

# **DELAWARE NURSING HOME RESIDENTS QUALITY ASSURANCE COMMISSION**

## **ANNUAL REPORT FY 2018 - 2019**

**(July 1, 2017 - June 30, 2019)**

Additional copies of the report are available from the Commission at: 2540 Wrangle Hill Rd  
Suite 223 Bear, DE 19701 or by visiting: <http://courts.delaware.gov/AOC/?dnhrqac.htm>.  
The Commission's phone number is (302) 836-2133.

# **DELAWARE NURSING HOME RESIDENTS QUALITY ASSURANCE COMMISSION**

## **Members of the Commission as of June 30, 2019**

Elisabeth A. Furber - Chair

Lieutenant Governor Bethany Hall-Long

The Honorable Kimberly Williams

Karen E. Gallagher

Amy Milligan, MS

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**DELAWARE NURSING HOME RESIDENTS**

# QUALITY ASSURANCE COMMISSION

## ANNUAL REPORT FY 2018 - 2019

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## I. BACKGROUND INFORMATION

### The Commission

The Delaware Nursing Home Residents Quality Assurance Commission (the Commission) was established in 1999 - 29 Del. C. § 7907. The Commission's principal charge is to monitor Delaware's quality assurance system for nursing home residents in both privately run and state operated facilities with the goal that agencies responsible for the oversight of facilities are coordinating efforts to achieve optimum quality outcomes.

As part of its monitoring effort, the Commission reviews state agencies responsible for investigating complaints of abuse, neglect, mistreatment and financial exploitation, as well as other agencies that have input on the quality of care in Delaware's nursing homes. The Commission reviews reports of serious citations of quality of care issues and staffing patterns prepared and presented on quarterly basis by the Division of Health Care Quality as directed by the Joint Sunset Committee in 2006.

The Commission is also charged by the General Assembly and the Governor with examining policies and procedures to evaluate the effectiveness of the quality assurance system for nursing home residents, including the respective roles of Delaware Health and Social Services, the Attorney General's Office and law enforcement agencies

as well as health care professionals and nursing home providers.

Finally, the Commission is required to prepare and submit an annual report to the Governor, the Secretary of the Delaware Department of Health and Social Services (DHSS), and members of the General Assembly. This is the Commission's FY 2018 - 2019 annual report.

### **Appointment of Commission Members**

DNHRQAC members proposed legislation to modify membership requirements. This legislation was signed by the Governor June 5, 2019.

- The Commission is composed of 13 members, seven of whom are appointed by the Governor.
- Four members serve by virtue of position or designee appointed by the member, as follows:

Attorney General;

Executive Director of the Community Legal Aid Society, Inc;

Executive Director of the Delaware Health Care Association;

Executive Director of the Delaware Health Care Facilities Association

- The remaining Governor appointed members include representatives of the following: consumers of nursing home services or family members, nursing home providers, health care professionals, and advocates for the elderly and disabled. The term of a Commission member is 3 years, however, the Governor may appoint 1 or more member for a term of less than 3 years to ensure that terms are staggered.

- Of the remaining members, one member is appointed by the Speaker of the House, and one member is appointed by the President Pro-Tempore of the Senate. These two members serve at the pleasure of their appointing authorities.

### **Frequency of Meetings**

While the Commission is required by statute to meet at least quarterly, however the Commission meets on a bi-monthly basis.

## **II. AGENCY REVIEWS**

### **Introduction**

Pursuant to 29 Del.C. § 7907(g) (1), the Commission is required to review and evaluate the effectiveness of the quality assurance system for nursing home residents. To do so, the Commission requests information and takes testimony (a snapshot in time) from representatives of state agencies and other providers. These include the Division of Health Care Quality (formerly known as the Division of Long Term Care Residents Protection), the Ombudsman's Office, Division of Medicaid and Medical Assistance, the Department of Justice, Division of Aging and Adults with Physical Disabilities, Guardianship Monitoring Program, law enforcement agencies, other state agencies, health care professionals and nursing home providers.

To that end, the Commission invited representatives from state agencies and other presenters to appear and testify before the

Commission. The following is a summary of FY 2018/2019 agency reviews:

### FY 2018 Agency Reviews:

#### 1<sup>st</sup>/2<sup>nd</sup> Qtr 2017 QART Report

Tom Murray, DHCQ Deputy Director, presented the Quality Assurance Reports for 1<sup>st</sup> & 2<sup>nd</sup> Qtr 2017. 1<sup>st</sup> Qtr of 2017, the QART reviewed two surveys involving “G” level deficiencies. After review, QART Team decided the two “G” level deficiencies were appropriately cited.

2<sup>nd</sup> Qtr of 2017, the QART reviewed five surveys involving “G” level deficiencies. After review, the QART Team decided the five “G” level deficiencies were appropriately cited.

#### 1<sup>st</sup>/2<sup>nd</sup> Qtr 2017 Staffing Report

Tom Murray, DHCQ Deputy Director presented findings regarding facility staffing data during 1<sup>st</sup> and 2<sup>nd</sup> Qtr 2017. All facilities were in compliance with nurse to resident, aide to resident and hour ratios per Eagles Law (3.28). The hours per resident totaled 3.71 during this snapshot in time.

#### PROMISE Program

Theresa Madl-Young, Division of Substance Abuse and Mental Health (DSAMH) Administrator, provided an update regarding services and supports for persons with mental health, substance use, or co-occurring disorders in Delaware.

PROMISE program (Promoting Optimal Mental Health for Individuals through Supports and Empowerment) targets individuals with behavioral health needs and functional limitations to offer an array of home and community-based services (HCBS) that are person-centered, recovery-oriented, and aimed at supporting beneficiaries in the community. PROMISE strives to improve clinical and recovery outcomes and reduce unnecessary institutional care through better care coordination, and reduce growth in overall program costs.

PROMISE offers a variety of community based services:

- Care Management
- Individual Employment Supports
- Short-Term Small Group Supported Employment
- Financial Coaching
- Benefits Counselling
- Peer support
- Non-Medical Transportation
- Community-Based Residential Supports Excluding Assisted Living
- Nursing
- Community Psychiatric Support and Treatment
- Psychosocial Rehabilitation
- Respite
- Independent Activities of Daily Living/Chore
- Personal Care
- Community Transition Services

PROMISE Program Eligibility Process:

1. Contact DSAMH, Eligibility and Enrollment Unit (EEU):1901 DuPont Highway, Herman Holloway Campus, New Castle, Delaware 19720. (302)255-9458.

EEU functions as the gatekeeper for DSAMH's mental health and substance abuse services.

2. EEU staff will evaluate a candidate for PROMISE via screening process and Delaware-Specific American Society for Addiction Medicine Assessment (ASAM) tool which is used to evaluate mental health and Substance Use Disorder conditions.
3. EEU connects qualified individuals with a DSAMH Care Manager and Provider to:
  - Develop a Self-Directed Recovery Plan
  - Assist in assigning medically necessary services
  - Maintain individuals health and well-being
  - Establish client's natural supports (family, friends, personal relationships and community resources).

The PROMISE Program offers provider training. For more information, contact DSAMH's Provider Relations Unit: (302) 255-9789.

In addition to the PROMISE Program, DSAMH focuses on five target areas:

1. Crisis Services

The Division provides twenty four hours a day (x7) on call crisis support. Crisis services are available (24/7) at the following locations:

Northern Delaware:



Crisis Intervention Mobile Services: DSAMH

Herman Holloway Health Campus in New Castle

Recovery Response Center: Recovery Innovations in Newark

Southern Delaware:

Crisis Intervention Mobile Services: DSAMH in Ellendale

Facility Recovery Response Center: Recovery Innovations in Ellendale

## 2. Intensive Support Services

A. Assertive Community Treatment (ACT) - Group of staff members with a range of clinical and rehabilitative skills and expertise that develop a treatment plan specific to a client.

B. Intensive Care Management (ICM) - Ten (10) staff members including primary care manager, psychiatric prescriber, and at least one clinical or rehabilitation staff person who shares case coordination and service provision tasks for each individual. ICM team serves up to 200 individuals and has a maximum staff to client ration of 1:20. ICM team serves individuals referred from office-based out-patient care that require a higher level of support.

C. Community Reintegration and Support Program (CRISP) - Creative, flexible individualized approaches to Clients that who are clinically challenging and at times difficult to serve in the current service structure.

## 3. Housing

Service providers or case manager can assist qualified individuals with obtaining housing through the State Rental Assistance Program (SRAP) and other transitional housing programs.

ACT and ICM providers' staff composition has a housing specialist on each team.

Currently, over 750 families and individuals' are housed through the SRAP program.

## 4. Supported Employment

Supported Employment includes person-centered, comprehensive employment planning and support services that provide assistance for waiver program beneficiaries to obtain, maintain, or advance in competitive employment or self-employment.

This employment planning includes engaging a beneficiary in identifying a career direction and developing a plan for achieving competitive, integrated employment at or above the State's minimum wage.

The outcome of this activity is identification of the beneficiary's career objective and development of a career plan used to guide beneficiary to gain competitive employment.

## 5. Rehabilitation Services

PROMISE Program case manager works with provider, natural supports and others to create a -Person -Directed Recovery Plan.

### Music and Memory Program (M & M)

Renee Purzycki, DHCQ Chief Administrator, provided an update regarding the Music & Memory Program. As of July 2017, 20 skilled facilities (10 residents each) participated in this personal centered music effort to stimulate dementia residents, reduce anxiety, the need for medication, etc. The Division works with facilities to determine music preferences specific to each resident. Music is downloaded onto an iPod Shuffle/Nano for residents. Facility staff records results using tracking sheets. The Division was able to provide commission members with several M & M success stories.

In order to participate, facility personnel must become certified in M&M.

DHCQ held M & M Workshops (NCC and Sussex) and In-Service Meetings for nursing home staff to learn about the program and incorporate into their resident's everyday lives. Continuing Educational Credits (CEUs) were available for staff to watch "Alive Inside Documentary" and complete M & M training.

In the future, the Division plans to work with hospice providers; create avenue to supply additional equipment to nursing homes and expand program to the remainder of licensed nursing homes in Delaware.

The Division partnered with University of Delaware (UD) Film Club to produce M & M documentary. In addition, DHCQ worked with 50+

volunteers, Delaware high schools, higher education institutions and others to provide awareness and expand M & M opportunities in Delaware.

### Statewide Antipsychotic Coalition

Elsie Josiah, MSN, Project Coordinator for Quality Insights, provided an update regarding the Statewide Antipsychotic Coalition efforts in Delaware. There are two types of antipsychotic medications: typical and atypical. Their main differences are in the side effects that they may cause and may include: anxiety, restlessness, increased weight, elevated blood pressure, decreased blood pressure, uncontrollable movement, etc.

The National Partnership to Improve Dementia Care in Nursing Homes: Antipsychotic Medication Use Data Report (March 2017) shows Delaware @ 12.9% of antipsychotic medication use for long-stay residents during fourth quarter 2016. The national average for antipsychotic medication use for long-stay residents is during same time frame is 16%.

#### Misuse of Antipsychotics in Long-term Care Facilities:

- Residents placed on antipsychotic medications without a proper mental health diagnosis
- Antipsychotic medications are dangerous for the elderly and linked to numerous deaths
- Costly for Medicare Program
- Considered a chemical restraint by Centers for Medicare and Medical Services (CMS)
- Antipsychotic medications continue to be prescribed for residents with dementia and other cognitive disorders
- The Food and Drug Administration (FDA) issued “Black Box” warnings for antipsychotic medication in residents with dementia
- Adverse antipsychotic reactions for the elderly: loss of independence, over sedation, confusion, falls and death

#### Alternatives to Antipsychotic Medications:

- Individualized or personal centered care plans

- Identify the cause of behavioral symptoms
- Consistent staff assignment
- Manage acute and chronic pain
- Increase activity and engage dementia residents

#### Pain Communication by Dementia Residents:

- Increased breathing - hyperventilating, labored
- Nonverbal - crying, wailing & moaning
- Facial Expressions - gritting teeth, eyes squeezed shut, etc
- Body Language – pushing away, holding her/himself, kicking & hitting others

Quality Insights offers the following services to reduce antipsychotic medication usage in Delaware:

- Assist facility leadership team(s) with identifying and obtaining residents needs
- Evaluate and reduce antipsychotic medication
- Educate families and physicians
- Educate providers regarding alternatives to antipsychotic medication
- Educate providers to think outside box
- Online & virtual educational opportunities
- Facility visits as needed

#### QART Report

Tom Murray, DHCQ Deputy Director, presented the 3rd Qtr 2017 QART Report. The survey team recommended four “G” level deficiencies during 3<sup>rd</sup> quarter 2017. The QART Team reviewed four “G” level deficiencies and upheld the survey teams recommendations. Mr. Murray shared that the Division currently has 17 surveyors.

#### Staffing Report

Tom Murray, DHCQ Deputy Director, presented 3rd Qtr 2017 Staffing Report. The cumulative hours per resident totaled 3.69 hours during this snapshot in time. Per Eagles Law, 3.28 are the minimum number of hours required, however facilities must also staff to meet the needs of the residents, too.

#### CNA Schools

Erlease Freeman, RN, Division of Health Care Quality provided a brief overview of her responsibilities regarding Certified Nursing Assistant (CNA) Schools in Delaware.

Ms. Freeman shared that as of July 2017 there were 25 “approved” CNA Schools in Delaware: <https://www.prometric.com/en-us/clients/nurseaide/pages/de.aspx>

Classroom training requirements are regulated at Federal & State level. Students are required to participate in 75 hours of classroom instruction & 75 hours of clinical. Once completed, students are tested on their proficiency - written and clinical exam. Further, CNAs are required to complete 24 hours of continuing education every two years. The Division tracks CNA Registry.

After reviewing the CNA Pass Rate Report (written & clinical test scores), commission members expressed concern about acceptable pass rates. It was mentioned that facilities and others expect CNA’s to be able to perform their duties once they start employment, so residents do not receive substandard care.

Ms. Freeman mentioned that testing proctors (nurses) choose three out of 26 clinical skills for students to perform. All candidates taking the test are scored on Handwashing and Indirect Care skills. Each skill in the test has checkpoints. The checkpoints are used to rate the student’s performance and are often rated subjectively. A meeting was scheduled with the proctor’s to address this concern by the Division, too.

Members asked why the number of clinical skills students need to perform so low. The response was that each employer may have a population different than another and therefore require other skills so they expect during new employee orientation CNA’s will be refreshed about clinical skills needed at a particular facility.

Prometrics compiles Delaware CNA test scores are able to viewed on the Divisions webpage:  
<http://dhss.delaware.gov/dhss/dltcrp/cnareg.html>.

Delaware Health Information Network (DHIN)

Randy Farmer, COO, and Jamie Rocke, Director of Business Relationship Management provided commission members with updates regarding DHIN.

DHIN became a self-sustaining non-profit organization in 2012.

Delaware Health Information Network's objective is to advance the creation of a statewide health information network that addresses the state's needs for timely, reliable and relevant health care information.

In 2007, DHIN "went live" – meaning it became the first operational statewide health information exchange in the nation. During the past ten years, DHIN has developed a consistent track record for the safe and secure delivery of clinical results (lab and pathology), reports (both radiology and transcribed), and face sheets (hospital admission, discharge, and transfer data, including demographic and billing information).

Members of DHIN have access to:

- A searchable patient clinical history (including medications), available to authorized DHIN users on a "need-to-know" basis
- A web-based portal for those without an electronic health record (EHR), including auto-print functionality for paper charting
- A direct interface into the EHR with patient record-matching, for those providers with DHIN-certified EHRs

In addition DHIN and Vynca, provider of sustainable advance care planning solutions, have established a partnership to facilitate the capture, storage and sharing of end-of-life medical orders across the care continuum.

Vynca offers a comprehensive software solution to capture, store, and access medical orders for Scope of Treatment forms, (e.g. POLST, MOLST) which are vital in ensuring that patients' end-of-life wishes are met. The organizations collaborated to create an electronic registry that provides a single source of advance care planning documentation instantly accessible online to authorized healthcare providers in any care setting.

End-of-life medical orders allow people with serious, life-limiting illnesses to document their care preferences. However, the lack of infrastructure to support and sustain an electronic registry can make it difficult for providers to find and access patients' documents, especially during emergencies.

- Vynca's platform ensures that documentation reflects patient preferences, enabling best practices for advance care planning.
- Completed documents will be easily accessible by multiple providers across a variety of care settings.
- Platform will offer seamless provider workflow through electronic health record (EHR) integration; eliminating redundant data entry, improving accuracy, and saving time.

### New Century Hospice

Debbie Dickerson, RN, Director of Operations and BJ DiDonato, Hospice Care Consultant, provided commission members with an overview of New Century Hospice.

New Century Hospice is an affiliate of Curo Health Services and offers compassionate hospice care in 21 states. The organization began offering hospice service in Delaware – June 2017.

At Curo, they are committed to clinical excellence and integrity, insuring patients with the highest quality of care and comfort. Their philosophy includes an individualized course of treatment based on the patient's wishes, the family's needs and the complex array of medical, emotional and social issues which accompany a terminal diagnosis.

Service offerings include access to a network of community resources specifically arranged to provide comfort, reduce anxiety and allow quality time to be spent with the loved one.

Currently, New Century Hospice provides service in all three Delaware counties and contracted with a majority of the long-term care facilities.

Hospice is a Medicare benefit which covers hospice care, medication, supplies and equipment related to diagnosis.

Eligibility is determined by life expectancy and individual's choice to focus on a palliative care approach; comfort or relief from pain and symptoms.

### Alzheimer's Association (Delaware Valley Chapter)

Katie Macklin, Executive Director of the Delaware Valley Chapter provided commission members with an update regarding activities in Delaware. The association hosted an annual conference on November 15, 2017 in Dover, DE. The 2017 conference theme: Equipping Communities to Care.

Alzheimer's Association has a toll-free 24/7 helpline (800.272.3900) to provide information, emotional support, education and resources to family members and professionals.

Ms. Macklin shared that the Delaware Valley Chapter offers fee-for-service train-the-trainer model workshops for professionals.

In addition, Ms. Macklin added that the DE Valley Chapter offers free consumer educational programs addressing all issues related to Alzheimer's and dementia.

Finally, Alzheimer's Association initiates advocacy for legislative reform at state and federal levels to improve the quality of care and services for individuals with Alzheimer's and their families.

### Adult Protective Services (APS)

Linda Lawrence and Carrie Magathan, APS Supervisors, provided an overview regarding APS in Delaware.

Adult Protective Service Program responds to cases of suspected abuse, neglect, or exploitation of impaired adults. Specifically, the program serves persons who are aged 18 or over, who have a physical or mental impairment, and who are not living in a long term care facility (for example, a nursing home). The APS program is staffed by trained social workers who provide assistance to protect health, safety and welfare of the elderly (62+) or 18 years of age and have a physical or mental disability. APS's intent is to authorize the least possible restrictions of personal and civil rights. Every action taken by APS must balance the duty to protect the safety of the vulnerable adult with the adult's right to self-determination.



APS legislation was created in 1962 – Delaware Code Title 31, Chpt 39. DHSS recently moved APS to the Division of Services for Aging Adults with Physical Disabilities (DSAAPD). Prior seven years, APS was located within DHSS Secretary's Office.

Investigations mandated by law:

- Physical and Sexual Abuse - inflict pain or injury
- Neglect by Caregiver - physical or medical needs not met
- Psychological Abuse - ridicule or demean
- Financial or Sexual Exploitation – illegal/improper use or abuse of resources or rights of infirmed adult

Referral Process:

- Referrals are confidential. Duty to report: Del Code Title 39 Chpt 3910
- Delaware Aging and Disability Resource Center (ADRC): 800.223.9074
- Calls are fielded after hours, weekends and holidays by Calls Plus
- Family, friends or professionals identified in referral may be contacted
- APS cannot force services upon competent adult who refuses services
- Special circumstances permit involuntary services - court order is required

Timelines:

- Home visits are unannounced
- Emergency reports – same day (physical & sexual abuse, severe neglect)
- Other referrals – five working days
- APS utilizes Harmony System (data in real time)

Principals:

- Client participation
- Remain at home or in community with family and caregiver support
- Least restrictive or intrusive action
- Legal action as last resort

APS has seen a rise in mental health referrals. APS hired a victim service advocate who has also seen an influx of financial exploitation cases.

As of 2017, there is one independent provider in Delaware that helps with emergency shelter arrangements.

### Long Term Care Ombudsman Program (LTCOP)

Meda Hackett, LTC Ombudsman, provided program overview to commission members.

LTCOP has four LTC Ombudsman, two Community Ombudsman and a Volunteer Coordinator. There are 24 active Volunteer Ombudsman.

Funding: Title VII (Older Americans Act), Title III and State dollars.

Long Term Care Ombudsmen are advocates for residents of nursing homes, assisted living facilities and board & care homes. Currently, there are 50 state licensed nursing homes and 32 state licensed assisted living facilities in Delaware.

In addition, Home & Community-Based Services Ombudsmen (HCBSO) advocate for consumers receiving or in need of home and community based care and want to remain living at home. HCBSO have the authority to investigate and resolve complaints made by or on behalf of LTC consumers.

Ombudsman works to resolve problems of individual residents and bring about changes at the state, local and national levels that will improve residents' care and quality of life. The average turn-around time for resolving a complaint is two weeks.

#### LTCOP Goals:

Advocate, promote and monitor adequacy of care and quality of life.

Advocate, promote and monitor residents' rights.

Promote continual improvement of resident's quality of life.

Educate community members, residents, family members and facility staff on subjects pertaining to the LTC system.

LTCOP responsibilities: advocacy; investigation; mediation; outreach & education; witness Advance Healthcare Directives (AHCD) for residents in LTC facility settings; provide information & answers regarding residents rights & LTC system and advocate legislative changes.

### 2016 Stats

1. Type of complaints: 23.3% admission, discharge, transfer or eviction; 22.3% care; 17.3% system; 13.9% choice, rights and privacy; 7.4% financial/property and 15.8% other.
2. Complaint sources - 28.8% facility, 25.7% resident, 19.3% representative/social service agency, 15.9% relative/friend and 10.3% other.

LTCOP policies and procedures have not been updated since 2003. LTCOP has contracted with Consumer Voice to revise the policies and procedure manual and create a formal training for new ombudsman.

LTCOP began using Harmony OmbudsManager (April 2017), a web-based software that tracks complaint investigations from intake through closure.

Ms. Furber asked why the annual Residents Rights Rally was cancelled - October 2017. Ms. Hackett said she will check with Teresa Ritter, State Ombudsman, as to the reason and have her follow-up with the commission.

### 4<sup>th</sup> Qtr 2017 QART Report

Rob Smith, presented the 4<sup>th</sup> Qtr 2017 QART Report. The survey team recommended one "G" level deficiency during 4th quarter 2017. The QART Team reviewed the "G" level deficiency and downgraded the citation because the team decided there was insufficient evidence to support a "G" level citation.

### 4<sup>th</sup> Qtr 2017 Staffing Report

Rob Smith presented the 4th Qtr 2017 Staffing Report. The cumulative hours per resident totaled 3.69 hours during this snapshot in

time. Per Eagles Law, 3.28 are the minimum number of hours required, however facilities must also staff to meet the needs of the residents, too.

### CY 17 Civil Monetary Penalty (CMP) Report

Rob Smith presented the CY 17 CMP Report. Federal penalties were imposed to nine facilities and totaled \$395,191. Penalty reason's included: injuries during a fall without adequate supervision (x3), failure to provide appropriate care and treatment (x2), avoidable pressure ulcers (x2), and significant medication error (x2).

### AmeriHealth Caritas

Tiffany Earle, LCSW, Director LTSS and Kathy Gordon, RN, Director of LTSS (Clinical Services) provided an overview of Amerihealth's long term services and supports in Delaware. Effective January 1, 2018, Amerihealth became a managed care organization in Delaware - serving approximately 13k clients, 3k are Medicaid nursing home residents.

Amerihealth uses a personal centered philosophy care plan. Individual goals are set and there is a comprehensive needs assessment developed for every client.

Team approach consisting of: family member/support person, case manager, community health navigator, transition coordinator, and personal care connectors. Depending on the client's needs, a behavioral health liaison, medical director, member advocate, housing coordinator or community agencies may join the team. Currently, Amerihealth has 36 case managers.

Amerihealth utilizes Inter RAI assessments, which is used by health organizations to assess people at the point of care, generating real-time electronic reports that flag risks and inform care planning.

Staff attend an initial "new hire" boot camp, shadow/mentor program, and receive monthly training updates. In addition, employees receive a two day training regarding personal centered care.

Effective April 1, 2018, Amerihealth added routine eye exams once a year as a member benefit. Members are also eligible for one pair of prescription eyeglasses or contacts, once a year.

Effective May 1, 2018, adult dental coverage for routine exams and cleanings is available once a year; This includes one set of bite-wings x-

rays annually. One set of full mouth x-rays are covered every three years.

### Division of Medicaid and Medical Assistance (DMMA) Long-Term Care Eligibility & Services

Staci Marvel, Chief Administrator of DMMA provided commission members with an update regarding DMMA Long Term Care Applicant Services. The Division's goal is to provide a decision within 40 – 45 days.

The application process:

1. Individuals contact the DMMA Eligibility Unit and schedule an interview
2. A packet of information is mailed to the individual
3. Interview - (completed) packet is reviewed
4. The Division sends individual a decision
5. If approved, case is opened – for community or skilled facility services

The Division has seen an increase in the overall number of Calendar Year (CY) 2018 LTC application referrals. In CY 2017, the Division received 2,173 nursing home referrals & 3,593 community referrals. There appears to be a wait time between phone call and interview - within the eligibility unit.

### Brookside Clinical Labs

Annette Iacono, Brookside Clinical Labs Vice President, provided an overview of Brookside Clinical Laboratory, Inc. Brookside is a (40 + years) full service medical testing facility dedicated to providing exceptional laboratory support. This organization currently has 200+ employees. They offer a broad range of tests utilizing advanced instrumentation and technically proven methodologies. Brookside's goal is to provide clients with accurate and diagnostically meaningful results.

Brookside is located in Aston, PA and provides lab services for 100 long term care facilities (DE, NJ and PA combined). In Delaware, they provide lab services (blood & culture) for 30 nursing homes. Most results are provided before 3:30 pm (fax or web portal).

Rose Zuppo, Microbiologist, mentioned that the top three long term care culture requests:

1. Urinary Tract Infection (lab recommends physicians use caution with antibiotics)
2. C – Diff (lab receives approximately 2 - 4 positive cases per day)
3. Respiratory Infection (have been increasing)

Brookside also serves individuals needing lab services in the community (bed bound).

Brookside Clinical Laboratory, Inc: [www.brooksidelab.com](http://www.brooksidelab.com) or 610.872.6466.

### 1<sup>st</sup> Qtr 2018 QART Report

Tom Murray, DHCQ Deputy Director, presented the 1<sup>st</sup> Qtr 2018 QART Report. The survey team recommended five “G” level deficiency during 1<sup>st</sup> quarter 2018. The QART Team reviewed the five “G” level deficiency and downgraded one citation because the team decided there was insufficient evidence to support a “G” level citation.

### CY 17 Adult Abuse Registry

Tom Murray, DHCQ Deputy Director provided commission members with CY 2017 Adult Abuse Registry referral information. In CY 17, there were 195 individuals referred to the Attorney General’s Office and 5 referred to Licensing/Professional Regulations due to incidents of abuse, neglect, mistreatment or financial exploitation.

Individuals have 30 days to file an appeal with a fair hearing officer. A third of folks file an appeal. 75 percent of appeals are upheld. There is a second appeal process available, too.

### CY 2017 Background Check Center

Tom Murray, DHCQ Deputy Director, provided DNHRQAC members with an update regarding the Background Check Center (BCC).

The Background Check Center was established through legislation passed in April of 2012. As a result, use of the BCC is required of all employers who provide long-term care services in licensed facilities and agencies throughout Delaware. There is \$25 user fee which is used to provide upkeep and system maintenance.

The BCC acts as the hub for nine different data sources of background information. Employers are able to access all of the information from one source, the BCC, which screens applicants for any type of position in the long term care settings. The nine data sources include:

1. Adult Abuse Registry
2. Certified Nursing Assistant Registry
3. Sex Offender Registry
4. Office of the Inspector General Registry
5. Child Protection Registry
6. Division of Professional Regulation Registry
7. State and Federal Criminal background Checks
8. Drug Screening
9. Service Letters from prior employers

Before the BCC, employers accessed the elements individually. This required a great deal of time, numerous paper reports, handling, and risk of exposing sensitive and personal information pertaining to applicants. BCC greatly improves the process of screening job applicants and saves money/time for employers. The BCC also streamlines the review process and reduces the amount of tracking of paper documents.

The BCC has a feature known as the “Quick Background Check.” At the beginning of the screening process, and before any cost is incurred, the employer can access public registries 1 through 4 to determine if any disqualifiers are on record which may influence the decision to hire.

A unique aspect of the BCC is the “Rap-back” process. The Rap-back will alert investigative staff of convictions and potential disqualifiers of employees in the BCC system.

There were approximately 5,500 applications submitted in CY 2017: Nurses Aides, Personal Care Workers, LPNs, RNs, etc.

### Delaware Safety Council

John Farin, Esquire, Delaware Safety Council Executive Director, provided an update to commission members. Delaware Safety Council is a non-profit organization comprised of five full-time employees which serves 1,000 – 1,500 clients per month.

Delaware Safety Council's mission is to promote the protection of life and health in the workplace, in the home, on the highway, and in the community by actively providing education/training resources and service.

The organization has 25 instructors to teach a variety of safety courses:

- A. Driver Safety (basic & advanced)
- B. Community Safety (boating, pet, & babysitting)
- C. Industrial Safety(flagging, forklift, CPR, First Aid and AED)

### FY 2019 Agency Reviews

#### Court of Chancery/Guardianships

Honorable Morgan Zurn, Master for Delaware Court of Chancery, provided commission members with an overview of the guardianship process. Currently, there are two Masters that preside over Delaware guardianship cases.

In the Court of Chancery, a Guardian is a person appointed by the Court to make medical and/or financial decisions for a disabled person. There are three types of guardianships: guardianship of an adult person, guardianship of an adult person's property and guardianship of the property of a minor child who is under eighteen.

Delaware law empowers the Court to appoint a guardian for a person with a mental or physical disability who also is in danger and needs assistance in the form of a guardianship. Taking the step to become a guardian for an adult should be a last resort and should only be considered when other alternatives have failed or are no longer appropriate. Alternatives to guardianship include acting as a surrogate decision maker or having the individual execute an Advance Health-Care Directive and/or Durable Personal Power of Attorney appointing an agent. Many individuals with mental or physical disabilities have the ability to understand the nature of these documents and what the documents will allow others to do for them. These alternatives also allow the person with a disability to retain his or her individual rights, have a voice in choosing who may make decisions on his or her behalf, and avoid the cost and difficulty of petitioning the Court to appoint a guardian.



Currently, there are 1,946 open guardianship cases in Delaware's Court of Chancery. Of that number, approximately 15 - 20 guardians are removed from their duties per year due to: stealing, inattentiveness, etc.

Number of filings:

2016 - 210

2017 - 236

Number of dispositions:

2016 - 628

2017 - 740

Process:

Individuals seeking guardianship complete a petition packet which includes: Petition, Physician's Affidavit, Preliminary Order, Consent Form and Final Order. Petition asks whether individual has a Power of Attorney. Filing fees apply (\$200).

Notice will be sent to next of Kin.

The Court will appoint an attorney ad litem (\$750 baseline fee) to represent the alleged disabled person. He or she will contact petitioner to arrange a convenient time to meet with the disabled person. The attorney ad litem will file a report of their findings with the Court. If family does not have money to pay attorney ad litem fee and falls under Federal poverty level, Courts has funds to cover the fee. The attorney ad litem is the voice of the person with a disability; they represent the disabled individual's best interest.

If guardianship is not contested by next of kin, petitioner appears at a hearing and the Judge will most likely sign the Order. Clerks at the Registry in Chancery will provide final paperwork, handbook and further instructions. Uncontested guardianship process is roughly 4 - 6 weeks.

If guardianship is contested, next of kin files an answer or cross petition (20 days) and the case will be assigned to a Master or Chancellor for a full evidentiary hearing (usually within 30 days). After evidentiary hearing, Master or Chancellor will render a final order. This process can take longer to resolve.

An "interim" or "emergency" guardianship may be requested when a person with a disability needs immediate assistance for urgent medical

care, to prevent imminent serious physical harm, or substantial economic loss or expense. An interim guardian may serve for a period of up to 30 days. To request appointment as an interim guardian, petitioner must state in the petition the facts which demonstrate the person with a disability is in danger of incurring immediate serious physical harm or substantial economic loss.

After final order, guardian is responsible for the length of that person's life: medical decisions; where they are going to live; end of life decisions; Medicaid qualification process and finances.

Other than social security, annual financial accounting is submitted to the Court of Chancery. Court staff members review every receipt to look for any misappropriations. Guardians sign a bond usually for one year's worth of income and any assets that can be turned into a judgement (enforceable by Superior Court).

In addition, a three page medical form is to be completed yearly for guardianship of person.

Court of Chancery amended rules to refine and streamline guardianship procedures for protecting the rights, estates, and well-being of persons with disabilities. Many of the amendments reflect practices already in place.

The following amendments became effective July 1, 2018:

- Petition for appointment of guardian for adult with an alleged disability
- Appointment of attorney ad litem upon petition for appointment of guardian; service and notice of hearing
- Hearing upon petition for appointment of guardian
- Petition to exercise powers not granted by Subchapter II of Chapter 39 of Title 12 of the Delaware Code or by the Court
- Petition for instructions regarding life-sustaining procedures
- Guardian of property of a minor
- Termination of guardianship
- Guardianship Monitoring Program of the Office of the Public Guardian

Office of the Public Guardian is utilized when there is nobody able to serve as guardian and no funds either. Vice Chancellor Zurn shared that OPG is underfunded and over performing but provides amazing service. If an individual has financial resources, fee-for-service guardianship providers (currently three in Delaware – Supportive Care, Life Solutions and Senior Partner) will pay bills and make medical decisions for a reasonable fee.

Vice Chancellor Zurn mentioned that there is a working group looking into whether guardianship cases should be located within Family Court instead of Court of Chancery. This stems from a study/poll of attorneys and judges about two years ago through the Jurisdiction Improvement Committee.

### Division of Aging

Dava Newnam, Director of the Division of Aging and Adults with Physical Disabilities (DSAAPD), provided an overview of services to commission members:

- Largest division within Delaware Health and Social Services (offices in all three counties)

- Target population: older adults (age 60+), adults with physical disabilities (age 18+) and caregivers.

- Promote dignity, respect, and inclusion for older adults and people with disabilities.

- Preserve health, dignity and promote self-sufficiency for older people and individuals with disabilities by providing access to and coordination of the right services at the right time and in the right place.

- Prepare for rapid growth /emerging needs of target population

- Build access to home and community-based services

DSAAPD Services and Programs:

Information and Support: services that provide awareness, assistance and access beginning with the Delaware Aging and Disability Resource Center (ADRC). These include Info & Assistance/Referral (call center, website, publications); Options or Person-centered Counseling (aka. Personal decision-making support); Care Transition support to facilitate

discharge planning/nursing home transitions; Initial/Ongoing Assessments conducted by DSAAPD's Care Assessment Team (Community Nurse & Social Worker); Case Management

Home and Community-Based Services (Long Term Services & Supports): services that allow individuals to maintain their independence and age in place in their own home or community. Services include: home-delivered meals, home modifications, assistive technology, personal care, personal emergency response systems (PERS), self-management programs, employment services, etc.

Caregiving Support: information and resources that support caregivers who are caring for their family member(s). Other services include respite, adult day services, and support for those with dementia and Alzheimer's Disease.

Rights and Protection: programs and services that intervene in critical situations in which adults are in danger of abuse or financial exploitation, including Adult Protective Services/Report Hotline; legal services, etc.

Residential Care: manages Delaware Hospital for the Chronically Ill (Smyrna) and Governor Bacon Health Center (Del. City). DSAAPD also operates an Adult Day Program in Smyrna, DE.

Ms. Newnam advised members that as of May 2018, the Division of Aging has 2k+ individuals waiting to receive services. The wait lists exist for most services because the demand far exceeds the supply and is steadily increasing.

Ms. Newnam added "Delaware is in the middle of a dramatic population surge, with thousands of baby boomers joining the age 60+ cohort each year. The oldest baby boomers, born in 1946, turned 60 in 2006. Since then, Delaware has experienced an unprecedented spike in its older population. In 2000, there were 133,925 older Delawareans. By 2015, that number climbed to 211,125 and by 2030, it is estimated that the State will have over 300,000 residents aged 60 and over. It is impossible to overstate the impact that this population growth has had, and will continue to have on the demand for services in Delaware."

## ACTS Signature Hospice

Karen Netta, Administrator, provided an overview of services to commission members. Acts Retirement-Life Communities (Acts) has been providing senior retirement living since 1972. Acts Retirement-Life Communities is incorporated in Pennsylvania and is designated a 501(c) 3 charitable organization.

### Facts:

- ACTS has 23 communities in 9 states
- Currently serving 9,700 residents, in all of the communities combined
- 7,000 employees

ACTS Signature Hospice was created to:

- Promote dignity and quality of life for patients with serious, often life-threatening illnesses and their families.
- Advocate and support informed decision-making
- Ensure patient & families wishes/goals are identified/respected
- Apply pain relief through symptom management and palliative care

Hospice services are a Medicare benefit. Services include: care, medication, equipment and supplies.

ACTS Signature Hospice began offering services in Delaware --- April 2018. ACTS Signature Hospice started offering hospice service in 2007.

In Delaware, services are being provided currently to three residents living at WillowBrooke Court @ Cokesbury Village and WillowBrooke Court @ Country House (both in NCC). The organization plans to offer hospice services in the future at WillowBrooke Court Skilled Center @ Manor House (Sussex).

## Division of Substance Abuse & Mental Health (DSAMH)

Elizabeth Romero, DSAMH Director, provided an overview of DHSS's Substance Use Treatment and Recovery Transformation (START) Initiative to engage more Delawareans suffering from substance use disorder (SUD) in treatment and wraparound services. This initiative was

roll out October 3, 2018 as a way to engage meet clients accompanying needs for housing, employment, education and other wraparound services.

The START Initiative will increase access to care and treatment for individuals living with substance use disorder by fostering system-wide improvement based on a framework that measures client outcomes. A week prior, DSAMH launched a new online treatment referral system called Delaware Treatment and Referral Network (DTRN) that allows Delaware health care providers seeking substance use disorder treatment or mental health services for their patients to make an online referral with one of 24 organizations included in the first phase.

Additional addiction and mental health treatment providers will be included in subsequent phases.

In its first year, START Initiative is expected to engage and treat more than 900 new clients using certified recovery peers connected to emergency departments, primary care, urgent care, EMS, police officers and families as the gateway. The peers will assist individuals suffering from substance use disorder as they navigate their way through both the treatment and social services systems, helping meet their needs for housing, transportation, employment, social services, legal or financial counseling, and other behavioral health or medical care.

The START Initiative builds on the best evidence-based treatment and wraparound services needed for long-term recovery, but also offers technical supports to providers in the community to evaluate for quality and standards.

As part of the START Initiative, DSAMH awarded contracts to Brandywine Counseling & Community Services and Connections Community Support Programs as Level 4 providers, the highest level in Delaware for SUD treatment. That means the two organizations can provide clients with every level of treatments and services, including all three FDA-approved forms of medication-assisted treatment. Later this fall, DSAMH expects to add more treatment providers at each level of care. DSAMH also awarded a peer recovery specialist contract to Recovery Innovations International to help navigate individuals into treatment and to maintain their connection to that care.

The START Initiative received a boost of \$2 million in federal funding through the State Targeted Response to the Opioid Crisis grant, made possible through the signing of the 21st Century Cures Act. Through the federal grant from the U.S. Substance Abuse and Mental Health

Services Administration, Delaware received \$2 million per year for two years. START also will receive funding from Medicaid reimbursements and state general funds.

The new system of care ensures 24/7 support through certified peer recovery specialists who will meet with individuals suffering from addiction wherever they connect with the system - a hospital emergency department, a doctor's office, EMS transport, a police encounter or through a family or self-referral. Once individuals are in treatment, peers will help clients to navigate and stay engaged in their own care. Peers also will engage family members as appropriate to discuss treatment questions, issues, needs, options and preferences. In addition, peers will connect pregnant women to existing programs that provide home visiting and prenatal care.

Elizabeth Romero stated that peers are critical to building trust in the treatment system among individuals suffering from addiction. "Relying on someone with a similar lived experience will help individuals suffering from substance use disorder to believe that treatment can work in their case and they can begin the road to recovery," she said. "We know that addiction is a disease with a high rate of relapse, so peer support person can be the one that someone calls at 2 o'clock in the morning when they are afraid they might be tempted to use again."

Under the START Initiative, providers will be required to track and report aggregate outcomes, including intake assessments, clinical progress and receipt of supplementary services. The first step in understanding that level of accountability came with today's forum for treatment partners in which they learned about evidence-based practices and the need to improve the coordination of care.

That coordination will be enhanced by an Overdose System of Care, which will establish EMS and emergency department protocols to improve acute response, initiate medication-assisted treatment to manage withdrawal, and rapidly engage individuals with treatment. In September, Governor Carney signed legislation making Delaware the first state in the nation to have an Overdose System of Care.

In 2017, emergency medical service responders administered 2,711 doses of naloxone - a prescription medication that can reverse the effects of an opioid overdose - to 1,905 patients in Delaware. Both totals were up more than 16 percent from the 2016 totals. Additionally, law enforcement officers administered naloxone to 149 people in 2017.

Deaths from overdoses also increased in 2017, with 345 people dying in Delaware, according to the Division of Forensic Science (DFS). That

total was up 12 percent from 2016. Through Oct. 1 of this year, 218 people have died from suspected overdoses in Delaware, including a record monthly total of 39 lives lost in August, according to DFS.

Currently DSAMH and Division of Services for Adults with Physical Disabilities (DSAAPD) has a team of psychologists and psychiatrists that rotate throughout Delaware Hospital for the Chronically Ill (DHCI), Governor Bacon Health Center (GBHC) and Delaware Psychiatric Center (DPC) to provide mental health services.

Ms. Furber shared that it would be useful to offer training for CNA's regarding de-escalation techniques, etc. Currently CNA's receive six hours of dementia training but it's not specific to diagnoses such as bipolar, etc. Ms. Furber added that training for all nursing home staff would be beneficial.

DHCI implemented (May 2018) a behavioral health program to assist staff, including CNA's. This project is being spearheaded by Dr. Melissa Winters where staff receives extensive & on-going training in subjects such as: dementia, schizophrenia, bipolar, etc. The focus is to offer non-pharmacological intervention techniques to staff for residents that might be experiencing behavioral health issues.

Ms. Bailey asked if this behavioral health program could be rolled out to privately owned long term care and assisted living facilities in Delaware, too. Ms. Newnam shared that DSAAPD would be willing to offer training to the private facilities, if desired.

Dr. Lorraine Phillips suggested the group consider exploring Civil Monetary Penalty Funds (CMP) as a way to possibly pilot such a training program and will connect with Ms. Bailey to discuss in greater detail.

Dr. Winters offered to attend a future DNHRQAC meeting and provide an overview of the behavioral health program being piloted at DHCI.

### St Francis Life Center

Amy Milligan, St Francis Life Center Executive Director, provided an update regarding St Francis Life Center. Saint Francis LIFE provides a Program of All-inclusive Care for the Elderly (PACE).

Through a team of compassionate healthcare experts, LIFE provides participants with complete medical, health and social services at the LIFE Center, as well as in the home, as needed.



LIFE's comprehensive care includes medical and nursing care, physical therapy, occupational therapy, nutrition services, and social work support. LIFE also offers a Day Program that allows participants to socialize and join in activities.

LIFE served individuals who are the age of 55 or older; live in the designated service area (New Castle County); are certified by the state of Delaware at a nursing home level of care (at least one ADL); and are able to live safely at home with LIFE's support and services. Clients are reassessed every six months.

The average client is 75 years old, the oldest client is 102 years old. As of May 2018, there were 248 participants – goal is 265.

The goal is to keep participants safe and healthy using a social service rather than medical model. Currently, 6 ½% of PACE participants (15) are residing in long term care facilities.

LIFE accepts a combination of Medicare and Medicaid, Medicaid only or private payment. There are no out-of-pocket charges if participants qualify for both Medicare and Medicaid or Medicaid only. Participants who do not qualify for Medicaid pay a flat monthly fee.

The goal at Saint Francis LIFE is to make sure the cost will never be a barrier to receiving the care that is needed and the cost will not vary based on the participant's changing needs.

St Francis Life Center plans to expand PACE services and will begin construction off Route 896 (New Castle County) next year.

### MFP/Nursing Home Transitions

Colleen Yezek, DMMA Program Administrator, provided an update regarding Money Follows the Person Program (MFP). Money Follows the Person Demonstration, "Finding A Way Home" Program, is a special project funded by the Federal Government and the Delaware Department of Health and Social Services (DHSS) Division of Medicaid and Medical Assistance (DMMA).

MFP Program is available to assist eligible individuals that choose to participate in moving from an eligible Long Term Care (LTC) facility, (nursing home, Intermediate Care Facility for Developmental Disabilities

ICF/DD or state hospital) to an eligible residence in the community with available community services and supports.

In 2007, Delaware was awarded a demonstration grant. Since then, 271 individuals have been transitioned to the community and 21 individuals remain in the program. The last MFP transition occurred 12/31/17. The demonstration grant will end 2020 and be replaced with the Assisted Ability Plan which was rolled into waivers and managed care organization's services.

2<sup>nd</sup> Qtr 2018, 78 individuals were identified as having interest in moving to the community. As a result, 18 individuals were able to transition.

MFP provides assistance to eligible individuals that choose to transition from a LTC facility to the community, by providing:

1. Information to help make informed choices regarding transition and participation in the MFP Program.
2. Access to transition services and post-discharge follow-up by an MFP Transition Coordinator. This is to ensure their move is satisfactory and community-based needs are being met.
3. Assist with locating a place to live, arrange for medical, rehabilitative, home health or other services in the community.
4. Assist the person to develop their own plan of care
5. Fund for supplemental MFP Transition Services

MFP will pay for transition services to the community for the first 365 days of program: initial setup expenses, assistive technology, home delivered meals, personal assistance services, etc.

After 365 days of MFP Transition services, Medicaid and other home and community based services (HCBS) will be available to continue to help support eligible individuals to remain in the community: case management, personal care services, orthotics and prostheses, adult day services, assisted living, cognitive services, specialized medical equipment, etc.

Individuals accessing Developmental Disabilities (DD) waiver, services will continue: case management, habilitation services, prevocational services, supported employment, day habilitation and respite services and residential services.

### 3r<sup>d</sup> Qtr 2018 QART Report

Rob Smith, DHCQ, presented the 3rd Qtr 2018 QART Report. The survey team recommended 11 “G” level or higher deficiencies during 3rd quarter 2018. The QART Team reviewed the “G” level deficiencies and downgraded one of the citations because the team determined that the deficiency cited was instead a communication issue and did not cause the fall & subsequent injury.

Ms. Furber asked whether “charting systems” currently used in Delaware long-term care and assisted living facilities offer an opportunity to include information to capture and communicate: when a resident is having an off day, documentation needed to validate complaint survey, etc.

Rob Smith shared that each facility is able to choose what type of reporting system they want to use (point care click, etc) and therefore there is not a standardized “charting” format.

### 3rd Qtr 2018 Staffing Report

Rob Smith presented the 3rd Qtr 2018 Staffing Report. The cumulative hours per resident totaled 3.70 hours during this snapshot in time. Per Eagles Law, 3.28 are the minimum number of hours required, however facilities must also staff to meet the needs of the residents, too.

### Patient Centered Care

Hooshang Shanehsaz, State Pharmacy Director, provided commission members with an update regarding pharmacy services.

During the last 5 years, as part of an increased-efficiency initiative, Pharmacy services began intense examination of all resident medications through: 1) reviewing the reason for the medication, 2) identifying diagnosis; 3) conceptualizing the disease state; and 4) developing a gradual dose reduction plan, when possible. As a result, a multidisciplinary team approach was used to monitor residents, make

sustainable changes, provide tools for staff and improve the quality of life.

The team began reviewing medication classifications, creating Antibiotic Stewardship, Pain Stewardship and Inventory Control overview. A formulary review was conducted to determine potential generic equivalents that may be used in place of more expensive brand medications to treat certain medical conditions, and provide cost savings. If a resident did not benefit from the generic form, the team returned to using the original prescribed medication. The goal was to promote an appropriate, cost effective use of medications and supports relating to patient care.

The team reviewed medication in all classes, including: antipsychotic, anti-anxiety, insulin, and antibiotics. Residents' medical conditions such as high blood pressure, diabetes, and GERD were reviewed. These initiatives have resulted in significant reduction of use and cost in many categories such as pain management, antipsychotics, and antibiotics; in some cases up to 80% reduction.

