

North Dakota Department of Health
Division of Health Facilities

LONG TERM CARE ADVISORY
COMMITTEE MEETING MINUTES

August 16, 2007

Committee members present:

Bruce Pritschet, Health Resources Section, ND Department of Health
Shelly Peterson, Executive Director, North Dakota Long Term Care Association
Kurt Stoner, Bethel Lutheran Home, Williston
Helen Funk, State Ombudsman, Div. of Aging Services, ND Dept. of Human Services
Carole Watrel, AARP
Randal Albrecht, ND Board of Examiners for Nursing Home Administrators
David Remillard, North Dakota Health Care Review, Inc.
Dr. Jonathan Berg, Nursing Home Medical Director's Association – Conference Call
Tami Wahl, Policy Advisory, Health & Human Services, Governor's Office
Arvy Smith, Deputy State Health Officer, ND Department of Health
Lucille Torpen, Manager, Division of Health Facilities, ND Department of Health
Monte Engel, Manager, Division of Health Facilities, ND Department of Health
Barb Fischer, Medical Services, ND Department of Human Services
Kaye Hessinger, Div. of Health Facilities, ND Department of Health

Committee members absent from the meeting:

Darleen Bartz, Health Resources Section, ND Department of Health
Maggie Anderson, Medical Services, ND Department of Human Services
Betty Keegan, Rolette County Social Service Board
Craig Lambrecht, MD, State Medical Officer, ND Department of Health
Representative Gary Kreidt, ND House of Representatives (New Salem)

Welcome

A meeting of the Long Term Care Advisory Committee was called to order at 10:00 a.m. on August 16, 2007. Bruce Pritschet welcomed everyone to the meeting and thanked them for taking time out of their day to attend. He stated that Dr. Berg would be participating in the meeting on conference call. Bruce mentioned that the committee is running out of agenda items, and if you think of any issues throughout the day, we can add these to the future meetings.

Approval of Minutes

Minutes of the May 22, 2007 meeting were approved as distributed. Dave Remillard made a motion to approve the minutes; seconded by Shelly Peterson. Motion carried.

Standing Reports & Legislative Session Recaps

Representative Kreidt was not available to report on the legislative session.

Comments from the North Dakota Long Term Care Association

Shelly Peterson said she had been gone the last two weeks, and has been trying to get caught up since the close of the session. She has been attending regional meetings, and the meeting in Fargo on August 15 was the most recent. Issues discussed at the regional meetings include the federal budget, fees charged for revisits in long term care facilities, and the moratorium to study long term care. This study will look at the long term care continuum and moratorium. She said they feel there is a distribution issue, and that beds are ultimately ending up in Bismarck/Mandan, Fargo, and Grand Forks. Also discussed is the two-tiered basic care system. She said there was a meeting with the Health Department two weeks ago, the facilities felt good about the meeting, and the process was looked upon very favorably.

Shelly also talked about a meeting regarding the construction renovation process. Information was sent out to the facilities, and they see this as a good service. Shelly feels if they have the Health Department there during construction, it should alleviate some of the problems.

Shelly said there was a meeting with assisted living this summer, and that a small workgroup was set up to deal with assisted living issues. There was a competitive federal grant that the Department of Human Services received to move people out of nursing homes and developmental disability facilities. One of the biggest barriers is affordable housing. The Department of Human Services has hired Jacob Reuter to assist with this program which is titled, "Money Follows the Person". Helen Funk serves on this committee. The My InnerView research looked at the best type of person to be discharged, and Shelly felt this information was very helpful.

The Long Term Care Association will be looking at achievements, accomplishments, and goals for the next five years. Shelly said they need to look at workforce issues, and deal with retention of staff in the facilities.

