LONG-TERM CARE FACILITY ADVISORY BOARD
Regular Meeting
April 09, 2014 at 1:30 in Room 1102
Oklahoma State Department of Health, 1000 N.E. 10th Street, Oklahoma City, OK 73117-1299

AGENDA

1. Call to Order…………………………………………………………………..Dewey Sherbon, Chair

2. Roll Call…………………………………………………………………………..Natalie Smith

3. Review and Action to Approve/Amend the January 08, 2014 Regular Meeting
   minutes………………………………………………………………………..……..… Dewey Sherbon, Chair

4. Quality Measures………………………………………………………………..Matthew Loyd
   Matthew Loyd, Vice President of Health and Wellness

5. Board of Health Presentation…………………………………………………..Dr. Hank Hartsell
   Dr. Hartsell will discuss: Review of Briefing Provided to State Board of Health on March 11,
   2014 titled “Improving Targeted Health Outcomes: Long Term Care Update”

6. Discussion of opportunities for improvement relating to State Health Department investigations
   and registry notations on nurse aides………………………………………….Dr. Hank Hartsell
   Dr. Hartsell will discuss opportunities for improvement relating investigations and registry
   notations on nurse aides.

7. Legislative Update………………………………………………………………William Whited
   William Whited, Deputy State Long-Term Care Ombudsman, will update the board on legislation.

8. Update to the Implementation of the Fingerprint Based National Background Check
   …………………………………………………………………………………………….James Joslin
   Members will receive an update on the implementation of the Fingerprint Based National
   Background Check program and website: http://onbc.health.ok.gov

9. Long Term Care Update………………………………………………………..Dorya Huser
   Annual CMS review of performance of LTC
   Goals for 2014 for LTC
   Where is Mike Cook???
   Fall Conference - Association of Health Facility Survey Agency (AHFSA) – presentations by OK
   staff

10. New Business…………………………………………………………………….Dewey Sherbon
    Members Photos
11. Public Comment

12. Adjournment
LONG-TERM CARE FACILITY ADVISORY BOARD
Regular Meeting
January 08, 2014 at 1:30 in Room 1102
Oklahoma State Department of Health, 1000 NE 10th Street, Oklahoma City, OK 73117-1299

MINUTES
January 08, 2014

1) Call to Order

Dewey Sherbon, Vice-Chair, called the meeting to order at 1:32 pm.

2) Roll Call

Natalie Smith called roll with the following LTCFAB members present: Kay Parsons, Chair; Dewey Sherbon, Vice Chair; Theo Crawley; Alan Mason; Wendell Short; Dustin Cox; Ivoria Holt; Linda Brannon; Donna Bowers; Diana Sturdevant; Willie Burkhart; Christean Bolding; Adam Jordan; Joanna Martin; Randy McKinney; Joyce Clark; Jimmy McWhirter; James Colgan; Robert Quatro; Andrew Dentino; Carrie DuRoy; Esther Houser; Eileen Wilson; Pamela Humphreys; and Monica Woodall.

The following LTCFAB members were absent: Luke Tallant

Currently, there is one vacancy on the LTCFAB which consist of twenty-seven (27) members.

A quorum was met with twenty-five (25) members present.

3) Introductions:

The LTCFAB members introduced themselves and welcomed new members and quests.

The following guests were present: Linda P. Colgan, general public; Oralene Sherbon, general public; Michael Jordan, OSDH/LTC; Mary Brinkley, Leading Age Oklahoma; Marilyn Kipps, general public; Gail Bieber, general public; James Kipps, general public; Vicki Kirtley, OSDH/NAR; Walter Jacques, OSDH/ONBCP; Mary Fleming, OSDH/LTC; Mike Cook, OSDH/LTC; Greg Frogge, McAfee Taft; Susan Daniels, OSDH/ONBCP; Dorya Huser, OSDH/LTC.

Meetings are posted at:
http://www.health.ok.gov/calendar/mtngs/index.html
http://www.sos.state.ok.us/meetings/agencymeets.asp?intAgency=316
Approved minutes are posted at http://www.health.ok.gov/calendar/mtngs/ltcab.html
4) **Board History and Operational Routines:**

Dorya Huser, Chief LTC, discussed the importance of the Long Term Care Facility Advisory Board, stating this is a board that is set in statute appointed by the governor. This is a twenty-seven member board which includes five agency representatives. The representing agencies include: Department of Human Services (DHS); Fire Marshal; Okla. Health Care Authority (OHCA); and the Dept. of Mental Health and Substance Abuse Services (DMHSAS). This Board also includes: three adult day care facility owner-operators; three Continuum of Care Facilities; six general public over age of 65; one licensed general practitioner; one licensed practical nurse; one licensed registered nurse; one nursing home operator-administrator; one osteopathic general practitioner; and three residential care home operator-administrators. The terms are for three years. Once your term is complete you can decide to reapply to the governor’s office to retain your position. With this Board you have to have a quorum, this being at least 14 members present to take a vote. You do not have to have a quorum to have an open discussion. The Board can form an Ad Hoc committee at any time. This committee is not addressed in the open meetings act. It is not a voting committee. This committee is use to bring forward recommendations to the Board for decision. The LTCFAB is independent of the Long Term Care program. You do have the power to make recommendations to the agency or the commissioner. The Long Term Care program will provide clerical support and a place for the Board to meet. The Board will meet annually to elect your officers. There is an annual report that goes out to the Governor each year. This report captures the main points brought to the board each year.

The Advisory Board shall have the power and duty to:

1. Serve as an advisory body to the Department for the development and improvement of services to and care and treatment of residents of facilities subject to the provisions of the Nursing Home Care Act, homes subject to the provisions of the Residential Care Act and facilities subject to the provisions of the Adult Day Care Act;

2. Review, make recommendations regarding, and approve in its advisory capacity the system of standards developed by the Department;

3. Evaluate and review the standards, practices, and procedures of the Department regarding the administration and enforcement of the provisions of the Nursing Home Care Act, the Residential Care Act and the Adult Day Care Act, and the quality of services and care and treatment provided to residents of facilities and residential care homes and participants in adult day care centers. The Board may make recommendations to the Department as necessary and appropriate;

4. Evaluate and review financial accountability standards, policies and practices of residential care facilities regarding residents' funds for which the facility is the payee, and evaluate and review expenditures made on behalf of the resident by the facility to ensure that such funds are managed appropriately and in the best interests of the resident; and

5. Publish and distribute an annual report of its activities and any recommendations for the improvement of services and care and treatment to residents of facilities and residential care homes and participants in adult day care centers on or before January 1 of each year to the Governor, the State Commissioner of Health, the State Board of Health, the Speaker of the House of Representatives, the President Pro Tempore of the Senate, and the chief administrative officer of each agency affected by the report.

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http://www.sos.state.ok.us/meetings/agencymeets.asp?intAgency=316

Approved minutes are posted at http://www.health.ok.gov/calendar/mtngs/ltcab.html
5) **Review and Action to Approve/Amend January 09, 2013/ April 10, 2013/ July 10, 2013/ October 9, 2013 Regular Meeting Minutes:**

**Agenda Item #5**

**Vote 1**

**Motion:** Approval of the January 9, 2013 Regular Meeting Minutes

Motion Made by: Theo Crawley  
Seconded: Dewey Sherbon  
Motion Carried: Yes

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Aye: 21  
Abstain: 0  
Nay: 0  
Absent: 5

- Donna Bowers  
- Eileen Wilson  
- Theo Crawley  
- Jim McWhirter  
- Esther Houser  
- Joyce Clark  
- Dustin Cox  
- Robert Quatro  
- Joanna Martin  
- Willie Burkhart  
- Dewey Sherbon  
- James Colgan  
- Ivoria Holt  
- Luke Tallant

**Agenda Item #5**

**Vote 1**

**Motion:** Approval of the April 10, 2013 Regular Meeting Minutes

Motion Made by: Wendell Short  
Seconded: Theo Crawley  
Motion Carried: Yes

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Aye: 16  
Abstain: 5  
Nay: 0  
Absent: 5

