



Oklahoma State Department of Health  
Creating a State of Health

## Ad Hoc Committee on Healthy Aging: Fall Prevention of the Long Term Care Facility Advisory Board

### Executive Summary

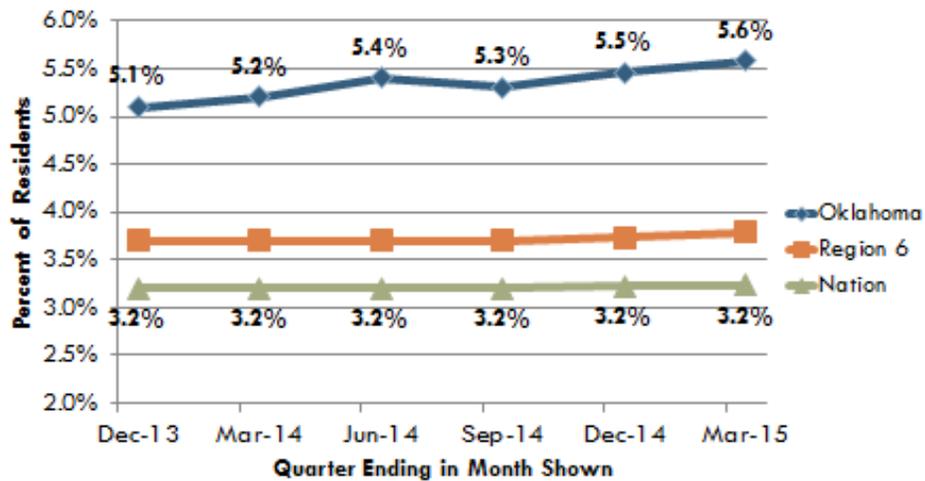
July 8, 2015

The Ad Hoc Committee on Healthy Aging: Fall Prevention held their seventh meeting on July 8, 2015. Long Term Care Facility Advisory Board members present were Andrew Dentino M.D. and Diana Sturdevant, Ph.D.

Others present were Joe Williams, Avy Redus, Laura Gamino, Mike Cook, Marisa New, Nancy Atkinson, Julie Myers, Gayla Middlestead, Beverly Clark and Crystal Rushing.

The committee simplified the AIM Statement to focus on falls with major injury among nursing home residents and to use current data. See the AIM Statement at the bottom of page 3 of this summary.

## Nursing facility residents with falls with major injury (%)



Source: OSDH, using Centers for Medicare & Medicaid Services Minimum Data Set. Data for Mar-15 are subject to change.

The committee reviewed and approved the revised fall prevention project. OSDH is pursuing approval for the contract with Oklahoma University Health Sciences Center and use of Civil Money Penalty Funds. Attendees offered suggestions for improvement and resources for the intervention team. Next steps include contract approval, program refinement, and nursing home recruitment. The framework graphic for the program follows.



Falls Pilot Program "It's not OK to Fall"

	Interventions	Intervention Components	Desired Outcome	
Current Problem: 5.6% Fall Rate	Culture Change	1 2 3 4 5 6 7 8 9 10	A	Ultimate Goal: ≤3% Fall Rate
	Individual Assessment/ Mitigation	1 2 3 4 5 6 7 8 9 10	B	
	Physical Activity	1 2 3 4 5 6 7 8 9 10	C	
	Environmental Safety	1 2 3 4 5 6 7 8 9 10	D	

Intervention components benefit the nursing home residents by:	
1	Providing person-centered care plans
2	Increasing mobility and activity
3	Optimizing medication regimens
4	Optimizing pain management
5	Creating person-centered sleep plans
6	Improving environmental safety
7	Enhancing relationships with staff, family, residents, and community
8	Improving workforce skillset
9	Encouraging collaborative and decentralized management
10	Ensuring quality improvement efforts are data-driven

Desired Outcomes	
A	Enhanced culture of safety that addresses the biopsychosocial needs of all residents and engages nursing home staff and stakeholders
B	Optimized person-centered/directed care plans that mitigate fall risk
C	Increased mobility, agility, strength, and activity that enhances quality of life
D	Improved environment that supports fall prevention and invites increased activity



The program will be based on research and most current evidence-based practices built on a person-centered, multifaceted approach. The proposal is to start with program development and recruitment of a small group of homes. Field work is expected to begin on or about January 15, 2016. Realizing that its focus on fall prevention is near completion with the development of the fall-prevention pilot program, the Committee discussed other areas of focus. The Committee recommends three areas of focus to the larger Long Term Care Facility Advisory Board, should the Board desire to continue the Ad hoc Committee on Healthy Aging.

