



# LeadingAge Wyoming Fall Conference September 20, 2017

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## Wyoming Department of Health, Aging Division, Healthcare Licensing and Surveys

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# Healthcare Licensing and Surveys



- HLS Staffing/Survey Statistics
- New Initiatives
- Civil Money Penalty Reinvestment
- New LTC Survey Process/Regulations
- New Emergency Preparedness Rules
- Construction and Life Safety Code Q&A

# Staffing



All positions, except for one health surveyor position, are currently filled!



# Nursing Home Survey Averages FFY17

Year	# of surveys	Avg. # of months	Longest # of months between surveys
2017	37	11.61	13.93

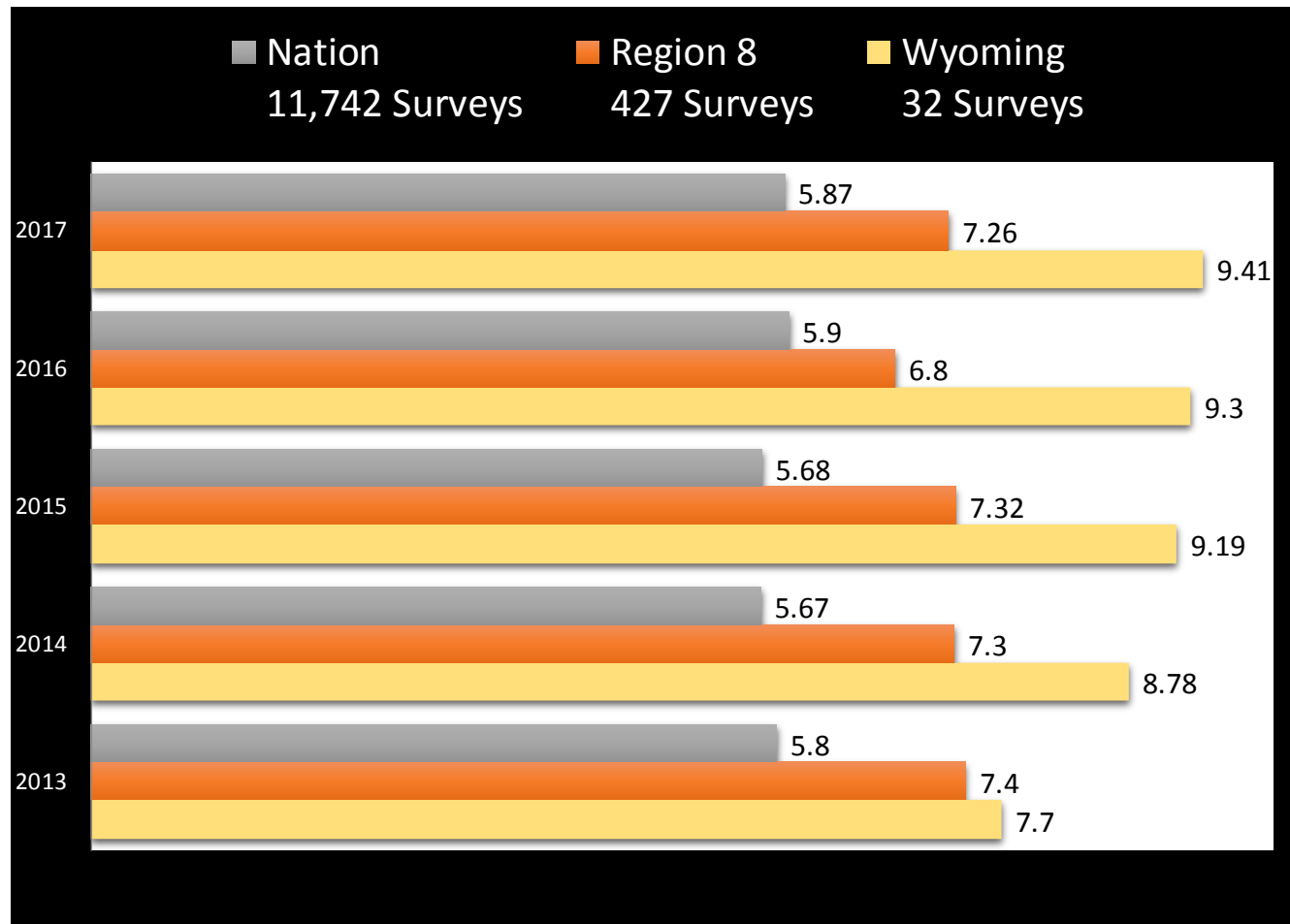


# FFY 2017

## Top 10 Health Deficiencies

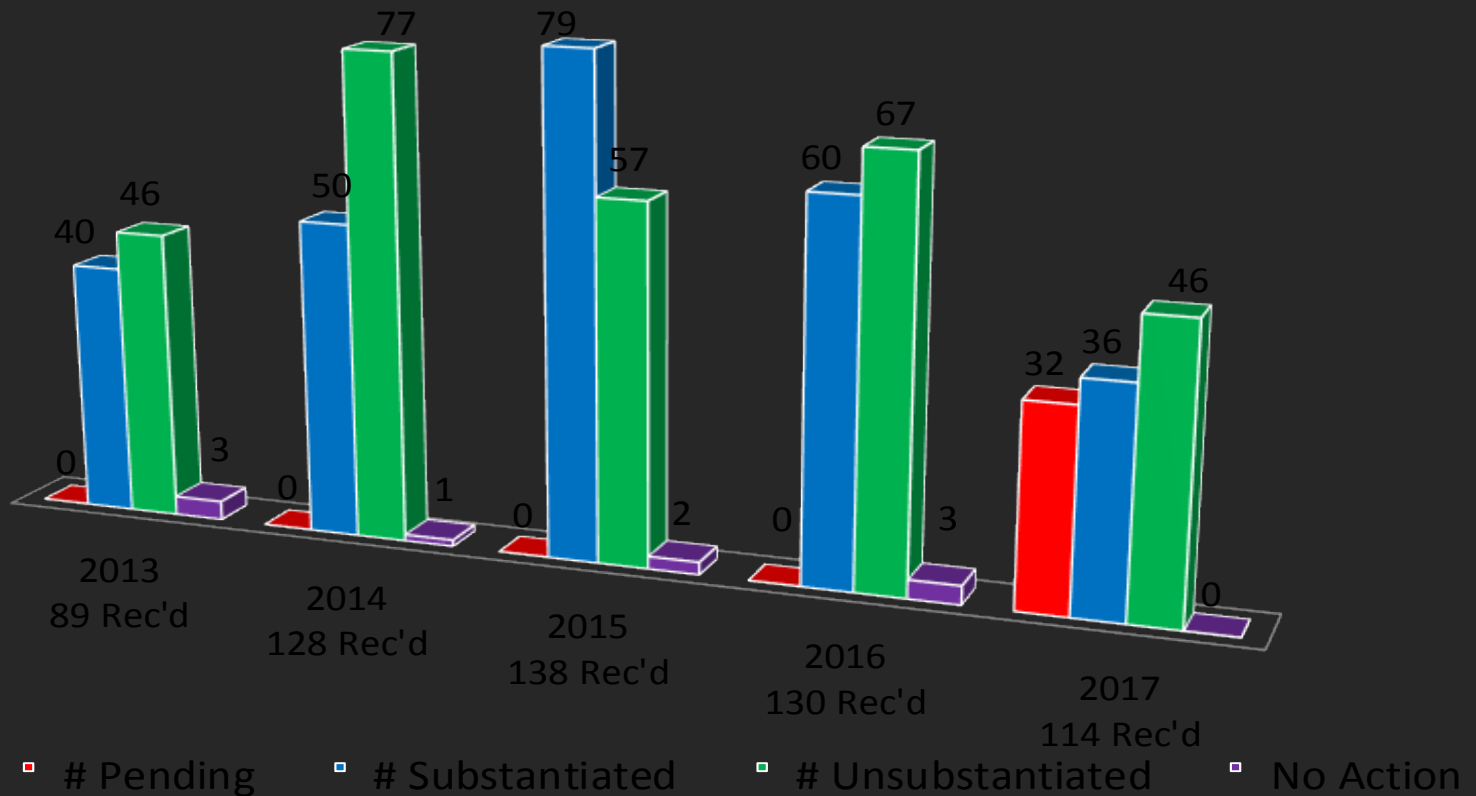
Wyoming Top 10			REGION 8 Top 10			NATIONAL Top 10		
Tag #	Description	% Surveys Cited (32 surveys)	Tag #	Description	% Surveys Cited (427 surveys)	Tag #	Description	% Surveys Cited (11742 surveys)
F253	Housekeeping & Maintenance Services	78.1%	F441	Infection Control, Prevent Spread, Linens	47.1%	F441	Infection Control, Prevent Spread, Linens	39.0%
F371	Food Procure, Store/Prepare/Serve-Sanitary	62.5%	F371	Food Procure, Store/Prepare/Serve-Sanitary	41.0%	F371	Food Procure, Store/Prepare/Serve-Sanitary	38.1%