- Donna Bowers  
- Eileen Wilson  
- Theo Crawley  
- Jim McWhirter  
- Esther Houser  
- Joyce Clark  
- Dustin Cox  
- Robert Quatro  
- Joanna Martin  
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**Agenda Item #5**

**Motion:** Approval of the July 10, 2013 Regular Meeting Minutes

**Vote 1**

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Aye: 15  Abstain: 6  Nay: 0  Absent: 5

**Agenda Item #5**

**Motion:** Approval of the April 10, 2013 Regular Meeting Minutes

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Aye: 17  Abstain: 5  Nay: 0  Absent: 4
6) **Nominating Committee for New Officers:**

Esther Houser presented the nominations for officers for 2014: Dewey Sherbon, Chair; Donna Bowers, Vice Chair; Linda Brannon, Secretary.

**Agenda Item #6**

**Vote 1**

**Motion:** Approval of the 2014 Officers

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7) **Bulk Medication Proposed Rule Acceptance:**

After a request from the industry and others that there be a rule in place to expand the category of bulk medications; this process has been completed and approved by the Board of Health in November 2013. The bulk medications list has now been expanded to include a broader list of medications. This is the only rule that we currently have moving forward this year. This rule will more than likely go into effect November 1, 2014. Esther noted that it is possible that this went thru as an emergency rule in December 2013. If so the governor then has 45 days to review and either passes or vetoes it. If the governor signs it, it will go into effect immediately pending permanent rule making.

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8) **Statistical Report Update on Protective Service Operations:**

Mike Cook informed the board that being a regulatory agency we have several mandates that we are required to meet. There are currently 27 rules we have to meet. Over the last several years the LTC program has been in a position where the resources were unavailable in order to meet the mandates. This placed the program in a position of falling behind on complaints, specifically in the areas of nursing homes where we lacked the ability to get to some of the Non-IJ High complaints, or to get to the residential care facilities 3 times a year, or make it out to the assisted living facilities in a specific time frame allowed by law. Over the last 18 months, LTC has been afforded the opportunity to have the resources to better prepare to meet the mandates.

Based on the SFY 2013 Mandates handout in July 2012 LTC had 78 surveyors, 59 of those were trained, 19 were in training, but there was a need for 89 surveyors. It takes a year to get a surveyor trained and ready for survey. During their training, they will go out with the teams, but what they can contribute varies upon how much training they have had. Over the last 18 months, you can see that we have been given the resources and we are training on average 25 to 26 every month and have gone to 72 fully trained staff, and maintaining a full staff from 96 to 98.

While improving the staffing numbers, LTC has been able to maintain a state wide interval of 12.9 months consistently over the last 3 years for Nursing Facilities and Intermediate Care Facilities for the Intellectually Disabled. LTC is also required to make sure we are there no longer than 15.9 months after the last day of the previous standard survey. This has been accomplished 100% of the time since 2011. An area LTC is very proud of is the Non Immediate Jeopardy High. This is an area LTC did not have the staff to conduct these in a timely manner. In 2011, this area had been maintained at 35%, in 2012 at 32%, 2013 at 61%, and in the current FY it is being maintained at 98%. The NON IJ medium and low in 2011 were measured at 45%. In 2014 we are maintaining at 90%. The assisted living facilities are also a 12.9 month average. In 2011, our average was 17.3 months. In 2014, we are at 11.8 months. As far as the 15.9 month interval for assisted living in 2011, it was at 66%. The current FY we are at 100%. Adult Day Care has been consistent at 100%.

9) **Assisted Living Assessment and Admission Standards:**

Mary Fleming discussed assessments of long term care facilities with the Board. She explained the State Health Department regulates approximately 700 LTC providers. Noting there are 42 Adult Day Cares, 84 Residential Care Facilities, 165 Assisted Living Facilities, 82 Intermediate Care Facilities for the Intellectually Disabled, and approximately 320 Nursing Facilities.

The Adult Day Care Centers require a physician’s assessment within 5 days after admission. A plan of care is developed based on that. If the resident does not take any medication or does not require physician oversight, then a nurse can complete the assessment. In an Adult Day Care, a resident may have any range of nursing or medical needs and may require any level of care.

