

# New Directions for Long Term Care

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Compliance has always been with us, from the days of routine chart audits and care evaluation processes. But today HIM professionals in long term care find themselves facing the challenges of compliance as never before.

In recent years, the Office of Inspector General (OIG) has increasingly focused on healthcare compliance and quality in all settings. Long term care is no exception. What's more, the direction of surveys, the facility's own goals for quality improvement, and patients' and families' increased involvement in healthcare decision making have given us the direction for a decade of change. As a result, HIM professionals in long term care will need to develop resources to support their processes. This article offers some helpful tips.

## The Importance of Assessment

The implementation of the basic minimum data set (MDS), the common set of data elements collected for all residents in the skilled nursing setting, has set the course for the most formidable revision in the clinical and business nature of long term care. As a result, the industry wants "compliance" and "quality" to be synonymous.

HIM professionals are intrinsically involved in MDS processes. They provide guidance, develop resources, monitor and report results, and not only help identify issues but resolve them. So it's important to properly train these HIM professionals. Here are some tips for training and implementation procedures:

- **develop training materials** early and train both HIM professionals and clinical staff in the implementation and evaluation of the Resident Assessment Instrument/MDS process and care plans
- **build a team process** to provide input to the clinical staff
- **develop clinical record assessment instruments** that reduce duplication of documentation while incorporating the required clinical assessment information
- **prepare paperwork reduction** recommendations. The "explosion" of forms has been a major obstacle to successful documentation. Duplication and discrepancies found in documentation are risks for the facilities during reviews by agencies or the OIG
- **evaluate assessments** and ensure that documentation supports payment
- **provide data** for use in the quality improvement system

## Focus on Quality

The OIG has indicated it will evaluate how the assessment process is carried out and if it is used to plan care and services. HIM professionals can be key players in the evaluation of quality of care and services, providing guidance and helping facilities stay in compliance with federal regulations.

Quality indicators may be defined as the standards of practice and may incorporate the HIM systems, organization in the HIM department, and the clinical conditions/protocols related to quality of care. These indicators incorporate survey protocols and guidelines. HIM professionals and facility administrators should use these resources to determine compliance with regulations

and standards and incorporate the findings into the quality assessment (QA) process.

Strategies for keeping your colleagues focused on quality include:

- **change standard audits to data collection tools** for quantitative and qualitative documentation review. This includes a daily change of condition monitoring and helping to ascertain key clinical issues that affect documentation. The **identification of incidents and related documentation** is valuable in assessing abuse and neglect potentials. The **collection of the data** provides a method of looking at trending of data and tabulating percentages of compliance over time. Reporting the results of the data collected to a QA committee assists in evaluating processes and determining action needed
- **change the standards for "audits" of medication/treatment and flow charts**, shifting focus from "fixing" the problem to evaluating the underlying reason for the problem. You may need to develop different procedures and specific guidelines and formats to accomplish this. Everyone responsible for developing, evaluating, or carrying out documentation systems has an ultimate responsibility to find best practices to provide the appropriate medication/treatment in the best way possible to assure quality of care
- **establish and constantly revise schedules** and assign responsibility by identifying key tasks and documentation items. This process has been established in many facilities and provides the blueprint for assigned staff duties
- **develop documentation qualitative evaluation criteria** consistent with Health Care Financing Administration (HCFA) quality indicators to include high-risk survey protocols and common clinical conditions. Quality indicators for documentation are used for reporting to the QA committee
- **develop training programs** on "expectation for quality" and use of the HCFA quality indicators. Use practice sessions and options when providing consultation
- **implement computer training and remodeling** of the systems to implement the automation of the MDS, the use of reports, and subsequent quality indicators derived from the MDS. This gives the organization more impetus to use data for evaluating quality. Improved outcomes are possible only when we truly evaluate our processes and find best practices

## Keeping Up with the PPS

The prospective payment system (PPS) has provided HIM professionals with the most challenges, even more than the initial implementation of the MDS. Considerable resources and time have been spent implementing this system. Not surprisingly, there has also been a considerable need for individuals to learn about the system. Some ways to keep up to date with the PPS include:

- subscriptions to industry publications
- attendance at professional association training sessions
- development of in-house workshop materials to train HIM professionals and facility staff
- development of monitoring tools to determine whether documentation justifies billing
- review of the consolidated billing system and future implications for accuracy of billing and supporting documentation. Monitoring billing and coordinating review of supporting documentation will continue to be a formidable task in the future

HIM professionals will continue to be integral team members as facilities and companies work to be in compliance with the expectations of the OIG. Learning about the latest technology and regulations is a must—as well as creating effective training and finding creative solutions to problems. Additionally, improving documentation systems and use of data will be paramount as we move further into the information age. HIM professionals in long term care will need to bring all their resources to the

forefront to meet these challenges.

## Online Compliance Help

Designing a compliance program? Visit the AHIMA Library for a [sample compliance and audit program](#) and a [sample professional fee billing compliance program](#).

Other online compliance resources include:

- HCFA Medicare's Program Integrity—<http://www.hcfa.gov/medicare/fraud/>
- Health Care Compliance Association—[www.hcca-info.org/](http://www.hcca-info.org/)
- National Health Care Anti-Fraud Association—[www.nhcaa.org/](http://www.nhcaa.org/)
- Office of Inspector General home page—[www.dhhs.gov/progorg/oig/](http://www.dhhs.gov/progorg/oig/)
- OIG compliance program guidances—[www.dhhs.gov/progorg/oig/modcomp/index.htm](http://www.dhhs.gov/progorg/oig/modcomp/index.htm)

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