
DELAWARE NURSING HOME RESIDENTS QUALITY ASSURANCE
COMMISSION

Emily P. Bissell Hospital
2nd floor conference room
3000 Newport Gap Pike
Wilmington, Delaware 19808

FINAL

Meeting of May 12, 2009
Minutes

Commission Members Present: Brian L. Posey, Chairman; Yrene E. Waldron; Karen E. Gallagher; Patricia C. Engelhardt; Holly L. Rolt; Wayne A. Smith; Representative Valerie J. Longhurst and Lisa A. Furber.

Commission Member Absent: Senator Robert I. Marshall, Vicki Givens, Joe DiPinto, and M/Sgt Ferris.

Others present: Margaret Bailey; Susan DelPesco, Director DLTCRP; Candace Brothers, Aid to Ms. Gallagher; Lisa Zimmerman, Administrator DMMA; Victor Orija, State Ombudsman; Pete Feliceangeli, DOJ; Carol Lovett, Advocate; Pamela Williams, Administrator Adult Protective Services; Dr. Cheryl Bolinger, Medical Director Delaware Hospital for the Chronically Ill; James Kaminski, Pharmacist Administrator Board of Pharmacy; Dave Dryden, Drug Control Administrator Board of Pharmacy; Patricia Lytle, Elder Advisor A Place for Mom; Margaretta Dorey, Quality Insights of DE; Mary Rodger, Quality Insights of DE; Linda Brittingham, Discharge Supervisor Christiana Care; Sherri Harmer, Guardianship Monitoring Director Court of Chancery; Sarah Meyer, Delaware State Senate; Sarah Noonan, Deputy Director Westside Family Healthcare; Kim Drake, Health Services Director Methodist Country House; and Kathie Gibson, Executive Director Emily P. Bissell Hospital.

1. Call to order

The meeting was called to order at 9:32 AM by Brian Posey, DNHRQAC Chairman.

2. Approval of the Minutes of the meeting of:

The March 10, 2009 meeting minutes were voted upon and approved with minor changes.

3. Discussion of:

Board of Pharmacy

David W. Dryden, R. Ph., J.D. and James L. Kaminski, R. Ph. from the Board of Pharmacy, Office of Controlled Substances presented to the Commission. The Board of Pharmacy is a regulatory board involved in inspection, investigation and licensing developed in the 1950's for oversight in dispensing, prescribing and storing medication.

The Board of Pharmacy works with doctors, practitioners, researchers, pharmacies, manufacturers, and distributors of medication in the State of Delaware.

Board of Pharmacy regulations are located at: www.dpr.delaware.gov. The board is in the process of reviewing and updating several pharmaceutical regulations that include: 1, 5, 11, 15, 18, 20, and 21.

Mr. Kaminski shared that consultant pharmacists are required to perform monthly resident chart reviews in nursing homes. If there are any irregularities noted, the pharmacist must document and sent a copy to the nursing home administrator and DON.

Ms. Engelhardt asked if a consultant pharmacist ever missed reporting a monthly chart review. Mr. Dryden stated that if that were to occur, the consultant pharmacist would be brought before the Board of Pharmacy for a year review. In the past, consultant pharmacists have had their license suspended for not reporting or for doing something they should not have done.

Board of Pharmacy oversees the drug distribution system in nursing homes. Regulation 11 is written mainly for the consultant pharmacist to develop policies and procedures specific to drug storage, distribution, drug recalls, etc.

Chairman Posey shared that Deborah Lynch, Van Buren Medical Associates, provided information in the past on drug utilization. He believed hearing during that presentation that 8 or more medications presents a 100% chance of risk for falls, medication side effects, etc. Chairman asked whether the Board of Pharmacy plays a role in monitoring or reducing drug interactions when it could be prevented. Mr. Dryden stated that monthly consultant pharmacist reviews assist monitoring and reduce drug interactions.

Mr. Dryden shared that years ago, street drugs were more prevalent. Presently, prescription drug is now more prevalent. 2-3 years ago there were 385 pharmaceutical criminal investigations, which are handled by the Delaware State Police.

Many changes occurred for the Board of Pharmacy. As a result of shifting responsibilities and oversights, the Board of Pharmacy received more duties and less staff to perform the work. There used to be several pharmacists and agents to perform pharmacy inspections and investigations. To date, there is one pharmacist (Mr. Kaminski) to perform all the tasks. Mr. Dryden has been going out more often on inspections due to the shortage of staff.

Ms. Waldron asked whether the biggest drug diversion occurs in homes. Mr. Dryden stated that diversion is everywhere and they see a lot of fraudulent forged prescriptions.

