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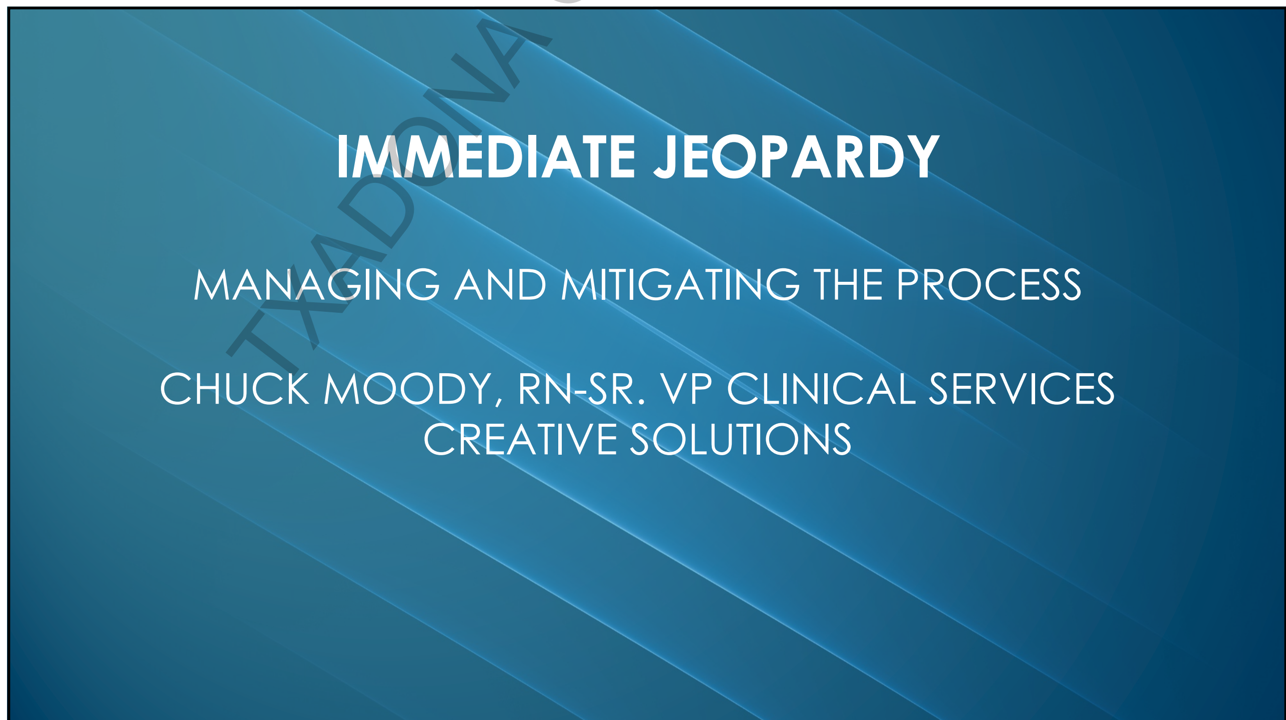

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IJ Statistics in Texas source CMS https://data.cms.gov/provider-data/dataset/r5ix-sfxw

- **CY 2021** – 189 Deficiencies Cited
- **CY 2022** – 310 Deficiencies Cited

  64.0% increase from 2021
- **CY 2023** – 745 Deficiencies Cited

  140.3% increase from 2022

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IJ Statistics in Texas source CMS https://data.cms.gov/provider-data/dataset/r5ix-sfxw

Comparison of January through May for:

- 2023 – 202 Deficiencies Cited
- 2024 – 357 Deficiencies Cited
- 76.7% increase

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Top IJ Deficiencies CY 2023 and 2024

source CMS https://data.cms.gov/provider-data/dataset/r5ix-sfxw

1. F689 - Accidents and Hazards – **228**
2. F600 - Abuse/Neglect – **165**
3. F684 – Quality of Care - **118**
4. F580 – Notification of MD/NP - **102**
5. F607 – Abuse Policies - **68**
6. F686 – Pressure Injuries - **47**
7. F760 – Significant Medication Error – **45**

The top 7 above were 68% of all IJs during that time frame.

