



Long Term Care Facility Advisory Board

2017 Annual Report

LONG TERM CARE FACILITY ADVISORY BOARD

2017 ANNUAL REPORT

SUMMARY:

During 2017, the Long Term Care Facility Advisory Board (Advisory Board) recognized these key accomplishments.

- Members recommended adoption of changes to the Oklahoma Administrative Code (OAC): OAC 310:625, OAC 310:630, OAC 310:663, OAC 310:675, OAC 310:677, and OAC 310:680. The rules OAC 310:663, OAC 310:675 and OAC 310:680 were adopted by the Oklahoma State Board of Health, approved by the Governor, and effective October 1, 2017. The other recommendations will be presented to the Board of Health in early 2018.
- Members agreed to be key informants for research by the OU Knee Center Positive Aging Initiative.
- The Advisory Board received an Oklahoma State Department of Health (OSDH) staff report on OSDH efforts to bring unlicensed residential care homes into compliance with licensure laws. The Advisory Board agreed to monitor information on OSDH investigations and enforcement progress going forward as a standing agenda item.
- The Advisory Board received an update on information concerning the OSDH Nurse Aide Registry. The backlog of enforcement cases had been cleared.
- The Advisory Board members encouraged the OSDH to address the threats posed to facility residents when facility staff do not call before failing to show up for a scheduled work shift.
- Members reviewed an OSDH prepared composite score card of 13 nursing home clinical quality care indicators for long-stay residents. Members encouraged the OSDH to continue the analysis and publication of the composite score card. The Advisory Board requested that the OSDH present the quarterly score card results to the Advisory Board as a standing agenda item.
- The Ad Hoc Committee on Healthy Aging focused on two objectives this year. The final Committee report indicated progress on reducing falls with injury and increasing influenza and pneumococcal vaccinations. The Committee recommended continued support and surveillance on the fall prevention pilot project. The Committee also recommended replicating past interventions instead of developing new projects to address vaccinations. The Committee's final recommendation was that the Advisory Board dissolve the Ad Hoc Committee on Healthy Aging and continue monitoring the progress of the current efforts by reviewing the composite score card of long-stay measures.

PURPOSE:

The Long Term Care Facility Advisory Board is authorized by Section 1-1923 of the Oklahoma Nursing Home Care Act {63 O.S. § 1-1900 et seq.}. The Advisory Board consists of twenty-seven (27) members appointed by the Governor and functions as a professional advisory body to the State Commissioner of Health.

As part of their routine activities, the Advisory Board serves as an advisory body to the Department of Health for the development and improvement of services for care and treatment of residents of facilities subject to the provisions of the Nursing Home Care Act, homes subject to the provisions of the Residential Care Act, facilities subject to the Continuum of Care and Assisted Living Act, and facilities subject to the provisions of the Adult Day Care Act. In its advisory capacity, the Advisory Board reviews, makes recommendations, and approves the system of standards developed by the Department of Health; the Advisory Board evaluates and reviews the standards, practices, and procedures of the Department of Health regarding the administration and enforcement of the provisions of the Nursing Home Care Act, the Residential Care Act, the Continuum of Care and Assisted Living Act, and the Adult Day Care Act. The Advisory Board also reviews and evaluates the quality of services and care and treatment provided to residents of facilities and residential care homes and participants in adult day care centers. The Advisory Board may make recommendations to the Department of Health as necessary and appropriate.

The Advisory Board annually publishes a report of its activities and any recommendations for the improvement of services and care in long term care facilities. The annual report is prepared for the Governor, the State Commissioner of Health, the Oklahoma State Board of Health, the Speaker of the House of Representatives, the President Pro Tempore of the Senate, and the chief administrative officer of each agency affected by the report.

PROVIDERS:

At the end of State Fiscal Year 2017, there were 689 long term care facilities operating in Oklahoma that the Oklahoma State Department of Health licensed. The numbers of facilities licensed by category are:

- Nursing Facilities – 309
- Adult Day Care Centers – 41
- Assisted Living Centers – 176
- Continuum of Care Facilities – 18
- Intermediate Care Facilities for Individuals with Intellectual Disabilities – 87
- Residential Care Homes – 51
- Veterans Centers – 7

VACANCIES:

During 2017, the Long Term Care Facility Advisory Board had a quorum and was able to conduct official business in all four of the regular meetings (January 11, April 12, July 12, and October 11) and in the one special meeting (February 9). The Long Term Care Facility Advisory Board currently has three vacancies, which the Advisory Board recommended be filled by the Office of the Governor. Members will work individually to encourage potential candidates to apply via https://www.ok.gov/governor/Serve_Oklahoma/index.html.

ACTIVITIES:

In January and February 2017, members recommended adoption of changes to the Oklahoma Administrative Code (OAC) Chapters 310:663, 310:675 and 310:680. Potential cost reductions are anticipated based on OAC changes to the complaint investigation process. The changes authorize the OSDH to investigate a complaint at the next scheduled onsite visit to a facility, if the complaint does not allege immediate jeopardy or actual harm to a resident. This replaces a requirement for OSDH to investigate such complaints within 30 days. The changes also refined the parameters for incidents facilities must report to the OSDH. The rule changes are projected to decrease reliance on state subsidized funding by \$159,873 per year. The changes were adopted by the Oklahoma State Board of Health, approved by the Governor, and became effective in October 2017.

Upon presentation of pertinent information by OSDH staff, the Advisory Board recommended adoption of changes to the Oklahoma Administrative Code (OAC) Chapters 310:625, 310:630, 310:663, 310:675, 310:677, and 310:680. The intent of the changes was to revise existing language to align with the “Persons with Disabilities - Respectful Language.” The term used in rule has been updated to replace nonrespectful language by referring to persons with disabilities as persons first. The Long Term Care Facility Advisory Board recommended that the Oklahoma State Board of Health adopt these rule changes.

Members agreed to be key informants for research by the University of Oklahoma Knee Center Positive Aging Initiative. This new positive aging initiative started in October 2016. For the research project, the principal investigators will contact interested Advisory Board members to help gain a better understanding of what the principle concerns and needs are when it comes to the field of aging.

The Advisory Board received an OSDH staff report on OSDH efforts to bring unlicensed residential care homes into compliance with licensure laws. The Advisory Board agreed to monitor information on OSDH investigations and enforcement progress as a standing agenda item. The OSDH and Adult Protective Services (APS) of the Oklahoma Department of Human Services jointly created a task force to investigate unlicensed homes. The Long Term Care Service will continue surveillance of unlicensed homes. In response to the request for an ad hoc committee to be created in relation to unlicensed homes, OSDH recommended that the full Advisory Board should review additional information as it brought forward by OSDH and allow APS, OSDH and the Ombudsman to develop solutions to bring unlicensed homes into compliance.

The backlog of enforcement cases for the OSDH Nurse Aide Registry was cleared as of March 2017.

The Advisory Board members encouraged OSDH to address the threats posed by no call/no show staff behaviors to facility residents when facility staff do not call before failing to show for a scheduled work shift. Some members may form an ad hoc committee or work group to collect data and discuss how to address the problem surrounding no call/no shows.

The Ad Hoc Committee on Healthy Aging held its thirteenth and fourteenth meetings in 2017, and submitted its final report on October 11, 2017. The Committee had two objectives to advance the goal of improving Oklahoma's composite score card results. The first was to monitor the progress of the nursing home fall prevention pilot program designed by the Committee last year. The second objective was to formulate an approach to increase the percent of nursing home residents assessed and appropriately given the influenza and pneumococcal vaccines. These objectives yielded positive results. Please see Attachment A, the final report of the Ad Hoc Committee, which held its final meeting on October 11, 2017.

RECOMMENDATIONS:

Members reviewed an OSDH prepared composite score card of 13 nursing home clinical quality care indicators for long-stay residents. Members encouraged the OSDH to continue the analysis and publication of the composite score card (Attachment B). The Advisory Board recommended keeping quarterly score card results as a standing agenda item.

The Long Term Care Facility Advisory Board recommended that the three vacancies on the Advisory Board be filled by the Office of the Governor. Members will work individually to encourage potential candidates to apply via https://www.ok.gov/governor/Serve_Oklahoma/index.html.

COMMITTEE REPORTS:

Members were appointed at the July 2017 meeting to form the Nominating Committee for the 2018 Long Term Care Facility Advisory Board Officers. William Whited, Kay Parsons, and Diana Sturdevant were appointed to the Nominating Committee. The Chair for the nominating committee will be William Whited.

AGENDAS:

The meeting agenda items addressed various aspects of the long term care industry. The Long Term Care Facility Advisory Board allocated time at each regular meeting to discuss other long term care issues that might become the responsibility of this Advisory Board at some future date. The Advisory Board looks forward to prioritizing and addressing important issues in 2018 with the benefit of a full complement of members.

ADVISORY BOARD OFFICERS:

Advisory Board officers elected on October 11, 2017 for 2018 are Alan Mason, Chair; Pam Humphreys, Vice Chair; and Theo Crawley, Secretary / Treasurer.

MEETING SCHEDULE FOR 2018:

The following regular meetings have been scheduled for 2018: January 10, April 11, July 11, and October 10 at 1:30 p.m. at the Oklahoma State Department of Health.



**Ad Hoc Committee on Healthy Aging
Long Term Care Facility Advisory Board
Executive Summary and Final Report
October 11, 2017**

The Ad Hoc Committee on Healthy Aging held their thirteenth and fourteenth meetings on June 20 and October 11. The Long Term Care Facility Advisory Board members present were Andrew Dentino and Diana Sturdevant. Others present this year were Deputy Commissioner Henry Hartsell, Jr., Mary Brinkley, Timothy Cathey, Timothy Chrusciel, Mike Cook, Terry Cothran, Claire Dowers-Nichols, Alexandria Hart-Smith, Bethany Holderread, Patricia Ingram, Natasha Mason, Gayla Middlestead, Julie Myers, Teri Round, Crystal Rushing, and Debra Yellseagle.

The overarching goal of the Healthy Aging Ad Hoc was to improve nursing home quality as measured by the Composite Score. The Composite Score is a calculation designated by the Centers for Medicare and Medicaid Services (CMS). It consists of 13 long stay measures from the CMS Minimum Data Set 3.0 (MDS). The calculation for the score is attached to this report. The quality measures and the Composite Score calculation inform the attached OSDH Score Card, which compares Oklahoma's performance to the region and nation. According to CMS, lower composite score values indicate better clinical quality in nursing homes. The national composite score goal is six or less (≤ 6).

Toward the goal of lowering Oklahoma's Composite Score, the Ad Hoc Committee selected two objectives for 2017. The first was to monitor the progress of the nursing home fall prevention program designed by the Committee in 2015. The second objective was to formulate an approach to increase the percent of long-stay nursing home residents assessed and appropriately given the influenza and pneumococcal vaccines. The fall prevention pilot has demonstrated initial success with room for refinement. The vaccination initiative met its goals for improvement ahead of schedule. Further details about the overall progress toward the Composite Score goal and updates for both objectives follow.

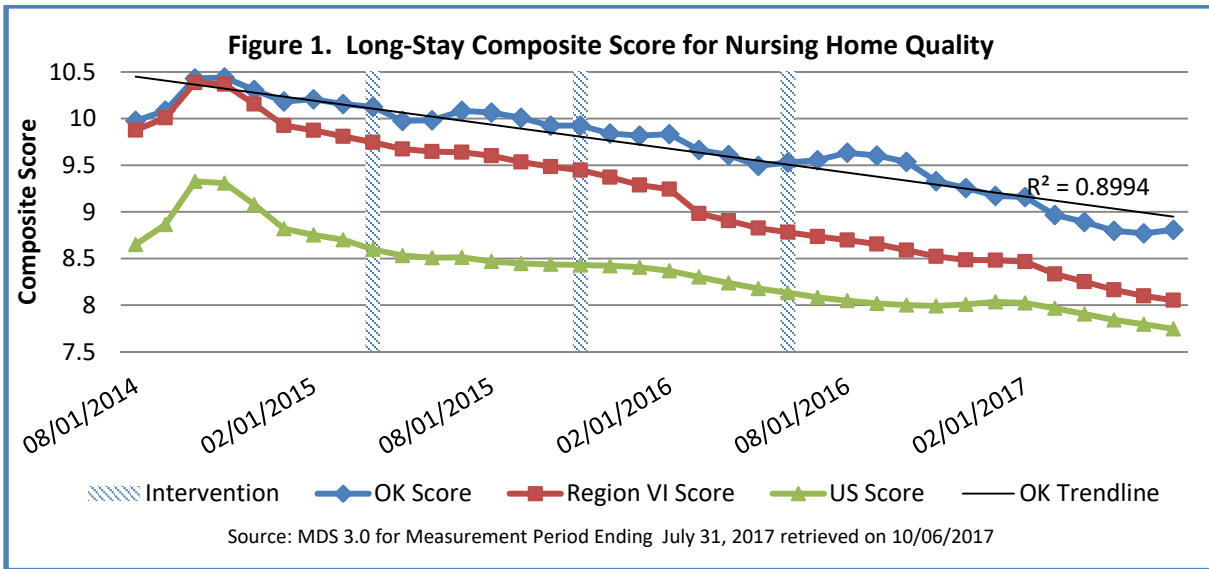
Composite Score

Healthy Aging Ad Hoc Committee AIM Statement: An opportunity exists to improve quality of care delivered in Oklahoma nursing facilities as currently measured in the Composite Score, moving from 10.0 in September 2015, to 8.4 by June 2019. Efforts to do so should increase physical, mental, social and emotional well-being and functioning of residents in nursing facilities. This is important to work on immediately because the composite score represents clinical care measures that are a significant cause of morbidity and mortality.

Composite Score Data: Oklahoma's highest composite score has improved from 10.4 in October 2014 to 8.8 in July 2017, which is a relative improvement of 15.6% in less than three years. The trend line indicates that Oklahoma is on target for meeting the goal of 8.4 by June 2019. The rate of relative improvement from the October 2014 baseline has not been as great

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in Oklahoma as compared to its CMS region or the nation (**Table 1**). However, with the implementation of interventions beginning early in 2015, Oklahoma began to close the gap between itself and the nation. Oklahoma's score remains higher than the regional and national averages as shown in **Figure 1**. The CMS Composite Scores by region are listed in **Table 2** and a map of the CMS regions accompanies the table as **Figure 2**.



Baseline Date	Highest Baseline	Interventions
	10/31/2014	03/31/2015
OK Score	15.6%	13.3%
Region VI Score	22.5%	17.9%
US Score	17.0%	11.0%

State/ Region Code	Composite Score 7-31-2017
9	5.8
2	6.7
1	7.5
US	7.7
3	7.8
4	7.9
6 (OK)	8.1
7	8.2
8	8.4
10	8.5
5	8.5
OK	8.8

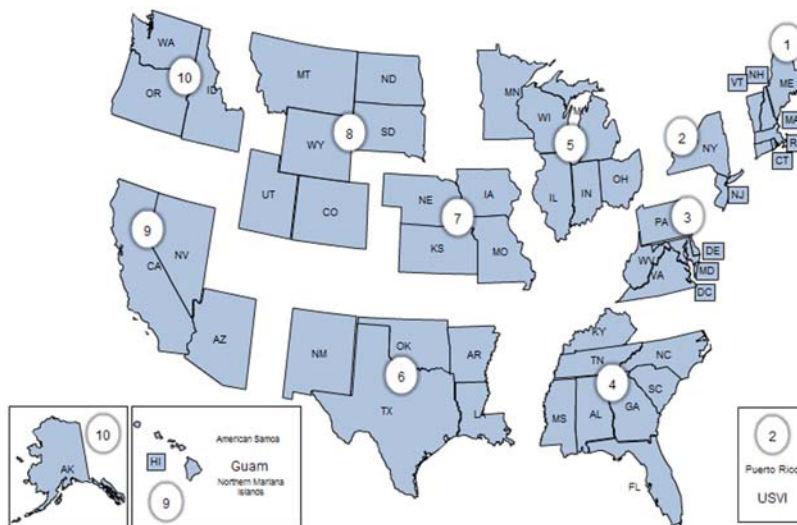


Figure 2. Map of CMS Regions

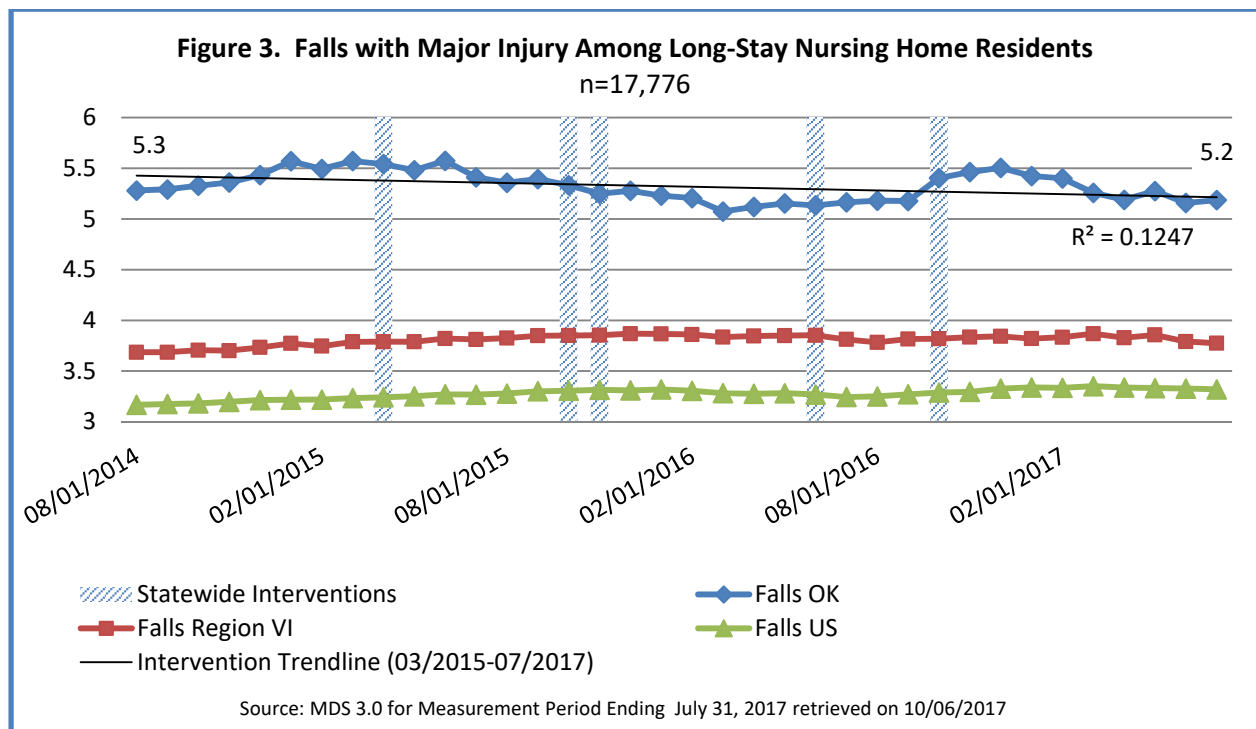
Source: <https://innovation.cms.gov/initiatives/regional-innovation-network/>

Fall Prevention

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.

According to the Centers for Disease Control and Prevention, “one out of five falls causes a serious injury such as broken bones or a head injury. More than 95% of hip fractures are caused by falling, usually by falling sideways. Falls are the most common cause of traumatic brain injuries. Adjusted for inflation, the direct medical costs for fall injuries are \$31 billion annually. Hospital costs account for two-thirds of the total.”¹

Collaborative efforts to educate providers and enhance existing projects began in March 2015 and continue to date. The initial project design for a 12-week comprehensive program was completed in October 2015. Collaboration to reduce falls in nursing homes and in the community continued at the second Governor’s Summit on Healthy Aging in April 2016. After the baseline was set at 5.3% (09/30/2014), the rate of falls continued to increase through December 2014 to 5.6%.² The most recent data on the state’s average fall rates are shown in **Figure 3**.



¹ Source: <https://www.cdc.gov/homeandrecrreationalafety/falls/adultfalls.html> accessed 10/06/2017
² Source: CMS Minimum Data Set 3.0 for Measurement Period Ending July 31, 2017 retrieved on 10/02/2017

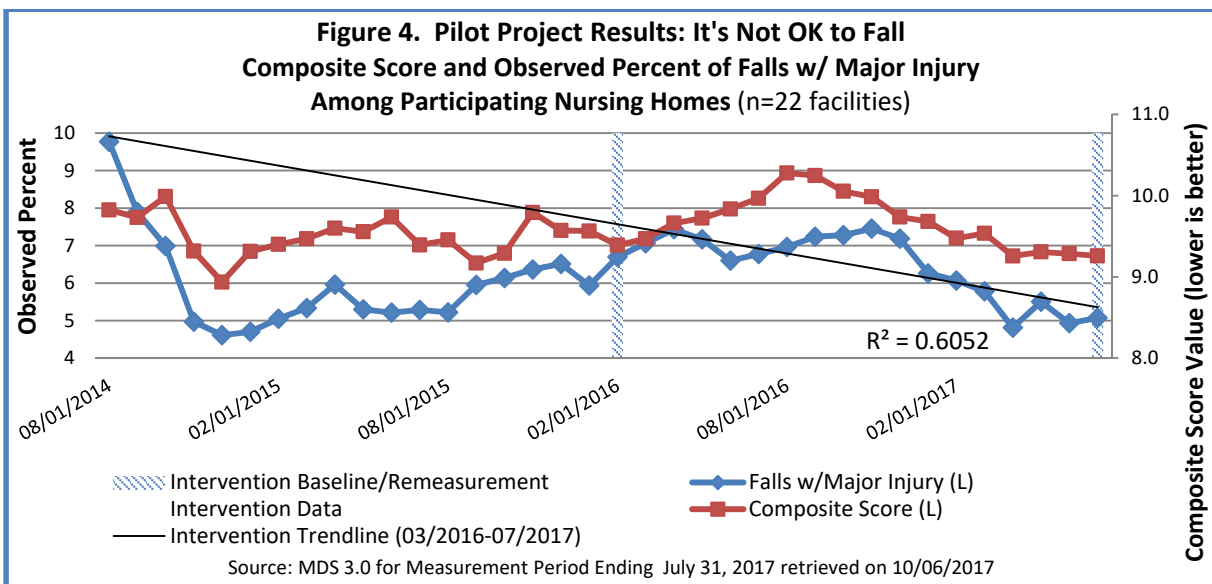
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Intervention for Falls:

Improvement has been achieved among nursing homes participating in the intervention designed by the Ad Hoc Committee. The first phase of the pilot (*It's Not OK to Fall*) included four facilities in the Oklahoma City area, then expanded to an additional 18 homes across the state. Phase two concluded in June 2017. Up to 40 additional homes will be recruited for the final phase. Due to the opportunity cost (intensive education at all levels onsite and during business hours) experienced by the participants, a limited number of nursing homes participate in this intervention. The program employs a multifaceted design of culture change principles. In addition to didactic presentations about the project, the program was displayed as a poster presentation at the Surgeon General's 2016 U.S. Public Health Service conference.

Results for Falls Intervention Pilot:

The preliminary results indicate net positive results. The fall rate of the nursing homes averaged 6.5% (12/31/2015) before the intervention and 5.1% at remeasurement (7/31/2017). The Composite Score for the cohort improved from 9.6 (12/31/2015) to 9.3 (7/31/2017).³ The data source metric has a look back scan of one year, so improvement is not immediately reflected. **Figure 4** details the preliminary falls data from the cohort. The change in the composite score and observed percentage of falls with major injury from baseline (12/31/2015) to current ending period (7/31/2017) was statistically significant.



Ad Hoc Committee Recommendation for Fall Intervention:

Project managers should use an assessment tool to determine facility readiness so that there is minimal waste of efforts and resources, which might otherwise be caused by attrition. The data should be monitored by the funding source (CMP Fund Program at OSDH) and evaluated for continued funding at the end of phase three.

³ Source: CMS Minimum Data Set 3.0 for Measurement Period Ending July 31, 2017 retrieved on 10/06/2017

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Vaccination Improvement

AIM Statement for Vaccinations: Starting with the percent of long-stay nursing home residents assessed and appropriately given the **seasonal influenza** vaccinations of 95.2% in March 2015, the aim is to improve to 96% by March 2018 with a stretch goal of 98% by March 2019. Starting with the percent of long-stay nursing home residents assessed and appropriately given the **pneumococcal** vaccinations of 87.6% in March 2015, the aim is to improve to 92% by March 2018, with a stretch goal of 94% by March 2019.

The Centers for Disease Control and Prevention (CDC) estimates that “between 71 percent and 85 percent of seasonal flu-related deaths have occurred in people 65 years and older and between 54 percent and 70 percent of seasonal flu-related hospitalizations have occurred among people in that age group.”⁴ Additionally, the CDC reports that each year “pneumococcal disease kills thousands of adults, including 18,000 adults 65 years or older. Thousands more end up in the hospital because of pneumococcal disease.”⁵

Intervention for Vaccinations:

Based on discussions of the March 2016 data, which indicated decreasing performance in these measures, the Ad Hoc requested an analysis of existing practices in nursing homes. In the fall of 2016 OSDH tasked a current CMP Fund Program contractor to assess practices and pilot initial efforts.

The contractor’s activities to improve the percentage of long-stay residents in Oklahoma nursing facilities that assessed and appropriately given the seasonal influenza and pneumococcal vaccines included:

- Regional meetings/trainings held in October 2016,
- Assessment of current practices (report available from October 2016-March 2017),
- Direct support to at least 40 nursing homes, and
- Data analysis to lead future efforts.

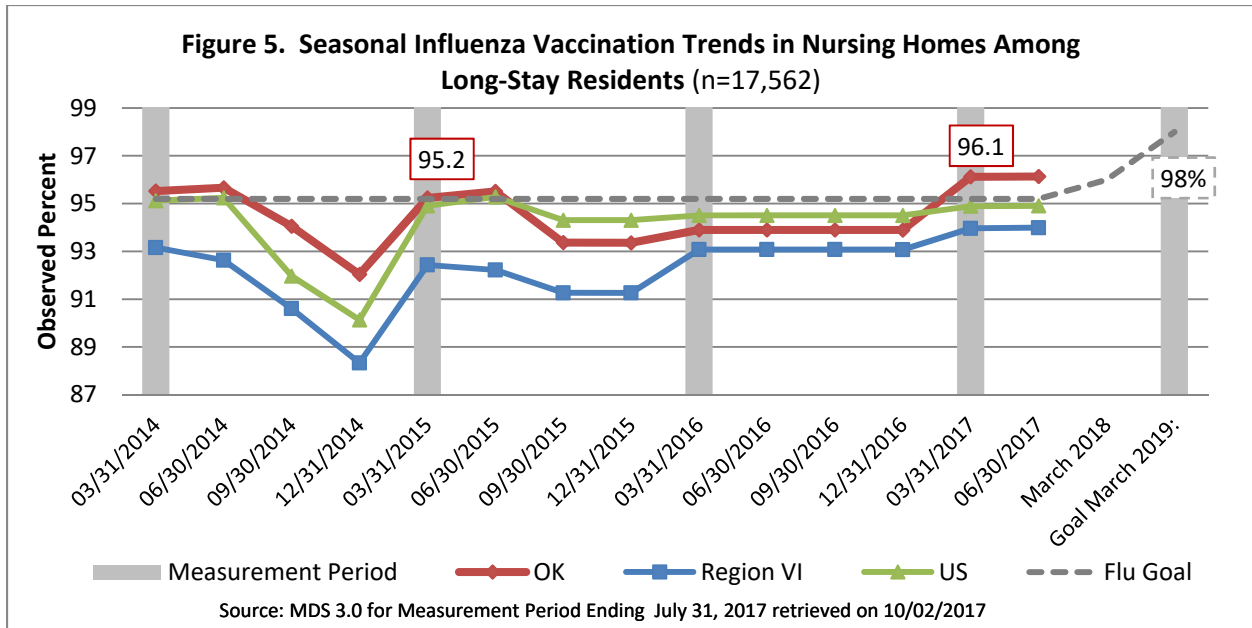
Results for Vaccination Intervention:

Results for this measure appeared more quickly than with fall prevention because it uses a look-back scan of six months (falls have a look-back scan of one year). The Committee anticipated using the data analysis to devise a new intervention or support existing efforts for immunizations. The data indicate improvement in both measures as illustrated in the following graphs. The percent of long-stay residents assessed and appropriately given the **seasonal influenza** vaccine improved from 95.2% in March 2015 to 96.1% March 2017, which exceeds the goal of 96% for 2018. **Figure 5** illustrates the trend from March 2015 through March 2017 and indicates the stretch goal (98%) of this objective.