Residential Care homes require no assessment. Routine nursing services are prohibited by law and by rule. This type of home is generally for room and board, medication, meals, and general supervision.
Intermediate Care Facilities for the Intellectually Disabled require an extensive assessment. Within 30 days clients have to be assessed by a physical therapist, occupational therapist, speech therapist, audiologist, and optometrist. The goal for this client is to become as independent as possible. This is a social and vocational program.

Assisted Living Centers (ALC’s) are consumer /market driven. In Oklahoma this is the most fluid type of service we regulate, a lot of it is dependent on what is going on within our communities at the time. The AL centers determine who they want to serve and what services they want to provide and then they staff for those possibilities. An assisted living center, by law, provides intermediate nursing services, which can mean anything up to 23 hours and 59 minutes a day. The resident must not require complete care, and may only require transfer assistance, and may require medication assistance. Oklahoma now has aging in place for assisted living, which allows the resident to remain until the end of life. This may mean nursing services may be required throughout the day, so the assessment should reflect the contract the assisted living center has with the Health Department. When the assessment rules were developed, the Assisted Living Act said the assisted living centers would use uniform assessment tools to assess the residents upon admission. If centers use the OSDH recommended assessment, then the centers would be without deficiencies in this area along with the residents receiving better care.

Robert Quatro asked if it was a mixed type facility, could the medical people be used between the areas. Mary informed the Board that would fall under a Continuum of Care, sometimes an ALC is on the same campus or they are attached to the nursing home. On a limited basis, it is allowed for a nurse to go over and check a resident in an Assisted Living center, however when this takes place, they are pulling from the staffing requirements of the nursing facility. Michael Jordan, Long Term Care, questioned if there was a law stating there is an assessment required. In assisted living centers, there are laws specifically for the benefit of assisted living center consumers. The survey staff has been trained specifically on the particular components associated with assisted living centers, and they will cite the parts of the assessment that the center failed to access in order to create a care plan for the resident.

Assisted living centers and Nursing facilities complete a required annual assessment which is required within fourteen days after admission. If a resident has specific needs, a care plan must be developed within twenty-one days. Dianna Sturdevant asked if there is a specific guideline if there is a significant change with the resident. There is a requirement that if there is a resident that has a significant change in condition that the physician and family are contacted and there is a change in their plan of care that addresses the significant change. Mr. Kipps, guest, asked if there were any regulations or rules that stipulate what must be met for one of these care centers to say they provide memory care. There is an Alzheimer’s disclosure that must be presented to the State Health Department that describes what makes care specialized. Dewey Sherbon, Chair, noted there was a difference in rules from Assisted Living to Nursing Facilities. Looking at it from the liability view and the risk factor, Dewey asked if the Assisted Living facilities like to have more rules. Dustin Cox stated they probably would not like to have more rules, but if there were additional regulations, then they would be followed.

Nursing Home assessment is thirty-one (31) pages and changes frequently. This is a highly regulated industry. Long Term Care has survey protocol and deals with oversight of CMS services.
Residents come to the nursing home and may stay to complete rehabilitation. This keeps cost under control. If the assessment is done correctly, it can be determined if the resident has declined.

10) **Anti-psychotic Drug Usage - Reduction Study:**

Mary Fleming informed the Board about the anti-psychotic drug reduction initiative, noting Oklahoma is one of eleven states that have met or exceeded the target in the reduction of psychotic medications. Oklahoma had a 17% reduction in the first year; we were the 7th highest in the nation for the greatest reduction. In the last fifteen months we are down to number 11. This is because more states are getting on board. LTC has aggressively tried to train providers, public and caretakers on reducing the need for these types of medications. Dorya noted that Mary Fleming and Paula Terrell put together a lot of stakeholders to meet these requirements. Oklahoma is currently the only state in Region 6 who has met this challenge.

11) **Update to the Implementation of the Fingerprint Based National Background Check:**

Walter Jacques provided an update on the progress of the National Background Check program. The National Background Check Program came about as a result of the Affordable Care Act which specified a fingerprint based criminal background history on individuals who are going to work with direct patient access in the LTC environments. NBCP is working to have the software portal working prior to implementation. ADC/RC must comply by March 1, 2014. Any facility can begin using this portal by February 1, 2014. This is not retroactive for existing employees; this is for new employees. There is a tentative schedule for training for providers around the state. As of right now training is being lined up for Wetumka, Ardmore, Tulsa, and Oklahoma City. Online training material can be found at: omdc.health.ok.gov.

