2026 Annual PADONA Conference

Foundational Systems For Success

Building the Core Systems Every Nursing Home Needs

PADONA
PENNSYLVANIA ASSOCIATION OF DIRECTORS OF NURSING ADMINISTRATION

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We Exist to Make a Difference in Every Life We Touch

Objectives

1

Describe key foundational systems to monitor clinical systems and quality outcomes.

2

Explain how key foundational systems can be incorporated into daily clinical operations to achieve and sustain compliance

3

Explore the process framework for monitoring quality thru QAPI and how the key systems can assist in process improvement initiatives and ongoing quality monitoring

4

Describe how foundational systems and structure can impact risk mitigation

Foundation and Structure Defined

Foundation

- A ***basis*** (such as a tenet, principle, or axiom) ***upon which something stands or is supported; an underlying base or support***
- A body or ground upon which something is built up or overlaid

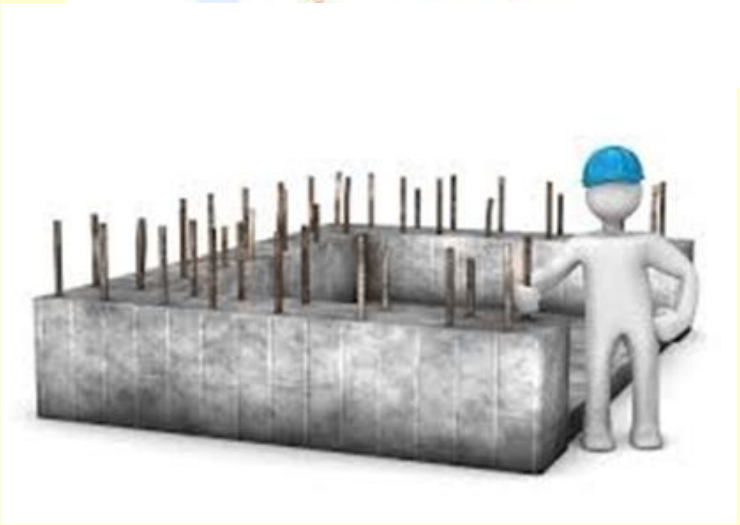
Structure

- Organization of parts as dominated by the general character of the whole
- Coherent form or organization
- *The aggregate of elements of an entity in their relationships to each other*

How STRONG is your Foundation?

WHAT RESONATES WITH YOU THE MOST ABOUT YOUR FACILITY FOUNDATION OR STRUCTURE?

The first building block = cornerstone



The Cornerstone is the foundation stone or setting stone

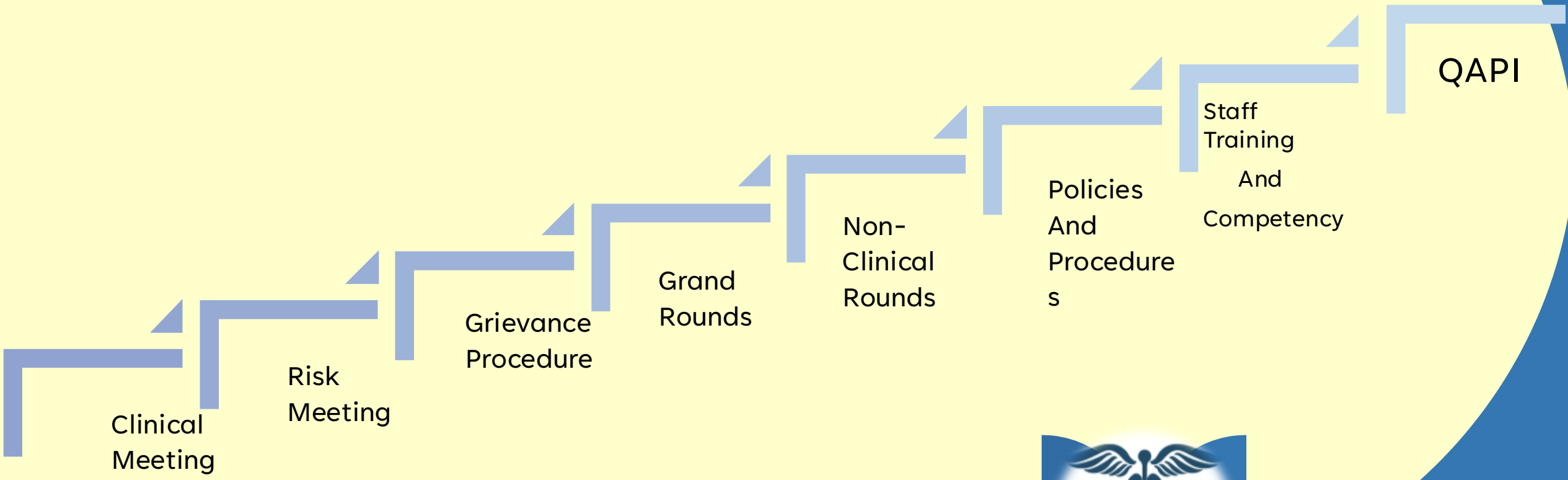
The Cornerstone is the first stone set in the construction of a foundation.

All other stones are set in reference to this stone

The Cornerstone determines the position of the entire structure

Leadership IS the Cornerstone

ESSENTIAL BUILDING BLOCKS



CLINICAL LEADERSHIP –MORNING MEETING

DAILY CLINICAL MEETING

- INTERDISCIPLINARY PROCESS
- ASSIGNMENTS WITH BACK-UP
- LEVERAGE TECHNOLOGY
- MONITOR QUALITY
- MONITOR PRACTICE GAPS
- IDENTIFY AREAS REQUIRING FOLLOW UP
- REVIEW CLINICAL DASHBOARDS

Clinical Meeting Objectives

- Validation system implemented
- Validate Policy and procedure implementation
- Audit
- Confirm Care Plan Updates
- Review Supportive Documentation
- Confirm Standard of Care being met
- Validate Order Implementation
- Compliance
- Mitigate Risk

Clinical Meeting Agenda

- Elimination Status
- Weight Loss
- Decreased appetite
- Change in Condition
- Falls / Investigations
- New skin concerns
- Psychosocial Changes
- Medication Errors
- Change in Vital Signs
- New Medication
- Change in High-Risk
- New Treatment

- Mood and Behavior Changes
- Follow up Consultant Visits
- Abnormal Labs
- Physician visits
- Code Status
- Psychoactive Medications
- Pain Management
- New Admissions / Readmissions
- Medication Reconciliation

Clinical Meeting Reports

- Progress Notes
- Weight changes
- Behaviors
- Missed or Late Medications
- Documentation Compliance
- Late or Missed Assessments
- Risk Management Reports

Clinical Meeting Impact

- Compliance with Federal and State Regulatory requirements
- Quality of Care
- Quality of Life
- Reduce Rehospitalization
- Resident Behavior and Facility Practices
- Risk Mitigation for Litigation
- Quality Monitoring for Process Improvement
- Plan of Correction Monitoring
- Customer Satisfaction
- Compliance with Ethical and Legal Standards
- Standards of Care

Risk Meeting

Weekly Interdisciplinary Meeting

Review High Prone / High Risk Areas

- Weights
- Wounds
- Falls
- Restraints

PROACTIVE

Validate risk area has been addressed and supportive documentation and follow up is recorded

Validate the plan of care is updated and current

Observe and validate the care plan interventions are in place

Validate there is documentation to support the interventions are in place

Identify any gaps in process and policy

Utilize CASPER reports to audit residents triggering for current assessment and care planning interventions

