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TRANSCRIPT

Providing Necessary Care and Services in PACE Organizations

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Good morning, everyone. Some of you may remember back in November of 2010 I did a presentation regarding how a PACE organization could prepare for an upcoming PACE audit. And since that time, for 2011, we've went and done some PACE audits. And I'm happy to report that many of the organizations have found to be in compliance with many of the elements. However, one of the elements that seems to be still giving people trouble is the element of service delivery, known as SDY01. So today I thought we could discuss a few of the essential elements that could possibly help you as an organization come into compliance with this element.

So, as we spoke yesterday, the elements for the PACE regulations can be found in the "Code of Federal Regulations" at 460. And this particular element can be found at 460.98. And the element for this regulation has several different pieces to it. And, as most of you know, it asks as a PACE organization to ensure that participants have successful and adequate services to meet their needs in all care settings 24 hours a day every day of the year. In addition, the PACE organization is supposed to furnish comprehensive medical health and social services that integrate not only acute but also long-term care services.

So, how does an organization, a PACE organization, do that? I mean, of course you have to have resources. You have to have your center; you have to have a network. But probably the most important essential ingredient is your staff. And when I talk about the staff, I talk about the entire staff, from your executive director to the person who does your housekeeping. The driver who meets your participant in the morning, they're the first person that sees that participant. And he's the person who knows that that person is like in the morning or what they are like in the afternoon, and they can see any changes. The receptionist should greet your person when they come to the center, your activity staff, who are with the participant all day long and then you have your home health aides that help the person get ready for bed at night in their own homes, each are essential members of your team. So we need to ensure that there is sufficient staff to meet the needs of the participants.

And how do you do that as an organization? Since your staff is the critical link to your participants, it's really important that your staff have the necessary training to attain, maintain and improve their skills. And how do you go about doing that? I heard a little bit yesterday that in some areas finding staff is a little difficult. So finding the right person for the job is probably where, you know, it really begins. You post a position, you have references, you interview and you hire that person. You bring them in and you start an orientation with them.

Many PACE organizations have what they call self-assessment. Anybody here do that for your employees, they self-assess? Okay. One of the things about that is that's a great place to begin, self-assessments. But it's important to tell the employee that they don't have to be perfect. Nobody expects them to know everything. We'd be surprised if a staff member knew everything about a new organization and say they're competent. That's a place where the self-assessment can help you put a training package together for that employee, see where they're strengths are or where they think their strengths are and where they think they need additional help.

And in speaking to that, in the self-assessment, they might say, "You know, I'm a little - I haven't done wound care for a long time." As an organization, your standards of care should be in your policies and procedures. I can honestly tell you that when we find a problem in a facility in a PACE organization and I ask the staff who, you know, perhaps may not have done something according to the standards of care, "Well, when you were hired did you receive training on that?" And they'll say, "Well, I don't remember that." And I say, "Well, do you have a policy and procedure you can refer to?" And often times, unfortunately, they will say, "Oh no, there's no policy for that." And then I'll go back to the administration and I'll ask, "Can you pull your policy for wound care?" And surprisingly enough, a lot of times there isn't a policy that refers to that piece of that task or what the staff member was supposed to do. So, as part of your training of your staff, you went to ensure that anything that you want them to do as part of their job description, that there is a policy and procedure that shows that standard of care. So that that is something that you want to ensure that they're competent to do. In addition to that, many programs have pre-test and post-test.

Anybody have pre-test and post-test for their training, raise a hand. Okay, all right, that is also a great thing. You have your pre-test, you do your training, and then you have a post-test to see where people are at. And as part of that post-test, you probably have a level that you want people - what you would say that they are competent to be at. There are some - well let me put it this way. There are, in order to determine somebody is competent, probably the best thing to do is to actually observe them do that task.

As an example, just this week I had a colleague said to me that they had a friend who went to the emergency room. And there was an emergency room nurse. And you would think an emergency room nurse would have a great deal of skills. The patient had to have a Foley catheter inserted. The emergency room nurse put the catheter in the wrong area, then removed the catheter and was going to insert the same catheter into the right position. The patient, being a nurse, said, "Whoa, wait a minute. You need to go and get a new catheter before you do that." And the emergency room nurse seemed to be surprised by that. That would be something that you would expect a nurse to know, that the catheter in the wrong position, we were trained, being a nurse, to leave that catheter there so you don't do that again, and then go get new catheter and put it in the right place, and then remove the other catheter. But sometimes people, they just have learned habits that may need to be improved or they're not really efficient at a skill set. So it's very important as a PACE organization to ensure that before somebody works independently that you observe and ensure that they are competent to perform the task on the position and the job description that they have.

In addition to that - and I don't know, from a raise of hands - do you have people that are cross-trained? Anybody have people who are doing two different jobs? They do one job in the morning and one job in the afternoon? Anybody? Okay, we've seen where some PACE organizations have drivers. And they drive the participants to the PACE organization in the morning and they might do appointments. And then when they're not driving they come into the PACE organization and they help with the distribution

of meals at lunchtime, they help with activities. You know, they try to socialize with the participants. If you're having any of your staff do more than one job, you need to ensure that that person receives the training to be competent with that position.

In addition, although you might be doing annual trainings, which is great and a lot of PACE organizations do that mandatory. Everybody comes in one day and you do the in-services and you have pizza and it's a nice camaraderie for everyone. Again, you want to make sure that people are competent to do the job as you move forward in the years ahead so that somebody who was hired at the beginning of your program, that they're still competent to do that program, to do that job. So let's say you originally were not doing intravenous antibiotics at the center but suddenly you have a couple of people and the doctors are saying, "Well we can do antibiotics one time a day." And so the staff are asked to do that. Staff may not have done intravenous care for a very long time. So you want to make sure the people are given the training and the in-services that they need and that you observe and ensure that they're competent to do that. In addition, as the year goes on, you may wish to take a look at your policies and procedures to make sure they're current and they are up to the standards of care. And if you find you're revising them, again you want to go back to your staff because this is where you want them to be competent and to follow those standards of care through their policies and procedures.

In addition to that, if you have a home care agency that you're working with or several or a nursing home that you are contracted with and you have participants at, and you are finding that you are having some care issues with those entities, it is very important that you ensure that they staff that are providing care for your participants are competent to do so. And if you're finding that they're not and you're having difficulty, that that is something that you need to work with that agency or with that nursing home.

So the first essential element in providing necessary care and services is sufficient number of staff who are competent to perform their jobs. And in doing so, in order to provide that care, they need to get information from the participants and from their other colleagues, from other people that they're working with, staff members as well as other entities, hospitals, nursing homes, anybody who's caring for that participant.

So the other essential element is communication. And there are several different types of communication, starting with verbal. Then there's non-verbal written communication. But in talking about verbal communication, I want to start first with something that I heard yesterday. Dr. Hammett talked about it. Dr. Nichols talked about it, Ms. Conrad, Mr. Lawson. I heard it several times throughout the day that the PACE organization was listening to the participant to find out what their needs were. They were listening to the participant to find out what their wants were. They were listening to participants to find out what their preferences were. And the word that's - the active word there is the listening. We need to listen to our participants so that we can understand what they need, what they want and what their preferences are. Everybody has a story; everybody wants to tell their story. Now I know you're probably sitting there and saying, "You know Peggy, I'm multi-tasking five different things and they were all due yesterday, and I don't have 15 minutes to talk to Mrs. Jones to hear her study. I need to move it along because I have ten other participants waiting to be seen. And I understand that. I just want to relay a story as an example of how listening can focus in a different direction than we need to be. There was a patient in an exam room in the ER.

Family member was with them. Family member had to step out for a moment. Of course, that's when the ER doctor walks in, says, "Hi, Mrs. Jones, why are you here today?" Mrs. Jones starts out, "Well, I've

had this back pain for a while but --" And the doctor interjects, "How long is a while?" "Oh" she says, "A couple of months." And so the doctor, you know, goes towards Mrs. Jones and says, "Well show me where the pain is." And she points to the back of her shoulder blades. And he starts looking there. And he says, "Well how long has this pain --" Excuse me, "How does this feel?" And she said, "Well, it's waves of pain. It comes and it goes." And he said, "Well, do you do anything to help it?" And she goes, "Well I rest, and then I've taken some Motrin." And he says, "Does that help?" And she says, "Yes, it helps sometimes." So he's long at her and he has her do a few things with her arms and stretch forward. And he says, "I think you have back strain." And at that moment, the family member walks back into the room. And the family member goes, "Did my mom tell you that she's had this back pain for a while, but suddenly in the last couple of days it's gotten much worse, and that it's also accompanied by an external chest pain? She feels like there's an elephant sitting on her chest and she's short of breath and she's weak?" Doctor didn't hear that because when she said, "but" he interjected. Well, what happened there was that the doctor changed his focus. The person was admitted, had a cardiac catheterization early the next morning and had a stent placed in her chart. This is a true example. And I just want to point out that the doctor, in asking questions - and I know you need to ask questions - but we might need to give else a little bit of extra time to tell their story. The doctor could have said, "Has the pain increased? Has it changed? Are you having pain anywhere else?" Did in this example. And your PACE organization, physicians and medical staff might be great at listening and they might ask the appropriate questions. But sometimes, we just need to take a couple of minutes and listen.

I want to offer, as an example, some suggestions because again, you might be saying, "Well, you know we're very busy." One of the suggestions is that people write down before they see the doctor what the issue is. And as an activity, for those people that are able, the activity staff could have the clinical staff come and talk to groups of participants so that when they're talking to the physicians they can possibly sort of focus what they want to say to the doctor so that they can give examples and say, "This is the important things the doctor would need to know." So that could help the participants be able to tell the doctor exactly what they need to know, and then the doctor can ask questions from that.

Now, if the participants write down their questions, that might be something that your staff could then say, "Oh, let me see your questions before I step out of the room to make sure I've answered them all - just some simple helpful tests that can help us with listening.

Other issues with verbal communication, sometimes it's not what the participant says. Sometimes participants aren't always telling us everything. For instance, you might have a participant who comes into your clinic, they're short of breath, they've gained seven pounds and you're thinking they're into congestive heart failure. You ask Mrs. Jones, "Have you been taking your diuretic medication?" And she's been asking - answering your questions all along. Suddenly she goes, "Oh yes, I always take my Lasix medication" which doesn't correlate with how she's presenting. So that gives you an opportunity to say, "Well, maybe she's not and maybe we can ask a few additional questions that can help with medication compliance." The staff member might want to say, "Are you having any problems when you take that Lasix medication?" And then Mrs. Jones might say, "Well, you know what happens? I have urgency, and sometimes I don't take it because, you know, I'm coming here to the center or I'm going to church." "Well how often do you take that medication?" "Well, maybe once a week because I'm going to many places." So again, it's in asking the questions that maybe the people aren't necessarily giving us all the information too.

And the other important piece that find is verbal information that is not forwarded. You know a participant tells you something and it doesn't get forwarded to the physician or to other staff member.

As an example, this actually happened. Again, participant was home, a staff member from PACE organization who was a non-clinical person make to visit at the same time that the person was getting oxygen delivered because they had pneumonia. And the staff person was a little concerned because the person was a little more confused. They weren't really understanding what the oxygen supplier was trying to tell them. And they called the PACE clinic and said, "You know Mrs. Jones isn't herself" and explained what she was observing and said, "Do you want me to stay with her?" And the clinic said, "No, you don't need to stay with her, we're sending a nurse out later this afternoon." Unfortunately, the nurse who went out later in that afternoon thought she was just delivering medications that were needed, knocked on the door, gave Mrs. Jones her medication, saw that she had the oxygen on and the tubing was behind her and told Mrs. Jones, "Oh, maybe you shouldn't wear that oxygen when you're walking around because you might trip and fall." Unfortunately, Mrs. Jones several hours later went to the emergency room with respiratory failure and had to be placed on a vent. So just as an example of verbal communication that wasn't forwarded. When interviewing that nurse that went to the home, she said she had not heard anything about the person being more confused or having shortness of breath or needing to have assessment done. She just thought she was dropping off the medication. So making sure that important information is relayed to the people that need to have it is something that could help with providing care and services.

In addition to that, non-verbal communication is so important. Many of you have people that are cognitively impaired. And we all know what non-verbal is as far as communication, that grimacing, it's the groaning, it's the clenching of the fists, it's the twitching, it's the moving away from the staff members that you sometimes see that give you clues. And I would like to tell you that staff members are really attuned to those clues, but unfortunately when we do wound care observations, I cannot tell you how many times we have been observing a wound care observation and seeing people grimacing and seeing people moaning and seeing people that maybe cannot communicate "You're hurting me" and they're trying to move away, and the staff are really not attuned to that. And I'll interview the staff member afterwards and say, "Is this how the person usually presents during the dressing change?" And the staff member will say to me, "Yes." And I say, "Well do you ever think that maybe they're in pain?" And honestly, that person doesn't see that. They've not - they've not seen that as a possibility that the person was in pain. So again, something that you want to ensure that your staff is aware. If you have cognitively-impaired people, you want to make sure that you have a pain scale, and your staff are trained doing it, that includes the non-verbal pain scale.

In addition to that, written communication. A lot of you here have electronic medical records. Anybody want to raise their hand? Everybody have electronic medical records or some form of hybrid record? Okay. What we've been hearing, and you may be hearing this from your staff as well, is that it's a little bit more difficult to read some of the documentation from their colleagues. We're hearing that that the subject title, if there's a concern, that you have to scroll through some of the notes to find the right note that might have the information. So want to make sure that, as about have your electronic medical records system, that staff know how to navigate and that people are noting when there is an issue or problem in assessments so that people can readily access that information and not have to, you know, either not look at the records because it's, you know, cumbersome.

In addition to that, your written documentation needs to be comprehensive and it needs to be accurate. Another example of electronic record documentation was recently we had a participant that had a wound. And electronic record had two staff members, a nurse and a nurse practitioner, that both looked at that wound. And surprisingly, they were only a half hour apart with the electronic documentation. And the accuracy of that wound was a concern. One person had a totally different

description, measurements and staging than the other person. So again, if you were looking at that, you might think that that was a great opportunity for training. But your documentation needs to be accurate because you need to have the right information so that people can care for the participants.

In addition to that, your records have to be comprehensive and your written documentation should include information from your hospitals, your nursing homes, your consultants. And as an example of where sometimes that falls through is there was a participant that was seeing the wound clinic on a weekly basis for a lower extremity wound. The wound clinic asked three weeks in a row for an arteriogram to be done for this individual. On the third week, they said as soon as possible and underlined it several different times. Finally at that point, that information was read by the PACE organization. They scheduled it but it was scheduled for eight days later. Unfortunately, the person went to the hospital two days before the arteriogram because of the wound had deteriorated, and they had a below-the-knee amputation. So it's important that if you have a consultant or any kind of nursing home or hospital record, documentation, you want to make sure that you have that documentation and that you follow up on it.

In addition to that, I say this all the time when we come out on audits. Your staff, they do so many things, they're doing a wonderful job for the participants. But sometimes they don't document. And if you don't document then it wasn't done. You know it was done but they need to give themselves credit for what they do. They need to document that information. And then that way that information is available for the other providers.

So critical elements: do you need a competent staff and communication among your team members so that you can get the information from your participants and from the other staff members who are taking care of your participants so that you can assess. If a person comes to you and they say they have a problem, a concern, that concern needs to be assessed. I hear often, "Well, you know Peggy Kosherzenko, she always complains about chest pain, always. She comes like three times a week to our clinic. Well Peggy Kosherzenko has a history of having three stents put in. And if she's not having chest pain and it isn't a cardiac issue, then there's an issue with Peggy Kosherzenko's anxiety and that needs to be assessed, and that needs to be worked on. So you need to assess the problem.

In addition, again, you have participants who cannot tell you that they have an issue or concern. So again, you need to be aware of what's happening with your participants. So you need to be able to assess. If you see Mrs. Jones is having difficulty breathing, she seems more labored, she seems like she's struggling to walk down the hallway, that's a clue that you need to assess that maybe something else is happening with her. And that, all that information that you again through verbal, non-verbal and written communication is what helps you make an assessment.

Once you have the assessment of that participant, you need to develop a plan. And the plan can be a nursing plan. It can be the physician and the IDT plan. Whatever that plan is for that individual, it needs to be addressing the issues and concerns of the participant. The plan should be something that the participant is a part of as well. A lot of times we hear from participants, "Well I'm not really quite sure. I complained about my leg hurting, but nothing was ever done about it." Well there was, but it was never brought back to the participant that the doctor ordered certain tests or treatments and things like that. So once you have the plan, just make sure the participant's part of that plan. And then implement the plan in a timely fashion.

More often than not, that that's where some of the issues arise is that the plan is not implemented. We had a participant who had seizures, was hospitalized, doctor realized that the person was not compliant with their medication and ordered that their seizure medication be given in the clinic. The person was coming five days a week and they were going to have home care go out on the weekends. Three weeks later the person has another seizure; winds back up in the hospital. What they discover, what we discovered was that the medication was never given in the center. It was just that plan was there, the orders were written, but it was never followed through. So that person never received any of that medication for that three weeks and then wound up back in the hospital.

Once you implement your plan, you need to go back and evaluate it. If Mrs. Jones complains about pain and you give pain medication or elevate that limb or ice that limb, you need to go back and find out whether or not that was effective. Because if it's not, you need to then go back and see maybe the doctor wants to prescribe something else.

For most of you here, if you could just by raise of hands - it's hard to see by the lights - but executive directors, administrators of - center directors, just you all raise your hands. Okay, all right. Although all this information is something that we were hoping that your staff would hear, we would like to ask that you take that back to your staff because you are the responsible parties. You are responsible for ensuring that the care and services are delivered to the participants. And the way in which you can ensure that is by observing the care being delivered to your participants, by reviewing the documentation. We don't do anything different than just these couple of things. We observe, we review documentation and then we interview the participants, caregivers and staff. And you can do the same thing well before we come in and do our audits. And as you do that, you can find areas an opportunities for improvement and make those improvements. And then you'll be in compliance with the regulation for service delivery.

I have a few other cases that I'd like to just - true cases - that I just have a couple of minutes that I wanted to mention to you. There was an individual who, unfortunately, came back from a hospital and was in a nursing home. And when they came back to the nursing home, the nursing home staff reported that they had an increased respiratory rate, was on oxygen. Their pulse ox was hovering around 90. They came in in the evening shift. And you know how that is, anybody who's worked in a nursing home. 4:00, that's a busy time, dinners are coming out, evening shift is busy, there's meds to be given. The next note wasn't written until 1:00 in the morning when, unfortunately, the nurse says the CNA came to the nurse and said that the person wasn't breathing. So the nurse went down, saw that the person wasn't breathing and called the supervisor. The supervisor comes, sees a person that's not breathing, calls the doctor and says the person passed on. The problem with that was that the person was a full code. The person came back from the hospital, unfortunately had some difficulty, should have been monitored. There was no further notes. There was no assessment of that person after they came back and their vital signs are abnormal. And there was no documentation about what was done to help relieve their respiratory issues. And unfortunately, they passed on.

In addition, we had another case where a person - the participant themselves was saying, "I'm nauseous, I'm having this vomiting, I have stomach pains." And 15 days later, finally after telling that they were having this problem, they got an order for a GI consult. And then it was another 12 days before the consult came back to the PACE organization. So again, it's all about communication, all about listening. And I hope some of this information has been helpful. Any questions? No questions? Thank you very much.