

**REPORT OF THE
CERTIFIED NURSING FACILITY EDUCATION INITIATIVE**

Strategic Plan

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**



HOUSE DOCUMENT NO. 9

**COMMONWEALTH OF VIRGINIA
RICHMOND
2001**

Certified Nursing Facility Education Initiative

Otis L. Brown
Chairman

October 13, 2000

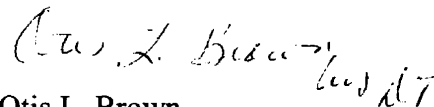
TO: Members, Virginia General Assembly

I am pleased to submit for your review a report as required by Section 32.1-353.4, Code of Virginia, as amended. This report outlines the initial steps and strategic plan now being taken under the auspices and direction of the Virginia Department of Medical Assistance. A non-profit organization is being established to provide statewide technical assistance to nursing homes in providing quality care and meeting certification requirements.

This program is referred to as Certified Nursing Facility Education Initiative and will be administered by a board of directors that has been constituted as required by Statute.

We look forward to providing assistance and consultation to nursing homes in accordance with the duties and responsibilities that have been assigned for the benefit of the citizens of the Commonwealth.

Sincerely,



Otis L. Brown
Chairman, Board of Directors
Certified Nursing Facility Education Initiative

STRATEGIC PLAN

CERTIFIED NURSING FACILITY EDUCATION INITIATIVE

I ORGANIZATIONAL DEVELOPMENT

TASK	TARGET COMPLETION
A. Incorporation as non-profit entity	11-01-2000
B. Identify and address liability issues	11-01-2000
C. Begin building Management Team – Executive Director	11-15-2000
D. Identify and detail start up needs	12-01-2000
E. Development of a Business Plan that includes an initial definition of services, revenue sources, markets, analysis of competition, staffing needs and recommendations, initial pricing of services, and a marketing plan. Identify customers.	1-01-2001
F. Arrange Strategic Alliances – Department of Medicaid Assistance Services, Department of Health, Industry Groups, Consumer Groups, Administration, Legislative bodies. Contact and ask for a representative to serve on an advisory council.	4-01-2001

II INITIAL SERVICE DEVELOPMENT – REVENUE DEVELOPMENT

A. Identification of at risk facilities and development of skeletal services to market to these facilities.	3-01-2001
B. Identification of common “problem regulations” for NF’s and development of focused training programs in conjunction with DOH.	3-01-2001
C. Development of mock survey protocols with DOH.	6-01-2001
D. Implementation of mock surveys	6-01-2001 through 12-31, 2001
E. Development of Root Cause analysis methodology.	Begin 1-01-2001 (On-going)

FUNDING RECOMMENDATIONS

Organizational development costs will be funded from the initial seed money provided by Civil Money Penalty funds held by DMAS. CNFEI will wean itself from CMP funds for recurring operational purposes as quickly as reasonable through the early identification and development of services that meet the needs of the customers and are most likely to generate sustainable revenues. Mock surveys are considered a priority for our customers. Development of training programs for nursing facility staff in the Department of Health (DOH) methods of interpreting and implementing certification regulations will likely also provide early revenue generation.

Preservation of seed money should be a priority to the extent possible given the need to develop an effective organization. The possibility of Grant funding will be explored.

RECOMMENDATIONS FOR PROMOTING QUALITY OF CARE OF ALL LONG TERM CARE PROVIDERS

1. Identification and research of trends in nursing facility (NF) regulatory compliance.
 - Identification of regulations that have highest number of cited deficiencies will allow development of focused training for NF staff on the DOH interpretation and implementation of these regulations.
 - Comparison of compliance practices of successful NF's with those of non-compliant NF's in identified problem areas to generate "best practices" in those areas. Incorporate results from the Virginia Pressure Sore Task Force and Restraint Reduction Task Force in these best practices.
2. Encourage NF's to experiment with new approaches to resident care and certification compliance by creating environments without the risks associated with certification surveys by the development of mock surveys.
 - Mock surveys will allow NF's to develop and try new systems and practices, receive feedback relative to certification compliance, and make adjustments before an actual certification survey, thereby greatly reducing the risks associated with implementing new systems and ideas.

- Mock surveys will provide early identification of probable deficiencies and a chance for correction, possibly utilizing CNFEI assistance, before certification surveys.
3. Explore the possibility of utilizing consistently compliant facilities with very good patient care histories as “incubators” to develop and refine best practices and new and innovative approaches to providing patient care.
 4. Research indicates that the availability of certified and licensed staff for NF’s will continue to decline over the next decade, while numbers of individuals requiring NF care will increase significantly. The lack of well trained and qualified staff in NF’s is the single most important factor in maintaining and improving the quality of care in Virginia’s Nursing Facilities.
 - Existing methods and state regulations for meeting HCFA qualification and training regulations should be reviewed for effectiveness in providing adequate numbers of qualified individuals.
 - Alternative staffing and training systems should be explored – such as single task training and uses of non-certified staff, to make more effective use of the existing labor pool in meeting resident needs.
 - Development of resident care documentation systems in conjunction with the DOH to simplify minimum documentation requirements and provide licensed staff with greater time for caregiving.

