

**North Dakota Department of Health
LTC Collaborative Workgroup Meeting
July 24, 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 10:10 am and welcomed everyone. She reviewed the information that will be discussed during today's meeting.

The purpose of the workgroup is to identify key issues/concerns related to the survey and compliance of Long Term Care Facilities and prioritize those issues and concerns; and to discuss ways we can collaboratively work together on the identified priority issues/concerns. The focus of today's meeting is to discuss subjectivity in interpretation/decision making and G-level citations identified as 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
- Pam Tyler, Quality Improvement Director, Sanford Health Continuing Care Center
- Steve Przybilla, Administrator, St. Gabriel's Community
- Janessa Vogel, Administrator, Elm Crest Manor
- Guy Tangedahl, MD, Medical Director, UND Family Practice Center
- Michelle Lauckner, Quality Health Associates
- Dr. Terry Dwelle, Health Officer, NDDoH (by phone)

Absent:

- Arvy Smith, Deputy Health Officer, NDDoH
- Renee Muhonen, Elim Care Inc.
- Cathy Anhalt, North Dakota Long Term Care Association
- Barb Groutt, Chief Executive Office, Quality Health Associates
- Joan Ehrhardt, former State Long Term Care Ombudsman, Consumer Representative
- Jerry Jurena, President, North Dakota Hospital Association
- Nancy Farnham, Administrator, Maryhill Manor
- Karla Backman, State Long Term Care Ombudsman, Division of Aging Services

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)

Review and Approval of the May 11, 2015 Meeting Minutes. Steve Przybilla motioned to approve the minutes of the May 11, 2015 meeting, Char Christianson 2nd the motion; motion carried.

Presentations and Discussions

- Shelly Peterson reported discussing with nursing facilities the possibility of having an option of a third party review such as MPRO be a part of the IDR process and the nursing facilities being responsible for the cost of the third party review.
- There was also a discussion about calls to physicians or the medical directors regarding questions related to residents care that were identified during the survey process. One participant suggested that if a surveyor is going to call the medical director or physician to ask questions related to residents, they would need to have information about the resident so they would know what was going on with the resident. Another participant stated that someone from the nursing facility should be the one to call the medical director or physician.
- Discussion took place related to the possibility of the department sending out a memo to facilities to share with their medical director and physicians related to the possibility of their receiving phone calls during the survey and the importance of responding to those calls. It was felt that the nursing facilities should also talk their physicians about this.
- One participant reported that she will usually fax the medical director, physical therapy, pharmacy, etc. that the facility is having a survey. Another participant stated he felt it was important to keep the communication lines open.
- G- Level Citations
 - F323 – Accidents: was cited 14 times.
 - Bruce Pritchet reviewed the interpretive guidelines for the F323 and the investigative protocols.
 - Bruce also reviewed the definitions for avoidable accidents, unavoidable accidents, falls and supervision/adequate supervision. The facility is responsible for providing

- care to a resident in a manner that helps promote quality of life. The regulations hold the facility ultimately accountable for the resident's care and safety.
- Bruce also talked about resident to resident altercations. He stated that the altercations have been happening more and more. Bruce discussed the resident to resident flow chart that was sent out to nursing facilities on April 29, 2015. The group discussed the aggressiveness of some residents and the interventions for the resident behaviors. At times it might be necessary to move the resident to a psychiatry unit. Communication and education of the staff is very important regarding resident to resident altercations, as well as education on the aggressive behaviors, triggers, and so forth.
 - It was recommended Bruce was asked to send out the flow chart to facilities again. Also, it was recommended Bruce discuss resident to resident altercations at the fall LTC Conference.
 - Bruce also talked about resident risks. Environmental hazards and temporary hazards such as construction, painting and housekeeping activities can be a factor. Issues related to use of (or lack of use of) assistive devices such as gait belts have been cited.
 - Falls are a significant issue. If a resident falls doesn't sustain an injury, it is a good thing. However, the facility should be sure to assess the resident and put plans in place to keep the resident safe. If the resident sustains an injury, it becomes an issue and may result in a deficiency unless the facility has assessed, care planned, and implemented the care plan as needed. One participant stated facilities learn so much from falls. Bruce identified that facilities have had turnover in staff and administration, and things getting lost in the turnovers.
 - There was a discussion regarding the determination of compliance or non-compliance, deficiency categorization and the potential for additional tags.
 - Accidents were our number one citation. One participant asked if the deficiencies were related to staff. Review of the summary of FY 2014 citations showed that many citations were related to staff failures.
 - There was a discussion regarding the assessment of the resident. CNA's making assessments of residents and judgments on their care is beyond their scope of practice. The assessments are required to be completed by the licensed nurse (or physical therapist). Reference was made to a memorandum sent to NADONA by the department. The memorandum identified the following: If the care plan states "transfer with 1" and two CNAs transferred a resident, in most cases, this would be acceptable practice. It would not be an acceptable practice for a CNA to use a mechanical lift if the care plan states "transfer with a standing lift" as an assessment needs to take place first. An assessment of resident may need to be done on a weekly basis if necessary and the care plan revised.
- F309 – Quality of Care cited 13 times.
 - Lucille reviewed the interpretive guidelines for the F309 and the investigative protocols. The intent is that the facility must ensure that the resident obtains optimal

