

North Dakota Department of Health  
Division of Health Facilities

LONG TERM CARE ADVISOR  
COMMITTEE MEETING MINUTES

September 17, 2010

Committee Members Present:

Darleen Bartz, Chief, Health Resources Section, ND Department of Health  
Bruce Pritschet, Division of Health Facilities, ND Department of Health  
Shelly Peterson, Executive Director, North Dakota Long Term Care Association  
Barb Groutt, Chief Executive Officer, North Dakota Health Care Review, Inc.  
Randal Albrecht, Rep. Board of Examiners for Nursing Home Administrators  
Joan Ehrhardt, State LTC Ombudsman, ND Department of Human Services  
Dave Remillard, Public Member, Minot

Committee Members Absent:

Arvy Smith, Deputy State Health Officer, ND Department of Health  
Rosanne Schmidt, Vice President, St. Alexius Medical Center  
Karen Tescher, Assistant Director, LTC Continuum  
Carole Watrel, AARP  
Dr. Jonathan Berg, Nursing Home Medical Directors Association  
Representative Gary Kreidt, ND House of Representatives (New Salem)  
Betty Keegan – Rolette County Social Service Board

Other Individuals Present:

Cindy Kupfer, Recorder, Division of Health Facilities, ND Department of Health  
Lucille Torpen, Division of Health Facilities, ND Department of Health  
Monte Engel, Division of Life Safety & Construction, ND Department of Health  
Jacob Reuter, Program Manager, DHS  
Bev Herman, North Dakota Long Term Care Association

Welcome

A meeting of the Long Term Care Advisory Committee was called to order at 10:05 a.m. on September 17, 2010. Darleen Bartz welcomed the committee members to the meeting.

Approval of Minutes

Darleen stated that Kaye Hessinger had retired from the Health Department so Cindy Kupfer will be taking minutes for this meeting. Kaye worked for the Health Department for 43 years, and of that 21 years are shared by Darleen. At this time, we are not sure if Cindy will continue taking the minutes. All agreed that Kaye served the committee well.

Barb questioned Shelly as to the current number of nursing homes; it went from 86 to 85, with the Westhope closing. Minutes will show there are 83 nursing facilities. Shelly did mention that the number of beds changes daily.

Shelly noted a correction on Page 5, third paragraph from the bottom should read ND Department of "Human Services". This will be corrected and resent out to members and posted once corrected on the department's website.

The discussion of how many nursing homes in the state continued, with remembering that three closed, Kenmare Community Skilled Nursing Home, Westhope Home, and MeritCare TCU. Two new ones opened in Bismarck, St. Gabriels and Good Samaritan, also two new ones opened in Fargo. With the closing and opening of the new ones, there should be a total of 84.

Joan Ehrhardt made the motion to approve the June 2, 2010 minutes; seconded by Barb Groutt with the changes mentioned above.

### Standing Reports

Representative Gary Kreidt was not available to provide a legislative update.

### Report from the North Dakota Long Term Care Association

#### 1. Use of 16 and 17 year olds CNAs and use of lifts.

Shelly Peterson discussed the Department of Labor and the Child Labor law. The law was the most comprehensive rewrite on issues related to 16 and 17 year olds and what they can do in a nursing home. This report came out in July, which was started by a concerned person via e-mail regarding nursing home issues. In the study, it is said that 16 and 17 year olds cannot use a patient lift. OSHA and the Department of Labor, however, have encouraged purchases of a new lift, because of the increase of back issues. WSI has paid out money because of reportable injuries caused by the operation or assistance in operating manual lifts.

When you look at this age category, there are at least 200 CNA's that are 16-17 years old that this change of law would impact. If the 16 and 17 year old CNAs cannot assist with the lift to transfer residents this would impact 81 % of the nursing facilities. They can help transfer the elderly without a lift, but there are more injuries when lifting manually. Data shows a lift team reduces injures, however research shows a gap in the data, there is no data with 16 and 17 year olds. Accidents noted were in health care in general. Shelly is going to a meeting in Washington, D. C. on Tuesday, to testify; they seem open and responsive to discuss employment of youth. We want to encourage this age group, but Nursing Homes cannot employ them under the circumstance. All the discussion will be surrounding the safety of using the lift.

