

# Steps to Preventing Immediate Jeopardy in the areas of Pressure Injury, Falls and Weight Loss:

## *A Therapy Approach*

# Presenter

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# Objectives

1. The attendee will be able to describe and explain Immediate Jeopardy citation level and some of the risks leading to it.
2. The attendee will be able to define some of the Federal regulations in place for Quality of Care and Therapy Policies and Procedures.
3. The attendee will be able to list out expectations for the Therapy Departments during survey process.
4. The attendee will be able to describe and explain risk areas for Therapy and how to avoid IJ citations in the areas of pressure ulcers, falls and weight loss.

# Definitions

- ▶ **Immediate Jeopardy:** a situation in which the facility's non-compliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident.
- ▶ **Abuse:** the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish.
- ▶ **Neglect:** failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness.

# Definitions

- ▶ **Misappropriation** of resident property is defined as the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent. The definition can be found at 42 CFR §488.301.
- ▶ **Exploitation:** taking advantage of a resident for personal gain through use of manipulation, intimidation, or coercion

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# Immediate Jeopardy

Requires immediate correction as the facility either created the situation or allowed the situation to continue by failing to implement preventative or corrective measures.

# Deficiency Ratings

Severity of the Deficiency	<u>Isolated</u>	<u>Pattern</u>	<u>Widespread</u>
Immediate jeopardy to resident health or safety	J	K	L
Actual harm that is not immediate jeopardy	G	H	I
No actual harm with potential for more than minimal harm that is not immediate jeopardy	D	E	F
No actual harm with potential for minimal harm	A	B	C

# Immediate Jeopardy

- ▶ Is one of the highest level of citation and carries heavy penalties (behind K and L)
- ▶ One IJ can carry many other levels of citations with it; all costing the facility money and putting them at risk to lose the ability to participate in the Medicare program

# Prevalence of Immediate Jeopardies

State	# of Homes	Total Deficiencies	Total Serious Deficiencies	Serious Deficiencies Per Home	Sum of Fines	# of Fines	Average Fine	# of Payment Suspensions
WV	124	3,555	33	0.27	\$4,954,676	29	\$170,850	6
OH	970	19,431	246	0.25	\$8,445,654	413	\$20,449	68
IL	741	17,399	167	0.23	\$5,020,309	190	\$26,422	56
PA	696	17,914	72	0.10	\$9,142,400	183	\$49,958	63

# Why Is It Important to Understand and Avoid Immediate Jeopardies?

- ▶ Civil Monetary Penalties can be quite high and devastating in the operation for each facility
- ▶ A ban on participating in the Medicare program
- ▶ Effects 5 Star Rating and referrals to facility
  - ▶ *No longer preferred provider*
  - ▶ *Risk of decreased referrals from HMOs/ACOs*

# Risk Identification and Management

## Four Components:

1. Identification of Hazards and Risks
2. Evaluation and Analysis of Risks
3. Implementation of Interventions
4. Monitoring and Modification of Plan

# Risk Management Success Depends on These Four Components:

## 1. Identification of Hazards and Risks

Identification of hazards and risks is the process through which the facility becomes aware of **potential hazards** in the resident environment and the risk of a resident having an **avoidable accident**.

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# Components of Risk Management:

## 1. Identification of Hazards and Risks *(continued)*

All staff (e.g., professional, administrative, maintenance, etc.) are to be involved in observing and identifying potential hazards in the environment, while taking into consideration the unique characteristics and abilities of each resident.

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# Components of Risk Management

## 1. Identification of Hazards and Risks *(continued)*

- The facility should make a **reasonable effort to identify** the hazards and risk factors for each resident **using all resources available such as: quality assurance activities, environmental rounds, MDS/CAAs data, medical history and physical exam, and individual observation.**
- This information is to be **documented and communicated across all disciplines.**

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# Components of Risk Management

## 2. Evaluation and Analysis

Evaluation and analysis is the process of **examining data to identify specific hazards and risks and to develop targeted interventions** to reduce the potential for accidents.

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# Components of Risk Management

## 2. Evaluation and Analysis *(continued)*

**Interdisciplinary involvement** is a critical component of this process. Analysis may include, for example, considering the **severity of hazards**, the **immediacy of risk**, and **trends** such as time of day, location, etc.

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# Components of Risk Management

## 2. Evaluation and Analysis *(continued)*

Both the facility-centered and resident-directed approaches include:

- ▶ Evaluating hazard and accident risk data
- ▶ Analyzing potential causes for each hazard and accident risk
- ▶ Identifying or developing interventions based on the severity of the hazards and immediacy of risk
- ▶ Evaluations also look at trends such as time of day, location, etc.

