

**Report submitted to the:
Oklahoma Health Care Quality Improvement Advisory Committee
by
The Subcommittee/Work Group on Long Term Care**

Co-Chairs: Peter Winn, MD, CMD, Jean Root, DO, CMD; and Dorya Huser

December 16, 2008

- A. Previous meetings held September 17 and November 19, 2008; next scheduled meeting is February 12, 2009.
- B. Review of the subcommittee's tasks (2) and Commissioner's goals for quality improvement in Oklahoma's nursing facilities. (See attached)
- C. Update on quality measures/quality indicators for nursing facilities in Oklahoma

Performance indicator	2004 CWF	2003, Q3	2008, Q1 and Q 2 OSDH/OFMQ
% high risk residents with pressure ulcers	16.4	15.9	15.1% (49 th) (12.1%)
% physical restraint use	12.7	11.6	7.15%% (48 th) (4.31%)

(Percent in parentheses (%) is US national average)

- 71/335-340 NFs are restraint free
- 156/335-340 NFs have restraint use of 5% or less
- % residents on antipsychotics in absence of psychotic diagnosis: 24% (19.4%)
- % residents with moderate to severe pain: 12% (8.4%)
- Variation is seen between counties: unable to come to any conclusion at this time. (OFMQ)
- Hospital admission/readmission rates for residents from NFs/SNFs respectively, not obtainable/available at this time (OFMQ)

D. Update on OFMQ 9th Scope of Work (SOW)

- 104/130 "targeted" NFs with $\geq 11\%$ physical restraint use have agreed to participate.
- 72/91 "targeted NFs with $\geq 20\%$ HR PUs have agreed to participate.
- Many collaborative efforts between hospitals and nursing facilities have been established for pressure ulcer prevention.

E. Interim recommendations for improvement in performance indicators:

1. Provider education related to QMs/QIs.
 - OFMQ 9th SOW
 - Ongoing engagement with provider organizations to include updates at provider conferences on LTC subcommittee tasks/recommendations.
 - Inform nursing facilities at OSDH provider training of LTC subcommittee tasks/recommendations.
 - Distribute information on quality and deficiency priorities to medical directors of all NFs/SNFs in Oklahoma
2. Provider accountability for performance.
 - OSDH surveys to continue to focus on QMs/QIs and other quality of care domains.
 - (OSDH).
3. Engage consumers on quality improvement
 - Outreach to consumers to encourage use of CMS "Nursing Home Compare" website.
 - Establish community-wide based performance indicators (e.g., OFMQ)
4. Promote/establish payor incentives for quality improvement.
 - Focus on Excellence (OHCA)
 - Others?

**LONG TERM CARE FACILITY ADVISORY BOARD
AD HOC RULE REVIEW COMMITTEE**

**AD HOC PROPOSALS FROM THE
THURSDAY, MARCH 5, 2009 MEETING**

Technology

- Grant money for computers
- Automated licensure renewal online
- Get all facilities to submit via computer
- Review computer processes
- Applications online-time efficient vs. mailing back and forth regarding missing information/documents

Audit and Comparison of Survey Hours/Survey Process

- Comparison of survey hours for licensure only facilities
- Cut unnecessary steps
- Check other states' experience for assisted living and other state licensed facilities' survey hours and costs (comparison data are already available for Medicare inspections)
- Conduct or contract for "process analysis" on the Department licensure and inspection functions

Education and Information

- Education/hands-on training of providers
- Increase providers' desire/ability to comply by making information available, for example via Internet
- What can providers do to expedite surveys
- A lot of time wasted chasing paperwork on surveys
 - Facilities can have staffing, QA, infection control books ready for surveyor(s) to review
 - Post a checklist for facilities to reference on Department website
 - The Department could share inspection forms with facilities - reduce misunderstandings because the Department and facilities use same forms for quality assurance and inspection activities
- Allow computerized training in facilities versus standard in-service – flexibility

Fees/Funding

- Licensure fee increases
- Change fee structures
- Flat fee for applications, then a per bed fee
- What degree of state appropriated dollars are provided to support programs
- Create projections or scenarios showing expenditures/fees
- Separating Federal and licensure surveys could possibly increase Federal funding
- Develop crosswalk between state licensure and federal certification requirements for nursing facilities
- State appropriations and fee totals in other states
- No change in residential care home fees 'in forever' – seem incredibly low
- Surveyor vacancies not included in state budget – not enough revenue

