

DELAWARE NURSING HOME RESIDENTS QUALITY ASSURANCE COMMISSION

ANNUAL REPORT FY 2014

(July 1, 2013 - June 30, 2014)

Additional copies of the report are available from the Commission at 3000 Newport Gap Pike Suite 400, Wilmington, Delaware 19808 or by visiting:
<http://courts.delaware.gov/AOC/?dnhrqac.htm>. The Commission's phone number is (302) 995-8400 x 8408.

DELAWARE NURSING HOME RESIDENTS QUALITY ASSURANCE COMMISSION

Members of the Commission as of September 1, 2014

Brian L. Posey, Chairman

Karen E. Gallagher

Patricia Dailey Lewis, Esquire

Vicki L. Givens, RN, BS, NHA

Elizabeth A. Furber

Melissa Heck, RN

The Honorable Senator Bethany Hall-Long

Amy Milligan, MS

Yrene E. Waldron, LNHA

Kyle Hodges

The Honorable Representative Michael Barbieri

DELAWARE NURSING HOME RESIDENTS QUALITY ASSURANCE COMMISSION

ANNUAL REPORT 2014

TABLE OF CONTENTS

| | |
|---------------------------------------|----|
| I. Commission Background Information | 4 |
| II. Agency Reviews | 6 |
| III. Joint Sunset Committee | 26 |
| IV. Legislation and Regulation Review | 26 |
| V. Staffing | 28 |
| VI. Facility Visits | 28 |
| VII. Facing Forward: Commission Goals | 30 |

I. BACKGROUND INFORMATION

The Commission

The Delaware Nursing Home Residents Quality Assurance Commission (the Commission) was established in 1999 - 29 Del. C. § 7907. The Commission's principal charge is to monitor Delaware's quality assurance system for nursing home residents in both privately run and state operated facilities with the goal that agencies responsible for the oversight of facilities are coordinating efforts to achieve optimum quality outcomes.

As part of its monitoring effort, the Commission reviews state agencies responsible for investigating complaints of abuse, neglect, mistreatment and financial exploitation, as well as other agencies that have input on the quality of care in Delaware's nursing homes. The Commission reviews reports of serious citations of quality of care issues and staffing patterns prepared and presented on quarterly basis by the Division of Long term Care Residents Protection as directed by the Joint Sunset Committee in 2006.

The Commission is also charged by the General Assembly and the Governor with examining policies and procedures to evaluate the effectiveness of the quality assurance system for nursing home residents, including the respective roles of Delaware Health and Social Services, the Attorney General's Office and law enforcement agencies

as well as health care professionals and nursing home providers.

Finally, the Commission is required to prepare and submit an annual report to the Governor, the Secretary of the Delaware Department of Health and Social Services (DHSS), and members of the General Assembly. This is the Commission's 2014 annual report.

Appointment of Commission Members

- The Commission is composed of a total of 12 members, eight of whom are appointed by the Governor.
- One of the members appointed by the Governor is to be a representative of the developmental disabilities community protection and advocacy system established by the United States Code.
- The remaining members are to include representatives of the following: consumers of nursing home services, nursing home providers, health care professionals, law enforcement personnel, and advocates for the elderly.
- Of the remaining four members, two members are appointed by the Speaker of the House, and two members are appointed by the President Pro-Tempore of the Senate. These four members serve at the pleasure of their appointing authorities.

Frequency of Meetings

While the Commission is only required by statute to meet at least quarterly, the Commission meets on a bi-monthly basis.

II. AGENCY REVIEWS

Introduction

Pursuant to 29 Del.C. § 7907(g) (1), the Commission is required to review and evaluate the effectiveness of the quality assurance system for nursing home residents. To do so, the Commission requests information and takes testimony (a snapshot in time) from representatives of state agencies. These include the Division of Long Term Care Residents Protection (DLTCRP), the Ombudsman's Office, Division of Medicaid and Medical Assistance, the Department of Justice, Division of Aging and Adults with Physical Disabilities, Guardianship Monitoring Program, law enforcement agencies, other state agencies, health care professionals and nursing home providers.

