

Oklahoma State Department of Health  
"Best Practices Medical Directors Subcommittee"

Meeting # 4

Wednesday, November 19, 2008

2:30 to 4:30

OSDH Room 507

1000 NE 10<sup>th</sup> Street, Oklahoma City, OK

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## Final Agenda

1. Call to order by Chair/Co-Chair
2. Opening Remarks
3. Introductions
4. Review of Minutes of meeting # 3, September 17, 2008 (Attached)
5. Report on most recent QM/QI data by OFMQ (Lisa Bewley/Dale Bratzler)
  - Physical restraint use
  - High risk residents with pressure ulcers
  - One year hospital admission rate for long stay residents
  - Three-month hospital admission rate to hospitals (short stayers).
  - Other QMs/QIs.
6. Report on geographic variation in QMs and QIs (OFMQ)
7. Report by OSDH on survey data related to the following deficiencies (Mary Fleming/Dorya Huser)
  - Physical restraint use
  - High risk residents with pressure ulcers
  - Low risk residents with pressure ulcers
  - Medication use
  - Use of psychotropics without clinical indications.
  - Inadequate pain management
8. Update on quality initiatives:
  - 8.1 Oklahoma Health Care Authority (OHCA) (Cassell Lawson)
  - 8.2 American Health Care Association (Rebecca Moore)
  - 8.3 AAHASA (Mary Brinkley)
  - 8.4 Grace Living Centers (Gene Clark)
  - 8.5 ASCP (Gara Wilse)
  - 8.6 OK Pressure Ulcer Coalition
9. Outreach priorities and initiatives related to Tasks 1 & 2. (brainstorming by Committee)
10. Other
11. Schedule next meeting
12. Adjourn

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  - 8.6 OK Pressure Ulcer Coalition
9. Update on contact with Representative McDaniel (Mary Brinkley)
10. Outreach priorities and initiatives related to Tasks 1 & 2. (brainstorming by Committee)
11. Other discussion
12. Schedule next meeting
13. Adjourn

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# ***Announcement***

## **4<sup>th</sup> Meeting of**

### **“Best Practices Medical Directors Subcommittee”**

**Wednesday, November 19, 2008  
2:30 PM to 4:30 PM**

**Oklahoma State Health Department  
1000 NE 10<sup>th</sup> Street  
Oklahoma City, OK  
Room 507**

Thank you very much for agreeing to serve on this important Subcommittee. Your participation and input is vital to its continued success. Please make every effort to attend this meeting and RSVP to my secretary, Linda Stewart, at 405-271-1910.

**Attachments:**

1. Proposed Agenda for November 19, 2008
2. Minutes of meeting of September 17, 2008
3. Subcommittee Tasks
4. Subcommittee Action Items

Peter Winn, MD, CMD  
Subcommittee Chair

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Oklahoma State Department of Health  
"Best Practices Medical Directors Subcommittee"

Meeting # 3  
September 17, 2008,  
Oklahoma City, OK

Minutes

1. Call to order by Chair/Co-chair at 2:40 PM.
2. Introductions. Dr Dale Bratzler recognized as new member to the subcommittee.
3. Opening remarks by Dr Winn:  
Reported that he had attended the Oklahoma Health Care Quality Improvement Advisory Committee meeting on September 16, 2008; and now has a better understanding of the Commissioner of Health's goals for Oklahoma, and more specifically those related to long-term care.
4. Dr Bratzler briefly summarized subcommittee members on the Oklahoma's health reports from (1) *The Commonwealth Fund*, (2) *The Agency for Healthcare Research and Quality (AHRQ)* and (3) *The Robert Wood Johnson Foundation*. ("*A Checkup on Health Care Markets: Study of 14 communities why quality improvements effects must account for local, regional variations*") (Oklahoma City was one of the communities studied) which prompted the Oklahoma Commissioner of Health, Dr Crutcher, to establish the Advisory Committee.  
Dr Bratzler other comments:
  - Mentioned the Institute of Medicine (IOM) 2001 report, *Crossing the Quality Chiasm* (which reported that the US healthcare system must provide care that is safe, effective, patient-centered, timely, efficient and equitable).
  - The IOM has recently issued a follow-up report "*Building a Better Delivery System*".
  - The RWJ Foundation describes seven attributes of health care market "readiness for quality improvement":
    1. community leadership
    2. quality improvement collaboratives
    3. performance measurement by health plan
    4. public reporting
    5. provider financial incentives
    6. health information technology incentives and infrastructures
    7. consumer engagement
  - brief overview on the initiatives being undertaken by both the hospital and home health, and the outpatient practice subcommittees to the Advisory Committee.
  - stressed that the business community and health care plans as well as the Oklahoma Insurance Commission all need to be engaged in order to advance Oklahoma's quality initiatives.

