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
Sally May, 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
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)

Committee Members Absent:
Carole Watrel, AARP
Michelle Lauckner, North Dakota Health Care Review, Inc.
Karen Tescher, Assistant Director, LTC Continuum, DHS
Arvy Smith, Deputy State Health Officer, ND Department of Health

Welcome
A meeting of the Long Term Care Advisory Committee was called to order at 10:05 a.m. on December 6, 2012. The meeting was held in the 4th Floor Conference Room at the Gold Seal Building. Darleen Bartz welcomed everyone to the meeting and introductions followed.

Public Comment
No comments.

Approval of Minutes
Two changes were identified in the September 27, 2012 Long Term Care Advisory Committee minutes. A motion was made to approve the minutes, the motion was seconded. Motion carried.

LTCAC 12/06/2012
Standing Reports & Legislative Update

Legislative Update: Representative Gary Kreidt.
- The organizational session just finished. The 2013 Legislative session will begin on January 8, 2013. There are 17 new members.
- Representative Kreidt spoke about the committees that he will be serving on.
- Representative Kreidt also spoke about concerns with F-MAP dropping down to 50% and that many states are losing Medicaid dollars.
- Representative Kreidt commented on a situation at a facility in which a husband and wife were residents were placed in separate rooms. They were placed in separate rooms because they were at different levels of care; one was basic care and the other skilled. Darleen Bartz, Bruce Pritschet, Representative Kreidt, Representative Rohr, Karen Tescher and LeAnn Theil met to discuss the situation. A basic care resident can reside at a skilled nursing facility if they were private pay or if Medicaid wasn’t a viable option because of the 35 mile rule. The state operations manual states that you cannot co-mingle beds. You cannot have one bed certified and one bed not certified. Shelly wondered if the skilled resident could be moved to the basic care if they could provide the care the person needs and staffing. They could probably stay in the same room if they were private pay, however, most likely would not be eligible for Medicare or Medicaid benefits. Darleen passed out information regarding Requirements for Distinct Part Certification – 3202A.

North Dakota Long Term Care Association: Shelly Peterson reported.
- Shelly passed out information developed by the North Dakota Long Term Care Association. Some of the information included the North Dakota Long Term Care 2013 Facts & Figures, The Pulse of North Dakota (a Healthcare impact study) Fall 2012, Nursing Facility Workforce, as well as information regarding Basic Care and Assisted Living Facilities.
- Shelly also handed out a copy of the 2013 NDLTCA Legislative Priorities.
- A 16 bed Gero-Psych facility will be built in Ellendale.
- The Kensington in Williston, North Dakota is closing. Carrington Hospital is also closing their Basic Care. There are 44 Basic Care beds available.
- Shelly reported that buying and selling of beds has been valuable to facilities. If the verbiage regarding the buying and selling of beds should change there could be issues.

North Dakota Healthcare Review, Inc (NDHCRI): Sally May reported.
- Sally gave an update from the North Dakota Healthcare Review, Inc. She reviewed information regarding the reduction of Healthcare – Acquired Conditions in Nursing Homes.
- Sally spoke about the partnership to improve dementia care in nursing homes and the reduction of anti-psychotic medications. There will be a webinar on January 15, 2013 on the meeting the requirements of the numerous current national initiatives and incorporating QAPI.
Sally spoke about reducing adverse drug events. Missouri Slope Lutheran Home and Patient Safety and Clinical Pharmacy Services formed a collaborative team. The focus of the team is to reduce the incidence of out of therapeutic range INRs, do a root cause analysis identifying antibiotic use, and implement a standing order authorizing the unit nurse to order an INR for any resident on Warfarin three days following antibiotic initiation.

Sally reported that there has been a reduction in admission and readmission from 2009 to 2012. CHF was the main reason for admission in 2009. She discussed the penalties for readmissions, which affects the PPS hospitals and not the CAHs. Hospital discharges have dropped from 19.48% to 16.71%.

INTERACT II has been implemented to provide training to CNA’s and nursing homes.

Sally also talked about an Acute Care Utilization (ACU) Tracker distributed to NDLTCA membership. The tracker is available on the NDHCRI website www.ndhcri.org/Healthcare_Professionals/caretransitions/caretransitions.html. The goal is for nursing facilities to track their hospitalizations. Only ten facilities have used the tracker and submitted their information.

State Ombudsman: Joan Ehrhardt reported.

Joan reported that the time for putting together their annual report is approaching. The number of cases is down; part of it is because of relocation of residents in Minot.

The department’s biggest crisis right now is that the 800 number is being discontinued. Joan thought they had three months before it was discontinued but found out in November that it had already been discontinued. Joan requested Health Facilities give consideration to facilities on this until DHS could get it straightened out.

Joan’s department is updating their brochures. She would like to combine the ombudsman and residents rights. Shelly liked the idea of one brochure.

There are issues with resident health care directives. They ombudsman are telling facilities they need to do a better job of discussing health care directives and the level of care the facility can provide. Darleen indicated that an end of life care and advanced directives would make an excellent quality of care series.