There have been no accidents or deaths reported in ND. Minnesota and South Dakota have good data on 16 and 17 year olds receiving payments from WSI. However, the information will not be available for the Tuesday's meeting in Washington, D. C. Some are choosing to ignore the law as it is the only way to staff, however, only a handful are doing that. The Long Term Care Association is getting calls from facilities asking what they should do. If there is a death or injury there is a \$100,000 penalty. It took 8 years to make this change, so our approach on this issue will be careful. We need to see what the definition of a hoist and lift are and can the definitions be changed. The state of Wisconsin plans to call related to how it is impacting their young people. This change became effective July 23<sup>rd</sup>. An office staff person from Senator Earl Pomoroy's office was taken to St Vincent's Nursing Home, to see how the lift works.

Bruce said that staff members get injured more than the residents when transferring residents without the use of the mechanical lift. Minnesota, North Dakota, Wisconsin and the Dept of Labor want the meeting to be small. There may be a rewrite as a result of the meeting, or at least a clarification on the law and the definitions. The Department of Labor is responding to our concerns and we are expecting them to provide clarification. We have good data that it is safe to use lifts, and that it is a safe environment.

## 2. Upper Payment Limits

The second issue presented by Shelly, was regarding the Payment system. We are at risk of losing money if we don't meet the Upper Payment Limit calculation. We will find out in November 2010 if ND has an UPS issue.

## 3. Other

Nursing Homes are struggling; a number of facilities are trying to keep up with the electronic age. Many are against the upper payment limit.

A letter given to Barb Groutt, NDHCRI, regarding where long term care facilities can go to access low interest loans to help move into the electronic medical records. Hospitals should be given priority if they do not have electronic records. There is not enough money to fund all Long Term Care Facilities; however, there is hope that the loan pool is increased so funding would become available to Long Term Care Facilities.

## 4. Education and Training

Shelly presented information related to how some rural facilities are not connected to larger facilities. The association is trying to keep them updated and train them, but this costs money. Last year Bev Herman and other members completed training on implementation of the MDS 3.0. There were 319 people present on the last day of training. In hindsight, we should have held the training in three locations, rather than two, since it was hard to keep everyone's

attention when there were so many people. In addition, there were not enough manuals. Bev is checking to see if more copies need to be made.

The Long Term Care Advisory committee members present at the meeting supported a recommendation that Bev Hermann from the North Dakota Long Term Care Association be added to the Long Term Care Advisory Committee due to her role in educating Long Term Care Providers in North Dakota. It was felt that many of the topics discussed by the committee tied into education and training, and adding her as a committee member would be valuable both to the committee and the LTC industry. The addition of Bev as a new member was to be voted on later on in the meeting.

There were no further questions for Shelly.

#### Report from the Board of Examiners for Nursing Home Administrators

Randal Albrecht reported on behalf of the Board of Examiners for Nursing Home Administrators. Mr. Albrecht reported that there are a lot of changes happening right now and we need to find reasonable solutions. There have been seasoned Directors of Nursing that have quit in the last few weeks. MDS 3.0 training will be completed prior to the October 1, 2010 implementation date – facilities will do their best possible to comply, however there is a lot of anxiety out there.

Shelly mentioned that there is an occupancy issue; one facility had lost \$125,000 last year due occupancy levels.

Darleen mentioned that she had recently presented on the changes in the HIPAA requirements. Some of the HIPAA focus areas are patient rights and tracking of disclosures. The tracking requirements change with implementation of electronic medical records. Tracking of disclosures will now include tracking for treatment, payment and operations. Darleen recommended that facilities be sure to ask vendors how tracking of disclosures will be accomplished as this is something that is mandated through HIPAA related to patient rights, however, is not discussed in the IT portion of the law. Facilities should ensure the vendor has a method to track disclosures.