To that end, the Commission invited representatives from state agencies and other presenters to appear and testify before the Commission. The following is a summary of these agency reviews:

Division of Long Term Care Residents Protection (DLTCRP)

Tom Murray, Deputy Director DLTCRP, and Robert Smith, Licensing Administrator, provided Commission members with assurance review, staffing and other matters related to long term care.

Discussions were held at Commission meetings and included

information updates on a variety of issues:

DLTCRP's Quality Assurance Review Team provided the Commission with quarterly reports showing, after team review, whether any "G" level deficiencies recommended by surveyors would be upgraded or downgraded.

DLTCRP provided quarterly Staffing Reports to the Commission as a result of Eagle's Law enacted in 140th General Assembly (Senate Bill 115).

DLTCRP also provided Commission members with a report of Civil Monetary Penalties imposed in Delaware Nursing Homes and Assisted Living Facilities. The monetary penalties imposed by CMS or the State of Delaware are based on the level of harm, improper discharge procedures, pattern of non-compliance, or threat to a residents health and safety.

Certified Nursing Assistants (CNAs) who provide the majority of hands-on care to the residents now have an educational tracking system linked to their certificate. This will ensure the CNA stays current with continuing education requirements and can be accessed by employers so that an employer can efficiently determine whether a prospective employee is suitable to work in a long term care setting.

The Electronic Background Check Center for LTC applicants went live March 14, 2013 after a series of seven provider educational sessions.

Over 300 providers are in the system and thousands of applicants have been processed. DLTCRP held a series of follow-up webinars for providers on issues that arose during the start-up.

Ombudsman Program

Victor Orija, State Ombudsman, spoke to the Commission about the Long Term Care Ombudsman program (LTCOP) which was established to provide advocates on behalf of LTC residents to ensure they have a strong voice in their own treatment and care. The program has four LTC Ombudsmen; a Home & Community-Based Services Ombudsman; and a Volunteer Services Coordinator – all of whom work collectively with the State Ombudsman to investigate and resolve complaints; offer friendly visits with LTC residents; monitor federal and state regulations; provide outreach and education; witness Advance Care Directives; and advocate for legislative changes.

The Ombudsman represents the interest of residents to protect their health, safety, welfare and rights. The Ombudsman acts as an advisor, advocate, catalyst and mediator. The Long Term Care Ombudsman advocates for residents who live in long-term care facilities as well as those who live in other settings (such as their own homes) and receive home and community-based services.

LTCOP often interacts with other state agencies regarding complaints of abuse, neglect, mistreatment or financial exploitation.

LTCOP services are available to residents free of charge. The program is funded by Federal and State dollars.

LTCOP hosts an annual Residents Rally (held each October) and is The staff works closely with the two managed care organizations and is involved with other quality improvement initiatives throughout the state.

Please note the National Ombudsman's (web-based) Report produced in January each year for funding purposes:

http://www.dhs.gov/sites/default/files/publications/CISOMB_2013_Annual_Report%20508%20final.pdf.

Delaware Culture Change Coalition (DCCC)

Lisa Satterly, President of the Delaware Culture Change Coalition, provided Commission members with an overview of the organization. A multi-disciplinary team approach addresses awareness and direction regarding culture change in Delaware.

Members include: Activity Directors, Social Workers, Nurses, Home Health Care providers, Ombudsman's Office, DNHRQAC staff, nursing home/assisted living providers and others.

Culture change is the common name given to the national movement for the transformation of older adult services, based on person-directed values and practices where the voices of elders and those working with them are considered and respected. Core person-directed values are choice, dignity, respect, self-determination and purposeful living.

Culture change transformation supports the creation of both long and

short-term living environments as well as community-based settings where both older adults and their caregivers are able to express choice and practice self-determination in meaningful ways at every level of daily life.

Culture change transformation may require changes in organization practices, physical environments, relationships at all levels and workforce models – leading to better outcomes for consumers and direct care workers without inflicting detrimental costs on providers.

The group hosted their 2nd annual conference on April 9, 2014 at the Duncan Center (Dover). There were more than 100 participants.

The conference theme was “The Journey Continues....”. Vendors were able to attend and showcase their work. Senator Hall-Long, and Representative- Barbieri and Representative Longhurst co-sponsored HCR 42 recognizing the event.