Comments from the Ombudsman Program, ND Department of Human Services

Helen Funk addressed the subject relating to financial exploitation of vulnerable adults. Helen said Aging Services sponsored an Adult Protective Services workshop on August 8-9, 2007 in Minot. The workshop included adult protective service workers and long term care ombudsman from the various Human Service Centers and counties throughout the state. She distributed a paper to the LTC advisory committee titled, "Financial Exploitation of Vulnerable Adults", and also talked about a recent situation where a Minot couple was sentenced to five years for bilking the elderly. The elderly couple was taken into protective custody when it was discovered that the daughter and son-in-law of the couple were improperly taking their money. Helen said that financial abuse is among the top three most common types of elder abuse. With the sustained growth of the U.S. elderly population, both in the community and in long term care facilities, it is now imperative that health care providers develop the skills necessary to recognize and report cases of financial abuse. Financial abuse fits into one of two general categories – theft of income or theft of assets. North Dakota's definition of "financial exploitation" means the taking or misuse of property or resources of a vulnerable adult by means of undue influence,

breach of fiduciary relationship, deception, harassment, criminal coercion, theft, or other unlawful or improper means.

Helen said the Department of Human Services Ombudsman Program and the DHS Legal Unit have been working on updating the booklet, "Making Health Care Decisions in North Dakota" to reflect the changes in the advance directive law that occurred this last legislative session. She presented the committee with a rough draft of the booklets and encouraged any suggestions or corrections the group might have prior to the finalization of the update. They hope to have the booklet on the Department of Human Services website in the next couple weeks.

Update on the Medical Director's Association

Dr. Berg talked about the October 12 meeting of the Medical Director's Association that will be held at the Ramkota Inn in Bismarck. There will be a presentation to the group regarding the My InnerView survey and results, which he is excited about. He will be contacting the medical directors around the state about the upcoming meeting, and encouraging their attendance.

Comments from the ND Department of Health, Division of Health Facilities

Bruce Pritschet discussed the Survey and Certification Double G Citations Report for nursing facilities, which gives a breakdown of citations in 2007 in each region in the nation. More specifically to Region VIII, which includes North Dakota, it gives a comparison between the states within Region VIII. Six states in Region VIII list the following number of Double G Citations in 2007: Colorado, 51; Montana, 2; North Dakota, 3; South Dakota, 3; Utah, 2; and Wyoming, 2. These statistics are based on the federal fiscal year, which ends September 30. Shelly Peterson asked if our survey agency is caught up on the nursing facility surveys yet. Bruce responded that we are caught up, but not to the point that we were last year. He said we hope to keep the average at 11.9 and below.

Bruce also talked about the Fiscal Year 2007 Citation Frequency Report which indicates the top 20 citations in nursing facilities in North Dakota for 83 active providers. F323 (facility is free of accident hazards) is the top citation in North Dakota, the Region, and nationally. F371 (store, prepare, distribute food under sanitary conditions) has dropped to 2nd in the state and region, but ranks 4th in the nation. F329 (drug regimen is free from unnecessary drugs) is about the same within the states in the Denver region. Curt Stoner indicated that F248 (activity program meets individual needs) is #7 for North Dakota, but is not included as a frequency citation in the region or nation. Bruce said we sometimes tend to cite more in activities than other states. Lucille Torpen commented that pressure sore citations have really dropped off.

Shelly Peterson referred to the new interpretive guidelines on feeding assistants, and that a feeding assistant could be used if it was determined it was appropriate. She asked if it was the Health Department's interpretation that anyone with a swallowing disorder cannot be fed by a feeding assistant. Bruce said that would be our interpretation, but there have been instances where we have looked at individual cases. This situation becomes a surveyor's judgment, and we have to follow the guidance from CMS.

Monte Engel addressed the committee and said he would be discussing a report similar to what Bruce Pritschet had just talked about, but in the area of Life Safety Code. The first page of the Citation Frequency Report relates to North Dakota, the 2nd page to Region VIII, and the 3rd page on a national

level. The top five most frequently cited life safety code tags for fiscal year 2007 in North Dakota include: K51, fire alarm system (lack of testing maintenance, locking circuit breakers); K130, miscellaneous; K69, cooking equipment (maintenance of fire suppression equipment); K62, sprinkler system maintenance; K18, corridor doors. Monte feels that K38, exit access, will probably increase in the next year. This would relate to lack of sidewalks. Randal Albrecht asked about the interpretation as to how far a sidewalk has to go if the streets aren't paved? Monte said it has to lead to the public way, someplace where residents can be congregated and moved. A gravel street would probably be allowed by CMS if they allowed a graveled alley. Shelly Peterson asked about using the FSES, and whether Monte had any information about this. Monte said he has an e-mail that he could forward to her.

My InnerView News Release Update

Dave Remillard provided a handout to the committee regarding an August 6, 2007 news release that was sent out by the North Dakota Health Care Review, Inc. which highlighted the results of the My InnerView survey. He said there was an issue of who should release this information because it was determined it would be a conflict of interest if the Health Department released it. North Dakota Health Care Review, Inc. is a private, non-profit organization that holds a contract with the Centers for Medicare & Medicaid Services (CMS) to serve as North Dakota's Quality Improvement Organization. As the state's QIO, NDHCR collaborates with health care providers and consumers from across the state to improve health care for Medicare beneficiaries. The QIO updated the information from the last meeting, at which time the news release was sent out. He felt the results of the surveys serve as a strong endorsement of the quality of care and service that is provided by North Dakota nursing homes. As quoted in the news release, "By listening to the voices of the residents, families, and employees throughout our state's long term care field, we are finding that overall satisfaction is very high," Remillard said.

Neil Gulsvig, President of My InnerView, stated that they have worked with long term care data from all across the country. He said North Dakota is showing a very high level of satisfaction, and that the state has a lot to be proud of. Ninety-two percent of family members from 60 North Dakota nursing homes are satisfied or very satisfied with the care their loved ones receive, according to the results of the independent statewide survey.

Other highlights from the 24 satisfaction items polled in the survey include:

- 88% of residents are very satisfied with the quality of care they receive;
- 92% of family members are willing to recommend facility to others;
- 95% of family members say the respectfulness of staff is excellent or good;
- 94% of residents say the facility is safe;
- 93% of residents say the quality of RN/LVN/LPN care is excellent or good.

Criminal Background Checks

Judy Volk, Criminal History Records Manager with the Bureau of Criminal Investigation of the Attorney General's Office, distributed a handout titled, "Record Checks 101" which provides basic information on what a record check is, and what is required to conduct state and federal record checks. Enabling legislation for the Health Department is contained in Item "n" under NDCC 12-60-24 (criminal history record checks). Currently, the Bureau of Criminal Investigation can process state and federal record checks for:

1. Applicants and employees of the department of health as designated by the state health officer;

2. Any person being investigated by the department of health; or
3. Any applicant for registration, certification or licensure by the department of health at their request.

Judy said that local law enforcement are the experts to perform finger print checks. Fees involved for this service total \$52 (\$15 of this total is for the state criminal history record check). These fees will be modified in the near future. What the Department of Health would receive in return would be a State of North Dakota record check, and an FBI record check. Shelly Peterson asked if a facility could request an FBI check. Judy Volk stated that only the ND record check would be allowed.

A NDCC 12-60-24 record check of the North Dakota database of criminal history records includes the following:

- Convictions
- Charges that were dismissed, or did not result in conviction, or do not have a court disposition
- Jail or prison custody records
- Any other reportable events

What is not included on the North Dakota criminal history record are:

- Juvenile records (only juveniles prosecuted as adults are in the state CHR database)
- Federal records
- Records from other states
- Most traffic offenses (Contact the ND Dept. of Transportation for traffic records)
- Civil judgments (Contact the Clerk of Court)
- Credit history

Regarding record storage requirements or dissemination for the state record check information received, there is no state statute requiring that this information be kept confidential or that this information may not be redistributed. The subject of the record check has the right to see and challenge any of the information on the criminal history record. If the individual would like to dispute the North Dakota record, they may contact the Bureau of Criminal Investigation in the Office of Attorney General.

LSC Business Process Reengineering Update

Bruce Pritschet stated a meeting of the LSC Business Process Reengineering External Workgroup was held on May 31, 2007. Agenda items included use of the NDDOH website and the CMS website by facility staff. Life safety code staff within the Division of Health Facilities will continue to post pertinent information on the website, and will be responsible for updating it regularly. Survey and Certification Letters from CMS will be included on the LSC website if they pertain directly to life safety code issues. Shelly Peterson will compile and provide a distribution list to the Division of Health Facilities. Health Facilities will use this distribution list to send out e-mail alerts to administrators and environmental services regarding information on life safety code issues.

