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DELAWARE NURSING HOME RESIDENTS QUALITY ASSURANCE  
COMMISSION

Legislative Hall  
1st floor caucus conference room  
411 Legislative Avenue  
Dover, DE 19901

**FINAL**  
Meeting January 12, 2010  
Minutes

Commission Member(s) Present: Brian L. Posey, Chairman; Yrene E. Waldron; Karen E. Gallagher; Representative Valerie J. Longhurst; Patricia C. Engelhardt; Lisa A. Furber.

Commission Member(s) Absent: Joe G. DiPinto; Wayne A. Smith; M/Sgt. Walter Ferris; Senator Bethany Hall-Long and Vicki L. Givens.

Others Present: Margaret Bailey; Tom Murray, Deputy Director DLTCRP; Erika Tross, Attorney General's Office; Candace Brothers, Aid to Ms. Gallagher; Sam Abdallah, Chief Financial Officer DPC; Lexie McFassel, Director OPG; Cynthia Tunney, Advocate; Janet Flenner, Consumer; Ruth Cornelison, Consumer; Dr. Joseph Higgins, Regional Medical Director HCR Manor Care; Ruth Graziano, Regional Director HCR Manor Care; Mary Rodger, Project Coordinator Quality Insights of DE; Sheila Grant, Clinical Educator DE Operations at Compassionate Care Hospice; Carol Lovett, Consumer; Diana May, Consumer; Sandy Dole, Advocate; Andi Wozny, Administrator DSAAPD; Lisa Schieffert, Police Director DE Healthcare Association; Dr. Cheryl Bolinger, MD State facilities; Erin Kernan, Legislative Aide to Senator Hall-Long; Victor Orija, State Ombudsman; and Esther Curtis, Executive Director Brain Injury Association of DE.

1. Call to order

The meeting was called to order at 9:37 AM by Brian Posey, DNHRQAC Chairman.

2. Approval of the Minutes of the meeting of:

The November 10, 2009 meeting minutes were not voted upon due to lack of a quorum.

3. Discussion of:

Psychiatric Admissions Process- Sam Abdallah

Chairman Posey mentioned that over the years the issue of psychiatric conditions for nursing home residents has come up for discussion in private and non-profit facilities. He asked how does the State meet the psychiatric needs for residents and how can the State provide psychiatric service without necessarily relying on the limited space available in the LTC Carvel Unit at the Delaware Psychiatric Center.

Two common misconceptions noted by Mr. Abdallah:

“There seems to be a belief that if a referral is made for a DPC admission, the individual has to be accepted.”

“Some folks seem to think that if someone is admitted to DPC, the treatment will be free.”

Mr. Abdallah shared that there are several steps that must be followed to determine whether an individual will be admitted to DPC.

A Pre-Admission Screening Annual Resident Review (PASRR level) is determined by the Division of Medicaid and Medical Assistance (DMMA). In addition, psychiatric evaluations are performed and used to determine the best possible treatment.

The Enrollment Eligibility Unit (EEU) falls under the Division of Substance Abuse and Mental Health (DSAMH). The Unit reviews referrals being made to DPC to ensure individuals meet admissions criteria and functions as the “gatekeeper” for DSAMH’s long term care system.

The Delaware Psychiatric Center has 7 units (Carvel; Sussex I, II, III; Kent I, II; and Mitchell) and 198 bed capacity. DPC is licensed as hospital and entire facilities State license is held by the Office of Health Facilities and Certification (OHFLC).

Carvel is a 35 bed unit within DPC and licensed as an Intermediate Care Facility/Institute for Mental Disease (ICF/ICFM). DLTCRP performs the federal certification (Medicare/Medicaid) and OHFLC performs the State certification. All the beds are currently occupied.

DPC is working to educate other Delaware facilities that DPC is not a residential facility- it is an intermediate care facility to treat and stabilize individual’s and then discharge the individual back to their home. DPC offers support outside of the hospital setting, too.

Chairman Posey asked whether DPC has referred residents to be discharged to other States. Mr. Abdallah confirmed that it has occurred, however the criteria guidelines used when discharging to another State and the process is quite extensive (weeks, months or year).

Ms. Gallagher mentioned that individuals sometimes get frustrated with their condition and often caregivers feel the anger or frustration is directed at them; however it is a result of the individual not being able to do for her or himself. Chairman Posey agreed that educating about all aspects is important and a way to learn more on how to care for each individual.

Last year there were discussions with Delaware Division of Public Health, State nursing homes in particular, to form a partnership regarding psychiatric care. DPC enters a State facility, reviews a case and then makes recommendations on whether to admit a resident to DPC.

DPC requires a full medical evaluation to determine whether an individual is medically stable. The facility is not equipped for peg tubes or intravenous infusion care, however it does happen.

DPC meets Eagles Law staffing level of 3.28. The facility would only staff at a higher rate than 3.28 if an adjustment is needed due to a resident’s acuity level. Currently, the Carvel Unit has four residents that require a 1x1 level of care due to: fall precautions, an individual who keeps removing his peg tube and another that keeps removing his feeding tube. The individuals are not displaying psychiatric issues. They do have signs of dementia and/or delirium and therefore need round the clock observation. Ms. Waldron shared that private facilities cannot afford 1x1 resident care. Mr. Abdallah added that DPC’s overtime budget is greatly affected by 1x1 care.

Often DPC is contacted regarding individuals without a psychiatric history. The resident might be acting out and therefore the nursing home feels they are not able to manage the behavior. Mr. Abdallah suggested that perhaps a facility believes a resident has a psychiatric issue instead and therefore that individual remains at DPC as their final resting place. Mr. Abdallah shared that DPC and State nursing home staff and psychologists will be working on behavior plans to model, mentor and train on what DPC does to treat residents.

Chairman Posey surmised that the ability to admit individuals into the skilled Carvel Unit is indigent upon having a bed available. He further asked that if a resident in a Delaware licensed nursing home requires a higher level of psychiatric care than the facility can provide, what is the individual's fate. Mr. Abdallah stated that the individual would most likely wait in a general hospital –some individual's wait up to 100 days. There are presently 4 individuals on DPC's wait list.

Chairman Posey asked Mr. Abdallah if he would expand more about why hospitals are the default location where individuals stay until a bed becomes available. He further added that it quite expensive to the stay is in the hospital longer than necessary and wanted to know if there was something that could be done to decrease the hospital stay time and high fees associated with being in the hospital for a long time.

Mr. Abdallah claimed that often individual's go to a hospital emergency room for treatment. The individual is admitted at the hospital because, at times, a nursing home states they don't know what else they can do with them. In some cases, a nursing home refuses to take the individual back and therefore the individual remains in the hospital until placement is secured. Ms. Waldron added her perception that individual's also living in the community often goes to an emergency room for psychiatric or behavior situations.

Not long ago, a group of individuals gathered to form a mobile nursing home response team. DPC's Medical Director, Dr. Gerard Galluci and other mobile nursing home crisis response members go and assess individual that reside in State facilities. The mobile team then provides the State facility with recommendations (do not have privileges at those facilities) as to how to stabilize the resident. If the recommendations are not effective, the team would then begin working on admitting the individual to DPC.

Ms. Waldron asked whether the mobile nursing home crisis response unit will be extended to all nursing homes in Delaware. Mr. Abdallah stated that the mobile unit is new and is being piloted only with DHSS facilities-Emily P. Bissell Hospital, Delaware Hospital for the Chronically Ill and Governor Bacon Center at this time.

Mr. Abdallah shared that often, both private and State facilities have a hard time accepting a resident back once they are discharged from DPC because of historical data or inability to manage someone that might have behavioral issues. There are currently 10 individuals that have been evaluated and are ready for discharge; however DPC cannot locate a nursing home bed. He also added that when DPC attempts to discharge individuals under the Federal Olmstead Suit, there is often resistance by family members.

Dr. Bolinger asked whether DPC has applied to any of the State facilities (regarding the 10 individuals available for discharge at DPC), especially since she was not aware of any recent requests. Mr. Abdallah shared that applications have been made regarding a few individuals and the reason why they met a few months ago to implement the mobile unit. He further added that it appears there are many steps to follow when an individual is ready for discharge and sometimes the process is stopped along the way. It has happened this way when funding

sources are an issue and often when a family member is reluctant to complete necessary paperwork. As a result, the discharge process is halted.

Ms. Waldron stated that there is a service gap in providing a safe and stable environment for individuals experiencing behavioral issues not only in Delaware but across the country. She further added that mental health issues unfortunately have been brushed under the table.

Mr. Abdallah shared that the length of stay for individuals at DPC ranges from 3 months to 20 years. He reminded commission members that DPC is an intermediate care facility and the length of stay should be for a few months-1 year, in order to stabilize the individual.

There are quarterly town hall meetings offered for residents and the community. Mr. Abdallah will forward a schedule of the 2010 meetings to the Commission.