The Delaware Culture Change Coalition distributes a quarterly newsletter to all licensed nursing homes & assisted living facilities throughout Delaware which addresses culture change best practices.

Ms. Satterly mentioned that the group would like to increase their membership attendance – often facilities do not permit employees to attend off-site meetings. At times, employers require an employee to take time off of work to attend meetings such as DCCC.

DCCC’s contact information: delawareculturechange@gmail.com or <https://www.deccc.org>.

CCHS Wound Care Center

Jennifer Mulrooney, Executive Director for Christiana Care Wound Care & Hyperbaric Medicine Center, provided an overview of the program.

The Center offers outpatient services to address wound care. The average number of visits an individual receives to address their needs is nine. The Center has been open for 18 years.

Common wounds include: venous stasis, pressure ulcers, osteoradionecrosis and diabetic foot ulcers.

Wound care needs are growing in Delaware because of: aging population, higher rate for diabetes, chronic disease and obesity. There are challenges in treating wounds and often the cost to treat wounds is significant.

Currently, 11.3% (29 M) of Americans have diabetes.

The Center often uses a multi-disciplinary healthcare provider approach in treating nursing home residents (private and state owned). The nursing home residents often have co-morbidities which impact the wound healing process.

The Center uses a systematic approach: comprehensive evaluation & assessment; defining etiology for the wound; designing an individual treatment plan; and following the evidence-based clinical practice guidelines.

The Center also offers wound care services at Bayhealth Wound Care Center, St Francis Center for Advanced Wound Healing, Wound Healing & Hyperbaric Center at Nanticoke and Beebe Wound Care Services.

In addition, the Center provides home health care and physical therapy service(s) throughout the state.

Hyperbaric oxygen therapy (HBOT) is also provided at CCHS Wound Care Center. HBOT is a powerful adjunctive therapy, reimbursed by Medicare and most insurance providers - indicated for 10-15% of patients with chronic wounds.

There is specific criteria used to determine HBOT eligibility. Often, an individual must endure 4-6 weeks of regularly wound therapy before being considered for hyperbaric oxygen therapy.

It is often challenging to treat a wound: patient non-compliance, lack of professional training in the community, hospitals, clinical personnel and accommodations to treat a wound.

Ms. Mulrooney mentioned that if an individual has an amputation (due to the severity of a wound), there is also a psychological component the patient and care giver(s) must consider during the healing process.

Early detection is important in the prevention of wounds, and as a result, the Center will soon be offering educational outreach opportunities

Medical Directors and other long-term staff consult with the Center on specific wound cases.

Ms. Mulrooney mentioned that recent changes to Delaware ambulance transportation services should be

explored. Often the Centers population needs assistive walkers, wheel chairs or stretchers to get to/from the Center for wound care services.

If an ambulance company transports an individual on a stretcher, they will not leave the stretcher or wait with the person. As a result, the

patient is turned away since the receiving health care provider does not have the accommodations (stretcher and/or staff to wait with the person).

Commission members agreed that accommodations should be made for individuals with disabilities – regardless whether they reside in a licensed facility or in the community.

Adult Abuse Registry

Tom Murray, DLTCRP Deputy Director, presented to Commission members regarding the Adult Abuse Registry (AAR) that began in 1999. A summary of the AAR was provided to the Commission which details the type of incident; number of occurrences; and percentage of individuals affected and the status.

In addition, DLTCP provided Commission members with a report which provided a breakdown by profession of individuals who appear on the Adult Abuse Registry. The list included: CNA's, LPN's, RN's, Nurse Practitioner's, MD's and other occupations.

The listing of a person's name on the Registry is based on a civil finding of abuse, neglect, mistreatment, financial exploitation, or a combination of those findings. It is not a criminal finding. Individuals are placed on the Registry for a fixed period of time. Once the assigned time period expires the sanction is over and the name is removed. Some individuals are listed more than once for multiple findings stemming from a single incident.

The law places responsibility on providers to demonstrate that

they check AAR before hiring a new employee. DLTCRP asks employers to print out the results of the AAR check & keep the record on file. DLTCRP also reviews AAR letters & Criminal Background Check (CBC) letters during annual surveys.

Point of Hope

Esther Curtis, Community Liaison, provide an overview of the program to Commission members. Point of Hope began in 2006 and funding is provided through the LTC waiver, workers compensation and Medicaid. As of July 2013 there were 84 clients – 60 NCC and 24 Kent/Sussex.

Point of Hope offers specialized facility based programs for persons with severe and profound intellectual disabilities, such as Autism, Acute Brain Injury/Traumatic Brain Injury, neurological impairments and those with special medical needs. Each individual's program is designed to meet their unique needs, interests and abilities. Treatment plans are tailored to each individual's goals based on the recommendations prescribed in their Essential Lifestyle Plan (ELP) and on their personal choices.

Point of Hope has a Clubhouse in New Castle that utilizes a Traumatic Brain Injury Model. As most of the clients are ambulatory, the clients help to maintain the Club House as part of their personal goals and quarterly milestones. As of July 2013, Point of Hope had 14 clients in the New Castle County Club House.

The organization would like to expand on the cognitive therapy

aspect of the program and include art/pet therapy.

A second Clubhouse opened in Smyrna, Delaware April 7, 2014.

Point of Hope is piloting a “Halfway Home” Program intended to help people with brain injury transition home from an institutional type setting.

Delaware’s Safe Haven Shelter

Pamela Williams, APS Administrator, shared with Commission members about the Safe Haven Shelter (piloted program began in Feb. 2013 and is located at a Wilmington apartment). The state has provided \$25k for this effort. Approximately two individuals per month currently utilize the program.

The Safe Haven Shelter provides temporary housing to elderly/disabled individuals in an emergency situation, due to abuse or neglect, or financial exploitation. The individuals are typically able to stay in an apartment for two weeks, but are able to reside there for 30 days in special situations.

The program offers three meals a day, cable tv, phone and a safe environment.

Delaware Health Information Network (DHIN)

Randy Farmer, DHIN External Communications Manager, provided an update regarding the Delaware Health Information Network in Delaware.

DHIN is an electronic post office for medical results. DHIN provides safe and secure results (such as x-rays, lab work, etc) to improve care. A fee

based medication history service will be available in the near future.

As of January 2014, there were more than 7,000 users enrolled in DHIN. 100% of Delaware Nursing Homes are enrolled; however, not all utilize the network. There are 22 LTC facilities in Delaware that have never (or rarely) used the system.

AETNA Performance Improvement Projects for Behavioral Health

Patty Wright and Kathy Gordon shared with Commission members information about the LTC depression health screening Aetna case managers have rolled out. The purpose of the LTC depression screening is to increase identification and improve access. The managed care organizations case managers utilize the mini cog – a MDS tool in which a high score yields the continuation of services. In particular, the PHQ9, a depression screen in MDS indicates a score after which a referral is forwarded to a social worker.

Ms. Wright added that a current barrier is that Medicare does not recognize licensed Professional Mental Health Counselors.

There are more LPMHC's in Delaware compared to LCSW's, potentially causing a gap in behavioral health service throughout the state.

Alzheimer's Association

Katie Macklin, Executive Director for the Delaware Chapter of

Alzheimer's Association, provided Commission members an overview of the organization.

Alzheimer's is a progressive degenerative disease of the brain that affects memory, thinking and behavior. Alzheimer's is the sixth leading cause of death in the country.

Five million Americans have Alzheimer's and there are 15 million caregivers.

2013 costs associated with the disease totaled \$203 billion .

The association provides caregiver support – currently there are 30 support groups in Delaware to aid caregivers as Alzheimer's can impact a care giver financially, physically and emotionally. The Delaware Chapter serves 18 (counties located in: DE, Southeastern PA and Southeastern NJ.

Currently, there are 294k individuals with Alzheimer's that are served through this Chapter - 26k individuals in Delaware have Alzheimer's or a related disorder.

The Alzheimer's Association also provides consumer, legal, and financial The Delaware Chapter has a 24/7 helpline: (800)272-3900. The helpline is staffed by professionals and trained volunteers who provide information, emotional support, education, resource listings and general information to callers.

In addition to an office in New Castle County and Georgetown, the Delaware Chapter has a training center located in Smyrna, DE called the Julie H.C. Bailey Training Center. The training center offers fee-for-service professional training workshops to equip healthcare

professionals with the tools necessary to provide quality care in residential settings. CEU's are available.

