

North Dakota Department of Health
Division of Health Facilities

LONG TERM CARE ADVISORY
COMMITTEE MEETING MINUTES

September 25, 2008

Committee Members Present:

Darleen Bartz, Chief, Health Resources Section, ND Department of Health
Bruce Pritschet, Division of Health Facilities Director, ND Department of Health
Shelly Peterson, Executive Director, North Dakota Long Term Care Association
Kurt Stoner, Administrator, Bethel Lutheran Home, Williston
Randal Albrecht, Chair, ND Board of Examiners for Nursing Home Administrators
Barb Groutt, North Dakota Health Care Review, Inc.
Kaye Hessinger, Division of Health Facilities, ND Department of Health

Committee Members Absent:

Dr. Jonathan Berg, Nursing Home Medical Director's Association
Maggie Anderson, Division of Medical Services, ND Department of Human Services
Joan Ehrhardt, State LTC Ombudsman, ND Department of Human Services
Betty Keegan, Rolette County Social Service Board
Carole Watrel, AARP
Craig Lambrecht, MD, State Medical Officer, ND Department of Health
Representative Gary Kreidt, ND House of Representatives (New Salem)

Other Individuals Present:

Arvy Smith, Deputy State Health Officer, ND Department of Health
Monte Engel, Manager, Division of Health Facilities, ND Department of Health
Lucille Torpen, Division of Health Facilities, ND Department of Health

Welcome

A meeting of the Long Term Care Advisory Committee was called to order at 10:00 a.m. on September 25, 2008. Darleen Bartz welcomed everyone to the meeting, especially Barb Groutt as a new member of the group who is a representative of the North Dakota Health Care Review, Inc. Barb stated that Dave Remillard had retired from his position with the North Dakota Health Care Review, and he was presented with a nice award yesterday. Darleen Bartz had asked Dave Remillard if he would consider becoming a consumer representative on the Long Term

Care Advisory Committee. He indicated he would be willing to serve as a consumer member, and the Committee felt it would be a good thing. Arvy Smith also mentioned to the group that Dr. Lambrecht would be moving into a CEO position with Medcenter One, and we would need to look at filling his place on the committee. Darleen Bartz asked Arvy if she would want to fill that role. Shelly Peterson said she felt Arvy would be a good person to replace Dr. Lambrecht on the committee. Arvy agreed to serve on this committee. Darleen said we would also like to welcome Arvy as a new member.

Standing Reports

Legislative Update

Representative Kreidt was not in attendance. Shelly Peterson presented on legislative issues he had been working with interim legislative committee meetings she had attended. A meeting of the Long Term Care Interim Legislative Committee met on September 18, 2008. Issues regarding a report on the State Health Department's life safety code demonstration project were discussed. Section 12 of 2007 House Bill 1004 required the Department of Health to develop and implement a demonstration project for a life safety code survey process for long term care and basic care facility construction and renovation projects. The LTC interim committee supports legislation that would make this a permanent service for all licensed entities. The Health Department would need additional FTE's to continue this, which would have to be in the Governor's budget. The Governor has indicated support for the concept and the program, and would support one or two FTE's. The facilities included in this project would be all health care providers licensed through the Division of Health Facilities. Shelly Peterson said the committee supported this unanimously, and that Representative Kreidt wants to make sure it is not low in the Health Department priorities. Arvy Smith said it is rating very high on the budget at this time, and will be presented to the Governor. Arvy also stated that the workload would have to be scaled back if just one position is approved.

In testimony presented to the committee, Bruce Pritschet said that under the demonstration project, construction and renovation projects during the 2007-2009 biennium costing more than \$3 million would have access to onsite visits, on a voluntary basis, during or at the completion of the project. The project was implemented to determine if problems could be identified and corrected before the construction project was completed, which would save the facility additional cost and time. Bruce said that since the start of the demonstration project development on June 28, 2007, the department has conservatively dedicated more than 250 hours to the development and implementation of the project. Because of limited staff time and workload issues, the department had to contract with a life safety code surveyor from another state to conduct the surveys, adding to the cost. Darleen Bartz stated we are really falling behind in our CMS budget. She said that onsite construction visits would be part of the regulatory process. This would include any remodeling projects. Plans would need to be sent to the Health Department, and fees would be set accordingly.

