

**North Dakota Department of Health  
LTC Collaborative Workgroup Meeting  
March 5, 2015 – 10 am to 3 pm  
State Capital, Judicial Wing, AV Rooms 210 & 212**

**Welcome and Purpose of Meeting**

Darleen Bartz called the meeting to order at 10:05 am and welcomed everyone. She reviewed the information that will be reviewed and discussed in today's meeting.

The purpose of the meeting is to identify key issues/concerns related to the survey and compliance of Long Term Care Facilities and prioritize those issues and concerns. Another purpose is to discuss ways we can collaboratively work together on the identified priority issues/concerns.

Darleen reviewed the agenda for today's meeting.

**Introductions**

Each member of the group introduced themselves and identified who they were representing.

**Present:**

- Darleen Bartz, Chief, Health Resources Section, NDDoH
- Bruce Pritschet, Director, Division of Health Facilities, NDDoH
- Lucille Rostad, Manager, Division of Health Facilities, NDDoH
- Rocksanne Peterson, Recorder, Division of Health Facilities, NDDoH
- Shelly Peterson, Executive Director, North Dakota Long Term Care Association
- Bruce Hetland, MD, North Dakota Medical Directors
- Char Christianson, Director of Nursing, Golden Acres Manor
- Gail Grondahl, Director of Nursing, St. Aloisius Medical Center
- Steve Przybilla, Administrator, St. Gabriel's Community
- Karla Backman, State Long Term Care Ombudsman, Division of Aging Services
- Pam Tyler, Quality Improvement Director, Sanford Health Continuing Care Center
- Renee Muhonen, Elim Care Inc.
- Janessa Vogel, Administrator, Elm Crest Manor
- Cathy Anhalt, North Dakota Long Term Care Association
- Michelle Lauckner, Quality Health Associates
- Barbara Groutt, Chief Executive Office, Quality Health Associates
- Guy Tangedahl, MD, Medical Director, UND Family Practice Center
- Joan Ehrhardt, former State Long Term Care Ombudsman, Consumer Representative
- Jerry Jurena, President, North Dakota Hospital Association
- Nancy Farnham, Administrator, Maryhill Manor

**Ground Rules** – Darleen reviewed the ground rules of the meeting.

- It's your meeting (all participants).

- Everyone's comments will be considered equally (it is important for everyone to participate as we need to look at the whole picture)
- Respect each other when talking so that we have one conversation going at a time. You will have a chance to speak.
- Respect the time frames identified.
- No relevant topic is excluded.
- Respect each other's opinions (people think differently).
- Refrain from attribution (no placing blame).
- Silence is considered an agreement (so if you do not agree you need to voice your opinion).
- Work together toward common goals (finding a solution takes balance)

### **Presentations and Group Discussion**

- ***Federal LTC Survey Process Presentation – Lucille Rostad***
  - Lucille Rostad reviewed the Federal LTC Survey Process and Decision Making information. (See handout for presentation).
  - One participant inquired as to number surveyors Health Facilities has. The response was that there are 19 Long Term Care surveyors. The number of surveyors on a team depends on the size of the facility. Our surveyors are made up RN's, dietitian's, speech pathologist and license social worker's.
  - One participant asked if one team of surveyors would come in to a facility for a survey one day and then another team came in another day, would they get the same results as the previous team. The response was that they may and they may not. There are Federal surveyors that come in 5 times a year to evaluate the survey process. The Federal surveyors will do two comparative surveys and three FOSS surveys. If there are any differences identified by the federal survey, additional deficiencies may result.
  - One participant asked if any deficiencies would be removed after a federal survey. The response was: No, but the federal surveyors may add deficiency depending upon their findings.
  - One participant asked about the federal survey process and why the federal surveyor may cite different deficiencies than the state survey team. The response was that there may be differences in the sample selected between the two surveys, some deficiencies may have already been corrected, or different findings identified as the survey is taking place at a different time. Surveyors go through an extensive orientation and training before they are allowed to do independent surveying. The federal surveyors will look at who is on the state survey team and the residents that were selected. Only a portion of the same sample of residents is used on the federal survey. One participant stated that she felt the comparative surveys are unfair.
  - One participant indicated there sometimes are concerns identified by a surveyor that seem to overrule what a physician or nurse has decided best for the resident. The response was that the survey team is not there to survey physician practice, but the care and services provided by the facility to the residents.
  - Darleen indicated that she was willing to take questions from this group down to Denver in April, if specific questions are identified.