With the HITECH requirements, accounting of disclosures was changed to include disclosures for Treatment, Payment, and Healthcare Operations and the accounting of disclosures is for a 3 year period for the covered entity and business associates. The implementation date for the new HITECH HIPAA requirements related to tracking of disclosures of information are dependent upon the date the facility (covered entity) adopts their Electronic Health Record (EHR). Covered entities using EHRs as of January 1, 2009 have until January 1, 2014 to comply. Others who implement their EHR after January 1, 2009 are to comply with the new accounting of disclosures requirements by January 1, 2011. Shelly asked if REACH can do that.

Barb replied that the vendors need to be in compliance. They think the vendor is the responsible party. They are selling their product, so these should be available. Shelly asked if they have met these standards. Are you certified, and met the HITECH requirements? Who is requiring? The HITECH Act of 2009. If it all works, vendors will have a certified product and have that product meet all the requirements. The turnover release of information has reduced due to covered entities having the HER. Barb mentioned that it is important to know the requirements before a product is developed and certified. Shelly made the comment that the Long Term Care Facilities would be willing to pay a fee to be included in REACH. We are spending a lot of money for a product.

Report from the North Dakota Health Care Review, Inc.

Barb Groutt discussed the regional extension centers. There are 60 Regional Extension Centers. The Regional Extension Centers are under the umbrella of the North Dakota Health Care Review. North Dakota is part of a two state region taking the lead. NDHCR, Inc. provides the staff technical assistance and are implementers. Funding is needed if want to meet requirements, since some of the providers are underserved. They are getting ready to get the EMR in place to use. This is 90/10 match, for example: \$5,000 get \$50,000 match. There is a question related to how to obtain the money upfront.

Barb Groutt said there are subsidies available for the small critical access hospitals. Many long term care facilities and hospitals are one system. As the regional extension center, how can they also provide assistance to a facility which is part of that larger system?

Barb Groutt gave the following report. There are fourteen different Nursing Homes on quality improvement initiatives. We are providing assistance to three facilities that have been designated as Nursing Homes in Need (NHIN) and 11 other nursing homes that had an opportunity to improve in the areas of physical restraints or pressure ulcers, or both. The facilities are not necessarily Special Focused Facilities, however, could use our help. We are currently working with three of them. The baseline pressure ulcer rate improved in all but one facility. We understand they have had an overturn of staff and will be working with that facility 11 more months.

*Advancing Excellence Campaign* – There are approximately 22 North Dakota Skilled Nursing Facilities participating in the Advancing Excellence Campaign. The focus of this national campaign is to reduce pressure ulcers, physical restraints, and pain. With the transition to MDS 3.0 nursing homes will not be able to track their performance on the quality measures using MDS data for over a year. The new quality measures are scheduled to be available in April 2012. Facilities wishing to continue to monitor their performance are asked to use alternate tools available on the Campaign website. Shelly said they are encouraging more nursing home to join.

*Conversion to MDS 3.0-* Nursing Home Compare Data will not be available until April 2012. QIOs have been told that they will have access to raw MDS 3.0 data, however are awaiting official verification.

*AHRQ Grant Application-* NDHCR, Inc., in collaboration with the UND College of Nursing, is applying for a patient safety grant from the Agency for Healthcare Research and Quality (AHRQ). We are seeking funding to develop an easy-to-use, evidence-based tool kit that nursing homes can use to reduce urinary tract infections in their resident population. Ten nursing homes have been recruited to participate in this project, all are located within rural or frontier areas of the state. A rural focus was selected for this project because we believe they have the greatest need to tools and strategies that match their constrained resource environment.

*National Quality Strategy –* The goals of the national quality strategy is to make healthcare safer by eliminating preventable adverse events that occur during delivery of care, to increase coordination of care for patients in a way that prevents medication errors and unnecessary readmissions to the hospital, to improve management of chronic diseases and improve efforts at prevention. QIOs will likely play a role in helping providers implement many of these strategies, including greater focus on preventing healthcare acquired infections, improving medication management, improving care transitions, and reducing hospital readmissions. These are all activities we anticipate would involve North Dakota skilled Nursing Facilities.