- **Pneumococcal Vaccination:** The rate at which residents are assessed and appropriately given the vaccine has declined over time, even while the rate of influenza vaccination has remained relatively steady. Oklahoma has a lower rate than the national and regional rates: OK 87.6%, Region VI 89.6%, US 93.4%.
- **Pain:** Self-reported pain may be addressed with as-needed medication and non-pharmaceutical approaches. The rate of residents who self-report moderate to severe pain in Oklahoma is higher than the national average rate: OK 16.7%, Region VI 10.2%, US 9.1%.
- **Depression:** Although the data are collected with a subjective instrument, depression is prevalent in long-term care facilities and is intertwined with many elements including pain and mobility. The rate in Oklahoma for residents who have depressive symptoms is more than the nation and region: OK 7.6%, Region VI 5.4%, US 6.4%.

These topics are recommended based on the potential to positively impact the issue as well as the degree of performance statewide relative to related clinical measures. Rates above were calculated on August 12, 2015 and reflect the rates for the quarter ending March 2015.

The meetings convened at 10 a.m. and adjourned at 12 p.m.

**AIM Statement for Fall Prevention:** To reduce the rate of falls with major injury in Oklahoma nursing facilities starting with a rate of 5.3% in September 2014, moving through 5.0% by June 2016, to 3.0% by June 2019. This effort should improve physical, mental, social, and emotional well-being and functioning of residents of nursing facilities as currently measured in the composite score.



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## **Ad Hoc Committee on Standards, Practices and Procedures of the Oklahoma State Department of Health Relating to Nurse Aides of the Long Term Care Facility Advisory Board**

### **Executive Summary**

September 16, 2015

The Ad Hoc Committee on Standards, Practices and Procedures of the Oklahoma State Department of Health Relating to Nurse Aides held their tenth meeting on September 16, 2015. Long Term Care Facility Advisory Board members present were Joyce Clark, Joanna Martin and William Whited. Others present were Alexandria Hart-Smith, Patricia Shidler, Eynade Kila, Sue Davis, Michael Cook, Patty Scott, Becky Moore, Don Maisch, Henry Hartsell, James Joslin, Vicki Kirtley, Esther Houser, Trish Emig and Crystal Rushing. From the OU Center for Public Management, Ginger Thompson facilitated the meeting.

The committee reviewed data on the frequency of nurse aides appearing at hearings.

- In FY 2015, out of the 30 cases filed against nurse aides, 28 have been finalized and two are ongoing. Of the 28 finalized, 14 nurse aides appeared and 14 did not appear at the hearings.
- In FY 2016 to date, 11 cases have been filed. Of the 11 cases, two are still ongoing. Of the nine cases finalized, three nurse aides appeared at the hearings, five did not appear, and one was concluded with an agreed order.

The committee reviewed data on residents most at risk of abuse.

- The interpretive guidelines in the Centers for Medicare and Medicaid Services' State Operations Manual, Appendix PP, identify the following residents at increased risk of abuse and neglect:
  - Residents with needs and behaviors which might lead to conflict or neglect, such as residents with a history of aggressive behaviors;
  - Residents who have behaviors such as entering other residents' rooms;
  - Residents with self-injurious behaviors;
  - Residents with communication disorders; and
  - Those that require heavy nursing care and/or are totally dependent on staff.
- The National Center on Elder Abuse (NCEA) includes the following "biggest" risk factors:
  - Residents with unwanted behaviors associated with dementia;
  - Residents with unmet needs;
  - Residents with a high degree of dependence (social isolation);
  - Residents who rarely receive visits; and
  - Residents that have had previous conflicts with staff, or have had little time to develop personal relationships with staff.

The committee reviewed data on factors that result in nursing facility deficiencies related to possible abuse, neglect and misappropriation (F223, F224, F225 and F226) from January to June 2015. Failure to report or thoroughly investigate was the most common factor. Nurses (RNs or LPNs) were the category of facility staff most often mentioned in the deficiencies.

