Critical Element Pathways

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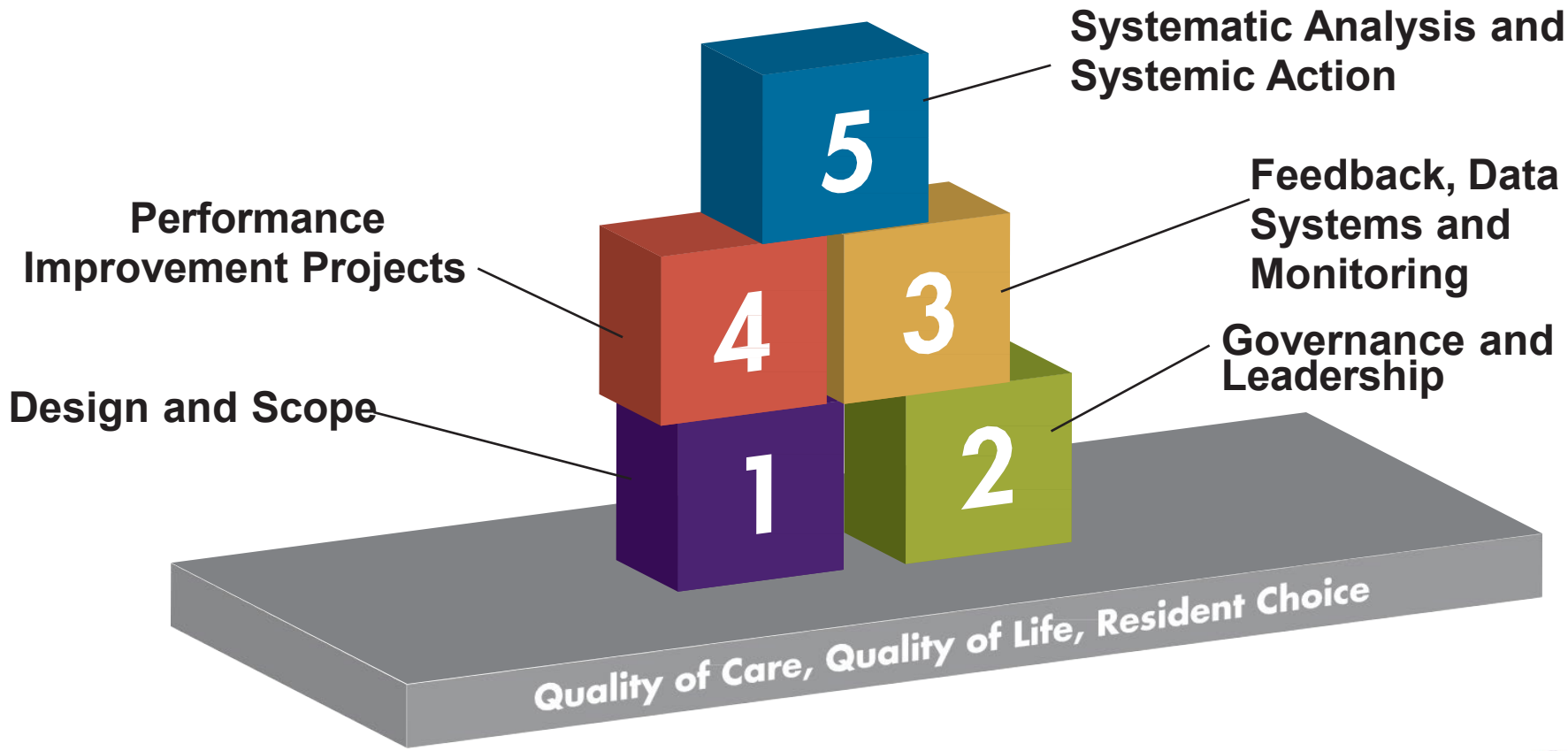
Objectives

After the successful completion of this presentation, participants will demonstrate the ability to:

- Identify Quality Assurance Performance Improvement Principles.
- Understand the demographics and ratings of Nursing Homes in New York State.
- Identify the Entrance Conference Worksheet, The Matrix, and the Critical Element Pathways.
- Understand each of the five commonly cited concerns.
- Demonstrate the ability to use the Critical Element Pathways to address these concerns.
- Identify ways a facility can prepare for site visits and surveys.
- Understand the opportunity to collaborate with the Department of Health.