Pharmacy has encountered some challenges during this process: regulations have changed at State and Federal levels; cost of medications continues to increase; those being served have multiple chronic and complex medical conditions, and pharmacy's budget has decreased. The mission of pharmacy continues to be to maximize services and residents' quality of life. To help create sustainable solutions and tools for direct care staff dealing with residents, Neurobehavioral Health (Dr. Winters) and Pharmacy cooperated to establish committees to train staff, help create care plans, review and suggest medication changes, as well as track treatment modifications.

### Neuro-Behavioral Health Training

Dr. Winters and several Delaware Hospital for the Chronically Ill staff members provided testimony regarding a novel program to address neurobehavioral conditions. The program was designed to provide nonpharmacological tools to address challenging behavior. Currently, there are 113 residents at DHCI, and up to 70% of those residents have a comorbid psychiatric condition.

May 2018, Dr. Winters began training five CNAs in a twelve-week neurobehavioral health program. Topics included: major psychiatric

diagnoses and treatment approaches; culture change; psychological first aid; assisting those with memory/cognitive impairment such as TBI and dementia; grief/end-of-life issues; behavior modification techniques; use of narrative medicine and parallel charting; pharmacological interventions, etc. The Neurobehavioral health team consists of CNA's, nurse supervisor, psychologist, pharmacist, and activity therapy director and staff who meet often to discuss progress/setbacks and future plans of action. The team also comprises the Psychotropic Medication Advisory Committee, which performs pre and post-assessments and tracks use of psychotropic medication in the facility.

Lisa Furber and Margaret Bailey will schedule a session with Dr. Winters to observe the neurobehavioral health program in action. Members discussed the possibility of rolling this program out to the private sector. Dr. Lorraine Phillips and Dava Newnam offered to assist.

DHCI Neurobehavioral staff present at the meeting: Dr. Winters, Hooshang Shanehsaz, Jessica Guido Brown (Nurse Supervisor); and CNAs: Rhonda Evans-Jackson, Trisha Lavage, and Angela Foraker. Each provided their insight about the neurobehavioral health program.

#### Point of Hope – Tiffany Stewart, Program Director

Tiffany Stewart, Program Director, provided an overview of services offered at Point of Hope.

This family owned business offers specialized facility based programs for persons with severe and profound intellectual disabilities, autism, ABI/TBI, neurological impairments and those with special medical needs. The services include a residential day program and supported employment. The staffing ratio is 5:1.

Point of Hope began offering services in their New Castle County location – 2006. As of November 2018, there were 25 – 30 clients in the brain injury program. Each individual's program is designed to meet their needs, interests and abilities. The brain injury program is more recreational based and goal is to assist clients in maintaining a level of independence.

In 2012, Point of Hope opened their clubhouse in Smyrna, which offers services to medically fragile individuals needing nursing supports.

Currently, 10 clients are served at this location. Point of Hope incorporates academics, communication, cooking, maintenance, social skills and activities of daily living into the clients individualized goals.

### Medicaid Fraud Control Unit (MFCU)

Christina Kontis, Deputy Director for the Medicaid Fraud Control Unit, provided an overview to commission members. As of November 2018, there were 17 staff members within the unit who investigate and prosecute illegal acts relating to Medicaid funds. The unit also sues civilly.

MFCU was created in 1980 and is housed within the Delaware Department of Justice.

MFCU has a professional staff of prosecutors, investigators and auditors who review allegations involving:

- Medicaid Fraud: Civil or Criminal Fraud against the state by healthcare providers who treat Medicaid recipients.
- Patient Abuse, Neglect or Mistreatment: Criminal abuse, neglect or mistreatment of patients in health-care facilities, including nursing homes and mental health residential facilities.
- Financial Exploitation: Theft or misuse of funds belonging to residents of Delaware Health care facilities.
- Medication diversion

This unit often receives referrals from other state agencies such as the Division of Health Care Quality, Professional Regulations, etc. Deputy Director Kontis stressed the importance of sending in a referral sooner than later to preserve evidence.

A question was raised regarding alleged staff to resident abuse. Ms. Kontis mentioned that a referral is automatically forwarded to MFCU so the unit can determine whether there is enough evidence to prosecute or decline due to insufficient evidence.

MFCU staff is able to provide education within long term care facilities.

### Resident and Satisfaction Survey

Adrienne Indellini, Nursing Home Administrator for Center at Eden Hill provided commission members with information about Delaware's newest skilled facility located in Dover, Delaware. Center at Eden Hill is a privately owned, hotel like facility with private rooms. The management company is called Veritas, located in Colorado Springs, Colorado. Veritas manages 13 facilities within the United States. Center at Eden Hill's census as of January 2019 was 57; licensed to serve 80 residents. The rehab timeline set for residents is 30 days. The hope is to provide the best stay, best outcome, dignity, and respect for residents.

The clinical liaison, Janie Ferrari, receives referrals from various sources and screens to make sure that short stay is appropriate. Should residents need long term care or other services beyond their stay at Eden Hill, the facility partners with other providers to ensure the individual's needs are met. Each resident also has a case manager that follows them throughout their stay at Eden Hill.

Ms. Indellini shared that resident and family satisfaction is very important. During the recruitment process, she looks for compassion and passion in prospective employees at Eden Hill. "Technical skills can be taught, but employees must feel passion and compassion in their heart" said Ms. Indellini. "The expectation is for staff to put themselves in the shoes of the family/resident."

An official survey is provided to residents at the conclusion of their stay at Eden Hill. The survey goes into more depth: dietary, maintenance, nursing, activities, etc. Results are reviewed by Nursing Home Administrator and also shared with other facilities managed by Veritas.

### AARP of Delaware

Sheila Grant, Associate State Director of Advocacy provided commission members with company updates. There are five staff members that serve AARP of Delaware. Staff lobby on issues that impacts families such as: health care, employment, retirement security, fraud prevention and livable communities. Currently, there are 188k members in Delaware. Some efforts AARP has been working on:

- Advocacy
- Volunteerism opportunities
- Tax Aid Program
- Driver Safety Program
- Caregiving Campaign

FY14, there were 123K caregivers in Delaware. 76% wanted to age at home with services. More than 90% wanted paid help. The number of Delawareans older than 60 is expected to double by the year 2030.

As a result, the Delaware Family Caregiving Task Force was formed with the passage of House Concurrent Resolution 57 during FY 14 legislative session. The charge of the task force was to make findings and recommendations regarding the support needs of family caregivers who assist older people and people with disabilities. Caregiver Support Blueprint Report: [https://s18672.pcdn.co/wp-content/uploads/2015/06/DE-CSBD-Report\\_Final5-26-15.pdf](https://s18672.pcdn.co/wp-content/uploads/2015/06/DE-CSBD-Report_Final5-26-15.pdf).

2016 Care Act was designed to make hospital discharge less stressful by giving patients the opportunity to identify a caregiver; and offering instruction / demonstration of the care needed once their loved one returns home.

2017 Round Table - AARP held a Leadership Roundtable to discuss solutions for family caregivers in Delaware. The event brought policy makers, industry leaders, and community representatives together to discuss strategies for supporting family caregivers in Delaware.

AARP (FY 17) partnered with the YMCA to launch & pilot a neighborhood health program to tackle diabetes and promote better health. The program available at all YMCAs in Delaware to help people diagnosed as pre-diabetic to learn how to change their lifestyle and avoid getting diabetes.

2018 Share the Care Act - This would allow family caregivers to get the help they need as they balance family, work and caregiving. For a variety of reasons (safety & liability concerns), the bill never made it out of committee. AARP is already building another strong grassroots effort for next year to re-introduce this legislation and ensure it passes.

Annual Capitol Caregivers Award - FY 18, several Delaware lawmakers AARP's award: Lt. Gov. Bethany Hall Long, Majority Leader Valerie Longhurst, Sen. John Walsh, and Rep. Paul Baumbach.

Livable Communities - AARP seeks to improve older adults' quality of life by promoting the development of safe, accessible and vibrant environments often called livable communities. Livable communities'



policies address issues such as land use, housing, transportation and broadband — all of which facilitate aging in place.

### 1<sup>st</sup> Qtr 2018 QART Report

Rob Smith, DHCQ Licensing Administrator, presented the 4th Qtr 2018 QART Report. The survey team recommended 15 “G” level deficiency during 4th<sup>t</sup> quarter 2018. The QART Team reviewed the 15 “G” level deficiency and downgraded two citations because the team decided one deficiency was a communication issue that did not cause fall leading to injury and other because risk of harm was not foreseeable/staff followed protocol.

Mr. Smith mentioned that there were changes made in November 2017 regarding guidance and interpretation. New annual inspections focus on more observation, less looking at medical records and more resident centered. The former inspection process focused on nursing assessments.

### Staffing Report

Rob Smith, Division of Health Quality provided commission members with 4th Quarter 2018 staffing information. The cumulative hours per resident totaled 3.72 hours during this snapshot in time. Per Eagles Law, 3.28 are the minimum number of hours required, however facilities must also staff to meet the needs of the residents, too. In addition, all skilled facilities exceeded nurse to residents and aides to residents per shift during certification review.

### CY 18 Adult Abuse Registry

Karen Crowley, DHCQ Investigation Unit Chief, provided commission members with CY 2018 Adult Abuse Registry information. As of March 2019, there were 200 individuals on the Adult Abuse Registry due to substantiated (civil) incidents of abuse, neglect, mistreatment or financial exploitation.

Breakdown of individuals added to AAR:

CY 16 – 17

CY 17 – 21

CY 18 - 20

Individuals have 30 days to file an appeal with a fair hearing officer. Currently, there are 12 pending appeals. There is a second level appeal process, too.

### CY 17 Background Check Center

Don Bluestein, DHCQ Investigative Supervisor, provided members with an update regarding the Background Check Center (BCC).

