
  - Do risk factors for ROM impact mobility

Care Plan

- Base on Comprehensive Assessment
  - Include specific interventions – exercise, therapy, RNP
  - Have measureable goals
  - Address complications, risks related to decreased ROM and mobility- DVT, deconditioning, respiratory or circulatory problems, pain, unsteady gait & balance increasing falls risks
  - Resident and/or representative must be included in care plan development
  - Must identify current capabilities
  - Does the care plan reflect current condition

Critical Element Pathway

- Review of MDS and medical record
- Physician orders- therapy, RNP, pain management, mobility and positioning devices
- Care Plan- resident-specific and implemented
- Observation of staff and care provided, positioning of resident, can resident reach meal tray adequately and safely, cleanliness of devices, contracted areas is skin clean and odor free, any skin problems from devices

Critical Element Pathway

- Resident, Representative, or Family may be asked about improvements or declines in ROM, mobility or positioning, pain present, encouraged to participate
- Nurse aide or Restorative aide may be asked of risk factors for declines, equipment and devices needed, amount of time required, presence of pain, any skin issues,
- Licensed nurse and DON may be asked if resident was assessed, are there physical or cognitive limitations that influences ability, does resident refuse, were interventions in place to prevent contracture before it occurred?
- Therapy staff may be asked when they started working with resident, does resident actively participate

Critical Element Pathway

- A decline in ROM/mobility or positioning may occur even with ongoing assessment, appropriate resident-specific care planning and ongoing preventive care
  - Documentation MUST reflect the attempts made by the facility to implement the plan of care and revise interventions as needs change. This may be an unavoidable decline

Specialized Rehabilitative Services
F 825 §483.65

Regulation

- §483.65 (a) Provisions of services – if specialized rehabilitative services such as but not limited to physical therapy, speech-language pathology, occupational therapy, respiratory therapy, and rehabilitative services for mental illness and intellectual disability or services of a lesser intensity as set forth at §483.120 (c), are required in the resident's comprehensive plan of care, the facility must-
  - §483.65 (a) (1) Provide the required services
  - §483.65 (a) (2) In accordance with §483. 70 (g) obtain the required services from an outside resource that is a provider of specialized rehabilitative services and is not excluded from participating in any federal or state health care programs pursuant to section 1128 and 1156 of the Act

Regulatory Guidance

- Ensure that every resident receives specialized rehabilitative services as determined by their comprehensive plan of care to assist them to attain, maintain, or restore their highest practicable level of physical, mental, functional, and psychosocial well being.
- The intent is also to ensure that residents with a Mental Disorder (MD), Intellectual Disability (ID) or a related condition receives services as determined by their Preadmission Screening and Resident Review (PASARR)

Regulatory Guidance

- Restorative services are not considered Specialized Rehabilitative Service as referenced in section O of the MDS/RAI manual-

Critical Element Pathway

- Sections of the MDS- Section C- cognitive, G- Functional Status, H- Bowel and Bladder , J- Health conditions – Pain, O- Special treatment/Proc/Prog- Therapies, and Restorative Nursing Programs
- Observations may be made of resident in therapy for services provided per orders and care plan
- How is resident encouraged to participate, staff interaction, staff assistance needed, assistive devices used to maximize independence, is pain experienced during therapy?

Critical Element Pathway

- Resident/Family may be asked how were you informed that therapy was needed? Who discussed treatment plan? Were you able to give input to plan and goals? Are the services helping?
- Staff may be asked how they were trained on resident's therapy or restorative program needs? Were any therapy or RNP in place before a decline? How is resident educated on assistive devices?
- Record review- is therapy and/or restorative provided per plan of care, were changes in resident's status correctly identified and communicated with resident, staff, and attending physician?

Pain Management

F 697 §483.25 (k)

Regulation

- §483.25 (k) The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences

Regulatory Intent

- Based on the comprehensive assessment of the resident, the facility must ensure that residents receive the treatment and care in accordance with professional standards of practice, the comprehensive care plan, and the resident's choices, related to pain management
  - Recognizes when resident is experiencing pain and identifies circumstances when pain can be anticipated
  - Evaluates existing pain and the cause(s)
  - Manages and prevents pain

Critical Element Pathway

- Surveyors will obtain through observations, interviews, record review
  - Is resident exhibiting signs of pain- verbal or non-verbal
  - Does pain affect function and ability to participate in care and activities?
  - Does staff evaluate the effectiveness of interventions
  - Is pain anticipated before care and services are provided- wound care, therapy?
  - How do staff respond to reports of pain?
  - How do staff respond if the pain is not reduced or consistent with resident goals?
  - How long does the resident wait for PRN pain medication after requesting it?

Critical Element Pathway

- How are presence of adverse events related to opioid medications or consequences monitored? Were they anticipated?
- How often is pain regimen reviewed?
- Is attending physician updated when interventions are not effective? Is it timely?
- How does facility and hospice collaborate for residents under hospice benefits? Communicate with each other?
- What non-medication interventions are used?

Dialysis

F 698 §483.25 (l)

Regulation

- §483.25 (l) Dialysis – The facility must ensure that residents who require dialysis receives such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences

Regulatory Intent

- Facility assures that each resident receives care and services for the provision of hemodialysis and/or peritoneal dialysis consistent with professional standards of practice including the:
  - Ongoing assessment of resident's condition and monitoring for complications before and after dialysis treatments at a certified dialysis facility
  - Safe administration of hemodialysis at the bedside and/or peritoneal dialysis in the nursing home provided by qualified trained staff/caregivers, in accordance with State and Federal laws and regulations
  - Ongoing assessment and oversight of resident before, during, and after treatments
  - Ongoing communication and collaboration with the dialysis facility regarding dialysis care and services

Regulatory Intent

- Nursing home must inform each resident before or at the time of admission, and periodically thereafter of dialysis services if available in the nursing home
- Two options for nursing home residents to receive dialysis:
  - Medicare Certified Dialysis Facility- either transporting to and from an off-site facility or transporting to a location within or proximate to the nursing home building which is dedicated for and separately certified as a dialysis facility providing in-center dialysis; and/or Dialysis in a Nursing Home Receive home hemodialysis (HHD) or peritoneal dialysis (PD) treatments in the nursing home, by trained and qualified staff who have received training and competency from the dialysis facility

Critical Element Pathway

- Surveyors will obtain through observations, interviews, record review for residents receiving dialysis at a Certified Dialysis Facility
  - Assess and document vital signs, obtain weights if ordered and communicate this information including resident status to the dialysis center
  - Provide safe transportation
  - Administer meds and meals before or after dialysis
  - Monitor the vascular access and assess for complications such as infection, bleeding, hypotension

Critical Element Pathway

- For a resident receiving HHD or PD in the nursing home
  - Dialysis trained and qualified staff providing the prescribed treatment and dressing changes
  - Ongoing monitoring during the treatment
  - Meds administered as ordered
  - Staff used appropriate cleaning procedures for furnishings and equipment contaminated with blood or body fluids
  - Emergency supplies available
  - Is there a roommate and any concerns with communicable diseases?
  - Is there privacy if there is a roommate?
  - Availability of bio-hazard waste disposing including needles, tubing,etc?
  - Safe, secure, sanitary storage, handling and access of equipment & supplies

Critical Element Pathway

- Choices and preferences with advance directives
- Does the record reflect coordination and collaboration with the dialysis facility including exchange of pertinent information?
  - Maintaining fluids restrictions and diet
  - Weight
  - Any changes in status including anxiety, confusion, behavioral s/s, pressure ulcers,
  - Code status
  - Adverse reactions at dialysis facility
- Is there a comprehensive person-centered care plan with measureable objectives to meet the medical, nursing, mental, and psychosocial needs of the resident while including their goals and preferences?

Bowel/Bladder Incontinence, Catheter, UTI

F 690 § 483.25

Regulation

- §483.25 (e) Incontinence
- §483.25 (e) (1) The facility must ensure that a resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain
- §483.25 (e) (2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-
  - (i) a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;

Regulation

- (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary and
- (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible

- §483.25 (e) (3) For a resident with fecal incontinence, based on the comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possibl

Intent of Regulation

- Ensure that:
  - Each resident who is continent of bladder and bowel receives necessary services and assistance to maintain continence, unless it is clinically not possible
  - Each resident who is incontinent of urine is identified, assessed and provided appropriate treatment and services to achieve or maintain as much normal bladder function as possible
  - A resident who is incontinent of bowel is identified, assessed and provided appropriate treatment and services to restore as much bowel function as possible

Intent of Regulation

- An indwelling catheter is not used unless there is valid medical justification for catheterization and the catheter is discontinued as soon as clinically warranted
- Services are provided to restore or improve normal bladder function to the extent possible, after the removal of the indwelling catheter; and
- A resident, with or without an indwelling catheter, receives the appropriate care and services to prevent UTI to the extent possible

Critical Element Pathway

- Surveyors will obtain through observations, interviews, record review
  - Does staff use appropriate hand hygiene, PPE, when providing toileting and incontinent care
  - Are care plan interventions provided
  - How staff responds to requests for bathroom assistance, timely assistance?
  - Sufficient fluids provided?
  - If incontinent-how long was resident wet, soiled clothing and linens?

Critical Element Pathway

- Appropriate hygiene cleansing, rinsing, drying, applying protective moisture barriers to prevent skin breakdown and to prevent UTIs; and
- Was call bell within reach?
- Was adaptive equipment provided- raised toilet seat, grab bars, urinals, bedpans, special clothing, toileting schedules?
- Residents and family members may be asked how long resident was incontinent? Do staff provide timely assistance?
- Staff training on providing continence programs, skin care, or use of assistive devices?

Critical Element Pathway

- If continence has declined, what changes have been made?
- Has therapy evaluated as appropriate?
- Has resident declined interventions?
- Does facility adequately assess and identify continence history? Patterns of incontinence- daily voiding /elimination patterns, clinical conditions?
- Does care plan identify incontinence interventions, programs, resident choices and preferences?
- Has the type of incontinence been identified-stress, urge, overflow, mixed, functional, transient?

Critical Element Pathway

- Is Foley cath care provided using appropriate technique and infection control practices?
- Is the tubing free of kinks and secured properly, tubing off the floor, collection bag lower than the bladder?
- How are urine samples obtained?
- Is catheter changed per present standards of care practices?
- What assessment tools or management algorithms are used for ATB use?
- Is there a valid clinical indication for the catheter?

Critical Element Pathway

- Care Plan-
  - Does the care plan identify potential complications for incontinence and use of a Foley Catheter?
  - Is the resident on an individualized plan that was identified through the assessment process? Is the toileting plan followed?

Questions


Thank you . . .