- One participant felt there is a lot of subjectivity during the survey process, and differences in findings between facilities. The response was that the survey process is a quality assurance review versus quality improvement. It is not the expectation that surveys in two different facilities would be identical. One wouldn't expect the federal surveyors to find the same deficiencies in a facility as the state surveyors as the facility may have corrected them by the time the federal surveyors came, a somewhat different sample would be selected, and changes may occur with time. Changes in facility staffing and turnover of administrative staff can also affect patient care and survey deficiency citations. Another participant also stated she felt the process is subjective.
  - One participant asked if Health Facilities ever receives comments back about the survey and the surveyors. The response was that feedback is provided from some facilities, but not all facilities.
  - One participant asked if we keep track of who cites what tags, who is initiating the tags and how many tags a surveyor cites. The response was that we do have that information for each survey, but do not have aggregate information. Every deficiency cited goes through what is referred to as a "tooling process." A person who is not a part of the survey will review the citation.
  - One participant asked about response time regarding the deficiency. The response was that there has been a concentrated effort to improve in this area, and most deficiency citations are sent out within the ten working days.
  - One participant asked if Lucille talks to the team leaders about the team and situations on survey. Lucille indicated that she does. The survey staff members have a conference call every Wednesday morning to see how the survey is going and if there are any concerns identified. If there are concerns or issue, they will be discussed at this time or the surveyors may call back to talk to their manager after the call or later in the day. Team leaders are comfortable with addressing issues while onsite. The team leader or coordinator is responsible for the team. If the facility has a problem with a surveyor, the expectation is that they discuss their concerns with the team leader.
  - One participant asked if a team leader has specialized training to be a team leader. The response was that the team leaders have a different job description and are responsible for a certain part of the survey. They go through a selection process, including application and interview. Once selected, there is a training process they go through. Health Facilities currently has eight team leaders.
  - One participant stated the hardest part of the survey process is that you feel you have provided the all the information you could regarding a tag and there is still a deficiency. She feels it may be personality of the surveyor.
- ***ND LTCA Survey Results and Department Updates – Lucille Rostad, Bruce Pritschet, Darleen Bartz***
    - Shelly provided updated information on the survey results. The questions remained the same, however, there were more respondents.
    - Darleen Bartz, Lucille Rostad and Bruce Pritschet responded to the questions and results from the North Dakota Long Term Care Association's Nursing Facility Health Department Survey. (See handout)

- Q5 – Lucille reported that Health Facilities has implemented processes to make sure the 2567's are sent out in a timely manner.
- Q6 – Bruce reported the online report of the incident of alleged abuse has been updated and he has created a final report that he will send out to facilities. These reports will be sent with 30 days. One participant requested that Bruce Pritschet do a presentation on abuse reporting and what needs to be reported. She inquired as to what abuse information is required to provide to the surveyors during the survey.
- Q7 – Darleen stated that survey data is collected both subjectively and objectively, through observation, interview, and record review.
- Q8 – It is important that the surveyors accept the reports from specialists and doctors. Lucille reported that we are collecting information from other states.
- Q9 – Darleen reported that no G's have been cited based on resident or family interviews only.
- Q10 – Darleen reported that this may have happened, dependent upon the issue.
- Q11 – Darleen report that IDR's are completed by herself or Bridget Weidner, as they are not involved in any portion of the LTC survey if facilities or scoring of the deficiencies. The IDR process is a second review of information which was not available to the surveyors while they were on site. Darleen acknowledged that while she believes the IDR process is not biased; many present at the meeting may feel it is not a fair process.
- Q12 – When working with residents that are behaviorally or medically challenged, Lucille recommended that a facility put in a resident's plan of care things may happen beyond their control, and to revise the care plan as needed to respond to the resident's changing needs.
- Q13 – Lucille reported that it is often necessary to change resident sample, and is discussed as a part of the survey process.
- Q14 – Darleen indicated that the deficiency review process was discussed earlier in a presentation. There are no two citations that are the same, it all depends on the data collected during the survey process that relates to the citation. Review by the supervisors helps keep interpretations consistent.
- Q15 – Bruce reported that there is a supervisory review process after the completion of the survey and the write up of the deficiencies. There are times during the supervisory review that findings may be moved to a more appropriate tag.
- Q16 – Bruce reported that we aren't aware of acceptable POC's being rescinded ever happening. If you have examples please let us know.
- Q17 – Darleen stated that we try to return calls in a timely manner. Administrative staff will try and make sure someone is available to take calls if the person you would like to talk to is not available.
- Q18 – Bruce reported on the revisits. Nancy Farnham stated that the timeliness of the revisit is so important especially if there is a ban on admission. We agree and try to complete the revisit as soon as possible.
- Q19 – Bruce reported that there has been an increase in complaints. The number of substantiated complaints has also increased some, but not a lot. One participant asked if there is a difference between a complaint and a concern. Many times family members call to complain but in reality it is more of a concern.

