Clinical issues for considerations when commenting to CMS on Proposed changes to Requirements of Participation:

Proposed:

483.21 Require proposed baseline care plan be completed within 48 hours of a resident's admission. List minimum information necessary – initial goals based on admission orders, physician orders, dietary orders, therapy services, social services, and PASARR recommendations as appropriate. Allow completion of comprehensive care plan completed in 48 hours, instead of baseline and comprehensive.

Comment:

We already complete a social history and activity assessment that would gather much of the quality of life issues. Care could be captured during the prescreening process and the initial nursing assessment. Updated as the MDS supportive assessments are completed during the ARD windows. Minimally, change requirement to 72 hours.

Proposed:

483.20 Mandatory members of IDT – add CNA with responsibility for the resident, appropriate member of the food and nutrition services staff, and social worker.

Comment:

Have no argument with the "intention" of this requirement, but there would be a substantial cost to back-filling these positions if they are required to attend the IDT meeting. Unintentional consequence is reduced staff at bedside unless there is a backfill. Alternative recommendation is that the CNAs participation could be via interview prior to the IDT meeting or utilization of Point of Care type documentation

Proposed:

483.35 Sufficient staffing: competency requirement for determining sufficient nursing staff based on a facility assessment, which includes but is not limited to the number of residents, resident acuity, range of diagnosis, and the content of care plans.

Comment:

CMS needs to define "competencies" and how this would be structured for proof of sufficient staffing during a survey and/or a look back reimbursement audit. Clarification of "competency", "facility assessment" Costs would include: Development, Training, Competency evaluation hours and documentation management.

Proposed:

483.45 Includes change in definition of psychotropic drug to "any drug that affects brain activity associated with mental processes and behaviors." New definition includes Opioid analgesics, now requiring a gradual dose reduction.

Clinical issues for considerations when commenting to CMS on Proposed changes to Requirements of Participation:

Comment:

The definition of psychotropic is too broad and therefore not useful. Most medications have the possibility of affecting the central nervous system either by design or secondary effect. Of particular concern would be Parkinson's, seizure and cardiac medications, which have anticholinergic effects Patients being treated with medications for pain would also fall under this change and the suggested requirements can have a negative effect on patient care because meeting the requirements will compromise optimal medication therapies (unintended consequence.)
Recommendation: Use current definition in SOM: "Psychopharmacological medication" that is defined as "any medication used for managing behavior, stabilizing mood, or treating psychiatric disorders." This may be more consistent with the intent of the proposal.

Proposed:

483.80 (Federal Register page 42216) "We further propose to add a new paragraph (b) to require that the facility designate an IPCO who is responsible to the PICP and who has received specialized training in infection prevention and control….SHEA/APIC guidelines…..should have a designated IPCO for whom implementation and management of the IPCP is a major responsibility…We propose to require that the PICO be a healthcare professional with specialized training in infection prevention and control beyond their initial professional degree.

Comment:

What exactly is specialized training (does it mean APIC certification? If so it could take 5 years to obtain the certification). How will "majority" of responsibilities be measured? What if the Part time IPCP picks up additional nursing hours to help with staffing and it exceeds her/his IPCP hour – less that the majority of hours?

Many facilities will have to hire another staff person, minimally an RN who would need to receive additional training. The cost of this one person would go well beyond the $4700 that has been proposed to be the total additional cost of these entire changes

Recommend: Alter language from "is their major responsibility," to "is part of their responsibilities."

Proposed:

483.40 Behavioral Health Training: require that facilities provide behavioral health training to its entire staff, based on the facility assessment done annually.

Comment:

Clarify/define behavioral health training. At a minimum, identify/determine criteria of such training. Consider cost of training "entire staff."

Clinical issues for considerations when commenting to CMS on Proposed changes to Requirements of Participation: