Oklahoma State Department of Health
Creating a State of Health

LONG-TERM CARE FACILITY ADVISORY BOARD

Regular Meeting

July 12, 2017 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…….……...…….Joanna Martin, Vice-Chair

2. Roll Call……..……..……..Lori Bautista

3. Review and Action to Approve/Amend the April 12, 2017 Regular Meeting minutes
   …….……...……. Joanna Martin, Vice-Chair

4. SB774: Amendments to the Residential Care Act……...…….....Don Maisch
   Don Maisch, General Counsel, OSDH will talk about SB744, which amends the Residential Care Act: 63 O.S. 2011, Section 1-822 and 63 O.S. 2011, Section 1-829

5. Humanity of the Unborn Child Act (Bathroom Signage Bill)…...……...…….Don Maisch
   Don Maisch, General Counsel, OSDH will provide an update on the Humanity of the Unborn Child Act (Bathroom Signage Bill.)

6. Licensure, Resident Assessment, Nurse Aide Registry, and Background Check Update
   ...……...……....….James Joslin
   Updates on program activity and new developments.

7. Healthy Aging Report Ad Hoc Committee……..…….Dr. Diana Sturdevant
   Dr. Diana Sturdevant will provide an update on the healthy aging Ad Hoc committee, to include information on work in the last quarter.

8. Long Term Care Service Update……..……Mike Cook

9. New Business……...……...…….…….….. Joanna Martin, Vice-Chair

10. Public Comment

11. Adjourn

Oklahoma State
Department of Health

LONG-TERM CARE FACILITY ADVISORY BOARD

Regular Meeting

April 12, 2017 at 1:30 in Room 1102

Oklahoma State Department of Health, 1000 NE 10th Street, Oklahoma City, OK 73117-1299

MINUTES

April 12, 2017

1) Call to Order

Dr. Andrew Dentino, Chair, called the meeting to order at 1:32 p.m.

2) Roll Call

Lori Bautista called roll with the following LTCFAB members present: Christean Bolding; Willie Burkhart; Joyce Clark; Dustin Cox; Theo Crawley; Andrew Dentino; Ivoria Holt; Pamela Humphreys; Adam Jordan; Joanna Martin; Alan Mason; Jim McWhirter; Jacki Millspaugh; Kay Parsons; Dewey Sherbon; Wendell Short; Diana Sturdevant; William Whited and Denise Wilson.

The following LTCFAB members were absent: Tracy Chlouber and Terry Ferrel.

The following guests were present: Michael Cook, OSDH; Debbie Zamarripa, OSDH; Don Maisch, OSDH; Alisa West Cahill, OU; James Joslin, OSDH; Alexandria Hart-Smith, OSDH; Mary Brinkley, Leading Age OK; Becky Moore, LTC Consultant; Vicki Kirtley, OSDH; Shelba Murray, Francis Tuttle Tech; Henry Hartsell, OSDH; Esther Houser, general public; Julie Myers, OSDH; Lori Bautista, OSDH.

Currently, there are six vacancies on the LTCFAB, which consists of 27 members.

A quorum was met with 19 members present.

3) Review and Action to Approve/Amend January 11, 2017 Meeting Minutes:

Agenda Item #3
Vote 1

Motion: Approval of the January 11, 2017 Regular Meeting Minutes

Motion Made by: Alan Mason Seconded: Dustin Cox Motion Carried: Yes
Aye: 17 Abstain: 2 Nay: 0 Absent: 2

Aye: 17 Abstain: 2 Nay: 0 Absent: 2

Christean Bolding	☑Aye ☐ Abstain ☐ Nay	Joanna Martin	☑Aye ☐ Abstain ☐ Nay
Willie Burkhart	☑Aye ☐ Abstain ☐ Nay	Alan Mason	☐Aye ☑ Abstain ☐ Nay
Tracy Chlouber	☐Aye ☐ Abstain ☐ Nay	Jim McWhirter	☑Aye ☐ Abstain ☐ Nay
Joyce Clark	☑Aye ☐ Abstain ☐ Nay	Jacki Millspaugh	☐Aye ☑ Abstain ☐ Nay
Dustin Cox	☑Aye ☐ Abstain ☐ Nay	Kay Parsons	☑Aye ☐ Abstain ☐ Nay
Theo Crawley	☑Aye ☐ Abstain ☐ Nay	Dewey Sherbon	☑Aye ☐ Abstain ☐ Nay
Andrew Dentino	☑Aye ☐ Abstain ☐ Nay	Wendell Short	☑Aye ☐ Abstain ☐ Nay
Terry Ferrel	☐Aye ☐ Abstain ☐ Nay	Diana Sturdevant	☑Aye ☐ Abstain ☐ Nay
Ivoria Holt	☑Aye ☐ Abstain ☐ Nay	William Whited	☑Aye ☐ Abstain ☐ Nay
Pamela Humphreys	☑Aye ☐ Abstain ☐ Nay	Denise Wilson	☑Aye ☐ Abstain ☐ Nay
Adam Jordan	☑Aye ☐ Abstain ☐ Nay		Shading = Absent

4) Review and Action to Approve/Amend February 9, 2017 Special Meeting Minutes:

Agenda Item #4
Vote 2

Motion: Approval of the February 9, 2017 Special Meeting Minutes

Motion Made by: Kay Parsons Seconded: Denise Wilson Motion Carried: Yes
Aye: 14 Abstain: 5 Nay: 0 Absent: 2