#### Anti Psychotic Medications- Dr. Troy Thompson

Dr. Troy Thompson, a Psychiatrist at DPC for 4 years, spoke to the Commission regarding anti psychotic medications. Before working at DPC, Dr. Thompson was Chair of the Psychiatry Department at Jefferson Medical College in Philadelphia. He also held a faculty position at the University of Colorado.

While at Jefferson Medical College, Dr. Thompson created a geriatric psychiatry unit in Wills Eye Hospital.

Dr. Thompson praised the Dementia Cares Training Program which educates individuals on how to manage dementia symptoms other than by medication.

Dr. Thompson provided the Commission with statistics regarding baby boomers: 5% of individuals >65 years have dementia, and 20% of individuals over 80 years old have clinically significant dementia. He further added that it will be quite challenging to care for the 20% with dementia.

In addition, Dr. Thompson shared that 1-2% of the population has severe and persistent mental illness. These individuals are at increased risk for dementia as well as other medical conditions as they age. Further, report information was shared stating 50% or more nursing home residents have dementia and 40% have major depressive disorder that is untreated. Nursing homes have the highest undiagnosed and untreated psychiatric illness of any type of facility in the world.

Dementia is a loss of mental ability that an individual previous had. In mental retardation, the person has not ever developed the abilities. 60% of dementia is Alzheimer's disease which affects the cortex of the outer level of the brain. 20% have vascular hardening of the arteries so blood is not able to flow to the cortex adequately.

Dr. Thompson added that delirium tends to be a larger problem than dementia. An acute loss of mental function with moments of confusion can fluctuate at different times of the day for residents with delirium. Residents with delirium often tend to hurt themselves and others. They also tend to get aggressive. In this situation, treatment needs to occur. Most often, a simple solution would be to have a familiar staff member interact with the resident, increase lighting, or whatnot. This will usually help to ease the situation and therefore medication not necessary.

Antipsychotic medication, if given to dementia residents on an ongoing daily basis, it will dampen down the function of the brain powerfully and are most often misused. If used properly,

anti psychotic medications have enabled mental hospitals to help many people recover and therefore live in the community.

Residents, family members, mental health professions and nursing home staff need to be educated on the differences between dementia and delirium. Medication is often more successful if taken in low doses when symptoms first occur. People often tend to wait on giving medication for delirium agitation or confusion. By then, more medication is needed and only works half as well. The best intervention for someone who has delirium agitation or confusion is to have the individual talk with a family member or friend, even if it has to be by telephone. Nursing homes should have consistent resident care assignment to become the residents friend-like a family member relationship.

Ms. Waldron asked how can anti psychotic medication awareness be disseminated to a doctor who order too many medications for a frail 90 year old resident. She further added that nursing homes must follow doctor's orders and often challenge what has been prescribed by the medical director.

Ms. Lovett shared her opinion that in situations where a direct care giver works closely with a particular resident and knows them through consistent assignment; there are fewer incidents that result in calling a doctor. Ms. Waldron agreed that training is important at all levels, including medical directors who hold the prescription pad.

Dr. Bolinger suggested that pharmacists speak with physicians to discuss medications. Dr. Joe Higgins shared that the key is to have a strong medical director who is focused upon psychotropic medications and gradual dose reduction. He added that he performs quarterly psychotropic reviews for seven Manor Care nursing home facilities as a certified medical director throughout New Jersey and Delaware. Poly pharmacy is also addressed. Mr. Abdallah added that the new QIS survey process addresses poly pharmacy also.

Psychosocial human interactions are also important and lacking in education. Dr. Thompson stated that the Dementia Cares Program (Carol Lovett, Instructor) does a great job in educating about the psychosocial human interaction piece.

Dr. Thompson added that nursing home staff should be taught, in regards to dementia, about what were the resident's passions, hobbies, etc so staff can engage and connect with the individual.

Chairman Posey mentioned that during today's meeting long term remedies: changing doctor behavior and increasing nursing home facilities education were discussed.

Short term solution appears to be a psychosocial human interaction approach to improve an individual's health and wondered how it dovetails with Governor Markell's interest in volunteerism.

Chairman Posey asked how we can increase volunteerism within nursing facilities on a social level. Ms. Bailey will contact the State Office of Volunteerism to discuss during a meeting.

#### QART Report- Tom Murray

Deputy Director for DLTCRP, Tom Murray, presented in the fourth quarter 2009 the Division conducted 13 surveys. 5 "G" level deficiencies were recommended by surveyors. All 5 "G" level deficiencies were approved by the QART Team.

