http://judDELAWARE NURSING HOME RESIDENTS QUALITY ASSURANCE COMMISSION
Emily P. Bissell Hospital
2nd floor conference room
3000 Newport Gap Pike
Wilmington, DE 19808
FINAL
Meeting November 9, 2010
Minutes

Commission Member(s) Present: Yrene E. Waldron; Kyle Hodges; Patricia C. Engelhardt; Vicki L. Givens; Wayne A. Smith; and Senator Bethany Hall-Long.

Commission Member(s) Absent: Brian L. Posey, Chairman; Karen E. Gallagher; Joe G. DiPinto; Lisa A. Furber; M/Sgt. Walter Ferris; and Representative Valerie J. Longhurst.

Others Present: Margaret Bailey; Bill Love, DSAAPD; Pete FeliceAngeli , DOJ; Carol Lovett, Consumer; Dr. Karen Tanner; DPC; Andrea Wozny, DSAAPD; Victor Orija, DSAAPD; Murt Foos, Delaware Hospice; Angie Ecenbayer, Hospice& Palliative Care Network of DE; Lisa Zimmerman, DMMA; Lexie McFassel, OPG; Sheila Grant, Hospice & Palliative Network of DE; Gina Flaherty, Vitas; and Quinesha Harris, DHCI.

1. Call to order

The meeting was called to order at 9:30 AM by Vicki Givens, DNHRQAC member.

2. Approval of the Minutes of the meeting of:

September 14, 2010 minutes were not voted upon due to lack of quorum.

1. Old Business/New Business:

QART Report

The QART Report was forwarded to the Commission for review. During the second quarter 2010 the Division conducted 15 surveys. 12 “G” level deficiencies were recommended by the Survey Teams. One was downgraded to a “D” level by the QAR Team-circumstances surrounding this fall were unique and not consistent with the residents previous balance problems.

Staffing Report

DLTCRP forwarded the Staffing Report which was discussed during the meeting. After review, Commission members noted non-compliance on the report as it relates to Eagles Law. Members asked Ms. Bailey to forward questions about the report to DLTCRP for their response and to find out whether any civil monetary penalties were imposed as a result of non-compliance to Eagles Law.

4. Discussion of:

Division of Aging and Adults with Physical Disabilities

Bill Love, DSAAPD Director, spoke to Commission members about his new appointment (3 months ago) and provided an overview of the Division. He discussed issues, priorities and challenges affecting DSAAPD which included:

- FY11-2012 Priorities: ADRC, Medicaid Waiver Consolidation, State LTC facility transition, managing the economic downturn and coalition building.

- DSAAPD Funding- Approximately half the Divisions funding is from the Federal Government (Administration of Aging). Most of the services in the community are provided by partnerships the Division has with non-profit community. Mr. Love mentioned that in Delaware approximately 87% of expenditures are spent on LTC facilities where as only 13% is spent in the communities.

- DSAAPD Services: Case Management, Respite Care, Adult Protective Services, Adult Foster Care, Attendant Services, Adult Day Services, Alzheimer Day Treatment, Assistive Devices and Cognitive Services.

- Population explosion is impacting the need for services at a rapid growth especially for individuals 65+. Mr. Love added that there are individuals that would like to grow older in their own homes.

- Rebalancing LTC-The Division is looking at self-directed opportunities as well as improving access to community-based services. Housing continues to be a barrier. The Division recently hired a Community Ombudsman (Gail Weinberg) who will work with individuals that live in the community.

- Medicaid Waiver Consolidation-Currently there are three Medicaid Waivers (Acquired Brain Injury, Assisted Living and Elderly/Disabled) that the Division made significant changes to consolidate them in to one waiver called the Elderly& Disable Waiver. The consolidated waiver will be effective 12/1/10 which will steam line administration and access to more services.

  Ms. Engelhardt asked whether the Division is considering adding the waiver 1115. Mr. Love mentioned that the Division is considering adding it possibly because of the healthcare reform.

- ADRC began implementation in October 2010. The Delaware model will work to develop a call center, website and provide core support services (case management, options counseling and transition services). The ADRC is federally funded and will open more doors for DSAAPD to apply for additional federal grant opportunities for the elderly and disabled. It will provide access to more information and services over time- a one stop center of information.

- Transition of 3 State Facilities (Bissell, Bacon and DHCI) to DSAAPD will occur in the next several months. The goal is to transition staff and residents smoothly and to complete a comprehensive assessment of each resident to identify support needs and interest in community-based placement if applicable.

- LTC Ombudsman Program and Adult Protective Services will be transferred out of DSAAPD and into the Office of the Secretary to enhance visibility of the programs, provide more impact across the department, and avoid perception of potential conflict with the 3 LTC facilities moving into DSAAPD.

- Managing through economic downturn- The Division is continuously looking at Federal grant opportunities to offset funding obstacles and still be able to provide and improve services.

- Coalition Building- The Division continues to work with stakeholders (Government agencies, non-profit organizations, advocacy groups and consumers).

Ombudsman Program

Victor Orija, State Ombudsman, spoke to the Commission about the LTC Ombudsman program which was established to provide advocates on behalf of LTC residents to ensure they have a strong voice in their own treatment and care.