F441	Infection Control, Prevent Spread, Linens	46.9%	F323	Free of Accident Hazards/Supervision/Devices	36.3%	F323	Free of Accident Hazards/Supervision/Devices	27.5%
F225	Investigate/Report Allegations/Individuals	43.8%	F309	Provide Care/Services for Highest Well Being	35.1%	F309	Provide Care/Services for Highest Well Being	23.9%
F309	Provide Care/Services for Highest Well Being	43.8%	F329	Drug Regimen is Free from Unnecessary Drugs	31.1%	F431	Drug Records, Label/Store/Drugs & Biologicals	23.4%
F274	Comprehensive Assess After Significant Change	40.6%	F431	Drug Records, Label/Store/Drugs & Biologicals	30.0%	F329	Drug Regimen is Free from Unnecessary Drugs	19.7%
F323	Free of Accident Hazards/Supervision/Devices	40.6%	F281	Services Provided Meet Professional Standards	28.3%	F279	Develop Comprehensive Care Plan	19.6%
F279	Develop Comprehensive Care Plan	34.4%	F280	Right to Participate Planning Care-Revise CP	23.0%	F514	Res Records-Complete/Accurate/Accessible	16.0%
F278	Assessment Accuracy/Coordination/Certified	31.2%	F253	Housekeeping & Maintenance Services	22.0%	F241	Dignity and Respect of Individuality	14.8%
F282	Services By Qualified Persons/Per Care Plan	31.2%	F241	Dignity and Respect of Individuality	19.0%	F278	Assessment Accuracy/Coordination/Certified	14.2%

