

# DELAWARE NURSING HOME RESIDENTS QUALITY ASSURANCE COMMISSION

Herman M. Holloway, Sr. Campus, Springer Building, Class Room #3

1901 N. duPont Highway, New Castle, DE

Meeting of September 14, 2004

## MINUTES

Commission Members Present: Patricia C. Engelhardt; Walter E. Ferris, Jr.; Karen E. Gallagher; Vicki L. Givens; Rep. Pamela S. Maier; Sen. Robert I. Marshall; Thomas P. McGonigle, Esq. (Chairman); Yrene E. Waldron.

Commission Member Absent: Joseph M. Letnaunchyn; Thelma G. Mayer; Brian L. Posey; Dr. McKinley Wardlaw, Jr.

Others Present: Sandra Dole, President (Delaware Council of Activity Professionals); Tim Hoyle, Ombudsman and Victor Orija, Social Service Administrator, (DSAAPD); Jane Lucas, R.N., Project Manager and Mary Roger, R.N., Project Coordinator, (Quality Insight of Delaware); Suzanne Raab-Long, (Delaware Healthcare Association); June Valentine, (DAHSA); Laura Waterland, Esq., Sr. Staff Attorney (Disabilities Law Program); Carol Ellis, Director; Catherine McMillan, Deputy Director; Robert H. Smith, Licensing and Certification Administrator; Mitzi Murphy and Joan Reynolds, Staff Support (Division of Long Term Care Residents Protection).

### 1. Call to Order

Chairman McGonigle called the meeting to order at 10:11 a.m.

### 2. Approval of the Minutes for August 10, 2004 Meeting.

The Minutes for August 10, 2004 were approved with corrections on page 3, lines 25 and 27 to read S.B. 225.

### 3. Presentation of "Scope of Work Regarding Cultural Changes in Long Term Care" presented by Mary Roger, Quality Insights of Delaware (QID).

Ms. Roger gave each member a packet consisting of information on cultural changes presently taking place in some nursing homes. Included is "Summary of the Draft Relevant to Nursing Homes" which has not been finalized by Centers for Medicaid and Medicare Services (CMS). Ms. Roger explained that QID is the state quality improvement organization that has contracted with CMS to provide health care quality improvement in all venues: home health, physicians' offices, hospitals, and nursing facilities. The present administration and the federal government have made health care improvement in nursing homes a priority. The Omnibus Reconciliation Act (OBRA) in 1990 mandated the Minimum Data Set (MDS) which has created the largest database of resident level information at CMS. Nursing homes operate under OBRA, the mother lode of federal regulations. This system provides a tremendous amount of data for CMS to analyze. For each resident in every nursing home in the United States the MDS document, 8 to 13 pages long, is mandated to be completed by an interdisciplinary team and always signed by a registered nurse. Each resident's completed document is electronically transmitted to the state agency. One of CMS' goals is to become the largest warehouse of resident level data in the world. From this data analysts can determine the priorities for health care improvement. Three years ago Nursing Home Compare was put online to educate consumers who want to compare nursing homes. Two important aspects of all the nursing homes in the United States are the quality improvement quality measures; the other part includes reported recent surveys and staffing numbers. While this information is available it is not accessed as heavily as CMS would like. Promoting and educating the public about Nursing Home Compare is another part of QID's scope of work. There have been incremental pieces of quality improvement but it is not rapid enough. A cultural change means trying to move from an

institutionalized focus on every rule and regulation to a resident-centered care method. Residents would then have more control, more choices and be the driving force of their care. Several nursing homes, models of resident-centered care, are featured in the packet given to members. It has been documented that quality indicators and the quality measure are improved by this transformational thinking.

Contracting with CMS, QID will have workshops and form coalitions to promote culture change statewide in all Delaware skilled nursing facilities. There is documentation that culture change affects not only the residents' level of quality of life, it also impacts positively occupancy rates, budget, staff retention, workforce turnover, relationships within the facility and the architectural/spatial planning of a facility. QID is encouraged to form partnerships with stakeholders to promote this cultural rethinking. Stakeholders or partners would include among others, DNHRQA Commission, Delaware Health Care Facilities Association, Delaware Council of Activity Professionals, and the Division of Long Term Care Residents Protection. Present federal regulations followed under CMS are very task-oriented. Regulations are designed for a minimum safety level of care for those residents who cannot speak for themselves. Ms. Roger said that as an example for non-medical people, there are some obvious barriers in the regulations to culture change affecting a resident's life style and choices. Studies indicate that CMS promotes culture change and supports resident choices. It was suggested that regulations are not as strict as they appear, that it's the interpretation by different people. Chairman McGonigle asked if there is a valid interpretation that allows for cultural change or does the regulation need to be changed? CMS publishes the interpretation guidelines for surveyors and it controls the survey process. Possibly changes will be made at a national level as many groups are involved in examining the scope of work including survey processes and regulations

Ms. Roger said that the measurement for QID to pass or fail their contract is residents' satisfaction surveys and the rate of staff turnover within a year. In addition to promoting a systems change in thinking, the quality measures that QID will be focusing on are pressure ulcers, physical restraints, chronic and acute pain, and depression. Delaware is second in the nation in not using physical restraints. Parkview Nursing and Rehab Center and Green Valley Terrace have been participating in and won recognition in a nation-wide collaborative on pressure ulcers, in Dallas, Texas. Parkview has created a Nurse Aide Task Force and achieved an element of culture change. Their front line caregivers who know priority issues firsthand, are heard and given a voice.

