

North Dakota Department of Health
Division of Health Facilities

LONG TERM CARE ADVISORY
COMMITTEE MEETING MINUTES

September 27, 2012
10:00 a.m. – 3:00 p.m.

Committee Members Present:

Shelly Peterson, Executive Director, ND Long Term Care Association
Gregory Salwei, Chairman of the NDLTC Association, CEO Wishek Living Center
Bev Herman, Education Director, ND Long Term Care Association
Dr. Bruce Hetland, Bismarck Medical Director, Nursing Home Medical Directors Association
Joan Ehrhardt, State LTC Ombudsman, ND Department of Human Services
Darleen Bartz, Chief, Health Resources Section, ND Department of Health
Lucille Rostad, Program Manager, Division of Health Facilities, ND Department of Health
Barb Groutt, North Dakota Health Care Review, Inc.
Michelle Lauckner, North Dakota Health Care Review, Inc.
Rocksanne Peterson, Recorder, Division of Health Facilities, ND Department of Health
Randal Albrecht, Chair, ND Board of Examiners for Nursing Home Administrators
Bruce Pritschet, Director, Division of Health Facilities, ND Department of Health
Karen Tescher, Assistant Director, LTC Continuum, DHS
Arvy Smith, Deputy State Health Officer, ND Department of Health

Also Present:

Julie Thrailkill, North Dakota Health Care Review, Inc.

Committee Members Absent:

Monte Engel, Division of Life Safety & Construction, ND Department of Health
Dave Remillard, Public Member, Minot
Representative Gary Kreidt, ND House of Representatives (New Salem)
Carole Watrel, AARP

Welcome

A meeting of the Long Term Care Advisory Committee was called to order at 10:05 a.m. on September 27, 2012. The meeting was held in the AV 212 Conference Room at the State Capitol. Darleen Bartz welcomed everyone to the meeting and introductions followed.

Public Comment

No comments.

Approval of Minutes

There was one change identified in the June 4, 2012 Long Term Care Advisory Committee minutes. A motion was made to approve the minutes, the motion was seconded. Motion carried.

Standing Reports & Legislative Update

Legislative Update: No report was given.

North Dakota Long Term Care Association: Shelly Peterson reported.

- NDLTCA Fall Professional Development Conference was held on September 19-21, 2012. The conference had just fewer than 400 participants. Erin Bonitto did a presentation called “I Already Told You. . . Don’t You Remember?” A Guide to excellence in Dementia Communication & Behavior Prevention. Bev Herman spoke about plans to bring Erin Bonitto back in December. Darleen had inquired about training materials and/or DVD on Erin’s presentation. Bev will check to see if there are materials available.
- Health Facilities was surveying three facilities at the time of the conference. Shelly asked whether we could try not to schedule a survey during the LTCA Conference in the fall and spring. Darleen explained that the division has certain CMS requirements to fulfill during the year and that it was not feasible to commit not to conduct surveys for more than one conference during the year, and the conference previously identified for the department not to conduct surveys was the Spring Conference. Facilities should be ready for surveys at any time even if administrative staff members are not present.
- Shelly reviewed the top 13 NDLTCA Legislative Priorities for 2013. The gubernatorial candidates were present at the NDLTCA Fall conference membership meeting. The priorities will be in Governor Dalrymple’s budget should he be re-elected.
- Shelly reported that DHS does not need legislative approval for the additional 16 bed Gero-Psych Unit. Sexual offenders and residents on ventilators are the most difficult to place. The 16 beds will need to be converted or purchased within an existing facility.
- They had a very good discussion on the Basic Care and Nursing Facility moratorium and the exception process for basic care bed expansion. Shelly anticipates more beds will be going into the lay away program. Occupancy, number of beds and staffing are an issue.
- Shelly reviewed NDLTCA Issue Brief that talks about how Long Term Care Facilities are impacted by the energy boom. There was also a handout regarding the nursing turnover rates. The rates are at a record high as is contract nursing and that is very expensive. Contract nursing staff is mostly CNAs, and then RNs or LPNs. The biggest issue is the need for housing for contract employees. Greg stated he can’t imagine what it is like in the communities that are impacted by oil. As he had issues at his facility as well. Randy stated that he is spending \$50,000 – \$75,000 on contract staff. Darleen inquired about having Jamie Fleck, Dakota Travel Nurse, come and talk about contract staff (training, competency, orientation, etc).

North Dakota Healthcare Review, Inc (NDHCRI): Barb Groutt.

- Barb reported that CMS is recognizing the importance of the QIO and the survey process and working together. Quality improvement expectations are high.
- Michelle Lauckner gave an update on pressure ulcers and restraint use in nursing homes. She also spoke about dementia care in the nursing homes and using alternative measures to reduce the use of antipsychotic medications on dementia patients. There will be a webinar, Optimize Prescribing and Avoid Adverse Drug Events in Elderly Patients by James Mittelberger, on October 3. There will also be a Person-Centered Behavioral Healthcare virtual conference via webinar on October 16, 2012.
- Michelle briefly talked about the Transition in Care meeting that was held on September 24, 2012. The committee discussed the CMS initiatives and felt they were overwhelming for all services not just nursing facilities. Darleen asked if Michelle could put something together on the initiatives and present it at the next advisory meeting. Shelly also spoke about using Trend Tracker.
- Julie Thrailkill spoke about NDHCRI complaint process. She reported that they get very few complaints. A lot of their calls and letters get forwarded to Health Facilities. NDHCRI likes the complaints to be in writing. Anyone can issue the complaint but they respond only to the patient or personal representative regarding the outcome. Julie reviewed the form they use for complaints. They need to know what they were concerned about before they review the patient's record. If there is a practitioner concern they will ask the practitioner if they can review it. If there is a concern with a facility they do not have to approve the disclosure to the patient and/or family member. Types of complaints they receive are pressure ulcers, rude staff, miscommunications, not turning resident, etc. If a complaint is substantiated they would work with facility to change their processes. Most complaints are retrospective so they will review the patient record. The complainants name will not be released to facility. The number of complaints on annual basis for nursing facilities is two. Complaint reports will be listed on the NDHRI website.

