

# Mentoring ‘toolkit’ on the way



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“My chief want in life is someone who shall make me do what I can,” Ralph Waldo Emerson once wrote. The Quality First Credentialing Foundation members and the Quality Unit staff have been working this past year through the FHCA strategic planning process on a mentoring “toolkit” that will be used to help member facilities in attaining and maintaining regulatory compliance by providing good care through expert-based guidelines and rational management practices. To help you do all that you can do, as Emerson would say. The Quality First Credentialing Foundation members have recognized that the focus on survey outcomes is not enough in ensuring a good foundation of performance excellence. Survey citations are indicators of facility problems and staff have to understand the underlying causes and adapt the evidence-based approaches to change the care outcomes.

## Toolkit components

The mentoring toolkit will be used by the Quality First Credentialing Foundation members to assist FHCA members in their assigned geographic areas. At this time, the mentoring is a volunteer-requested activity. The toolkit includes the state and federal laws, rules and aligned manuals (for example, MDS, Florida Medicaid Manual, FHCA Disaster Manual, etc.) governing nursing homes.

There is a separate section, “Risk Management and Quality Assurance,” because of the emphasis on applying established quality improvement management principles within the facility. This section includes the American Health Care Association’s “Developing a Quality Management System” by Bernie Dana and the new text, “Continuous Quality Improvement: Using the Regulatory Framework,” by Barbara Baylis and Jennifer Kulla-Scully, which focuses on improved survey outcomes. The State Operations Manual (federal) regulations and related guidelines have detailed and extensive requirements for nursing homes and the enforcement provisions and sanctions have increased the consequences for noncompliance. But the Quality First Credentialing Foundation members have recognized that the regulations set out only basic criteria for compliance.

## Additional resources

The laws and regulations do not advise

## Having a good survey outcome is not enough



how to provide care that ensures regulatory compliance. For example, F281, “Services Provided or Arranged by the Facility Must Meet Professional Standards of Quality,” is now the second highest-cited deficiency in Florida with 41 percent of the facilities cited in 2004 for care not being provided in accordance with accepted standards of clinical practice. The regulation does not advise facilities how to ensure compliance. However, facilities do benefit from the work of the Agency for Health Care Administration’s Quality Monitors who share “best practices” with facility staff. The Quality Improvement Organization also provides guidance, education and training with a systems focus on improving care in the quality measures areas of focus. The Teaching Nursing Home hosts the Geri-U and is supporting the development of best practices accessible via its Web site.

The Quality First Credentialing mentoring process is also to assist in identifying the lack of systems for understanding the clinical problems and in holding the clinical staff accountable. The intent is to identify the root causes of performance failures and to develop a systems approach to correct the problems. For example, the failure of a staff member to appropriately identify a patient’s significant change and to contact the attending physician may result in a citation for both “Significant Change” (F274) and

“Provision of Clinical Services” (F281). If the result is a facility policy for staff to call physicians immediately whenever there is a patient incident, the root cause has not been addressed for a significant change not being appropriately identified and the attending physician contacted. The system for appropriate identification of a significant change

Since the federal and state laws and regulations do not provide the guidance for meeting the requirements of F281 in meeting professional standards of quality, the mentoring toolkit does include examples of best practices and policy samples to guide you in developing a quality management system. The best practices and policies have been developed with input from the Quality First Credentialing Foundation members with representation from FHCA administrators and clinicians, FADONA, the Florida Medical Directors Association, the Florida Health Care Social Workers Association, the FHCA Risk Management workgroup, and the FHCA Quality Unit. The AHCA guidance to surveyors is also included for food temperatures, abuse, electronic signatures for MDs and other AHCA communications. The best practices and policies cover a range of practice areas from admission to end-of-life care regimens and ethics committees. The mentoring toolkit will continue growing as best practices and policies are developed.

## CMS pressure ulcer guidelines

The new F314 guidelines to surveyors do provide great detail in wound assessment and treatment expectations. For example, CMS recommends weekly skin assessments for the first four weeks of admission, but also indicates that a pressure ulcer may develop in as little as two to six hours. The deep tissue damage that comes first may be missed so the timing of assessments and the clinician’s skills are critical as is the supporting documentation. The State Operation Manual revisions were extended to F309 “Quality of Care” with directions to surveyors to look at the documentation for the wound assessment and clinical decision-making process used by the facility’s clinicians. The surveyor guidelines require nursing homes to establish treatment protocols “based on current standards of practice.” The FHCA Quality First Credentialing Foundation and the FHCA Quality Unit are working on a guidance package that will be included in the mentoring toolkit.