



DRAFT #3

Governing Policies Regarding Health Care

1. **Culture of Excellence:** The Health Center will aspire to create a “culture of excellence,” which is defined as professional care to achieve the highest practicable level of physical, mental, psychological, and cultural well-being for all residents. To achieve a culture of excellence, the Health Center will:
 - a. Use “field tested best practices,” which are care strategies, programs, or activities that have been shown to work effectively and produce successful outcomes, supported to a degree acceptable to HOTM by objective data.
 - b. Be open to innovations or “promising practices,” which are care strategies, programs, or activities that have shown promise of becoming a best practice with sustainable impact.
 - c. Ensure that Quality of Life (QOL) will be integral to total care of residents. Because QOL is difficult to define and measure, HOTM will use the following guiding principles:
 - i. QOL is a right of every resident, regardless of physical, mental, or psychological limitations, including advanced dementia.
 - ii. QOL will be individually defined by each resident or if s/he is incapable of expressing herself/himself, by discussion with the resident’s advocate or others who know her/him.
2. **Compliance:** HOTM will comply with all state and federal laws and regulations governing skilled nursing facilities and the Medicare program, as those laws and regulations are amended from time-to-time.
3. **Measurable Indicators of Quality:** HOTM will track the indicators of quality care defined by professional standards of medical and nursing care, regulations, and other standards accepted in the field of care for older persons. HOTM will develop plans of correction (POC) whenever the indicators determine that action is needed to correct a shortcoming, as judged by staff using professional standards of care and regulations. At minimum, POC will be developed if there have been two consecutive periods where results have not met benchmarks. Benchmarks will be based on commonly accepted standards of medical and nursing care for skilled nursing care. **Immediate response is required for any shortcoming that is an imminent danger to the health and safety of residents.**
4. **Quality Assurance and Program Improvement (QAPI):** HOTM will hold at least quarterly QAPI meetings to fulfill the duties below. The following are standing members of the QAPI team: (a) Director of Nursing; (b) Infection Preventionist Nurse; (c) Director of Staff Development; (d) Administrator (Operations Director); (e) Medical Director; (f) at least one member of the Board of Directors (“Board Liaison”); (g) Social Services/Activities Designee; (h) Environmental Services Director; (i) Pharmacist; and (j) Registered Dietitian. The Board Liaison will be named by the

Board Chair and preferably will be experienced in geriatrics or gerontology. (See Board of Directors' Reports elsewhere in the Governing Policies.) Additional staff from other departments and/or Consultants may be asked to participate in the committee when relevant issues are discussed. The QAPI team will:

- a. Track and analyze the measurable indicators of quality described elsewhere in these governing policies.
 - b. Review resident care policies and procedures at least annually and make changes as appropriate.
 - c. Coordinate and evaluate activities under QAPI, including what programs to add and end, as appropriate.
 - d. Identify and respond to quality deficiencies throughout the facility.
 - e. Develop and implement corrective plans of action and monitor to ensure performance goals or targets are achieved and sustained.
 - f. Revise corrective action as necessary, based on the committee's monitoring and evaluation.
5. **CMS 5-star Rating:** HOTM will aspire to an overall 5-star rating with the Centers of Medicare and Medicaid Services. If HOTM fails to reach an overall 5-star rating, staff will develop an action plan, including timelines, and present it to the Board of Directors.
6. **Staffing Hours:** HOTM will staff at levels sufficient to achieve the "culture of excellence" described in these governing policies, but in any event not less than staffing that:
- a. Meets the state requirements of 3.5 direct care hours per patient day (hppd), of which 2.4 hppd must be performed by certified nursing assistants (CNAs)
 - b. Meets the federal requirements of a registered nurse (RN) director of nursing (DON); an RN on duty at least 8 hours per day, 7 days per week; and an RN or Licensed Vocational Nurse (LVN) on duty at all other times.
7. **Board of Directors' Reports:** The Board Liaison will present a quarterly summary of the QAPI meeting to the Board of Directors. The quarterly report will cover overall care and programming and general trends in care metrics. If a Board member requests clinical data, it will be provided in a manner compliant with HIPAA and other confidentiality laws and consistent with HOTM's risk management procedures.
8. **Resident and Team Member/Employee Satisfaction Survey:** In order to create a healthy living and work environment, a satisfaction survey will be done at least annually for both residents and team members in all levels of care. Surveys will be conducted by an independent third-party vendor that will ensure confidentiality and benchmark HOTM's result to industry peer organizations. Action plans will be developed to address weaknesses. Summary results and action plans will be shared with the Board of Directors.