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Objectives

Based on the statistics from the previous slides we need to be able to:

1. Identify situations that could be deemed immediate jeopardy
2. Explain, if immediate jeopardy is identified and is ongoing, how to manage that survey process.
3. Describe how to initiate interventions that could prevent an ongoing immediate jeopardy and instead possibly result in a past non-compliance.

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What is Immediate Jeopardy (IJ)?

3 Key Components:

1. Non-compliance of a regulation

   AND

2. Serious Adverse Outcome or Likely Serious Adverse Outcome: As a result of the identified noncompliance, serious injury, serious harm, serious impairment or death has occurred, is occurring, or is likely to occur to one or more identified residents at risk;

   AND

3. Need for Immediate Action: The noncompliance creates a need for immediate corrective action by the provider/supplier to prevent serious injury, serious harm, serious impairment or death from occurring or recurring

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Definitions:

Likely/Likelihood means the nature and/or extent of the identified noncompliance creates a reasonable expectation that an adverse outcome resulting in serious injury, harm, impairment, or death will occur if not corrected.

Psychosocial refers to the combined influence of psychological factors and the surrounding social environment on physical, emotional, and/or mental wellness.

Serious injury, serious harm, serious impairment or death are adverse outcomes which result in, or are likely to result in:

- death;
- a significant decline in physical, mental, or psychosocial functioning, (that is not solely due to the normal progression of a disease or aging process); or
- loss of limb, or disfigurement; or
- avoidable pain that is excruciating, and more than transient; or
- other serious harm that creates life-threatening complications/conditions

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IJ Scope and Severity

J – Isolated

K – Pattern

L - Widespread

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Examples of Situations that Could Result in IJ

- Elopement
- Failure to Notify the Physician/NP
- Failure to Prevent/Treat Stage 3, 4 or Unstageable Pressure Injuries
- Preventing Abuse (Resident, Staff, and Family)
- Smoking Injury
- Coffee/Hot Liquid Burn
- Fall with Injury
- Infection Control
- Lab Services
- Not enough staff assisting with an ADL
- Code Status
- Medications – Error, unavailable, etc

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Typical Immediate Jeopardy Flow of Events

- Onsite surveyors identify a potential IJ situation
- Surveyors consult with regional office/state agency
- If it is agreed IJ exists, the surveyors prepare an IJ template
- Present the template to the facility
- Plan of removal (POR) is developed by the facility and provided to the state agency.
- Once the POR is approved, on-site surveyors will determine if the plan of removal plan is implemented and there is no further likelihood of serious injury/harm/impairment or death.
- IJ is lifted and surveyors exit.

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IJ Template

A universal template issued by CMS used to document evidence of each IJ component

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IJ Template Example

IJ Component	Yes/No	Preliminary fact analysis which demonstrates when key component exists.
Noncompliance: Has the entity failed to meet one or more federal health, safety, and/or quality regulations? If yes, in the blank space, identify the tag and briefly summarize the issues that lead to the determination that the entity is in noncompliance with the identified requirement. This includes the action(s), error(s), or lack of action, and the extent of the noncompliance (for example, number of cases). Use one IJ template for each event being considered at IJ level.	Yes	IJ F689 Adequate Supervision The facility failed to: *ensure Resident #1 had adequate interventions to prevent elopement on 04/08/24 after he had verbalized and or attempted to leave the facility on 2/25/24, 03/15/24, 03/17/24, 03/18/24, and 03/31/24. *prevent Resident #1 from eloping the facility on 04/08/24. Resident #1 wheeled himself approximately 0.3 miles from the facility.
AND		
Serious injury, serious harm, serious impairment or death: Is there evidence that a serious adverse outcome occurred, or a serious adverse outcome is likely as a result of the identified noncompliance? If Yes, in the blank space, briefly summarize the serious adverse outcome, or likely serious adverse outcome to the recipient.	Yes	The residents are at risk for potential injury, harm or death related to elopement from inadequate supervision.
AND		
Need for Immediate Action: Does the entity need to take immediate action to correct noncompliance that has caused or is likely to cause serious injury, serious harm, serious impairment, or death? If yes, in the blank space, briefly explain why.	Yes	Immediate action is necessary to prevent residents at risk for elopement from serious injury, accidents, serious harm or death.