- Q20 – Lucille briefly talked about the pre-exit and the exit conference. One participant stated that some team leaders are good about coming and talking with them about what is going on or the need for additional information but some are not. Another participant stated that the team leaders or surveyors have been good about letting them send in the information whether by fax or email after the survey. The facility staff would like the surveyor’s to come and talk to them individually throughout the survey. Administrators would like to have more communication with the team leader throughout and at the end of the day. One participant indicated this is a high priority.
- Q21 – Lucille stated, yes, printouts of MARs and Care Plans are needed to carry out the survey process.
- Q22 – Bruce reported that the facilities are tasked with providing access to the MARS via computer. One participant reported their facilities only have desk tops but some surveyors have requested laptops. Another participant asked if a resident requests to be removed from the survey sample, is the facility required to still provide access to medical records.
- Q23– Lucille Rostad reported that it may be possible for one observance to have resulted in multiple tags. But, we don’t see this happen very often.
- Q24 – Lucille Rostad stated that we hope that the surveyors treat your staff and residents with respect. We try to rotate teams and team leaders from year to year. If there is an issue with this, we request you speak with the team leader at the time and also report to the department. One participant stated that it is also important that the facility treat the surveyors with respect.
- Q25 – Lucille stated we only get about 50% of the post survey reports back from facilities. The information is very beneficial to use and helps us improve the survey process and work with individual surveyors as needed.
- Q26 – Darleen and Monte reported they were not aware of when the department approved construction plans and then an issue was later cited during a LSC survey. Deficiency statements were reviewed for a year, and no findings were identified. Shelly reported there may have been one instance where the construction inspector did not cite an issue during the construction phase and then later cited by a Life Safety surveyor. She would ask the facility to contact the department regarding this.
- ***LTC Survey Data Presentation– Bruce Pritschet***
  - Bruce Pritschet reviewed the LTC survey deficiency citation data for FY 2014. He also reviewed the summary of IDR results from October 1, 2010 to January 1, 2015.
  - One participant asked how many of the 42 unchanged citations were at a G-level. .
  - Shelly Peterson reviewed the quality metrics for the three most recent years in ND and on the national level. (See Handout).

**Identification of Other Issues/Concerns to consider**

- Other issues and concerns are the G citations given to the facilities.

**Identification of Priority Issues for the Workgroup to Address by Voting on NDLTCA Survey Questions 5-26, and Other Issues/Concerns identified for consideration**

- The group voted on the issues/concerns they felt were the most important to address by the workgroup. The top five issues were:

- 1) G-level citations;
  - 2) The IDR process;
  - 3) Subjectivity in interpretation and application of the regulations/decision making;
  - 4) The increased potential for deficiencies with medically and behaviorally difficult residents; and
  - 5) Sufficient time to discuss findings during the survey and at the exit conference of the survey.
- The other 19 issues were identified as low priority by the group based on votes, many receiving no votes or one vote.
  
  - Future meeting the group will focus on these top 5 priority issues identified above.

**Meeting Dates:**       **March 5, 2015 (this meeting)**  
                              **April 9, 2015**  
                              **May 11, 2015**  
                              **June 12, 2015 (Tentative, look for other possible dates in June if a 4<sup>th</sup>**  
                              **meeting is needed)**

**Meeting Adjourned:** 3:10 pm.