Survey Frequency / Mandates

- Base assisted living center reviews on survey history (e.g., survey every 2-3 years for 0-2 deficiencies, survey annually for 6+ deficiencies)

- Cutting dual inspections – need to work together (like one fire marshal inspection instead of one from each: city, county, and state)
- How many anonymous complaints are validated (%) – how much money spent
- Adjust requirements and protocols so that investigating complaints has the highest priority
- Count complaint investigations as surveys
- Lengthening assisted living survey intervals and/or base frequency on # of deficiencies and/or importance.

Self-Assessment/Accreditation

- QA (Quality Assurance) activity – self evaluation – QI (Quality Improvement)
- Facilities should be doing self assessments between Department on-site visits; enable some audit and enforcement for falsified reports
- Look for examples of self assessments
- Consider accreditation as an alternative
- Construct a third party survey system as in Texas – include monetary penalty
 - Concern expressed regarding provider accreditation, criticism-facility pays consultant, not able to enforce
 - National Accreditation not utilized in ADC (Adult Day Care) – current state surveys are better

Other

- Change assisted living incident reporting requirements

Incident Reporting in Assisted Living

The requirements for incident reporting in Assisted Living Centers are defined at sub-chapter 19 of the Assisted Living Rules and are included at the end of this document. The Department provides an incident report form for use by facilities but the form is not required. Click the hyperlink to view Incident Report Form ODH283 or view the email attachment. Within subchapter 19 are requirements to report allegations and occurrences of resident abuse, neglect, or misappropriation of resident's property by a nurse aide to the Nurse Aide Registry by submitting a completed "Notification of Nurse Aide Abuse, Neglect, Mistreatment or Misappropriation of Property" form (ODH Form 718). Click the hyperlink to view the form or view the email attachment.

Assisted living industry representatives expressed that the incident reporting requirements are burdensome. The Department will await submission of specific requirements to be addressed and proposals for amendments. A review of the concerns identified will be conducted at that time.

Discussion of Proposed Rule Changes

➤ **675-9.9.1(a)(10)(A)**

(10) ***Powdered over-the-counter medication** for topical use may be kept in the resident's room for administration by a nurse aide if:*

(A) *The facility submits its policies and procedures for safe and appropriate storage and application of the powder to the Department and receives written approval from the Department prior to implementation; and*

[Industry Rational]

- Paper compliance issue for both [Department and providers]
- Develop policy and implement rather than submit for approval – can be checked on survey like other policies

➤ **675-13-5(c)(2) and (3)**

(c) *Director of nursing*

(2) *The director of nursing shall be **on duty on the day shift** and be responsible for all resident care including, but not limited to, the physical, mental, and psycho-social needs. The director of nursing or designee shall be available by telephone when needed by facility staff.*

(3) *When necessary, the director of nursing **may work other than the day shift** but for no more than three shifts a week. This exception shall not exceed three consecutive weeks in a three month period.*

[Industry Rational]

- DON (Director of Nursing) hours are too restrictive – need flexibility to work any shift
- Make parallel to the federal regulations

[Research]

OAHCP expressed that the rule specifying the DON work on the day shift was too restrictive. It was suggested the rule should parallel the federal regulation. The federal regulation follows:

42 CFR Sec. 483.30 Nursing services.

The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.

(a) Sufficient staff.

(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:

- (i) Except when waived under paragraph (c) of this section, licensed nurses; and
- (ii) Other nursing personnel.

(2) Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.

(b) Registered nurse.

(1) Except when waived under paragraph (c) or (d) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.

(2) Except when waived under paragraph (c) or (d) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.

(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.

➤ **675-13-5(f)(5)**

*(5) A certified medication aide shall complete **eight hours of continuing education** a year that is approved by the Department.*

[Industry Rational]

- Change of this rule would require change in other areas of rule
- Allow CMAs 2 years to acquire 16 hours of CEUs
- Renew CNA and CMA at the same time and possibly combine certification cards

[Research]

Literature review on efficacy of web based training and accounting is pending.