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# Root Cause

**Pause: What is the Root Cause? Decision Tool**

Patient Name: Mrs. Smith

Root Cause/Problem: Functional Decline/Depression



**What factors were involved?**

Environmental	Medical	Cognitive	Behavioral	Physical	Procedural	Training/Communication	Staffing/Supervision
<p>Issues with</p> <input type="checkbox"/> bed position/safety <input type="checkbox"/> w/c position/safety <input type="checkbox"/> layout of room <input type="checkbox"/> clutter <input type="checkbox"/> lighting <input type="checkbox"/> equipment failure/improper use <input type="checkbox"/> floors/wet/glare <input type="checkbox"/> temperature <input type="checkbox"/> distracting/noisy <input type="checkbox"/> new room/location <input type="checkbox"/> security aide <input type="checkbox"/> adaptive equipment <input type="checkbox"/> other: _____	<p>Issues with</p> <input type="checkbox"/> acute illness <input checked="" type="checkbox"/> medication change/refusal <input type="checkbox"/> unstable vitals <input type="checkbox"/> new onset dx <input type="checkbox"/> new injury <input type="checkbox"/> visual deficit <input type="checkbox"/> co-morbidities <input type="checkbox"/> exacerbation of disease <input type="checkbox"/> edema <input type="checkbox"/> sleep problems <input type="checkbox"/> vitamin deficiencies <input checked="" type="checkbox"/> DM <input type="checkbox"/> respiratory issues <input type="checkbox"/> nutrition/hydration <input type="checkbox"/> oral care <input type="checkbox"/> other: _____	<p>Issues with</p> <input type="checkbox"/> unable to follow commands <input type="checkbox"/> expressive aphasia <input type="checkbox"/> receptive aphasia <input type="checkbox"/> poor safety judgment <input type="checkbox"/> impulsive <input checked="" type="checkbox"/> depression <input type="checkbox"/> decreased attention <input checked="" type="checkbox"/> lethargic <input type="checkbox"/> other: _____	<p>Issues with</p> <input type="checkbox"/> combative <input checked="" type="checkbox"/> refusals <input type="checkbox"/> yelling <input type="checkbox"/> other: _____	<p>Issues with</p> <input checked="" type="checkbox"/> pain <input type="checkbox"/> gait <input type="checkbox"/> balance <input checked="" type="checkbox"/> strength <input checked="" type="checkbox"/> transfers <input checked="" type="checkbox"/> ADL's <input type="checkbox"/> restraints <input type="checkbox"/> bowel/bladder <input type="checkbox"/> wounds <input checked="" type="checkbox"/> falls <input type="checkbox"/> other: _____	<p>Issues with</p> <input type="checkbox"/> transfer status <input type="checkbox"/> ambulation status <input type="checkbox"/> orientation <input type="checkbox"/> assignments <input type="checkbox"/> other: _____	<p>Issues with</p> <input type="checkbox"/> pt. status <input checked="" type="checkbox"/> support needed <input type="checkbox"/> equipment needs <input type="checkbox"/> lift usage (mechanical) <input type="checkbox"/> cueing <input checked="" type="checkbox"/> caregiver knowledge <input type="checkbox"/> other: _____	<p>Issues with</p> <input type="checkbox"/> schedule <input type="checkbox"/> rest periods <input type="checkbox"/> enough support staff <input type="checkbox"/> supervision <input type="checkbox"/> competency <input type="checkbox"/> follow through <input type="checkbox"/> other: _____

**Consult or Evaluation needed with:**

<input checked="" type="checkbox"/> Therapy: <input checked="" type="checkbox"/> PT <input checked="" type="checkbox"/> OT <input checked="" type="checkbox"/> ST <input checked="" type="checkbox"/> Nursing	<input type="checkbox"/> Physician/Psychology	<input type="checkbox"/> Eye Doctor	<input type="checkbox"/> Social Work	<input type="checkbox"/> Wound Specialist	<input type="checkbox"/> Orthotist
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Restorative Nursing	<input type="checkbox"/> Pharmacy	<input checked="" type="checkbox"/> Family/Caregivers	<input type="checkbox"/> DME Consultant	<input type="checkbox"/> Other: _____

**Plan of Action**

Comments: Therapy evaluations, medication management, education to patient & family. Refer to pain management program.

rev. 5/20/2014

Nursing Signature: Ima Nurse, RN Date: 9/12/2016

# Components of Risk Management

## 3. Implementation of Interventions

Implementation refers to using specific interventions to try to reduce a resident's risks from hazards in the environment.

The process includes:

- Communicating the interventions to all relevant staff
- Assigning responsibility
- Providing training as needed
- Documenting interventions
- Ensuring that the interventions are put into action

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# Components of Risk Management

## 3. Implementation of Interventions *(continued)*

Interventions are based on the results of the evaluation and analysis of information about hazards and risks and are consistent with relevant standards, including evidence-based practice.

Development of interim safety measures may be necessary if interventions cannot immediately be implemented fully.

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# Components of Risk Management

## 3. Implementation of Interventions *(continued)*

**Facility-based interventions** may include, but are not limited to:

- Educating staff
- Repairing the device/equipment
- Developing or revising policies and procedures

**Resident-directed approaches** may include:

- Implementing specific interventions as part of the plan of care
- Supervising staff and residents
- Record the implementation of these interventions in your documentation

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# Components of Risk Management

## 4. Monitoring and Modification

Monitoring is the process of **evaluating the effectiveness of interventions.**

Modification is the process of **adjusting interventions** as needed to make them more effective in addressing hazards and risks.

