CoPS: a 90 DAY PLAN for AGENCY SUCCESS

New England Home Care Conference & Trade Show

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SO MANY CHANGES…
so little time!

How can we make this a manageable process?

The Impact of the Proposed Delay

<table>
<thead>
<tr>
<th>NAHC's Recommendation</th>
<th>Implement 484.50 (Rights)</th>
<th>Implement 484.55 (Assessment)</th>
<th>Implement 484.60 (Care Planning)</th>
<th>Implement 484.80 HH Aide</th>
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<tbody>
<tr>
<td>Elements in conflict with existing COPs</td>
<td>QAPI Component</td>
<td>484.65</td>
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The Road to Success

Your journey begins with that first small step…

Let's walk together!

Let P D S A be your Guide!

- All of the CoP changes together can be overwhelming
- Identify each of the focal areas
- A separate P D S A plan for each area is manageable

A 90-Day Plan

- Each focal area has an action plan
- Each area will have the same completion date
- The start date for each area will vary based on the length of time required to get it completed.
Strategic Planning Committee

- Oversees the whole project
- Led by QM Coordinator/Manager
- Comprised of the leads for each of the teams working on one of the “Focus Areas”
- Coordinates and identifies members of each of the other teams
- Meets to review and update progress toward end goals for each time
- Updates and posts the “Progress Timeline charts” for all staff to see

A Team Charter

- A team charter:
  - Defines the project
  - Lists project goals
  - Spells out the timeline
  - Sets operating “rules”
- What are the “rules”? Isn’t that childish?
  - All opinions and suggestions are equally important
  - Respect deadlines
  - Timely attendance, time limits on “holding the floor”
  - Acknowledge the team leader role and team process

Timeline for change

- Patient Rights
- Quality Improvement
- Emergency Preparedness
For each focus area

- Who needs to be on the work team?
- Who is the best person to lead this group?
- What resources will they need?
- What are the tasks involved in making this change?
- How long will each step take? The whole process?
- How will you monitor and maintain your success?

Getting started…the P D S A way

- What's the Plan?
- How will we Do it?
- What do we Study for our “measure of success”?
- What will be our next Action plan?

“PDSA” in our Teams

- **Plan:**
  - Identify the changes that must be made
  - Estimate time frames for each task
  - Finalize the change tasks and make assignments
- **Do:**
  - Team members complete their assigned tasks
  - Team leads oversee task completion and assist with problem resolution
- **Study:**
  - Audit, evaluate if the changes are/will meet the new rule
- **Act:**
  - Revise as needed and repeat the cycle
LET'S BEGIN!

Three focal areas

- Patient Rights
- Quality Improvement
- Emergency Planning

PATIENT RIGHTS

484.50

Implement between 7/1/17 and 10/1/17
Patient Rights Notice (484.50 a, 484.50 c 1)

Notice (484.50 a)
- Modality (Verbal and written)
- Language
- Specific rights

Respect for person/property (484.50 c 1)
- Freedom from all forms of abuse (484.50 c 2)
- Right to file complaints (484.50 c 3)

Exercise of Rights (484.50 b)
- Consent and competency: who can sign?

Patients’ Rights (484.50 c)
- Participate in, consent to/refuse care (c4)
- Respect of property
- Financial Liability Notice (c7)
- Hotline, other state/local resources contact data (c9 and c10)

Patients Rights (484.50 c)
- To participate in, be informed of and accept/refuse care on admission
- To be informed of and agree to the Plan of Care Assessment, Plan, and Goals
- To receive a copy of the specific plan of care initially and with any changes
- To be educated in how to protect privacy of the plan in the home
Patient Rights Non-Discrimination (484.50 d)

- Care/Services offered to Medicare and non-Medicare patients must be equal
- Acuity level of each must be comparable
- Filing grievances: much more extensive than before

A NEW Standard (484.50 d)

Closely related to the non-discrimination issue and to Medicare Notice of non-coverage

Patients have right to be informed of the Admission, Transfer and Discharge Policies

Transfer/Discharge/Terminate Care specifically limited in the new CoPs to reasons identified

Why was the patient discharged?

