

# DELAWARE NURSING HOME RESIDENTS QUALITY ASSURANCE COMMISSION

Herman M. Holloway, Sr. Campus – Room 301

1901 N. duPont Highway, New Castle, DE

Meeting of February 8, 2005

## MINUTES

Commission Members Present: Patricia C. Engelhardt; Karen E. Gallagher; Vicki L. Givens; Sen. Thomas P. McGonigle, Esq. (Chairman); Yrene E. Waldron

Commission Members Absent: Walter E. Ferris; Joseph M. Letnaunchyn; Rep. Pamela S. Maier; Sen. Robert I. Marshall; Thelma G. Mayer; Brian L. Posey; Dr. McKinley Wardlaw, Jr.

Others Present: Sandra Dole, President (Delaware Council of Activity Professionals); Sean Finnigan (Senate Staff); Lisa Henry, (Delaware Healthcare Association); Tim Hoyle, Ombudsman; Social Service Administrator (DSAAPD); June Valentine, Executive Director (Delaware Association of Homes & Services for Aging); Laura Waterland, Senior Staff Attorney (Disabilities Law Program); Mary Rodger, RN, Project Coordinator; Les Del Pizzo, Director of Operations; Jane Lucas (Quality Insights of Delaware); Janice Cloughly, RN, DON; Linda Pope, RN, Director Staff Development; Sherita Doughty, CNA; Nancy J. Fry, RN, NHA; John Wilson, MD, Medical Director (Green Valley Terrace); Allen N. Segal, PHD, President, CEO; Cynthia Berke Vice President Clinical Services (Greenacres Home Office); Mary Colleen Rogers, NHA; Ralph Aurigemma, MD; Lorraine Foster, RN, DON; Diane Marino, CNA (Parkview Nursing & Rehabilitation Center); Carol Ellis, Director; Mitzi Murphy and Joan Reynolds Staff Support, (Division of Long Term Care Residents Protection).

1. The meeting was called to order at 10:15 A.M.

2. Approval of the Minutes for January 11, 2005.

Due to the lack of a quorum, no vote was taken for approval of the January 11, 2005 Minutes.

3. Presentation of “National Nursing Home Improvement Collaborative (NNHIC) for Pressure Ulcers” by Quality Insights of Delaware and Staff from Parkview Nursing and Rehabilitation Center and Green Valley Terrace. Mary Rodger presented speakers from Parkview Nursing and Rehabilitation Center, Wilmington and Green Valley Terrace, Millsboro selected by Quality Insights of Delaware, to represent Delaware at a prestigious national improvement collaborative. Both nursing homes participated in the 13-month National Nursing Home Improvement Collaborative (NNHIC) for Pressure Ulcers. Ms. Rodger gave each member a handout with information describing the goal, challenges, and background of four meetings held during 2004, in Dallas, Texas. Ms. Rodger explained NNHIC is funded by CMS. The technique used was from the Institute for Health Care Improvement (IHI) which teaches rapid changes vs. committee decisions to make quality improvement, i.e., doing small tests of change before making system-wide changes.

All committed participating nursing homes required a large supply of people-power, adequate time, resources and money. The first session included information about quality improvement theory, clinical best practices and an introduction to the collaborative mind. The last three “Learning Sessions” stressed primary learning as the sharing of knowledge by nursing homes. Nursing home senior leaders, day-to-day leaders and top management were encouraged to attend the Dallas sessions. Corporate commitment is essential to the success of any system-wide change. Some nursing homes involved were under multiple ownership but none were part of huge corporations. These smaller settings are where changes can be implemented, where rapid action periods must occur. Following the action periods before the next learning session, 2 to 3 nursing homes that had best practices based on their data submission were selected as the best of the entire collaborative and were invited to speak at the session. On this basis, Parkview Nursing Home was invited to speak at 2 plenary sessions to the entire national group including CMS officials, wound experts from University of Texas physicians and clinical experts. Out of 52 participating nursing homes Parkview was chosen to speak because of its leadership, its system-wide changes and the quality of the data. Parkview was one of the top leaders in this collaborative, absolutely distinguished among its peers.