There are four LTC Ombudsman (dedicated facility coverage) that work with Mr. Orija. August 30, 2010 Gail Weinberg started as the HCBS Ombudsman. The program also has volunteer Ombudsmen who assist in Delaware's 50 NH's and 33 AL facilities.

The Ombudsman investigate and resolve complaints; offer friendly visits; monitor federal and state regulations; provide outreach and education; witness Advance Directives and advocate for legislative changes.

The Ombudsmen work with many state agencies as well as all licensed nursing homes and assisted living facilities to ensure residents rights.

The Ombudsmen are not able to attend the Resident Council meetings unless they are invited.

There is a web based report produced at the end of January each year which is used for funding purposes (National Ombudsman's Report). Mr. Orija has offered to forward the report to the Commission.

Ms. Bailey asked whether the Ombudsman Program surveys residents to be able to get feedback. Mr. Orija shared that they do survey resident regarding satisfaction however only receive a 20% response rate of return.

Ms. Waldron added that many facilities develop and implement their own satisfaction surveys for residents and staff while other facilities hire companies to do the surveys. She added that the Delaware Health Care Facilities Association initially funded two years of satisfaction surveys for providers however, DHCFA no longer funds these. Ms. Waldron encourages Mr. Orija to contact the licensed facility administrators should he want to gather satisfaction survey information.

Hospice Collaboration

Sheila Grant, VP of Hospice & Palliative Care Network of Delaware provided an update to Commission members. The network began 1 ½ years ago and the 48th state to participate.

The networks mission is to improve the quality and accessibility of hospice and palliative care in the state. There were several hospice providers (also Hospice& Palliative Care Network of DE members) in attendance of the meeting.

40% of hospice patients nationwide are nursing home residents. Ms. Grant added that LTC's focus is primarily comprised of rehabilitation and restorative care.

Ms. Grant shared that the American Geriatrics Society warns that 45-80% of nursing home residents have substantial pain that is under treated. She further added that the society states that many (40%) cancer and (25%) non-cancer patients do not receive pain medication although they experience pain daily.

Nursing home residents enrolled in hospice less likely to be hospitalized in final 30 days of life, have physical restraints, receive IV/parenteral feeding, receive meds by IV or inter-muscular injections or have tube feedings in place.

Ms. Grant also provided the Commission with a med analysis from the Journal of Pain and Symptom Management September 2009 edition. The study shows that nursing home residents with hospice services are more likely to be assessed for pain, 2x's more likely be treated daily for pain and receive pain management in accordance to clinical guidelines.

Hospice focuses on quality of life and the priority is comfort. Hospice services include: medication, continuous care, psycho-social support, extra CNA care, and bereavement counseling for family/caregiver.

6% of nursing home residents nationally elect hospice services.

Feedback from nursing homes: "We don't use hospice here", "We do our own hospice" and "We do our own comfort care/palliative care".

Barriers to hospice in LTC:

- Hospice providers must have a contract with nursing homes in order to care for residents.
- Nursing homes may choose to contract with hospice (or not).
- Regulations
- Reimbursements cut payments

87% of nursing homes contract with hospice, however, 30% actually have residents using hospice.

Nursing homes bill individuals based on their level of care. Skilled facilities receive the following daily reimbursements from Medicare: $549.45 Rehabilitation, $261.89 Extensive Services, $325.67-$225.34 Special Care (hospice) and $241.84-$179.99 Clinically Complex.

Ms. Waldron asked Ms. Grant if she was alluding that individuals who come to a facility for rehabilitation should be on hospice services. Ms. Grant stated she was not eluding anything and wanted to share that approximately 10% of individuals could benefit from hospice services in the rehabilitation setting.

Ms. Grant asked whether CMS and state Medicaid Programs should provide financial and regulatory incentives that discourage hospice use in nursing homes.

Ms. Waldron offered to forward additional articles to Commission members regarding end of life-palliative care (2010) which has helped to influence health policies and how hospice is being handled. CMS is looking to move the model to allow nursing homes with appropriate training to provide end of life care-palliative care. She believes it will influence the services of hospice and where it is provided.

Ms. Waldron agreed that end of life care should be available for everyone who chooses to use it.

Ms. Waldron added that she does not feel it is a nursing homes job to promote hospice but provide it as an option if desired by a resident. She further added that appropriate end of life care education should begin in the community.

Ms. Wozny (DSAAPD) shared that the Journey's Program has had great success in working with hospice providers when transitioning individual's back out into the community.

5. Public Comment

Ms. Bailey shared that the FY12 DHSS OMB Public Hearing will be held on November 16, 2010 in the Senate Chambers 1-4 pm.

Ms. McFassel (OPG) will be forwarding a "needs assessment" so the non-judicial agency can gage how many individuals need a public guardian. Currently OPG receives 150-200 referrals per year.

6. Next meeting will be **Tuesday, January 11, 2011** at 9:30 AM. The location:

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

7. Adjournment

The meeting was adjourned at 11:03 AM by Vicki Givens.

Attachments: Meeting agenda
September 14, 2010 DNHRQAC minutes draft
Staffing Report
QART Report
DSAAPD Presentation
Ombudsman Presentation
Hospice Presentation