Five Elements of Quality Assurance Performance Improvement



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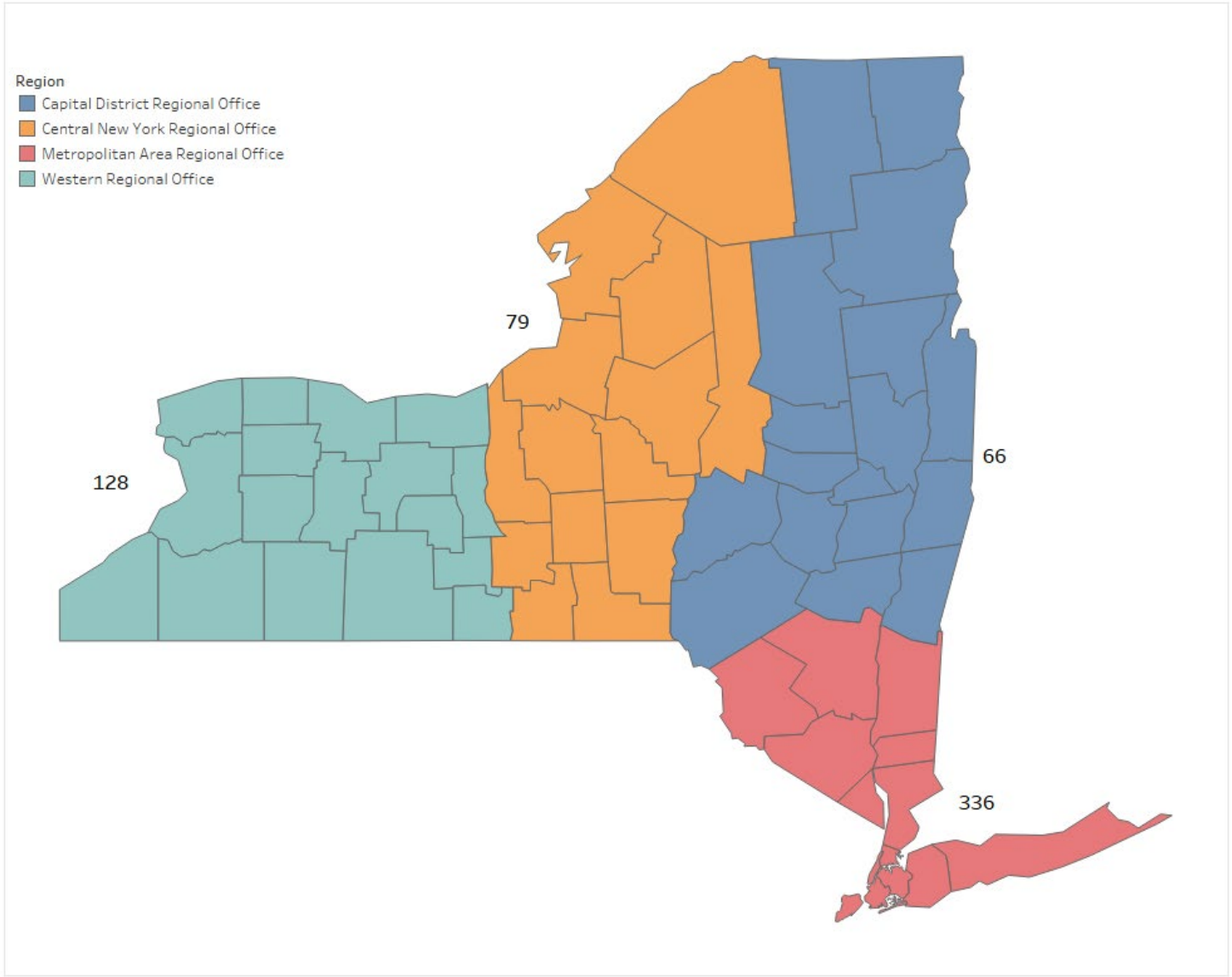

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Current CMS Five Star Rating Scores

Metropolitan Area Regional Office	3.15
Western Regional Office	3.23
Capital District Regional Office	2.65
Central New York Regional Office	3.31

