

North Dakota Department of Health
Division of Health Facilities

Business Process Re-engineering
Life Safety Code Process Committee Meeting Minutes

March 17, 2008

Committee Members Present:

Bruce Pritschet, Director, Division of Health Facilities
Shelly Peterson, Executive Director, North Dakota Long Term Care Association
Bridget Weidner, Manager, Division of Health Facilities, ND Dept. of Health
Darrold Bertsch, Administrator, Southwest Healthcare Services
Karissa Olson, Administrator, Heartland Care Center
Wade Peterson, Administrator, Medcenter One Care Center
Monte Engel, LSC Manager, Division of Health Facilities, ND Dept. of Health
Sherwin Nelson, LSC Surveyor, Division of Health Facilities, ND Dept. of Health
Darleen Bartz, Chief, Health Resource Section, ND Department of Health
Bob Bieber, President of the North Dakota Environmental Service Association
Don Marty, Meritcare Health Systems
Craig Helenske, Helenske Design Group
Karen Haskins, Vice-President, North Dakota Health Care Association

Committee Members Absent:

Pete Antonson, Administrator, Northwood Deaconess Health Center
Lucille Torpen, Manager, Division of Health Facilities, ND Dept. of Health

Facilitator:

Joan Coleman, RAI/Training Coordinator, Division of Health Facilities, ND Dept. of Health

Introduction of Participants

The Business Process Re-engineering (BPR) Life Safety Code (LSC) Process Committee Meeting began at 10:00 a.m. on March 17, 2008. Joan Coleman welcomed everyone to the meeting. All committee participants introduced themselves. New members of the Life Safety Code Business Process Re-engineering Committee included: Don Marty, Meritcare Health Systems; Craig Helenske, Helenske Design Group; and Karen Haskins, Vice-President, North Dakota Health Care Association.

Review of Department Mission and Purpose of Meeting.

Bruce reviewed the overall mission of the Department which is to “Protect and Enhance the Health and Safety of All North Dakotans and the Environment in Which We Live.”

Bruce explained the purpose of the Business Process Re-engineering of the LSC survey process was to identify specific industry concerns; review of work by internal workgroup; identify factors that should be considered in the decision making process related to compliance with a requirement; consider Decision Making Matrix (Survey Protocol) that would guide consistency in the survey outcome; consider what recommendations would require approval from the Centers for Medicare and Medicaid Services (CMS) who is the department’s consumer; consider training needs of providers related to conducting their own maintenance survey throughout the year linked to specific requirements; and consider potential discussion/training needs of surveyors.

Establish Ground Rules

Joan discussed the ground rules for the BPR Committee meeting. These ground rules included the following:

- 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)
- No relevant topic is excluded
- Respect each other’s opinions (people think differently)
- Respect the time frames identified
- Silence is considered an agreement (so if you do not agree you need to voice your opinion)
- Keep the facilitator accurate
- Work together toward common goals (finding a solution takes balance)
- Refrain from attribution (no placing blame)
- Output/changes impacting the survey process/outcome must be approved by CMS

Review and Approval of September 2008 Meeting Minutes

Minutes of the September 18, 2007 meeting were reviewed and approved at approximately 1:00 p.m.

Update on LSC Construction/Renovation Demonstration Project and Contract Compliance

Bruce provided an update on the LSC construction/renovation demonstration project. The North Dakota Department of Health, Division of Health Facilities, contracted with a LSC surveyor in Minnesota to conduct the requested building review for Medcenter One Care Center and Hillsboro Medical Center. Wade voiced every two weeks he meets with contractors on LSC issues. Wade expressed his second request for a review would probably occur in September or October of 2008.

Darleen Bartz provided a handout to the committee members on testimony given by Arvy Smith, Deputy State Health Officer for the ND Department of Health (see attachment). This testimony was provided to the Long Term Care Committee on Tuesday March 4, 2008 regarding the update on the LSC construction/renovation demonstration project.

Darleen provided a handout, dated March 2008, to the committee members titled *Life Safety Code Construction/Renovation Issues and Challenges* (see attachment). Discussion was held on the section of this handout under the heading *Additional Contributing Factors (Underlying Causes)*.

Discussion included the Life Safety Code Construction/Renovation Project may result in the following:

- Increased investigations by Government Accountability Office and Office of Inspector General resulting in increased state oversight.
- The CMS regional office providing more oversight of the state agency. This is probably related to some fires that previously occurred in nursing homes (i.e. in September 2003, a fire occurred at a four-story nursing home in Nashville, Tennessee, killing 11 residents and injuring at least 28; and in March 2003, a fire occurred at the Greenwood Health Center nursing home in Hartford, Connecticut, killing 16 people).
- Increased comparative and/or federal oversight support surveys by the CMS regional office.

