
DELAWARE NURSING HOME RESIDENTS QUALITY ASSURANCE COMMISSION
Virtual Meeting
Cisco Webex
FINAL
Meeting of July 20, 2021
Minutes

Commission member(s) present: Lisa Furber, DNHRQAC Chair; Cheryl Heiks; Lorraine Phillips, Ph.D.; Norma Jones; Dr. Michela Coffaro, Psy; Ed Black, Esquire; Kyle Hodges; Representative Kim Williams; Lt Gov Bethany Hall-Long; and Hooshang Shanehsaz.

Jennifer McLaughlin was recently appointed by Governor Carney to serve on the commission. Ms. McLaughlin was present.

The Department of Justice recently assigned Deputy Attorney General Randolph Vesprey, Esquire to represent DNHRQAC. Mr. Vesprey was present.

Commission members not in attendance: Karen Gallagher and Amy Milligan.

Others Present: Margaret Bailey, DNHRQAC Executive Director; Kim Reed, DHCQ; Candace Esham, Consumer; Mary Peterson, Consumer; Staci Marvel, DMMA; Mark Brainard, JLOSC; Karen Crowley, DHCQ; Dr. Susan Levy, DHCQ; Lisa Zimmerman, DMMA; Sheila Grant, AARP; Molly Magarik, DHSS; Michelle Pedicone, Consumer; Staci Marvel, DMMA; Andy Wozni, DSAAPD; Laura Wisniewski, Lt Gov Office; Holly Wagner, JLOSC; Deborah Smith, DSAAPD; Melissa Winters, DSAAPD; Tonya Burton, Harbor Healthcare; Amanda McAtee, JLOSC and Jim McCracken, LeadingAge. There were 2 additional individuals that joined the meeting by phone/webex and not identified.

1. Call to order

The meeting was called to order at 9:32 AM by Lisa Furber, DNHRQAC Chair.

2. Approval of the Minutes for the meeting of:

The meeting minutes' draft of May 18, 2021 were approved as written.

3. Discussion of:

Long Term Care Ombudsman Program (LTCOP)

Corinne Messick, LTC Ombudsman for Kent/Sussex County LTC facilities, provided updates to the commission.

LTCOP advocates for residents who live in long-term care facilities as well as those who live in other settings (such as their own homes) and receive home and community-based services. The

Ombudsman program 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.

Delaware's LTCOP consists of:

- 1 State Ombudsman
- 4 designated facility Ombudsman
- 2 community Ombudsman

In addition, Ms. Messick shared an electronic copy of LTCOP brochure and Resident Rights flyer during this virtual meeting.

Since March 2021, LTCOP conducted:

- 88 facility visits
- 13 community visits

A small number of volunteer ombudsman resumed in-person facility visits (recently). There were a few occasions where LTC facilities did not permit volunteer ombudsman to enter the building. LTCOP is actively working to resolve this issue. LTCOP hopes to have all volunteer ombudsman resume facility visits by end of August 2021.

Ms. Esham mentioned that LTCOP is important for resident care and asked what policy changes could be made to ensure ombudsman are considered central personnel with on-going access within facilities. Ms. Bailey mentioned that DNHRQAC wrote to former DHSS Cabinet Secretary Rita Landgraf several years back and suggested LTCOP and APS be classified as critical/essential employees. Perhaps this group might want to explore this topic again as highlighted by the pandemic.

The Administration on Community Living is requiring mandatory training requirements (36 hours and 27 modules) for volunteer Ombudsman – Sept. 2021. The training will include a combination of classroom and field work.

Top 5 reasons for contacting LTCOP:

- Food
- Care
- Discharge
- Visitation
- Resident Rights

LTCOP created posters for residents of LTC facilities to have on display in their rooms. The posters will be delivered to facilities soon. The posters will provide LTCOP contact information and outline of residents rights.

LTCOP is working on various ways to support Residents Rights month (October). They will share more information closer to October.

To contact LTCOP: Phone: 1-800-223-9074 or Email: DelawareADRC@delaware.gov.

Division of Health Care Quality (DHCQ)

Kim Reed, RN, provided updates on behalf of DHCQ.

