

North Dakota Department of Health

LONG TERM CARE ADVISORY  
COMMITTEE MEETING MINUTES

February 13, 2020  
10:00 a.m. – 3:00 p.m.

Committee Members Present:

Tim Wiedrich, Chief, Health Resources & Response Section, ND Department of Health  
Bruce Pritschet, Director, Division of Health Facilities, ND Department of Health  
Kathy Laxdal, Program Manager, Division of Health Facilities, ND Department of Health  
Rocksanne Peterson, Recorder, Division of Health Facilities, ND Department of Health  
Cynthia Tredwell, Chairman of the NDLTC Association, Hatton Prairie Village, Hatton  
Peggy Krikava, Education Director, ND Long Term Care Association  
Scott Foss, Board of Examiners for Nursing Home Administrators  
Shelly Peterson, Executive Director, ND Long Term Care Association  
Karla Backman, State LTC Ombudsman, ND Department of Human Services  
Dave Nelson, Division of Life Safety & Construction, ND Department of Health  
Jayme Steig, Quality Health Associates  
LeeAnn Thiel, Administrator, Division of Medical Services, DHS  
Char Schmidt, Regional Vice President, Edgewood Healthcare

Also, present:

Committee Members Absent:

Michelle Lauckner, Quality Health Associates  
Carole Watrel, AARP  
Joan Ehrhardt, Consumer Representative  
Randal Albrecht, Consumer Representative  
Dr. Bruce Hetland, Bismarck Medical Director, Nursing Home Medical Directors Association  
Representative Gary Kreidt, ND House of Representatives (New Salem)

Welcome

A meeting of the Long-Term Care Advisory Committee was called to order at 10:06 a.m. on February 13, 2020. The meeting was held in AV 212 at the State Capitol. Introductions were made; each of us explained who we represent.

Public Comment

No comments.

Approval of Minutes

The minutes from the November 19, 2019 Long Term Care Advisory Committee meeting were distributed and reviewed. Bruce Pritschet made the motion to approve the minutes; motion carried.

### Vision Setting/Ground Rules

Open and honest communication; to keep us going in the direction of advising each organization and stake holders being represented; as well as meeting everyone's concerns. Shelly feels it has been a beneficial group to discuss issues and concerns. The group will continue to come with topics where they will need advice and share their concerns. Shelly feels the Health Department has been very open and helpful with any concerns the industry has.

### Organizational Transition

- Primary reason regarding the reorganizing was the Department of Health had two groups that were serving same stakeholders with multiple components. Emergency Preparedness & Response consisted of EMS, EPR, Hospital Preparedness and Health Resources Section consisted of Health, Life Safety & Construction and Food & Lodging. Now after restructure all of these except for Food & Lodging have combined to form Health Resource & Response Section.
- A transitional management team has been formed and has identified five areas to look at the possibility of combining resources, data and data management. 1) Training: A team is collaborating to consolidate to do web-based trainings and use data from other areas to create feedback to drive internal things. They would also like to see better ways inform facilities. Shelly would like to have access to Phase 3 of the LTC survey process to the facilities. When is the training going to be available? Phase 3 has been implemented but have not received any guidance. 2) Personnel: A team is collaborating on the registration of licensed personnel; i.e. CNA, MAI, MAII, NA, HHA, EMT, etc. We have several facilities licensing or registering personnel; we need to have systems that can streamline the process in a quality, innovative, efficient, and customer friendly manner. 3) Licensing organizations and facilities: Licensing organizations is cumbersome, right now it on paper. A team is collaborating on ways to making an improvement and doing it electronically in the future. 4) IT: We have three people providing IT. They have met and there are ways they can consolidate. 5) Business processes and administrative support. Other things are in the parking lot.

### **Standing Reports& Legislative Update**

Legislative Update: Representative Gary Kreidt.

- No report.

North Dakota Long Term Care Association: Shelly Peterson/Cindy Tredwell.

- Shelly talked about the Basic Care rules and the fact that Basic Care is a state only program. There was an issue came up at a hearing and it was felt that it may be time to look at the Basic Care rules and see if they apply or revised.
- Shelly reported they had a really good regional meeting in Fargo.
- Shelly reported the association is looking at a study with the Supreme Court on Guardians. There is a gap in services especially when there isn't family or family is taking advantage of elderly and special needs. She spoke about Public Guardianship Program. There are professional standards that need to be met to be a guardian. Kathy asked if there are funds available. There are.
- Shelly spoke about the nursing payment study and the redesign of how nursing facilities are paid. Shelly feels it will be a good system. North Dakota has the highest staff in the US and rated the highest on the 5 Star rating. They will be having a training session during the Spring conference on the new payment system. Transition of the system could be bumpy. Kathy asked if it will still be MDS driven. The answer is yes.
- OSA was implemented on January 1, 2020. Change is always difficult. Cindy stated nursing facilities have been hit with major changes in the last few years.
- Peggy handed out the brochure, for the LTC conference. North Dakota Department of Health management and speakers will receive complimentary registration; Health Facilities surveyors can attend at member rate.
- Shelly talked about the veteran's act and the contract requirements. She hasn't seen any progress on it.
- Shelly talked about the fire at Elim. Residents were discharged and admitted to their new facilities. There has been an issue with the forwarding of the residents' mail. The postal service has said they couldn't do it; Shelly contacted Tim regarding the issue. Tim has gotten empathy but no action with the postal service.

Quality Health Associate of North Dakota: Michelle Lauckner/Jayme Steig.

- Jayme gave an update from Quality Health Associates of North Dakota. They have started most recent 5-year quality improvement contract. Community coalitions and LTC quality improvement initiatives are just two of the projects they will be working on. Sixty-five out of eighty facilities are participating in the initiatives. There are three one/two-star facilities that Michelle is working with. They would like to have basic care and assisted living facilities to become involved in the community coalitions. In the past they have worked on care coordination and transitions and have until the end of April to get facilities on board. Since facilities don't understand how Quality Health Associates can help them; Cindy suggested Michelle send an email on how they can help facilities on improving on their quality measures and scores. Jayme will take that back to Michelle.
- Jayme gave a brief update on the music and memory. We finished with 31 facilities joining the program. They had wanted 35 facilities. Michelle has reapplied to continue the program. The use of antipsychotic medication rates has improved in facilities. Resident

behaviors have improved because of the program. They are happy with the results and hoping to continue.

- Jayme feels the vision for the Long-Term Care Advisory group is good. He also spoke about the pharmacy group/consultant (Rick Boehm) and can see having someone from that group here.
- Kathy asked if there is a new list of late adopters; to Jayme's knowledge there is not. There still isn't a lot of data and a lot of delays in getting the information. Tim would like to follow up with Michelle or Jayme regarding EMS benchmarks.

#### State Ombudsman: Karla Backman.

- Karla reported they are continuing to work through the steps on the administrative rules for electronic monitoring. They still on track to put it into rule. The group discussed if people are using electronic monitoring in the facilities. Some are but it has not been an issue. People have an option if they need to.
- The ombudsman Mark has been doing excellent with working with the transitioning of the Elim residents due to the fire. He has been working with the Ombudsman in Minnesota regarding the residents that were transferred there. The group discussed if any of the residents had passed away due to the transfers. To our knowledge there have been no transfer related deaths. Tim inquired if it would be beneficial to collect the data related to transfer deaths. Karla stated her division could investigate it. Kathy stated that she talked to Renee from Elim and she stated that she has seen notifications in the paper that a few of the residents have passed away. The group discussed where the resident from Elim went and the staffing issues in MN (CNA/RN and the agreements).
- Karla reported they have been doing education of what it means to have power of attorney or be assigned power attorney. Bruce asked if there is some where people can go to get some education or training online for it. Tim offered his studio to record a video education. It is felt that people are more apt to view a video versus reading a brochure.

#### Division of Health Facilities: Bruce Pritschet

- Bruce reported the average number of deficiencies for a health survey is currently 5.0. The website to look up the data is Qcore.cms. The top citation in the nation, region and North Dakota is F0880. Kathy talked about the changes to the training module for CNA's regarding handwashing.
- The length of time between surveys 11.99 months.
- Bruce reported the End of Life Basic Care rules will be going to Health Council on February 26, 2020.
- Bruce reported Health Facilities is in the process of approving a new testing vendor for CNA's, Prometric. The cost will be comparable to HeadMaster.

