

ACTION PLAN Advancing Nursing Home Quality Now

Enhancing Surveyor Training on Person-Centered Care

To improve the quality of care and the quality of life of residents in nursing homes, state surveyors need additional training on how to assess, report and evaluate the degree to which principles and practices of residentdirected living (person-centered care) are realized in nursing homes. The Coalition will conduct a state demonstration project to pilot test and evaluate an enhanced surveyor training approach to person-centered care.

Guiding Recommendation from NASEM's The National Imperative to Improve Nursing Home Quality

"The Centers for Medicare & Medicaid Services (CMS) should develop and evaluate strategies (including the evaluation of potential unintended consequences) that make nursing home quality assurance efforts more effective, efficient, and responsive, including potential longer-term reforms." (Recommendation 5B, p. 527)

The Coalition thanks the Quality Assurance Committee for writing this Action Plan.





Purpose

To improve the quality of care and the quality of life of residents in nursing homes, state surveyors need additional training on how to assess, report and evaluate the delivery of resident-directed living (person-centered care) in nursing homes. This requirement is part of the Centers for Medicare & Medicaid Services' (CMS) Code of Federal Regulations. Following principles set out by the Omnibus Budget Reconciliation Act (OBRA87), the CMS State Operations Manual states that person-centered care describes the practice of focusing on the resident as the locus of control and supporting residents in their own choices and maintaining control over their daily lives. It's about more than care, a matter of ensuring residents live how they want to live. While nursing homes collect preferences on the Minimum Data Set (MDS), there are opportunities to do more related to articulating resident priorities and goals – a prerequisite to person-centered care. Surveyors must have the knowledge and skills to ascertain whether a nursing home team is reliably addressing person-centered care with all residents on a regular basis.

To that end, the Coalition seeks to highlight how quality assurance and quality improvement efforts must work in a coordinated fashion, involving state survey agencies (SSAs) and federally or state-contracted surveyors or survey organizations, along with input from quality improvement organizations, long-term care (LTC) ombudsmen, the nursing home staff, and residents. While providers may serve as faculty and provide input into the surveyor training program, the Coalition will not train nursing home teams during this initial work.

While the NASEM Report made recommendations regarding Quality Assurance (QA) broadly, this action plan focuses on one specific aspect of QA – surveyor training related to compliance with federal person-centered care regulations. Recognizing that compliance is only one part of QA, the Coalition will explore the relationship between QA, quality improvement and compliance. The narrow focus on person-centered care, however, will enable the Coalition to make significant progress and build infrastructure for sustainability over time. In particular, the Coalition proposes that surveyors receive a two-day training on how to assess, report and evaluate nursing homes on the delivery of resident-directed living including person-centered care goals, care plan documentation of resident GPPs and whether those GPPs are integrated into actual care delivery. This will promote processes that are more effective, efficient, and responsive to residents' needs and wants.

Goal: Conduct a state demonstration project to pilot and evaluate an enhanced surveyor training approach to resident-directed living – including SSAs, quality organizations (e.g., Quality Innovation Networks-Quality Improvement Organizations), Ombudsman
Programs, nursing home staff and residents, and advocates. The pilot will support future co-education with surveyors and providers, following all applicable regulations.



Phases of Work

Progress To Date

The Coalition has spoken with multiple state survey agency leaders about participating in this surveyor training pilot. Some expressed interest in participating. Others reported potential limitations due to staff vacancies.

The Coalition has reviewed existing surveyor training programs, including current CMS surveyor training, and has identified one potential professional trainer, who has developed a two-day curriculum that has been delivered to surveyor audiences in multiple states. Other trainers and programs will be considered as well. A high-level overview is provided in the appendix. The Coalition recognizes that some of the enhanced training on person-centered care may also require updates or amendments to federal guidelines or surveyor guidance. Not all those changes may be accomplished in the next year but are part of the Coalition's considerations for program sustainability.