The group did a root-cause analysis exercise on the two most important opportunities for improvement that were identified in a previous meeting. The two identified were:

- Fulfilling the obligation to report incidents
- Facility processes and policy development



The group agreed on the importance of drawing more detail from the deficiency statements to understand root causes for failure to report and failure of facility policies. The more detailed information will be analyzed at the next scheduled meeting, and the group will continue with the root cause analysis on facility processes and policy development.

The group discussed the communication plan for distributing information to stakeholder and others interested in the work of the Ad Hoc Committee and agreed on the following:

The group reviewed a handout on the days between receipt of allegation at OSDH and placement of pending notation on registry.

- The mean processing time on pending notations of abuse, neglect and misappropriation was 5 days, from February through September 2015. The days ranged from 2-6 days from February to August 2015 with the exception of June. June was 14 days due to the relocation of the Office of General Counsel.

Next steps:

- Obtain data regarding causes for "failure to report;"
- Obtain data deconstructing facility abuse prevention policies and operationalization;
- Add web training to the communication plan;
- Begin a storyboard on the project;
- Change references to "pink screen" in June 24, 2015 executive summary to "placement of a pending notation of abuse, neglect or misappropriation on the nurse aide registry;" and
- Modify the current AIM statement at the next meeting.

The meeting convened at 9:30 and adjourned at noon.



**Nurse Aide Registry**  
**FY2016 Fourth Quarter Statistics**

**Prepared for**  
**Long Term Advisory Board**  
**Wednesday, October 7, 2016**

**Vicki Kirtley**  
**Administrative Program Manager**  
**Nurse Aide Registry**

**If you have any questions regarding  
Nurse Aide Registry, please call (405) 271-4085**

Long Term Care Advisory Board Meeting  
 Nurse Aide Registry Activity Report  
 First Quarter FY 2016  
 July 1st - September 30th, 2015



Nurse Aide Registry  
 Oklahoma State  
 Department of Health

**Count of Certificates by Type as of 10/05/16**

Types of Certifications	Unexpired Certifications	Certifications Eligible for Renewal	Total Certifications
ADC	32	177	209
LTC	38,279	90,087	128,366
CMA	5,827	15,924	21,751
CMA Gastro	2,475	2,084	4,559
CMA GM	1,016	536	1,552
CMA IA	732	397	1,129
CMA R	2,665	2,193	4,858
Feeding Assistant	598	1,576	2,174
HHA	14,224	40,917	55,141
DDCA	1,581	9,365	10,946
RCA	95	993	1,088
<b>TOTAL</b>	<b>67,524</b>	<b>164,249</b>	<b>231,773</b>

**Number of Walk-Ins (Individuals) Processed Same Day  
 First Floor Nurse Aide Registry Desk For Certification**

Per Quarter	Individuals Processed
1 <sup>st</sup>	1,112
2 <sup>nd</sup>	0
3 <sup>rd</sup>	0
4 <sup>th</sup>	0
<b>Totals</b>	<b>4,272</b>

Long Term Care Advisory Board Meeting  
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**Substantiated Abuse- FY2015**

Added Per Quarter	Physical	Sexual	Verbal	Mistreatment	Neglect	Misappropriation of Property	Total
1 <sup>st</sup>	3	0	0	0	3	4	10
2 <sup>nd</sup>							
3 <sup>rd</sup>							
4 <sup>th</sup>							
<b>TOTAL</b>							

**Number of Approved Training Programs by Type**

Long Term Care Aides	Home Health Aides	Developmentally Disabled Direct Care Aides	Residential Care Aides	Adult Day Care Aides	Certified Medication Aides	Total
123	0	12	2	1	48	186

Home Health Aides are going through HHA Deeming Programs to become Certified.

**Advanced CMA and CMA/CEU Training Programs**

CMA Respiratory	CMA Respiratory/ Gastrostomy	CMA Glucose Monitor	CMA Insulin Administration	CMA/CEU	Total 186
1	23	2	15	36	77

**Grand Total Number of Approved Nurse Aide Registry Programs - 257**

**Number of LTC Training Program Onsite Reviews Performed FY2016**

1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter	Total
21	0	0	0	21