The Board of Pharmacy is looking at remedying the situation by adding insignias to prescription pads to help reduce fraud. The State mandated Medicaid prescription pads which the board suggests rolling out those same safeguards for all other prescription pads. A further recommendation includes adding a numbering system to the prescription pads, similar to a checking account.

In addition, the Prescription Monitoring System is being utilized in 38 states where pharmacists enter data into a centralized computer base. It allows a 100% analysis of prescriptions. Presently, pharmacists rely on other pharmacists accuracy in recalling what was prescribed and yields 30-40% return. In addition, it would permit a doctor to access all medication prescribed for a particular resident.

Margaretta Dorey, Quality Insights of DE, shared that A Pain Leadership Forum on Balancing Pain and Drug Diversion Issue, sponsored by American Cancer Society, Medical Society of Delaware and Delaware Pain Initiative will be held June 3, 2009. Ms. Dorey will forward more information to the Commission about the forum.

Ms. Waldron asked what the State of Delaware would need to do to participate in the Prescription Monitoring System. Mr. Dryden shared that the State of Delaware would need

money, a pharmacist position funded to analyze the data and an outside company to set up, gather and analyze the information. The start up costs would be about \$100k and annual fee of \$100k would fund the Prescription Monitoring Program. He furthered that the program would save a lot of money and law enforcement time needed to investigate.

In addition, Mr. Dryden stated that the Federal Government gives participating States \$400k every 2 years that would cover all costs associated with the program. In order for the federal money to be awarded, the following would need to occur in a Bond Bill:

1. Submit for a pharmacist position to have regulatory authority
2. Write a prescription to monitor and regulate the Prescription Monitoring Program

Mr. Wayne Smith stated he is heavily involved with DHIN and suggested the board explore Federal IT money as another resource. He added that Gina Perez is a consultant who worked for the State of Delaware and he would forward Ms. Perez's contact information.

Mr. Dryden added that regulation 11 permits medications not dispensed to be stored in an emergency box. The medications are to be used to meet immediate therapeutic needs not able to be obtained in a reasonable amount of time to prevent harm or risk of the resident.

The Board of Pharmacy does not want to see mini pharmacies forming in nursing homes so it proposed recent regulatory changes regarding emergency medications:

1. Automation-Previous Board of Pharmacy Rules and Regulations stated restocking was to be performed by pharmacists only. The proposed change would allow nurses and other healthcare professionals to have access.
2. Quantities- Facilities can have 60 different oral dose medications (without board review) and unlimited inject-able medications for true emergencies. To stock more than 60 different oral medications required board review.

Westside Health Care- Sarah Noonan, Deputy Director

Westside offers comprehensive healthcare services in high need communities available to all, regardless of income via sliding fee-scale to include: Family Medical Care, Women's Health Services, Disease Management and Prevention, Dental Care, Mental Health Care, Podiatry Care and Pediatric & Adult Immunizations. Westside has an on-site pharmacy at one of its locations. They offer on-site laboratories at each location.

Westside is the largest community health center in the state and there are presently 3 locations in New Castle County. Their website is: www.westsidehealth.org.

Westside has been JACHO accredited since 2000 and they are planning to open a facility in the Bear Area (old Nemours Clinic) in the summer 2009.

Ms. Rolt asked whether Westside plans on opening facilities downstate. Ms. Noonan stated that might be a future plan.

Westside received Economic Stimulus funds in March 2009, through the American and Refunding Reinvestment Act, to open the Bear health center.

In 2008, Westside had 75,000 visits for 17,000 patients. Presently, a fourth of daily Westside healthcare visits are a result of urgent care needs

Ms. Bailey asked whether Westside offers service to accommodate the disabled and elderly. Ms. Noonan shared that all of the facilities are ADA compliant.

Healthcare services are available on weekdays, weekends and evening hours to assist wage workers. There are 26 providers- none are volunteer clinicians. Westside has been utilizing an Electronic Record Mechanism since 2007 (and one of the first interfacers of DHIN).

Westside's fee source breakdown includes: 5% Medicare, 34% Medicaid, 55% uninsured and 6% private insurance. Federal grants aid in providing a portion of the funding source for the uninsured.

Westside's mission is to provide equal access to quality health care regardless of the ability to pay. Their vision is to eliminate health disparities.

Mr. Wayne Smith wanted to know what the nexus is between DNHRQAC and Westside and why they were presenting to the commission. Chairman Posey suggested that there is a market for alternative services needed in the community due to a growing population and number of individuals with disabilities. He furthered that individual's who reside in nursing facilities have outpatient care needs. Chairman Posey continued that as the population ages there will be an overlap in services needed and importance to have continuity of care for individuals.