Risk Meeting Impact

VALIDATES THAT QUALITY-OF-CARE COMPLIANCE IS ACHIEVED AND MAINTAINED

MITIGATES RISK

RESIDENT ATTAINS AND MAINTAINS HIGHEST PRACTICABLE WELL BEING

IDENTIFIES GAPS TO IMPLEMENT CORRECTIVE ACTION

CORRECTIVE ACTIONS CAN DRIVE PAST NON-COMPLIANCE

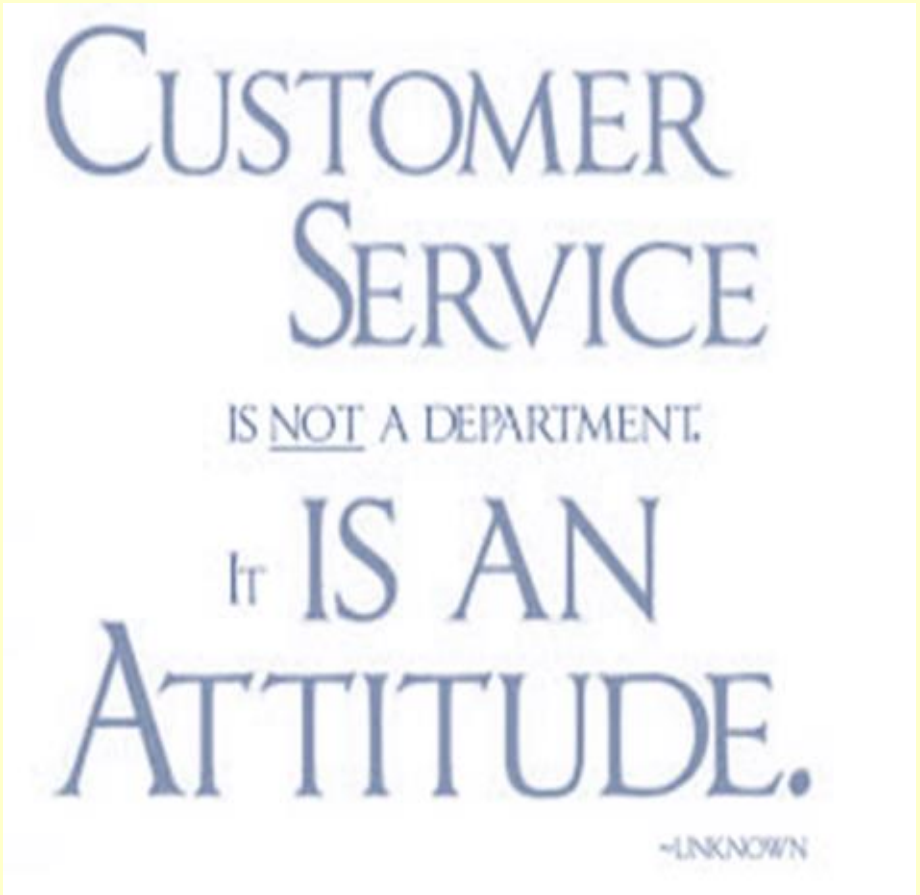
RESOURCE ALLOCATION

Customer Experience – GRIEVANCE PROCESS

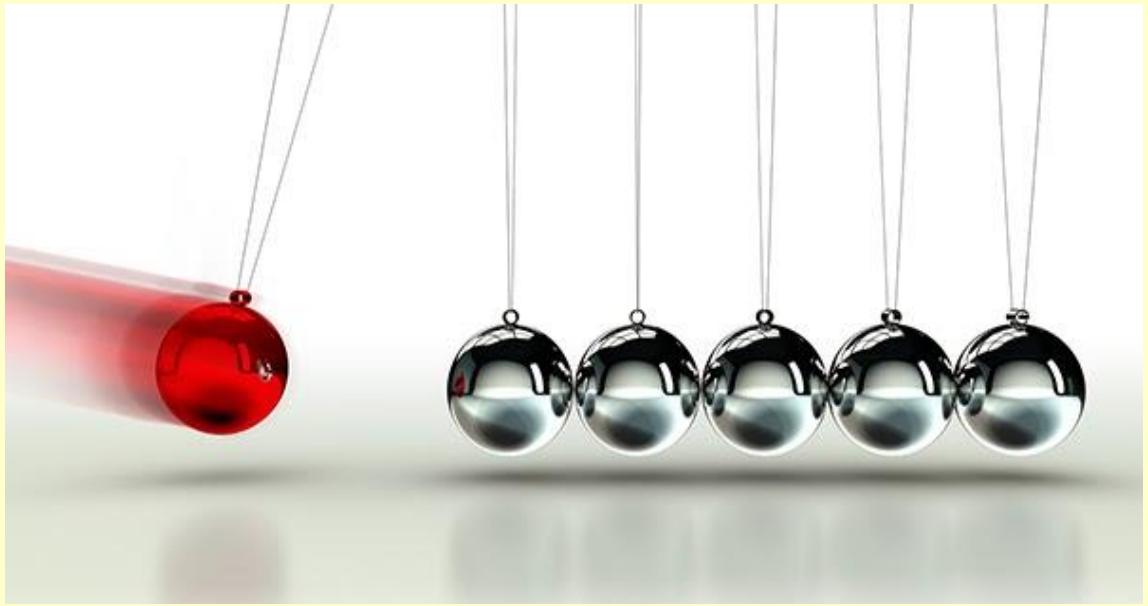
Assigned Process owner and gate keeper

Everyone is responsible for the customer experience and customer satisfaction

- Listen
- Acknowledge
- Apologize
- Investigate
- Initiate
- Follow up
- Monitor



Grievance Process Impact



Grand Rounds

- Person-centered process focused on problem identification and opportunity for improvement
- Collaborative Interdisciplinary Approach to Driving quality
- Routine and systematic based on admission and MDS calendar
- Identify risk areas during GR and develop programs tailored to the individual
- Proactive approach to identify areas of risk and focused on function

Grand Rounds Process

Weekly **interactive, collaborative** IDT meeting focused on the patient

Grand Rounds Process

- Before Grand Rounds – assign IDT jobs & gather information
- During Grand Rounds – interdisciplinary discussion & clinical observation of the patient; referrals and recommendations
- After Grand Rounds – execute IDT recommendations, communicate & follow-up with IDT

Grand Rounds- When?

