Informational Briefing on Proposed Amendments to 105 CMR 150.000 for the Implementation of Minimum Standards for Dementia Special Care Units and Serious Incident and Accident Reporting and Disaster Plans

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A. Dementia Special Care Units
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   • Description of Proposed Amendments to 105 CMR 150.000
   • Next Steps and Questions

B. Serious Incident Reporting and Disaster Plans
   • Description of Proposed Amendments to 105 CMR 150.000
   • Next Steps and Questions
Dementia Special Care Units
Background
Chapter 142 of the Acts of 2012 requires the Department to promulgate regulations to establish minimum standards for Dementia Special Care Units (DSCUs)

- Dementia-specific training for all direct care workers, activities directors and supervisors of direct care workers in both traditional nursing homes and DSCUs;

- Activities programs in DSCUs; and

- Guidelines for DSCU physical design

Statute includes a Disclosure provision that promotes transparency and consumer decision-making
• Approximately 60% of all nursing home residents have some form of dementia

• Research suggests that staff members caring for dementia residents need to understand
  – The disease process and overview of dementia
  – Communication with residents with dementia
  – Mitigating safety risks while promoting freedom of movement
  – Managing behavioral challenges

• Therapeutic recreation is the backbone of specialized dementia care.
  – Activities in a DSCU are the most important non-pharmacologic intervention for residents
Background

- DPH reviewed regulations from 16 other states that have minimum standards for DSCUs in nursing homes

- Training:
  - Initial Training requirements range from 4 to 40 hours; median is 8 hours
  - Ongoing Training requirements range from 2 to 12 hours; most common is 4 or 8

- Activities:
  - Six states require scheduled activities to be provided 7 days per week
  - One state requires 8 hours per day, 7 days per week

- Physical Design:
  - Maintaining the DSCU physically separate from traditional units
  - Egress control
  - Secured outdoor space
  - Common area that measures between 20 – 27 square feet for each bed on the unit
  - Lighting and finishing standards to diminish confusion and agitation
  - Safety Standards
• DPH has been working closely with the following stakeholders to craft minimum standards that will best promote patient safety and high-quality care:

  - Alzheimer’s Association
  - Executive Office of Elder Affairs
  - LeadingAge
  - Mass Advocates for Nursing Home Reform
  - Mass Senior Care
Proposed Amendments
**Definitions**

Dementia Special Care Unit (DSCU) means a nursing home, or a unit thereof, that uses any word, term, phrase, or image, or suggests in any way, that it is capable of providing specialized care for residents with dementia, and which must comply with 150.022 through 150.029. The purpose of a DSCU is to care for residents with dementia in the long term.

- This definition is intended to:
  - Minimize the use of a DSCU as a catch-all unit for residents with behavioral health diagnoses
  - Prevent units from advertizing specialized care without meeting the standards
Definitions

Direct care worker:

- A staff member whose work involves extensive patient contact or administrative decisions regarding care.

- Not be limited to those workers employed by the nursing home; includes contracted workers who provide direct care to residents.

- Includes, but is not limited to: the medical director, registered nurses, licensed practical nurses, nurse practitioners, physician assistants, certified nurse aides, activities personnel, feeding assistants, social workers, dietary aides, and all occupational, physical, and speech therapy staff.

- This definition is intended to ensure that all staff that interact with the patients – not just medical staff – are trained on how to care for patients with dementia.
**Definitions**

**Relevant Staff Members** means direct care workers, therapeutic activity directors and supervisors of direct care workers.

- These three types of employees are required by statute to undergo dementia-specific training
- DPH uses the term “relevant staff members” for administrative simplification
## Training Standards

<table>
<thead>
<tr>
<th>Type of Training</th>
<th>Required Staff</th>
<th>Number of Hours</th>
<th>When It Must Occur</th>
<th>Additional Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>All Relevant Staff Members</td>
<td>8</td>
<td>Before the staff member provides direct care in the nursing home</td>
<td>1. Competency evaluation 2. At least partially interactive</td>
</tr>
<tr>
<td>Ongoing</td>
<td>All Relevant Staff Members</td>
<td>4</td>
<td>Each calendar year</td>
<td>1. Competency evaluation 2. At least partially interactive</td>
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</tbody>
</table>
• Existing facilities are given time to come in to compliance with training requirements for currently employed staff:
  – 90 days for Dementia Special Care Units
  – 180 days for traditional nursing homes

• Training must cover the foundations of dementia and dementia care, and other topics as specified in guidelines
  – Sample topics:
    • Communication
    • Habilitation Therapy
    • Purposeful Engagement

• Training is portable: relevant staff do not need to be retrained in the same calendar year if they change facilities
Activities Program

• A DSCU shall have a therapeutic activity director

• The DSCU must provide a minimum of eight hours of scheduled therapeutic activities programming per day, seven days per week.

• The activities program must:
  – Ensure that activities are planned throughout the day and evening
  – Incorporate the possible need for programming during night hours
  – Ensure that activities are individualized and designed to improve or maintain residents’ self-awareness and level of functioning
Physical Design

- Must encompass the entirety of a nursing care unit
- Must include at least 27 square feet per bed of common space
- Visitors or staff shall not have to pass through the unit to reach other areas of the facility.
- Must have secured outdoor space and walkways
- A DSCU shall meet specific standards relative to Safety, Finishing, Lighting, Noise Control and Egress Control
• Each DSCU must complete a disclosure form each calendar year.

• Goal is to inform consumers and the Department about the specialized services, beyond regulatory minimums, that the DSCU provides.

• Form must be submitted to:
  – The Department
  – Each resident or the resident’s authorized representative, seeking to be admitted to the DSCU prior to the resident’s admission; and
  – Any member of the public who requests a copy of the disclosure statement.

• The disclosure form must also be posted in a public, conspicuous place within the nursing home.
Next Steps
Next Steps

• DPH will hold a Public Hearing in September of 2013

• DPH will return to the PHC for final promulgation
Serious Incident Reports and Disaster Plans
Proposed Amendments
• Technical change that will require LTCFs to use the newly-developed web-based Health Care Facilities Reporting System (HCFRS) in place of fax or mail

• Simplifies reporting for facilities

• Improves HCQ’s processing of incident reports

• Cost to facilities should be minimal
  – All CMS-certified facilities must have a computer to meet federal requirements
  – HCQ conducted a poll of all rest homes and confirmed they all have access to a computer
Disaster Plans

- Ongoing collaboration with the Department’s Emergency Planning Bureau, MassSenior Care and LeadingAge Massachusetts since 2005 to improve the emergency disaster infra-structure for the long term care industry

- Immediate communication is critical in order to support facilities experiencing an emergency or disaster

- The Department’s Health and Homeland Alert Network (HHAN) proved to be a critical communication tool during disaster drills

- Proposed amendments would require all LTCFs (including rest homes) to register with HHAN.

- A facility would only need access to a telephone, cell phone or computer to receive calls or an email-issued HHAN message.
Next Steps
Next Steps

• Testimony on the Serious Incident Report and Disaster Plan regulations can be given at the same public hearing as the DSCU standards

• DPH will return to the PHC for final promulgation