Aye: 14 Abstain: 5 Nay: 0 Absent: 2

Christean Bolding	☑Aye ☐ Abstain ☐ Nay	Joanna Martin	☑Aye ☐ Abstain ☐ Nay
Willie Burkhart	☑Aye ☐ Abstain ☐ Nay	Alan Mason	☐Aye ☑ Abstain ☐ Nay
Tracy Chlouber	☐Aye ☐ Abstain ☐ Nay	Jim McWhirter	☑Aye ☐ Abstain ☐ Nay
Joyce Clark	☑Aye ☐ Abstain ☐ Nay	Jacki Millspaugh	☐Aye ☑ Abstain ☐ Nay
Dustin Cox	☑Aye ☐ Abstain ☐ Nay	Kay Parsons	☑Aye ☐ Abstain ☐ Nay
Theo Crawley	☑Aye ☐ Abstain ☐ Nay	Dewey Sherbon	☐Aye ☑ Abstain ☐ Nay
Andrew Dentino	☑Aye ☐ Abstain ☐ Nay	Wendell Short	☑Aye ☐ Abstain ☐ Nay
Terry Ferrel	☐Aye ☐ Abstain ☐ Nay	Diana Sturdevant	☐Aye ☑ Abstain ☐ Nay
Ivoria Holt	☑Aye ☐ Abstain ☐ Nay	William Whited	☑Aye ☐ Abstain ☐ Nay
Pamela Humphreys	☑Aye ☐ Abstain ☐ Nay	Denise Wilson	☑Aye ☐ Abstain ☐ Nay
Adam Jordan	☐Aye ☑ Abstain ☐ Nay		Shading = Absent

5) LTC Workforce and Family Councils:

Alisa Cahill, Lead Researcher for the OU Knee Center Positive Aging Initiative, introduced herself and gave an overview of her background. She spoke about a new positive aging initiative that started last October 2016. The topic of discussion was about developing human service training and practice scenarios to guide the preparation of personnel for the new realities of an aging population in Oklahoma. For the research project, the researchers would like to contact LTCFAB Members, as key informants, within the next month to help gain a better understanding what the principle concerns and needs are when it comes to the field of aging. The question posed

by Alisa Cahill was, "What type of professionals of community support personnel are needed within the field of aging to help people age best and well?" They would like to have one on one interviews, either in person or via phone. They would like the interviewees to share experiences and what they feel are the principle challenges and possible resolutions, as well as some areas of focus to work on when it comes to the field of aging. Alisa Cahill will get contact information for the LTCFAB Members from Mike Cook after the meeting. She also provided her e-mail address, alisa.w.cahill-1@ou.edu for board members to get in contact with her.

6) Long Term Care Service Update: (Moved from Agenda Item #9)

Mike Cook, Director Long Term Care Services, presented the Long Term Care update.

- *1) Civil Monetary Penalty (CMP) for Nursing Homes – CMS Tool:* In November 2015, an inflation adjustment act was passed and went into effect September 6th, 2016. Since 1994, the Social Security Act did not allow for inflation adjustment of CMPs. The maximum was increased to up to $21,000 per day from $10,000 per day. As scope and severity increases, penalties increase incrementally. Long Term Care must comply with minimum and maximum. The fines for D-L were left unchanged. The 2017 CMP inflation adjustment went into effect on February 3rd, 2017. CMS requested that LTC change their incremental amounts within the scope and severity grid. LTC will look at the difference of CMPs charged to facilities between September 6th, 2017 and February 3rd, 2017. CMS has the discretion to increase fines. LTC will review and make possible adjustments to the incremental fines for scope and severity of D - L. Another major change was on Denial of Payment for New Admissions (DPNA). DPNA for scope and severity for J, K, L, has been changed to an Immediate DPNA for scope and severity G – L, which will go into effect 15 days after the receipt of the statement of deficiencies. Mike Cook hopes to have the incremental fines adjusted for scope and severity of D – L by the next LTCFAB Meeting.
- *2) Appointments:* The LTCFAB consists of a maximum of 27 members. The last couple years, we have had 27 members. Currently, there are six vacancies. Lori Bautista and/or Natalie will be sending the information on appointments. Mike listed the six vacancies: Adult Day Care Facility Owner – Operator (2); General Public Over Age of 65 (2); Osteopathic General Practitioner (1); and Residential Care Home Operator (1). Please send Dr. Dentino or Mike Cook any recommendations of people to fill the vacant positions.
- *3) 2567 Questions at Survey Exit Conference:* CMS does not allow the surveyors to give the F-tags they plan to cite at the exit interview. There is usually a survey team of 3 - 5 members who do most of the work when they are in the office going over paperwork after the survey is completed. LTC is willing to discuss deficient practices and findings once the statement of deficiencies has been received by the facility. There have been concerns on the plan of correction (POC) date of either being the date the facility puts down or when the survey team shows up. The survey team actually calculates when the exact correction date is. A POC date can be the day after the survey exit date only in certain circumstances. Monitoring or quality assurance cannot be completed the day after the survey. The deficiency is corrected when supporting evidence is received by LTC.
- *4) Unlicensed LTC Facilities:* Mike Cook brought a letter sent to Dr. Cline in June 2016 from Janine McCullough from the Interagency Long Term Care Task Force to the attention of OSDH and the LTCFAB to ask the advisory board to address the concerns stated in said letter.

In response to the letter, in the last 6 months, OSDH and Adult Protective Services (APS) jointly created a task force to investigate unlicensed facilities. There were four facilities that were examined. One of the facilities was closed. One facility was not operating as a long term licensed facility. There were two operating as unlicensed facilities. A recommendation was made to legal about the two facilities. If one facility changed a couple practices, it could operate without a license. The other facility, which is actually two facilities under one name, is in the process of being served. The facility that is currently closed, requested a hearing to prove that they do not need to be licensed. Two facilities are in rural areas and the other two are closer to metropolitan areas. LTC will keep an eye out for the unlicensed facilities. In response the to the request for an ad hoc committee be created in relation to unlicensed facilities, Mike Cook recommended that the LTCFAB wait and see what other information is brought forward and let APS, OSDH and the Ombudsman, who have been collaborating in relation to unlicensed facilities, work through their solutions. They can update us the LTCFAB of the status within the next couple meetings.

7) Humanity of the Unborn Child Act (Bathroom Signage Bill): (Moved from Agenda Item #6)

Don Maisch gave an update on House Bill 2797 that was passed May 27th, 2016. The bill requires that all facilities that are licensed by the State Department of Health to place signage in their public restrooms that would have the following statement "There are many public and private agencies willing and able to help you carry your child to term and assist you and your child after your child is born, whether you choose to keep your child or to place him or her for adoption. The State of Oklahoma strongly urges you to contact them if you are pregnant."

Starting June 2016, OSDH began the process of writing rules. The rules were sent out for public notice and comment. Public comment ended in November 2016. The rules were voted on in December 2016 based on changes requested from public comment. The rules were adopted by the board of health. The rule is not in effect. The bill is in legislature.

Senate Bill 30 is new legislation that is pending and still alive. It has passed through the Senate and headed to the House. If approved by the House, then it will go to the Governor for approval. Free standing clinics that complete abortions would be the only facilities that would be required to have the signage, if this bill passes. The signage would have to be in full public view, not only in all public restrooms. If this bill passes, LTC facilities would not be required to have the signage in all public bathrooms. It would cost between a few hundred to thousands of dollars to place the signage in bathrooms for LTC facilities.

8) Licensure, Nurse Aide Registry and Background Check Update: (Moved from Agenda Item #7)

James Joslin provided three reports on the Nurse Aide Registry Statistics: 1) Composite Scorecard for Oklahoma Nursing Homes: Long-stay metrics for the period ending December 31st, 2016; 2) Nurse Aide Registry Third Quarter Fiscal Year 2017 Statistics; and 3) Abuse, Neglect, Misappropriation (ANM) Findings through Third Quarter FY2017.

The first handout provided by James Joslin was the Composite Scorecard for Oklahoma Nursing Homes: Long-stay metrics for the period ending December 31st, 2016. On the handout, green

lights show significant improvement, yellow lights show no significant change and any red lights show significant decline. Seven metrics showed significant improvement. Seven metrics showed no significant change. There are no metrics that showed significant decline. Table 14 on the scorecard shows a composite score for all the tables combined. Julie Myers, Alex Hart-Smith and Hank Hartsell have compiled the information included on the composite scorecard. Please contact James Joslin with any questions or recommendations. Alex Hart-Smith will make the scorecard available online. Diane Henry and her staff train all the MDS coordinators in the facilities to score consistently on the assessments for the long-stay metrics. There are between 17,000 and 18,000 assessments completed every quarter. Hopefully, next year, all metrics will be green lights.

The Healthy Aging Initiative, the CMP Fund Program and the quality improvement organization from CMS uses the data compiled from the long-stay measures. Each facility can get the data for their each individual facility. The Plan, Do, Check, Act method is put in to effect to help affect the metrics for the composite scorecard. A comment was made about the Antipsychotic Medications metric and that Oklahoma is steadily increasing. Mike Cook mentioned that Oklahoma made great strides and improvements, initially. Now, all the other states have started to make improvements. Julie Myers spoke about a two-year quality improvement project for the reduction of antipsychotic medications that LTC received an award for and how we have sustained since then. The baseline MDS data goes back more than a couple years. A recommendation was made to send out the composite scorecard to the facilities and commend them for the green lights and having zero red lights. It would show the facilities what is actually looked at statistically when using MDS data. A recommendation was made for surveyors to go into facilities recognizing which metrics each facility is doing well on and then make recommendations for improvements.

James Joslin next presented the Nurse Aide Registry Third Quarter Fiscal Year 2017 Statistics handout. Nurse Aide Registry Statistics has a new format developed by Vicki Kirtley, where data can be compared quarter to quarter. In the Total Abuse Table on page 2, there is a correction for the total from 12 to 21 in column FY17-Q03.

The final handout James Joslin talked about was the Abuse, Neglect, Misappropriation (ANM) Findings through Third Quarter Fiscal Year 2017. He noted that for Fiscal Year 2017 Third Quarter, 24 is the largest count to date since reporting started. A new row was added to show how many are getting cleared within six months. Three were settled with an administrative order of either probation or suspension. Some old cases on the docket were still getting cleared off. The backlog was caught up in the March 2017.

James Joslin gave an update on licensure concerning the upper payment limit and the supplemental payment. Applications started being received and within two weeks, 56 applications were received to change ownership to a non-state governmental organization. It was anticipated that about 200 total would apply for change of ownership. CMS evaluated the state plan amendments submitted by the Health Care Authority and responded with questions. To date 19 applications have been put on hold while they amend their applications. If all 56 providers were approved as of April 1st, 2017 compared to July 1st, 2017, it would be worth 20 million dollars over a 3 month period. None of the applications were approved by April 1st, 2017. OSDH and the OK Health Care Authority are working together with responses to the questions posed by CMS.

The last update that James Joslin gave pertained to the rule changes that OSDH had been working on. They have been approved by the board of health and are currently waiting for the legislature and/or the Governor for their action(s).

9) Health Aging Report Ad Hoc Report: (Moved from Agenda Item #8)

Dr.Dentino said that the Ad Hoc Committee has not met since November 29th, 2016. The two objectives for the Ad Hoc Committee are 1) Preventing falls with major injury and 2) Increasing influenza and pneumococcal immunizations among nursing home residents.

As of October 1st, 2016 to today: there have been 90 Influenza-associated deaths statewide with 62 of those aged 65 years and older; approximately 17 long term care facilities reported influenza outbreaks; and one long term facility reported a pneumococcal outbreak. The OSDH has asked a current contractor of the CMP Fund Program to pilot initial efforts. Activities included: regional meetings, which included the meeting last October; assessment of current practices relative to healthcare worker vaccination; direct support to at least 40 homes; and data analysis to lead future efforts.

The Next meeting will be June 20th, 2017 at 1:00 p.m.

10) New Business:

1. *No New Business*

11) Public Comment:

1. *Nursing Home Funding:* Alan Mason mentioned that there was going to be a report on channel 9 about funding for nursing homes. He said that if funding for nursing homes is cut more than 10%, then many residents will become homeless. Alan posed the question, "Where do we stand with the Health Care Authority?" Mary Brinkley talked about Senior Day at the Capitol that occurred on April 11th, 2017. It was mentioned, "With a 10% cut in funding to LTC Facilities, 50% of the facilities are projected to close." There was a concern about where residents will be relocated to, if facilities do close. Dr. Dentino mentioned the LTCFAB approved Letter of Concern regarding the impact of proposed Medicaid budget cuts on the aging citizens of Oklahoma that was sent to Executive and Legislative branches and other selected individuals and agencies dated April 18th, 2016. Appropriations will occur in May 2017 and any cuts in funding to LTC Facilities will be addressed at the next LTCFAB meeting.

12) Adjournment

The meeting adjourned at 3:20 p.m.

Composite Scorecard for Oklahoma Nursing Homes

Long-stay metrics for the period ending 03/31/2017

Source: Minimum Data Set (MDS) National Repository

Run Date: 06/26/2017

Table 1 — Residents Who Self-Report Moderate to Severe Pain (N=12,962)

Desired ↓

	Mar 2016	Jun 2016	Sep 2016	Dec 2016	Mar 2017
Nation	8.2%	7.9%	7.7%	7.3%	7.1%
Region 6	8.5%	8.1%	7.6%	6.9%	6.6%
Oklahoma	15.8%	15.0%	14.5%	13.0%	11.9%

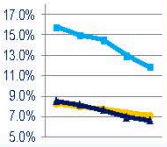


Table 2 — Residents With Catheter Inserted or Left in Bladder (N=16,729)

Desired ↓

	Mar 2016	Jun 2016	Sep 2016	Dec 2016	Mar 2017
Nation	3.4%	3.2%	3.1%	3.0%	2.9%
Region 6	3.9%	3.7%	3.6%	3.4%	3.3%
Oklahoma	4.6%	4.6%	4.3%	4.0%	4.0%

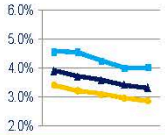


Table 3 — High Risk Residents with Pressure Ulcers (N=10,062)

Desired ↓

	Mar 2016	Jun 2016	Sep 2016	Dec 2016	Mar 2017
Nation	6.4%	6.4%	6.2%	6.2%	6.4%
Region 6	7.1%	7.1%	7.1%	7.0%	7.0%
Oklahoma	7.8%	8.0%	8.1%	8.3%	7.7%

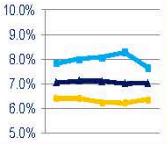


Table 4 — Low-Risk Residents Who Lose Control of Their Bowels or Bladder (N=8,614)

Desired ↓

	Mar 2016	Jun 2016	Sep 2016	Dec 2016	Mar 2017
Nation	46.4%	46.4%	46.7%	47.0%	47.3%
Region 6	44.4%	44.6%	44.9%	45.2%	45.4%
Oklahoma	34.9%	34.8%	34.7%	35.0%	36.8%

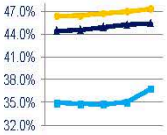


Table 5 — Residents Physically Restrained (N=17,705)

Desired ↓

	Mar 2016	Jun 2016	Sep 2016	Dec 2016	Mar 2017
Nation	0.7%	0.7%	0.6%	0.5%	0.5%
Region 6	0.6%	0.5%	0.5%	0.4%	0.3%
Oklahoma	0.4%	0.4%	0.4%	0.4%	0.3%

Table 6 — Residents Who Lose Too Much Weight (N=17,501)

Desired ↓

	Mar 2016	Jun 2016	Sep 2016	Dec 2016	Mar 2017
Nation	7.9%	7.7%	7.5%	7.6%	8.2%
Region 6	7.3%	7.2%	7.0%	6.8%	7.5%
Oklahoma	9.4%	9.0%	8.9%	8.3%	9.5%

Table 7 — Residents With One or More Falls with Major Injury (N=17,858)

Desired ↓

	Mar 2016	Jun 2016	Sep 2016	Dec 2016	Mar 2017
Nation	3.3%	3.3%	3.3%	3.3%	3.4%
Region 6	3.9%	3.9%	3.8%	3.8%	3.9%
Oklahoma	5.2%	5.2%	5.2%	5.5%	5.3%

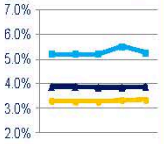


Table 8 — Residents Whose Need for Help With Activities of Daily Living (ADL) has Increased (N=13,881)

Desired ↓

	Mar 2016	Jun 2016	Sep 2016	Dec 2016	Mar 2017
Nation	15.9%	15.6%	15.2%	15.4%	15.9%
Region 6	18.2%	18.4%	18.0%	17.6%	18.2%
Oklahoma	14.2%	15.8%	16.2%	14.9%	16.7%

Table 9 — Residents Who Received Antipsychotic Medications (N=16,022)

Desired ↓

	Mar 2016	Jun 2016	Sep 2016	Dec 2016	Mar 2017
Nation	16.4%	16.0%	15.8%	15.6%	15.4%
Region 6	18.7%	18.1%	17.8%	17.3%	16.9%
Oklahoma	18.9%	19.0%	19.5%	19.1%	18.6%