There is a pilot program where you can get a feel for the system, it is an older version of the program but it allows you to test and see the capabilities of the program. To date there are 146 providers signed up for the pilot program: 71 Nursing facilities, 22 Adult Day Care, 18 Assisted Living, 11 Residential Care, 10 Home Health Agencies, and 9 Skilled Nursing Facilities. Currently we are looking at about 1200 facilities that will be using this program in Oklahoma which will average approximately 150 determinations a month. It is expected when this program is up and running, the numbers will be closer to 200 to 250 a week.

12) **QIS Update:**

This item will be tabled until the April 2014 meeting.

13) **Challenges/New Business:**

Dorya Huser, Chief Long Term Care, noted there are changes coming relating to both federal and state. Long Term Care is looking into changes in any type policies and protocol and looking to address those. Long Term Care has increased their percentages of worked complaints with overtime and hard work. Long Term Care workload went up approximately 8 percent when the VA centers were added. Long Term Care is making great progress and turning important corners and looking forward to making more with people in the industry.

Meetings are posted at:
http://www.health.ok.gov/calendar/mtngs/index.html
http://www.sos.state.ok.us/meetings/agencymeets.asp?intAgency=316
Approved minutes are posted at http://www.health.ok.gov/calendar/mtngs/ltcab.html
14) **Public Comment**

Jim Kipps, guest, made a statement about the video acceptance and about the procedures being in place by federal law and state law. He also made note on the discussion on crimes and the National Background Check Program, saying the difference of crimes between states is the interpretation of the crime. Any other place in the state where this is in question, the state has taken the position that if the crime meets criteria for that offense, it is counted and not what the name of it is in another state. Dewey Sherbon asked Mr. Kipps to send a concise email addressing his concerns that he would like answered so the board can have a better look at it. Mary Brinkley noted there has been an unbelievable change going on in LTC, the anti-psychotic reduction but also in culture change. There are great things going on in culture change and the culture change network. Currently we are working on getting a Governor’s proclamation making April 28- May 2, 2014 Culture Change thru Long Term Care Week.

15) **New Business:**

Esther Houser brought up a newspaper article running in the real-estate section of the Daily Oklahoman about unlicensed facilities. This program provides senior care in single family setting. This is a potential unlicensed facility, charging anywhere from $2,000 to 4,800 a month for care. These individuals are not licensed to operate. The statutes in Oklahoma say you have to be licensed if you provide a certain level of service. This issue will be revisited at the next meeting on April 09, 2014.

16) **Adjournment**

The meeting adjourned at 4:09 p.m.
LONG TERM CARE UPDATE FOR THE STATE BOARD OF HEALTH
MARCH 11, 2014
IMPROVING TARGETED HEALTH OUTCOMES
TARGETED IMPROVEMENTS: TODAY’S TOPICS

- Long term care settings
- Core priorities: mandates
- Improving resident outcomes
- Shared responsibilities
- Opportunities
TARGETED IMPROVEMENTS

LONG TERM CARE SETTINGS
LONG TERM CARE SETTINGS

- Skilled nursing residents: 19,300
- Assisted living beds: 8,900
- Intermediate care beds: 2,200
- Residential care beds: 1,900
- Adult day care capacity: 2,500
- Veterans Centers beds: 1,400

Source: OSDH Long Term Care Service, SFY2013
A TYPICAL NURSING FACILITY RESIDENT

- **Person:**
  - Widowed female, between 85 – 95
  - Can participate in activities or social interactions
  - Wants to choose clothing, take care of belongings, choose bedtime, go outside for fresh air, attend religious services, listen to favorite music and do favorite activities

