



Strengthening Resident Councils in US Nursing Homes

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Session Description

This session will demonstrate how a Moving Forward Coalition committee assembled residents, care partners, advocates, clinicians, and researchers to develop a step-by-step Resident Council Guide for nursing home residents, staff, and community members.

Discussion will also include the importance of a resource guide and its use to support nursing homes to implement, sustain, and continually enhance an effective, person-centered Resident Council.

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Learning Objectives

After the session, learners will be able to:

1. Describe why Resident Councils are a vital part of community life, person-centeredness, and at the heart of hearing the voice of residents within nursing homes.
2. State why a more standard approach and best practices are needed to promote residents actively participating in these meetings.
3. Explain how the survey process plays an essential role in partnering with nursing homes to prioritize residents' feedback identified/ documented in these meetings, administration's responses, and meaningfully address residents' concerns.

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What is a Resident Council?

An independent, organized group of people living in a long-term care facility that meets on a regular basis to discuss concerns and develop suggestions to improve services or resolve differences within the facility.



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Rights of Resident Councils

- The facility must provide a Resident Council with a private space for meetings.
- The facility must take reasonable steps, with the approval of the Resident Council, to make residents aware of upcoming meetings in a timely manner.
- The Resident Council meetings are closed to staff, visitors, and other guests. For staff, visitors, or other guests to attend, the Resident Council must invite them.
- The facility must provide a designated staff person who is approved by the Resident Council and the facility to provide assistance and respond to written requests from the Resident Council.
- The facility must consider the views of a Resident Council and act promptly upon grievances and recommendations of the Resident Council concerning issues of resident care and life in the facility.
- The facility must be able to demonstrate their response and rationale for their response.



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The Purpose of a Resident Council Is To:

- Give residents participation in affairs within the facility.
- Give residents a forum for discussion of concerns within the facility.
- Serve as a line of communication between residents and staff.
- Serve as an informational forum.
- Empower residents to advocate on issues that affect their home, community, quality of care and life.
- Discuss concerns to determine patterns and allow for formal resolution.
- Ensure that the nursing home is working to residents' best interest and creating homelike environments based on resident preferences.



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Resident Council Model

- Residents run the Council; residents fill key positions such as President, Vice President, Treasurer, Secretary.
- The council receives no interference from the facility staff.
- Residents feel comfortable speaking freely, raising issues and concerns.
- Residents are treated in a dignified manner.
- Resident issues and concerns are taken seriously.
- Issues and concerns are promptly addressed by the appropriate department.
- Slight variations are possible – Resident Councils are tailored to individual homes.



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Resident Council Best Practices

- Resident Council meetings are marketed and advertised; consider invitations.
- Resident Council meetings are consistent - same day, time, and location each month.
- Each meeting has a prepared agenda with input from Resident Council members.
- Resident Council is governed by by-laws that are unique to the home/community; by-laws detail election process.
- Minutes are taken, reviewed, and approved by Resident Council members.
- Resident Council Communication Form is utilized; passed on to appropriate departments; resolution indicated; signed off by both Administration and Resident Council.
- Meetings are accessible to all residents wishing to participate; use of adaptive technology and recording meetings for those who cannot participate in person.



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Federal Regulatory Guidance & Best Practices

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F565: Resident/Family Group and Response

- F565 is part of the Resident Rights regulatory group.
- This regulation outlines the rights of residents to both organize and participate in resident groups without the facility interfering, but also addresses the facility's response to issues raised.
- The facility is required to provide a resident or family group with private space if it has it, for them to meet, with staff/visitors/others attending only if invited.
- Per the regulation, residents have the right to participate in family meetings.
- Residents also have the right to have family members/resident representatives meet in the facility with other families/resident representatives.
- It is also the responsibility of the facility to take "reasonable" steps to let residents/families know when there will be meetings taking place.



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Process into Practice

- On survey, during the Entrance Conference, the surveyors will check if there is a Resident or Family Council.
- If there is, they will interview representatives from the group.
- They will ask how grievances and recommendations are considered, addressed (or not addressed) and acted upon, and how the facility provides its responses to the residents.
- Looking at the residents' and families' grievances and suggestions provides insight into potential systems issues.
- A surveyor would look at these issues and determine if they were followed up on - providers should do the same and ensure grievances are promptly followed up on.