Shelly Peterson stated Terry Dwelle, MD, State Health Officer and Arvy Smith, Deputy State Health Officer spoke to Dr. Paul R. Long, MD, Branch Chief at the CMS regional office in Denver via telephone. Shelly stated during this conversation Dr. Long expressed a progressive construction survey would require more federal oversight; and there could possibly be concerns if the state agency showed a decrease in LSC citations.

Darleen identified the progressive LSC construction/renovation survey would be under state licensing and would be funded by state dollars.

Wade Peterson identified he had heard of a re-organization of the CMS regional offices. Darleen explained to the committee members the current regional office and central office organizational structures. For North Dakota, the CMS regional office contact person for LSC is Francis Reuer, Engineer/LSC Surveyor. As of January 31, 2008 Francis has retired and will no longer be making the compliance decision at the Regional level.

Wade asked about federal agency oversight, and what occurs if the state agency is not compliant. Darleen identified the state agency must provide the federal agency with a written plan of correction. Darleen explained what previously had occurred when the federal surveyors identified paid feeding assistants in a nursing facility; and the impact this had on the state agency and all the nursing facilities in North Dakota. Darleen further explained the state agency funding is approximately 85% federal dollars and 15% state dollars, and the state agency's penalty can be a decrease in federal funding when not complying with directives of the federal agency. Darleen also identified, due to previous State Performance

Standard Reviews, the state now must do more than one LSC revisit when an extension to the compliance date has been granted.

Discussion was held on Tier I, Tier II, Tier III and Tier IV. The Tier system is based on directives from the federal CMS agency.

Discussion was held on two federal comparative surveys conducted in December 2007 at LTC facilities in North Dakota. The question was asked why remedies/sanctions were imposed by the federal agency. Bruce explained if not in compliance, remedies/sanctions will be imposed, but the state agency delays the paper process and the federal agency does not.

Darleen informed the committee members that the CMS regional office is not replacing Francis Reuer, Engineer/LSC Surveyor with another engineer. Darleen stated currently in North Dakota a registered nurse from the CMS regional office is doing the LSC comparative surveys and the LSC federal oversight support surveys (FOSS).

Darleen explained the federal agency provides each state agency with a mission call letter, and the state agencies must follow the directives in this letter.

The Proposed Regulatory Progressive Construction/Renovation Survey

Darleen explained about 5 years ago the Division of Health Facilities had looked at the Regulatory Progressive Construction Survey. Darleen explained Health Facilities would need additional staff for this project. She further explained Monte was hired to only do review of plans (building standards), and now he does both LSC survey & certification and review of building standards. Data obtained during a two year period identified Monte reviewed plans for 137 construction/renovation projects (67 projects for one year and 70 projects for the other year). Health Facilities would need to add two full time equivalents (one full time equivalent is equal to one staff person working a full-time work schedule for one year). These additional staff members would be used for surveying and for reviewing building plans associated with the construction/renovation projects.

Facility Types Included and Concerns in LTC Facilities versus Hospitals

- Don Marty identified larger facilities have more resources available to them than smaller facilities.
- Wade identified the cost for the LSC construction/renovation demonstration project visit is 300 dollars for each visit.
- Karen Haskins identified there has not been LSC concerns voiced with regard to hospital constructions/renovations projects. She stated she would get some additional input on this.
- Don identified they would have benefited from the LSC Construction/Renovation Demonstration Project, as the plans were ok but the contractors did not follow the plans.

- Discussion was held that the construction issue with Hillsboro Medical Center was related to the contractors and not to the review of the building plans by Monte.

Proposed Legislation – Optional Package

Darleen asked if we should use state dollars or have facilities pay a fee. Discussion was that there are advantages and disadvantages to both general funds being used and to facilities paying a fee, and to put a proposal together for both.

Discussion was held on the state regulatory process. Karen identified she will respond to Darleen regarding the hospital interest in the Proposed Regulatory Progressive Construction/Renovation Survey. Shelly stated she felt the providers of basic care, long-term care, and hospitals affiliated with long-term care would be interested in the Proposed Regulatory Progressive Construction/Renovation Survey.

Business Process Re-engineering Summary

Bruce provided a handout to the committee members titled *BPR – Business Process Re-engineering Summary* (see attached handout).

Wade asked Shelly to check if the North Dakota Long Term Care Association website had a link to Health Facilities Life Safety Code web page, as this would allow easier access.

Darleen revealed the 2000 National Fire Protection Association (NFPA) code costs approximately \$65.00, and the 2000 NFPA handbook is more expensive than the code. Discussion was the NFPA handbook has more information and would be more of a benefit for facilities to have. Discussion was also held on how many facilities (nursing facilities and hospitals) needed these handbooks.

From discussions held, it was decided to put the handouts from the LSC training provided during the Long Term Care Association Spring Convention on the Health Facilities LSC website.

