North Dakota Department of Health

LONG TERM CARE ADVISORY
COMMITTEE MEETING MINUTES

July 12, 2018
10:00 a.m. – 12:00 p.m.

Committee Members Present:
Darleen Bartz, Chief, Health Resources Section, ND Department of Health
Shelly Peterson, Executive Director, ND Long Term Care Association
Rocksanne Peterson, Recorder, Division of Health Facilities, ND Department of Health
Karla Backman, State LTC Ombudsman, ND Department of Human Services
Monte Engel, Division of Life Safety & Construction, ND Department of Health
Peggy Krikava, Education Director, ND Long Term Care Association
Jamie Steig, Quality Health Associates
Representative Gary Kreidt, ND House of Representatives (New Salem)
LeeAnn Thiel, Administrator, Division of Medical Services, DHS
Scott Foss, Board of Examiners for Nursing Home Administrators
Dr. Bruce Hetland, Bismarck Medical Director, Nursing Home Medical Directors Association
Lucille Rostad, Program Manager, Division of Health Facilities, ND Department of Health
Craig Christianson, Chairman of the NDLTC Association, Sheyenne Care Center, Valley City

Committee Members Absent:
Bruce Pritschet, Director, Division of Health Facilities, ND Department of Health
Michelle Lauckner, Quality Health Associates
Joan Ehrhardt, Consumer Representative
Carole Watrel, AARP

Also Present:
Kelly Beechie, RAI/MDS Coordinator, Division of Health Facilities, ND Department of Health
Mylynn Tufte, ND Department of Health, State Health Officer
Pam Sagness, ND Department of Human Services
Rosalie Etherington, ND Department of Human Services

Welcome
A meeting of the Long Term Care Advisory Committee was called to order at 10:07 a.m. on July 12, 2018. The meeting was held in AV 212 at the State Capitol.

Public Comment
No comments.

Approval of Minutes
The minutes from the March 8, 2018 Long Term Care Advisory Committee meeting were distributed and reviewed. Craig made the motion to approve the minutes; Bruce Hetland seconded the motion. Motion carried.
Standing Reports & Legislative Update

Legislative Update: Representative Gary Kreidt.

- Representative Kreidt reported the Budget Section of the Legislative Committee’s met on July 11, 2018. Revenue continues to go up because of oil production and activity in the Bakken. Oil production is running about $75 per barrel. There is some talk about it going to $100 per barrel. The budget for 2017-2019 is on an even keel. He reported that sales tax is down about 10%.
- Representative Kreidt will be running for re-election and will have a new running mate.
- He reported that the Legacy Fund continues to be talked about as the principle can now be tapped into. They have a lot of people looking at tapping into it.
- He reported that DHS lost one of their Ombudsman this week, Audrey Henke.

North Dakota Long Term Care Association: Shelly Peterson.