Facility Entrance Checklist

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

ENTRANCE CONFERENCE WORKSHEET

INFORMATION NEEDED FROM THE FACILITY IMMEDIATELY UPON ENTRANCE
❑ 1. Census number
❑ 2. Complete matrix for new admissions in the last 30 days who are still residing in the facility.
❑ 3. An alphabetical list of all residents (note any resident out of the facility).
❑ 4. A list of residents who smoke, designated smoking times, and locations.
ENTRANCE CONFERENCE
❑ 5. Conduct a brief Entrance Conference with the Administrator. Ask the Administrator to make the Medical Director aware that the survey team is conducting a survey. Offer an opportunity to the Medical Director to provide feedback to the survey team during the survey period if needed.
❑ 6. Information regarding full time DON coverage (verbal confirmation is acceptable).
❑ 7. Information about the facility's emergency water source (verbal confirmation is acceptable).
❑ 8. Signs announcing the survey that are posted in high-visibility areas.
❑ 9. A copy of an updated facility floor plan, if changes have been made, including COVID-19 observation and COVID-19 units.
❑ 10. Name of Resident Council President.
❑ 11. Provide the facility with a copy of the CASPER 3.
❑ 12. Does the facility offer arbitration agreements? If so, please provide a sample copy.
❑ 13. Has the facility asked any residents or their representatives to enter into a binding arbitration agreement?
❑ 14. Name of the staff responsible for the binding arbitration agreements.
INFORMATION NEEDED FROM FACILITY WITHIN ONE HOUR OF ENTRANCE
❑ 15. Schedule of mealtimes, locations of dining rooms, copies of all current menus including therapeutic menus that will be served for the duration of the survey and the policy for food brought in from visitors.
❑ 16. Schedule of Medication Administration times.
❑ 17. Number and location of med storage rooms and med carts.
❑ 18. The actual working schedules for all staff, separated by departments, for the survey time period.
❑ 19. List of key personnel, location, and phone numbers including the Medical Director and contract staff (e.g., rehab services).
❑ 20. If the facility employs paid feeding assistants, provide the following information: a) Whether the paid feeding assistant training was provided through a State-approved training program by qualified professionals as defined by State law, with a minimum of 8 hours of training; b) A list of staff (including agency staff) who have successfully completed training for paid feeding assistants, and who are currently assisting selected residents with eating meals and/or snacks; c) A list of residents who are eligible for assistance and who are currently receiving assistance from paid feeding assistants.
❑ 21. Name of the facility's infection preventionist (IP). Documentation of the IP's primary professional training and evidence of completion of specialized training in infection prevention and control.
INFORMATION NEEDED FROM FACILITY WITHIN FOUR HOURS OF ENTRANCE
❑ 22. Complete the matrix for all other residents. The TC confirms the matrix was completed accurately.
❑ 23. Admission packet.
❑ 24. Dialysis Contract(s), Agreement(s), Arrangement(s), and Policy and Procedures, if applicable.

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The Matrix-CMS form 802

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CENTERS FOR MEDICARE & MEDICAID SERVICES

MATRIX FOR PROVIDERS

Resident Name	Resident Room Number	Date of Admission if Admitted within the Past 30 Days	Alzheimer's / Dementia	MD, ID or RC & No PASRR Level II	Medications: Insulin (I), Anticoagulant (AC), Antibiotic (ABX), Diuretic (D), Opioid (O), Hypnotic (H), Antianxiety (AA), Antipsychotic (AP), Antidepressant (AD), Respiratory (RESP)	Pressure Ulcer(s) (highest stage I, II, III, IV, U, S) not present on admission	Excessive Weight Loss Without Prescribed Weight Loss Program	Tube Feeding: Enteral (E) or Parenteral (P)	Dehydration	Physical Restraints	Fall (F), Fall with Injury (FI), Fall w/Major Injury (FMI)	Indwelling Catheter	Dialysis: Peritoneal (P), Hemo (H), in facility (F) or offsite (O)	Hospice	End of Life Care / Comfort Care / Palliative Care	Tracheostomy	Ventilator	Transmission-Based Precautions	Intravenous therapy	Infections (M, WI, P, TB, VH, C, UTI, SEP, SCA, GI, COVID, O - describe)	PTSD/Trauma		
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22