There was also a presentation to the LTC Committee by staff from Legislative Council regarding a bill draft to extend the moratorium on the state's licensed basic care and nursing facility beds. Shelly said the Interim Committee supported keeping the moratorium in place, and extended it through June 30, 2013.

Comments from the North Dakota Long Term Care Association

Shelly Peterson said there was a membership meeting last week where both gubernatorial candidates talked about long term care. The biggest issue is the staffing crisis. Both candidates supported a 7% salary/inflator adjustment. The Long Term Care Association supports the need for a 7% plus 7%, in addition to a wage enhancement. A figure put together by Job Service indicates an annual average salary of \$21,424 for nursing home employees, which includes all staff. The question is what do we need to do to stabilize the work force out there? Barb Groutt asked Shelly if she feels the staffing crisis is primarily based on salary, and Shelly responded that it would be a major factor.

Shelly indicated that preparing for the upcoming legislative session is another big task right now. The Association is also looking at issues related to length of stay, and money follows the person.

Comments from the Ombudsman Program, ND Department of Human Services

Joan Ehrhardt was recently selected as the State Long Term Care Ombudsman, and began her employment with the Division of Aging Services on August 18, 2008. In addition to administering the state ombudsman program, she is the regional ombudsman for Burleigh, Emmons, Grant, Kidder, McLean, Mercer, Morton, Oliver, Sheridan, and Sioux counties. Joan will be replacing Helen Funk on the LTC Advisory Committee.

Joan is a registered nurse and has been employed by the ND Department of Human Services in the Medical Services Division since 1977. She began her employment with Medical Services as a nurse component of a regional nurse/social worker screening team; and provided utilization review activities on Medicaid eligible recipients. She performed inspections of care in nursing facilities and conducted licensure visits in basic care facilities. In 1990 when she accepted employment as a program administrator in Medical Services, she developed or assisted with development of numerous state-wide programs including Pre-Admission Screening and Resident Review, Case Mix and Equalization of Rates for Nursing Facilities, and certificate of need for psychiatric services provided to individuals under the age of 21.

The Ombudsman Program will be converting to a different computer system for reporting purposes effective January 1, 2009. Training will be provided to each regional ombudsman prior to this conversion. Shelly Peterson suggested it would be nice for Joan to discuss their new reporting system in a presentation to this group.

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

Bruce Pritschet distributed several charts which included citation frequency reports. The Average Number of Deficiencies Report for complaint and standard surveys focused on the health surveys for nursing facilities for fiscal year 2008, which showed a comparison in the average number of deficiencies per survey by scope and severity. Region VIII states and the average number of deficiencies per survey were: North Dakota, 3.1; Colorado, 5.6; Montana, 5.1; South Dakota, 4.6; Utah, 3.0; and Wyoming, 6.6. The average number of deficiencies for the Region VIII states was 4.8 as compared to a national average of 2.1. Bruce commented that North Dakota ranks closer to the national average than the regional average. Shelly Peterson asked if the department has seen any increases in the number of complaint surveys. Bruce Pritschet responded that on substantiated reports, we are remaining about the same as before.

The Citation Frequency Reports focusing on the health surveys for fiscal year 2008 compared the top 25 tags in the nation, in Region VIII, and in North Dakota. The top tag cited most frequently in all areas was F323 (Facility is Free of Accident Hazards). In North Dakota, this tag was cited 29 times in 34.9% of active providers cited, which was 42% of the total number of surveys. On a National level, F323 was cited 5,396 times in 35.5% of active providers, which was 13.2% of the total number of surveys. On the Regional level, F323 was cited 222 times in 38.4% of active providers, which was 29.1% of the total number of surveys. Other deficiencies cited that ranked within the top three in all three areas included: F309 (Provide Necessary Care for Highest Practical Well Being); and F371 (Store/Prepare/Distribute Food Under Sanitary Conditions).

