
DELAWARE NURSING HOME RESIDENTS QUALITY ASSURANCE
COMMISSION

Herman Holloway Senior Campus
Main Bldg, Room 198
1901 N. DuPont Highway
New Castle, Delaware 19720

Final

Meeting of November 18, 2008
Minutes

Commission Members Present: Brian L. Posey, Chairman; Yrene E. Waldron; Karen E. Gallagher; Patricia C. Engelhardt; Holly Rolt; and M/Sgt Walter Ferris.

Commission Member Absent: Senator Robert I. Marshall; Lisa Furber; Vicki L. Givens; Joe DiPinto and Wayne A. Smith.

Others present: Margaret Bailey; Tom Murray, Deputy Director DLTCRP; Laura Waterland, Community Legal Aid Society; Bill Dunne, Community Legal Aid Society; Debbie Allen, Aid to Ms. Gallagher; Lisa Zimmerman, Chief of Operations DMMA; Rosanne Mahaney, Deputy Director of DMMA; Jay Lynch, Communications Director DHSS; Victor Orija, State Ombudsman; Pete Feliceangeli, DOJ; Debra Lynch, Van Buren Medical Associates; Carol Lovett, Advocate and Instructor; Sherri Harmer, Court of Chancery; Katie Macklin, Alzheimer's Association and Venee Purnell, Office of the Public Guardian.

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:

September 9, 2008 meeting minutes were not voted upon due to a lack of quorum.

3. Discussion of:

Polypharmacy- Debra Lynch, RN for Van Buren Medical Associates

Van Buren Medical Associates provides medical director services for most nursing homes in the State of Delaware. Dr. Ralph Aurigemma, head of the association, decided to take on a rigged and regimented approach to achieve the highest level of functioning and quality of life for Delaware residents.

Polypharmacy means taking a lot of medications, which is something Van Buren Medical Associates elected to voluntarily review. In Delaware, nursing homes are above the national average for the number of medications each patient utilizes.

The Department of Health and Human Services made Polypharmacy a part of the Healthy People 2000 agenda.

The elderly population is at great risk because of normal physiological changes that occur with the aging process. Many drugs increase the risk of falling through sedative effects, balance impairment, delayed reaction times, unintentional lowering of blood pressure, drug-induced psychotropic drugs, antihypertensive agents, diuretics, digoxin, NSAIDs, antibiotics, corticosteroids, warfarin and theophylline.

Ms. Lynch offered that in Delaware, there are very few board certified Gerontologists. She stated that most physicians are trained on clinical practice guidelines for the average adult, not the elderly. The medications scribed for the elderly effect their liver, kidneys and other organs differently than how a middle aged person's body would be affected.

Ms. Lynch stated that >75% of hospitalization for the elderly was due to adverse drug reactions and could have been predicted. The adverse reactions were from known pharmacological agents and frequently prescribed medications.

The likelihood of having an adverse drugs effect for 2 medications is 6%, 5 medications 50% and 8 medications 100%. Based on information gathered from MDS records (Aspen and Oscar), 30% of Delaware's nursing home residents take 8 or more medications and therefore have a 100% chance of having an adverse drug effect.

Screening for Polypharmacy in the nursing home population is crucial to prevent: geriatric syndrome, confusion, falls, incontinence, urinary retention and malaise. These often lead to the prescribing cascade of additional medications to combat side effects.

One of the largest contributors to Polypharmacy occurs when a resident is sent to a specialist or hospital. The average nursing home resident has five diagnoses. After being seen by a specialist, an additional list of medication orders might be written. One person is not reviewing all medications being prescribed by many specialists, which prompted Van Buren Medical Associated to create the Polypharmacy program.

Van Buren's focus was to eliminate risk, and reduce the number of medications for each resident. Risk was achieved by optimizing non-pharmacological alternatives such as: toileting programs versus incontinence medications, behavioral intervention instead of anti psychotic medications, and environmental changes (e.g. removal of overhead announcing system or bright lights).

In addition, Ms. Lynch stated that target goals were defined for each medication. After a specified review period, it was determined whether a resident could successfully be taken off a particular medicine.

Van Buren Medical Associates worked closely with four large Delaware nursing home facilities to reduce the number of medicines given to each resident. The process included: reviewing all residents' charts, interviewing nursing staff and making recommendations from a predetermined list of medications that could be gradually tapered and perhaps no longer given to a resident.

As a result of the Polypharmacy program, the number of medications in all four facilities was reduced at least 10%. One southern Delaware facility saw a \$30,000 reduction in a one month pharmacy bill.