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5. Dr Winn distributed a copy of the report he had submitted to the Advisory Committee on September 16, 2008 on behalf of The Best Practices Medical Directors Subcommittee (see attached)
- It was clarified that the Best Practices subcommittee is the *de facto* Long Term Care Subcommittee to the Advisory Board.
  - Copy of the Mission Statement of the Commissioner's Advisory Committee was distributed, that included a template for the purpose, tasks and membership of each subcommittee. The Chair for each subcommittee is a member of the Advisory Committee.
  - **Action Item:**  
Committee members requested that Nancy Atkinson, with the OSDH, be contacted in order to obtain a copy of a presentation she had put together on Oklahoma quality measures (QMs) and Quality Indicators (QIs)
  - **Action Item:**  
Committee members stressed the need for the OSDH and the OFMQ to provide the most recent QM/QI data on a regular basis to the subcommittee (at least quarterly).
  - Copies of the following were distributed for review:
    - Commonwealth Fund State Scorecard on Health System Performance (2007) for all states, with Oklahoma ranked 50<sup>th</sup>.
    - Commonwealth Fund list of 32 indicators in the State Scorecard
    - AHRQ data for Oklahoma on quality indicators for both long-stay and short-stay nursing home residents
    - Example of achievable benchmark of care (ie, ABC) for pressure ulcers from Quality Partners of Rhode Island
6. Representative McDaniel's press release on a call for a better rating system for care facilities was briefly discussed.
- **Action Item:** Mary Brinkley will be in contact with his office and report back to us.
7. General discussion ensued on many issues relevant to quality improvement in Oklahoma's long term care facilities:
- (High) staff turnover: aides, nurses, DONs, administrators  
**Action Item: Study staff turnover rates related to QMs/QIs performance.**
  - Medicaid reimbursement: channeling of increased payments into direct care personnel wages, additional training and other benefits such as health care insurance for employees.
  - Consistent assignment of CNAs.
  - Need to recruit graduating nurses and administrators early in their careers into long-term care.
  - Importance to support and engage LTCFs to continue to participate with ongoing national and state quality initiatives.
  - Need to actively engage each LTCF medical director into these initiatives.
  - Need for acquisition of management skills by current LTCF nurses; with better preparation through the schools of nursing.
  - Need to empower team leadership (rather than individual leadership) amongst employees of LTCFs. Consider adapting the AHRQ "Team Steps" program to LTCFs (Dr Bratzler stated the OFMQ is proposing such a collaborative effort with AHRQ).
  - Need to review quality data with respect to potential geographical differences.  
**Action Item: Dr Bratzler commented that he is having the OFMQ look into this rather than just state data.**