#### Division of Life Safety & Construction: Dave Nelson

- Dave reported the average number of deficiencies for an LSC survey is 2.38. K0712 was the top citation for North Dakota. Someone had inquired about the top basic care deficiencies for LSC and Health. The information isn't available at this time, but we will have to investigate it and bring it back to the group. Avoidable deficiencies in Basic Care will be discussed at the Long-Term Care convention. Facilities are still able to correct deficiencies when they are out on survey.
- Dave reported they have a Life Safety & Construction newsletter they put out a quarterly. Shelly and Peggy would like to have their names added to the distribution list; Rocksanne will make sure they are added.
- Life Safety & Construction is currently advertising for two permanent plans reviewer positions. They have five applicants and will be conducting interviews.
- Dave gave an update on the projects the division is currently working on. They had three small projects come in just this week. In all there are 13 projects. He talked about the Trinity and Altru projects. Shelly asked if we have ever heard from the company that wants to build a facility consisting of skilled nursing, basic care and assisted living. No we have not. Shelly asked about a number of projects such as Missouri Slope and Cooperstown. All of our projects are under review or waiting for payment. Shelly also asked about the project spread sheet online, Dave stated that it is, but it will be updated and redesigned. Dave also talked about the RFP process to have an outside source to review the plans. He stated that he has two outside vendors that could possibly review the plans. LSC would have the final review, authorization and inspection.
- Shelly asked about the bed lay away. It is difficult to track and needs to be improved upon. If you need information regarding the bed lay away call Kathy.
- Tim talked about the new Telecommuting Policy within the Health Department. We are hoping this will help to fill open positions.

**Old Business:**

- Nurse Aide Registry Status Update: Bruce Pritschet
  - Bruce reported that it has not been totally signed off on. We are reluctant to sign off on it because portions of it are not working properly. We are checking things to make sure everything is working consistently. We can run data reports on almost anything. Search capabilities are almost endless. Turnaround time is within a day or two for testing, as well as other things. Bruce talked about the criminal record history capabilities, facility reported incidents, endorsements from another state

**New Business:**

- EMPRO Contract: Bruce Pritschet
  - Bruce asked the committee about renewing the contract. The cost to renew it is \$1200. It has been a year since a facility used EMPRO. The committee discussed renewing it. When we initially entered into the contract the industry wanted another option for an IDR review. Shelly and Cindy will discuss it with members and get back

to us. They asked how many IDR's have been submitted. Bruce will get Shelly the number of IDR's that have been submitted to both DOH and EMPRO.

➤ Public Representation

- The group discussed public representation on the committee as some of the members have not attend the meetings in the past. Tim recommended reaching out to AARP about a member and reaching out to Family Council. Karla will reach out to Family Council. It was recommended to reach out to Randy Albrecht and Joan Ehrhardt to see if they are interested in still being on the committee.

➤ Waiver Rules: Tim Wiedrich

- The group discussed the waiver rules, it is not clear if you have to do this only once. Tim recommended putting together a subgroup to research and review the basic care rules. Short term we need to resolve the issue with the waiver rules and find out if the intent is that it is permanent. It is felt that we need to go back to the AG's office to make sure that is the intent. Tim has also asked for feedback from the hospital association.

QSO Memos – Kathy Laxdal:

- QSO-20-03-NH Updates and Initiative to Ensure Safety and Quality in Nursing Homes
- QSO-20-09-ALL Information for Healthcare Facilities Concerning 2019 Coronavirus Illness (2019-nCov)

Next Meeting Date and Time:

- It was discussed having recurring quarterly meeting dates, everyone agreed. The meeting will be held the second Thursday of the following months; March, June, September and December.
- June 11, 2020; AV 210

Future Agenda Items:

State Hospital – Rosalie Etherington  
QIO Scope of Work – Jayme Steig/Michelle Lauckner  
Electronic Monitoring Program – Karla Backman  
MPRO  
Other

Meeting adjourned: 3:10 pm