Since March 2021, DHCQ performed the following number of nursing home surveys:

31 COVID Infection Control
6 Annual (began in March 2021)
43 Complaint
7 Follow-up
Total 87 NH Surveys

The Division performed the following number of assisted living surveys since March 2021:

6 COVID Infection Control
4 Complaint
Total 10 AL Surveys

Currently, the top 5 citations during an annual survey: kitchen (4), general infection control (2), abuse/neglect (2) and transfer/discharge (2). During this time frame, 15 facilities failed to report COVID data to National Healthcare Safety Network (NHSN). Facilities are required to report staff and resident vaccinations to NHSN (effective 6/30/2021).

The Division's number one priority is to conduct Infection Control Surveys (ICS) when a COVID19 outbreak occurs. After ICS are completed, the Division focuses on annual and complaint surveys.

Staffing Report: Pre-pandemic, DHCQ provided the commission with quarterly staffing ratios per skilled facility. Staffing Reports were placed on hold due to the pandemic. The Division has resumed the reporting of staffing ratios.

DHCQ provided staffing summary (report) as of July 15, 2021. The minimum hours per resident per Eagles Law = 3.28 hours. The report reflects private skilled facilities = 3.70 hours per resident and 7.19 hours per resident for state operated skilled facilities.

An explanation provided in advance of this meeting from Rob Smith, DHCQ Licensing Administrator "Delaware emergency orders ended 7/13/2021. Staffing ratios were waived by Governor Carney during the State of Emergency. Division of Public Health (DPH) is developing nursing home transition orders which should be available soon, if not already. Every time DHCQ conducts a survey, the surveyors assess whether the facility is meeting the needs of each resident regardless of what the staffing numbers are."

Ms. Reed added that the Division has not fully implemented staffing ratios at this time. Instead, they are using the daily Per Patient Day (PPD), which means calculations are determined by the number of residents in a skilled nursing facility (census) and the number of clinical staff caring for them during each shift (AM, PM, etc). DHCQ hopes to phase in staffing ratio's sometime in the near future.

QART Report - DHCQ has a Quality Assurance Review Team that reviews annual survey results regarding a "G Level" deficiency or higher and reports the findings quarterly to the commission. The QART Reports were placed on hold until recently.

QART Report 1st Qtr 2021- There was 1 "G Level or above" deficiency cited during an annual inspection. After QART review, the "G Level" deficiency was upheld by the team. This deficiency (F760) was cited to the facility as they failed to follow a Resident's physicians orders and did not administer Resident's insulin at 6:00 AM or 4:30 PM and didn't check Residents blood sugar (finger stick) to determine if sliding scale insulin was needed on day of admission. After these significant medication errors, the Resident experienced harm with extreme elevated blood sugars and was emergently re-admitted to the hospital in Diabetic Ketoacidosis.

QART Report 2nd Qtr 2021 – There was 1 "G Level or above" deficiency cited during an annual inspection. After QART review, the "G Level" deficiency was upheld by the team. This deficiency (F760) was cited as facility failed to ensure one Resident was free from significant medication errors. The Resident received another Resident's medication causing harm, which required Resident to be transferred to the hospital where Resident became unresponsive and hypotensive in the emergency department requiring treatment and monitoring.

Incident Response Teams (IRT) - When a COVID-19 outbreak occurs, these professionals will support long term care (LTC) facilities such as skilled and intermediate nursing care facilities, assisted living facilities and rest residential homes, during the COVID-19 pandemic. IRT nurses work under a supervisor and receive assignments throughout Delaware. Duties include: COVID-19 testing, vaccination, outreach, training and education on infection prevention methods and mitigation strategies in LTC facilities. IRT's function is not intended to replace the responsibilities of the LTC facilities but will instead supplement existing operations. IRT members are required to complete in person training on infection prevention and mitigation strategies with the Delaware Division of Public Health. Since March 2021, there have been 15 facility visits by IRT's.

IRT visits during this time included:

- Hesitancy for variety of reasons
- Trust issues with testing
- Staff lacked or fatigued
- Dementia Units challenging
- Staffing shortages

Incident Log - Family members, residents and LTC facility staff often connect with the Division regarding allegations of abuse, neglect, mistreatment, etc.

Stats regarding DHCQ's Incident Log cases since January 2021:

2,080 incidents reported
1,101 reports sent to investigators
321 completed by investigators
1,380 closed
10 sent to LTCOP
379 forwarded & opened by Licensing & Certification Unit
84 surveyed
26 cases substantiated
50 cases unsubstantiated

DHCQ currently has the following staff vacancies: 6 compliance nurses, 1 investigator and 2 support staff. Ms. Reed will forward a copy of DHCQ's updated organizational chart once available.