CMS-802 (10/2023)

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4. Medications:

- Resident(s) receiving any of the following medications: (I) = Insulin, (AC) = Anticoagulant (e.g., Direct thrombin inhibitors and low weight molecular weight heparin [e.g., Pradaxa, Xarelto, Coumadin, Fragmin]. Do not include Aspirin or Plavix), (ABX) = Antibiotic, (D) = Diuretic, (O) = Opioid, (H) = Hypnotic, (AA) = Antianxiety, (AP) = Antipsychotic, (AD) Antidepressant, (RESP) = Respiratory (e.g., inhaler, nebulizer). NOTE: Record meds according to a drug's pharmacological classification, not how it is used.

5. Pressure Ulcer(s) (any stage):

- Resident(s) who have a pressure ulcer at any stage, including suspected deep tissue injury (mark the highest stage: I, II, III, IV, U for unstageable, S for sDTI) that were not present on admission.

6. Excessive Weight Loss without Prescribed Weight Loss program:

- Resident(s) with an unintended (not on a prescribed weight loss program) weight loss > 5% within the past 30 days or >10% within the past 180 days. Exclude residents receiving hospice services.

7. Tube Feeding:

- Resident(s) who receive enteral (E) or parenteral (P) feedings.

8. Dehydration:

- Resident(s) identified with actual hydration concerns takes in less than the recommended 1,500 ml of fluids daily (water or liquids in beverages and water in foods with high fluid content, such as gelatin and soups).

9. Physical Restraints:

- Resident(s) who have a physical restraint in use. A restraint is defined as the use of any manual method, physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body (e.g., bed rail, trunk restraint, limb restraint, chair prevents rising, mitts on hands, confined to room, etc.).
- Do not code wander guards as a restraint.

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15. Tracheostomy:

- Resident(s)who have a tracheostomy.

18. Intravenous therapy:

- Resident(s) who are receiving intravenous therapy through a central line, peripherally inserted central catheter, or other intravenous catheter.

The Critical Element Pathways

Five commonly cited concerns

1. Medication Administration Observation
2. Infection Prevention, Control, and Immunizations
3. Abuse
4. Neglect
5. Dining

Medication Administration Observation
What will the surveillance team do?

- They will make random medication observations of several staff over different shifts and units, multiple routes of administration -- oral, enteral, intravenous (IV), intramuscular (IM), subcutaneous (SQ), topical, ophthalmic, and a minimum (not maximum) of 25 medication opportunities.

- They will observe and document all the resident's medications for each observed medication administration (this does not mean all the medications for that resident on different shifts or times).

- If possible, they will observe medications for a sampled resident whose medication regimen is being reviewed. Otherwise, observe medications for any resident to whom the nurse is ready to administer medications.

- There *may be times* when the surveyor should intervene before the person administering the medication makes a potential medication error. If a surveyor intervenes to prevent a medication error from occurring, each potential medication error would be counted toward the facility's medication error rate.

Medication Administration Observation Common citations

General Medical Administration

- Medications not administered as ordered (e.g., before, after, or with food such as antacids, proton pump inhibitors, or medications like levothyroxine).
- Medications not administered before the expiration date on the label.
- Resident was not properly informed of the medications being administered.
- Medication cart was not locked if left unattended in resident care area.
- If a controlled medication was administered, the count in the cart does not match the count in the facility's reconciled records.
- Pulse and/or blood pressure checked prior to administering medications when indicated/ordered.

Medication Administration Observation Common citations

Oral or Nasogastric Administration

- The administration of medication was not given with adequate fluid as manufacturer specifies.
- Staff crushed tablets or capsules that manufacturer states “do not crush,” such as enteric coated or time-released medications.
- Prior to medication administration, nasogastric or gastrostomy tube placement is not confirmed (**NOTE:** If the placement of the tube is not confirmed, this is not a medication error. For concerns related to care of a resident with a feeding tube, refer to guidance at 483.25(g)(4)-(5), F693 Enteral Nutrition.
- Staff do not separate the administration of enteral nutrition formula and phenytoin (Dilantin) to minimize interaction. Simultaneous administration of enteral nutrition formula and phenytoin is considered a medication error.
- Nasogastric or gastrostomy tube was not flushed with the required amount of water before and after each medication unless physician orders indicate a different flush schedule due to the resident’s clinical condition.