With the implementation of the MDS 3.0 and the loss of quality indicators, the survey process will change back to how it was prior to quality indicators. Bruce stated that the surveyors have all received MDS 3.0 training at the same sessions where providers were trained. In addition, a brief training session was held for surveyors on how to survey without the QI/QMs; it is not a new survey process. The surveyors collect the resident sample based on what they see onsite. Lucille said that the Casper reports will show if there is a complaint to be reviewed. Randy Albrecht asked what facilities can do to be prepared. Lucille explained there was a CMS S & C letter that came out explaining the survey process changes. This S & C is available to facilities. Randy stated that guidance and communication was important and facilities would like to know if there was something they need to change to be prepared for the survey. Lucille indicated that the resident roster is the same as before with some revisions. Randy said that facilities will need education on the changes. During the training sessions in Fargo and Bismarck, it was said that filling in the forms was more important. Shelly Peterson agreed to send out an e-mail, when we get copy of the 802 form, then will send out via e-mail, every Friday so facilities have it available. One of the Workgroup members stated it was hard to locate the CMS S & C letters on line. IT was recommended that the location could be bookmarked as a favorite. Once at the site, the letters can be sorted by date or key word. It is possible to attach a link to an email or the LTCA can scan a particular S & C and email it to all LTCA members.

The OSCAR reports no longer exist; the Casper Report is the new one. Randy asked, from a public perspective, how will the Five Star system work without the quality indicators? They will need to find a secondary system for information. The survey outcome will have a bigger impact on how facilities are rated.

Barb indicated that NDHCR, Inc. may get some more information on this at a nation meeting. CMS will be giving them the raw 3.0 data and maybe they could share this with the facilities. Randy indicated this would be large change, and we still need to look at the information available and keep track. Maybe getting vendor reports would help, however not sure if it would.

#### Comments from the Ombudsman Program, ND Department of Human Services

Joan Ehrhardt said that this would not be a regular report. She attended an Elder Rights meeting in Fargo, which included a tour of the VA hospital in Fargo, concentrating on the pharmacy area. The problem is Veterans needs medicine which needs to be ordered; including emergency drugs. For example, Veterans need antibiotics and cannot wait for the VA hospital pharmacy to send it. This goes into the cost report. Medicaid is not supposed to be paying for these drugs. The problem is the timeliness, and how they send it, they cannot charge the resident for the packaging. It really is a Federal issue.

National Complaint Form – The development of a National Complaint Form is part of Health Care Reform. Several Ombudsman staff are involved with working with the contract agency and have expressed the concern that individuals will not use the form. Barb Grout indicated that NDHCR, Inc. asks that complaints be in writing and work with the ombudsman. It was noted that some individuals want their complaint to be anonymous. Another committee member commented that just because there is a form, doesn't mean that you have to use it. Can the individual receiving the complaint use the form to document the information being told to them? Need to somehow standardize the information.

#### Comments from the ND Department of Health, Division of Life Safety & Construction

Before Monte Engel presented his report, Shelly Peterson asked him to address the deficiency cited by the Federal Contractor Surveyors related to cleaning of hoods in the kitchen; particularly, are the Feds citing the deficiencies correctly. Monte indicated that we did not agree with the citation and have raised the question with the Denver CMS Regional Office LSC staff.

Monte Engel discussed the "Average Number of Deficiencies Report," comparing all of the states relating to the average number of life safety code deficiencies per survey by scope and severity during the fiscal year 2010 beginning October 1, 2010. Region VIII was expanded to show the six states in that region. Monte stated that North Dakota has an average of 1.75 deficiencies per skilled nursing facility survey which is significantly less than the national average of 3.83. In comparing North Dakota statistics with the other states in Region VIII, the following is the breakdown: North Dakota averaged 1.75 deficiencies in 73 surveys; Colorado

averaged 6.54 deficiencies in 193 surveys; Montana averaged 7.33 deficiencies in 70 surveys; South Dakota averaged 3.35 deficiencies in 86 surveys; Utah averaged 5.80 deficiencies in 79 surveys; and Wyoming averaged 4.93 deficiencies in 30 surveys.