# FFY 2017 Average Number of Cited Health Deficiencies



# FFY17 Complaints Nursing Homes (Oct 2016 – August 30, 2017)

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# Informal Dispute Resolution

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Year	Requested	Tags	Upheld	Modified	Deleted
2013	6	11	6	2	3
2014	9	16	5	5	6
2015	5	8	0	3	5
2016	3	4	2	1	1
2017	8	12	3	3	6



# Healthcare Licensing and Surveys



## Initiatives:

- Electronic Incident Data Base
- Electronic Plan of Correction for Nursing Homes
- Optional Right-Side Plan of Correction for other providers—both CMS and HLS

# Civil Money Penalty Reinvestment

- CMS is currently reviewing CMP tool
- HLS is working on the process/application to request funds
- More to follow

# New Nursing Home Survey Process



## New NH Survey Process:

- Begins November 28, 2017 (includes Phase 1 and 2 requirements)
- Lessons learned from the Traditional and Quality Indicator Survey (QIS) processes
  - Same survey process for entire country
  - Computer-aided vs. paper-based
  - Best practices and opportunities for improvement
  - Flexibility vs. prescriptiveness
  - Surveyors “Out and about” vs conference room

# Resources/Training for New Survey Process and Regulations



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## CMS Websites:

### 1) Survey Process, Final Rule, and other Resources:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>

### 2) Phase 2 Regulations - CMS Integrated Surveyor Training Website:

[https://surveyortraining.cms.hhs.gov/pubs/ClassInformation.aspx?cid=0CMSLTCSME\\_VID](https://surveyortraining.cms.hhs.gov/pubs/ClassInformation.aspx?cid=0CMSLTCSME_VID)

# CMS Integrated Surveyor Training Website :

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## Topics of Phase 2 Regulation On-line Training:

Admission Transfer and Discharge  
Appendix PP – Overview of Revised IGs  
Behavioral Health  
Facility Assessment  
Freedom from Abuse, Neglect, and Exploitation  
Infection Control  
Person-Centered Care  
Pharmacy Services  
Quality Assurance and Process Improvement Plan  
Quality of Life and Quality of Care  
Nursing Services



# New Nursing Home Survey Process and New Regulations

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## CMS is Training Wyoming Surveyors This Week



# Resources/Training for New Survey Process and Regulations

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## HLS Provider Training:

- August QIO Quality Conference – Antibiotic Stewardship
- Open Door Forums (Collaborative with QIO)
  - August: Involuntary Discharges
  - September: New MDS Requirements
  - October: New Survey Process

Please suggest future topics and time lines



# Emergency Preparedness Final Rule

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- *Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers*
- Published September 16, 2016
- Applies to all 17 provider and supplier types
- Implementation date November 15, 2017
- Compliance required for participation in Medicare
- Emergency Preparedness is one new CoP/CfC of many already required



# Nursing Home Study

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- From 2004 to 2005, the Office of the Inspector General (OIG) commissioned a study entitled “Nursing Home Emergency Preparedness and Responses during recent Hurricanes.”
- The study found that nursing homes in the Gulf States experienced problems even though they were in compliance with federal interpretive guidelines for emergency preparedness.
- The main reason for the problems were lack of effective planning, failure to execute emergency plans properly, failure to anticipate the specific problems encountered, and failure to adjust decisions and actions to specific situations.