Due to litigation, fear of addiction, or over-prescribing, there is no balance in needed pain medication. CMS agrees that pain management is an important component of quality of life and for the next 3 years starting in August 2005, QID will be dedicating efforts toward improving pain management in skilled nursing facilities. Pain has now become an integral component in the education of doctors and nurses. Rep. Maier will contact the Medical Society to learn what is being done about pain in Delaware.

Ms. Roger said to implement culture change QID will start with a small core group of 10% of Delaware's nursing facilities as volunteer partners and simultaneously have state-wide education. CMS will have taken the research and developed a "changed package" which will be studied at workshops. Presently, regulations are still in effect. However, with voluminous documentation for proof, a resident can have some personal choice. Meanwhile, the MDS is under review with a new MDS scheduled for 2006. It was stated that CMS is a slow-moving bureaucracy. Both QID and national organizations must continue to pressure CMS to start the culture change within itself so it will filter down. It was stressed that staffing, critical to a successful facility, and quality improvement work together. Additionally, Delaware should study other states' model programs.

Chairman McGonigle said that the Commission needs to focus on these quality issues along with minimum quantity issues in staffing in terms of making recommendations to the Governor and General Assembly. Subcommittees are needed to study how this Commission can play a role in increasing the profile of these issues.

4. Discussion of:

- Report presented by Division of Long Term Care including:  
Staffing Report

Rob Smith provided each member with a copy of a staffing summary spreadsheet representing a consolidation of 119 surveys, 3 weeks of staffing and 60 plus shifts. Mr. Smith explained that the very few shaded areas denoted non-compliance of nurse staff and aide staff ratios. Non-compliance appears to cluster around weekends on the summary. Ms. Ellis said that facilities need to plan how far over 3.28 they need to schedule in order to account for call-offs and no-shows. Discussion followed as the summary was further explained. Chairman McGonigle stated the Commission's job is to monitor the quality assurance system and identify when there are problems and breakdowns in the system. Mr. Smith was requested to provide on a quarterly basis, an updated spreadsheet report of surveys. To get on a quarterly basis, the next report will be presented at the December Commission meeting.

- Certified Nurse Assistant Career Ladder

Ms. Waldron has received information from Joanne Wilson Gerontological Nursing Ventures where a career ladder for CNAs who want to become Licensed Practical Nurses (LPN) has been developed. A deterrent to using the state career ladder law is that it requires people to pass a second state test. There is more of an inclination for facilities to have an in-house career ladder. A survey sent to members of Delaware Health Care Facilities Association is being finalized. It was suggested that the regulations for a senior CNA would be more challenging if they were more technical.

- NHRQA Commission Goals for 2004 including review of Commission enabling legislation and Commission Sub-committees.

Subcommittees suggested by the Chairman are: The Agency Review Subcommittee would have a preliminary meeting with an agency to inform them of the Commission's interests and to preview the agency's issues to be presented to the Commission; Legislative Regulatory Review Subcommittee; Quality Initiatives Subcommittee is a third subcommittee that will focus on the quality initiatives consistent with the discussion at this Commission meeting. They would be charged with presenting to the Commission a proposal that could be supported and recommended. Chairman McGonigle requested ideas for other subcommittees and for members and interested persons who would be willing to serve on subcommittees.

Volunteering for Agency Review Subcommittee are: Sgt. Ferris, Chairman McGonigle, Mr. Letnaunchyn and Ms. Valentine.

Volunteering for Legislative Regulatory Subcommittee are: Ms. Waldron and Ms. Givens.

Volunteering for Quality Initiatives Subcommittee are: Ms. Engelhardt, Ms. Gallagher, Mr. Posey, Ms. Dole, Ms. Valentine, Ms. Givens, Mr. Hoyle.

Chairman McGonigle will send an e-mail to members and interested persons who have agreed to serve on subcommittees and ask for more volunteers to serve. Because there was no longer a quorum, the

subcommittees will be officially formed at the next meeting. Chairmen of the subcommittees will report their activities to the Commission.

#### 5. Old Business/New Business

It was proposed that the Executive Director to the Commission be an agenda item for the October Commission meeting when a vote will be taken after discussing and clarifying the position. Chairman McGonigle and Ms. Waldron will work together to prepare a proposal that is based in part on the fiscal note that was attached to S.B. 225, and in part on executive director positions that are found in other commissions and councils. This will be the starting point for discussion with the idea that at the end of the meeting there will be something definitive on which to vote and to submit to the Governor.

#### 6. Public Comment

7. The next meeting will be held on Tuesday, October 12, 2004, at 10:00 A.M.  
The location will be DHSS Herman Holloway, Sr. Campus, **MAIN BUILDING, ROOM 301**

#### 8. Adjournment

The meeting was adjourned at 12:00 P.M.

Final Minutes approved October 12, 2004