The Background Check Center was established through legislation passed in April of 2012. As a result, use of the BCC is required of all employers who provide long term care services in licensed facilities and agencies throughout Delaware. There is \$25 user fee which is used to provide upkeep and system maintenance.

The BCC acts as the hub for nine different data sources of background information. Employers are able to access all of the information from one source, the BCC, which screens applicants for any type of position in the long-term care settings. The nine data sources include:

1. Adult Abuse Registry
2. Certified Nursing Assistant Registry
3. Sex Offender Registry
4. Office of the Inspector General Registry
5. Child Protection Registry
6. Division of Professional Regulation Registry
7. State and Federal Criminal Background Checks
8. Drug Screening
9. Service Letters from prior employers

Before BCC, employers accessed each element individually. This required a great deal of time, numerous paper reports, handling, and risk of exposing sensitive and personal information pertaining to applicants. BCC greatly improves the process of screening job applicants and saves money/time for employers. The BCC also streamlines the review process and reduces the amount of tracking of paper documents.

The BCC has a feature known as the “Quick Background Check.” At the beginning of the screening process, and before any cost is incurred, the employer can access public registries 1 through 4 to determine if any disqualifiers are on record which may influence the decision to hire.

A unique aspect of the BCC is the “Rap-back” process. The Rap-back will alert investigative staff of convictions and potential disqualifiers of employees in the BCC system.

There were 8,264 applications submitted in CY 2017 and 9,629 submitted in CY 2018. The number of users that access the BCC:

CY 2017 - 203

CY 2018 - 261

### CNA Schools

Erlease Freeman, RN provided commission members with an update regarding the Certified Nursing Assistant Schools. The CNA School oversight is located within DHSS, Division of Health Care Quality.

Anyone who wants to be trained to become a CNA in Delaware must enroll in a CNA training program that is approved by the Division of Health Care Quality.

In 2018, 32 (school) sites offered certification for nurse assistants in Delaware. Three new sites applied to become a CNA training program however only two sites were approved. The third site was not approved because it was not conducive as a learning environment (office suite did not have sink or running water).

CNA training programs that will be privately owned and operated must first apply for and obtain an initial certificate of approval as a private business & trade school from the State of Delaware Department of Education (DOE):

[https://www.doe.k12.de.us/cms/lib/DE01922744/Centricity/Domain/158/1693\\_001.pdf](https://www.doe.k12.de.us/cms/lib/DE01922744/Centricity/Domain/158/1693_001.pdf).

CNA training programs in Delaware must also be approved by the Division of Health Care Quality before training begins.

Currently, the Delaware Department of Education does not share a copy of the application with the Division of Health Care Quality.

2018 CNA competency report will be uploaded to the Divisions webpage: [https://www.prometric.com/en-us/clients/nurseaide/documents/delaware/DE\\_PassFailReport.pdf](https://www.prometric.com/en-us/clients/nurseaide/documents/delaware/DE_PassFailReport.pdf).

Representative Williams asked about the CNA competency low test scores, written and clinical, that appear on the report. Ms. Freeman

shared that the Division will consider in the future to sanction schools that have test scores that fall below acceptable standards. Ms. Bailey added that facilities expect CNA's to be prepared/know their skills before they begin employment.

A facility must not employ individuals who have a negative finding entered into the State Nurse Aide Registry concerning abuse, neglect, or mistreatment of residents, or concerning misappropriation of their property.

### Oral Health and Dental Services

Dr. Nicholas Conte, Director of the Bureau of Oral Health and Dental Services Division of Public Health (PH) within Delaware Health and Social Services Delaware, provided an overview/update of dental services and oral healthcare in Delaware.

In 2018, a third of Delaware dentists, hygienists and Christiana Care Health Services medical residents were educated in oral health and dental services through the Division of Public Health (DPH).

The goal of Delaware Bureau of Oral Health and Dental Service Division is to ensure that all members of the Delaware population, regardless of age, ability, or financial status, will achieve optimal oral health through an integrated system which includes prevention, education and appropriate treatment.

The Division has been using Silver Diamine Fluoride (SDF), which is a clinically applied treatment that controls active dental caries and aids in preventing further progression of the disease. SDF has a dual mechanism of action resulting from the combination of its ingredients. The silver component acts as an anti-microbial agent killing bacteria and preventing the formation of new biofilm, while the fluoride acts to prevent further demineralization of tooth structure. Application of SDF is simple and non-invasive.

Dr Conte shared that public health's mobile van has been retired; that telehealth and other means have replaced the mobile dental unit (was expensive to operate and maintain).

Dr. Conte further added that Public Health would like to revitalize an oral health training program for providers. Ms. Bailey mentioned that University of Delaware Center for Disabilities Studies offered oral health education to caregivers a few years ago and will forward information to Dr. Conte.

It was recommended that the Division of Public Health contact DHCQ to see if an oral health/dental program would be able to be funded using Civil Monetary Penalty funds.

### Long Term Care Ombudsman Program (LTCOP)

Jill McCoy, State Ombudsman, provided an overview of the Long Term Care Ombudsman Program in Delaware. Chantel Collie, LTC Community Ombudsman (Kent/Sussex County) joined Ms. McCoy. LTCOP is primarily funded through Title 7 and Title 3 of the Older American's Act (OAA).

The LTCOP unit (8 staff) is comprised of: State Ombudsman, four LTC Ombudsman assigned to specific facilities or settings, two community ombudsman and a volunteer ombudsman coordinator.

The Long Term Care Ombudsmen are advocates for residents living in long-term care facilities as well as other settings (such as their own homes) and receive home and community-based services (HCBS).

LTCOP currently serves:

- 50 nursing homes
- 34 assisted living facilities
- 34 family care homes
- 3 rest (residential) homes

LTCOP investigates and resolves complaints on behalf of these individuals. Complaints can be made by residents, family members, or other concerned parties. The program also provides opportunities for Volunteer Ombudsmen to serve as friendly visitors/advocates in nursing homes.

The number one complaint received by LTCOP: resident's care is not satisfactory.

LTC Ombudsman also witness Advanced Care Directives.

In addition, LTCOP provides information and answers about resident rights within long-term care system. Ms. McCoy shared that she plans to bring back the Residents Rights Rally in October to honor resident's rights throughout Delaware.

### QART Report

Tom Murray, DHCQ Acting Director, presented 1<sup>st</sup> Qtr 2019 QART Report via teleconference. During this snapshot in time, the survey team recommended five "G" level deficiencies. The QART Team reviewed the recommended "G" level deficiencies and determined that two of the citations should be downgraded because:

1. Unable to substantiate as a harm level deficiency.
2. No history of falls or care plan requirements for supervision while in wheel chair and lack of documentation to support this tag.

### Staffing Report

Rob Smith, DHCQ Licensing Administrator, presented the 1<sup>st</sup> Qtr 2019 Staffing Report. The cumulative hours per resident totaled 3.72 hours.

Per Eagles Law, 3.28 are the minimum number of hours required, however facilities must also staff to meet the needs of the residents, too. In addition, all skilled facilities exceeded nurse to residents and aides to residents per shift during certification review.

### Civil Monetary Penalty Report

Rob Smith, DHCQ Licensing Administrator, presented CY 18 CMP Report. Federal penalties were imposed nineteen times and totaled \$1,000,739. Penalty reason's included: Nutrition/Dehydration (x2), Resident Abuse (x2), incontinence/urinary catheter care (x3), respiratory/tracheotomy care, avoidable pressure ulcer (x5), injuries during a fall (x3), injuries during a fall without adequate supervision, failure to provide appropriate care and treatment, and cardiopulmonary resuscitation.

Under the Federal Nursing Home Reform Law, the Centers for Medicare & Medicaid Services (CMS) has authority and the "responsibility" to impose Civil Money Penalties (CMPs) and other enforcement actions at nursing homes that are found to violate federal standards of care (which

are called Requirements of Participation). The State of Delaware, specifically DHCQ, also has the authority to impose CMPs.

Special Focus Facilities are those with “a history of serious quality issues” and are subject to two standard surveys each year and more rigorous enforcement actions.

### Neighbor Care Home Care & Family Support

Debbie Akinola, RN, was recently approved by Delaware Court of Chancery to offer guardianship services. Prospective clients must be approved by the state presiding court who determines generalized or limited guardianship, power of attorney, or fiduciary services are most appropriate based on an individual basis.

Neighbor Care Home Care & Family Support services include: estate management, housing options, care options, bill paying and negotiation, financial management, Medicare & Medicaid enrollment, medical claims submission and representation at care conferences.

Ms. Akinola has been a professional caregiver for more than 20 years and has worked with individuals with various challenges and disabilities. Neighbor Care’s philosophy is to focus on individual’s particular strengths and abilities, unique opportunities and needs for self-determination and least restrictive level of support.

Services are offered state-wide for socially, economically and physically dependent individual’s in Delaware. In order to achieve optimal outcomes, this organization addresses holistic needs with guardianship, fiduciary, health & well-being care management services.

Guiding principles:

- Best interest model of support
- Least restrictive form of support
- Total physical, social and environmental wellness support

### Quality Insights (QI)

Elsie Josiah, RN Project Coordinator, provided commission members with an overview of nursing home projects currently in Delaware.

Quality Insights is a non-profit organization focused on using data and community solutions to improve healthcare quality in pursuit of better care, smarter spending and healthier people. They strive to be a change agent, trusted partner and integrator of organizations collaborating to improve care.

QI's is a CMS Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for five states (DE, LA, NJ, PA and WV). QI's hopes to hear from CMS by June 30, 2019 regarding their next scope of work (SOW).

Current projects include:

- Patient Centered Care & Family Engagement: Quality Insights engages people and their families in self-care, community care and organizational care.
- QAPI: Works in tandem with nursing home facilities to ensure that they continuously identify and correct quality deficiencies as well as sustain performance improvement.
- Staff Stability/Huddles: Multiple educational webinar's offered to health care providers on various subject matters.
- Antipsychotics: Reduce the use of antipsychotic medication in long-term care facilities, which has an on-going National initiative for several years.
- Antibiotic Stewardship: Monitor, reduce and prevent misuse and/or overuse of antibiotics within a healthcare system using a multidisciplinary team and strategic approach.
- Community Focus: Initiatives such as improving the health of people with diabetes by providing and facilitating Diabetes Self-Management Education (DSME) training classes through partnerships with various stakeholders throughout our region.