Medication Administration Observation Common citations

Injection Practices and Sharps Safety (Medications and Infusates)

- Injections are not prepared using clean (aseptic) technique in an area that has been cleaned and is free of contamination (e.g., visible blood, or body fluids).
- Multi-dose vials used for more than one resident are kept in the immediate resident treatment area (e.g., resident room) and not centralized medication area . If multi-dose vials enter the immediate resident treatment area they are dedicated for single-resident use only.
- Insulin pens are not clearly labeled with the resident's name and other identifier(s) to verify that the correct pen is used on the correct resident.
- Proper technique is not used for IV/IM/SQ injection including rotating sites.

Medication Administration Observation Common citations

Injection Practices and Sharps Safety (Medications and Infusates)-continued

- Sharps containers are not readily accessible in resident care areas.
- Sharps containers are not replaced when the fill line is reached.
- Sharps containers are not disposed of appropriately as medical waste.
- Insulin pens used for more than one resident.
- Point of care devices are not used safely(e.g., blood glucose meter, International Normalized Ratio (INR) monitor).
- Finger stick devices (both lancet and lancet-holding devices) are used for more than one resident.

Medication Administration Observation Common citations

Topical, Ophthalmic, and Inhalation Medications

- Transdermal patch sites are not rotated.
- Transdermal patch is not dated and timed.
- Used transdermal patches are not disposed of properly.
- Multiple eye drops administered without adequate time sequence between drops.
- Single-dose vials for aerosolized medications used for more than one resident.
- Sterile solutions (e.g., water or saline) are used not for nebulization.
- Gloves worn when in contact with respiratory secretions and are not changed before contact with another resident, object, or environmental surface.

Infection Prevention, Control, and Immunizations
What will the surveillance team do?

Each surveyor is responsible for assessing the facility for breaks in infection control throughout the survey and is to answer the Critical Element Pathway area of concern.

One surveyor performs or coordinates the facility task to review for:

- Standard and transmission-based precautions
- Infection Prevention and Control Program (IPCP) standards, policies, and procedures
- Infection surveillance
- Water management
- Laundry services
- **Antibiotic stewardship program** (review at least one resident who is receiving an antibiotic if there are concerns)
- **Infection Preventionist**
- Influenza, pneumococcal, and COVID-19 immunizations

Infection Prevention, Control, and Immunizations
What will the surveillance team do?

They will sample residents/staff as follows:

- Sample three staff, include at least one staff member who was confirmed COVID-19 positive or had signs or symptoms consistent with COVID-19 (if this has occurred in the facility), for purposes of determining compliance with infection prevention and control national standards such as exclusion from work, testing, and reporting.
- Sample three residents for purposes of determining compliance with infection prevention and control national standards such as transmission-based precautions, as well as resident care, screening, testing, and reporting. o Include at least one resident who was confirmed COVID-19 positive or had signs or symptoms consistent with COVID-19 (if any). o Include at least one resident on transmission-based precautions (if any), for any reason other than COVID-19.
- Sample five residents for influenza, pneumococcal, and COVID-19 immunizations (select COVID-19 unvaccinated residents). Note: If there are less than five COVID-19 unvaccinated residents, review all unvaccinated COVID-19 residents first. Then, select residents who are fully vaccinated to complete the sample.
- Sample eight staff (four staff and four contracted staff) for COVID-19 immunization review.

Infection Prevention, Control and Immunizations Common citations

General Standard Precautions

- Staff are not performing the following appropriately:
  - Respiratory hygiene/cough etiquette
  - Environmental cleaning and disinfection
  - Reprocessing of reusable resident medical equipment (e.g., cleaning and disinfection of glucometers per device and disinfectant manufacturer's instructions for use).