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# Components of Risk Management

## 4. Monitoring and Modification *(continued)*

Monitoring and modification processes include:

1. Ensuring that interventions are implemented correctly and consistently;
2. Evaluating the effectiveness of interventions;
3. Modifying or replacing interventions as needed; and
4. Evaluating the effectiveness of new interventions

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# Components of Risk Management

## 4. Monitoring and Modification *(continued)*

An example of facility-specific modification:

- ▶ Additional training of staff when equipment has been upgraded

An example of a resident-specific modification:

- ▶ Revising the plan of care to reflect the resident's current condition and risk factors that may have changed since the previous assessment

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# Federal Regulation for Quality of Care

## Tag of Quality of Care - Frequently Cited

The resident must receive, and the facility must provide, the necessary care and services to attain or maintain his/her highest practicable level of physical, mental, and psychosocial well-being in accordance with the comprehensive assessment and plan of care.

[www.cms.org](http://www.cms.org)

ODH provider/CMS region 5 meeting

# Regulations

## Facilities are compliant with Quality of Care if:

- ▶ Documented evidence risk factors were recognized and assessed for each patient's condition
- ▶ Defined and implementation of interventions are evident that meet each person's needs, goals, and comply with standards of practice
- ▶ Evidence of monitoring and assessing the person's response to the efforts or treatment implemented
- ▶ Modifications and revisions of plan of care are done as appropriate

# Other Considerations for Quality of Care

If a patient has a **Dementia diagnosis**, surveyors are looking for other things to be evident in documentation and during care to address Falls, Pressure Injury and Weight Loss risk, such as:

- ▶ Documented evidence of **monitoring and assessing behaviors** with identifying **root causes** while involving IDT and/or family/patient
- ▶ Documented evidence of **assessing risk and side effects with changes** for the safety of the resident
- ▶ Evidence of implementation and modifications to Plan of Care completed to meet needs of resident
- ▶ Evidence of **care done consistently** and education/communication completed with all caregivers **across all shifts** including family
- ▶ Evidence of assessment of **approaches and treatment implemented** with patient and modifications done timely with physician involvement if needed

# Surveyors are looking for these items to indicate quality services

- ▶ The plan in place meets the needs of the resident and treatment is appropriate with positive outcomes
- ▶ If interviewing staff members, the staff will be knowledgeable in the individual's care plan, risk factors, pain indicators and approaches to reduce risk, injury and improve safety of resident
- ▶ Alternatives or modifications of approaches and treatment must be evident if negative outcomes with patient

# Components of Risk Management Program

- ▶ Development of Policy and Procedure
- ▶ Identification: Use of Risk Assessment Tool - Pre-admission Survey and at least quarterly reviews by MDS and IDT (Resident Snapshot)
- ▶ Education to caregivers on how to identify risks and approaches
- ▶ Competencies of staff in many different areas (i.e., Dementia, Behaviors, Pain, etc.)
- ▶ Establish Patient Centered Care Plan - Consistent Assessment of risks

## Components of Risk Management Program *(continued)*

- ▶ Education regarding patient centered approaches and established location of approaches
- ▶ Documentation of interventions, patient response and modifications
- ▶ Outcomes/Analysis/Tracking Systems
- ▶ Communication to all/consistent meetings
- ▶ Involve Families and Caregivers at all Levels

*Note: Comprehensive Transfer/Discharge documentation should include current risk assessment, current interventions, as well as, recommendations*

# Resident Snapshot

**RESIDENT SNAPSHOT**  
**Prior Level of Function Assessment/Health Profile**



Resident Name \_\_\_\_\_

Prior to this recent health decline...

Did you help the patient with eating?  Yes  No  
If so, how? \_\_\_\_\_

Did the patient have difficulty swallowing? \_\_\_\_\_  
How would you describe the patient's appetite? \_\_\_\_\_

Did the patient have a special diet prescribed by physician? \_\_\_\_\_

Did you help the patient with dressing?  Yes  No  
If so, how? \_\_\_\_\_

Did the patient have any circulation or skin related problems? \_\_\_\_\_

Did you help the patient with walking/getting up?  Yes  No  
If so, how? \_\_\_\_\_

Any history of falls? How often and under what circumstance? \_\_\_\_\_

Did you help the patient with bathing/bathroom use?  Yes  No  
If so, how? \_\_\_\_\_

Was the patient continent of bowel and bladder? \_\_\_\_\_

Was the patient able to make good decisions?  Yes  No

Did the patient have behavioral/psychological/elopement issues?  Yes  No

Does the patient currently have pain?  Yes  No  
If so, describe? \_\_\_\_\_

Does it limit any activities or interrupt sleep? \_\_\_\_\_  
What makes the pain worse/better? \_\_\_\_\_