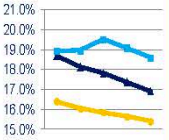


Table 10 — Residents Assessed and Appropriately Given the Flu Vaccine (N=17,511)

Desired ↑

	Mar 2016	Jun 2016	Sep 2016	Dec 2016	Mar 2017
Nation	94.5%	94.5%	94.5%	94.5%	94.9%
Region 6	93.0%	93.1%	93.1%	93.1%	94.0%
Oklahoma	93.9%	93.9%	93.9%	93.9%	96.1%

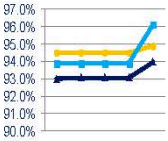


Table 11 — Residents Who Have Depressive Symptoms (N=15,723)

Desired ↓

	Mar 2016	Jun 2016	Sep 2016	Dec 2016	Mar 2017
Nation	6.0%	5.9%	5.6%	5.6%	5.5%
Region 6	4.4%	4.1%	3.8%	3.7%	3.6%
Oklahoma	6.2%	5.8%	5.7%	5.7%	5.7%

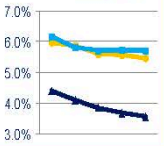


Table 12 — Residents Assessed and Appropriately Given the Pneumococcal Vaccine (N=17,859)

Desired ↑

	Mar 2016	Jun 2016	Sep 2016	Dec 2016	Mar 2017
Nation	93.1%	93.5%	93.4%	93.2%	93.7%
Region 6	90.3%	91.2%	91.1%	91.3%	92.1%
Oklahoma	89.4%	90.3%	89.6%	91.0%	92.9%

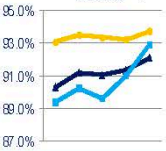


Table 13 — Residents With a Urinary Tract Infection (N=17,503)

Desired ↓

	Mar 2016	Jun 2016	Sep 2016	Dec 2016	Mar 2017
Nation	4.3%	4.1%	4.0%	3.7%	3.6%
Region 6	4.6%	4.3%	4.2%	3.9%	3.7%
Oklahoma	6.9%	6.3%	6.2%	6.1%	5.7%

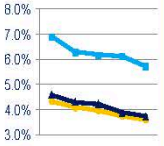
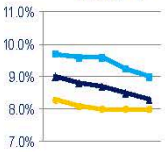


Table 14 — Composite Score for the Nation, Region 6 and Oklahoma (N=199,930)

Desired ↓

	Mar 2016	Jun 2016	Sep 2016	Dec 2016	Mar 2017
Nation	8.3%	8.1%	8.0%	8.0%	8.0%
Region 6	9.0%	8.8%	8.7%	8.5%	8.3%
Oklahoma	9.7%	9.6%	9.6%	9.3%	9.0%



Legend N = OK Denominator for current period

- Nation
- Region
- Oklahoma

- Statistically significant change for worse from the first to the last period shown
- No Statistically significant change from the first to the last period shown
- Statistically significant change for better from the first to the last period shown

Oklahoma State Department of Health
Creating a State of Health

Nursing Home Score Card

Select Long Stay Quality Measures for the Period Ending 3/31/2017

This score card provides an overview of Oklahoma nursing home performance with comparative data from the region and nation. The data comes from the Minimum Data Set National Repository, which is referred to as MDS 3.0. The data for this score card edition was retrieved on June 26, 2017 for the data period ending March 31, 2017. It includes a five quarter review of performance on key quality measures. These 13 metrics comprise the composite score as designated by the Centers for Medicare and Medicaid Services. The composite score is a snapshot of overall quality in nursing homes and is featured as table 14 on the bottom right of the score card. Whether the change from previous to current year for Oklahoma is statistically significant or not is indicated by the traffic light indicator where 'Red' indicates change for worse, 'Yellow' indicates no significant change and 'Green' indicates change for better.

Eight of 14 measures show statistically significant improvement from the same quarter last year (green lights), while two show a downturn in performance (red lights). Among those improving, table 12 shows the percentage of residents assessed and appropriately given the pneumococcal vaccine improved compared to last year. The Healthy Aging Ad Hoc Committee of the Long Term Care Facility Advisory Board and the OSDH Civil Monetary Penalty Grant Program continue to work to improve pneumococcal and influenza vaccination rates. We recorded two consecutive quarters of decline in residents receiving antipsychotic medications (Table 9). This reverses the previous upward trend.

Residents with urinary tract infections have declined in each of the last four quarters (Table 13). Oklahoma's rate of bowel or bladder control loss among residents has seen a statistically significant increase over last year but remains below the regional and national averages (Table 4). The share of residents needing help with Activities of Daily Living (ADL) saw a statistically significant increase over last year.

Statistically Significant Change: Previous to Current Year - Oklahoma	
Improved Performance Measures:	**Worsened Performance**
Self-reported pain (Table 1)	Low-Risk Residents Who Lose Control of Their Bowels or Bladder (Table 4)
Catheter in Bladder (Table 2)	Residents Whose Need for Help With Activities of Daily Living (Table 8)
Residents Physically Restrained (Table 5)	
Influenza vaccination (Table 10)	
Residents who have Depressive Symptoms (Table 11)	
Pneumococcal vaccination (Table 12)	
Urinary tract infections (Table 13)	
State Composite Score (Table 14)	

Note: Statistical significance was determined based on the 95% confidence interval.
Email QIEShelpdesk@health.ok.gov for more information.