Proposed Timeline

Activity	Completion Date
Confirm a commitment from at least one SSA to provide a proposed training to a group of surveyors. Document agreement on collaboration with SSA. Inform CMS.	October 2023
Select trainer to co-develop and deliver the enhanced surveyor training program focused on person-centered care.	October 2023
Develop or adapt a two-day collaborative workshop (training program) or similar model for enhanced person-centered care training.	January 2024
Complete development of the draft training program. Conduct review by outside experts, providers, and state survey agency leaders, surveyors, and nursing home residents so that curriculum is finalized and ready for testing.	April 2024
Schedule pilot training program for short-term evaluation with one survey agency. Consider a shadow survey (e.g., observation) as part of the initial evaluation to show changes in surveyor behavior.	May 2024
Long-term evaluation. Conduct a research project involving a comparison group of surveyors receiving enhanced surveyor training on person-centered care versus usual training.	Future Evaluation



Additional Details

Partners and Stakeholders

State Survey Agency: At least one state survey agency is needed to co-design and pilot the model.

CMS Division of Nursing Homes: The CMS Division of Nursing Homes Director or other senior leader will need to provide support, along with those overseeing CMS training processes. The Coalition will continue conversations with CMS.

Key Stakeholders: The Coalition will also include a small number of nursing homes, state professional nursing home association chapters, and the Association of Health Facility Survey Agencies (AHFSA) in discussions and planning. Nursing home residents will provide feedback and recommendations during the design and pilot phases.

Evaluation Team: An evaluation team will analyze structure, process and outcomes. Identifying qualified candidates will be part of early Year 2 work (starting July 2023).

Equity

The Coalition will track data on the diversity of the SSA surveyor workforce compared to the population served within each nursing home. During evaluation, will use this information to look at whether these factors influence disparities in the oversight of person-centered care – e.g., whether survey teams with different racial/ethnic composition than the population of nursing homes they survey are less able to document person-centered care issues.

Sustainability and Financing

If surveyor trainee feedback reflects that surveyors find the training to be helpful and valuable, and objective evaluation (e.g., observation) reflects changes in surveyor knowledge and behavior, then CMS should support the expansion of this component of standard surveyor training. Sustainability will also be more likely if there is early support and constructive feedback from key stakeholders (surveyors, survey agency directors, CMS Division of Nursing homes, providers, residents, and others).

The Coalition has identified the primary cost of retaining one potential trainer. Early Year 2 work will focus on determining the cost of additional trainings and other incidental costs. The Coalition will include surveyor trainee time, survey agency director time, trainer fees, other possible costs. It will also look at funding opportunities.



Select References and Materials

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Convergence Center for Policy Resolution. 2022. <u>Reimagining Care for Older Adults</u>.

- Duan, Y., et al. 2020. <u>The Effects of Nursing Home Culture Change on Resident Quality of Life</u> <u>in U.S. Nursing Homes: An Integrative Review</u>. *Research in Gerontological Nursing* 13(4).
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LeadingAge California. <u>The Gateway-In Project</u>.

- Lima, J.C. et al. 2020. <u>The Changing Adoption of Culture Change Practices in U.S. Nursing</u> <u>Homes</u>. *Innovation in Aging* 4(3).
- Miller, S.C., et al. 2018. <u>The Prevalence of Culture Change Practice in US Nursing Homes</u>. *Medical Care* 56(12).
- The Commonwealth Fund. <u>Rhode Island: Incorporating Culture Change into the Nursing</u> <u>Home Survey Process</u>.



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Appendix Example of Training Program Components

Program Elements:

- 1. The program would start with a two-day collaborative workshop. Potential workshop topics may include:
 - Culture change principles and practices
 - Practices to promote optimal sleep
 - Open dining
 - Leadership
 - Team building
 - Individualizing care plans and promoting person-centeredness
 - Quality Assurance and Performance Improvement (QAPI) regulations
- 2. The Coalition will consider including monthly webinars focused on person-centered care, resident-directed living, changed institutional culture and regulatory support and compliance for all surveyors. Some of these calls may also include providers.

Program Leadership:

- 1. An experienced trainer in person-directed living.
- 2. A knowledgeable, supportive and interested surveyor to model collaboration and to represent survey teams.

Program Sponsorship:

- 1. The program could be co-sponsored by the Moving Forward Coalition along with a local team of diverse nursing home stakeholders.
- 2. The Coalition would have to receive approval from at least one SSA and acknowledgement from CMS to develop and pilot the enhanced training.



Acknowledgements

The Coalition thanks the Quality Assurance Committee for their work on this Action Plan. Members of these Committees are listed below.

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