Has the patient's function declined since his/her recent illness?  Yes  No

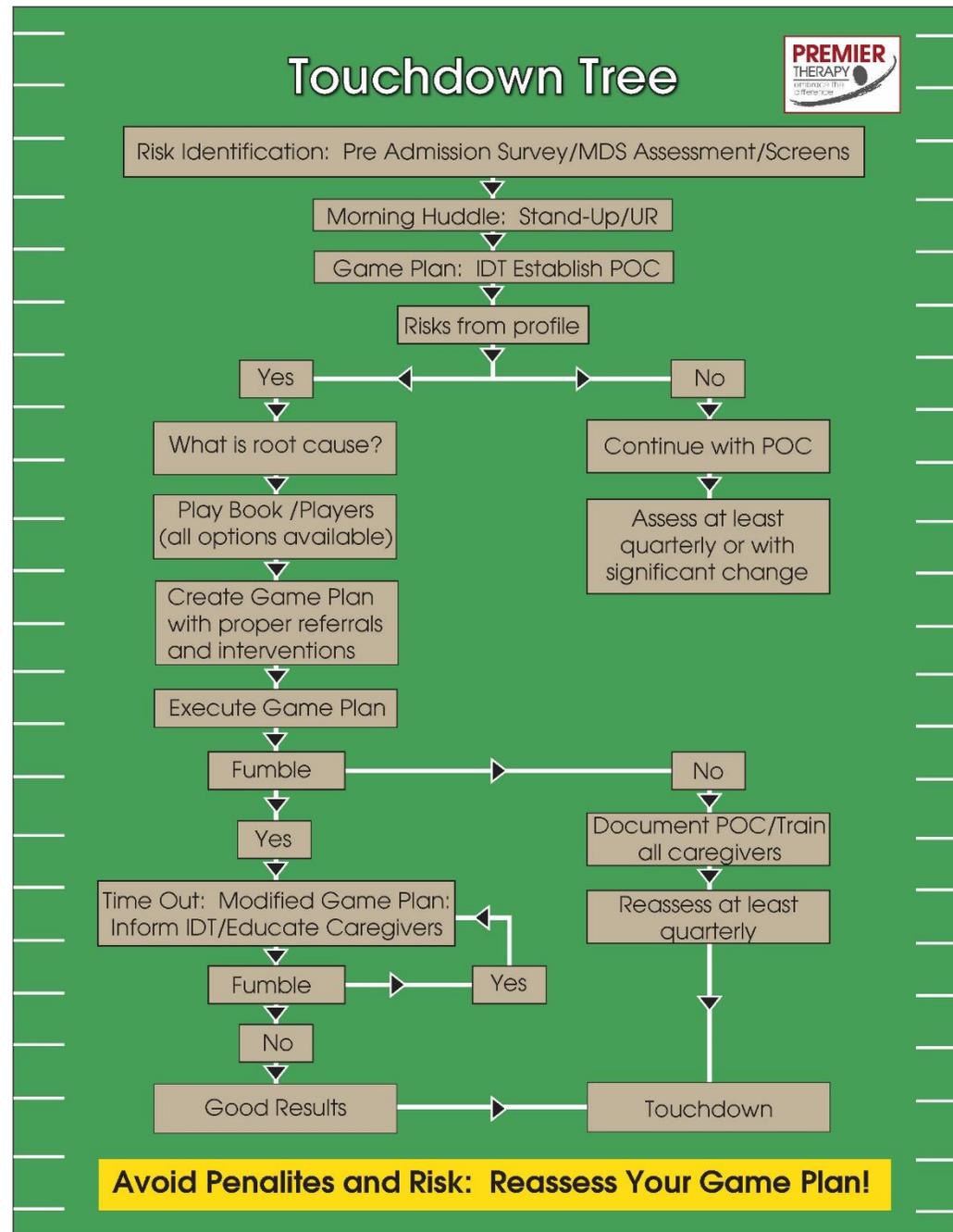
Has the patient received any therapy services elsewhere since January 1st of this year?  Yes  No  
If yes, where was therapy received? \_\_\_\_\_  
 Inpatient  Outpatient

Other Comments? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Member Interviewed: \_\_\_\_\_  
Admission Director: \_\_\_\_\_  
Date \_\_\_\_\_

revised 2/2/2017

# Decision Tree



# Examples of IJ Citations

# Immediate Jeopardy- Falls with Injury

## Example

Tag of Free of Accident Hazards/Supervision/Devices- Fall with Injury

Facility did not ensure a resident requiring a Hoyer Lift for transfers was safe.

- ▶ IJ began when resident experienced actual harm during an avoidable fall from the Hoyer Lift and sustained a fracture at L1 of the spine and contusions to the right ankle.
- ▶ The facility staff continued to transfer the resident with a Hoyer Lift using the same techniques after the incident and placed the resident at risk for further serious harm.