Monte Engel presented a similar report relating to Life Safety Code statistics from October, 2007 to the current date, which included all ten CMS regions. The average number of life safety code deficiencies cited per survey by scope and severity were 2.7 for North Dakota; 7.7 for Colorado; 8.3 for Montana; 2.9 for South Dakota; 6.0 for Utah; and 6.7 for Wyoming. In comparison with the National total of 4.1 deficiencies per survey, the Region VIII total was 5.9, and North Dakota was 2.7.

The Citation Frequency Report indicated the top four life safety code citations in North Dakota were: K130 (Other) - 19 citations in 22.9% of active providers; K069 (Cooking Equipment) - 13 citations in 15.7% of active providers; K062 (Sprinkler System Maintenance) – 13 citations in 15.7% of active providers; and K038 (Exit Access) – 12 citations in 14.5% of active providers.

The top four life safety code citations in Region VIII included: K062 (Sprinkler System Maintenance); K147 (Electrical Wiring and Equipment); K029 (Hazardous Areas Separation); and K018 (Corridor Doors). National statistics, in comparison, list their top five citations as: K018 (Corridor Doors); K029 (Hazardous Areas-Separation); K147 (Electrical Wiring and Equipment); and K062 (Sprinkler System Maintenance).

Shelly Peterson questioned locking of doors, whether you have to post the code, and if North Dakota is interpreting this differently than what was presented by Thomas Jaeger in his session at the NDLTCA Fall Conference in September. She asked Monte to pose a question to CMS regarding locking of doors. Monte will do some research on this.

Centers for Medicare and Medicaid Services Update

Lucille Torpen referenced S&C-08-32 dated August 15, 2008. This memorandum summarized the following:

- New 9th Scope of Work Task: The 9th Scope of Work for QIOs directs each QIO to provide technical assistance to a Special Focus Facility (SFF) nursing home in each state in each of the three years of the contract.
- State Suggestions and Communication: If you have suggestions with regard to which SFFs you believe are most in need and most appropriate for technical assistance, please communicate those ideas to your QIO as soon as possible (preferably by August 22, 2008).

New contracts between the Centers for Medicare & Medicaid Services (CMS) and QIOs became effective on August 1, 2008. The new “9th Scope of Work” covers the three-year period from August 1, 2008 through July 31, 2011. Under the 9th Scope of Work, CMS seeks to increase the considerable “added value” that can arise when quality assurance (represented by survey and certification) is effectively coordinated with quality improvement (facilitated by the QIOs). There are a number of new initiatives involving nursing homes that seek to achieve such a coordinated outcome, including pressure ulcer and restraint reduction; and special focus facility. This memorandum is focused on the second item, which is the SFF initiative.

Bruce Pritschet referenced S&C-08-28 dated June 20, 2008 regarding issuance of revised nutrition and sanitary conditions (Tags F325 and F371) as part of Appendix PP, State Operations Manual, and Training Materials. This memorandum summarized the following:

- Effective Date: Revised guidance for long term care surveyors regarding Nutrition and Sanitary Conditions (Tags F325 and F371) will be effective September 1, 2008.
- Memo Includes: An advance copy of this guidance and training slides are attached.
- Action: A comprehensive training guide has been sent to State and Regional office training coordinators under separate cover to assure that all surveyors who survey nursing homes are trained in the revised guidance by the implementation date.

By the effective date of September 1, 2008, a final copy of this new guidance will be available at <http://www.cms.hhs.gov/Transmittals/> and ultimately incorporated into Appendix PP of the State Operations Manual. The interpretive guidelines clarify areas such as assessment, care

planning, and interventions related to nutrition and sanitary conditions for nursing home residents.