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Plan of Removal

Per CMS-

A removal plan will be required and must be provided to the SA as soon as the entity has identified the steps it will take to ensure that no recipients are suffering or are likely to suffer serious injury, serious harm, serious impairment or death as a result of the entity's noncompliance. The removal plan identifies all actions the entity will take to immediately address the noncompliance that has resulted in or made serious injury, serious harm, serious impairment, or death likely by detailing how the entity will keep recipients safe and free from serious harm or death caused by the noncompliance. Unlike a plan of correction, <u>it is not necessary that the removal plan completely correct all noncompliance associated with the IJ</u>, but rather it must ensure serious harm will not occur or recur. The removal plan must include a date by which the entity asserts the likelihood for serious harm to any recipient no longer exists."

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Plan of Removal

Should be completed with urgency

Include how you identify those recipients who have suffered, or are likely to suffer, a serious adverse outcome as a result of the noncompliance.

- Usually performed via:
  - Audits
  - Reviews
- Need to include who performed and when it was completed

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Plan of Removal

Must specify the action the entity will take to alter the process or system failure to prevent a serious adverse outcome from occurring or recurring, and when the action will be complete.

- In-services – include specifics:
  - What was the topic
  - Who was inserviced
  - Who performed the inservice
  - Date started
  - Always include, "Any staff member not present or in-serviced on (DATE), will not be allowed to assume their duties until in-serviced."

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Plan of Removal

Some regional offices do not require monitoring in your POR, but most offices want you to include it.

If you have an inservice, how will you monitor its effectiveness.

What system will you monitor to ensure compliance.

A good rule of thumb, anything you listed as an intervention should have a documented monitoring.

Documented Monitoring should include:

- Who is monitoring
- What they are monitoring
- Frequency of monitoring

Always include a statement like this, "The QA committee will review findings and makes changes as needed."

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Plan of Removal

Once you complete your POR, email it to the state contact provided by the surveyors.

It will be reviewed by the state, and if needed they will send back to you with items they would like to see included in the POR.

Once it has met their expectations, the POR will be accepted.

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Plan of Removal example

Interventions:

- All resident pressure ulcers were assessed on 5/11/16 and 5/12/16 by the DON for potential decline in wound status. No other wounds were assessed as declined in status
- The following in-services were initiated by the DON, ADON and regional nurse on 5/12/16: Any staff member not present or in-serviced on 5/12/16, will not be allowed to assume their duties until in-serviced.
  - Licensed Nurses
    - Pressure ulcer prevention – turning and repositioning at least every 2 hours, elevating heels/feet on pillows, using cushions as needed or directed.
    - Reporting negative changes in skin condition to the physician or nurse practitioner - i.e. new wound or decline of a current wound. In addition, a wound that is not progressing in a positive manner in a two week time period should be reported to the physician or nurse practitioner
  - Non-licensed nursing staff
    - Pressure ulcer prevention – turning and repositioning at least every 2 hours, elevating heels/feet on pillows, using cushions as needed or directed.
    - Reporting changes in a resident's skin condition to a nurse immediately using Stop and Watch. After entering the change in the point of care, the non-licensed staff member is to verbally report the change to the nurse.
- The medical director Dr. Smith was notified of the immediate jeopardy situation on 5/12/24 at 5:43 pm

Monitoring

- The DON will monitor all wound assessments each week to monitor for negative changes and if so, that the physician was notified.
- The DON will visually observe all ulcer wounds at least weekly to monitor for negative changes.
- The DON and/or designee(s), through daily rounds 5 times per week ensure that residents are being turned and repositioned timely.
- The QA committed will review findings and makes changes as needed.