- **Nursing, medical and health:**
  - Uses wheelchair, generally does not walk
  - Needs help lying down, sitting up, turning in bed, standing up
  - Admitted after hospital stay
  - Hypertension, depression, gastro esophageal reflux disease or ulcer, non-Alzheimer’s dementia, hyperlipidemia, diabetes mellitus, anxiety disorder, heart circulation/anemia, heart failure, asthma, chronic obstructive pulmonary disease
  - Incontinent of bowel and bladder
  - Needs assistance dressing, toileting, bathing and eating

Source: OSDH Quality Improvement and Evaluation Service, from MDS, February 2014
TARGETED IMPROVEMENTS

CORE PRIORITIES: MANDATES
A TYPICAL LONG TERM CARE SURVEYOR WITH OSDH

- Registered nurse (90%)
- 55 years of age
- 8 years experience surveying

- Nurses practice at least 5-7 years before OSDH hire

Source: OSDH Long Term Care Service, February 2014
INCREASING SURVEYOR STAFFING

Long Term Care Surveyor Staff Increases 27% July 2012 to February 2014

Surveyors

<table>
<thead>
<tr>
<th>Month</th>
<th>In Training</th>
<th>Trained</th>
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<tbody>
<tr>
<td>Jul-12</td>
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<td>Sep-12</td>
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<td>Jan-14</td>
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Aim: 94 Trained Surveyors

Source: OSDH Long Term Care Service, February 2014
Surveys and complaint investigations performed monthly increased 35% from Jan. 2012 to Jan. 2014.

- 2,954 total surveys and investigations in 2012
- 3,520 total surveys and investigations in 2013

Source: OSDH Long Term Care Service, February 2014
PERFORMANCE ON MANDATES
JULY – DECEMBER 2013

• 194 of 194 (100%) immediate jeopardy complaint investigations initiated within two days
• 189 of 194 (97%) complaint investigations for high priority complaints that do not constitute immediate jeopardy initiated within 10 days
• 261 of 296 (88%) of other lower-priority complaint investigations initiated within 25 days
• Nursing facility and assisted living survey intervals within 12.9 month requirement
• All residential care homes inspected at least once

Source: OSDH Protective Health Services, February 2014
TARGETED IMPROVEMENTS

RESIDENT OUTCOMES
OKLAHOMA PARTNERSHIP TO IMPROVE DEMENTIA CARE

Opportunity to reduce unnecessary antipsychotic medications in nursing facility residents with dementia

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Number of residents</th>
<th>Aim: 15% improvement</th>
<th>Actual: 18% improvement</th>
<th>Direct impact: 944 residents</th>
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<tr>
<td>Mar-12</td>
<td>5,130</td>
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<td>Jun-12</td>
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<td>Sep-12</td>
<td>4,805</td>
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<td>Dec-12</td>
<td>4,335</td>
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<tr>
<td>Mar-13</td>
<td>4,261</td>
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<tr>
<td>Jun-13</td>
<td>4,186</td>
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</table>

Source: OSDH Long Term Care Service, February 2014
SUCCESS STORY

Dementia patients administered fewer drugs

Mary Fleming thought she was up for the challenge, albeit a big one.

That day, when her boss asked her to spearhead a new initiative to improve care in Oklahoma’s nursing homes, Fleming thought it was a big risk. She knew she couldn’t do it alone.

“We knew that it was going to be difficult, and not everybody’s up for it, but I had this feeling of, ‘I think I know how to do this,’ ” she said. “But I also knew that it would take a lot of collaboration and cooperation from other stakeholders in the industry.”

Last year, the Centers for Medicare & Medicaid Services put out a call to states to decrease their use of antipsychotic drugs prescribed to nursing home patients who have dementia.

And after about a year of work, CMS announced in late August that Oklahoma was among 11 states that reduced antipsychotic drug usage in nursing home facilities by 15 percent in 2013.

Oklahoma had one of the highest rates in the nation. About one-third of the state’s nursing homes had more than 50 percent of residents with dementia on antipsychotic medication.

Antipsychotic medications are used to treat schizophrenia and schizophrenia-related disorders, according to the National Institute of Mental Health. The concern from CMS was that thousands of older residents were taking these medications unnecessarily.

Fleming and her colleagues at the state health department worked with several people in Oklahoma’s nursing home industry to put forth a better plan for residents.