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QAPI: Feedback Is Important!

- Feedback is one of many data sources which provide valuable information the facility must incorporate into an effective QAPI program.
- Each facility must establish and implement written policies and procedures for feedback.
- Feedback must be obtained from direct care staff, other staff, residents and resident representatives, as well as other sources, and be used to identify problems that are high risk, high-volume, and/or problem-prone, as well as opportunities for improvement.
- Feedback from residents is necessary to understand what quality concerns are important to them, their perspectives, values and priorities, as well as the impact of the facility's daily routines on their physical, mental, and psychosocial well-being.
- Staff can also provide valuable input into understanding care and service delivery processes.
- A facility should choose the best mechanism for feedback to support their QAPI program. Examples of mechanisms for obtaining resident and staff feedback may include, but are not limited to:
 - Satisfaction surveys and questionnaires;
 - Routine meetings, e.g., care plan meetings, resident council, safety team, town hall; and
 - Suggestion or comment boxes
- Facilities should consider feedback related to concerns about health equity. For example, does the facility address the needs of individuals with disabilities, limited English proficiency, with different cultural or ethnic preferences, or other health equity concerns?

Updated Guidance

Facilities should also collect and monitor data related to the outcomes of sub-populations to address any health equity issues.

For example, there could be higher risk or problem-prone issues related to certain sub-populations (e.g., race, sexual orientation, socioeconomic status, or preferred language) within the facility.



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Be Proactive: Engage Residents!

- Did staff listen to you?
- Did staff make you feel welcome?
- Did staff respect your personal choices and preferences?
- Did the facility address your needs?
- How likely would you be to recommend this facility to a friend or loved one who needs this type of service?
- Is there anyone you would like to recognize from your experience?
- Were you treated with courtesy and respect?
- What else would you like to say about your experience?



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Resident Council Feedback Examples



Resident comments identified during meetings that were not responded to by the facility:

- Lengthy wait times for call lights - staff telling residents "you're not my resident" and turning the call light off, or telling residents "I'm too busy"
- Lack of sufficient staffing - bathing, not getting up in time for morning activities
- Lack of language translation services
- Dining room staff ignoring resident requests for help and chatting amongst themselves instead of interacting with residents
- Food temperatures, late food deliveries, and poor food quality
- Suggestions for activities programming not recognized



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How Surveyors Cite QAPI Noncompliance

F865

For concerns related to whether a facility has implemented and maintains a comprehensive QAPI program and plan, disclosure of records and governance and leadership.

F867

For concerns related to how the facility obtains feedback, collects data, monitors adverse events, identifies areas for improvement, prioritizes improvement activities, implements corrective and preventive actions, and conducts performance improvement projects.



F868

For concerns related to the composition of the QAA committee, frequency of meetings and reporting to the governing body. To cite deficient practice at F868, the surveyor's investigation must generally show that the facility failed to meet any one of the following:

- ✓ Establish and maintain a QAA committee;
- ✓ Ensure the QAA committee is composed of the required committee members;
- ✓ Ensure the QAA Committee reports its activities to the governing body; and/or
- ✓ Meet at least quarterly, and with enough frequency to conduct required QAPI activities.

QAPI Data Collection

QAPI Dashboard: Monthly

Facility 2024 QAPI Dashboard						
Indicator	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Quality of Care						
Number of falls						
Percentage of falls						
Multiple falls						
Number of residents prescribed antipsychotic medication						
Medication errors						
Average call light response time (in minutes)						
Recreation (attendance/participation)						
Quality of Life						
Weight loss						
Infection Control Rate URIs						
Infection Control Rate UTIs						
30-day readmissions						
Physical plant						
Kitchen sanitation						
Emergency preparedness						



QAPI Dashboard: Resident Council

Facility Resident Council 2024 QAPI Dashboard									
Indicator	Benchmark Document	Benchmark	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Resident Council									
Food - dining experience	Internal benchmark	>80%							
Room temperature	Internal benchmark	>80%							
Recreation / Activities	Internal benchmark	>80%							
Call light response time	Internal benchmark	>80%							
Staffing	Internal benchmark	>80%							
Participate in care plan	Internal benchmark	>80%							