Ms. Lynch stated that the process was simple when it came to residents under the care of Dr. Aurigemma's practice. Orders were written to eliminate, reduce or symptoms monitored during the review period. Family members were contacted and informed.

Educational packets were prepared for the drugs Van Buren Medical Associates found to be the primary offenders. Packets were distributed which explained how the drugs affected their loved ones and benefits associated with being off of the drugs during the trial period. The Polypharmacy initiative was discussed in public town forums and at Resident/Family Council meetings.

Ms. Lynch offered that if residents in the facility were not a patient of Dr. Aurigemma's, Van Buren Medical Associates would contact the appropriate physician to let them know their recommendations and present supporting documentation. It was up to that physician to write the new medication orders. There wasn't any resistance from other physicians.

Ms. Waldron asked whether a cost benefit analysis and time frame was determined for this project. Ms. Lynch stated that she has been hired by Van Buren Medical Associates as the sole nurse consultant and that the process for 180 bed facility takes approximately 3 weeks.

Ms. Rolt suggested that results be shared with medical directors state-wide. Ms. Lynch mentioned that letters regarding Polypharmacy were distributed to other medical directors. She also stated that an article will appear in the December 2008 issue of the Delaware Medical Society's journal.

Ms. Lynch shared that F Tag 329 regarding unnecessary medications was updated by CMS. A facility can be fined civil monetary penalties if they do not follow the guidelines set forth.

To further enhance Polypharmacy, in-service training is being held with the nursing staff. The staff reviews medications upon admission and makes recommendations to reduce medications. In addition, monthly medication reviews prompt staff to contact the physician regarding medication reduction recommendations.

Dementia CARES- Carol Lovett

Ms. Lovett presented a 15 minute educational video, courtesy of Pioneer Network, regarding Dementia CARES. She is a volunteer instructor for DSAMH which offers a two day free workshop regarding Dementia. The workshop is available in all 3 Delaware Counties. Funding for this program was made possible through grants. The workshop is also offered on-line. Questions regarding the workshop should be directed to: Dana Wise,

DSAMH Administrative Specialist (302)255-9480 or by visiting the Division of Substance and Mental Health's website: <http://www.dhss.delaware.gov/dhss/dsamh/train.html>.

Ms. Lovett pointed out that people with Dementia cannot change their behavior, so caregivers must: connect with residents, assess their behavior, respond appropriately, evaluate what works and share information with other care providers. The workshop provides an interactive educational approach for individual's so they can communicate and care for dementia residents.

Disability Law Program- Laura Waterland, Esquire

The Disability Law program provides advocacy services for individuals with disabilities in Delaware. The program is part of Community Legal Aid Society, Inc which is offered state-wide. Offices are located in Wilmington, Dover and Georgetown.

Protection and Advocacy services are made possible through 8 federal grants which include: Protection and Advocacy for Individuals with Mental Illness, Protection and Advocacy for Traumatic Brain Injury, Protection and Advocacy for Individuals with Developmental Disabilities, Protection and Advocacy of Individual Rights, Protection and Advocacy for Voter Access, Protection and Advocacy for Beneficiaries of Social Security, Protection and Advocacy for Assistive Technology and Advocacy for Victims of Crime with Disabilities.

Disability Law Program has a Patient Advocate on site at the Delaware Psychiatric Center. Services are also offered to private psychiatric facilities such as Rockford Center and Meadow Wood Behavioral Health System.

The Disability Law Program is involved with housing law discrimination, Medicaid advice and appeals, community based waivers, ADA access.

The Disability Law Program does not get involved with personal injury cases, employment or criminal representation; however, the Disability Law Program assists the Public Defenders Office to provide the best outcome of a person's disability.

The program also provides drafting for Advanced Directives and Powers of Attorney for individuals. They do not assist in drafting guardianship, but provide reference materials.

Ms. Waterland offered that the Disability Law Program does take appeals for nursing home cases involving medical or financial discharges. They also accept complaints for abuse and neglect, but generally will refer to the Ombudsman, DLTCRP or Adult Protective Services.

The Disability Law Program has federal authority which permits access to all records in nursing home facilities. In addition, the authority extends also to the right of access to residents which means they do not need permission to see/speak to a resident if a report was filed.

Elder Law Program- Bill Dunne, Esquire

The Elder Law provides free legal assistance to Delawareans age 60 and over. There isn't an income requirement to utilize the services; however tend to work more with individuals who are socially or economically needy.

The services offered include: drafting Powers of Attorney and Advanced Health Care Directives. The appointed facility Ombudsman is present during the signing of either document as a witness.

The Elder Law program assists with financial issues such as credit card debts. Assistance is also provided for housing problems and issues involving public benefits such as Medicaid and Social Security.

