

North Dakota Department of Health

LONG TERM CARE ADVISORY
COMMITTEE MEETING MINUTES

June 11, 2015
10:00 a.m. – 3:00 p.m.

Committee Members Present:

Shelly Peterson, Executive Director, ND Long Term Care Association
Darleen Bartz, Chief, Health Resources Section, ND Department of Health
Lucille Rostad, Program Manager, Division of Health Facilities, ND Department of Health
Michelle Lauckner, Quality Health Associates
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
Barb Groutt, Chief Executive Office, Quality Health Associates
Carole Watrel, AARP
Gregory Salwei, Chairman of the NDLTC Association, CEO Wishek Living Center
Karen Tescher, Assistant Director, LTC Continuum, DHS
Cathy Anhalt, Education Director, ND Long Term Care Association
Karla Backman, State LTC Ombudsman, ND Department of Human Services
Arvy Smith, Deputy State Health Officer, ND Department of Health
Representative Gary Kreidt, ND House of Representatives (New Salem)
Dr. Bruce Hetland, Bismarck Medical Director, Nursing Home Medical Directors Association
Monte Engel, Division of Life Safety & Construction, ND Department of Health

Also Present:

Bridget Weidner, Program Manager, Division of Health Facilities, ND Department of Health
Steve Chickering, Center for Medicare and Medicaid Services, San Francisco, CA
Robert Casteel, Center for Medicare and Medicaid Services, Denver Regional Office
Linda Bedker, Center for Medicare and Medicaid Services, Denver Regional Office
Jerry Jurena, President, North Dakota Hospital Association

Committee Members Absent:

Dave Remillard, Public Member
Joan Ehrhardt, Consumer Representative

Welcome

A meeting of the Long Term Care Advisory Committee was called to order at 10:08 a.m. on June 11, 2015. 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

The minutes from the November 24, 2014 Long Term Care Advisory Committee meeting were distributed and reviewed. Shelly Peterson made the motion to approve the minutes with corrections; Karla Backman seconded the motion. Motion carried.

Standing Reports & Legislative Update

Legislative Update: Representative Gary Kreidt.

- Representative Gary Kreidt gave a legislative update. The 2015 Legislative Session has ended, however there will be a special session regarding the changes to NDPERS and the health insurance policies and providers. He reported that half of the state revenue will go away with the oil production down. He felt that overall the legislature did a pretty good job regarding the budget. Rep. Kreidt serves on the appropriations committee.

North Dakota Long Term Care Association: Shelly Peterson.

- Shelly also felt the legislative session went over very good. She also gave an update on the legislative session and the impact it will have on long term care. She is very appreciative of the money that was allocated for long term care and developmental disabilities.
- She stated that North Dakota has a very old population compared to other states.
- Shelly also talked about the nursing facilities in the state being very old and many of their building in need of improvements.
- Shelly reported that the contract nursing regulations was turned into a study. The cost in the fiscal note turned out to be too much, so they will need to study this to come up with a solution.
- Shelly reported that Bev Herman has retired. Cathy Anhalt is now the Education Director.
- Shelly gave an update from the North Dakota Department of Health Long Term Care Collaborative. The collaborative is discussing G level deficiencies and the IDR process.

North Dakota Hospital Association: Jerry Jurena

- Jerry gave an update from the North Dakota Hospital Association and the merger of Trinity Hospital and Billings Clinic.
- He also gave an update on the 64th Legislative Assembly (2015) and the impact that the oil industry had on the hospitals.
- He spoke about the increase in bad debt or uncompensated care the hospitals in western North Dakota have incurred as well as staffing issues.
- He talked about hospital renovations and construction projects.
- Shelly Peterson talked about the closure of assisted living facilities, basic care facilities and nursing homes in the upper northwest region of the state. She asked if there are any hospitals in danger of closing. Jerry stated that approximately 23 hospitals are losing money and that it will be only a matter of time before a hospital closes.
- Rep. Kreidt stated the reduction in oil production may give the state a little bit of breathing room. He doesn't see the price of oil going over the \$70-\$75 range in the near future. North Dakota has a lot of other good things going on other than oil.
- Jerry spoke about the increase in the number of people who are in need of mental health services and the shortage of mental health physicians.
- Shelly spoke about the geropsych services for long term care and the new facility that was built in Ellendale. Darleen asked Shelly if the geropsych facilities were full and

Shelly stated they were. Shelly also stated tele-mental health is working extremely well for the long term care facilities.