- improvement or does not deteriorate within the limits of a resident's right to refuse treatment, and within the limits of recognized pathology and the normal aging process.
- Lucille reviewed the definition of quality care and record review. The resident's assessment, care plan, and care plan revisions are looked at during the record review. If the care provided has not been consistent with the care plan or interventions defined or care provided appear not to be consistent with standards of practice, the health care practitioner or professionals may be interviewed. A variety of issues are cited under this tag.
 - Lucille reviewed other potential tags surveyors are directed to investigate and the deficiency categorization.
 - The deficiencies cited in FY2014 under this tag were reviewed.
- F314 - Pressure Ulcers cited 5 times.
- Lucille reviewed the interpretive guidelines for the F314 and the investigative protocols. The intent is that the resident does not develop pressure ulcers unless clinically unavoidable and that the facility provides care and services. The protocols for investigating pressure sores is very lengthy.
 - Lucille reviewed the definition of pressure ulcer and what is an avoidable or unavoidable. A pressure ulcer can occur wherever pressure has impaired circulation to the tissue. There are critical steps in pressure ulcer prevention and healing. Pressure ulcers can develop anywhere even on the ear.
 - It is important to do a complete assessment. An admission assessment should be done and identify risk factors. The care process should include efforts to stabilize, reduce or remove underlying risk factors; to monitor the impact of the interventions and to modify the interventions as appropriate.
 - Lucille reviewed interventions nursing facilities are to implement for pressure ulcers.
 - Additional tags surveyors are directed to consider for investigation were reviewed, as well as deficiency categorization.
 - The citations under this tag for FY 2014 were reviewed.

Update on the ND Nursing Home Quality Care Collaborative – Michelle Lauckner

- Michelle gave an update on the ND Nursing Home Quality Care Collaborative. She reviewed an update from the ND NHQCC/GPQCC (See Handout). The information includes the Nursing Home Quality Measure Composite Score, the tip of the week –Dementia Care Self-Assessment.
- She also talked about the projects that she is working on with some of the facilities. One of the projects is looking at staff turnover in facilities.
- Quality Health Associates would be a possible entity to complete a root cause analysis for the workgroup.

- On August 13, 2015, Michelle and Darleen will be co-hosting a learning and action meeting to address and improve dementia care in nursing homes. The meeting will be held at the State Capitol, Judicial Wing, AV 210 & 212, from 1:00 – 3:30 pm. All are invited to attend.

Root Cause Analysis Data

- The group discussed what facility information should be considered if a root cause analysis was completed related to G-level citations.
 - CASPER Report.
 - Higher Acuity Residents.
 - High number of residents with pressure sores.
 - High number of hospital admissions and readmissions.
 - Residents with Psych or behavioral issues.
 - Availability of Psych Services.
 - Turnover of Administrative Staff, Administrator, DON, Unit Supervisors.
 - Timing in change of Administrative Staff to survey.
 - Types of Residents and staffing needs.
 - Does current reimbursement system support care of the more critical or time intensive residents as well as increased admissions?
 - One participant reported completing a forensic evaluation after a survey and felt most citations were deserved – failed in several areas – were trying to find out why this has happened.
 - Residents with behavioral issues and staff time needed.
 - Residents with co-morbidities.
 - Hospital push-back to discharge patients before they are ready.
 - Increased requirements with the EMR.
 - Frequency and availability of providers coming to the facility to see patients.
 - Lack of physicians and use of Locums.
- The group discussed the need to find out which facilities are willing to participate in a root cause analysis
- Possible individuals to work on a root cause analysis include the Quality Health Associates of ND or state epidemiologist.

Meeting Dates: **August 12, 2015**
 AV Rooms 210 & 212 – State Capital, Bismarck

Meeting Adjourned: 3:00 pm.