

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

(aka Long Term Care Subcommittee to the OK Healthcare QI Advisory Committee)

Meeting # 4
November 19, 2008
Oklahoma City, OK

Minutes

1. **Called to order** at 2:40 PM by Chair/.Co-Chair
2. **Introductions** Representative Doug Cox, M.D. also recognized as ex-officio member to the subcommittee.
3. **Opening remarks** by Dr. Winn.
 - 3.1 Briefly reviewed history on the creation of this subcommittee, including agreed upon Tasks and overall goals as stated at the end of the Minutes of the Subcommittee's Meeting #3 of September 17, 2008.
 - 3.2 Advised subcommittee members that Dr. Winn, Dr. Root and Dorya Huser will provide update to the OK Healthcare QI Advisory Committee on December 16, 2008.
4. **Minutes of meeting #3**, September 17, 2008 adopted without amendment.
5. Report by Oklahoma Foundation for Medical Quality (Lisa Bewley)
 - 5.1 **9th Scope of Work:**
 - 104/130 targeted NFs with \geq 11% physical restraint use have agreed to participate.
 - 72/91 targeted NFs with \geq 20% high-risk pressure ulcers have agreed to participate
 - 5.2 **Physically restrained residents:** State averages have decreased steadily to 6.3% Q2, 2008 (48th); national 4.3%.
 - : 71/335-340 NFs are restraint free
 - : 156/335-340 NFs are 5% or less
 - : County geographic rates reviewed
 - 5.3 **HR residents with PUs:**
 - : State average 15.1% Q2, 2008 (49th); National 12.1%
 - : County geographic rates reviewed
 - 5.4 **Hospital admission rates** for NFs/SNFs not available at this time.

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6. Report by OSDH. (Mary Fleming)

- All residents with **PU**s (LR & HR). 9.78% (OK) vs. 9.72% national: 2008 Q1 & Q2
- Residents **physically restrained**: 7.15% OK vs. 4.31% national: 2008 Q1 & Q2 (no states greater than 10%)
- Prevalence of **antipsychotic use** in absence of psychotic condition: 24% vs. 19.4 % nationally.
- Residents with **moderate to severe pain**: 12% vs. 8.4% nationally
- Noted that decreased use of physical restrains has resulted in increased falls and slight increase in fractures.
- General discussion ensued on scope and severity deficiency citations related to restraints; LTC liability crisis; need for education of family, staff and physicians, including use of AMDA videos on falls/restraints and OFMQ brochure for families that explains restraint concerns.

7. Report by OSDH on “**Unsettling Scores**” Report (Nancy Atkinson)

- Copy of memorandum and report sent to the Commissioner of Health dated September 13, 2007 from OSDH Quality Improvement and Evaluation Service was distributed/reviewed with the subcommittee.
- Copy of report, September 13, 2007 on analysis of the “quality of care” component from “Unsettling Scores” also distributed. Report has four domains: eligibility, scope of service, quality of care and reimbursement. Only that related to quality of care was reviewed.
- Reference: “Unsettling Scores: A Ranking of State Medicaid Programs” by Annette B. Ramirez de Arellano, Dr. PH and Sidney M. Wolfe, M.D. published by Public Citizen Health Research Group, April 2007.
- Report looked at staffing patterns, top 10 deficiencies (as related to environment, assessment/care plan, infection control and other)
- Noted that decrease in physical restraint use mirrored increase in anti-anxiety and hypnotic use (data 1st Q 2005 through 1st Q 2007).

8. **Other quality initiatives in Oklahoma**

- Oklahoma Health Care Authority (OHCA) (Cassell Lawton)
- American Health Care Association (Rebecca Moore)
- AAHASA (Mary Brinkley)
- Grace Living Centers (Gene Clark)
- ASCP (Gara Wilsie)
- OK Pressure Ulcer Coalition

Gene Clark will present their nursing facility chain quality initiatives in more detail at the next subcommittee meeting. Aspects include use of QM/QI tools available at the Focus on Excellence website, employee retention, trainee and supervisor training, employee benefits, and nationally recognized QI awards. Other provider initiatives - insufficient time

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to discuss. Oklahoma Pressure Ulcer Coalition to hold in training fair in Oklahoma City on February 12, 2009.

9. **Outreach priorities and initiatives related to Tasks 1 and 2 of the LTC subcommittee.**

- LPN and NA education/mentoring programs (OHCA, OSU, Career Tech).
- OSDH provider trainings. Continue medical director/physician presentations.
- Workforce recruitment and retention to LTC.
- Geriatric content in Oklahoma nursing programs (lack thereof)
- Identify "Best Practices" providers in state and out of state and have these providers present at state professional meetings.
- Medical director engagement by NFs/SNFs and OFMQ at facility QA meetings,
- Institute on Nursing Education - "Partners for Progress"
- OK Pressure Ulcer Coalition - February 12, 2009 conference.
- OFMQ initiative on physician office practices inform participants to LTC issues related to their individual practice.
- Chair of subcommittee to prepare a memorandum updating LTC facility medical directors of quality improvement initiatives in Oklahoma to be distributed by State Department of Health.

10. Next meeting scheduled for Wednesday, February 11, 2009, 2:30 to 4:30 PM

11. Meeting adjourned by Chair at 4:45 PM

Submitted by,

Peter Winn, MD, CMD
December 8, 2008

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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) to monitor:

- 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 $\leq 40^{\text{th}}$ for targeted performance indicators.
- Improve Oklahoma's CMS Region VI ranking to the 1st for targeted performance indicators.

* Agreed upon by the subcommittee at the meeting of September 17, 2008

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**Long Term Care Subcommittee to the OK Healthcare QI Advisory
Committee
Action Items subsequent to
Meeting #4, held November 19, 2008**

Action Items:

1. Obtain data source for hospital one year admission rates for long stay residents of nursing facilities and three months readmission rates for short stay residents of skilled nurse facilities (OFMQ/ Lisa Bewley).
2. Most up-to-date QM/QI data needs to be presented to the LTC subcommittee on a quarterly basis, to include comparison to national data (OSDH/ Mary Fleming).
3. Most up-to-date QM/QI data needs to be presented to the LTC subcommittee on a quarterly basis, to include comparison data to all states in CMS Region VI. (OFMQ/ Lisa Bewley).
4. Subcommittee members to identify and to submit "Best Practices" contact information to the subcommittee as a resource for provider organizations for educational initiatives (Peter Winn).
5. Determine whether performance QM/QI measures in Oklahoma's nursing facilities are related to facility staff turnover (OHCA/ Cassell Lawson).
6. Mail out a brief report on the activities of the LTC subcommittee to all nursing facility medical directors in Oklahoma (Dr. Winn to write/ OSDH to mail).
7. Submit follow-up report of the LTC subcommittee to the OK Healthcare QI Advisory Committee meeting scheduled December 16, 2008 (Dr. Winn)

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