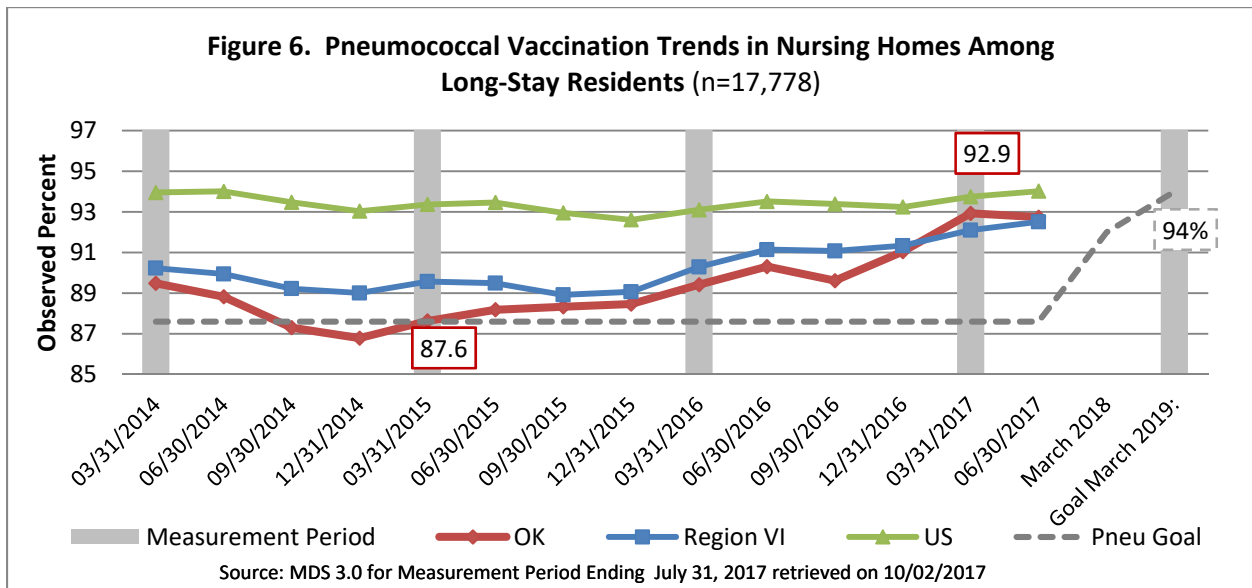
⁴ <http://www.cdc.gov/flu/about/disease/65over.htm> accessed 9/29/2016

⁵ <https://www.cdc.gov/features/adult-pneumococcal/> accessed 9/29/2016

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The percent of long-stay residents assessed and appropriately given the **pneumococcal** vaccine improved from 87.6% in March 2015 to 92.8% March 2017, which exceeded the goal of 92% for 2018. **Figure 6** illustrates the trend from March 2015 through March 2017 and indicates the stretch goal (94%) of this objective.



Ad Hoc Committee Recommendation for Vaccinations Intervention:

Given the success of the immunization pilot, the Committee recommended that OSDH staff should replicate these efforts during the next season, instead of developing a more complex, expensive intervention.

Healthy Aging Executive Summary and Final Report

Final Recommendations from the Ad Hoc Committee on Healthy Aging to the Long Term Care Facility Advisory Board

The Ad Hoc Committee has been successful in achieving many of the aims, as we strive together and improve Oklahoma's composite score for nursing facilities. The increase in key vaccinations and the reduction in serious injuries from falls will have a major impact on improving the health of Oklahomans who reside in these facilities. Specifically, these interventions addressed the following measures:

- Reduce the percent of long-stay nursing home residents experiencing a fall with major injury,
- Increase the percent of long-stay residents assessed and appropriately given the seasonal influenza vaccine, and
- Increase the percent of long-stay residents assessed and appropriately given the pneumococcal vaccine.

The data presented by the OSDH indicates positive results from the interventions, which have in turn contributed to improvement of the Composite Score. Based on the data, Oklahoma is likely to meet the Composite Score goal ahead of schedule. With this success, the Ad Hoc Committee on Healthy Aging respectfully submits this final report and recommends the dismissal of the Committee. The Committee recommends that the Advisory Board request and receive standing data reports on the quality of long term care in nursing homes such as is presented by the Composite Score Card published quarterly by OSDH.

Composite Scorecard for Oklahoma Nursing Homes

Select Long-stay metrics for the period ending June 30, 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 September 6, 2017 for the period ending June 30, 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.

Nine of 14 measures show statistically significant improvement from the same quarter last year (green lights), while one shows a downturn in performance (red light). Among those improving, Table 1 shows declines over each quarter in the percentage of residents who self-report moderate to severe pain. The data now show three consecutive quarters of decline in residents receiving antipsychotic medications (Table 9). This would indicate we have sustained positive movement on this national initiative.

Residents with urinary tract infections continue to decline over 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 was unchanged from last quarter and remains below the regional and national averages (Table 4). The increase in residents needing help with Activities of Daily Living (ADL), seen in the last quarter, was halted this quarter and a small reduction achieved.

Most importantly, our combined composite score of 8.8% (Table 14) continues to reflect statistically significant improvement. Over the last twelve months, the gap between Oklahoma and the national composite score narrowed from 1.5 percentage points to 1 percentage point. The gap between Oklahoma and the regional composite score also narrowed.

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 Physically Restrained (Table 5)	
Residents Receiving Antipsychotic Medications (Table 9)	
Influenza vaccination (Table 10)	
Residents with 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.