Performance Improvement Project: Resident Council

PLAN OF ACTION			
Master Plan Leader:	Start Date:		
	Team:	Team Lead:	
OPPORTUNITY / OUTCOME <small>(Problem, Concern, Idea or Need)</small>	GOAL / OBJECTIVE <small>(Measurable Outcome That We Want to Achieve)</small>	STRATEGY <small>(Specific Focus Area)</small>	TACTICS <small>(Specific Steps to Implement)</small>
Not enough food choices	SMART goal - Specific, Measurable, Achievable, Relevant (Realistic), Time-based		



Performance Improvement Project: Continued

- The facility must conduct distinct performance improvement projects, based on the scope and complexity of facility services and available resources.
- While the number and frequency of improvement projects may vary, each facility must conduct **at least one improvement project annually** that focuses on high-risk or problem-prone areas, identified by the facility through data collection and analysis.



QAPI: CMS Critical Element Pathway

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QAPI and Quality Assessment & Assurance (QAA) Review

QAPI Program *Policies & Procedures, Activities, Analysis and Action*

Interview the QAPI contact person, as well as other members of the QAA committee if needed, to determine:

- When a deviation from expected performance or a negative trend occurs how does the QAA committee know?
- Is there a mechanism for staff to report quality concerns to the QAA committee?
- How the facility decides which issues to work on (*i.e., establish priorities*)?
- How the facility knows corrective action has been implemented, is effective, and improvement is *sustained*?

Request and review the documentation for the QAPI program and QAA Committee activities to determine the following:

- Does the facility take actions aimed at improving performance? *If no, review the P&Ps for developing corrective actions designed to effect change at the systems level.*
- Does the facility track adverse events and medical errors, analyze their causes, and implement preventive actions? *If no, review the P&Ps for how the facility uses systematic approaches (such as root cause analysis or reverse tracker methodology) to assist in determining underlying causes of problems.*

Source: CMS QSO-25-07-NH, 11.18.2024

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QAPI and QAA Review: Continued



- Does the facility collect, use, and monitor data for the QAPI program that represents its full range of facility care and services? *If no, review the P&Ps for how the facility identifies, collects, analyzes, and routinely (e.g., quarterly) monitors data for systemic high-risk, high-volume, and/or problem-prone areas, including adverse events, and based on the facility assessment (F838).*
 - Does the facility use feedback (e.g., from residents, resident representatives and staff) as part of its QAPI program? *If no, review the P&Ps for how the facility obtains and uses feedback from residents and staff to identify issues and improvement opportunities.*
 - After implementing actions to improve performance, does the facility measure its success and track performance to ensure improvements are realized and sustained? *If no, review the P&Ps for how the facility monitors the effectiveness of its performance improvement activities to ensure improvements are sustained.*
 - Does the facility conduct at least one performance improvement project (PIP) annually that focuses on high-risk or problem-prone areas, identified by the facility, through data collection and analysis?
 - Does the QAA committee regularly review and analyze data collected under the QAPI program and resulting from drug regimen reviews, prioritize activities, and develop and implement plans of action to correct identified quality deficiencies?
- Note: For concerns related to the development and implementation of policies and procedures to coordinate with the QAPI program regarding situations of abuse, neglect, misappropriation of resident property, and exploitation, see F607 (§483.12(b)(4)).
1. Did the facility develop **and implement P&Ps** for data collection systems, **feedback, monitoring, analysis, and action, including adverse event monitoring**? Yes No F867 *(if the surveyor is able to validate QAPI activities and is not prompted to review P&Ps, mark Yes)*
 2. Did the facility/QAA committee **prioritize its improvement activities; develop and implement action plans; measure the success of actions, and track performance; conduct at least one PIP annually; and regularly review, analyze, and act on data collected**? Yes No F867

Source: CMS QSO-25-07-NH, 11.18.2024



QAPI and QAA Review: Continued

Investigation of Identified Non-Compliance at the Systems Level

Note: Disclosure of documents generated by the QAA committee may be requested by surveyors only to determine compliance with QAPI regulations. Surveyors must not use documentation provided by the facility during the QAPI/QAA review to identify additional concerns not previously identified by the survey team during the current survey.