Dr. Cheryl Bolinger shared that DHCI sometimes discharge residents into the community and often find it difficult to locate providers to assist a person's care. She stated it was helpful to know other options are available in the community and therefore the residents' care is continued.

Ms. Waldron suggested that since many members hold a busy schedule, that the commissioners consider placing presentations more pertinent to the commission's scope/mission at the beginning of meetings. Chairman Posey reminded members that all presentations are equally important as is their by-monthly meeting attendance. He furthered that if there is an issue surrounding the day of the week or hours scheduled for the meeting that the Commission explore options.

Chairman Posey also asked members to bring forth topics of interest to be added as future agenda items.

Hospital Discharge Process- Linda Brittingham, Christiana Care Corporate Director of Social Services

Linda Brittingham provided an overview of services and barriers regarding the hospital discharge process.

During the discharge planning process, the level of care is assessed: acute, observation or outpatient status during emergency room visits.

This week alone, there were three patients unable to be discharged to nursing home unless they paid privately because they were Medicare patients whose diagnoses was labeled observation. Medicare lists many DRG's as an observation code (GI, Cardiac, pain and change in mental status). Individuals admitted for a 3 day observation status do not qualify for nursing home admission. Ms. Brittingham will forward a list of DRG's to the commission for review.

Providers are all listed in the Get Well Network however; those who want a larger, bolder advertisement pay extra. In Delaware, nursing homes do not advertise larger or bolder because bed availability is limited. Should a facility want to list additional amenities, there is a fee.

Upon hospital discharge, payment options are determined and a choice form is completed (specific to Christiana Care) to find out what services the patient wants. Referrals are made for appropriate services by service selection; paperwork is completed and the person is discharged.

Ms. Drake, Health Service Executive Director at Country Methodist House, mentioned she has seen an increase in the number of residents being sent back to hospital emergency rooms shortly after coming back from there hours earlier. Ms. Brittingham responded that it is a national pervasive issue of health care.

Ms. Brittingham furthered that health care providers (hospitals, nursing homes, and service providers) should get together to define issues and diagnoses for long term care. Ms. Waldron concurred that providers must join collaboratively to determine how to maximize care and services.

Ms. Drake offered that nursing home facilities do not have the diagnostics available to see what is occurring with a resident and therefore send them to the hospital for a diagnosis. What the facility does see is a change in the resident that warrants further medical evaluation not available in a nursing home.

Ms. Engelhardt asked why discharges to nursing homes tend to occur on a Friday late afternoon, especially for patients needing rehabilitation services- only to learn that the facility they go to does not have weekend physical therapy services. Ms. Brittingham claimed that the discharge process is driven by beds availability and whether a patient is no longer considered acute. Ms. Drake concurred that Country Methodist does receive many Friday afternoon admissions from the hospitals. Ms. Brittingham suggested that physician practice patterns should be examined in cases of hip, knee, etc surgical discharges.

Ms. Waldron stated that CMS has made changes in the way they determine what is covered and or not in a hospital stay. As a result, expectations that care will be delivered upon discharged from the hospital needing short-term services, doesn't include Medicare as a payment source option. She shared that the Tsunami is here and believes that funding for elderly and end of life services is being cut by the government.

Ms Brittingham mentioned there are barriers faced in the discharge process. Those barrier's include: difficult to obtain level of care for confusion or supervision; lack of bed options-beds can be frozen due to staffing levels; not able to meet special needs(bariatric); complex care needs; cognitive disability care needs; dialysis care; equipment needs; and geriatric psychiatric care.

Ms. DelPesco asked whether hospitals have to send people out-of-state to fill any service gap not offered in Delaware. Ms. Brittingham shared that most geriatric psychiatric care is sent to Philadelphia (Jefferson/ Univ. of Penn.) or Baltimore (Wills Eye/Girard/Hopkins).

Dr. Bolinger stated that DHCI takes Geri Psyche residents. Ms. Brittingham concurred that DHCI does take care of Geri Psyche resident's long term.

Ms. Waldron added that behavioral issues are a concern and can limit how one locates a facility to meet a resident's needs. She furthered that facilities would like to help families with behavioral issues but have gotten into a bind once they admit a person and realize they cannot provide long term care needs or discharge the person to a place that would be able to manage the person's behavior regardless of the diagnosis.

Ms. Carol Lovett added that education is critical to filling the gap of behavioral and psychiatric issues. She furthered that people must understand what is going on in a brain and what successful techniques can be used to work with a person.