Review of Outstanding Reports From External Partners on Tasks Previously Assigned

- Bob Bieber identified the list of good environmental products to use is on the North Dakota Environmental Services Association website. Bob stated Sherwin Nelson is also getting information from facilities on good environmental products, and that Sherwin currently has approximately three pages of products that will be added to the list on the ND Environmental Services Association website which can be found at ndesa.org

- Monte and Sherwin reported on the education/training provided to the administrators in December 2007 on LSC documentation. This training was provided by the Health Facilities LSC surveyors. Monte identified he is also in the process of sending this information out to

the providers who were not present at this training. Karissa Olson stated she attended the training and appreciated receiving the information. Discussion was held on putting this information on the Health Facilities LSC website.

➤ Bob, Monte and Sherwin reported on the development of the quality assurance LSC checklists. A packet of these forms will be given out at the LSC presentation that will be provided during the North Dakota Long Term Care Association Spring Convention held in May. In the future these forms will also be available on the North Dakota Environmental Service Association website at ndesa.org.

Monte identified the LSC presentation, that will be provided during the North Dakota Long Term Care Association Spring Convention in May, includes portions of the training on LSC documentation provided to the administrators in December 2007.

Darleen questioned if the LSC presentation during the North Dakota Long Term Care Association Spring Convention would be a benefit for hospital staff as well. Shelly stated she will invite pertinent hospital staff to this LSC training session.

➤ Monte reported no emails “alerts” containing pertinent federal and state LSC information, has been sent to environmental services staff. At this time there has not been any information that has needed to be sent to the providers. Health Facilities has developed the email distribution list which includes the environmental service staff. Craig Helenske voiced he would like to be on this distribution list for receiving email alerts.

➤ Monte reported the Health Facilities LSC website is being updated on a routine basis.

➤ Information has not been obtained on the state wide LSC training in Nebraska. Shelly discussed possibly having Thomas W. Jaeger, second vice chair of NFPA, come to North Dakota to provide a training session. Discussion was held to include the state LSC surveyors if someone is brought in from out of state. Shelly will get an outline of Thomas Jaeger’s most recent training. Discussion was held on sharing the cost, and exploring the possibility of inviting other pertinent groups to attend this training.

➤ Monte reported currently there is a hold on identifying six facilities (one in each region) to be part of training for administrators & environmental services personnel, and on providing LSC training at regional meetings. This is due to the limited amount of LSC survey staff available at this time. Discussion was held on starting this process possibly in the fall of 2008.

➤ Bob reported on the implementation of Best Practices for environmental services. He identified currently there is reluctance from the North Dakota Environmental Service Association board members to go forward with the implementation of Best Practices for environmental services. Bob discussed recognizing the facilities that had no deficiencies in the last year during the annual membership meeting held in May. Bob voiced the possibility of implementing Best Practices for environmental services in the future.

➤ Bob identified the North Dakota Environmental Service Association has approximately 50 members. Discussion was held on the need to encourage administrators to have their environmental service staff members belong to this association.

Education Update

➤ Administrators Monitoring of Construction Projects – Wade explained his process for monitoring the Medcenter One Care Center construction project. This includes meetings being held every two weeks. Discussion was held on the need for the contract to be specific in regard to the architect's oversight.

➤ Construction and maintenance contractors as to requirements – Discussion was held on the local Builders Exchange and the Associated General Contractors. Discussion was on there being a difference between a new construction/renovation project and on general maintenance of a building. It was suggested inviting architects to the Long Term Care Spring Convention in May.

➤ Monte discussed the LSC training topics that will be presented during the Long Term Care Spring Convention in May 2008.

➤ Wade suggested the findings of the construction projects should be shared with others. Discussion was held on whether this specific facility information could be shared with others, and the conclusion was to compile a general list. This general list would include the findings from the construction project, and would be used for educational purposes.

➤ Darleen provided the committee members with a handout titled *LSC Issues That Have Needed Interpretation/Clarification from CMS* (see attachment). Darleen asked if anyone had additions to this list, to please provide them to Monte Engel. Discussion was held on use of oxygen tanks when near/under hair dryers; and on isolation carts in hallways. Monte identified the use of oxygen tanks when near/under hair dryers is not a LSC issue, rather it is a health issue.

Example of a Decision Tree for K025 Smoke Barriers

Monte drew a decision tree on a white board, and explained the complex process for determining compliance for one matter relating to K025 Smoke Barriers (see attachment of decision tree).

Next Steps and Assignments

➤ Internal workgroup to look at tags cited and inconsistency.

➤ Discussion was held on whether it would be a benefit to provide education on each LSC tag (i.e. K025) to the maintenance/environmental staff members and on the importance of using the same products throughout the building.

Next Meeting Date

The next meeting of the Business Process Re-engineering Committee will be held on June 17, 2008 from 10:00 a.m. to 3:00 p.m. in the AV Room 210 located on the 2nd floor of the Judicial Wing at the State Capitol.

Meeting Adjourn

The meeting was adjourned at 3:00 p.m.