# IJ- Falls with Injury

- ▶ According to documentation, **the lift tipped a second time** but the resident landed in chair
- ▶ The facility **continued to use the Hoyer Lift without any additional training to staff**
- ▶ Referring to the definition of IJ below:
  - ▶ **Immediate jeopardy** means a situation in which the facility's non-compliance with one or more requirements of participation has caused, or is likely to cause, **serious injury, harm, impairment, or death to a resident.**

# How to Avoid IJ Citation

- ▶ Early Identification of Risks- Resident Snapshot
  - ▶ Note fall history, balance issues, cognitive/safety issues
  - ▶ If long term patient, note declines through screening and consulting with IDT consistently
  - ▶ Get therapy involved with any resident who is having difficulty transferring or impaired mobility- **consistent quarterly screens**
  - ▶ Discuss in **NEXT** morning meeting with IDT to get comprehensive evaluations and other tests done asap
  - ▶ Baseline vitals with consistent monitoring

# How to Avoid IJ Citation

- ▶ Assistive devices and lifts must have manufacturer guidelines followed and all staff using device must know them and use them
- ▶ Documented training with return demonstration needs to be completed and evident
- ▶ If an incident occurs with a device, that device should not be used again until inspected and additional training is provided to caregivers and all is documented

# How to Avoid IJ Citation

- ▶ Review falls consistently
- ▶ Communication to all caregivers including families
- ▶ Make sure recommended modes are followed by documenting and training to staff; posted where all can access it if needed

# Policy and Procedure- H.A.L.T.T.

## **H.A.L.T.T. Program** *(Hospital Admissions Lessened Through Therapy)*



**Purpose:** To decrease admissions of residents back to the hospital through improved communications, risk management systems, and consistent IDT meetings.

**Policy:** Upon admission, during daily Stand-Up and quarterly reviews, establish "at-risk" residents are triggered based on clinical issues on the H.A.L.T.T. Target List which will identify residents who need focused documentation and plans by all care staff to reduce the chance of re-admission to the hospital.

### **Procedure:**

1. Upon admission, during Stand-Up or quarterly reviews, resident risk level is assessed through H.A.L.T.T. Risk List, PLOF report, MDS assessments, or evaluations from nursing, physician, or therapy.
2. Based on the results of the assessment and IDT recommendations, resident may be placed on H.A.L.T.T. Target List.
3. The list will trigger all care staff to watch resident and document any at-risk behaviors or status.

# Fall Analysis Log

## FALLS ANALYSIS LOG

Facility: \_\_\_\_\_

Month: \_\_\_\_\_

Year: \_\_\_\_\_

Name	Room #	When When did it happen? Date/time	What What precipitated fall or how was resident found?	Where Where did the fall occur?	Who Who else was present?	Why Why might the fall have been triggered?	How How did staff respond? How did the resident react?

# H.A.L.T.T. Target List

H.A.L.T.T. Target List



	Patient Name	Date Identified	Issue	Comments	Resolved
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					



# Immediate Jeopardy- Pressure Ulcer Example

## Tag of Treatment/Services to Prevent/Heal Pressure Sores

- ▶ Facility failed to monitor, assess, provide interventions, coordinate care, manage pain appropriately and seek timely medical attention for avoidable facility-acquired wounds and pressure ulcer of a resident.
- ▶ IJ occurred when the resident went to the hospital for a poor lab value of potassium. At the time, the hospital staff identified necrotic right lower leg wounds with gangrene and osteomyelitis which required them to perform an amputation above the knee.
- ▶ The resident experienced **actual harm** due to the **facility's failure to provide the appropriate assessment and care needed for the resident.**

# How to Avoid IJ Citation

- ▶ Pre-admission survey to identify risks- note skin, cognitive and swallowing abilities as well as nutritional status
- ▶ Consistent screening of status at least quarterly
- ▶ Regular skin assessments completed and documented by nursing staff- Braden Scale
- ▶ Residents at risk or with current wounds should be reviewed weekly at Wound meeting and involve IDT members as needed
- ▶ Residents with current wounds or at risk for wounds should be on consistent turn schedule, positioning and pressure relieving devices
- ▶ Comprehensive training for all caregivers and documented
- ▶ Nursing obtains baseline vitals and monitors for changes

# How to Avoid IJ Citation

- ▶ Care Plan in place for anyone admitted to facility with wounds and evidence of implementing plan
- ▶ Modify Care Plan as interventions change and document training with the changes put in place
- ▶ Remember that root cause may be different than pressure, such as poor nutritional status, so make sure comprehensive assessments are done
- ▶ IDT members may include but are not limited to: Physician, DON, MDS, Therapy, Pharmacy, Dietician, Restorative, Social Workers, Case Managers, Family and CNAs

# Skin Assessment- Braden Scale

- ▶ Used Frequently by Nursing
- ▶ Assesses multiple areas including:
  - Sensory Perception- Patient ability to respond to pressure
  - Moisture- Degree of patient's skin exposed to moisture
  - Activity- Degree of patient's physical ability
  - Mobility- Patient's ability to change and control body position
  - Nutrition- Patient's usual food intake pattern
  - Friction and Shear- Patient's level of risk when moving in bed or chair

**Total of 23 points**

**The lower score the more risk of pressure sore**

# Braden Scoring

## **Score 15-18 points = At risk for skin issues**

Interventions should include: Turning schedule, Improve mobility - PT/OT, Protect patient's heels, Pressure relieving devices, Managing moisture, Nutrition - ST, Manage Friction and Shear - trapeze bar

IDT members may be involved to manage above

## **Score 13-14 points = Moderate risk for skin issues**

As above but also: Position patient at 30 degrees of incline using wedges

## **Score 10-12 points or below = High risk for skin issues**

As above but also: Make consistent small shifts in their position and other devices for pressure relief, PT involved after 30 days of nursing care to heal wounds with electrical stimulation

# Self Assessment Worksheet for Pressure Ulcer Prevention

- ▶ [www.ahrq.gov](http://www.ahrq.gov)- On-Time Quality Improvement Program
- ▶ Do you have a Pressure Ulcer (PU) Risk Policy?
- ▶ Is your staff trained to accurately assess pressure ulcer risk?
- ▶ Do you use a standardized tool to assess risk? (Braden Scale)
- ▶ How often are skin assessments or checks done?
- ▶ Do you screen residents for PU risk at admission, readmission, significant change and upon each MDS assessment?