One growing trend observed by Mr. Dunne is that some individuals are abusing Powers of Attorney, financially. There are cases pending in the Court of Chancery regarding property deeds.

QART Report- Tom Murray, Deputy Director DLTCRP

Tom Murray presented to the Commission the third quarter 2008 Quality Assurance Review Team Report. DLTCRP conducted 17 surveys in the third quarter and as a result, 5 "G" level deficiencies were cited. The QART Team reviewed the citations and did not make any changes to any of the "G" level deficiencies.

A scope and severity scope grid was also provided by Mr. Murray to Commission members. Ms. Bailey included a list of what each F Tag was that was cited during the 3rd quarter report to members also.

Staffing Report- Tom Murray, Deputy Director DLTCRP

Mr. Murray presented the Staffing Report to Commission members. When a surveyor enters a facility for an annual or complain survey, they collect staffing information. The information is used by DLTCRP to enforce the staffing laws. The report reflects nurse, aide and hours per resident ratios.

Ms. Bailey mentioned that at one point, information regarding agency use versus dedicate staffing results was of interest. Mr. Murray will check to see if what information is available through the Division.

Civil Monetary Penalty Report- Tom Murray, Deputy Director DLTCRP

Mr. Murray provided Commission members with a breakdown of the Civil Monetary Penalties that were imposed per facility for FY 07-present.

Trust Fund money is being used by DLTCRP for education and outreach training sessions.

During FY 07- present, 80% of the time, the monetary penalty was a result of a resident care issue (incontinence, pressure ulcers, and falls with injuries). A few facilities were cited for discharge issues in violation of the state statute.

In the past month, DLTCRP has found two facilities in violation with Eagles Law.

Mr. Murray also presented Commission members with a breakdown of trust monies expended for training in FY 07- present.

Ms. Engelhardt asked if any Civil Monetary Funds have been sent to the State's General Fund. Ms. Waldron stated that testimony had been given by the DLTCRP during Budget Hearings for FY 08 that monies had been transferred as permitted by law.

Ombudsman-Victor Orija, State Ombudsman

Mr. Orija provided Commission members with a packet of information pertaining to the Ombudsman's Program.

The Ombudsman's Program is mandated by state and federal laws to protect the health, safety, welfare and rights of residents of nursing homes and related institutions. The Ombudsmen strive to fulfill their duties by providing prompt and fair resolution to resident rights or complaints and by advocating on public policy issues to enhance the quality of care for residents.

Offices are located in Wilmington and Milford. There are four paid Ombudsmen, who work in conjunction with Mr. Orija to provide service in Delaware. The Ombudsmen interact with staff and families and provide community outreach regarding resident rights. They also serve as a witness for the Advanced Directive declaration, formerly known as a Living Will.

Orija shared that the October 2008 Residents Rights Rally in Dover was a success. The event is hosted yearly to honor residents.

4. Old Business/New Business:

DART Para Transit

Ms. Gallagher shared information with the Commission regarding a recent doctor's appointment in which she was picked up late. The late pick up created staffing issues also. Mr. Posey suggested that Ms. Gallagher send him a copy of an email outlining the events. It was also recommended that Ms. Gallagher attend the December 2008 Community Based Alternatives for Individuals with Disabilities and provide an overview of her DART Para Transit experience.

DART will be invited to the January 13, 2009 DNHRQAC meeting to see if they can address this and other transportation concerns.

Skilled and Intermediate Nursing Home Regulation Drafted Proposals

A copy of the proposed skilled/intermediate nursing home regulations and public hearing schedule was distributed to commission members.

DNHRQAC Personnel Sub-Committee

Chairman Posey shared with DNHRQAC members that the Personnel sub-committee met on November 13, 2008. In addition to the DNHRQAC sub-committee members, Chris Sudell and Barbara Mooney, both from Administrative Office of the Courts, discussed the Commission's staff position.

5. Public Comment

Court of Chancery- Sherri Harmer

Ms. Harmer introduced herself to commission members. She recently accepted the position as the Guardianship Monitoring Program Director with the Court of Chancery. The position was developed as a result of the Court wanting an individual to monitor guardian cases. The program is offered state-wide and will have an office location in Wilmington and Georgetown.

Alzheimer's Association-Kate Macklin

Ms. Macklin introduced herself to the Commission and wanted to provide information regarding the CARES program in addition to Dementia. The Alzheimer's Association offers educational opportunities for healthcare professionals and has recently opened a training center in Smyrna, DE.

6. Next meeting will be **Tuesday, January 13, 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 12:27 PM by Chairman, Brian Posey.