- Shelly Peterson reported on LTC facilities at risk. Financial losses have more than doubled since 2016. Losses in 2016 were -$3.7 million; projected losses in 2018 are -$8 million. Eighty percent of nursing home costs are related to staffing costs. Cuts in reimbursements require facilities to reduce wages, benefits and staffing levels. A solution is to use the provider assessment (tax). This is a good, legal, viable funding source. The association will be taking this message to legislature, patients/family members, and staff that work for the industry. Shelly reviewed the pros and cons of the provider assessment. The assessment cannot exceed 6% of a facility’s gross revenue. Thirty-eight percent of residents/patients in North Dakota are private pay; fifteen percent have LTC insurance.
- Shelly reviewed a document regarding the new Requirements of Participation for nursing facilities. The document talks about the costs skilled nursing facilities will incur for comply with the new regulations.
- Shelly talked about a meeting she had with the Department of Health to discuss the possibility of the Department of Health regulating assisted living facilities and the nurse aide registry going back to the Board of Nursing (BON). The LTC Association has some concerns with the registry going back to the Board of Nursing and would prefer it to stay with the Department of Health. Mylynn stated the department will review all the options for the nurse assistant registry.
- Representative Kreidt inquired as to why the department was considering moving the nurse aide registry back to the BON. The response was that the department was looking for efficiencies and had received the directive from the Governor to reduce FTE’s for the Department of Health. The initial response by board staff was against the move but invited the department to discuss with the board at their meeting. Shelly indicated the preference by her members appeared to be to have the registry state with the Department.
- Shelly stated there have been some frustrations with timeline for construction project reviews especially the smaller projects. She was wondering about the possibility of having an exemption for some of the smaller projects to help move the project reviews along in a timelier manner. Mylynn asked whether plans can be shared with others. The response was that by statute the department could not share plans – they were proprietary. Members could share with each other.
- Shelly talked about the Managed Care and Payment Care Committee. There are changes in the MDS and there are questions regarding medical necessity. We have a meeting set up and have invited the Department of Health to participate.
- Shelly stated that once again there has been a discussion regarding whether we need the Moratorium on Beds. North Dakota is at its lowest level for basic care occupancy ever. She feels that there is still a need to support the moratorium. Mylynn stated she saw that North Dakota is ranked number 1 for having highest population of people age 65 or older in nursing facility. She would like to see more in-home care and home and community based services. It was discussed
that we are a rural state not everyone wants to live in a larger city. There are a lot of variables, and people may be in the nursing homes, assisted living, and basic care by their own choice.

- Shelly asked the group how they felt about audio and video taping in a facility, particularly in a resident’s room. This could be family members videotaping their loved one’s care. Many felt this was a resident’s rights issue. As well as protecting the privacy of the resident and staff, recording people without knowledge could be an issue. Mylynn thought there was a lawsuit in Minnesota regarding this issue.

**Quality Health Associate of North Dakota: Jayme Steig.**

- Jayme Steig reported on the quality improvement scope of work 5-year cycle that will end in 2019. The collaborative goal is to have 75% of facilities participating; the goal has been met with 74 of 80 facilities participating. He reviewed the NHQI Composite Scores and stated we are making progress, and are on a downward trend.
- Jayme talked about the Antipsychotic Medication Use Data from April 2018. He stated they continue to look at ways to improve. He also talked about the partnership and sub-group.
- Jayme reviewed the National Partnership to Improve Dementia Care in Nursing Homes: Late Adopter Data. The group discussed using CMP funds for ongoing certification for memory care. Someone who is struggling would be a priority.
- They are working with Jody Ward, on root cause and analysis on discontinuation of psychotic meds where there is a LTC connected with CAH.
- Michelle works with facilities on QAPI; and she is seeing improvements.

**State Ombudsman: Karla Backman.**

- Karla Backman reported they are in the exploratory phase possible legislation on the audio/video recording in the facilities. She will get input from other states. In some instances, the audio/video recording is being done with no one knowing about it.
- Their division is getting calls from sex offenders concerned if facilities will accept them when they get older. The group discussed the issue and stated that Minnesota has a nursing home for sex offender. If there is a need in this area, we may have to address it further.
- Karla thanked Representative Kriedt for mentioning Audrey Henke. She will be deeply missed. Karla also reported the local ombudsman in Dickinson is out on maternity leave.

**Division of Health Facilities: Lucille Rostad/Darleen Bartz**

- Lucille Rostad reported the average number of deficiencies per survey is 4.97. The top citation in the North Dakota is F0657; F0880 is the top citation for the Region and Nation.
- Darleen reported ND currently is at a 12.976 average month between surveys. We are contracting for 4 surveys to be completed by a consultant in July or August. Darleen asked Shelly to get the industry know. Our goal is to stay under 12.99 average months. Shelly asked if Basic Care (BC) surveys have halted because we are behind with LTC surveys. Lucille reported two had been completed recently.
- Darleen reviewed information from AHFSA regarding Clostridium difficile. The document is located on the Division of Health Facilities website [https://www.ndhealth.gov/HF/North_Dakota_Skilled_Nursing_Homes.htm](https://www.ndhealth.gov/HF/North_Dakota_Skilled_Nursing_Homes.htm). Darleen asked Jamie, QHA, if this information could also be shared on the QHA website.