➤ **675-13-5(i)(6), (7), and (8)**

(i) Inservice. The facility shall provide all direct care staff with two hours of inservice training specific to their job assignment per month. This training shall include, at least, the following:

- (6) Each certified nurse aide shall be provided training in pain screening at the time of orientation and at least once every six months thereafter.*
- (7) Each licensed practical nurse shall be provided training in pain screening and pain management at the time of orientation and at least once every six months thereafter.*
- (8) Each registered nurse shall be provided training in pain assessment and pain management at the time of orientation and at least once every six months thereafter.*

[Industry Rational]

- Pain management is costly – change to one time per year versus every six months
- Other topics are just as important that need to be covered
- Annual in-service requirements should meet the intent of the regulation

[Research]

OAHCP expressed that the rules for pain management inservice were too costly and should be changed to one time per year versus every six months; that other topics were as important that need to be covered; and an annual in-service requirement should meet the intent of the regulation.

The adopted regulation implemented recommendations of the Oklahoma Pain Management Advisory Task Force (An attachment to the email distributing this document.). The full task force report is an attachment to the email. The task force recommended adoption of the following rule amendment:

675-13-5(i)(6), (7), and (8)

(i) Inservice. The facility shall provide all direct care staff with two hours of inservice training specific to their job assignment per month. This training shall include, at least, the following:

- (5) Each staff person shall be provided training in pain recognition at the time of orientation and at least once a year thereafter.
- (6) Each licensed practical nurse shall be provided training in pain screening and pain management at the time of orientation and at least once every six months thereafter.
- (7) Each registered nurse shall be provided training in pain assessment and pain management at the time of orientation and at least once every six months thereafter.

The adopted rule language modified the above recommendation of the Advisory Council on Pain Management to include a requirement for the training of certified nurse aides in pain screening every six months.

Rules for Incident Reporting in Assisted Living Centers

310:663-19-1. Incident reports

- (a) **Timeline for reporting.** All reports to the Department shall be made via facsimile or by telephone within one (1) Department business day of the reportable incident's discovery. A follow-up report of the incident shall be submitted via facsimile or mail to the Department within five (5) Department business days after the incident. The final report shall be filed with the Department when the full investigation is complete, not to exceed ten (10) Department business days after the incident. Notifications to the Nurse Aide Registry using the ODH Form 718 must be made within one (1) Department business day of the reportable incident's discovery.
- (b) **Incidents requiring report.** Each continuum of care facility and assisted living center shall prepare a written incident report for the following incidents:
- (1) allegations and incidents of resident abuse;
 - (2) allegations and incidents of resident neglect;
 - (3) allegations and incidents of misappropriation of resident's property;
 - (4) accidental fires and fires not planned or supervised by facility staff, occurring on the licensed real estate;
 - (5) storm damage resulting in relocation of a resident from a currently assigned room;
 - (6) deaths by unusual occurrence, including accidental deaths or deaths other than by natural causes;
 - (7) residents missing from the assisted living center upon determination by the assisted living center that the resident is missing;
 - (8) utility failure for more than 4 hours;
 - (9) incidents occurring at the assisted living center, on the assisted living center grounds or during assisted living center sponsored events, that result in fractures, head injury or require treatment at a hospital;
 - (10) reportable diseases and injuries as specified by the Department in OAC 310:515 (relating to communicable disease and injury reporting); and,
 - (11) situations arising where a criminal act is suspected. Such situations shall also be reported to local law enforcement.
- (c) **Incidents involving another provider.** Each continuum of care facility and assisted living center shall promptly refer incidents involving another provider, including a hospice or home health agency, to the certification or licensure agency having jurisdiction over the provider.
- (d) **Reports to the Department.** Each assisted living center shall report to the Department those incidents specified in 310:663-19-1(b). An assisted living center may use the Department's Long Term Care Incident Report Form.
- (e) **Licensing boards.** Each assisted living center shall report allegations and incidents of resident abuse, neglect, or misappropriation of resident's property by licensed personnel to the appropriate licensing board within five (5) business days.
- (f) **Notification of nurse aide registry.** Each continuum of care facility and assisted living center shall report allegations and occurrences of resident abuse, neglect, or misappropriation of resident's property by a nurse aide to the Nurse Aide Registry by submitting a completed "Notification of Nurse Aide Abuse, Neglect, Mistreatment or Misappropriation of Property" form (ODH Form 718), which requires the following:
- (1) facility/center name, address and telephone;
 - (2) facility type;
 - (3) date;
 - (4) reporting party name or administrator name;
 - (5) employee name and address;
 - (6) employee certification number;
 - (7) employee social security number;
 - (8) employee telephone number;
 - (9) termination action and date (if applicable);
 - (10) other contact person name and address; and
 - (11) the details of the allegation or occurrence of abuse, neglect, or misappropriation of resident property.
- (g) **Content of incident report.**
- (1) *The preliminary report shall at the minimum include:*
 - (A) who, what, when, and where; and
 - (B) measures taken to protect the resident(s) during the investigation.
 - (2) *The follow-up report shall at the minimum include:*
 - (A) *preliminary information;*
 - (B) the extent of the injury or damage if any; and
 - (C) preliminary findings of the investigation.
 - (3) *The final report shall, at the minimum, include preliminary and follow-up information and:*
 - (A) a summary of investigative actions;
 - (B) investigative findings and conclusions based on findings;
 - (C) corrective measures to prevent future occurrences; and
 - (D) if items are omitted, why the items are omitted and when they will be provided.