“I think everybody knew this was the right thing to do,” Fleming said. “Overuse of antipsychotic medication had become a problem, and the ability to communicate with these stakeholders and go across an important message and be able to work with them on this project was an opportunity.”

The work began in July 2012. Health Department workers hosted a conference with about 300 people across Oklahoma and talked with them about the use of antipsychotic drugs during the conference. They also held several workshops and visited nursing homes with the highest rates of use. There were 1,091 nursing homes in Oklahoma that had rates higher than 26 percent, the national threshold at the time, Fleming said.

At the end of this first year of implementation, the rate of inappropriate antipsychotic drug use for residents with dementia in Oklahoma’s nursing homes dropped 15.68 percent, exceeding the CMS national benchmark of 15 percent for that time period, according to the Health Department.

“Dementia is not a specific disease. Rather, it is a specific situation,” Fleming said.

Benefits

- Enhanced quality of life
- Enhanced relationships
- Reduced medication error risk
- Opportunity for person-centered care
- Function at highest practicable well-being

Adverse side effects decreased

- Death
- Heart attack
- Stroke
- Falls
- Hospitalizations

http://youtu.be/RT0Ut3NQipU
REDUCTION IN USE OF PHYSICAL RESTRAINTS

65% Decrease in Oklahoma from Mar. 2011 to Nov. 2013

Source: MDS 3.0 CASPER Facility Level Quality Measure Report
OSDH LONG TERM CARE SERVICE

Source: OSDH Long Term Care Service, February 2014
OSDH HEALTH RESOURCES DEVELOPMENT SERVICE

Nurse Aide Certifications Added to Registry

Certificate of Need Acquisition Applications Approved

Source: OSDH Long Term Care Service, February 2014
OSDH QUALITY IMPROVEMENT AND EVALUATION SERVICE

Minimum Data Set (MDS) Resident Assessments

Thousands

- Uploaded
- Rejected

Source: OSDH Quality Improvement and Evaluation Service, February 2014
- Involuntary discharges
- Nurse aide incidents
- Office of the Attorney General
- CLEET certified investigators
- Enforcement and litigation

Source: OSDH Office of General Counsel, February 2014
FEDERAL AND STATE AGENCIES AFFECTING LONG TERM CARE

- U. S. Department of Health and Human Services
  - Centers for Medicare & Medicaid Services
  - Office of Inspector General
- Oklahoma Department of Human Services
  - Adult Protective Services
  - Long Term Care Ombudsman
  - State Council on Aging
- Oklahoma Health Care Authority
- Oklahoma Attorney General, Medicaid Fraud Control and Abuse Unit
- Oklahoma Department of Mental Health and Substance Abuse Services

- Oklahoma State Fire Marshal
- Oklahoma State Board of Examiners for Long Term Care Administrators
- Oklahoma State Board of Nursing
- Oklahoma Vocational Technical Centers (nurse aide training)
- Oklahoma State University – OKC (nurse aide training)
- Local Law Enforcement Agencies, (Police, Sheriff, District Attorney)
- Oklahoma Department of Veterans Affairs
- Oklahoma State Department of Health
  - County Health Departments
- Long Term Care Facility Advisory Board
OTHER PARTNERS

• Oklahoma Foundation for Medical Quality
• LeadingAge Oklahoma
• Oklahoma Association of Health Care Providers
• Oklahoma Assisted Living Association
• Oklahoma Residential and Assisted Living Association
• Alzheimer’s Association – Oklahoma Chapter
• More than 700 long term care facilities
QUALITY IMPROVEMENT

- Process changes
  - Quality assurance and performance improvement (QAPI)
  - Quality indicator surveys (QIS)

- Clinical outcomes
  - Medications
  - Mobility
  - Infections
  - Pain
  - Pressure ulcers
TRANSFORM THE CULTURE OF CARE TOGETHER

• Promote choice, purpose, meaning in daily life
  • Consistent assignments
  • Staff stability
• Make long term care facilities better places to live, work and visit
• Innovate to enhance environment & quality
• Funding opportunities this year
LONG TERM CARE UPDATE

TARGETED IMPROVEMENTS IN HEALTH OUTCOMES

www.health.ok.gov