

# MEDICAID COMPLIANCE NEWS

## Cherry Hospital Regains Certification By Upping Nursing Oversight, Staff Training

Facility-wide process changes with a special focus on nursing-staff supervision and emergency-event responses did the trick for Cherry Hospital in Goldsboro, N.C. The 274-bed state-run psychiatric hospital, which serves a 38-county market in the eastern part of the state, can once again access about \$900,000 a month in Medicaid reimbursement.

Cherry's situation hit bottom in September 2008, following about five months of bad news about patient care and the hospital's apparently anemic early response to it. In April 2008, a patient died as a result of choking on medication after waiting about 24 hours — spanning four staff work shifts — for medical attention. In August, two hospital staffers were accused of beating another patient.

CMS put Cherry in "Immediate Jeopardy" status that month, and a couple of weeks later, when a follow-up survey found the facility still wasn't compliant, the feds dropped the bomb. That's when the state Department of Health and Human Services (DHHS) stepped in, hiring Cincinnati's Compass Clinical Consulting to come in and help the hospital fix things. Some time later, the state appointed Cherry's current director, Philip R. Cook. A final survey in July of this year cleared the institution to start receiving Medicaid money once again.

### Fixes Focus on Nursing, Emergencies

When the dust settled, 13 employees had received disciplinary action and one had resigned. Documents filed with the DHHS detail a wide range of process changes made by Cherry — with guidance from Compass — centering primarily on nursing services and, especially, on what to do in emergency situations. Here are highlights:

◆ From a macro perspective, the nursing director provided training for all RNs, LPNs and health care technicians (HCTs), including details of "performance expectations in regard to patient care responsibilities, a refresher on de-escalation and a review of the definition of neglect and specific examples of it." The training also covered "a review of policy revisions covering patient fluid intake and output (I&O), weights, meals and nourishments, nursing assignments, nursing process and progress notes frequency," plus a review of "shift report and staff assignment expectations and the scope of practice for RNs and LPNs." A "read and sign"

memo guaranteed that all nursing staff received the training.

◆ The director of nursing also developed and implemented a plan to "augment nursing management and supervision," increasing nursing staffing to two registered nurses per ward per shift on the Adult Acute Admissions wards. "Each RN received mentoring for supervisory skills," the documents add. Cherry leadership closed one of the wards in question to make the new staffing level economically feasible, and pledged to delay further admissions when the remaining wards' 67 beds are all in use. The state legislature funded 10 additional RN positions at the hospital as well.

◆ Nursing Services developed a Health Care Technician Worksheet that HCTs use to gather information during their shift reports that needs to be reported to the ward RN.

◆ Implementation of that new process is monitored in ongoing shift report audits (see audit tool, p. 3). The performance expectation, documents reveal, is "at least 95% compliance with Indicator #3 (e.g., HCT wrote notes on assignment worksheet during report)" — and, in fact with all the other indicators. "Random audits will be performed to validate sustained improvement," the documents note.

◆ All nursing services staff and medical staff members received "refresher training" in de-escalation and bite release, and de-escalation posters now hang in all treatment areas.

◆ Cherry revised its Abuse/Neglect/Exploitation Policy to require notification of the guardian or other legally responsible person within 24 hours of receipt of an allegation. Now, in addition to making telephone notification, Cherry staffers must send a letter regarding the allegation to that person. Also, "to prevent further delays," the documents point out, "a procedural change was made so that notifications of allegations are sent to the Social Work Department office, where they're tracked. Ongoing audits are reported to the head of the department.

◆ Meals and nutrition also got special attention in Cherry's changes. Now, policy dictates that "a pattern of patient refusals of nourishment must be reported to the MD or physician extender (PE)." Also, an RN or LPN now monitors and documents each patient's meal

consumption on the Multipurpose Flow Sheet.

◆ A read-and-sign directive addressing the role of HCTs was distributed. It “explicitly prohibits administration of medications by HCTs.” And, the documents say, “to validate that medications are being administered only by licensed personnel, additional oversight by the RNs was implemented on the wards.”

◆ To ensure that all LPNs are competent to respond to emergency situations, a competency validation was performed early in the change process. The director of nursing also issued a directive about prompt notification of the PE following all incidents or accidents. The Performance Improvement Department reviews medical records at random to monitor compliance with the directive.

◆ Educational documents distributed as part of the process changes include “De-Escalation Tips” and “Documentation Tips for Licensed Practical Nurses.”

◆ Several changes were made to the Nursing Service Policy Manual, including a requirement that “weights will be obtained on admission and at least every month thereafter” and another that “monitoring of patient weights is the responsibility of the RN.” Also, “RN, LPN and HCTs are responsible for collecting patient fluid I&O data and recording them on the I&O Worksheet.”