Out of 52 nursing homes, Green Valley Terrace was invited to participate as a speaker in 2 sessions, a very prestigious honor. In addition, Green Valley Terrace won 2 storyboard awards. Ms. Rodger explained 52 storyboard posters were

situated around the conference room. Each told the story of the nursing home and explained what changes had been made since the last Dallas meeting. Nationally highlighted was the innovative concept of "Turning Teams." Ms. Rodger read the national results from the handout and stated that this data alone indicates that this collaborative was successful.

Both Parkview and Green Valley did such rapid, accurate, early assessments and prevention that light wounds were not occurring and in addition, they increased their expertise in healing the more serious wounds. One of the significant findings of this particular group in 13 months was that 80% of pressure ulcers were acquired outside the nursing home either from hospitals or from a home setting. Among the 52 teams, 77% completed a standard evidence-based skin assessment within 24 hours for each nursing home resident admitted. Parkview and Green Valley Terrace had 100% compliance. This was one of the best practices that collaborative taught. To keep skin healthy using a care plan that spreads the information, everyone becomes a participant in residents' care. Mr. Del Pizzo said to help impact pressure ulcer wounds occurring outside of nursing homes, Quality Insights is looking to partner with 1 or 2 hospitals to attack this problem. Chairman McGonigle suggested that Mr. Del Pizzo should speak with Commission member, Mr. Letnaunchyn, President of Delaware Health Care Association. To establish a continuum of care, Delaware Health Care Facilities Association working with Christiana Care is creating a new, improved interagency form that will go from the facilities to the hospitals. It will update previous data and explain why a resident is sent to the emergency room for assessment. Ms. Waldron will e-mail the draft form to Quality Insights for their input before finalization. This form may be useful in identifying HIGH RISK patients. Hospitals haven't given pressure ulcers the same attention as nursing facilities. Dr. Aurigemma discussed immediately identifying HIGH RISK patients upon admission to the hospital. The system basically is the nursing home identifies patients who are at-risk, label the interagency that is transferred with the patient to the emergency room. When admitted, the emergency room doctor informs the attending physician of the HIGH RISK stamp on the patient's chart. The senior-system protocol is then implemented. Every interagency is now stamped HIGH RISK due to past results showing patients not stamped HIGH RISK returned with a higher percentage of skin wounds.

Ms. M.C. Rodgers, NHA at Parkview Nursing Home, gave a handout to Commission members describing their follow up of doing small rapid changes without benefit of committees and meetings. Aside from the reduction of pressure ulcers, the culture change that has occurred at Parkview is a source of great pride. A task force comprised of nurse aides from Parkview Units meet to discuss their needs and concerns and present them to management. Discussion followed about the importance of sharing best practices.

Dr. Segal read a letter of thanks to all involved in the collaborative and congratulated Green Valley Terrace. Green Valley Terrace presented data showing it had developed successful programs for the prevention of pressure ulcers. A new program, Turning Teams was developed to implement the prevention of pressure ulcers by turning a resident every two hours. Ms. Doughty, Delaware CNA of the Year, spoke about the advantages in using Turning Teams. To aid in pressure ulcer prevention the CNA Task Force developed, "Pressure'Opoly" a competitive game for CNA participation to motivate pressure ulcer relief in all the Units. The facility developed a communication system on each unit. All CNAs report and document areas of concern i.e. signs or symptoms of red skin areas or any other potential problems. When residents are admitted to the hospital AT RISK is stamped on the interagency transfer sheet which includes resident's care plan for skin breakdown. However, there continues to be a big problem in that area. Green Valley is currently partnered with Green Valley Pavilion sharing programs and ideas for pressure ulcer prevention. On a regular basis Green Valley Pavilion receives e-mails and phone calls from facilities within the state and from the national collaborative regarding information on their programs.

Following the presentations, Chairman McGonigle suggested the Commission should help to highlight the kind of program presented today. The information, supported by data, is impressive.