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- Promote Certification in Medical Direction (CMD) through AMDA for facility medical directors. States such as Florida and Maryland already require this for their LTCF medical directors.
- Oklahoma Pressure Ulcer Coalition, being facilitated through the Oklahoma Hospital Association.
- Learn from Oklahoma's best performers on pressure ulcer prevention and being restraint free.  
**Action Item: Have some of those facilities report to the subcommittee on their successful programs/initiatives.**
- Transitions in care: major initiatives needed. Also relates to subcommittee on hospital and home health.
- Hospital admissions and readmissions from home health, nursing facilities and skilled nursing facilities: relevant issues include consumer driven choice and preferences, lack of physician engagement, premature hospital discharges, and those related to adverse drug events.  
**Action Item: Dr Bratzler said OFMQ can obtain data on the rates of admission and readmission.**
- It was acknowledged that one needed to study "unavoidable" versus "avoidable" (re)admission rates, though how this could be determined would be challenging.
- Need for hospital-nursing facility community collaboration and quality initiatives.
- Need to establish community rates of quality such as a community-wide pressure ulcer rate (Dr Bratzler advised that OFMQ has applied for a contract with CMS to do so).

8. Chair proposed that the Long Term Care Subcommittee to the Commissioner's Advisory Committee be engaged in the following tasks:

**Task 1. The primary issues/performance indicators that need to be addressed are:**

- high use of physical restraints
- high number of high risk residents with pressure ulcers
- high percent of long stay residents with hospital admission in 1 year
- high readmission rate of NH residents to the hospital within 3 months

**Secondary performance indicators (AHRQ):**

- related to long stay residents
- related to short stay residents

**Task 2. Make recommendations for improvement taking into account the following:**

- provider education related to quality measures/quality indicators.
- provider accountability for performance
- engage consumers on quality improvement (measures)
- promote/establish payer incentives for quality improvement

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**The overall goals are to lower Oklahoma's national ranking of the above reported quality indicators to less than the 40<sup>th</sup> AND that it lead the region's surrounding states.**

General discussion ensued. There was agreement to these tasks and goals for quality improvement.

9. Members and guests were thanked for participating in today's subcommittee meeting and the meeting was adjourned by-the Chair at 4:30 PM.

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Oklahoma Health Care Quality Improvement Advisory Committee  
Long Term Care Subcommittee

*aka The Best Practices Medical Directors Subcommittee*

Task 1. The primary issues/performance indicators that need to be addressed are:

- high use of physical restraints
- high number of HR residents with PUs
- high percent of long stay residents with hospital admission in 1 year
- high readmission rate of NH residents to the hospital within 3 month
- overuse of psychotropic medication.

Secondary performance indicators (AHRQ)

- long stay residents
- short stay residents

Task 2. Make recommendations for improvement taking into account the following:

- provider education related to quality measures/quality indicators
- provider accountability for performance
- engage consumers on quality improvement (measures)
- promote/establish payer incentives for quality improvement

Commissioner Goals

- decrease Oklahoma's national ranking to < 40<sup>th</sup>
- improve Oklahoma's regional ranking to the 1<sup>st</sup>

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**Meeting #3  
September 17, 2008**

**ACTION ITEMS**

**1. Action Item:**

Committee members requested that Nancy Atkinson, with the OSDH, be contacted in order to obtain a copy of a presentation she had put together on Oklahoma Quality Measures (QMs) and Quality Indicators (QIs) (and have her present this to the LTC subcommittee)

**2. Action Item:**

Committee members stressed the need for the OSDH and the OFMQ to provide the most recent QM/QI data on a regular basis to the subcommittee (at least quarterly).

**3. Action Item:**

Mary Brinkley will be in contact with Representative McDaniel's office and report back to us. (On his call for a better rating system for health care facilities)

**4. Action Item:**

Study staff turnover rates (if) related to QMs/QIs performance.

**5. Action Item:**

Dr Bratzler commented that he is having the OFMQ look into this rather than just state data (re: geographical variations in QMs/QIs)

**6. Action Item:**

Have some of those facilities report to the subcommittee on their successful programs/initiatives (ie best performers in pressure ulcer prevention and no restraint use)

**7. Action Item:**

Dr Bratzler said OFMQ can obtain data on the rates of admission and readmission (to hospitals from nursing facilities)

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