State Ombudsman: Joan Ehrhardt reported.

- Joan reported there has been some redistribution of regional duties. An additional ombudsman (1.15 FTE) was approved, but there is still a need for more. She also gave an update on APS and the changes.

Division of Health Facilities: Bruce Pritschet reported.

- Bruce did not give a LTC Health Survey Data report as the database has not been available.

Division of Life Safety & Construction: Monte Engel reported.

- Reports not available as database has not been available.

Old Business

- No old business to report.

New Business

Protection and Advocacy (P & A), including LTC Complaint Process: Teresa Larson

- Teresa gave a brief background on P & A. There are ten P & A regional offices in ND. Article 65.5-01 of the Administrative Code outlines the organization and functions of Protection and Advocacy. She reviewed some of the definitions such as caretaker from Chapter 25-01.3 of the Century Code. She also talked about the reporting of abuse, neglect or exploitation. Greg Salwei asked what the difference is in reporting of abuse to the police and/or Health Facilities versus P & A. P&A is for people who have developmental and mental disabilities. If an individual is in the nursing facility and has a developmental or mental disabilities and abuse occurs the nursing facility would be required to contact P & A. There have been 17 cases with P & A that occurred in a nursing home or basic care. Teresa gave three cases studies or examples where P & A stepped in to advocate for the resident. One of the cases was referred to Health Facilities; Health Facilities did an investigation. The complaint was not substantiated but found that the issue was happening to other residents. Teresa reviewed the types of cases that are referred or reported to P & A. The group was asked if they felt the processes for a complaint is acceptable. They felt they were acceptable. Darleen inquired if it was okay with P & A for facilities to contact Health Facilities with their abuses, neglect, and so forth. Teresa is okay with facilities contacting Health Facilities versus P & A. Darleen also inquired about P & A's processes for investigating the complaints. Randy Albrecht asked about the penalties if facilities would not report abuse or neglect of a developmental disable person. There are penalties but not sure what they are or who would enforce it. Health Facilities and Teresa are comfortable with the reporting processes as is.

LTC Ombudsman LTC Complaint Process: Joan Ehrhardt

- Joan reported that anyone can issue a complaint to the Ombudsman program. A case involves one or more complaints and can be short term or long term. Issues are taken care of at the lowest level. The ombudsman tries to resolve the issues if able. They provide consultations and information to an individual or facility. The ombudsman will do onsite visits with the residents on a regular basis. Health Facilities will notify the ombudsman if they do an onsite complaint visit. The ombudsman is involved in the exit process of the survey. Ombudsman does visits in nursing facilities, basic care, assisted living, and swing bed facilities. The regional ombudsman will usually visit with the social worker of the facility after visiting the residents. The ombudsman is there for the resident. The ombudsman will contact Health Facilities if there a problem. There are a lot of issues regarding non-payment; each county handles eligibility different.

Health Facilities Complaint Process: Bruce Pritschet and Lucille Rostad

- Bruce reviewed the Health Facilities complaint process. There are 17 different types of health care facilities. Complaints come in to the program manager in the form of letters,

phone calls, e-mails, and so forth. Some of the complaints are in regards to personnel that work in the facilities. Many times complainants are anonymous.

- Lucille Rostad reported that Health Facilities is receiving more complaints from staff.
- A complaint intake form is completed and the information is entered in the Aspen Complaint Tracking system (ACTS) database when a complaint comes in to the office. Bruce reported that the complaints are prioritized based on the information that he has received. He reviews and signs off on the complaint. He also reported that verbal complaints are the toughest as you have to take notes. Most of the complaints are written letters. Health Facilities acknowledges the complaints by letter or email. The notes and questions are tailored to the complainant and regulations. Bruce may also contact the state ombudsman. The complaint investigations are unannounced. Health Facilities survey schedule is set up around complaints. Since our last meeting, Health Facilities has received 9 allegations; all but 2 have been investigated. The length of time between when the complaint was made and an investigation is done is approximately 44 days. A complaint investigation is usually done with a regular survey when possible. But it may be necessary to go in before or after the survey as it depends on the 45 days. Approximately one-third of the complaints substantiated. Complaints are substantiated based on the regulations. Greg asked if the results of unsubstantiated complaints show up on the National Compare website. Bruce was unsure if they do or not.
- Darleen also spoke about the complaint survey process and would like to see a decrease in investigation duplications from the different entities. It is felt that through improved communications the agencies or entities should be seeing fewer complaints.

Discussion/Other:

Darleen handed out the S & C documents as follows:

- S&C:12-38-NH: Quality Assurance and Performance Improvement (QAPI) in Nursing Homes- Activities Related to QAPI Implementation
- S&C:12-39-NH: 2012 Centers for Medicare & Medicaid Services (CMS) Nursing Home Action Plan
- S&C:12-42-NH: Request to Convey Information: Partnership to Improve Dementia Care in Nursing Homes
- S&C:12-44-NH: “Hand in Hand: A Training Series for Nursing Homes

Next Meeting

- Date and Time:
 - December 6, 2012, 10:00 a.m. – 3:00 p.m., 4th Floor Conference Room, Gold Seal Building
 - March 14, 2013, 10:00 a.m. – 3:00 p.m., AV Room 212, State Capitol
- Potential Agenda Items:
 - LTC Oral Health Survey – Gregg Reed
 - Legislative Update

Meeting adjourned at 2:45 pm.