Ms. Brittingham mentioned that the following perceptions as barriers, too:

1. Lack of Medicaid Bed Availability-Hesitancy from nursing homes whether they will accept Medicaid as the payment source depends on the person's care needs.
2. Nursing Home Insurance Contracts issues:
 - A. Payment Issue: Diamond State Insurance doesn't pay and therefore a facility will not admit the person, however after research, Ms. Brittingham has not found anything to support non-payment.
 - B. Coverage Issue: Evercare (Managed Medicare Product) - only 2 facilities in Delaware will admit with this coverage. A person would have to go back to traditional Medicare for more nursing home placement options.
3. Nursing Home programming issues:
 - A. Should create programs to reflect resident's needs and funding.
 - B. Create a niche to build a sustainable program.

Mr. Victor Orija stated that it's time for Delaware to re-evaluate the entire process of long term care due to an increase in population and change in needs.

Ms. Gallagher shared that transitioning out into the community has created challenges for her and others. She suggested that as more individual's transition out that the process be reviewed to ensure service and healthcare needs can be addressed.

Ms. Brittingham made her annual pitch that a separate rate is needed for the demented, head injured, drug, alcohol, and behavioral issues. The resources are intense, for this complex medical behavioral person.

Ms. DelPesco asked how a State can influence a federal rate. Ms. Brittingham shared that those skilled nursing facilities who provide ventilator services to be considered a complex medical behavior. The rate is available but needs to be expanded in order to be able to be utilized. The State could choose to define the problem in such a way that would cause a higher rate of reimbursement. Ms. Lisa Zimmerman stated that it would have a fiscal impact which Medicaid would need to review further.

Ms. Mary Rodger suggested that during discussions about the gaps in the discharge process and transitions in care that recognition be noted that we are letting the residents down. She furthered that the paradigm be changed and recognize that each resident is paying for services (as a customer) and therefore the physician, hospital and nursing home workflow is secondary.

QART Report- Susan DelPesco, Director DLTCRP

Ms. DelPesco presented the 1st quarter 2009 QART Report to the Commission. There were 17 licensed facility surveys conducted through March 2009. The Quality Assurance Review Team reviewed 8 "G" level citations, and downgraded one at facility #122 because the team was unable to positively link the presenting symptoms to the outcome.

Ms. DelPesco clarified that facilities #49 and #108 were newly added to the QART Report. One of the facilities opened the end of 2008 and the other due to a change in management.

Director DelPesco shared that the survey process is moving to QIS- a paperless survey process. Every state is required to move to this process eventually. To date, 11 states that have already begun the process of transferring from traditional surveys to QIS paperless surveys.

Ms. DelPesco attended CMS's annual meeting in Baltimore a few months ago and stated that Delaware would be very happy to have the training. She learned from Governor Markell that the rate of increase for the elderly population is 1.5 % the national level. Based on that information DLTCRP Director surmised that Delaware must grow in work capacity at a greater rate than other states. It appeared to the Director that the sooner the training the better.

Ms. DelPesco was informed yesterday that CMS is giving Delaware \$42,000 necessary to purchase computers and provide education. Docking stations will also be provided for DLTCRP Offices. The first group of trainee's will start mid June 2009. The surveyors will carry Toshiba tablets into facilities when they perform surveys.

Ms. Roth asked whether the QIS paperless survey process will include assisted living surveys. Ms. DelPesco stated she isn't sure whether that will be the case. She added that part of the survey process is not included in the new training such as the Life Safety Codes, but was told they would be integrated at a later date.

Ms. DelPesco shared that DLTCRP plans to provide a lot more education in the future. The goal is to have more educational opportunity, especially for CNA's.

Brain Injury Association- Devon Dorman, President BIAD

Ms. Doorman presented information regarding the Brain Injury Association of Delaware. The association's mission includes: prevention, research, education and advocacy.

In Delaware, the elderly population is at risk of brain injury due to falls, and injuries-TBI (Traumatic Brain Injury) related.

Due to a wide range of ages that are affected by brain injury, not all individuals are able to be cared for in a nursing home setting.

There are many factors to consider when assisting brain injured individuals. If the person is young when the injury occurs, there might need many years of care. The person might only need short term care such as rehabilitation services offered at Brynmar, McGee or Hopkins. The person then might be able to return to their family.

Ms. Dorman stated that it does not matter what the cause of the injury was or how severe-that no two people come out of a brain injury alike. Some individuals need longer term care while others need support services. There are also those that walk out of a hospital or rehabilitation center and can return to their lives with a fair degree of normalcy (limited deficits).