- Agency cannot meet care needs based on acuity
- Patient/payer cannot or will not pay for services
- MD/HHA agree that patient is “goal met”
- Patient refused care
- “Just Cause”
- Patient death
- Agency closure
Patient Rights Complaint Investigations (484.50 e)

- All complaints must be investigated
- Documentation of complaint, the investigation, and the outcome
- Responsible reporters
- Interim protections during abuse/neglect investigation

Patient Rights Accessibility (484.50 f)

- This is a new standard
- “Plain language”
- “Accessible and timely”
- Disability services, L E P services and aids

Patient Rights Team

**The Team**
- Clinical Manager
- Clinician
- Support Staff

**The Plan**
- Review the new rules
- Revise consent forms, locate translators (LEP/TTY), obtain translated versions
- Complaint investigation process, forms
- Obtain pricing and delivery estimates
- Create staff training modules
Patient Rights Team (2)

<table>
<thead>
<tr>
<th>The Team</th>
<th>The Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Manager</td>
<td>Review and revise the admission packet with new forms</td>
</tr>
<tr>
<td>Clinician</td>
<td>Conduct staff training in new Admission Process, document competency</td>
</tr>
<tr>
<td>Support Staff</td>
<td>Staff training in complaint investigation process, forms</td>
</tr>
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Patient Rights Timeline

<table>
<thead>
<tr>
<th>The Timeline</th>
<th>Measure of Success</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set target start dates for each step based on what needs to be done and how long it will take</td>
<td>Create chart audit tools</td>
</tr>
<tr>
<td>Set the target end dates for each step in this project</td>
<td>Audit charts and make observation visits to confirm understanding and compliance</td>
</tr>
<tr>
<td></td>
<td>Re-educate and/or revise forms as needed for compliance</td>
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QUALITY IMPROVEMENT

484.65 – 484.70

Implement between 7/1/17 and 10/1/17
Quality Assurance Performance Improvement (484.65)

Before: Problem oriented, externally focused, after the fact approach to identify and address patient care issues.

After: Pro-active, effective, ongoing, agency wide, data driven approach under the supervision of the governing body.

Result: Measurable improvement data leading to improved outcomes, improved safety and quality of care.

Program Data
- What data will identify “high priority health and safety goals”? 
- What data will “monitor the effectiveness, safety and quality” of care delivered?
  - Casper Data
  - Scrubber Data
  - HHCAHPS Data

The Impact of this Change
- One of the most significant of the C O P changes
- Not LESS record review—much more!
- Focused P I Plans
  - Establish a baseline and a goal
  - Educate
  - Evaluate
  - Remediate and Repeat!
- Data based, data focused, data evaluated
Program Activities

### Identify
- high risk, high volume or problem prone aspects of care
- consider incidence, service, volume, and severity of these

### Prioritize
- issues that directly or potentially affect patient safety

### Track and Trend
- incidents, complaints and adverse events

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Performance Improvement Projects (484.65 d)
- Annual plan will identify projects that reflect scope and complexity of past performance and future goals
- High risk, high volume areas must be included
- High risk, low volume areas should be considered
- Project documentation: initial data, plan, implementation (education, tools), ongoing data, outcome, next steps

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Quality Assurance and Performance Improvement (QAPI)
- Not required to undertake PI projects until 1/1/18, but expected to be collecting preparing now!
- CMS has stated that phased-in implementation time frame is appropriate
- Additional time to collect the data to identify areas for improvement
- 12 month time period required between time that this final rule is published and time that HHAs must begin conducting performance improvement efforts
Quality Improvement Team

The Team
- Quality Manager (lead)
- EMR Clinical Administrator (Super User)
- SN/RPT
- Administrative Support

The Plan
- Document the entire C O P process as one of the QM projects
- Gather current CASPER, Scrubber, HHCAHPS data for six (6) months
- Identify the target outcomes, establish the PI Plans for each
- Educate staff and initiate projects
- Review data, staff knowledge and compliance at 60 day intervals

Quality Improvement

The Timeline
- Initiate data collection and analysis immediately
- Repeat PDSA Cycles at 60 day intervals
- Gather data at 60 day intervals, review and revise as needed

Measures for Success
- C O P project timely progress toward documented success (timeline charts)
- Improvement in selected outcomes (data)
- Staff participation in each project (chart audits, data)