The second handout that Monte presented was the "Citation Frequency Report." Monte noted that after Cooking Equipment, North Dakota and the Region had the next top three deficiencies in common; K0029 (Hazardous areas – Separation), K0017 (Corridor Doors and Exit Access) and K0062 (Sprinkler System Maintenance). When you compare the national average, the top five are the same deficiency tags. One of the deficiencies that rated high was related to construction. When the construction is completed and the sprinkler systems are installed, the frequency of citation in this area will decrease. K0025- smoke barriers/ partitions have not been completed in facilities. Shelly asked how many facilities need to be sprinkled. Monte said there are twenty facilities, and they know the deadline is 2013 and are working on it. Darleen said that if they are not sprinkled, CMS is exploring the possibility of the Nursing Home residents being moved to other facilities and the facilities being closed. For example, the Westhope Nursing Home, money was an issue for the sprinkler system, which was a partial reason for them to close down.

Federal LSC Surveys: Five surveys were done this last fiscal year to look at our performance. Of the five, two were FOSS surveys completed by the Department of Health with a CMS surveyor onsite during the survey, and the other three Federal Monitoring surveys were completed by CMS contractors. The difference in the contractors and the Health Department was in reference to the cleaning the duct work of the kitchen hood. Contractor's opinion says the duct needs to be cleaned twice a year. The Health Department says they are inspected twice a year. However the North Dakota Department of Health does not have the input; the input should be from CMS. The cleaning is expensive, but requirements say to clean as necessary. Dave asked if this citation by the CMS contractors has forced the department to change the way the surveyors look at it. Monte indicated that the department will get dinged on this, but we have the question in to CMS for guidance. We need to know if this is happening in the other states, then we need to know what the CMS interpretation is related to this issue? There is big difference between cleaning and inspecting. Shelly indicated she is hearing complaints on this from the Nursing Homes. Monte indicated that until the department hears from CMS that something needs to be changed in how we are viewing it, the surveyors will continue surveying this as before.

#### Money Follows the Person Update

Jacob Reuter, Program Manager from the Department of Human Services, distributed a handout show the "Actual Transitions through September 2010." He also distributed to all present MDS 3.0 section Q: Local Contact Agency Referral and Discharge Planning Process handout.

Money Follows the Person is a Federal grant looking at transition from home care to a hospital, or to a state hospital. There are certain requirements the individual needs to meet to be eligible. North Dakota wanted to transition 110 in 2007, however did not transition anyone that year. The transitions did not start until September of 2008. Three were moved from ICF/MR facilities, and a total of five in 2008. A total of 15 were transitioned in 2009. A total of 21 were moved in 2010. Medicare has instructed us to dramatically increase our transitions. There is a dedicated staff to coordinate the transitions and work with the transition groups, so all the residents' needs are met.

Shelly said there are thousands of residents entering and leaving nursing facilities, but the data is not there. Jacob said that Nursing Homes residents are already going into short-time rehabilitation, and we do not want to limit that. Section Q is not needed to call the contact agency. They do not want delays to get in the way through the implementation of Section Q in Nursing Facilities. The Goal should be to increase the number of people that can be moved. We are looking a 90 % success rate, however, if we do not meet this, CMS will put us on probation for 6 months. We do not want to overreach, but we need to be higher than we are.

Shelly asked if Independent Living has been responding; and if we had dedicated staff, would the response be better? Jake indicated that they have added "Money Follows the Person" to their staff, especially Fargo and Minot. Bismarck has transitioned twelve out of the total we have moved.

One of the largest is Fargo, however, there have been only two transitions from that area. Because there are so many nursing facility beds of so many beds, there is not a need. In Grand Forks, there are a lot of advocacy issues. Developing strong working relationships is the key. You need good collaboration between the two. The Center for Independent Living requires a minimum of a bachelor's degree and social work experience if we bring in a trained professional to help these residents.