Peach Tree Acres, located in Harbeson, is an 18 bed facility for individuals with brain injuries. The facility has a long wait list

Residents of Peach Tree Acres participate in the ABI Waiver which includes: Case Management, Assisted Living, Adult Day Services, Day Rehabilitation, Cognitive Services, Person Care Services, Respite Services and Personal Emergency Response Systems.

Chairman Posey asked what the costs are associated with the ABI Waiver. Ms. Rolt shared that the costs associated with ABI Waiver is approximately \$57/day. Mr. Orija mentioned that the Division of Aging could provide more information about the ABI Waiver.

Brain Injury Waiver issues include: tight eligibility requirements, limited participant slots, not enough providers and is not well publicized.

Major barriers for Delaware brain injured survivors: lack of post-acute& sub-acute inpatient rehabilitation facilities, lack of long term brain injury assisted living facilities, no assistance for young to middle aged adults, difficulty with Medicaid/Medicare eligibility, and lack of local behavioral rehabilitation facilities.

A federal TBI Implementation grant offered previously permitted 44 states to compete that was limited to 13 states in 2009. Delaware ranked 15th on the list and therefore will not be receiving any grants in 2009 to defray costs associated with the program.

HIPPA has limited BIAD from setting up a TBI Registry to obtain statistical data. The association feels it necessary to collect statistical data and present their findings to support the need for more brain injury services in Delaware.

Three years ago, BIAD had office space, resource center and paid staff due to a grant from the Department of Health. The grant ended and is not being renewed.

Chairman Posey asked whether data can be collected to give a benchmark as how many people in nursing homes or assisted living facilities have been admitted due to a brain injury. Ms. Mary Rodger has offered to assist in developing a survey to be distributed to Delaware facilities.

Mr. Posey also asked whether there is a standard of care specific to brain injured persons or national standards that would apply to Delaware to assist. Ms. Doorman shared that each person and care level is quite different. She added that there is a 95% chance that a person will sustain another brain injury in their lifetime.

4. Old Business/New Business:

The Old/New Business items were not able to be addressed during the meeting due to time constraints. The items will be discussed at the July 14, 2009 DNHRQAC meeting.

5. Public Comment

Ms. Waldron shared that the All-Star Awards will be held on May 13, 2009 at the Sheraton in Dover, DE. Kim Drake is receiving an award for outstanding service as a Director of Nursing.

Ms. Carol Lovett mentioned that 250 individual's have participated in the Dementia CARES education program offered through Division of Substance Abuse and Mental Health. She stated that although State and private nursing home staff have attended the program she would like to reach out more to hospitals and other service providers. The grant permits education for 600 individuals.

Dr. Cheryl Bolinger, Medical Director DHCI, mentioned that the facility continues to face bariatric issues- now for another resident. She added that many DHCI's residents have brain injuries and that the facilities age population dropped significantly due to the number of brain injured residents at DHCI.

Ms. Gallagher informed commission members that a vendor will be evaluating her electric wheel chair on May 15, 2009. She provided members documentation about her experience in getting electric wheel chair repairs.

Ms. Gallagher wanted captured in the meeting minutes that most PCP doctors have not received education specific to persons with disabilities. She feels it is difficult to explain a disability to medical staff during a 10 minute office visit. Further, she added that muscle spasticity, slowness of speech and breathing problems are often not understood. Ms. Gallagher said that medical staff tends to speak with her staff member present instead of addressing her directly.

Ms. Gallagher also added that her annual fund raising campaign is going on and will have information forwarded to commission members.

Ms. Pat Engelhardt shared that Career Nursing Assistance Day is June 11th in Dover at Del. Tech. Following the program, the group will meet at Legislative Hall for the yearly resolution (Representative Longhurst and Senator Hall-Long). A copy of the registration form was disseminated to Commission members. This year's motto is: Courage, heart and brain- Wizard of Oz.

6. Next meeting will be **Tuesday, July 14, 2009** at 9:30 AM. The location:

Emily P. Bissell Hospital
3000 Newport Gap Pike
2nd floor conference room
Wilmington, DE 19808
Switchboard: (302)995-8400

7. Adjournment

The meeting was adjourned at 12:40 PM by Chairman, Brian Posey.

Attachments: Meeting agenda

March 10, 2009 minutes draft
3rd quarter QART Report
Transportation email (Karen Gallagher)
Westside Family Healthcare
Brain Injury Association
Hospital Discharge
Recognizing & Responding to Abuse of the Elderly & Disabled