

Report submitted to the:  
Oklahoma Health Care Quality Improvement Advisory Committee  
and  
The Subcommittee/Work Group on Long Term Care  
September 16, 2008  
by  
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A. Background information

1. Creation of the "Best Practices Medical Directors Subcommittee" of the Long Term Care Facility Advisory Board, OSDH. (Minutes of meetings of February 20, and June 11, 2008 distributed).
2. Commonwealth Fund State Scorecard, 2007 (OK 50<sup>th</sup>)  
Performance indicators related to nursing facility care:
  - ACCESS (none)
  - QUALITY \*
    - # 17. high risk nursing home residents with pressure ulcers 16.4% (2004) (48<sup>th</sup>)
    - # 18. nursing home residents who were physically restrained 12.7% (2004) (48<sup>th</sup>)
  - POTENTIALLY AVOIDABLE USE OF HOSPITAL and COSTS OF CARE\*
    - # 23. long-stay nursing home residents with a hospital admission 21.5% (2000) (45<sup>th</sup>)
    - # 24. NH residents with readmission within 3 months 15.4% (2000) (43<sup>rd</sup>)
  - HEALTHY LIVES (none)
3. Other concerns related to nursing facilities:
  - over use of psychotropic medications.
4. Quality measures/Quality Indicators for nursing facilities in Oklahoma

Performance indicator	2004 CWF	2003, Q3	2007, Q 4
(# 17 ) % high risk residents with Pressure ulcers	16.4	15.9	15.0 (12.0)
(# 18 ) % physical restraint use	12.7	11.6	8.5 (4.9)

(Percent in parentheses is US national average)

5. Potentially "Achievable Benchmarks of Care" (aka ABC).
  - Quality Partners of Rhode Island. (QIO)

## B. Ongoing initiatives in Oklahoma

1. Oklahoma Foundation for Medical Quality (OFMQ) CMS contract for 9<sup>th</sup> Scope of Work (SOW):  
focused interventions in:
  - Nursing facilities with HR residents with PUs (20% or higher) no = 91
  - Nursing facilities with physical restraints use (11% or higher) no = 130
  - 3 "special focused facilities" (SFF).
2. Oklahoma Pressure Ulcer Coalition (sponsored through the OHA).
  - hospital acquired pressure ulcer as a "never event" (effective Oct 1, 2008).
3. OSDH LTC services division provider training programs (ALFs, NF, other).

## C. Regulatory oversight (State Operation Manual/SOM). - F tags, Licensure tags.

F tag 329: inappropriate drug use: requirement for "gradual dose reductions" (GDR).

F tag 501: medical directors roles and responsibilities (2)

- oversight of implementation of resident policies and procedures
- co-ordination of medical services

## D. Recent developments

1. change in Minimum Data Set (MDS) coding for pressure ulcers
2. new terminology for staging pressure ulcers: "suspected deep tissue injury", stages 1 through 4, and "unstageable".
3. hospital acquired pressure ulcer as a never event.

## E. Summary Comments

1. Need to look at most recent (obtainable) performance indicators for Oklahoma.
2. Remember that one needs to carefully determine what an achievable benchmark is for a QM/QI.
3. Be cognizant that as all states improve (hopefully), there will always be states that are ranked in the lower quartile.
4. Need to implement/support (ongoing) initiatives through provider, professional and quality improvement organizations, the OSDH nursing facility survey/provider training programs, and payor (OHCA, CMS).
5. Respond to legislators concerns (ie, Representative Randy McDaniel's call for a better rating system for care facilities).
6. "What do we do next?" Dr. Gordon Deckert, OSMA Council on Public and Mental Health (9/10/2008).

## F. Action Items

## **Quality Improvement Subcommittee**

### **MISSION STATEMENT FOR LARGE ADVISORY COMMITTEE**

To provide focus and direction to improve quality of health care services through the combined, motivated, and coordinated efforts of many partners in the health care system.

### **PURPOSE OF SUBCOMMITTEE**

To advise the Advisory Committee based on the specialized considerations of quality improvement among health care system (Long Term Care, Medical Facilities and Home Health, or Outpatient Services) to include the selection of actionable goals and measures that providers can affect.

### **TASKS**

1. Identify four or five actionable items, that providers have the capability to affect.
2. Make recommendations for improvement taking into consideration at least the following:
  - Provider Education
  - Accountability Measures
  - Consumer Engagement
  - Incentives

### **MEMBERSHIP**

To include members from the Advisory committee, and others invited as appropriate by the chair.

### **CHAIR**

The Chair will be a member of the Advisory committee, or a member of the OSDH staff.

**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>

**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)