◆ Some of those changes sync up directly with CMS standards and guidelines. For example, the Policy Manual now specifically “defines the mechanism for monitoring patient meals and nourishments and for ensuring appropriate follow-up nutritional concerns” in a nod to CMS Interpretive Guidelines Section 482.28(b).

◆ Also, the Policy Manual now stipulates that “the psychiatric-mental health nurse collects patient health data, analyzes the assessment data in determining nursing diagnoses and develops a plan of care that prescribes interventions to attain expected outcomes.” The details of the process changes meet the requirements of CMS Standards Section 482.23(b)(4).

◆ The policy manual also specifically addresses “ensuring safe patient care by accounting for the complexity and changing nature of individual patient needs” and “ensuring that RNs plan, supervise and evaluate the nursing care provided for each patient.” The details of those process changes address CMS Standards Section 482.23(b)(5).

◆ In addition, a change to the hospital’s Clinical Care Plan addresses CMS Standard Section 483.13(b)(c), which requires policies for “reporting and investigating all cases where there is cause to suspect that abuse, neglect or exploitation has occurred.” The policy states specifically that staff must intervene when they can, provide immediate evaluation when needed and, in all cases, report the incident immediately.

Cary D. Gutbezahl, M.D., chief operating officer and president at Compass, notes the importance of leaders who can actually lead in making the process changes needed to regain Medicaid certification. “The executive team must have the capability of influencing the work force,” he tells *MCN*. “When members of the leadership team are not on board or cannot influence others, they need to be replaced.” A fresh pair of eyes helps, too, he adds, noting that “bringing in outside perspective helps uncover issues that are often overlooked by those who are deeply immersed in the situation.”

That’s because outsiders can compare what’s happening at your facility to what’s going on at others in other geographies, Cook notes, and because they don’t know the players so well that they hesitate to point fingers for fear of stepping on toes. “Compass came in completely fresh, with no preconceived notions of what was taking place,” he tells *MCN*. The consultants, he adds, “did a great job of providing the initial kick-start and of sorting out what needed to be enhanced.” Compass handed off day-to-day responsibility in the spring.

Call Compass spokesperson Steve Kayser at (513) 241-0142, ext. 112. ◆

A key focus of Cherry Hospital's efforts to regain certification was making sure patient care is consistent across staff shift changes. Nurse managers use a number of audit tools, such as this one, plus checklists, decision trees and information posters to make sure each shift is apprised of major patient care issues that the shift before was focused on. Contact Brad Deen in the North Carolina Department of Health and Human Services Office of Public Affairs at (919) 733-0190.

Date \_\_\_\_\_ Unit \_\_\_\_\_ Ward \_\_\_\_\_

**Hand-Off Communication (Shift Report): Audit Tool**

*Instructions: A designated RN completes the audit during Shift Report. Audit Tools are forwarded to the Nurse Manager for review and follow-up, and then to Nursing Education.*

**Night Shift**

RN Completing Audit \_\_\_\_\_

Yes No

- Required staff participated, or staff not present received 1:1 report upon arrival
- Kardex and Ward Report used to relay information
- HCT wrote notes on assignment worksheet during report
- RN and LPN wrote notes during report
- Basic nursing care issues discussed (nutrition, hydration, elimination and general activity)
- Assignments communicated to staff
- Staff attentive with ample time for questions
- Accountability rounds completed
- Departing staff remained on ward until end of shift report and oncoming staff assumed responsibility

**Day Shift**

RN Completing Audit \_\_\_\_\_

Yes No

- Required staff participated, or staff not present received 1:1 report upon arrival
- Kardex and Ward Report used to relay information
- HCT wrote notes on assignment worksheet during report
- RN and LPN wrote notes during report
- Basic nursing care issues discussed (nutrition, hydration, elimination and general activity)
- Assignments communicated to staff
- Staff attentive with ample time for questions
- Accountability rounds completed
- Departing staff remained on ward until end of shift report and oncoming staff assumed responsibility

**Evening Shift**

RN Completing Audit \_\_\_\_\_

Yes No

- Required staff participated, or staff not present received 1:1 report upon arrival
- Kardex and Ward Report used to relay information
- HCT wrote notes on assignment worksheet during report
- RN and LPN wrote notes during report
- Basic nursing care issues discussed (nutrition, hydration, elimination and general activity)
- Assignments communicated to staff
- Staff attentive with ample time for questions
- Accountability rounds completed
- Departing staff remained on ward until end of shift report and oncoming staff assumed responsibility