Infection Prevention, Control and Immunizations Common citations

Hand Hygiene

- Staff are not adhering to appropriate hand hygiene practices (i.e., alcohol-based hand rub (ABHR) or soap and water) are followed. Staff wash hands with soap and water when their hands are visibly soiled (e.g., blood, body fluids), or after caring for a resident with known or suspected C. difficile infection (CDI) or norovirus during an outbreak, or if endemic rates of CDI are high. ABHR is not appropriate to use under these circumstances.
- Staff are not performing hand hygiene (even if gloves are used) in the following situations:

- Before and after contact with the resident
- After contact with blood, body fluids, or visibly contaminated surfaces
- After contact with objects and surfaces in the resident's environment

Infection Prevention, Control and Immunizations Common citations

Hand Hygiene

- When being assisted by staff, resident hand hygiene is not performed after toileting and before meals.

Infection Prevention, Control and Immunizations Common citations

Personal Protective Equipment (PPE) Use For Standard Precautions:

- Gloves are not changed, and hand hygiene is performed before moving from a contaminated body site to a clean body site during resident care;
- Appropriate mouth, nose, and eye protection (e.g., facemasks, goggles, face shield) along with isolation gowns are not worn for resident care activities or procedures that are likely to contaminate mucous membranes, or generate splashes or sprays of blood, body fluids, secretions or excretions;
- Supplies necessary for adherence to proper PPE use (e.g., gloves, gowns, masks) are not readily accessible in resident care areas (e.g., nursing units, therapy rooms).
- There are not sufficient PPE supplies available to follow infection prevention and control guidelines.

Infection Prevention, Control and Immunizations Common citations

Personal Protective Equipment (PPE) Use For Source Control for COVID-19:

- Residents (when receiving visitors or while outside of their room), visitors, and others at the facility are not wearing appropriate source control, in accordance with national standards, while in the facility or while around others outside.

- Residents on TBP are not restricted to their rooms except for medically necessary purposes. If these residents have to leave their room, they are wearing source control, performing hand hygiene, limiting their movement in the facility, and performing social distancing.

- The facility does not ensure only COVID-19 negative, and those not on TBP or under quarantine for COVID-19, participate in group outings, group activities, and communal dining. The facility is ensuring that residents are performing hand hygiene, wearing source control and maintaining social distancing as appropriate in accordance with national standards.

Infection Prevention, Control and Immunizations Common citations

Enhanced Barrier Precautions:

- EBP use is not evaluated when investigating specific care activities, such as wound care, enteral feeding, urinary catheter care, etc.
- Staff are not aware of which residents require the use of EBP prior to providing high-contact care activities?

Infection Prevention, Control and Immunizations Common citations

Transmission-Based Precautions (TBP): Contact, Droplet, Airborne, Undiagnosed Respiratory that is not COVID-19

- There is **no signage** on the use of specific PPE (for staff) is posted in appropriate locations in the facility (e.g., outside of a resident's room, wing, or facility-wide).

- Staff do not use appropriate infection control precautions when moving between resident rooms, units and other areas of the facility.

- Staff are not aware of processes/protocols for transmission-based precautions and how staff is monitored for compliance.

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Infection Prevention, Control and Immunizations Common citations

Standards, Policies, and Procedures and Surveillance

- The facility does not prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit disease. Staff are excluded from work according to national standards.

Infection Prevention, Control and Immunizations Common citations

LTC Respiratory Surveillance Line List

Date:_____/_____/_____

This worksheet was created to help nursing homes and other LTC facilities detect, characterize and investigate a possible outbreak of respiratory illness.

A. Case Demographics						B. Case Location			C. Signs and Symptoms (s/s)					D. Diagnostics					E. Outcome During Outbreak[A]			
	Name	Age	Gender (M/F)	Resident (R) or Staff (S)	Residents Only: Short stay (S) or Long stay (L)	Residents Only: Bldg/Floor	Residents Only: Room/Bed	Staff Only: Primary floor assignment	Symptom onset date: (mm/dd)	Fever[B] (Y/N)	Cough (Y/N)	Myalgia (body ache) (Y/N)	Additional documented s/s (*select all codes that apply*) H – headache, SB – shortness of breath, LA – loss of appetite, C – chills, ST – sore throat, O – other: Specify_____	Chest x-ray (Y/N)	Type of specimen collected (*select all codes that apply*) NP – nasopharyngeal swab, OP – oropharyngeal swab, U – urine, S – sputum, Other: Specify_____	Date of collection: (mm/dd)	Type of test ordered (*Select all codes that apply*) 0 – No test performed, 1 – Culture, 2 – PCR, 3 – Urine Antigen, 4 – Other: Specify_____	Pathogen Detected (*Select all codes that apply*) 0 – Negative results Bacterial: 1 – *S. pneumoniae*, 2 – *Legionella*, 3 – *Mycoplasma* Viral: 4 – Influenza, 5 – RSV, 6 – HMPV 7 – Other: Specify_____	Symptom resolution date: (mm/dd)	Hospitalized (Y/N)	Died (Y/N)	Case (C) or Not a case (leave blank)
1.																						
2.																						
3.																						
4.																						
5.																						
6.																						
7.																						
8.																						
9.																						
10.																						