Bob Bieber, Maintenance Manager from Hi-Acres in Jamestown, was asked to become a permanent member of the external workgroup. He will look at turnover and impact of turnover of facility environmental staff and present information at the next meeting.

Another item of discussion at the May meeting was the roll of quality assurance in ensuring compliance with LSC standards; and provision of life safety code education to long term care facility staff, other than what is provided through the survey process. Shelly Peterson said it is helpful to share product research from other facilities if they have done a lot of research on a particular product. She said they have had some very open and good discussions.

The next meeting of the external workgroup is scheduled for September 18, 2007.

Life Safety Code Construction/Renovation Demonstration Project Update

Bruce Pritschet stated that a notice was sent to all long term care and basic care facilities on August 10, 2007 regarding the Life Safety Code Demonstration Project. In Section 12 of House Bill 1004, the 61st legislative assembly directed the Health Department to design and implement a demonstration project through which the department offers a life safety code survey process for basic care facilities and long term care facilities to access voluntarily during and at the conclusion of a construction project, renovation project, or construction and renovation project that costs more than three million dollars. A meeting was held with provider stakeholders on July 19, 2007, and the process of designing the project has been completed. The meeting was very helpful in planning and designing the project. The Health Department wished to thank the providers and others for their time and creative input.

A copy of the Demonstration Project was included in the distribution on August 10, 2007 which included the following sections:

- I. Legislation Section
- II. Purpose of the Demonstration Project
- III. Demonstration Project Plan
- IV. Procedure for Implementation of the Demonstration Project
- V. Procedure for Evaluation of the Demonstration Project

Instructions for submitting a request to the Health Department for a consulting life safety code visit are contained in the Demonstration Project. An accepted bid summary must accompany any request for life safety code consulting visits. The Department will notify the facilities why, or why not, they were selected. Bruce Pritschet said that cost, time, and resources are an issue; on-site time is limited to eight hours per visit. He said they had to put some limitations on the amount of time because some projects are so large. Arvy Smith stated that federal money is not available for this project, that it will be general funds only. She said we started this biennium in the hole, and she is real uncomfortable committing at this point. Bruce said there have been no requests yet. The project will provide for two onsite LSC consultations per construction and/or renovation project as appropriations and staffing are available. The facility has the option to choose up to two of the following phases of a construction and/or renovation project to request an onsite LSC consultation:

- In the middle of sheet rocking;
- Before closing the ceilings;
- Near completion of the project; or
- At the conclusion of the project.

The duration of the project is from August 1, 2007 until June 30, 2009. The department will evaluate the demonstration project and provide a report to the Legislative Council prior to August 1, 2008.

Real Choice Rebalancing (RCR) Grant

Linda Wright, Aging Services Director with the Department of Human Services, and Amy Armstrong, Project Director, ND Real Choice Rebalancing Grant with Minot State University, gave a presentation on the North Dakota Real Choice Systems Change Grant Rebalancing Initiative (RCR). This project was funded in part through the ND Real Choice Systems Change Grant – Rebalancing Initiative, from the US Department of Health and Human Services Centers for Medicare and Medicaid Services received by the ND Department of Human Services, Aging Services Division. The project was facilitated by the ND Center for Person with Disabilities, and is a 3-year grant (September 30, 2004 through September 30, 2007).