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IJ Removal

Surveyors onsite will then verify the plan is in place and IJ no longer exists. They can do this by:

- Chart reviews to verify the actions you mentioned in the POR.
- Staff interviews to ensure comprehension of in-services listed in the POR.

When they verify the POR is in place and IJ no longer exists, they will have an exit conference and leave the facility.

You will receive your 2567 per CMS guidelines.

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Tips

- Remain Calm
- Act with urgency
- Inservices - if not in person and it is appropriate, you can inservice by phone or messaging.
- Be professional
- In your POR include that the date and time the medical director was informed of the situation and any feedback they may have.

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IJ Mitigation

If you self-discover a potential IJ situation (usually a self-report), you need to act fast and get your plan started as soon as possible.

Your goal is for the surveyors to find "Past Non-Compliance", which is:

- The facility was not in compliance with the specific regulatory requirement at the time the situation occurred;
- The noncompliance occurred after the exit date of the last standard (recertification) survey and before the survey (standard, complaint, or revisit) currently being conducted; **and**
- There is sufficient evidence that the facility corrected the noncompliance and is in substantial compliance at the time of the current survey for the specific regulatory requirement(s).

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IJ Mitigation

You need a written plan.

Treat your plan for this situation like a plan of removal. Be detailed as possible.

- Get to the root cause and build plan around that cause.
- Describe what was done for the affected resident(s)
- Audit everything that could be remotely associated with the problem. Include who audited and date completed.
- Perform interviews with affected resident(s), other residents and staff. You do not want any surprises.

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IJ Mitigation

- Inservice (if not in person and it is appropriate, you can inservice by phone or messaging)
  - What was the topic
  - Who was inserviced
  - Who performed the inservice
  - Date started
  - Always include, "Any staff member not present or in-serviced on _____, will not be allowed to assume their duties until in-serviced."
- Include in your plan the date and time the medical director was informed of the situation and any feedback they may have.

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IJ Mitigation

- Aways include, "Because of the above actions, the likelihood for serious harm to any resident no longer exists as of (DATE).
- **Monitoring**
  - If you have an inservice, how will you monitor its effectiveness.
  - What system will you monitor to ensure compliance.
  - A good rule of thumb, anything you listed as an intervention should have a documented monitoring.
  - Documented Monitoring should include:
    - Who is monitoring
    - What they are monitoring
    - Frequency of monitoring
  - Always include a statement like this, "The QA committed will review findings and makes changes as needed."

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IJ Mitigation

You will need to complete and document an Ad Hoc QAPI meeting related to your plan.

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IJ Mitigation

If your plan is solid and surveyors do not find any further non-compliance, the chances of your being cited at "Past Non-Compliance" increases greatly.

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Tips

- Remain Calm
- Act with urgency
- When they arrive, provide your plan and everything associated with that plan (Inservices, audits, etc) to the surveyor(s). Give them the entire packet.
- Any staff position mentioned in the plan as needing to be inserviced; DO NOT allow them to work without being inserviced.
- Monitoring – it needs to be documented and not "pencil whipped"
- Suggest you build your own protocols for different events.