There are more staff doing outreach, and working with the local contact agencies is our goal. When we get our results from the cite map, North Dakota is a highly institutionalized state. Ten percent of our dollars are used in the community and 90 percent goes to institutions. Yet, sixty percent of our elderly are living at home. Also, North Dakota has the highest rate of older persons in the nation. Shelly mentioned that our focus is quality of life, but dollars and cents is part of it.

Money Follows the Person is also looking at trying to increase our nurse aid back up service. We are also looking at an electronic monitoring system but are working out the details.

At this time, CMS is being asked to address the home care issues. Approval is being sought related to having the on-site nurse to do a minimal assessment and making sure everything is met. The public health nursing staff have been concerned regarding this.

Barb asked what is the process is if an issue arises? Jake replied that there would be a quality check, to have the public health nurse available to call if needed. We could possibly be using Home Health Agencies under contract. They will trouble shoot, if need be, if there is not public health nurse available. They will make sure folks are meeting the level of care. They have an on-line system, how to do the level of care, and adding the right care, doing what the doctor has requested.

Public education to make people more aware of what is in the community; and collaboration between the agencies is needed. A lot of the problems out there is a lack of information. Extended funding is available through the Affordable Care Act through 2020. 2.2 billion dollars have been added, which is all federal money, no state money.

Collaboration is the key. North Dakota has hired two full time individuals to make contact with Aging Services. The goal of 12 transitions will be met this year. However CMS wants us to double that. In the year 2011, the goal is 25 to 30. If we can increase our collaboration, then it may happen.

Addressing the requirements for care planning and discharge planning for the nursing homes is important. The care plan and discharge documents, for example, through the Health Department and Ombudsman program will help nursing homes have confidence. A web site has been created with all of the documents.

Two meetings regarding MDS training have occurred with the Long Term Care Association and the local contact agencies. There will be more meetings over time. The ombudsmen are also being trained.

Shelly said that having a uniform form will really help. CMS has recognized that we need to develop more skills. There are new staff members coming on board to nursing homes and training will help those professionals gain the skills they need to do their jobs.

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

Bruce Pritschet provided a handout entitled the "Average Number of Deficiencies Report." The average number of Deficiencies per survey by Scope and Severity is for the entire fiscal year 2010. The chart shows North Dakota has completed 95 surveys. We have been behind and trying to catch up. In comparing North Dakota to the other states in Region VIII, the statistics break down as follows: North Dakota averages 3.76 deficiencies per survey in 95 surveys; Colorado averages 6.66 deficiencies per survey in 393 surveys; Montana averages 3.64 deficiencies per survey in 110 surveys; South Dakota averages 3.86 deficiencies per survey in 87 surveys; Utah averages 2.72 deficiencies per survey in 156 surveys; and Wyoming averages 5.86 deficiencies per survey in 51 surveys. The national average is 1.99 citations per survey.

Dave Remillard asked if the 3.76 average of deficiency citations has fluctuated over time? Bruce stated that it has ranged over the past few years from 3.5 to 4.5 average deficiency citations most of the time.

Brief discussion was held regarding a CMS FOSS survey completed by a surveyor from the Seattle CMS regional office. The final report had not been received yet, however there were issues identified during the medication pass - the expiration date not written on medication bottles or being covered up. Other issues brought up were room temperatures, an issue with a paper towel dispenser and clean dishware in the kitchen, and how long to keep beverages out.

Bruce discussed the "Citation Frequency Report", which showed there were no "G" tags. There was only one for the entire year for 2010. When comparing the State, Region and National Tags, there is not much deviation between the three; the top five deficiency citations are very similar. F323, Facility is free of accident hazards is the same for all three.

