

MDS Alert

Remember: Big Changes Effective Soon

Big changes in facility assessments are happening this month.

November is a big month for nurse assessment coordinators and the MDS team, as well as the rest of SNF staff because big changes go into effect. You've been preparing all year, but make sure you're ready for these two big facility assessment changes before surveyors come knocking.

Deadline: Nov. 15, 2017

Surveyors will expect your facility to meet its requirements on emergency preparedness. MDS Alert touched on this subject in the previous issue, in terms of how you can get ready for some particular disaster scenarios, but review here, now, too, as one last primer before these requirements go into effect.

To fully comply with these requirements, management needs to evaluate your individual facility and the unique threats it faces. While all facilities are susceptible to shooters, electricity blackouts or power outages, some facilities are more prone to certain disasters, like hurricanes, tornadoes, blizzards, or wildfires.

The catch with the emergency preparedness requirements is that you need to look at all of these, in addition to the very localized geography or topography of your facility.

For example, if your facility is close to active railroad tracks or a highway or a flooding-prone creek, you need to pay special attention to these realities as you evaluate contingency plans for emergencies. If you have a flooding-prone creek nearby, consider all of the worst-case scenarios - facility flooding, but also elopement and drowning.

Use this same worst-case mentality when evaluating nearby highways - what if a resident elopes and is hit by a car or a fuel tanker crashes and catches fire on a windy day? If a train derailed, could your facility be affected?

Surveyors will be looking to see that your facility has anticipated not only what you might anticipate from a weather or climate standpoint, but all of the external possibilities specific to your unique location, says **Marilyn Mines, RN, BC, RaC-Ct**, senior manager at **Marcum LLP** in Deerfield, Illinois.

Deadline: Nov. 28, 2017

If you think about the Nov. 15 requirements as the point by which you need to have your "external" evaluations in order, consider Nov. 28 your deadline for the "internal" contingencies. After Nov. 28, the requirements of participation (ROP) are subject to the new Phase 2 rules for your facility assessment.

Broadly, this means your facility must take into account the kind of care you provide to your residents, all diagnoses, the various levels of staffing your facility requires, their competencies, as well as your individual facility's equipment and types of rooms, including those designated for isolation.

The possible repercussions of these ROP are especially stark after an autumn full of large-scale natural disasters. Facilities need to consider how to respond to a disaster that reaches beyond their individual confines, and how to keep residents safe even if the rest of the community is also struggling.

CMS and surveyors will expect that all facilities have thought through these situations fully - including conducting an annual full evacuation drill, unless the facility has to respond to a real-life disaster (in which case they have the year off). A full evacuation drill is obviously a lot of work, but you'll get dinged if you don't conduct one. Expect extra scrutiny from surveyors now, while the recent large-scale disasters and tragic loss of life are still on the national conscience. "Tabletop"

evacuations are also important - talk through each staff member's individual responsibilities.

Make sure each staff member (or team member role: CNA, RN, NAC, director of nursing, physician, social worker, etc.) knows his/her specific responsibilities, Mines says.

- Make sure that particular team members are responsible for residents - transferring or transporting, comforting, providing any physical or psychological care as needed during the emergency. Resident (and team member) safety is the top priority.
- Have a clearly designated liaison(s) to communicate with residents' families and keep them updated.
- Assign at least one person to be responsible for documentation - assembling everything to utilize even offline, having a plan for getting back online, being a point person for care records and questions.
- Someone needs to record care services provided to residents, too, as best one can considering the circumstances.

The idea of a full-scale drill is overwhelming, which makes thinking through the paper aspects of compliance even more important, Mines says.

- All staff members should know what they need to do during a disaster.
- Hold special trainings to introduce current staff to their specific roles and assignments - but know that it will take more than one or two trainings.
- Make disaster education and preparedness part of your facility's employee orientation, annual (or more frequent) team member training.
- Don't forget anyone, as a disaster can happen at any time.
- Make sure your skeleton staff is comfortable in their knowledge of what to do - night shift team members, weekend staff, those who work holidays - everyone.

"We may think our staff knows exactly what to do, but having it on paper versus actually doing it are very, very different experiences," Mines says.

Everyone, from residents to medical staff to administration (and all other team members) will fare better during an actual emergency if they go through the motions instead of treating disaster preparedness as merely a mental exercise.

Know, as clearly as possible, what your staff can and cannot manage.