North Dakota Health Care Review, Inc. (NDHCRI) Update

Barb Groutt presented information on the 8th and 9th Scope of Work. Nursing homes that worked with NDHCRI to improve performance on pressure ulcers, physical restraints, and pain made significant improvement in their performance on those quality measures during the 8th Scope of Work. For each measure, the participating nursing homes improved more than the overall statewide (non-participant) rate of improvement, as indicated below.

Pressure Ulcers:

Relative improvement of participant group	33.6%
Relative improvement statewide	7.5%

Physical Restraints:

Relative improvement of participant group	41.9%
Relative improvement statewide	21.9%

Pain:

Relative improvement of participant group	47.1%
Relative improvement statewide	39.6%

NDHCRI's 9th Scope of Work began on August 1, 2008. This contract authorizes NDHCRI to work with a much smaller number of providers than in previous scopes of work. Barb said that to a large extent the QIO will only be working with providers with substandard performance on specific quality measures. The technical assistance NDHCRI's Quality Improvement Specialists will be providing to nursing homes is under the umbrella of Patient Safety. NDHCRI will be working with two nursing homes to reduce physical restraints, five nursing homes to reduce pressure ulcers, and one Special Focus Facility nursing home to generate improvement on both measures. NDHCRI's work with the special focus facility is a continuation of efforts to generate improvement through a combined quality assurance (provided by survey and certification) and quality improvement (provided by the QIO) approach.

Shelly Peterson asked if the QIO looks at pressure ulcers on admission, and whether they look at what hospital this would be from. Barb stated this would all be part of the data gathered. She said all of the nursing homes have signed on and agreed to work with the QIO. Barb said the QIO has a mission to improve the quality of care in North Dakota. As a non-profit, they are under a lot of restrictions. CMS is very concerned about drawing a line between the QIO program and the quality of care. As a result of the change in the scope of work, this doesn't just impact the nursing homes, but also home health and hospital. They are working with a couple hospitals on pressure ulcer issues, and also quality improvement strategies to reduce MRSA. The hospital discharge process will be under a lot of discrimination.

Emergency Preparedness and Pandemic Flu Planning

Juli Sickler with the Emergency Preparedness and Response Section of the ND Department of Health presented information on Public Health and Medical Disaster Capabilities. She said that events of September 2001 highlighted deficiencies in large scale public health and medical preparedness. There are two main funding sources available, which are the Centers for Disease Control; and the Office of the Assistant Secretary of Health and Human Services for Preparedness and Response (ASPR).

Direction and control has been established on the public health side through the Incident Command System; and the ND Department of Health Department Operations Center which functions under the State Emergency Operations Center. There are two alternative sites besides the State Emergency Operations Center, one which is located in the Health Department, and one in the Environmental Training Center. The Department of Health furnishes medical supplies and medical services to counties when needed.

The Health Alert Network is a secure data communications network that includes two dedicated wide area networks (hospitals and public health units), automated alerting capacity (voice, e-mail, fax, text messaging), and Health Care Standard (primarily for hospitals regarding bed availability). Radio and satellite communications include public health high frequency network, satellite phones, and State Radio. Juli said that the Emergency Preparedness and Response Section has developed a mobile communications trailer that has access to State Radio, cell phone amplifier, satellite up and down link, and mobile video.

The State of North Dakota is divided into eight public health regions established to develop and test local response plans. There are epidemiologists assigned to each of these regions. The statewide public information communication plan has created a public health information hotline which is scalable from 1 to 30 operators. This plan has also established identification and training of public health spokespersons, and development of websites and other information distribution methods.

Juli said that pre-positioning of strategic medical equipment has been made available through the ASPER grant. Funding has also allowed them to accumulate state and federal medical caches, which include medical supplies and vendor managed inventories. The countermeasure distribution system has two receiving sites in North Dakota, and eight distribution nodes to disperse supplies within 48 hours. These supplies are received from the federal government.