Division of Health Facilities: Bruce Pritschet reported.

Bruce indicated he had been unable to access PDQ reported, however was able to access information from CASPER on the most frequently cited tags which he reviewed. The CASPER report has state, region and national statistics. These are sorted by most frequent in the state. Of the 20 facilities that had a “G” on their survey, there were three that had a double “G”. Double “G’s” could result in a ban of admissions and loss of NATP. Lucille reported that all possible bans have been rescinded.

Darleen reported that there may be a change in how the regional office and CMS handle the deficiencies. CMS may issue a civil money penalty to a facility. Dave Remilard asked if Health Facilities reviews the data and if they could find out why the statistics are higher or lower than either the region or nation. Health Facilities does look at the data and will inquire about statistics.
Division of Life Safety & Construction: Monte Engel reported.

- Monte reported that he has been unable to access his reports from PDQ as well.
- There is a need to update the construction standards but there is not enough man power to do it.
- All nursing facilities are to have their sprinkler systems in place by August 2013. There are currently three facilities that are not in compliance. Two of them are partially sprinklered. One of them is the Baptist Home; they are in the process of building a new facility but it won’t be completed by the deadline. The other facility that is partially sprinklered is St. Catherine’s Living Center, Wahpeton, North Dakota. Monte is not sure what their plans are. According to the law, they could lose their certification as they would no longer be in compliance. Time is not in their favor at this point.
- LSC has two staff that will be retiring the end of December. Monte was able to hire two people to replace the retiree’s ahead of time to make the transition and training easier.
- Long Term Care surveys have been going very well and facilities have been maintaining compliance.
- Shelly inquired about the new construction and plans review. There are 7-8 new hospitals that are to be built in the next few years, however plans have not been received on those hospitals as of yet. There have been a few instances where construction of some facilities has had to be halted because the plans had not been reviewed.

Old Business

- No old business to report.

New Business

Smiles for Life Curriculum: Bobbie Will/Kim Yineman

- Bobbie Will and Kim Yineman spoke about the Smiles for Life curriculum/program. Smiles for life is the nation’s only oral health curriculum. The curriculum is designed to enhance the role of primary care clinicians in the promotion of oral health for all age groups. Smiles for Life curriculum and modules are online. Physicians, nurses and CNA’s will receive CEU’s. The curriculum is available on the North Dakota Department of Health website www.ndhealth.gov/oralhealth.
- They did a needs assessment and did community forums in 6 different communities. Bobbie and Kim reviewed the outcomes from the forums. Some of the issues were transportation, income, children disagreeing on the care, dentist to provide dental care, lack of insurance.
- Darleen briefly talked about the dental loan repayment program through the North Dakota Department of Health.
- Shelly reported that Trinity Homes was going to be piloting a dental program within their facility.
- North Dakota has an excess of dental hygienists. Pay for hygienists is between $25 - $35/hour; dental assistants are paid approximately $20/hour.
- One goal is to increase the promotion of Smiles for Life and to increase oral health throughout the state. Joan questioned why there isn’t more education on dental health.
- Bobbie talked about Incurred Medical Expenses Paying for Dental Care: A How-to-Guide for Medicaid residents. It was recommended that Bobbie send the information to Maggie Anderson, Leann Theil, and Karen Tescher.

North Dakota Department of Health Budget Request/Legislative Priorities: Arvy Smith/Darleen Bartz
- Darleen reviewed the approved budget for North Dakota Department of Health.
- Shelly inquired about the budget for the Nurse Aide Program. Darleen indicated that what was budgeted and the actual cost of the registry varied quite a bit. ITD is doing an audit of what has been done, what is working and what is not working. Additional funds to cover the costs of the program have been requested. Health Facilities may need to find other funding source if we do not receive the funds requested in the budget. Shelly reported that feedback from the providers has been positive.

Medication Assistant I Training Program Workgroup: Bruce Pritschet/Darleen Bartz
- The Medication Assistant I Training Program workgroup has met. There were good discussions about the training program and the administrative rules. The workgroup plans to meet again.
- Darleen reviewed the scope of practice delegated medication administration statement for Medication Assistant I and II. The scope of practice is consistent with the rules implemented by the state.

Discussion/Other:
Lucille Rostad handed out the S & C documents as follows:
- S&C:12-46-NH: F-tag 322 – Feeding Tubes-Advance Copy
- S&C:12-47-NH: F-tag 155 – Advance Directives-Advance Copy
- S&C:12-48-NH: F-tag 309 – Quality of Care-Advance Copy
- S&C:13-02-NH: Clarification of Guidance related to Medication Errors and Pharmacy Services

Next Meeting
- Date and Time:
  - March 14, 2013(303,485),(477,516)(303,485),(477,516), 10:00 a.m. – 3:00 p.m., AV Room 212, State Capitol
- Potential Agenda Items:
  - LTC Oral Health Survey – Gregg Reed
  - Legislative Update
  - Transfer of Property
  - Dakota Travel Nurse

Meeting adjourned at 2:55 p.m.