DDDS



Katie Howe, Director of Quality Improvement, provided commission members with an overview of DDDS services.

The Division currently serves 5,893 clients residing in the following environments: DDDS clients reside in multiple settings: Stockley Center, nursing homes, neighborhood homes, foster care, supported care, out of state and individuals living at home with family members.

Beginning July 1, 2019, Life Span Waiver enrollees will lose State benefits and shift to a fee-for-service provider.

The Division has three types of case management:

- Community Navigators
- Supported Coordinators
- Employment Navigators

Residential Medical Rehabilitation is a new program designed for DDDS clients who qualify medically and have a diagnosis that requires nursing level services. Ms. Howe will forward information regarding specific criteria requirements.

DDDS is in the process of developing a provider report card. The report cards will be available on DDDS's webpage:

<https://www.dhss.delaware.gov/ddds/>.

The Office of Professional Development is responsible for administration of the statewide training program for staff employed by or contracted with DDDS. The Division is in the process of updating on-line training efforts.

Harmony is the Incident Resolution and Service Integrity Management System operated by the Division of Developmental Disabilities Services (DDDS) since July 2018.

Harmony:

- Allows reporting of incidents directly into the system through the DDDS website.
- Maintains a searchable database of all incidents.

- Records the results of all site surveys.
- Allows both DDDS and Provider staff to enter required documentation online and monitor the quality improvement process – from approval to verification.

### **III. JOINT SUNSET COMMITTEE**

The Commission oversees the Joint Sunset Committee's 2006 recommendations made for the Division of Health Care Quality and reviewed as follows:

- The Division of Health Care Quality established a Quality Assurance Review Team (QAR Team) that reviews deficiency reports quarterly. The QAR Team provides a written quarterly report to the Commission regarding any upgrades to “G” level or above and downgrades to “G” level or below by the QAR Team, setting forth the number of such downgrades and upgrades at each facility and the reason for each. Quarterly reports are submitted to the Commission on the 15<sup>th</sup> of every September, December, March and June.
- The Division of Health Care Quality submits a written quarterly report to the Delaware Nursing Home Residents Quality Assurance Commission identifying a nursing home's noncompliance with staffing ratios by shift under Eagle's Law (16 Del. C. §1162).

### **IV. LEGISLATION AND REGULATION REVIEW**

The Commission received notice of regulations and legislation effecting long-term care residents in the State of Delaware during 149<sup>th</sup> - 150<sup>th</sup> General Assembly, including:

FY 2018 – 149<sup>TH</sup> GENERAL ASSEMBLY

SB 262 - AN ACT TO AMEND TITLE 24 OF THE DELAWARE CODE RELATING TO NURSING FOR SHARE THE CARE ACT IS IN THE SENATE SUNSET AS OF 6/19/18.

SB 143 W/SS 1- AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO THE ESTABLISHMENT OF THE BEHAVIORAL HEALTH CONSORTIUM WAS SUBSTITUTED 1/24/18.

HCR 89 - RECOGNIZING JUNE 15, 2018, AS "DELAWARE ELDER ABUSE AWARENESS DAY".

SCR 70 – CREATING A MEDICAID BUY-IN STUDY GROUP WAS SIGNED 6/28/18.

SCR 63 – DESIGNATING THE WEEK OF MAY 6-12 AS "NATIONAL NURSES WEEK" IN THE STATE OF DELAWARE.

FY 2019 – 150<sup>th</sup> General Assembly

SCR 29 - DESIGNATING THE WEEK OF MAY 6-12 AS "NATIONAL NURSES WEEK" IN THE STATE OF DELAWARE.

SCR 30 - ESTABLISHING THE NON-ACUTE PATIENT MEDICAL GUARDIANSHIP TASK FORCE TO STUDY AND MAKE FINDINGS AND RECOMMENDATIONS REGARDING THE NEEDS AND OPTIONS OF NON-ACUTE HOSPITAL PATIENTS IN NEED OF MEDICAL GUARDIANSHIP SERVICES.

SCR 32 - RECOGNIZING THE 100TH ANNIVERSARY OF EASTERSEALS, A LEADING ADVOCATE AND SERVICE PROVIDER FOR CHILDREN AND ADULTS

WITH DISABILITIES, VETERANS, OLDER ADULTS, CAREGIVERS AND THEIR FAMILIES.

SCR 42 - PROCLAIMING THE MONTH OF MAY 2019 AS "MENTAL HEALTH AWARENESS MONTH" IN THE STATE OF DELAWARE.

SCR 62 - ESTABLISHING THE DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES TASK FORCE.

SCR 65 - PROVIDING FOR A STRATEGIC REVIEW OF THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES AND PRESENTATION OF RECOMMENDATIONS REGARDING A COMPREHENSIVE RESTRUCTURING THEREOF TO THE JOINT FINANCE COMMITTEE.

HB 243 - AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO THE CULTIVATION OF MEDICAL MARIJUANA BY REGISTERED QUALIFYING PATIENTS AND DESIGNATED CAREGIVERS.

HB 256 - AN ACT TO AMEND TITLE 29 OF THE DELAWARE CODE RELATING TO BACKGROUND CHECKS FOR EMPLOYEES, CONTRACTORS, AND VOLUNTEERS OF THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES.

HB 62 w/HA 1 - AN ACT TO AMEND TITLE 29 OF THE DELAWARE CODE RELATING TO THE DELAWARE NURSING HOME RESIDENTS QUALITY ASSURANCE COMMISSION WAS SIGNED 6/5/19.

HB 82 - AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO RELATING TO HEALTH AND SAFETY WAS STRICKEN 5/14/19.

HB 91 w/HA 1 - AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO HOSPITALS.

HB 93 - AN ACT TO AMEND TITLE 29 OF THE DELAWARE CODE RELATING TO THE DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES WAS SIGNED 6/5/19.

HB 103 - AN ACT TO AMEND TITLE 29 OF THE DELAWARE CODE RELATING TO THE DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH WAS SIGNED 6/19/19.

HB 104 W/HA 1 - AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO THE BEHAVIORAL AND MENTAL HEALTH COMMISSION WAS SIGNED 6/19/19.

HB 123 W/ HS 1 - AN ACT TO AMEND TITLE 12 OF THE DELAWARE CODE RELATING TO THE APPOINTMENT OF GUARDIANS AND THE OFFICE OF THE PUBLIC GUARDIAN WAS SUBSTITUTED 5/2/19.

HB 140 - AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO END OF LIFE OPTIONS WAS ASSIGNED TO HOUSE HEALTH & HUMAN DEVELOPMENT 5/2/19.

HB 141 W/ HA 1- AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO THE MEDICAL MARIJUANA ACT WAS SIGNED 6/13/19.

HB 164 - AN ACT TO AMEND TITLE 29 OF THE DELAWARE CODE RELATING TO THE DELAWARE DEVELOPMENTAL DISABILITIES COUNCI WAS ASSIGNED TO HOUSE HEALTH & HUMAN DEVELOPMENT 5/30/19.

## **V. COMMISSION STAFFING**

The Delaware Nursing Home Residents Quality Assurance Commission members hired a full-time Executive Director as of January 31, 2007. The Administrative Office of the Courts manages the salary and budget of this position. The Executive Director represents the Commission and works closely with State Agencies and other

stakeholders to aid in the quality of care for residents in licensed Delaware State and Private Nursing Homes and Assisted Living Facilities.

## **VI. NURSING HOME AND ASSISTED LIVING FACILITY VISITS**

Commission Staff and members of Delaware Nursing Home Residents Quality Assurance Commission visited 43 nursing homes and 38 assisted living facilities during July 1, 2017 and June 30, 2019. The purpose of the visits was to promote an atmosphere of information sharing so that the Commissioners would be able to fulfill their responsibility to monitor the effectiveness of the quality assurance system in the State of Delaware. Staff and Commissioners interacted with facility administrators, staff, residents and families.

In addition, staff received phone calls and emails from family members and others in the community regarding:

1. How to locate long-term care and/or assisted living facility services;
2. Who to contact regarding Nursing Home Transition services;
3. Which State agency would investigate a nursing home or assisted living facility complaint;

#### 4. How to locate Ombudsman or Guardianship assistance.

As a result of being contacted by residents, family members and the community, staff provides contact information and alerts appropriate agencies so they can follow-up with the individuals directly.

Staff works actively with stakeholders to develop educational programs to improve the quality of life/care for individual's living in a nursing home or assisted living setting. Some of the current projects include: nursing home regulations course through University of Delaware, basic intravenous training with Bayhealth and lymphedema therapy with Specialty Rehabilitation.

Staff is involved with on-going training efforts in Delaware regarding elder abuse, neglect and financial exploitation of the elderly and vulnerable adult population.

### **VII. FACING FORWARD: COMMISSION GOALS**

The Commission has set the following goals for its work in the coming months:

- Continue to review agency performance and coordination.
- Focus on assisted living by reviewing what other states are doing to ensure quality of care and provide recommendations to the Governor and Members of the General Assembly.

- Encourage collaborative initiatives that will reduce high turnover of nursing home staff and help recruit qualified nurses to long term care.
- Foster and promote abuse/fraud investigation training for law enforcement and other agencies statewide.
- Monitor enforcement of Eagle's Law so as to ensure minimum staffing level compliance.
- Enhance outreach to consumers of long-term care to increase Commission profile and ensure the Commission is called upon to review problems and deficiencies in long-term care.
- Address quality of life issues for nursing home residents including end-of-life and hospice care services.
- Identify "Gaps" in services available for aiding in the care for the elderly and disabled.
- Review educational programs such as Certified Nursing Assistants (CNA) and make educational recommendations to enhance the programs.
- Focus on employee recruitment and retention challenges to aid in the quality of care for residents.

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