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Davis Clinical Consulting – Providing Regulatory Compliance and Leadership Support for the Long-Term Care Industry within Wisconsin, Illinois, and South Carolina



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**“We do not want to be just another consulting agency that comes in and sets a plan in place, and then says, “Good luck with that plan.”
 Lauren Davis**

CEOCFO: *Ms. Davis, what is the idea behind Davis Clinical Consulting today?*

Ms. Davis: Davis Clinical is a clinical consulting agency that supports the long-term care industry. We currently offer services within Wisconsin, Illinois, and South Carolina. We provide regulatory compliance and leadership support, specifically when there is survey trouble or a transition in a leadership position. We can ensure that the residents and the outcomes for those residents remain stable and to a higher standard.

CEOCFO: *Would you give us an example of a somewhat typical engagement? When might an organization reach out to you, what they might ask from you, and how do you ensure the end result is the best it can be?*

Ms. Davis: Our consultant agency offers a unique approach with the compliance component. We might be referred to by a state agency or some surveyors themselves who might have identified some issues with the network organization. Our unique approach is that we offer 90-day compliance to ensure the sustainability of the program with a guided approach for the leadership currently in those positions.

We go through the process with them of writing a plan of correction and ensuring that staff training and education, as well as audits, are completed. Then we slowly taper down our services, so that way,

throughout the first 90 days of implementing change, we can ensure that the leaders are set up to be successful. We make sure that they have the tools and resources so that their staff can remain compliant with the changes needed to meet regulations.

CEOCFO: *Would you give us a simple example of what might be out of compliance and what needs to be done, and why the party that is contracting you does not recognize that themselves?*

Ms. Davis: Within the long-term care setting we are regulated by the state and federal government, through CMS (Centers for Medicare & Medicaid Services), so we are required to follow a set of rules that are actually more strict than nuclear power plants. Therefore, the rules and regulations that we must follow are very complex. Something that might be out of place may be a resident who lives in the organization that might have had a fall that has resulted in a major injury, so this would result in a severe citation, in some cases, the facility has to ensure that they have met substantial compliance, and are able to ensure the safety of all the residents, as well as the resident that was affected from that point moving forward.

It seems simple, but when you are in the situation it can get extremely complicated with the audits, with the education, with the policy changes, and the protocols that need to happen to ensure that the facility is able to meet those compliance areas. As I said, we would then assist that facility with providing staff education, assist with writing the plan of correction, or mentor the new leader who might be writing that plan of correction that is then submitted to the regulatory body. Then we can ensure that that facility, again, has the tools and resources, so they can ensure the safety of residents. They put in all the measures that they feel are appropriate to ensure that high patient outcomes are met.

CEOCFO: *Do you need to stay on top of the changes, not only in the federal regulations but in the states you cover? Do they change often?*

Ms. Davis: Yes, they do. They just came out with some new regulations specific to different quality metrics that facilities are measured on. I would say that the changes within CMS occur fairly frequently, and we are constantly getting updates and memos on new guidance for surveyors or for the facilities on how to interpret different guidelines. Therefore, with all those different things that are coming out to the organizations, as consultants, and as the organization, we are staying on top of all those changes, so we can be proactive with new requirements that are coming down the pipeline. We can share that with all our members who use us for a consulting service.

We also have newsletters that go out just to keep people apprised of what is happening within the industry as well as some of the changes or trends that they might be seeing, and how to stay on top of those.

CEOCFO: *Do you need to go physically to the facilities, in some instances, in all instances, or is that not necessary?*

Ms. Davis: For our compliance, we do go onsite to the facilities, and we usually do an initial intake assessment. We ensure that whatever is happening at that organization, we can identify an action plan as to what

is the best course to get that facility in compliance. We provide recommendations, and we can tailor our service based on their budget requirements or things that they are looking to have completed. This allows us to work with the facility to create an individualized facility plan.

CEOFCO: *When a facility is calling you in, are the employees, down the line, willing to talk with you or listen to what you have to say, or is there some resistance?*

Ms. Davis: At Davis Clinical, we have a standard of leadership style, that when we go into an organization, despite which consultants are going in from our organization, we pride ourselves in having very similar leadership styles to work with the staff. We have a non-punitive approach; we are all about ensuring that education, tools, and resources are provided.

An employee is only as successful as they have their leadership available. Therefore, the employees will be more successful with the sustainability of whatever changes are happening if they are provided the proper education, tools, and resources to be successful.

Within long-term care, we are hiring many brand-new leaders, and there is always a shortage of nurses and caregivers, so we are constantly funneling in these brand-new caregivers or brand-new leaders who have not worked in the industry before. Helping them understand what is required of them within that role will help them be better leaders to their staff.

CEOFCO: *What are some challenges that new people coming in face, or does it really vary on the facility and personality of the new person?*

Ms. Davis: I think it varies on that new person's personality, for sure. One of the struggles coming in that I see as a consultant is that when you have not done the work, specifically within long-term care, gaining respect and trust from your peers is going to be more challenging. I think that many people come into those roles, having a really good pedigree, but their experience is lacking, so that proves to be a challenge because it does take a lot of grit to be in a leadership position in long-term care. There are lots of "on-call" as you are managing the patient, you are managing the family, you are managing your staff, and your peers.

Everybody is looking to you as a leader within long-term care to provide good customer satisfaction, and when you are a leader, your customers are really all of those people. Without having the knowledge and experience of the industry, coming into it can just be super challenging, because you are looked at as the expert, and when you do not know the answers or you do not know the regulations, it proves to be a challenge.

I think that our recent COVID outbreak has caused many of our seasoned leaders to retire, which has left a big gap in the industry. Therefore, we are relying a lot on new graduates or people from outside industries, moving into the long-term care space without that direct basic understanding of all the different roles within long-term care. That can be challenging because again, being second-rated underneath a nuclear

power plant, there are so many rules and dynamics that you must navigate through to make sure your building can be successful.