Report to the
Long Term Care Facilities Advisory Board
April 8, 2009

1. Oklahoma Health Care Authority Quality Improvement Advisory Committee Meeting, December 16, 2008
 - Report submitted by the Subcommittee/Work Group on Long Term Care
2. Memorandum: Oklahoma Nursing Facility Quality Initiatives.
3. Oklahoma Department of Health Provider Training
 - OKC June 23-24 (Dr Peter Winn)
 - Tulsa July 22-23 (Dr Jean Root)
4. OAHCP Conference, September 22 2009, Tulsa
 - Session on pressure ulcer prevention and treatment (American Medical Technology, Dr. Gokoo)

Peter Winn, MD, CMD



OU HEALTH SCIENCES CENTER

Palliative Care Week

April 13th – 18th, 2009

These events will explore the role of palliative care and its importance in the future care of patients. Lectures are open to all interested persons unless otherwise stated.

Time	Topic	Location	Presenter
Wednesday, April 15th			
10:00 – 10:50 am	Palliative Care Forum for VA Staff	VAMC – Oklahoma City	VAMC presenters
12:15 – 1:15 pm	“Planning For Our Future: Addressing the Palliative Care Needs of our Society” The Laura Cross, RN, JD, Memorial Lecture	OUHSC – Basic Sciences Education Bldg - East Lecture Hall	Family Medicine- Internal Medicine Grand Rounds: Sean Morrison, M.D.
6:00 – 8:00 pm	“Benefits of Palliative Care for Hospitals”	Greens Country Club Mercy Sponsorship	By invitation only
Thursday, April 16th			
9:00 – 10:00 am	National Healthcare Decisions Day “Decision Making for Those with Advanced Illness”	OU College of Nursing, Room 130, with webinar	Sean Morrison, M.D.
12:00 – 1:00 pm	“Where You Live Matters When you are Seriously Ill”	Mercy Hospital (lunch – open, RSVP)	Morris Wizenberg Lecture: Sean Morrison, M.D.
Friday, April 17th			
12:00 – 1:00 pm	“Tell Me Doctor, Is It Really That Bad?” Ethical Considerations Involving Doctor/Patient Communication	Norman Regional Hospital – Grand Rounds	Robert Salinas, M.D.
Saturday, April 18th			
9:00 am – 1:00 pm	People Connected by Cancer	Chesapeake Boathouse 725 S. Lincoln Blvd	Open Event w/Exhibitors
Thursday, April 23rd			
12:00 – 1:00 pm	“Medical Humanities and the Experience of Clinical Care”	OUHSC – Basic Sciences Education Bldg – East Lecture Hall	Howard Stein, Ph.D.
Friday, April 24th			
12:00 – 1:00 pm	“Medical Humanities and the Experience of Hospital Care”	Vose Auditorium Presbyterian Tower	Howard Stein, Ph.D.

If further information needed and for RSVPs, please contact linda-stewart@ouhsc.edu

Sponsored by the Hospice Foundation of Oklahoma, Inc., Columbia HCA of Oklahoma, Mercy Health Center of Oklahoma and the VAMC, OKC