FY17 4th QTR. NURSE AIDE REGISTRY
LTC Advisory Board 07/12/2017

Nurse Aide Registry
Oklahoma State
Department of Health

CURRENT CERIFICATION							
TYPES OF CERTIFICATION	FY2015	FY2016	FY17-Q1	FY17-Q2	FY17-Q3	FY17-Q4	FY2017
Adult Day Care (ADC)	29	30	30	29	29	28	28
Long Term Care (LTC)	38,259	37,614	37,747	37,612	37,876	37,855	37,855
Certified Medication Aide (CMA)	5,714	5,869	5,948	5,921	5,993	6,068	6,068
Advanced CMA Gastrology (CMA/G)	2,475	2,609	2,684	2,688	2,723	2,821	2,821
Advanced CMA Glucose Monitoring (CMA/GM)	983	1,091	1,113	1,113	1,137	1,191	1,191
Advanced CMA Insulin Administration (CMA/IA)	710	780	791	801	818	862	862
Advanced CMA Respiratory (CMA/R)	2,556	2,693	2,770	2,770	2,802	2,907	2,907
Feeding Assistant (FA)	591	653	651	637	638	603	603
Home Health Aide (HHA)	14,186	13,755	13,881	13,705	13,846	13,839	13,839
Developmentaly Direct Care Aide (DDDCA)	1,653	1,402	1,341	1,301	1,291	1,268	1,268
Residential Care Aide (RCA)	98	83	76	77	71	69	69
TOTALS	67,254	66,579	67,032	66,654	67,224	67,511	67,511

WALK INS FOR RENEWAL	FY2015	FY2016	FY17-Q1	FY17-Q2	FY17-Q3	FY17-Q4	FY2017
First Floor - NARS Walk-Ins	4,272	5,009	1,224	1,079	1,292	1,431	5,026

NEW CERTIFCATIONS/REGISTRATIONS	FY2015	FY2016	FY17-Q1	FY17-Q2	FY17-Q3	FY17-Q4	FY2017
RECIPROCITY - TRANSFERRED CERTIFICATION INTO THE STATE							
LTC	890	897	273	205	242	281	1001
HHA	0	11	2	1	1	2	6
TRAINING PROGRAM TESTING							
LTC	5,949	5,183	1,242	1,190	1,149	1,987	5,568
HHA	2,776	2,403	570	541	597	1,083	2791
DDDCA	206	180	57	30	63	59	209
RCA	0	0	0	0	0	0	0
ADCA	2	0	0	0	0	0	0
CMA	1,121	999	230	256	276	340	1102
FA	302	266	75	35	72	48	230
TOTAL	10,356	9,031	2,174	2,052	2,157	3,517	9,900
NEW ADVANCED CMA							
CMA-R	460	706	203	221	286	314	1024
CMA-G	468	688	198	214	278	302	992
CMA-GM	226	323	71	88	106	134	399
CMA-IA	153	228	57	71	75	101	304
TOTAL	1,307	1,945	529	594	745	851	2719

FY17 4th QTR. NURSE AIDE REGISTRY
LTC Advisory Board 07/12/2017

RETEST	FY2015	FY2016	FY17-Q1	FY17-Q2	FY17-Q3	FY17-Q4	FY2017
Retest - CMA	57	91	24	39	15	20	35
Retest - LTC	126	274	62	36	68	58	162
Retest - HHA	35	93	19	33	16	17	66
Retest - DDCA	0	0	1	0	0	0	1
TOTAL	218	458	106	108	99	95	408

RECIPROCITY - TRANSFERRED CERTIFICATION TO ANOTHER STATE	FY2015	FY2016	FY17-Q1	FY17-Q2	FY17-Q3	FY17-Q4	FY2017
Reciprocity - LTC	375	415	104	89	97	127	417

ABUSE	FY2015	FY2016	FY17-Q1	FY17-Q2	FY17-Q3	FY17-Q4	FY2017
Misappropriation	16	41	13	9	11	11	44
Neglect	9	17	5	6	10	13	34
Physical	3	12	2	0	3	4	9
Sexual	1	1	0	0	0	0	0
Mistreatment	0	1	0	0	0	0	0
Verbal	1	1	0	0	0	0	0
TOTAL	30	73	20	15	24	28	87

TRAINING PROGRAMS							
APPROVED TRAINING PROGRAMS	FY2015	FY2016	FY17-Q1	FY17-Q2	FY17-Q3	FY17-Q4	FY2017
LTCA	119	129	133	133	134	134	134
HHA	0	0	0	0	0	0	0
DDDCA	11	11	11	10	10	10	10
RCA	2	1	1	1	1	1	1
ADC	1	0	0	0	0	0	0
CMA	47	47	47	46	46	46	46
CMA/Continuing Education Units(CEU)	35	35	35	36	37	36	36
CMA/IA	15	20	20	21	21	21	21
CMA/GM	2	2	2	3	4	4	4
CMA/R	1	2	2	2	2	2	2
CMA/RG	23	25	25	25	26	26	26
CMA/G	0	1	1	1	1	1	4
TOTAL	256	273	277	278	282	281	281

ONSITE SURVEYS PERFORMED	FY2015	FY2016	FY17-Q1	FY17-Q2	FY17-Q3	FY17-Q4	FY2017
LTCA	56	119	14	2	7	12	35
HHA	0	0	0	0	0	0	0
DDDCA	2	12	0	1	1	0	2
RCA	0	4	0	0	0	0	0
ADCA	1	0	0	0	0	0	0
CMA	2	25	5	8	2	1	16
CMA / CEU	0	22	4	8	2	0	14
CMA/IA	0	7	2	3	0	0	5
CMA/GM	0	1	0	1	1	0	2
CMA/R	0	0	0	1	0	0	1
CMA/RG	0	12	2	3	1	0	6
TOTAL	61	196	27	27	14	13	81

FY17 4th QTR. NURSE AIDE REGISTRY
LTC Advisory Board 07/12/2017 (Revised 7/13/2017)