# Areas to Assess

- ❖ Impaired mobility (PT/OT)
- ❖ Incontinence (OT)
- ❖ Nutritional/Hydration deficits (ST)
- ❖ Diabetes dx or PVD dx
- ❖ Contractures (PT/OT)
- ❖ History of pressure ulcers (Resident Snapshot)
- ❖ Paralysis (PT/OT)
- ❖ Pain (PT/OT)
- ❖ Behaviors (PT/OT/ST)
- ❖ Cognitive change (ST)
- ❖ Positioning (PT/OT)
- ❖ Medical device -related pressure- catheter, oxygen tubing

# Immediate Jeopardy - Weight Loss Example

## Tag for Maintain Nutrition Status Unless Unavoidable - Weight Loss

- ▶ Facility failed to provide nutritional support as ordered; resulted in the likelihood for severe unintended weight loss
- ▶ Feeding tube not provided as ordered, weight loss occurred, physician and dietician not informed. Further, supplements were not provided as ordered, as well as, assistance at meals as required

# How to Avoid IJ Citation

- ▶ Residents assessed to be at high risk for nutritional impairments or weight loss should have a comprehensive evaluation completed by the dietician
- ▶ Medical orders must be followed, including ordered weights
- ▶ Ensure that the record contains documentation of interventions that were attempted and that weight loss was unavoidable, when applicable

There have been 5 (Ohio) IJ citations for weight loss/nutrition in the last 4 years when tracking prior indicates no citations.

# How to Avoid IJ Citation

- ▶ Typically patients who receive supplemental tube feeds, in addition to a prescribed oral diet, have at least moderate dysphagia requiring supervision at all meals.
- ▶ What is the supervision policy of the facility for dysphagia patients?
- ▶ Are they appropriate for an independent dining area if issues persist with current diet?
- ▶ Tube feed orders not followed may put added pressure on the patient to consume more; increases risk of aspiration/choking to satisfy hunger

# Tube Feed Patients

- ▶ Should be screened quarterly by SLP to determine any change in condition noted to warrant a swallow evaluation to reduce need for tube feed.
  - ▶ Citations noted in Ohio if a policy isn't in place to reassess patients periodically who are on altered diet.
  - ▶ To meet payer guidelines, some symptom/issue must be present to warrant evaluation.
- ▶ Have found success with “real foods” first i.e., real pureed food rather than pureed traditional to boost intake for patients with “pleasure food” or very poor intake.

# Immediate Jeopardy - Choking Example

## Tag for Food in Form to Meet Individual Needs - Choking

- ▶ Facility failed to ensure residents on mechanically altered diets were provided food in the correct texture assessed to meet their individual needs.
- ▶ Facility identified 4 residents who had choked in the last four months. IJ was result for 2 of 3 who experienced actual harm due to being served the incorrect texture and consequently choked resulting in need for Heimlich maneuver being performed.

# Immediate Jeopardy - Choking Example

- ▶ IJ began when a resident was given a tray with a whole hot dog contrary to the resident's order for mechanical soft diet when wearing dentures and a pureed diet when not wearing dentures.
- ▶ IJ continued when another resident who had a physician's order for a ground meat, nectar thick liquids and creamed soups only was observed to be served a bowl of chicken rice soup with the broth drained and crackers added. Resident choked and required Heimlich maneuver to be performed by staff in an effort to clear the airway.

# How to Avoid IJ Citation

- ▶ Ensure residents on altered diets are provided food in the correct texture assessed to meet their individual needs.
- ▶ If diet orders are written on contingencies such as dentures being in place, ensure that residents are assessed for these items prior to serving food.

# How to Avoid IJs

- ▶ Minimally, SLP be aware of all guidelines the facility has in place regarding altered diet textures including:
  - ▶ Mechanical Soft
  - ▶ “No mixed consistencies policy”
  - ▶ Supplements - Thickness Rating Policy
  - ▶ Diet Texture Policy including variations
  - ▶ Liquid Texture Modification Policy
- ▶ Must ensure the PRN SLPs are aware of facility policies regarding diet levels including if the facility strays from the norm and does not use the Regular, Mechanical Soft, Pureed hierarchy.
- ▶ Highly recommend home base SLPs review recommendations made by PRN staff

# How to Avoid IJs

- ▶ Ultimately, core SLP should work with facility to design policy and procedures regarding altered consistencies.
- ▶ Facility menus are fairly consistent with most having summer and winter menus with only 100 plus meal items routinely rotated.
  - ▶ Work with the dietician, on those consistent menu items to develop more specific policies on food items which are troublesome to residents.
    - ▶ Watermelon, rice, soups, dry ground meats

# Sample Mixed Consistency Policy

## No Mixed Consistencies

### Policy:

It is the policy of the facility to provide food in a form that is tolerated by the resident.