If faxing to your local Public Health Department, please complete the following information:

Facility Name: _____ **City, State:** _____ **County:** _____

Contact Person: _____ **Phone:** _____ **Email:** _____

[A] ***Note:*** Outbreak defined as date of first case to resolution of last case.

[B] ***Definition of Fever*** (Stone N, Ashraf MS, Calder, J, et al. Surveillance Definitions in Long-Term Care Facilities: Revisiting the McGeer Criteria. Infect Control Hosp Epidemiol 2012; 33:965-977): (1) a single oral temp > 37.8°C (100°F) or (2) repeated oral temps > 37.2°C (99°F) or rectal temps > 37.5°C (99.5°F) or (3) a single temp > 1.1°C (2°F) over baseline from any site (oral, tympanic, axillary).

Abuse
What will the surveillance team do?

- They will use this pathway for investigating an alleged violation of abuse to a resident. This would include allegations where a resident was deprived of goods or services by an individual, necessary to attain or maintain physical, mental and psychosocial well-being.

- If they see or witness an act of abuse or receive an unreported allegation of abuse, it will be immediately report it to the facility administrator, or his/her designated representative if the administrator is not present. The survey team would then determine whether the facility takes appropriate action in accordance with the requirements at F609 and F610, including implementing safeguards to prevent further potential abuse. If you witness an act of abuse, you must document who committed the abusive act, the nature of the abuse, where and when it occurred, and potential witnesses.

- Only if you are a ***licensed nurse or practitioner*** can you observe the resident's private areas.

Abuse
Common Citations

- Was it reported within **two hours**?
- There are unreported injuries (e.g., bruises, cuts, fractures) from the alleged abuse Please describe, including the alleged victim's response to the injuries (e.g., pain, new difficulty sitting or walking)
- The facility did not prevent further potential abuse while the investigation is in progress.
- The facility did not maintain documentation that the alleged violation was thoroughly investigated.
- The Care Plan was **not** updated.

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Neglect
What will the surveillance team do?

- They will use this pathway for concerns in structures or processes that have led to resident outcome such as unrelieved pain, avoidable pressure injuries, poor grooming, avoidable dehydration, lack of continence care, or malnourishment. Neglect may be the outcome of systemic or repeated patterns of care delivery failures throughout the nursing home, such as insufficient staffing, or may be the effect of one or more delivery failures involving one resident and one staff person.

- If they are conducting a complaint investigation regarding an allegation of neglect, utilize appropriate Critical Element Pathways for care issues, such as pressure ulcers, injuries, incontinence care, etc., in order to identify whether noncompliance for a care concern exists first. Then if structure or process failures are identified, refer to this pathway.

- They will identify information from investigation of the relevant care areas to determine whether additional observations, interviews, and record reviews are necessary to evaluate whether the facility has the structures and processes necessary to provide goods and services to residents.

Neglect
Common Citations

- The facility did not determine the type of staff, such as qualified registered, licensed, certified staff (in accordance with State licensing rules) that are competent and have the knowledge and skills necessary for the provision of care and services that they are assigned?

- What are the duties of direct care staff to meet resident needs? Who is responsible for monitoring the delivery of care at the bedside?

- The facility did not conduct competency evaluation and training for licensed staff including pool/temporary staff for the types of interventions required, as applicable, **such as CPR**, IV therapy, oxygen therapy, and mechanical ventilation?