#### Quality of Life Measures- Sandra Dole

Sandy Dole, ACC Quality of Life Practitioner, presented to commission members about CMS's Quality of Life and Environment Tag changes (F Tags). She also provided several handouts to the Commission and interested parties regarding meaningful activities and discussed the importance of getting to know each resident.

Ms. Dole stressed that upon admission, it's important for nursing home or assisted living facility to gather as much information as possible about the resident: hobbies, sports (spectator and active), and favorite pastimes, to name a few. She also mentioned that learning a resident's routine (morning, afternoon, evening, and sleep) can be quite beneficial.

Activities can occur at any time and are not limited to formal activities being provided only by activities staff. Other facility staff, volunteers, residents, and family members may plan and provide activities. It is not exclusively the responsibility of the activities department to ensure that each resident is able to participate in activities of choice.

#### Advancing Excellence Campaign-Mary Rodger

Mary Rodger, Project Coordinator for Quality Insights of Delaware, spoke regarding the Advancing Excellence in America's Nursing Homes Campaign that's goal is to help nursing homes achieve excellence in the quality of care of life.

There are eight campaign goals: minimize staff turnover, provide consistent resident care assignment, reduce physical restraints, prevent pressure ulcers, minimize pain episodes, develop advance care planning, assess resident and family satisfaction and assess staff satisfaction.

There are currently six nursing homes in Delaware that are participating in the campaign.

Presently, Delaware facilities have 9% pressure ulcers, 1% physical restraints and 18% post acute pain reported.

The Campaign works closely with other national nursing home quality initiatives to streamline efforts and to prevent duplication of efforts. National quality initiatives such as Quality First, the Nursing Home Quality Initiative, the Culture Change movement, the Quality Improvement Organization (QIO) 9th Scope of Work complement one another. Working with one initiative will usually strengthen results and outcomes of the other.

More information about the campaign is located at: <http://www.nhqualitycampaign.org>.

#### 4. Old Business/New Business:

#### DNHRQAC 2009 Annual Report

The Commission voted upon and approved the 2009 Annual Report. Ms. Bailey will work with Chairman Posey to finalize the report and forward to: Commission members, the Governor, the Secretary of Delaware Health and Social Services (DHSS), and the General Assembly.

#### 5. Public Comment

Ms. Bailey provided an update to commission members about the following:

- a. Clothing Closet- A \$1,500 grant was recently awarded to Exceptional Care for Children, LTC pediatric facility in Newark to maintain a clothing closet for residents.

- b. Cadia Rehab @ Pike Creek- Residents were moved from Riverside to the new Pike Creek location. It was completed 11/29/09. 5-6 residents elected to remain in Wilmington and therefore were transitioned to other facilities that were able to meet their needs.
- c. Serenity Gardens- Assisted living facility in Middletown now has 2 residents (since March 2009).
- d. DNHRQAC Membership Vacancy- Holly Rolt recently resigned as member of the Commission and moved to Pittsburgh, PA. As a result, there is a vacant advocate membership seat available. Interested applicants can visit: <http://governor.delaware.gov> for a copy of the Boards/Commission application. The Governor's Office will fill the membership seat in early February 2010.
- e. Mobile Dental Van- Spoke with Dr. Greg McClure, DPH, who stated the mobile dental van, was delivered in December 2009. DPH is outfitting and preparing it for operation. DPH is also working on training individuals on how to drive the van and operate equipment.
- f. FY 11 Joint Finance Committee Public Hearings- Commission members received a copy of the JFC FY 11 schedule in their packet of information. The schedule is also available at: [http://legis.delaware.gov/lis/lis145.nsf/vw\\$\\$webDocs/JFC?openDocument&nav=JC](http://legis.delaware.gov/lis/lis145.nsf/vw$$webDocs/JFC?openDocument&nav=JC)

6. Next meeting will be **Tuesday, March 9, 2010** at 9:30 AM. The location:

Emily P. Bissell Hospital  
 3000 Newport Gap Pike  
 2<sup>nd</sup> floor conference room  
 Wilmington, DE 19808

7. Adjournment

The meeting was adjourned at 11:34 AM by Chairman Posey.

Attachments: Meeting agenda

November 10, 2009 DNHRQC draft meeting minutes  
 Quality of Life Measures  
 Advancing Excellence Campaign  
 QART Report (4<sup>th</sup> Qtr 2009)  
 2009 DNHRQAC Annual Report-Final