#### 4. . Discussion of

- NHRQA Commission proposed Executive Director position and responsibilities. Chairman McGonigle said he did not believe this recommendation was put into the Governor's budget therefore, under those circumstances, he felt the commission should not spend time discussing responsibilities for a position that may not be currently in the Governor's recommended budget.
- NHRQA Commission sub-committees reports:

Co-Chair of Quality Initiatives Subcommittee, Pat. Engelhardt, reported a meeting was held on February 3, 2005. Beverly Morris attended as a member of this subcommittee. The subcommittee will not look into satisfaction surveys until CMS resolutions are made public in early April. After members make a study, a position paper on culture change will be presented

#### 5. Old Business/New Business

Ms. Engelhardt asked for post-surveys to be restarted, that it is her only way of visiting a nursing home aside from personal visits. Referring to public transportation for elderly and disabled, it was stated that the people in customer service have a total lack of respect and courtesy toward those using the service. Ms. Engelhardt said the Commission had not come to a conclusion about whether it covers people in the community. Ms. Waldron said as a quality assurance commission for elderly and disabled, it needs to investigate this problem. Quality should be assured in all aspects of their continuum of care. Chairman McGonigle said the Commission should talk with Rep. Maier who has allegedly proposed draft legislation to enable the Commission to cover disabled and elderly in the community.

Mr. Hoyle explained the article referring to the Division of Aging in the February, 7, 2005 NEWS JOURNAL, as an initiative to streamline government. Copies of the letter were passed to members. There is very little impact on the Division of Aging. Ms. Ellis explained that Secretary Meconi's purpose in moving Medicaid into a separate division is to recognize the enormous budgetary implications for Delaware of the Medicaid program. The constant efforts to try to maintain services in the face of steadily rising costs, especially prescription drugs, is an enormous problem for every state government. By moving Medicaid out of the Division of Social Services and bringing in state service centers and aging adults with physical disabilities collapses into the new division of services that are primarily social in nature as opposed to medical in nature. Discussion followed about the name change for the Division of Services for Aging and Adults with Physical Disabilities. Mr. Hoyle said federal aid that funds DSAAPD has no problem with this reorganization from a funding or legal aid aspect.

Ms. Waldron said a pilot program consisting of 40 hours of training has been planned. It will train designated care providers to continue to "assist" self-administration of medication. Training of "trainers" will take place February 16<sup>th</sup> and February 22<sup>nd</sup>. They will then train designated care providers in the facilities, during March and April. The pilot program will start May 1, with reports given to Delaware Health Care Facilities Association and the Board of Nursing. As part of the CNA career ladder, Ms. Waldron said the goal is to develop a Medical Technician position in collaboration with the Board of Nursing and other interested groups.

On March 29 a course entitled "Radiating Excellence, Nurse Leadership" will be given to instruct nurses in management and leadership. In April the DHCF Association, in conjunction with Long Term Care Residents Protection, Quality Insights of Delaware, Delaware Association of Homes & Services for the Aged and MyInnerView will present a Quality First Workshop. Facilities will get an intensive session on how to achieve quality first. Included will be customer and employee satisfaction surveys. An affordable data tool is available to facilities that will help with surveys and analyzing quality indicator data. The 5<sup>th</sup> Annual All Stars Awards will be held on May 11<sup>th</sup>.

#### 6. Public Comment

Mr. Hoyle gave to all members an updated guide booklet on how to select long term care. Included in each booklet is a DVD presenting discussions on LTC, Alzheimer's, dementia and a locally produced piece on residents' rights in Delaware. A copy of the Ombudsmen report was submitted to the Chair.

7. The next meeting will be held on Tuesday, March 8, 2005 at 10:00 A.M.  
The location will be Herman M. Holloway, Sr. DHSS Campus, Main Building, Room 301.

#### 9. Adjournment

The meeting closed at 11:50.

FINAL MINUTES - The February 8, 2005 Minutes were approved as written.