**Division of Life Safety & Construction: Monte Engel.**

- Monte Engel reported the average number of deficiencies LSC survey is 3.04. The top citation in the nation and the region is K0353; K0351 was the top citation for North Dakota.
The group previously discussed small projects. Monte reported that in the past year there were 10 small projects reviewed; 8 had issues that needed to have things corrected. Had the projects not been reviewed; they would have spent money needlessly. Darleen stated there has been a change in the standards; facilities need to make sure the new generators and space meet the standards. There is frustration as to how long it takes to get plans reviewed. Monte stated that when the plans are reviewed, and issues are identified, the engineer or architect is notified. They need to respond to the notification; that may take time as well as other factors.

New Business:

Behavioral Health LTC Initiative and Status Update – Pam Sagness/Rosalie Etherington:
- Pam and Rosalie gave a presentation on the ND Behavioral Health System Study.
- $19 million is being spent on substance abuse disorder treatment. The state hospital is not included in the cost.
- Total estimated expenditures for Mental Health is ND was $59 million. LTC facilities received 25% (not sure if this includes the two gero-pysch facilities). There is a need to look at the numbers served and where their source. Pam stated additional analysis is needed.
- In FY 2017, 16% of all public behavioral health service dollars in North Dakota went to services delivered in LTC facilities, with a per capita cost of $12,713.
- Shelly inquired if there has been any more discussion about more gero-psych beds and reducing/downsizing the state hospital beds. Rosalie stated they are moving forward with identifying more gero-psych facilities. Scott indicated that most facilities were not taking residents with behaviors. There won’t be any where to take them if the state hospital closes their unit. In many instances, all residents needs are to have their medications adjusted. Pam stated there are multiple tiers of interventions. Rosalie suggests at least 30 bed be added. This would be 2 or more facilities providing gero-psych. All felt thee state hospital is needed.
- Pam talked about project ECHO. Craig stated there needs to be a bridge between the family practice physician and the psychiatrist. Rosalie stated that UND has students that are going into psychiatry and behavioral health.

Long Term Care Survey Process Update – Lucille Rostad/Kelly Beechie:
- Lucille Rostad and Kelly Beechie gave a presentation on the Long-Term Care (LTC) survey process. Lucille reviewed the most frequently cited deficiencies from November 28, 2017 to June 25, 2018. She also reviewed the top five deficiencies: F657, F658, F689, F880 and F641. Shelly inquired about the discharge referral. This is something that they will be discussing at their MDS meeting. Darleen/Lucille will check to see if Todd can pull the Section Q data and Kelly will provide the discharge questions from the survey process.
- Kelly reviewed the steps in the LTC survey process, sample selection, facility entrance, investigation and ongoing survey tasks, potential citations, and exit conference.
- Shelly asked about the resident who smokes. A facility is responsible for accommodating the resident who smokes. But, they must follow the no smoking guidelines set forth but state laws and rules. They will let the survey team know that they have a resident that smokes.

QSO Update – Lucille Rostad:

LTCAC 07/12/2018
QSO-17-30-Hospitals/CAHs/NHs Requirement to Reduce Legionella Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaires’ Disease (LD) *** Revised to Clarify Expectations for Providers, Accrediting Organizations, and Surveyors***

QSO-18-18-NH Final Revised Policies Regarding the Immediate Imposition of Federal Remedies

Other:

Next Meeting Date and Time: September 18, 2018; AV 210

Future Agenda Items:
- LTC Emergency Preparedness
- DentaQuest Update

Meeting adjourned 3:15 pm.