On a state level, the top five citations are as follows: F323 (Facility is Free of Accident Hazards) was cited 40 times in 42.1 % of surveys; F441 (Facility Establishes Infection Control Program) was cited 39 times in 41.1% of surveys; F371 (Store/prepare/distribute food under sanitary conditions) was cited 26 times in 27.4% of surveys; F309 (Provide Necessary Care for Highest Practical Well Being) was cited 21 times in 22.1% of surveys; and F312 (ADL Care Provided for Dependent Residents) was cited 12 times in 12.6% of surveys. On the Region level, the top five citations are as follows: F323 (Facility is Free of Accident Hazards) was cited 302 times in 33.3% of surveys; F281 (Services Provided Meet Professional Standards) were cited 232 times in 25.6% of surveys; F441 (Facility Established Infection Control Program) was cited 226 times in 24.9% of surveys; F371 (Store/prepare/distribute food under sanitary conditions) was cited 219 times in 24.1%; and F309 (Provide Necessary Care for Highest Practical Well Being) was cited 212 times in 23.4% of surveys. On the National level, the top five citations are as follows: F323 (Facility is Free of Accident Hazards) was cited 5,967 times in 12.4% of surveys; F441 (Facility Establishes Infection Control Program) was cited 4,603 times in 9.6% of surveys; F309 (Provide Necessary Care for Highest Practical Well Being) was cited 4,561 times in 9.5% of surveys; F371 (Store/prepare/distribute food under sanitary conditions) was cited 4,423 times in 9.2% of surveys; and F281 (Services Provided Meet Professional Standards) was cited 4,238 times in 8.85 of surveys.

#### Old Business – Infection Control Update

During a recent conference call, it was discussed if hand washing should be included in an S&C (Survey and Certification) letter in infection control. CMS did not do so, but responded to North Dakota's questions on this issue separately. We are not sure why. Their explanation of CDC response was CMS was on the right track when directing regular handwashing with eye medications and pericares but CDC felt compliance by caregivers was much better when allowed to use alcohol based hand sanitizers. Therefore, CMS has indicated they will use the CDC hand washing guidelines. Given this conversation with CMS; the surveyors are following the CDC standards and not citing this.

CMS did indicate that if a lancet is used for two patients it is considered immediate Jeopardy. Also, use of the bedside device will take more observations of the system to determine if there was a high risk of passing infection.

### Transitions in Care

Barb Groutt and other committee members discussed an upcoming meeting that was to be sponsored by CMS in Denver. North Dakota will report on the status of the workgroup. CMS has indicated that ideas related to speakers and topics are appreciated.

At the last meeting of North Dakota partners, the group had reviewed data, Shelly gave case study of patients and happened in a transition of care situation. It is important to keep residents/patients safe and in the right setting, and to improve their quality of life.

There needs to be a better job of disease control and transitions between facilities. What are the issues in North Dakota? Shelly said that we need to analyze the role of the hospital, as well as the outcomes of communication between the nurse and the doctor. What do residents or patients need, what is their illness?

The next meeting is scheduled Nov 4, 2010. We will be discussing electronic records during the November meeting. The group is struggling on where we go from here, and to get the right people in the group. The Workgroup is looking at expanding their participants to include a medical staff member, someone from the Office of Rural Health, representatives from hospitals, hospice, and public health to name a few. We are a focus generated group with North Dakota being ahead of the game in some areas.

### CNA/UAP Registry Workgroup Update

The hearing for this workgroup is the afternoon of September 28, 2010. (The minutes of the last meeting were passed around). The group was asked if they had any comments. During the meeting workgroup meeting, the members worked towards reaching consensus; however, there were a couple areas in the minutes where the BON did not have agree with the direction of the group. The Health Department will remain neutral in their testimony on September 28, 2010. Shelly and others will sit in on the testimony.

### Other

Dr. Berg may not be able to be here as much as before, however, it is nice to have a Nursing Home Medical Director attend the meetings when possible. It may be beneficial to call to Dr. Berg to see if there is another SNF Medical Director who may be more available to attend the meetings. Also, contact should be made with Betty Keegan to see if she should be removed from the group.

It was suggested that we ask Mark Seibold with the PACE program to present to the group at a future meeting.

The date of the next meeting was tentatively set for Friday, December 17, 2010.

After Shelly and Bev left the meeting, discussion was held and a vote taken related to adding Bev Hermann as a third LTCA member to the Committee. The group felt this would be a good addition due to Bev's role in education for the LTC provider group. The Committee members present voted to add Bev as a member of the Committee. Darleen was to follow-up with Shelly and Bev on this.

The meeting adjourned at 3:20 p.m.