Nurse Aide Registry
Oklahoma State
Department of Health

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DDDCA	206	180	57	30	63	59	209
RCA	0	0	0	0	0	0	0
ADCA	2	0	0	0	0	0	0
CMA	1,121	999	230	256	276	340	1102
FA	302	266	75	35	72	48	230
TOTAL	10,356	9,031	2,174	2,052	2,157	3,517	9,900
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CMA-IA	153	228	57	71	75	101	304
TOTAL	1,307	1,945	529	594	745	851	2719

FY17 4th QTR. NURSE AIDE REGISTRY
LTC Advisory Board 07/12/2017 (Revised 7/13/2017)

RETEST	FY2015	FY2016	FY17-Q1	FY17-Q2	FY17-Q3	FY17-Q4	FY2017
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Reciprocity - LTC	375	415	104	89	97	127	417

ABUSE	FY2015	FY2016	FY17-Q1	FY17-Q2	FY17-Q3	FY17-Q4*	FY2017*
Misappropriation	16	41	13	9	11	4	37
Neglect	9	17	5	6	10	11	32
Physical	3	12	2	0	3	2	7
Sexual	1	1	0	0	0	0	0
Mistreatment	0	1	0	0	0	0	0
Verbal	1	1	0	0	0	0	0
TOTAL	30	73	20	15	24	17	76

* Revised FY17-Q4 and FY2017 Totals on 7/13/17

TRAINING PROGRAMS							
APPROVED TRAINING PROGRAMS	FY2015	FY2016	FY17-Q1	FY17-Q2	FY17-Q3	FY17-Q4	FY2017
LTCA	119	129	133	133	134	134	134
HHA	0	0	0	0	0	0	0
DDDCA	11	11	11	10	10	10	10
RCA	2	1	1	1	1	1	1
ADC	1	0	0	0	0	0	0
CMA	47	47	47	46	46	46	46
CMA/Continuing Education Units(CEU)	35	35	35	36	37	36	36
CMA/IA	15	20	20	21	21	21	21
CMA/GM	2	2	2	3	4	4	4
CMA/R	1	2	2	2	2	2	2
CMA/RG	23	25	25	25	26	26	26
CMA/G	0	1	1	1	1	1	4
TOTAL	256	273	277	278	282	281	281
ONSITE SURVEYS PERFORMED	FY2015	FY2016	FY17-Q1	FY17-Q2	FY17-Q3	FY17-Q4	FY2017
LTCA	56	119	14	2	7	12	35
HHA	0	0	0	0	0	0	0
DDDCA	2	12	0	1	1	0	2
RCA	0	4	0	0	0	0	0
ADCA	1	0	0	0	0	0	0
CMA	2	25	5	8	2	1	16
CMA / CEU	0	22	4	8	2	0	14
CMA/IA	0	7	2	3	0	0	5
CMA/GM	0	1	0	1	1	0	2
CMA/R	0	0	0	1	0	0	1
CMA/RG	0	12	2	3	1	0	6
TOTAL	61	196	27	27	14	13	81

Abuse/Neglect/Misappropriation (ANM) Findings

	FY16-Q3* 1/1/16 to 3/31/16		FY16-Q4 4/1/16 to 6/30/16		FY17-Q1 7/1/16 to 9/30/16		FY17-Q2 10/1/16 to 12/31/16		FY17-Q3 1/1/17 to 3/31/17		FY17-Q4 4/1/17 to 6/30/17	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Findings	**32**	**100%**	**23**	**100%**	**20**	**100%**	**15**	**100%**	**24**	**100%**	**17**	**100%**
Default Judgement Service to Address on File	**22**	**69%**	**16**	**70%**	**11**	**55%**	**9**	**60%**	**15**	**63%**	**9**	**53%**
Event to Final Administrative Order Less then 9 months					**8**	**40%**	**10**	**67%**	**6**	**25%**	**6**	**35%**
Years From Certification to Finding												
Average					9		6		8		7	
Minimum					1		1		1		1	
Maximum					27		19		21		20	
Age at Finding												
Average	36		33		38		34		33		32	
Minimum	20		19		19		22		19		18	
Maximum	62		51		63		61		52		49	
Gender	**32**	**100%**	**23**	**100%**	**20**	**100%**	**15**	**100%**	**24**	**100%**	**17**	**100%**
Male	6	19%	3	13%	1	5%	0	0%	2	8%	1	6%
Female	26	81%	20	87%	19	95%	15	100%	22	92%	16	94%
Type Certification	**32**	**100%**	**23**	**100%**	**20**	**100%**	**15**	**100%**	**24**	**100%**	**17**	**100%**
LTC/HHA	28	87.5%	22	95.7%	17	85.0%	13	86.7%	12	50.0%	16	94.1%
CMA	0	0.0%	0	0.0%	2	10.0%	0	0.0%	10	41.7%	1	5.9%
DDCA	1	3.1%	1	4.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
NTSW	3	9.4%	0	0.0%	1	5.0%	2	13.3%	2	8.3%	0	0.0%
Finding Type	**32**	**100%**	**23**	**100%**	**20**	**100%**	**15**	**100%**	**24**	**100%**	**17**	**100%**
Misappropriation												
Misappropriation/Meds	3	9.4%	1	4.3%	2	10.0%	4	26.7%	5	20.8%	2	11.8%
Misappropriation/Cash	2	6.3%	0	0.0%	0	0.0%	1	6.7%	3	12.5%	0	0.0%
Misappropriation/Property	16	50.0%	11	47.8%	11	55.0%	4	26.7%	3	12.5%	2	11.8%
Neglect												
Services	6	18.8%	2	8.7%	2	10.0%	3	20.0%	3	12.5%	7	41.2%
Transfer	1	3.1%	3	13.0%	3	15.0%	3	20.0%	7	29.2%	4	23.5%
Abuse												
Physical	3	9.4%	6	26.1%	2	10.0%	0	0.0%	3	12.5%	2	11.8%
Sexual	1	3.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Verbal	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Mistreatment	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Facility Type	**32**	**100%**	**23**	**100%**	**20**	**100%**	**15**	**100%**	**24**	**100%**	**17**	**100%**
Nursing	19	59%	17	74%	15	75%	10	67%	22	92%	15	88%
Assisted Living	9	28%	4	17%	5	25%	3	20%	1	4%	1	6%
Home Care	2	6%	1	4%	0	0%	2	13%	0	0%	1	6%
Hospice	1	3%	0	0%	0	0%	0	0%	0	0%	0	0%
ICF/IID	1	3%	1	4%	0	0%	0	0%	1	4%	0	0%
Private	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Training Source	**32**	**100%**	**23**	**100%**	**20**	**100%**	**15**	**100%**	**24**	**100%**	**17**	**100%**
Career Tech	17	53%	12	52%	9	45%	9	60%	13	54%	14	82%
Provider Based	6	19%	4	17%	6	30%	0	0%	1	4%	1	6%
Private	1	3%	3	13%	1	5%	1	7%	4	17%	2	12%
Unknown	2	6%	3	13%	3	15%	1	7%	4	17%	0	0%
Reciprocity	3	9%	1	4%	0	0%	2	13%	0	0%	0	0%
OSU	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
NA: Non-technical	3	9%	0	0%	1	5%	2	13%	2	8%	0	0%
Hearings	**32**	**100%**	**23**	**100%**	**20**	**100%**	**15**	**100%**	**24**	**100%**	**17**	**100%**
Appeared	6	19%	3	13%	8	40%	5	33%	6	25%	8	47%
No Appearance	26	81%	20	87%	12	60%	10	67%	15	63%	9	53%
Agreed Order	0	0%	0	0%	0	0%	0	0%	3	13%	0	0%
Probation/Suspension	**0**		**0**		**0**		**0**		**3**		**0**	