# Fires

- Fires, whether man-made or natural, can have a massive impact on provider and supplier operations. During the five-year period of 2009-2013, the U.S. fire departments responded to an estimated average of 5,650 structure fires in health care facilities per year. These fires caused an annual average of four civilian deaths, 160 civilian fire injuries, and \$44.9 million in directed property damage.

# Four Provisions for All Provider Types

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# Risk Assessment and Planning

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- Develop an emergency plan based on a risk assessment.
- Perform risk assessment using an “all-hazards” approach, focusing on capacities and capabilities.
- Update emergency plan at least annually.

# All-Hazards Approach:

- An all-hazards approach is an integrated approach to emergency preparedness planning that focuses on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters, including internal emergencies and a man-made emergency (or both) or natural disaster. This approach is specific to the location of the provider or supplier and considers the particular type of hazards most likely to occur in their areas. **These may include, but are not limited to, care-related emergencies, equipment and power failures, interruptions in communications, including cyber-attacks, loss of a portion or all of a facility, and interruptions in the normal supply of essentials such as water and food.**

# Policies and Procedures

- Develop and implement policies and procedures based on the emergency plan and risk assessment.
- Policies and procedures must address a range of issues including subsistence needs, evacuation plans, procedures for sheltering in place, tracking patients and staff during an emergency.
- Review and update policies and procedures at least annually.

# Communication Plan

- Develop a communication plan that complies with both Federal and State laws.
- Coordinate patient care within the facility, across health care providers, and with state and local public health departments and emergency management systems.
- Review and update plan annually.

# Training and Testing Program

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- Develop and maintain training and testing programs, including initial training in policies and procedures.
- Demonstrate knowledge of emergency procedures and provide training at least annually.
- Conduct drills and exercises to test the emergency plan.



# Training & Testing Requirements

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- Facilities are expected to meet all Training and Testing Requirements by the implementation date (11/15/17).
  - Participation in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based exercise.
- Conduct an additional exercise that may include, but is not limited to the following:
  - A second full-scale exercise that is individual, facility-based.
  - A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.

# Training & Testing Program Definitions

- **Facility-Based:** When discussing the terms “all-hazards approach” and facility-based risk assessments, we consider the term “facility-based” to mean that the emergency preparedness program is specific to the facility. Facility-based includes, but is not limited to, hazards specific to a facility based on the geographic location; Patient/Resident/Client population; facility type and potential surrounding community assets (i.e. rural area versus a large metropolitan area).
- **Full-Scale Exercise:** A full scale exercise is a multi-agency, multijurisdictional, multi-discipline exercise involving functional (for example, joint field office, emergency operation centers, etc.) and “boots on the ground” response (for example, firefighters decontaminating mock victims).

# Training & Testing Program Definitions

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- **Table-top Exercise (TTX):** A table-top exercise is a group discussion led by a facilitator, using narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. It involves key personnel discussing simulated scenarios, including computer-simulated exercises, in an informal setting. TTXs can be used to assess plans, policies, and procedures.

# Continuity, Not Recovery

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- It is important to note that the new emergency preparedness requirements focus on continuity of operations, not recovery of operations. Facilities can choose to include recovery of operations planning in their emergency preparedness plan, but CMS does not require recovery of operations planning as part of this standard

# Compliance

- Facilities are expected to be in compliance with the requirements by November 15, 2017.
- In the event facilities are non-compliant, the same general enforcement procedures will occur as is currently in place for any other conditions or requirements cited for non-compliance.
- Training for surveyors is under way.

# Emergency Preparedness Rule Resources

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- **Centers for Medicare & Medicaid Services – Guidance for Surveyors, Providers & Suppliers**
- **<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>**



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# Emergency Preparedness

# Questions?

# Life Safety Code/Construction Discussion

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# We're Moving!!

- **HLS will be moving to the 5<sup>th</sup> floor of the Hathaway building**
- **Projected date is Mid-November**



Wyoming  
Department  
of Health

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# Comments/Questions?