Real Choice Systems Change Grants were implemented in order to comply with the President's New Freedom Initiative and the Omstead Decision, which call upon states to improve access and choice of continuum of care services for the elderly and people with disabilities. RCR grant goals include:

1. Increase access to Home and Community Based Services
2. Provide a finance system for the continuum of care services
3. Increase consumer services
4. Decrease ND's reliance on institutional forms of care; and
5. Quality management mechanisms for service delivery

Research methods for the grant include focus groups, personal interviews, and questionnaires. Conclusions and recommendations included:

- Support for a streamlined, consistent, and reliable system to assist consumers, families, and providers in accessing continuum of care information and services
- Support the fact that people want to remain in their homes and/or live as independently as possible
- The need for increased funding and resources for home and community based service options

The research findings and recommendations were included in testimony given in support of Senate Bill 2070. This bill supports development and implementation of an Aging and Disability Resource Center (ADRC) in North Dakota. ADRC's would assist North Dakota's seniors and adults with disabilities in accessing both publicly and privately funded continuum of care services. Dave Remillard asked who is eligible for services under ADRC. Linda Wright said that you must serve older people, but they would also serve persons with disabilities.

In the near future, an RCR final report will be prepared. An update will be provided to the Legislative Council Long Term Care Interim Committee (2008). The RCR Steering Committee efforts will continue after the grant is done. This workgroup represents several different agencies and organizations, and they meet on a regular basis.

VRE/MRSA in Long Term Care Facilities

Tracy Miller with the Division of Disease Control, ND Department of Health, presented the committee with information on “Antimicrobial-Resistant Organisms” and how they can be prevented and controlled. An antimicrobial-resistant organism (ARO) is an organism that is resistant to two or more unrelated antibiotics to which the organism is normally considered susceptible. The objectives of the presentation include:

- History/Background
- Understand when to use standard practices vs. additional precautions
- Determine when and when not to try and decolonize patients
- Recognize the environment and the role it plays

Antimicrobial resistance is a problem because it is rapidly increasing worldwide, there are fewer drug choices, costs are increasing, there is increased morbidity and mortality, and it is a global health problem. This problem is observed in industrialized countries, developing countries, community settings, and healthcare facilities. Practices that promote resistance are overuse of antimicrobials in outpatient settings, overuse of broad-spectrum antimicrobials in hospital settings, poor compliance regimens, and use of antimicrobials in animals.

Tracy said that MRSA infection and colonization have been reported in horses, dogs, cats, birds, and cattle. Transmission of MRSA between animals and humans has been reported, as have human MRSA infections from animal contact. Symptoms of infection include fever, pneumonia, inflammation, purulence, and elevated white count. Nosocomial MRSA risk factors are exposure in the healthcare setting, dialysis, injecting drug use, burn unit exposure, diabetes, and chronic skin conditions.

Each facility should develop its own policies regarding detection, prevention, and control. There should be collaboration with Infection Control, Quality Improvement, Pharmacy and Therapeutics, Microbiology, Clinical Departments, Nursing Administration, and Environmental Services. Elements to incorporate in a plan should include:

- Judicious antibiotic use
- Education programs for facility staff
- Accurate laboratory identification
- Prompt notification of the positive cultures to the appropriate person
- Infection control measures
- Surveillance

Tracy gave many examples of contact precautions as they related to room assignments; use of gloves, gowns, and facial protection; linen and laundry; food trays; environmental cleaning; patient transport; and visitors. She stated that antimicrobial-resistant organisms are increasing each year, and they pose a threat to health worldwide. She said we can make a difference by educating health care workers, using antibiotics wisely, identifying the organisms accurately, and putting infection control measures into place and following them.

Next Meeting and Suggestions for Future Agenda Items

The next meeting of the Long Term Care Advisory Committee was set for Tuesday, November 6, 2007 from 10:00 a.m. to 3:00 p.m. in Room 212 of the Health Department. Agenda items will include:

Standing Reports:

- Division of Health Facilities
- ND Long Term Care Association
- Ombudsman, Department of Human Services
- Legislative Update – Interim Committees

It was suggested that F Tags and Interpretive Guidelines be discussed at the next meeting. It was decided that if there were any changes to these two areas, it could be incorporated into the standing report for the Division of Health Facilities, rather than a separate agenda item.

Helen Funk said the facilities have a need for training on the quality indicators for nursing homes. Dave Remillard feels this is something that could be offered by the QIO. The Long Term Care Association could present training also.

Bruce Pritschet said that Randal Albrecht was appointed by the Board of Examiners for Nursing Home Administrators to continue serving as a member of the Long Term Care Advisory Committee.

The meeting adjourned at 3:00 p.m.