Neglect
Common Citations-CPR

If a resident experiences a cardiac or respiratory arrest and the resident does not show obvious clinical signs of irreversible death (e.g. rigor mortis, dependent lividity, decapitation, transection, or decomposition), facility staff must provide basic life support, including CPR, prior to the arrival of emergency medical services,

Additionally, facilities should have procedures in place to document a resident's choices regarding issues like CPR. Physician orders to support these choices should be obtained as soon as possible after admission, or a change in resident preference or condition, to facilitate staff in honoring resident choices. Facility policy should also address how resident preferences and physician orders related to CPR and other advance directive issues are communicated throughout the facility so that staff know immediately what action to take or not take when an emergency arises. Resident wishes expressed through a resident representative, as defined at §483.5, must also be honored, although, again physician orders should be obtained as soon as possible.

Dining
What will the surveillance team do?

- Each survey team member will be assigned a dining area. If there are fewer surveyors than dining areas, observe the dining areas with the most dependent residents.

- The team is responsible for observing the first meal upon entrance into the facility. Additional observations may be required if the team identifies concerns.

- The surveyor assigned primary responsibility will answer all CEs. Any other surveyor assigned a dining location will complete the observations and answer CEs of concern.

Dining
Common Citations

When a resident who is being assisted by staff, and is having problems eating or drinking:

• The paid feeding assistants are not properly trained, adequately supervised, assisting only those residents without complicated feeding problems, and providing assistance in accordance with the residents' needs.

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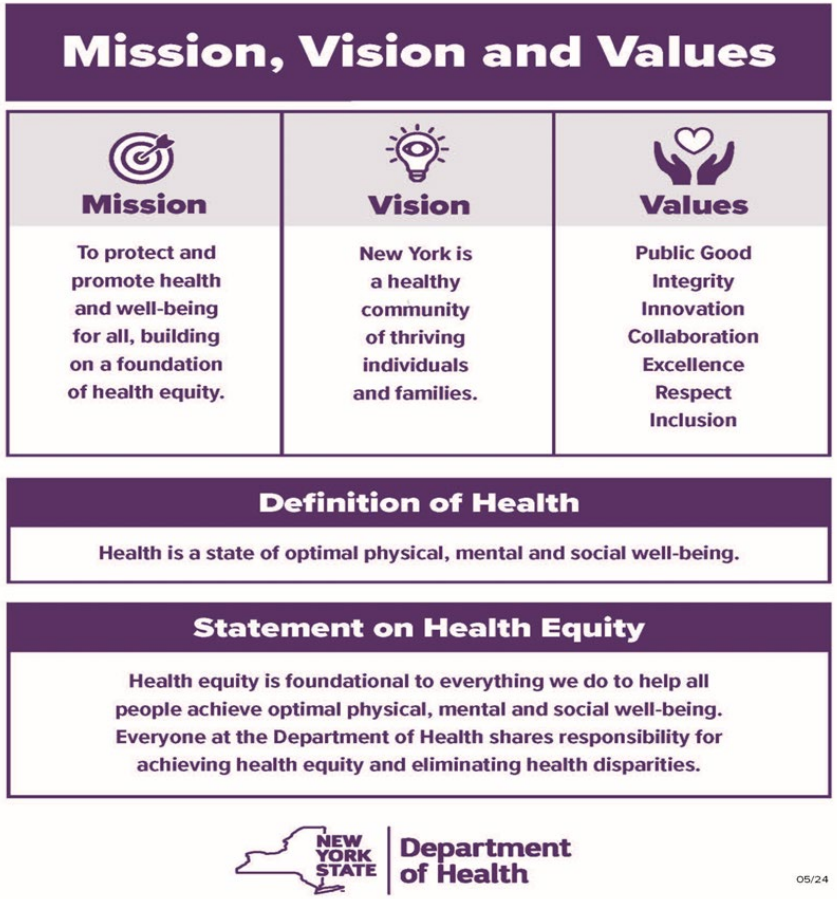
Office of Aging and Long-Term Care

- At the helm are Deputy Director Valerie Deetz and Special Advisor Carol Rodat.
- Under their leadership, the Office focuses on the transformation of New York's aging, long-term care, and disability systems so that they remain financially and operationally sustainable.
- A key function of the office is the multi-agency collaborative Master Plan for Aging outlined at https://www.ny.gov/programs/new-york-states-master-plan-aging.



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Quality, Safety, and Education Portal. (2024). QSEP - Driving Healthcare Quality (cms.gov)