Short Stay

- First 72-hour baseline assessment
- As needed in conjunction with care plans
- Prior to discharge

Long Stay

- Quarterly
- Upon incident
- Change in condition

Grand Rounds- *How?*

- Assign jobs & duties to IDT – who does what by when?
- Establish a weekly meeting time, who will attend, send calendar invitations – hold IDT accountable!
- Any member of IDT can assume the leadership role for GR
- Determine who will document in the chart during GR – nursing recommended

Determine who will complete the ROM, posture & positioning screen during GR – rehab recommended

Determine who will complete chart reviews, staff interviews, and data trends before GR. [Task should be divided]

Gather all charts and forms needed before GR starts and meeting starts on time.

Grand Rounds- *What*?

- Review reports and data trends – *recommend MDS coordinator*
- Previous MDS assessments
- Quarterly Risk Assessments (falls, smoking, side rail, pain, elopement, skin)
- Rehab screening – ROM, posture, positioning
- ADL scores, weekly weights, QM/QI, BIMS, CASPER
- Medical Chart Review – *recommend rehab*
- Physician orders – looking for trends and unusual activity, labs & x-rays
- Progress reports, consults, nursing notes, review chart cover to cover for last 3 months
- Care plan summaries – review all IDT documentation to get a complete picture
- Staff Interviews – *recommend IDT member with strong interpersonal skills*
- Interview CNAs, restorative aids, hospitality aids, direct line of care, rehab, and family

Key Changes = pain, SOB, anxiety, behaviors, irritability, increase burden of care, obvious staff frustration, decreased activity, social isolation, lethargy, difficulty understanding or communicating, harder to work with, increased odor

Resident Driven

- Use information gathered before Grand Rounds to guide clinical discussion of underlying impairments
- Collaborative, interactive process with patient at the center of the discussion
- What do you see? Consider appearance, positioning, environment, behaviors, demeanor
- What do you hear? What does the patient tell you and what does the IDT tell you about the patient's condition
- What do you smell? Note any unusual odors
- What do you feel? Moving to hands-on assessment should be a part of a comprehensive evaluation

Grand Rounds- Where?

- Considerations:
- Privacy for Dignity & Confidentiality
- Reduce Background Noise
- Ability to assess as much as possible within their environment
- Consider all person-centered functional areas
- Tailor to the individual based on history

Documentation and Recommendations

Documentation completed in real time

Assigned GR documenter will complete a note in the chart with noted impairments, subjective complaints, IDT discussion of observed areas of concern and recommendations

Identify risk areas, collaborate on RCA (root cause analysis) – 5 Whys?

Take blank Telephone Orders and Funding Verifications to complete in real time and give to appropriate IDT member

Recommendations and Referrals

- IDT agrees on recommendations and referrals based on patient's presentation during GR
- Therapy Screens completed and appropriate referrals made to PT, OT, ST based on presentation during GR
  - If underlying impairments are identified, then the next step is evaluation, not another screen.

Grand Rounds Impact

Regulatory Compliance

- Quality of Care
- Quality of Life
- Resident Behavior and Facility Practices
- Resident Assessment
- Comprehensive Care Planning
- Behavioral Health
- Dental Services

5 Star Rating

- Survey Rating
- Quality Measures
- Quality Indicators
- Nursing Home Compare
- Value Based Purchasing – reducing rehospitalizations
- Quality Reporting Program
- Reimbursement

Non-Clinical Rounds

- Interdisciplinary Process
- Assigned Block of Rooms/ Residents
- Completed Daily
- Recorded for review and trending

Cleanliness	Hazard Identification
Equipment	Physical Plant
Call bell accessibility and response	Resident satisfaction
Maintenance Concerns	Risk Mitigation

Non-Clinical Rounds Impact

- Improved Resident safety
- Improved Department Safety
- OSHA compliance
- State and Federal Regulatory Compliance
  - Accidents and Hazards
  - Call bells
  - Physical Environment
  - Infection Control
  - Resident Rights