- Both Jerry and Shelly talked about facilities hiring staff from the Philippines and the use of contract staff.

Quality Health Associate of North Dakota: Barb Grout.

- Barb reported on the QIO scope of work, including working with physician practices, home health, and system changes. She stated that a change is coming in the health care with re-imbursement being tied to quality. Facilities will need to focus on the quality of care they are providing.
- Care coordination is a focus for Quality Health Associates in the Minot area. They are getting started in the Bismarck area, and plan to also roll this out in the Grand Forks and Fargo areas.
- Quality Health Associates is working with the North Dakota Hospital Association to reduce health care acquired infections.
- They are also completing a project to build quality improvement activities in the basic care facilities.
- There is a tremendous amount of interest in advance care planning.
- Michelle Lauckner spoke about the 11th scope of work and the collaborative. So far 43 out of 80 facilities have applied.
- Michelle also spoke about dementia care in nursing homes. Michelle and Darleen are hosting a meeting entitled ND Partnership for Dementia Care on August 13, 2014 to discuss this issue and the use of antipsychotic drugs.

State Ombudsman: Karla Backman.

- Karla spoke about the changes to their Century Codes and Administrative Rules.
- She reported there are no changes in the Long Term Care ombudsman regions. They are recruiting more community or volunteer ombudsman.
- Karla reported the final rules on the ombudsman program were published.

Division of Health Facilities: Bruce Pritschet and Bridget Weidner.

- Bruce reviewed the average number of deficiencies reports. North Dakota's average number of deficiencies is 7. The G level citations are at .19 which is a significant change. Steve Chickering talked about the need to break out the QIS surveys from the traditional survey. North Dakota is a state that still does the traditional surveys. Shelly stated that North Dakota is still higher than the rest of the states.
- Bruce reviewed the Citation Frequency Report for the nation, region and North Dakota. F0323, Free of Accident Hazards/Supervision/Devices is the top citation for all three.
- Shelly stated that falls are challenging and asked if there is something that they could do to be more proactive for falls. Bruce stated that the falls or injuries cited deal mostly with the actual harm. Darleen stated that the failure to individualize care provided and for staff to provide care to the resident consistent with the individualized care plan consistently may contribute to this.
- Steve stated that the data from smaller states can be skewed compared to the larger states. He also stated that we may need to look at other factors that could be affecting the care of the residents. We may also need to look at states that are of comparable size to North Dakota.
- Robert stated that the numbers from 2015 are not complete and that North Dakota is going through a change with the oil impact and ND is unique. He feels there are a lot of

factors and information to look at such as the turnover of staff, administrators, directors of nursing, and so forth.

- Linda Bedker spoke about best practices, engaging people and getting them excited about having a minimal tolerance for falls. There is a need to focus on the resident's safety and wellbeing. Facilities need to that create an environment to reduce falls.
- Bridget Weidner reported that hospitals have a deeming option or accredited by Joint Commission. All hospital surveys are unannounced and based on directives from CMS. The surveys are done every 3-4 years and are similar to the long term care surveys. She also spoke about the CAH network and stakeholder committee. A major project or issue that she has been working on is regarding an outpatient birthing center at Mercy Hospital in Williston, North Dakota. Bridget has been working on developing rules for the birthing centers. Having an outpatient birthing center means that there are no inpatient stays.

Division of Life Safety & Construction: Monte Engel.

- Monte reviewed the average number of Life Safety and Construction (LSC) deficiency and citation frequency reports. The average number of deficiencies for North Dakota is 2.26. The most frequently cited deficiency for North Dakota is K0144, Generator Inspected/Tested. K0062, Sprinkler System Maintenance was the most cited deficiency in the region and nation; it was the second most cited deficiency in North Dakota.

Old Business

Update on Rulemaking Status of Draft Construction Standard Changes for Basic Care Facilities, Nursing Facilities and Hospitals: Monte Engel

- Monte gave an update regarding the changes to the construction standard rules for basic care facilities, nursing facilities and hospitals. The changes in the rules went before the rules committee on June 10, 2015 and will become effective on July 1, 2015. LSC has adopted the 2012 construction standards for plans review. CMS will be adopting the standards within the next year.