### Procedure:

Per SLP evaluation, a resident may be ordered “No Mixed Consistencies”.

“No Mixed Consistencies” omits the following foods:

**Cold Cereal with Milk** (hot cereal OK)

**Soups** (tomato soup and puree version soup OK)

**Gelatin with Fruit** (puree version or substitute fruit OK)

**Watermelon** (substitute fruit OK)

**Stewed Tomatoes** (puree version or substitute vegetable OK)

**Canned Corn** (puree version or substitute vegetable OK)

# Sample Mechanical Soft Guidelines

## **Mechanical Soft Guidelines**

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**All Meat (including lunch meat), fish and poultry must be ground.**

**\*\*\*\*Ground meats, poultry, and fish must be moistened with gravy, sauce or broth to maintain moisture and palatability.**

**Soup:** All ingredients should be soft and easy to chew.  
For residents ordered thickened liquids: Serve puree version of soup.

### **DO NOT SERVE:**

1. No raw vegetables (examples: Lettuce, coleslaw, cucumber), (allow through SLP\*)
2. No raw, fresh fruit (allow through SLP\*), except bananas
3. Nuts, Popcorn (either regular or hulled) potato chips, corn chips
4. Caramels, other chewy candy

# Another Immediate Jeopardy Example - Choking

Tag for Free of Accident Hazards/Supervision/Devices

- ▶ Facility failed to provide adequate supervision during and after the dinner meal for one resident who was on a mechanical soft diet with nectar thick liquids.
- ▶ Harm occurred when he began to choke after consuming watermelon (against ordered diet) and required intervention to clear airway and mouth.
- ▶ IJ continued when the patient was returned to his room unsupervised and was not fully assessed regarding his status. Checks following by the aide notices resident had weird coloring and raspy breathing which were not reported to the nurse. The patient was later found unresponsive by the aide. EMS was not able to establish a patent airway due to blockage by a jelly packet.

# How to Avoid IJ

- ▶ Ensure residents do not have access to food they are not permitted to have/are supervised so they do not have access to food they are not permitted to have.
- ▶ Ensure residents who experience a choking incident are appropriately monitored after the incident by a licensed nurse.

# Avoiding IJ

- ▶ Most of this scenario is facility driven due to lack of follow up with policies/supervision
- ▶ The concern:
  - ▶ Some facilities - watermelon would be an allowable item for mechanical soft due to it's soft consistency
  - ▶ Not usually noted as an item of concern on blanket thickened liquid policies even though it should
  - ▶ Is a concern from a mixed consistency perspective unless cut up and drained
  - ▶ Frequently not on menus - may be item missed in policies, that's why it is crucial to look over menu items to ensure that policies address problematic items

# The Dysphagia Patient and Supervision

- ▶ What is facility policy regarding patient identified as “at risk” regarding meal setting?
- ▶ If patient has swallow precautions, what is cognitive status? Can they eat unsupervised if intact? What level of confusion is acceptable, if any, to independent eating?
- ▶ Does a patient who is stable and not at risk on a current altered diet need 100% supervision? Can he/she eat alone in his/her room?
- ▶ Consider the patient who is stable on current altered diet but has cognitive issues.

What policies are in place for the above scenarios?

# Facility Nutrition Oversight Team

- ▶ Nursing
- ▶ Registered Dietitian
- ▶ Dietary Manager/Diet Technician Registered
- ▶ Speech Language Pathologist
- ▶ Quality Improvement
- ▶ Medical Director
- ▶ CNAs
- ▶ OT
- ▶ Identify Team Roles/Responsibilities

# Facility Team Communication

- ▶ In-services - SLP complete or design dysphagia competency - track via checklist
- ▶ Newsletters/Memos
- ▶ Department Head Meetings
- ▶ Risk Management
- ▶ Care Plan Meetings

# Sample Facility Nutrition Programs

- ▶ Food Service and Dining programs
- ▶ High Risk Nutrition
  - ▶ Should include altered diets
  - ▶ Wounds and Weights
  - ▶ Hydration Program
    - ▶ Hydration station
    - ▶ Thickened liquid review
    - ▶ Frazier Free Water
- ▶ Real Food/Nutritional supplement program
- ▶ Quality Improvement Program

# 485.71(b) Standard: Facilities and Equipment

- ▶ The organization has the equipment and facilities required to provide the range of services necessary in the treatment of the types of disabilities it accepts for service. SOM - Appendix E Guidance to Surveyors: Outpatient PT and ST
  - ▶ Must have space for treatment and privacy (i.e., screens and curtains available)
  - ▶ Surveyors will review P & Ps, clinical records and tour the dept.
  - ▶ They look for condition of equipment

# Equipment

- ▶ Must have evidence of P and P for equipment maintenance and patient privacy, competencies with the modality, maintenance log and calibration schedules, cleaning schedules and must follow manufacturer's guidelines
- ▶ Therapist must make sure assistants demonstrate competency with each modality
- ▶ Assistants must always follow established POC of PT or OT and consult with them prior to any modifications to plan
- ▶ Have MSDS information for any cleaning solutions available and make sure staff is aware of where they are and of proper cleaning instructions
- ▶ Store cleaning solutions and equipment in locked space