* This quarter represented the first complete quarter in which 63 O.S. § 1-1951(D)(8) applied. This new law provided legal service exists when delivery of the petition and order for hearing were sent to the address on file for a nurse aide.

OKSCREEN and Abuse, Neglect, and Misappropriation (ANM) Findings

	FY15		FY16-Q1 7/1/15 to 9/30/15		FY16-Q2 10/1/15 to 12/31/15		FY16-Q3* 1/1/16 to 3/31/16		FY16-Q4 4/1/16 to 6/30/16		FY17-Q1 7/1/16 to 9/30/16		FY17-Q2 10/1/16 to 12/31/16		FY17-Q3 1/1/17 to 3/31/17		FY17-Q4 4/1/17 to 6/30/17	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Findings & OK-SCREEN Applicant Reviews																		
Persons with ANM findings	30	100%	10	100%	7	100%	31	100%	23	100%	20	100%	15	100%	24	100%	17	100%
ANM Applicant's with Status in OKS	11	37%	5	50%	2	29%	10	32%	10	43%	15	75%	15	100%	18	75%	14	82%
No applicant record in OKS	19	63%	5	50%	5	71%	21	68%	13	57%	5	25%	0	0%	6	25%	3	18%
ANM Applicant's with Status in OKS																		
ANM Applicants with Status in OKS	11	100%	5	100%	2	100%	10	100%	10	100%	15	100%	15	100%	18	100%	14	100%
Had prior eligible determination in OKS prior to finding	7	64%	2	40%	2	100%	7	70%	9	90%	12	80%	15	100%	14	78%	14	100%
Had pending determination with provisional employment	0	0%	1	20%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Had incomplete or withdrawn application(s) or pending not eligible determination	0	0%	2	40%	0	0%	3	30%	1	10%	3	20%	0	0%	2	11%	0	0%
Not eligible in OKS	4	36%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	2	11%	0	0%
Prior Criminal History for ANM Cases w/ prior Eligible Determination in OKS																		
ANM Cases with prior eligible determination in OKS	7	100%	2	100%	2	100%	7	100%	9	100%	12	100%	15	100%	14	100%	14	100%
Had prior eligible criminal history	1	14%	0	0%	0	0%	2	29%	2	22%	3	25%	7	47%	6	43%	6	43%
Had no prior criminal history	6	86%	2	100%	2	100%	5	71%	7	78%	9	75%	8	53%	8	57%	8	57%
OKS Employment History for ANM Cases w/ prior Eligible Determination in OKS																		
ANM Cases with prior eligible determination in OKS	7	100%	2	100%	2	100%	7	100%	9	100%	12	100%	15	100%	14	100%	14	100%
Discharged @ Allegation	0	0%	0	0%	0	0%	0	0%	4	44%	4	33%	6	40%	1	7%	4	29%
Terminated in OKS prior to ANM Finding	3	43%	1	50%	1	50%	6	86%	4	44%	3	25%	7	47%	9	64%	5	36%
Terminated in OKS after ANM Finding	4	57%	0	0%	1	50%	0	0%	1	11%	4	33%	2	13%	3	21%	5	36%
Termination date pending	0	0%	1	50%	0	0%	0	0%	0	0%	0	0%	0	0%	1	7%	0	0%
Never employed	0	0%	0	0%	0	0%	1	14%	0	0%	1	8%	0	0%	0	0%	0	0%
Employed with Pending Allegation Prior to ANM Finding									4		6		7		9		6	

* This quarter represented the first complete quarter in which 63 O.S. § 1-1951(D)(8) applied. This new law provided legal service exists when delivery of the petition and order for hearing were sent to the address on file for a nurse aide.