A public health and medical volunteers workforce has been developed which includes:

- Over 3,000 medical and non-medical volunteers
- Professional credentialing through various health and medical licensure boards
- (PHEVR-MRC) Public Health Emergency Voluntary Reserve and Medical Reserve Corp

Also through the ASPER grant a State Wide Triage System has been developed, including:

- Selected START and Jump START triage system
- Triage tags provided
- Training/exercises completed
- EMS, hospitals, and state correctional facilities all using the same system

A Statewide Patient Tracking System is in place and system components include a centralized data base, utilizing the START triage system, has 90 handheld scanners and desktop PC access, secure area network, and wireless routers in all hospital emergency departments. The system tracks all patients and mass casualty victims. Scanning is conducted at receiving sites (hospital emergency departments and mass casualty processing centers). The physical location of patients is tracked (pre-hospital locations, hospital departments).

In conclusion, Juli stated that we should all be aware that large scale public health emergencies have and will continue to occur. Darleen Bartz asked where we are in working with long term care facilities. Juli said they have just entered into a contract with the ND Long Term Care Association, and tracking health standards will be considered. Through this contract, she feels the NDLTCA will be included in these exercises. Shelly Peterson said that under the Hospital Preparedness Grant, the NDLTCA received \$40,000 for a part time individual to work with disaster planning. They hope to fill this position by early November.

Update on Revisions to Assisted Living Facilities Requirements

Karen Tescher, Medical Services Division, Department of Human Services, provided a handout, "Functional Eligibility Requirements Comparison" which explained where assisted living fits within the Department of Human Services. Services for assisted living are provided in NDCC 50-32. In 2002 there was an assisted living work group looking at the regulations. The ombudsman felt there should be more defined regulations in the assisted living environment. Nine months ago, a new assisted living work group began. Linda Wright and Karen Tescher from the Department of Human Services co-chair this group. There is good representation from a variety of resources. Karen said the legal department is also involved to see where things fit the best. The group is looking at more defined criteria when an ombudsman gets a call, and where the information gets referred based on the issues involved. There was discussion as to whether this information should be in the form of regulation and statute; or best practices.

The work group feels they need to look at education for staff who work in the assisted living facility, and the administration of those facilities; definitions; and best practices. Shelly Peterson said that under the NDLTCA website, there are new updates for assisted living that were posted on 9/24/08. Karen feels the work group has made great progress. Shelly Peterson said they have been really concerned about the fair housing issue, and what questions can be asked upon admission.

Rather than have federally mandated regulations, the assisted living work group wanted the rules to make sense for North Dakota. Darleen Bartz asked if there were areas being brought to the legislature this session. Shelly Peterson responded some of the issues would be

administrator training; evaluation of residents coming in; and all staff required to get 12 hours of training annually.

CNA Registry Webpage Update

Bruce Pritschet distributed a handout indicating the format of the CNA webpage and information it would contain. This form is accessible through the ND Department of Health website at www.ndhealth.gov. Bruce also shared this information at the Fall Conference of the NDLTCA last week. He said at that time, four facilities were testing the website. Information that will be available on the website include the ability for a facility to renew CNA certifications, access to validated findings of abuse once an investigation is complete, and verification printouts.

Quality Indicator Survey (QIS) Discussion

Darleen Bartz questioned whether the Health Department should apply to become a part of the quality indicator survey process in the future. Shelly Peterson presented information on the QIS at the NDLTCA Regional meetings. The two issues that raised concern were that more deficiencies would be cited; and the sample was a high number of residents (in some small urban facilities, this sample could include all the residents). At this time, the industry did not want to go with the new process. Currently nine states have been selected to participate in the QIS, which is a process that is meant to increase consistency.

Next Meeting and Suggestions for Future Agenda Items

The next meeting of the Long Term Care Advisory Committee was set for Friday, December 12, 2008 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

Suggestions for future agenda items included:

- Bed Hold – Barb Fischer (Scheduled for the December 12, 2008 meeting)
- Planning - Transfer of Property
- Nursing Consortium Workforce Issues

The meeting adjourned at 3:10 p.m.