CEOFCO: What has changed in the Davis Clinical Consulting approach over time?

Ms. Davis: Really understanding the leaders of that organization, their styles in leadership, and learning how to really play on the strengths of their peers to fill any gaps that they might have within their structure. Many times, specifically in a director of nursing role, they try to take it all on. The reality is, there will always be work. You will always have stuff on your desk for tomorrow. I think that is a different challenge sometimes specifically for people who are a type A personality who want to come in and want to finish a task. However, when you are in that position you never complete every task on your list for the day, and being okay with that, and knowing that when you come in tomorrow it will still be there, and you can pick up where you left off. Also, being able to share the load and being able to share those tasks and things that you need to hand off or delegate to someone else.

The long-term care industry is still challenging, and there are many different movements all the time. Therefore, being able to share the workload and understand who is doing what and still being able to organize all of those things to get things complete is really a struggle. We really try to work with our new leaders. I would say that was my biggest struggle when I first became a director of nursing, you put in the hours, and you are dedicated wanting to get everything completed and have it perfect for the survey. In reality these things are going to happen, you are going to have to be nimble, you are going to have to navigate new situations and figure it out as you go, and you will always have work to do the next day. It is okay. You have to be able to go home.

CEOFCO: What do you look for in your people, and how do you find people to support your organization?

Ms. Davis: What I really look for when hiring consultants is their personality. I want people on my team who can be a positive influence. When they are going into these buildings that are really struggling, whether it be with new clients or a staffing crisis I want the consultants at Davis Clinical to be able to walk in with a smile, stay positive through the situation, and bring hope, joy, and kindness to these leaders who could really be struggling. Again, we really pride ourselves on having that leadership style of being non-punitive and ensuring people have the right tools and resources to be successful so they can stay positive throughout the whole experience.

CEOFCO: Davis offers some training classes; you work on some home healthcare. Would you tell us about some of the other items that you cover at Davis Clinical?

Ms. Davis: Yes. We have many service lines. We recently have identified a gap within the organizations, specifically for homecare. With new rules and regulations and length of stay monitoring for patients in the rehab setting, or maybe going home from the hospital and do not qualify to go to a rehab setting, there is a lot of opportunity for people to have a skilled nursing visit, maybe short stay, maybe just filling a gap in

between when home health might be able to come in and provide services.

We are looking to help service a brief period of time so that way the patients and families can ensure that their loved one has a good discharge plan. They are going home, they are set up to be successful, and whether it is for a month or continuous medication monitoring, we want to be able to provide a service that can be helpful in ensuring good patient outcomes. That is our newest line, and we also offer training.

One of my passions is long-term care, and I think that when you are in high school, or even if you are in college for nursing school, long-term care careers are really downplayed. My goal is to increase awareness and offer training and resources, again, for high school students to become certified caregivers through the University of Green Bay CBRF (Community-Based Residential Facilities) training course for Wisconsin. Therefore, we offer an onsite training program as well as virtual training. We can also go into buildings to ensure that new hires or potentially high school students have the opportunity to join the workforce for long-term care.

CEOCFO: *How did you get to South Carolina?*

Ms. Davis: We have a preferred vendor relationship with a large healthcare provider there, and we work closely with them with a Medicare Advantage plan, specifically for the institutional eligible special needs program. With that, we have a partnership to offer third-party assessments to determine the eligibility of that resident for that program. One of the states that was going to be rolling out this IE-SNP (Institutional Equivalent Special Needs Plan) program was South Carolina, and I was able to hire a nurse in South Carolina to be a potential nurse to do these assessments.

We are slowly branching out into other states. It could be based on where our different partnerships are located, whether it is the IE-SNP partnership or a couple of other partnerships that we have such as national programs that, as the need arises, Davis Clinical is there to meet that need and fill the gap.

CEOCFO: *Do you see going into other areas? Are there other services as well, or other geographic areas?*

Ms. Davis: Yes. Our goal is to be in all 50 states. We have a growth and scalability program that we are rolling out here in Wisconsin, and we plan to transplant that same program into other states as our services are needed. We do have a national partnership with the Nancy Morgan Wound Care Program, as implementation specialists that will allow facilities who are struggling in wound care to use an evidence-based best practice protocol document or binder, that we can then go in and help them implement those processes to be wound care experts within that policy procedure manual.

We also have another partnership with a company called Medsense Health working with medication adherence. Within that program, we are able to offer our homecare service line, but then be able to track the medication adherence of patients who are under our care and services to

be able to better watch their outcomes and their plan of care that is directed by their physician.

CEOCFO: *Are there any regulatory histories that you need to follow for your company? Are there people that are checking that you are doing it right?*

Ms. Davis: Yes. We work with state health agencies when we are looking to open a new service line in a new state. We are in contact with those organizations to ensure that we are following each state's requirements. We hire nurses within those states as we expand to be experts with their rules and regulations, whether it is the homecare line or whether it is our clinical compliance line, we not only want to be following the federal guidelines but also the individual state guidelines as well.

CEOCFO: *Why choose Davis Clinical Consulting? What sets Davis Clinical Consulting apart from your competitors?*

Ms. Davis: At Davis Clinical, we really pride ourselves on the people we hire. We hire experts within the industry who have experience in different areas that can really help organizations be successful. We do not want to be just another consulting agency that comes in and sets a plan in place, and then says, "Good luck with that plan."

We really want to ensure that we come in and help those leaders, we mentor those leaders, and we really provide those tools and resources to help them be successful and stay within long-term care. It is a population that needs really good people in place to ensure that the quality of care and the quality of life can be sustained for them to the end.