Update on Rulemaking Status of Draft Requirements for End of Life Care in Basic Care:

Darleen Bartz

- Darleen gave an update the changes to the basic care rules related to end of life care and a secured unit for dementia care in a basic care facility. The rules passed, but there was a sub-section that needs to be revised and brought back to the rules committee in September. The rules will become effective on July 1, 2015.

New Business

North Dakota Department of Health Long Term Care Collaborative Workgroup Status Update:

Darleen Bartz

- Darleen gave an update from the collaborative workgroup. She shared who the members of the committee were, the issues that were brought forth during the first meeting on March 5, 2015 and prioritized the areas of concern that were most important.
- The second meeting was held on April 9, 2015. The group discussed concerns regarding differences in surveys in other states, inconsistencies, subjectivity, and the number of G level citations. There was a presentation on the scope and severity of citations. The group discussed look behind surveys, geropsych patients, the State Operations Manual (SOM) and S&C's. Bruce is forwarding any S&C's that are pertinent to long term care to Shelly.

- The third meeting was held on May 11, 2015. The focus of that meeting was the G level citations. The group discussed the social security act, what can be released, orientation and training of surveyors as well as testing before they are allowed to survey on their own. The role of the team leader, the survey team and the scoring process of the survey was also discussed. Darleen reviewed the G level tags. The group discussed looking at process changes regarding actual harm and incorporating the clinician's view.
- The Long Term Care Advisory Committee had a discussion regarding the collaborative meetings.
 - Shelly indicated that the surveyor's professional judgement plays a factor in the survey and often there are disagreements between surveyors and facility staff.
 - Steve Chickering (CMS) stated that we want to hire surveyors according to their background with a variety of specialties that will complement the team. He also stated that CMS provides the basic guidelines for the surveyors and facilities to follow. If a facility implements a certain policy or procedure, the facility will be held accountable if they don't follow it.
 - Barb Grout indicated that we need data to find a root cause analysis of the G level citations.
 - Shelly feels that the good things facilities do are not recognized in the survey process. Steve (CMS) stated that the survey process is a regulatory process and the process is to see if a facility is in compliance and if the facility is not compliance the surveyor is to cite the facility where they were deficient.
 - Greg Salwei stated that some facilities admit they dropped the ball, but at other times they don't feel they deserved the G level deficiency.
 - Robert Casteel (CMS) stated that it is important that there not be negativity towards the regulatory body for citations, as their role is to determine areas where the facility is non-compliant and cite deficiencies. He feels communication is an issue.
 - Steve (CMS) stated that there shouldn't be surprises during the exit conference. If a problem is identified the surveyor needs to go to the person (i.e. CNA, nurse, activity director, and so forth) who can give the surveyor the policy or information needed; not the administrator or director of nursing. If that person can't find it or doesn't know where the information can be found then the surveyor may have to talk to the next appropriate person.
 - Robert (CMS) stated a lot of it is communication, and both sides need to work on communication to make the survey process better.

CMS Update and Discussion on the Long Term Care Survey Process with CMS Denver Regional Office and Western Division Leadership

- Linda Bedker (CMS) gave a presentation on the long term care survey process and the average number of deficiencies with the region and western division. She reviewed the average 670 hours which is the number of hours spent on a survey. North Dakota is pretty consistent in their hours. She also reviewed the top tags cited in FY 2011, 2012, 2013 and 2014. All surveys were included in the statistical data including revisits and complaints. F323 and F309 are the most frequently cited though all the years.
- Steve (CMS) stated that providers need to look at what they are doing to make the survey process better. It isn't just the surveyors. More data is needed and there are a lot of unknown factors as to why F323 and F309 are cited more often in North Dakota. It could be the turnover of facility staff, administrators or director of nursing, the use of travel staff, but the Department of Health does not have that information. Steve asked if it

would be possible to collect data from a sample of 10 facilities regarding turnover and the Department of Health for the G level citations in those same facilities.

- Randy Albrecht stated that the G level citations are what facilities are focused on, but the bigger issue they should be focusing on is providing consistent, quality care.
- Steve stated that they would like very much to be a part of future discussions on this.

Discussion/Other:

Next Meeting

- Date and Time:
 - Monday, September 21, 2015, 10:00 a.m. – 3:00 p.m., AV Room 212, State Capitol

Meeting adjourned.