Civil Monetary Penalties (CMPs) - Federal or State monetary fine imposed on a facility.

The Social Security Act specifies that CMP funds paid by nursing homes may only be used to enhance the quality of care and quality of life of the residents of nursing homes certified to participate in Titles 18 & 19 of the Social Security Act.

Requests to use CMP funds may be made by various organizations and entities. Applications may be submitted by certified nursing homes, academic or research institutions, state, local or tribal governments, profit or not-for-profit, or other types of organizations.

Entities from which CMP requests originate shall submit the request to DHCQ for an initial review and recommendation.

CMP request forms will only be accepted if the project described will improve the quality of care or quality of life of residents residing in federally certified nursing homes.

Ms. Reed shared that it doesn't appear any Delaware facilities applied for CMPs in 2020. If a facility is interested in applying for funds, please email:

DHSS_DHCQ_CMPfunds@delaware.gov.

DHCQ used the following CMP funding in CY20:

Beam by Click Gaming System - \$9,107
COVID-19 Communicative Devices (36 nursing homes) - \$92,000
COVID-19 In-Person Visitation Aids (12 nursing homes) - \$34,000

DHCQ plans to host 4 separate training opportunities in the future for federally licensed nursing homes. Topics include: incontinence, wound care, infection control and Minimum Data Set (MDS).

MDS is a standardized, primary screening and assessment tool of health status which forms the foundation of the comprehensive assessment for all residents of long-term care facilities certified to participate in Medicare or Medicaid.

Since March 2021, there have been amendments to the State of Delaware's Emergency Orders, waivers and regulatory updates that have impacted LTC facilities: guidance for visitation, COVID-19 testing, vaccine education, vaccine immunizations, vaccine reporting of data, etc.

The State Health Operations Center (SHOC) continues to host calls with Delaware LTC facilities during the pandemic.

Behavioral Health Program

DR. Melissa Winters, PsyD, NHSP, CCP spoke to the commission about Delaware Hospital for the Chronically Ill (DHCI) Neurobehavioral Health (NBH) Program. This is a three year (CMP) funded program from the Long-Term Care Residents Trust Fund focusing on a personal centered care approach (\$403,667).

NHB Program began 3 years ago at DHCI. It was designed to provide nonpharmacological tools to address challenging behavior.

Staff receives twelve-weeks of neurobehavioral health training. 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; nonpharmacological interventions, etc.

In addition, staff receives emotional PPE training and care planning education. Emotional PPE is has come to the forefront as healthcare workers undergo their own emotional and mental health struggles while fighting the pandemic.

Security staff also receives dementia training as a component of the NBH Program.

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.

Since 2018, NBH expanded their work space; created a Snoezelen room, added additional nonpharmacological supports; and track psychotropic medication use. NHB plans to add pet therapy, yoga, and music therapy.

Gradual Dose Reduction (GDR) - This program especially looks at Psychotropic medications (basically any medication used for a behavior modification purpose). As a result, facilities need to have a gradual dose reduction attempted 2 times within the first year OR the physician needs to document the rationale for continuing that drug and not doing a GDR.

In addition, NBH Program was able to GDR in their first year and maintain 92% of their GDR attempts.

In the past, GDR has only been required for antipsychotic medications, however, changes implemented in 2017, require GDR for all psychotropic medications.

During COVID19 pandemic, iN2L tablets were purchased so residents and family members could connect virtually. Dr. Winters shared trauma-informed response to parallel pandemic.

Dr. Winters shared that NBH Program hopes to share materials, knowledge and program model with the private sector.

For more information: Melissa.winters@delaware.gov or 302.223.1000.

LTC Staff Vaccination Rates

Cheryl Heiks, Executive Director for Delaware Health Care Facilities Association, provided updates regarding LTC staff & residents vaccination rates in Delaware.

Ms. Heiks also serves as DNHRQAC member representing LTC industry in Delaware.

Jim McCracken, CEO of LeadingAge, also provided updates on the same topics. Mr. McCracken also represents the LTC industry in Delaware as well as New Jersey.

Ms. Heiks shared a PowerPoint presentation during the meeting. Delaware's data is very similar to the national data shared, but on a smaller scale. Cheryl shared data regarding LTC residents before the vaccine became readily available and impact afterwards. Delaware LTC facilities were affected earlier with COVID-19 than some other parts of the country, especially during 2020 Fall and holiday season.