Composite Scorecard for Oklahoma Nursing Homes

Long-stay metrics for the period ending 06/30/2017

Source: Minimum Data Set (MDS) National Repository

Run Date: 09/06/2017

<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <p>Residents Who Self-Report Moderate to Severe Pain (N=13,226)</p> </div> <div style="text-align: right;"> <p>Table 1</p> <p>Desired ↓</p> </div> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Jun 2016</th> <th>Sep 2016</th> <th>Dec 2016</th> <th>Mar 2017</th> <th>Jun 2017</th> </tr> </thead> <tbody> <tr> <td>Nation</td> <td>7.9%</td> <td>7.7%</td> <td>7.3%</td> <td>7.1%</td> <td>6.9%</td> </tr> <tr> <td>Region 6</td> <td>8.1%</td> <td>7.6%</td> <td>6.9%</td> <td>6.6%</td> <td>6.3%</td> </tr> <tr> <td>Oklahoma</td> <td>15.0%</td> <td>14.5%</td> <td>13.0%</td> <td>11.9%</td> <td>11.1%</td> </tr> </tbody> </table>		Jun 2016	Sep 2016	Dec 2016	Mar 2017	Jun 2017	Nation	7.9%	7.7%	7.3%	7.1%	6.9%	Region 6	8.1%	7.6%	6.9%	6.6%	6.3%	Oklahoma	15.0%	14.5%	13.0%	11.9%	11.1%	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <p>Residents With Catheter Inserted or Left in Bladder (N=17,119)</p> </div> <div style="text-align: right;"> <p>Table 2</p> <p>Desired ↓</p> </div> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Jun 2016</th> <th>Sep 2016</th> <th>Dec 2016</th> <th>Mar 2017</th> <th>Jun 2017</th> </tr> </thead> <tbody> <tr> <td>Nation</td> <td>3.2%</td> <td>3.1%</td> <td>3.0%</td> <td>2.9%</td> <td>2.8%</td> </tr> <tr> <td>Region 6</td> <td>3.7%</td> <td>3.6%</td> <td>3.4%</td> <td>3.3%</td> <td>3.2%</td> </tr> <tr> <td>Oklahoma</td> <td>4.6%</td> <td>4.3%</td> <td>4.0%</td> <td>4.0%</td> <td>4.0%</td> </tr> </tbody> </table>		Jun 2016	Sep 2016	Dec 2016	Mar 2017	Jun 2017	Nation	3.2%	3.1%	3.0%	2.9%	2.8%	Region 6	3.7%	3.6%	3.4%	3.3%	3.2%	Oklahoma	4.6%	4.3%	4.0%	4.0%	4.0%
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<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <p>High Risk Residents with Pressure Ulcers (N=10,138)</p> </div> <div style="text-align: right;"> <p>Table 3</p> <p>Desired ↓</p> </div> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Jun 2016</th> <th>Sep 2016</th> <th>Dec 2016</th> <th>Mar 2017</th> <th>Jun 2017</th> </tr> </thead> <tbody> <tr> <td>Nation</td> <td>6.4%</td> <td>6.2%</td> <td>6.2%</td> <td>6.4%</td> <td>6.3%</td> </tr> <tr> <td>Region 6</td> <td>7.1%</td> <td>7.1%</td> <td>7.0%</td> <td>7.0%</td> <td>7.0%</td> </tr> <tr> <td>Oklahoma</td> <td>8.0%</td> <td>8.1%</td> <td>8.3%</td> <td>7.7%</td> <td>7.8%</td> </tr> </tbody> </table>		Jun 2016	Sep 2016	Dec 2016	Mar 2017	Jun 2017	Nation	6.4%	6.2%	6.2%	6.4%	6.3%	Region 6	7.1%	7.1%	7.0%	7.0%	7.0%	Oklahoma	8.0%	8.1%	8.3%	7.7%	7.8%	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <p>Low-Risk Residents Who Lose Control of Their Bowels or Bladder (N=8906)</p> </div> <div style="text-align: right;"> <p>Table 4</p> <p>Desired ↓</p> </div> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Jun 2016</th> <th>Sep 2016</th> <th>Dec 2016</th> <th>Mar 2017</th> <th>Jun 2017</th> </tr> </thead> <tbody> <tr> <td>Nation</td> <td>46.4%</td> <td>46.7%</td> <td>47.0%</td> <td>47.3%</td> <td>47.3%</td> </tr> <tr> <td>Region 6</td> <td>44.6%</td> <td>44.9%</td> <td>45.2%</td> <td>45.4%</td> <td>45.1%</td> </tr> <tr> <td>Oklahoma</td> <td>34.8%</td> <td>34.7%</td> <td>35.0%</td> <td>36.8%</td> <td>36.7%</td> </tr> </tbody> </table>		Jun 2016	Sep 2016	Dec 2016	Mar 2017	Jun 2017	Nation	46.4%	46.7%	47.0%	47.3%	47.3%	Region 6	44.6%	44.9%	45.2%	45.4%	45.1%	Oklahoma	34.8%	34.7%	35.0%	36.8%	36.7%
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Legend N = OK Denominator for current period



Red circle: Statistically significant change for worse from the first to the last period shown

Yellow circle: No Statistically significant change from the first to the last period shown

Green circle: Statistically significant change for better from the first to the last period shown