EMERGENCY PREPAREDNESS

implement for 11/1/2017

484.102
New! Emergency Preparedness (484.102)

- Agency wide response plan
  - Documented All Hazards Risk Assessment
  - Process for collaboration with local, state, federal Emergency Responders
  - Applicable Policies/procedures
- Individual Emergency Plan for each patient
  - Included in initial Comprehensive Assessment
  - Evacuation Planning
  - Documentation Back up system/plan

Emergency Preparedness (2)

- Communications Plan
  - Contact information /"Call Tree" (employee, vendors, MD's, state/local emergency preparedness team
- Training and Testing
  - Staff Education (annual, seasonal updates)
  - Tabletop Drill (documented)
  - Community based full scale exercise

The Components of an Emergency Plan

- An initial "All Hazards Assessment"
- Plan must speak to these seven (7) components
  - Administration/Organizational control
  - Staffing for patient care
  - Communications
  - Patient safety/Patient surge
  - Medical/Pharmacy supply management
  - Utilities
  - Information Management

Plan will need to be adjusted as needed for different types of emergencies as they impact the service area
Educating staff and patients

Staff
• Current contact information for all staff evacuation plan/contact data for their patient caseload
• A copy of the “Call Tree”, Supply/Utilities/Communications plans
• Access to their EMR system

Patients
• Seasonal Self Care
• “Go-Bags”: what to put in it, where to keep it, when it is needed
• Their “Personal Emergency Plan”
• Their evacuation needs and plan

Your Table Top Drill

• Establish a realistic potential scenario
  • A gas leak threatens explosion/fire in a significant area of your service community
  • How does this affect each of your 7 aspects of the plan?
  • What is the impact of your agency in the zone or outside of it?
  • Test your plans against this scenario
• Evaluate your response to a real weather or other type of emergency
  • Did you implement your existing plan?
  • Did it meet your needs?
• Participate in a community based mock disaster drill
  • What was your role? Were you effective? What needs to change?

Outreach and Planning

• Emergencies don’t happen in a vacuum!
• How will your agency support your community during the emergency?
  • Shelter presence?
  • Member of the Planning Group?
• What outreach do you need to do?
  • Local, state and regional EMS officials, Committees,
  • Don’t forget your peers!
• What role will you play in their emergency planning?
• Include your community connections and planned roles as part of your overall plan
Documentation and follow up

- Document your agency responses using your existing Emergency Plan to the sample scenarios
- Revise your Plan and retest this or other scenarios
- Document your evaluation of your response to your most recent weather or other type of emergency
- Document your role and your responses in the community drill
- Evaluate how your plan is working, revise it as needed and document your efforts.

Emergency Preparedness Team

The Team

- Administrator
- Home Health Aide Supervisor
- Clinical Supervisor/Clinical Manager
- Support Staff
- IT Administrator

The Plan

- Research state/local EMS plans
- Conduct an All Hazards Assessment
- Establish contacts/coordination with local/state EMS Coordinators/national resources
- Review/revise your current Response plan/process to meld into those
- Educate staff in Emergency Response Plan, their roles and tasks
- Conduct a "Table Top Drill"

Emergency Preparedness Timeline

The Timeline

- Set target start dates for each step based on what needs to be done and how long it will take
- Allow time to meet with local/state EMS groups and join their regular meetings
- Allow time to plan/conduct/evaluate "Tabletop Drill"
- Set the target end dates for each step of this project

Measures of success

- Evaluate timeliness of responses at various points of Tabletop Drill
- Assess your agency’s ability to successfully triage/care for patients during each type of Emergency (weather, disease, resource, national crisis)
- Assess your degree of coordination and mutual aid with local/state/national groups
- Report back to GA
90 Days and counting…..

All teams must complete their work by day 90.

- Create the individual timelines for each team/project.
- Create the "Master Timeline" as swim lanes, one per project/team.
- Plot out the work backward from the end date.
- First team (longest project to get completed) begins work at day one and should finish implementation by day 70.
- For the last 15-20 days, all of the projects will be operational - use this time to troubleshoot and problem solve!

Are we there yet?

- Change is hard.
- Change is really hard.
- Be supportive.
- Include everyone in the process.

CONGRATULATIONS!
YOU’VE ARRIVED!

Your agency has completed all the tasks for the focal areas. You and your staff have met the challenge and succeeded!
QUESTIONS?

References

• The Care Transitions Program®. (n.d.) Retrieved from http://www.caretransitions.org