
REQUIREMENTS OF PARTICIPATION UPDATE:

Baseline Care Plans & QAPI Plan

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Baseline Care Plan

• Baseline Care Plans (42 CFR § 483.21(a)) :

“The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care.”


Baseline Care Plan: Required Information



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- The Baseline Care Plan must include “the minimum healthcare information necessary to properly care for a resident” including, but not limited to:
 - (A) Initial goals based on admission orders
 - (B) Physician orders
 - (C) Dietary orders
 - (D) Therapy services
 - (E) Social services
 - (F) PASARR recommendation, if applicable”
- **Note from CMS:** It is expected that the admission orders will be used, along with information gathered by the admitting nurse, which will include input from the resident or representative.

Baseline Care Plan: Timing



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- **Timing:** The baseline care plan must be developed within 48 hours of the Resident’s admission.
 - **Example:** Resident admitted on Friday at 2:00 p.m. The baseline care plan must be in place on Sunday at 2:00 p.m.
- CMS is not providing grace because a resident is admitted on the weekend.
- A comprehensive care plan can be completed in lieu of the baseline care plan.


§483.21 Comprehensive Resident Centered Care Plans

How can providers meet the 48 hour requirement if admission occurs on the weekend?

- The regulations do not specify how to create the Baseline Care Plan (BCP); Facilities will have to devise a process that ensures new admissions have their BCP done within the required 48 hours. It may be necessary for BCP to be developed over the course of several shifts.

E.G. New admission at 11:40 pm on Friday – BCP complete by 11:40 pm on Sunday.

Baseline Care Plan: Resident Notification




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Resident Notification: Must provide the resident and their representative a written summary of the baseline care plan, with at least the following information:

- Initial goals of the resident;
- Summary of the resident’s medications and dietary instructions;
- Any services and treatments to be administered by the facility and personnel acting on behalf of the facility; and
- Any updated information based on the details of the comprehensive care plan, as necessary.


Baseline Care Plan: Resident Notification




- Resident Summary must be in a form and language the resident can understand
- Must be written, no verbal summaries
- Baseline care plan can be used (as long as it includes all information required in the summary)
- Timeframe for notification
- Evidence that baseline care plan is provided to resident/resident representative




Baseline Care Plan: Timeline of Required Steps




1. Develop baseline care plan within 48 hours
2. Provide a written summary of the baseline care plan (or the care plan itself) to the resident and their representative as soon as possible
3. Update the baseline care plan with any significant changes in condition that occur prior to development of the comprehensive care plan
4. Conduct RAI Assessment and develop comprehensive care plan
5. Provide written summary to resident/resident representative of changes in the resident's goals or physical, mental, or psychosocial functioning identified during development of the comprehensive care plans



Baseline Care Plan: Tips and Tricks



- CMS will request a list of resident's admitted in the first previous 30 days
- Must be person centered: If when you remove the name from the baseline care plan, you are not able to tell who it belongs to, it's probably not sufficiently "person-centered."
- Adjust your initial admission assessment
- Evaluate your software and talk with your software provider



QAPI


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An Overview of the Written Plan

Ideas for Driving a QAPI Plan

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- Vision or Mission Statement
- Facility Culture
- Code of Conduct
- Data Source Evaluation



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Know Your Purpose

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- What is the purpose of the plan?
- What are the goals of the plan?
- How often will the plan be reviewed?
By whom?
- How is the plan communicated to everyone...from CNAs to the governing body?

Scope of the Plan


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- Identify the services you provide
- Identify key issues
 - Global clinical issues
 - Individual clinical issues

Policies and Procedures for QAPI

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- How does the facility identify and use data for monitoring?
- What are your indicators for performance measurement?
- How do you involve all staff, residents, appropriate family members, and ancillary personnel? The governing body?




Governing Bodies

Policies and Procedures for QAPI (continued)

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- How do you prioritize problems and actions?
- How do you analyze problems and actions?
- What are the key components of a corrective action or quality improvement plan?




CORRECTIVE ACTION

Take Credit for QA&A

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- Integrate/expand current QA&A
- Use data collection systems in place
- Use data collected for prioritizing QAPI activities
- “Best Available Evidence Rule”



Oh No! Not Another Budget Item

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- QAPI isn't cheap
- What resources are needed?
 - Human
 - Literature
 - Training materials – remember there is a mandatory QAPI staff training requirement for annual training and new employee orientation
 - Time
 - IT



PIPs

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- Prioritization
- Guidelines
- PIP teams
- Documentation
- Resolution
- Sustained improvement



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