# Equipment

- ▶ If using a hydrocollator, make sure you have log of cleaning and temperature checks. Must have working thermometer.
- ▶ With other modalities, make sure all know cleaning techniques to reduce risk of cross contamination.
- ▶ If reusing pads, use them with only that patient...do not use with others.
- ▶ If self adhesive pads not used- must clean according to manufacturer's instructions
- ▶ All equipment is required to be inspected yearly or according to manufacturer's guidelines-Should have P and P for this- who is responsible for equipment inspection, frequency of inspections and what is procedure if equipment is broken

# Equipment

- ▶ Surveyors are looking for inspection logs with dates for equipment, and
- ▶ Information sheets from manufacturers for care of equipment
- ▶ Will interview staff, patients and administrator to see if procedures are being followed and safety of patient is upheld
- ▶ Surveyors may observe therapy while using modalities

# Supervision Defined in Survey Guidance Manual

- ▶ **Supervision** is an intervention and a means of mitigating accident risk. Facilities are obligated to provide adequate supervision to prevent accidents. Adequacy of supervision is defined by type and frequency, based on the individual resident's assessed needs and identified hazards in the resident environment. Adequate supervision may vary from resident to resident and from time to time for the same resident. Tools or items such as personal alarms can help to monitor a resident's activities, but do not eliminate the need for adequate supervision.
- ▶ The resident environment may contain temporary hazards (e.g., construction, painting, housekeeping activities, etc.) that warrant additional supervision or alternative measures such as barriers to prevent access to affected areas of the resident environment.
- ▶ Adequate supervision to prevent accidents is enhanced when the facility:
  - ▶ Accurately assesses a resident and/or the resident environment to determine whether supervision to avoid an accident is necessary; and/or
  - ▶ Determines that supervision of the resident was necessary and provides supervision based on the individual resident's assessed needs and the risks identified in the environment.

# Supervision Controversy

- ▶ Supervision has many different interpretations even within the documentation of therapy and nursing

Examples:

- ▶ MDS: Section GG- **Supervision or touching assistance**- Helper provides verbal cues or touching/steadying assistance as resident completes activity. Assistance may be provided throughout activity or intermittently

# Supervision Controversy

## Examples *(continued)*:

- ▶ Functional Independence Measure (FIM): **Supervision or set up (standby assistance)** Patient requires no more help than standby, cueing or coaxing without physical contact or someone is needed to set up needed items or apply orthoses, requires supervision and/or verbal cues to complete activity (may not always be done safely or correctly)
- ▶ Therapy Documentation: **Supervision:** Supervision can be close or at a distance and can be for individual activities or 24-hr supervision which also may include verbal guidance but no contact

# Survey Preparedness

Staff in-service regarding “What to expect during survey and how to respond to surveyors”

- ▶ Don't state facts from memory
  - Say “I will check and get back to you”
- ▶ Include FRD and/or administrator as per facility policy on all conversations with surveyors
- ▶ FRD must follow up with IDT members as needed

# Survey Recommendations

- ▶ If a negative survey occurs with IJ citations, it is recommended that you try to get citation downgraded while survey team still in building.
- ▶ If this does not occur, swift action must take place and establishment of a plan of correction is necessary. Consulting with an experienced attorney in the survey process can be helpful.
- ▶ Try to keep timeline of non-compliance to a minimum.
- ▶ Education for your staff on how to handle surveyor interviews is important.
- ▶ You should have a witness to all interviews and take detailed notes.
- ▶ Use Chapter 7 of SOM as a resource
- ▶ <http://www.cms.hhs.gov/surveycertificationgeninfo/>

# Wrap Up

Do what's right clinically and document what you do

Provide evidence of:

- ▶ Communicate and Educate
- ▶ Team Approach for Plan of Care
- ▶ Identification of Risk
- ▶ Evaluation of Risk
- ▶ Implementation of Plan
- ▶ Monitoring of Plan
- ▶ Be Prepared for Survey and Know Facility Expectations: Know which patients are triggering from MDS because they do

# References

- ▶ Advancing Excellence <https://www.nhqualitycampaign.org>
- ▶ National Pressure Ulcer Advisory Panel [www.npuap.org](http://www.npuap.org)
- ▶ Joint Commission-National Patient Safety  
[www.jointcommission.org](http://www.jointcommission.org)
- ▶ Institute for HealthCare Improvement [www.ihl.org](http://www.ihl.org)
- ▶ National Guideline Clearinghouse [www.guideline.gov](http://www.guideline.gov)
- ▶ Wound, Ostomy and Continence Nurses Society [www.wocn.org](http://www.wocn.org)
- ▶ Agency for HealthCare Research and Quality <https://ahrq.gov>
- ▶ *Centers for Disease Control and Prevention* [www.cdc.gov](http://www.cdc.gov)
- ▶ *State Operation Manual Chapter 7*
- ▶ [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_pp\\_guidelines\\_ltcf.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf)