

Midwest Division Provider Update

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Health Care Built Environment 2016 Conference

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Wisconsin State Survey Agency

The Wisconsin Department of Health Services (DHS), Division of Quality Assurance (DQA), Office of Plan Review and Inspection (OPRI) will be hosting their first Health Care Built Environment Conference this fall in Oshkosh Wisconsin.

The Health Care Built Environment Conference will take place on Thursday October 27th at La Sure's Banquet Hall located in Oshkosh, Wisconsin.

Three components that shape the health care built environment are health care delivery models, facility design and the regulatory environment. This conference brings together all stakeholders engaged in the infrastructure of health care while addressing the common thread of the regulatory model from planning and construction through occupancy.

National experts will present topics in their respective fields focused on technology, owner needs and expectations, design and construction management.

The role of technology will address how a successfully constructed project helps build a portfolio and how it cycles back into the business model. Meeting the expectations of health care delivery models in the community as well as the individual will be presented from the owner's perspective and strategies related to the regulatory model.

Following the owners perspective, the design team will address how the owner's expectations can be delivered while meeting the health, safety and welfare requirements as determined by the regulatory model. Finally, the presenters will discuss how the implementation of technology has had the ironic effect of communication on a project. Despite the advances in software, the efficiency of the industry as measured by labor productivity has declined over the past 50 years. The health care industry is uniquely positioned to reverse this trend.

To learn more about the conference, please visit the Department's website at: <https://www.dhs.wisconsin.gov/regulations/plan-review/index.htm> and see the conference brochure at <https://www.dhs.wisconsin.gov/regulations/plan-review/conference-brochure.pdf>.

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C M S C P D A T E S

S&C 16-41-ICF/IID contains updated IG and clarification for W tag 154. Facilities must have evidence of thorough investigations of suspected abuse, neglect, mistreatment and injuries of unknown origin and protections must be in place during the investigation. The updated guidance provides instructions to review 5% (or at least 10) of total client incidents and internal investigations over the previous three months, to determine if a pattern exists. A full review of the September 23, 2016 letter can be accessed from <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-16-41.pdf>.

The September 30, 2016 **S&C 16-42-NH** describes implementation of the LTC requirement reform. To peruse go to <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-16-42.pdf>, or just review the bulletpoints below. If the bulletpoints sufficiently aroused your interest, clear your calendar and review the full FR publication of the document at <https://www.federalregister.gov/documents/2016/10/04/2016-23503/medicare-and-medicaid-programs-reform-of-requirements-for-long-term-care-facilities>

Hear Ye, Hear Ye: the **Federal Register Final Rule posting dated Oct 4, 2016** (link is above) regarding Reform of Requirements of LTC should be on your weekend reading list. The document provides the three annual phase in dates beginning November 28th 2016, 2017 and 2019. A few of the highlights include:

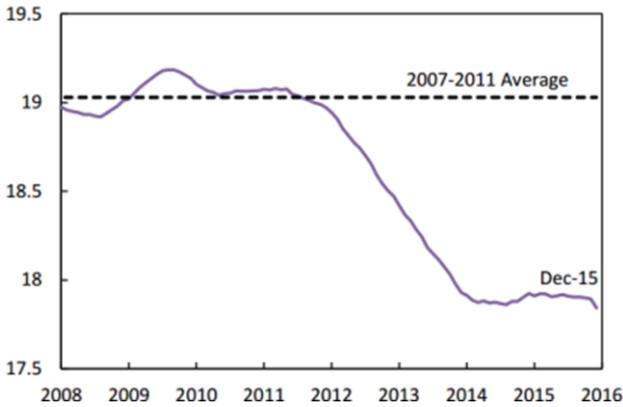
- The long discussed and anticipated QAPI requirements
- Updates to patient rights and freedom from abuse, neglect, misappropriation to include the now commonplace use of “advances” such as electronic communications. The QAPI requirements mentioned in the first bullet incorporates the reporting of reasonable suspicion of crimes.
- IDT members now need to include CNA and Food/Nutritional representation
- MDs can delegate ordering of diets to “other clinically qualified nutritional professionals” and delegate therapy orders to therapists and as a segue; respiratory services will now be identified a one of the specialized rehab services.
- Sufficiency of nursing staff needs to be based on an assessment to include number of residents, acuity, range of care needs and diagnoses
- Qualifying educational preparation for Social Worker will not include gerontology
- Pharmacists will need to review resident’s charts monthly
- SNF/NFs need to have a policy addressing lost/damaged dentures
- No binding arbitration agreements, in advance of an actual dispute, between facilities and residents or their responsible parties
- Facilities need to have an Ethics program, complete with written compliance standards, policies and procedures.
- Bedroom occupancy limits to two persons

New data: 49 states plus DC reduce avoidable hospital readmissions

On September 13th, CMS published news of the reduction in potentially avoidable hospital readmissions that occur within 30 days of a patient’s initial discharge. The effort to provide Better Care and Lower Costs appears to be on the path to success as national data shows an 8% reduction. The blog, authored by Patrick Conway and Tim Gronniger which includes a state by state breakdown can be reviewed at <https://blog.cms.gov/2016/09/13/new-data-49-states-plus-dc-reduce-avoidable-hospital-readmissions/>

Medicare 30-Day, All-Condition Hospital Readmission Rate

Percent, 12-month moving average



Announcements

The Midwest Division of Survey and Certification asks you to hold the date of December 7, 2016 (noon-4PM) for a joint collaborative with the Division of Quality Improvement and the Chief Medical Officers. Plan on joining us for, “Early Recognition and Management of Sepsis in Nursing Homes”. More information regarding participation will be included in next month’s newsletter.
D. Moran, CMS

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