There have been many Federal and State guidelines issued during the pandemic, including efforts surrounding visitation in LTC facilities. Once CDC and/or CMS releases revised visitation guidelines, Delaware Public Health and DHCQ reviews, incorporates changes and distributes to all Delaware LTC facilities. Outbreaks can also impact visitation within a building.

Skilled facilities are required to report COVID-19 data through NHSN (effective 6/30/2021).

There are currently 10 Delaware skilled facilities that have reached staff vaccination rate of 75% or more. Five assisted living facilities self-reported that they have reached staff vaccination rate of 75% or higher.

As of 7/4/2021, there are 85.7% of skilled residents fully vaccinated and 64.2 % skilled staff fully vaccinated. No vaccination data is available at this time regarding Delaware assisted living staff or residents (they are not required to submit data to NHSN or the State of Delaware).

Ms. Cheiks shared that she and DHCFA continue to advocate staff vaccination for LTC and other Delaware health care settings. She is aware of 7 Delaware LTC facilities that have staff vaccine mandates or are presently working on them.

Finally, Ms. Heiks shared that workforce has been a challenge. Workforce was challenging before the pandemic and continues to impact the industry. Pre-pandemic, LTC staff turnover rates were 10 - 45%.

Jim McCracken began by thanking LTC staff: frontline, administrative and clinical. He mentioned in the beginning of the pandemic there were limited resources, little knowledge of the disease and sparse PPE.

Mr. McCracken shared that LeadingAge members are considering vaccine mandate for LTC staff. He believes currently New Jersey LTC facility staff vaccination rate is 62%, but varies per county. After the meeting, Mr. McCracken will forward NJ staff vaccination statistics to Ms. Bailey for distribution.

4. Old/New Business

LTC Facility Visits/Post Survey Meetings (PSM)

Ms. Bailey mentioned she has been participating in safe distanced observations sessions at long term care facilities during the pandemic. Ms. Bailey plans to resume in-person facility visits and commission members interested in joining her for in-person facility visits, please let her know.

PSMs hosted by DHCQ are currently being held virtually. Ms. Bailey attends the virtual sessions. If members would like to attend, please contact Ms. Bailey.

FY 21 DNHRQAC Annual Report

Ms. Bailey has been working on FY 21 DNHRQAC Annual Report but would appreciate feedback from commission members regarding new format ideas. Ms. Furber mentioned that the Commission will begin working on creating sub-committees to assist.

DNHRQAC Membership Updates

Ms. Bailey has been in touch (on-going) with the Governor's Office regarding governor appointed membership vacancies. Once updates are communicated, Ms. Bailey will share with commission members.

Joint Legislative Oversight and Sunset Committee (JLOSC) Recommendations

Chairman Furber mentioned she would like to meet with members to discuss JLOSC recommendations. Members should receive a doodle poll soon to solidify a meeting date.

5. Public Comment

Candace Esham shared her families experience during the pandemic regarding LTC for her Memom (grandmother). Ms. Bailey will connect Ms. Esham with LTCOP to assist further with some concerns.

Health Observances

June - World Elder Abuse Awareness Day on June 15, 2021: Senate Concurrent Resolution (SCR) 24 was sponsored by Senator Hansen, Representatives Longhurst, Williams and Griffith.

August – National Immunization Awareness month

September - National Assisted Living week: 9/12 - 9/18

Pain Awareness month

National Rehabilitation Awareness week 9/13 - 9/17

Falls Prevention Awareness week 9/20 – 9/24

Judicial Budget Retreat

Ms. Bailey has been asked to join Judiciary Leadership Team to discuss FY 23 budget. This event will be held on August 18, 2021 11:00 am - 4:00 pm.

St Francis Life Center

St Francis Life Center opened another Program of All-Inclusive Care for the Elderly (PACE) in March 2021. Address: 30 Executive Drive Newark, DE 19702. To make a referral, please call: 302.660-3380.

6. Next meeting commission meeting will be on Tuesday September 21, 2021 @ **location to be determined**.

7. Adjournment

The meeting was adjourned at 11:59 AM by Lisa Furber.

Attachments: DNHRQAC Meeting of May 18, 2021 agenda
DNHRQAC Meeting of March 16, 2021 - draft
DHSS Presentation (slides shared during presentation)
Neurobehavioral Health Program Presentation – Dr. Winters
Delaware’s LTC Resources – Cheryl Heiks, DHCFA