For each area of *systems-level* non-compliance identified by the survey team, prior to initiating the QAPI/QAA Review, interview the QAA contact person and review evidence to answer the following questions:

- Is the QAA committee aware of this issue?
- If the QAA committee is aware of the issue, did they *develop and implement* corrective action(s)?
- Is the QAA committee monitoring *and analyzing* results of the actions *to ensure improvements are realized and sustained*?

Source: CMS QSO-25-07-NH, 11.18.2024



QAPI and QAA Review: Continued

Does the committee revise the corrective actions if results have not yielded the expected improvement (consider whether the facility has had a reasonable amount of time to address their interventions)?

For each systems-level area of non-compliance identified by the survey team related to resident care and/or coordination of medical care, ask the medical director:

Were you aware of [surveyor to identify the systems-level area of concern related to resident care and/or medical care validated during the survey]? If yes, what steps or actions did you take in response to the issue?

Do you or your designee participate in the QAA committee meetings (if no, cite F868)?

3. *For each area of systemic non-compliance identified by the survey team, did the facility identify the issue prior to the survey?*

Yes No F865

4. *For each systemic issue identified that the QAA Committee was aware of, did the facility make good faith attempts to correct quality deficiencies?* Yes No F865

5. *Did the medical director fulfill his/her responsibilities for the implementation of resident care policies and/or coordination of medical care in the facility?* Yes No F841 N/A, there were no concerns identified regarding resident care policies or coordination of medical care during the survey

Source: CMS QSO-25-07-NH, 11.18.2024



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Resident Council Considerations

- Residents and families have the right to form and participate in a Council.
- Residents have the right to be a member of the Family Council and to decide if their family member or other designee participates in a Family Council.
- Nursing homes are required to provide a private space for Council meetings and can only have a staff person in attendance if they are invited by the Council.
- The nursing home must have a designated staff person who has been approved by the Council and is responsible for providing assistance to the Council and responding to written requests from the Council.
- Nursing homes must consider the Council's concerns and recommendations. While they are not obliged to do everything that the Council wants, nursing homes are required to demonstrate their response to the Council's concerns and recommendations and provide a rationale for their response.
- When the surveyors arrive for an inspection, they should be interviewing representatives from Resident and Family Councils to determine if these requirements are being fulfilled. For example, they should ask:
 - How are views, grievances or recommendations from the Resident Council considered, addressed and acted upon?
 - How do facility staff provide responses, actions, and rationales to the Resident Council?



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Resident Council Key Takeaways

- Play a key role in making the nursing home experience more person-centered
- Have valuable, unique perspectives, which can enhance communication with staff and generate new ideas
- Involve and ensure that nursing home staff understand and respect their choices, dignity, and rights to purposeful living
- Engagement supports their participation in deciding best approaches to care
- Engagement facilitates residents, families, etc. getting to know staff and their roles, and facilitates the staff getting to know them, their needs and preferences
- Provide a source of input for QAPI!
- Have their own line entry on a QAPI dashboard specifically for the residents (e.g., customer satisfaction, engagement, etc.)
- Facilities should consider feedback related to concerns about health equity (for example, does the facility address the needs of individuals with disabilities, limited English proficiency, with different cultural or ethnic preferences, or other health equity concerns?)



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Moving Forward Action Guide

www.NursingHomeActionGuides.org



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Other Resources

CMS QSO-25-07-NH. (November 18, 2024). Revised Long-Term Care (LTC) Surveyor Guidance: Significant revisions to enhance quality and oversight of the LTC survey process.

<https://www.cms.gov/files/document/revised-long-term-care-ltc-surveyor-guidance-significant-revisions-enhance-quality-and-oversight-ltc.pdf>

Strengthening Resident Councils: Project Updates. (2024).

<https://www.youtube.com/watch?v=CAPtY3dhi4I>

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Thank you!

www.MovingForwardCoalition.org

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