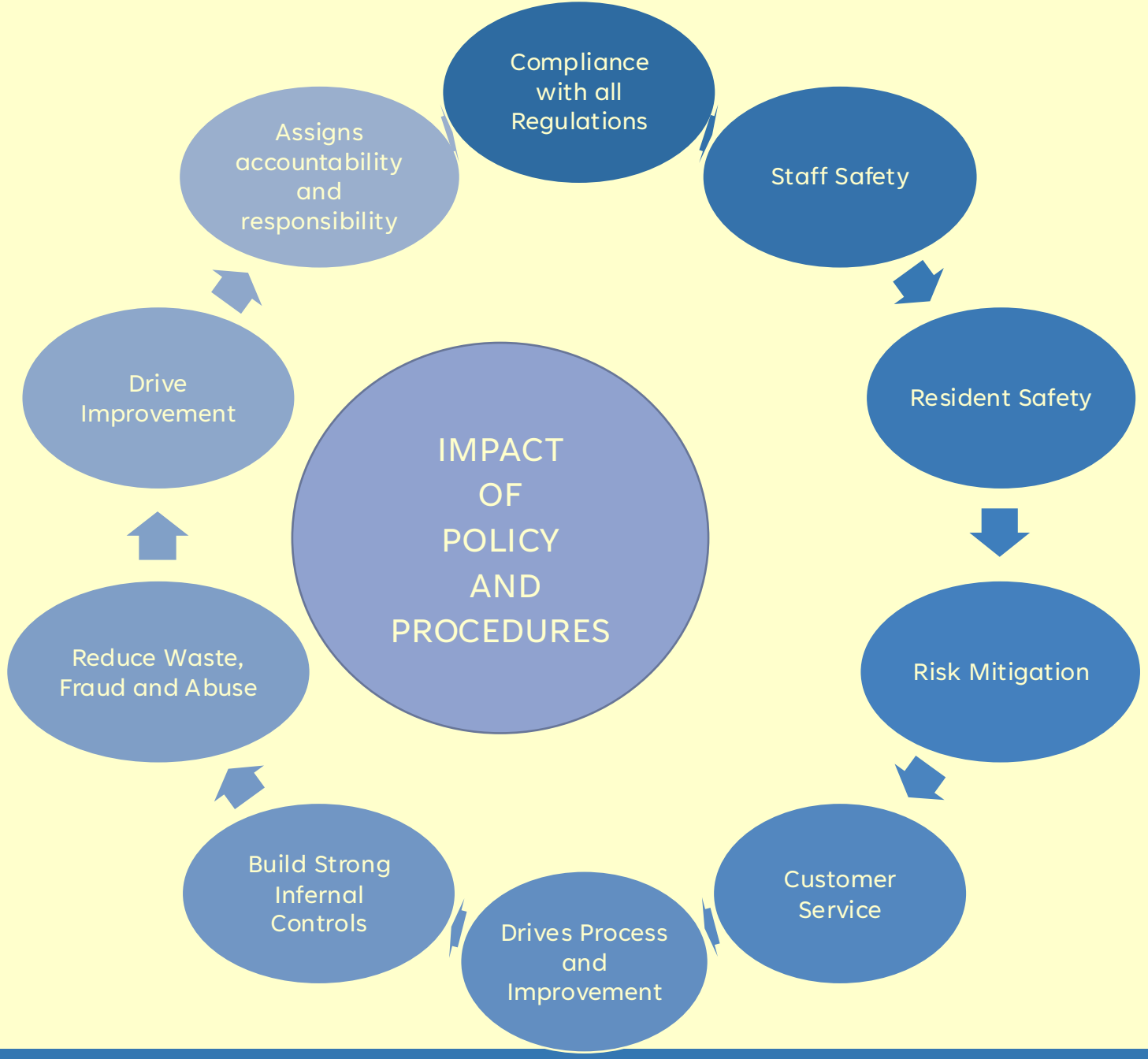
Life Safety Compliance

- Prevention and Reduction in Employee Accidents

Policies and Procedures

- Provides the framework and structure for daily operations
- Support regulatory requirements
- Outlines Standard and Mandatory Controls
- Provides Step by Step Instructions

Policy and Procedure Impact



Staff Training and Competency

- Promotes Vision and Mission
- Provide education on policy and procedures
- Sets rules for Employee Conduct
- Establishes Expectations
- Skill development
- Improve staff knowledge
- Knowledge Guides compliance

Staff Training and Competency Impact

Compliance with Federal and State requirements

- Abuse and Neglect
- Nursing services
- Staff Development
- Administration
- Training Requirements

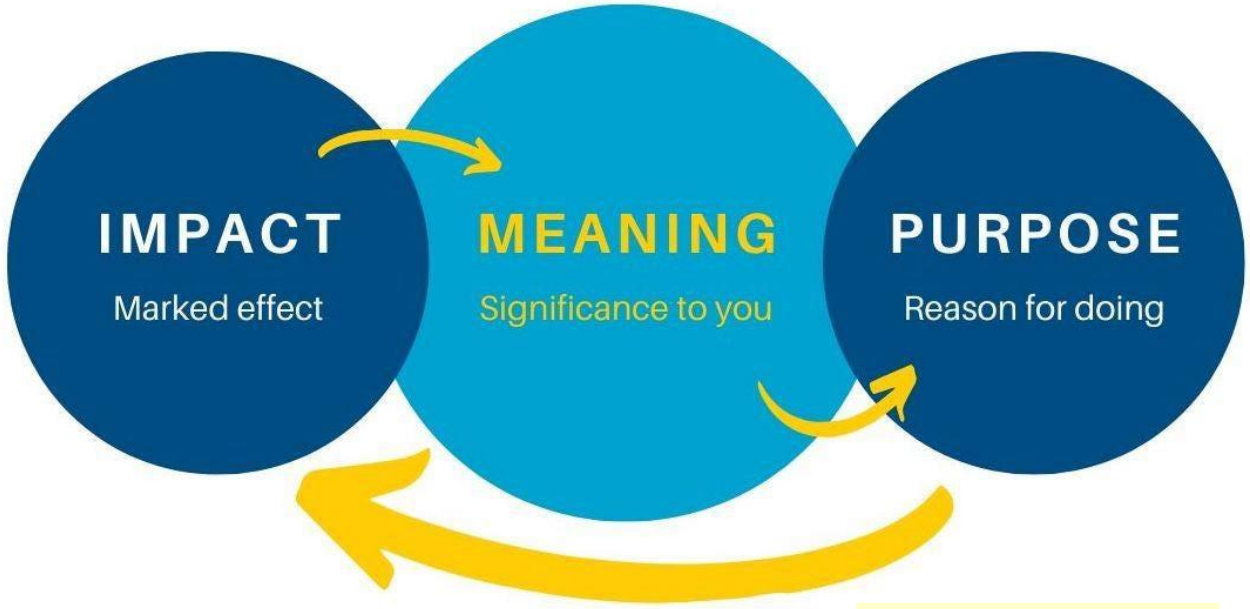
Resident Safety

Staff Safety

Improved Clinical capabilities

5 Star

Nursing Home Compare



Quality Assurance Process Improvement

- Incorporate every member of the facility team in some way into the process of a shared QAPI mission
- Use data to identify quality problems and to identify opportunities for improvement
- Assists in setting priorities
- Concentrated effort on a specific concern in one area or that impacts the facility
- Developing Performance Improvement Project (PIP) teams with specific goals

- Performing Root Cause Analysis to arrive at the reason for concern
- Implementing systemic change to correct problems
- Developing a monitoring system to sustain improvement
- Allows a facility to change course if plan is not effective

PILLARS OF STRENGTH

SUPPORT STRUCTURE

SUSTAINABILITY

ACCOUNTABILITY

INTEGRITY

TRANSPARENCY

EMPLOYEE ENGAGEMENT

CULTURE OF COMPLIANCE

INTERNAL CONTROLS

TEAMWORK AND COMMUNICATION

CLINICAL MEETING

NC ROUNDS

RISK MEETING

GRAND ROUNDS

GRIEVANCE PROCESS

POLICY & PROCEDURE

STAFF TRAINING

QAPI

LEADERSHIP

Where do I begin?

Where you start is up to you

Evaluate your foundation

What and where is your strongest risk?

What are your repeat deficiencies?

What systems are Unstable?

CELEBRATING 30 YEARS

Affinity HEALTH SERVICES

Thank you for your attention and the opportunity to conduct this presentation

References

Centers for Medicare & Medicaid Services (CMS).
State Operations Manual (SOM), Appendix PP – Guidance to Surveyors for Long-Term Care Facilities

Agency for Healthcare Research and Quality (AHRQ).
Quality Assurance and Performance Improvement (QAPI) at a Glance

Centers for Disease Control and Prevention (CDC).
Infection Prevention and Control & Core Elements of Healthcare Safety Programs