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Protocol Example

❑ Resident Anderson was transferred to an acute hospital.
Date Completed ___________
❑Interview the resident if applicable
Date Completed ___________ by who___________________________
❑ Skin assessment for all residents to assess for any unknown wounds.
Date Completed 3/9/24 by who___________________________
❑ Current pressure injuries were assessed to determine if the wound assessment matches the current wound appearance.
Date Completed ________ by who___________________________
❑ A report to determine who has MASD documented in the last 2 weeks was ran and only 1 other resident has MASD documented on their weekly skin assessment. Resident Maxton MASD was assessed and the physician was notified.
Date Completed ________ by who___________________________
❑ Assessed all current residents to determine if they are refusing care. If so, attempt to determine root cause of refusal and include social service and psych service consults.
Date Completed ___________by who___________________________
❑ Assessed all current residents to determine if they are non-compliant with turning and repositioning, including sitting in their wheelchair for abnormally long extended periods of time. If so, additional pressure-reducing equipment should be attempted, i.e. rojo cushions in chairs, air mattresses, etc. Any resident needing additional pressure reduction equipment will be care planned.
Date Completed ___________by who___________________________
❑ Audit all residents who were admitted or readmitted from the hospital in the last 30 days to ensure all orders are implemented per the physician's instructions.
Date Completed ___________by who___________________________
❑Begin abuse/neglect in-service and /or assign an abuse related Relias course.
Inservice Instructor(s)________________________________ Date Started ___________
❑ Begin in-service for licenses nurses regarding:

- Pressure ulcer prevention – turning and repositioning at least every 2 hours, elevating heels/feet on pillows, using cushions as needed or directed.
- Reporting negative changes in skin condition to the physician or nurse practitioner - i.e. new wound or decline of a current wound; including new moisture associated skin damage (MASD) In addition, a wound that is not progressing in a positive manner in a two-week time period should be reported to the physician or nurse practitioner
- Reporting of resident refusals of care to the physician or nurse practitioner and DON/ADON.
- Reviewing hospital discharge paperwork and initiating new physician orders, including antibiotics.

Inservice Instructor(s)________________________________ Date Started ___________
❑ Begin in-service non-licensed nursing staff regarding:

- Pressure ulcer prevention – turning and repositioning at least every 2 hours, elevating heels/feet on pillows, using cushions as needed or directed.
- Reporting changes in a resident's skin condition to a nurse immediately.
- Reporting resident refusal of care to the charge nurse

Inservice Instructor(s)________________________________ Date Started ___________

Staff not present will be in-serviced prior to assuming their duties on their next scheduled shift.
New and agency staff will also be inserviced prior to assuming patient care duties.

❑The medical director_______________________ was notified of this plan.
Date Completed ___________ by who___________________________
Because of the above actions, the likelihood for serious harm to any resident no longer exists as of_____________.

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Protocol Example

Initiate the following for monitoring: <u>Monitoring = Documented</u>

❑The DON and/or designee(s), will monitor all wound assessments each week to monitor for negative changes and if so, that the physician was notified.
❑The DON and/or designee(s), will visually observe all ulcer wounds at least weekly to monitor for negative changes.
❑The DON and/or designee(s), through daily rounds 5 times per week ensure that residents are being turned and repositioned timely and will check that additional pressure reducing equipment is in place.
❑The DON and/or designee(s), will monitor documentation via Real Time, PCC Alerts, and 24 hour report for residents with new wounds or care refusals.
❑The DON and/or designee(s), will monitor at least 8 weekly skin assessments from the previous day each week to ensure that the assessment matches the resident.
❑The DON and/or designee(s) will review any resident admitted or readmitted from the hospital that all orders are implemented according to the physician.

The QA committed will review findings and makes changes as needed.

All monitoring noted above will continue for at least 4 weeks.
The QAPI Committee will review the findings and make changes to this plan as needed.
<u>All items from the previous page should be in a binder/folder for ease of review and to give to the state upon their investigation.</u>

<u>AD Hoc QAPI Contributors</u>

Date _______________

Position	Name
Administrator	
Director of Nurses	
Assistant Director of Nurses	
Medical Director	
Social Services	
Dietary	
Activity Director	
Other	
Other	
Other	
Other	
Other	
Other	

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Past Non-Compliance IJ Statistics for Texas

CY 2021 – 11

CY 2022 – 37

236.4% increase from 2021

CY 2023 – 78 Deficiencies Cited

110.8% increase from 2022

Comparison of January through May for:

2023 – 13

2024 – 59

353.8% increase

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Q and A

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