Nursing Home Information Technology

Les DelPizzo, Quality Insights of Delaware's Chief Operating Officer, provided an update regarding long-term care technology. Currently there are 1,500 primary care physicians in Delaware that have received incentives for maintaining electronic health records (EHR) as part of the American Recovery and Investment Act of 2009. Included in the law were funds intended to increase the use of electronic health records by physicians and hospitals.

Nursing homes in Delaware are not part of the incentive program. QI of DE offers technology services, at a subsidized price, to Delaware nursing homes - so they may implement a software system.

Delaware Hospice

Ann Priester, VP Delaware Hospice, provided an overview regarding services. In existence since 1982, DE Hospice provides an interdisciplinary team approach for clients and their families. The organization serves all of Delaware and Chester and DE Counties in PA.

DE Hospice services include: Transitions, Home-Based Palliative, New Hope (children) and a Family Support Center (Sussex only).

Transitions is a non-medical support program. The purpose of Transitions is to provide guidance and resources to individuals and families coping with a serious illness.

Palliative Care supports individuals who are not terminally ill, but need help managing symptoms.

New Hope addresses the needs of children who have experienced the death of a loved one. Many must navigate a range of emotions, including fear, anxiety, and insecurity before they are emotionally mature enough to process their loss. In response to their special needs, Delaware Hospice developed the New Hope program in 1990.

New Hope counselors provide support, counseling, and education to children and their families through a variety of workshops, support groups, individual counseling, and a summer camp. Counseling for children is widely accessible through school support groups or within community organizations. These programs help children process and grow with their grief and find new hope.

Additionally, children and teens may attend Camp New Hope (Lum's or Killen's Pond), a four-day summer day camp. Through a variety of activities, campers have opportunities to interact with other children who have experienced loss. The camp also offers group projects, counseling, individual support, education, and free time to allow children to process emotions and ask questions. Finally, the camp hosts a special memorial service, which celebrates and honors the life of each child's loved one. Delaware Hospice focuses on providing caregiver education to ease the anxiety regarding bed baths, lifting & turning and changing sheets. The

caregiver education is comprised of volunteer registered nurses. They additionally help prepare advanced care directives.

Life Works offers individual grief support to members of the community, including those seeking support and guidance before or following the loss of a loved one, or any life-changing event. Potential clients may take advantage of consultation by masters level therapists, who assess their needs and make recommendations for care. Therapists help members of the community (families not receiving services from Delaware Hospice) as they seek support and guidance during life's transitional challenges.

Medicaid Fraud Control Unit (MFCU)

Tina Showalter, MFCU Director, provided an overview to Commission members. Ms Showalter stated that most issues they currently see are coming from a group home setting. In 2013, the Unit received 190 referrals – from which 91 investigations were opened.

MFCU expanded its patient and abuse training efforts over the last three years. Training was held in all state licensed LTC facilities and is expected to be held in the near future in privately operated Skilled Nursing Facilities. In 2013 MFCU trained almost 900 LTC staff members.

MFCU is also providing education to members of the Delaware Bar and Service Providers regarding abuse and neglect. MFCU provided abuse and neglect training at four Police Academies resulting in training for over 700 individuals.

Ms. Showalter shared that HB 154 w/HA 2 (Senator Bethany Hall-Long and Representative Rebecca Walker) was created to address the increasing abuse and illegal use of controlled substances. The bill created a new offense and imposed penalties for diverting prescription drugs from a patient in a facility. It also requires those who register to prescribe, sell, dispense or distribute controlled substances regularly to complete two continuing education credits in the area of awareness and knowledge of the problems posed by the abuse of controlled substances. The bill also made corrections to drafting errors in a 2011 bill that eliminated consent as a defense to sexual abuse in a facility. Governor Markell signed HB 154 w/HA 2 on 2/14/14.

The Medicaid Fraud Control Unit added two new positions during FY14: a nurse investigator and attorney who is also is a registered nurse.

Governor's Commission on Building Access to Community-Based Services

Patty Justice, DSAAPD Executive Assistant, provide Commission members with information regarding the restructuring of the Governor's Commission on Building Access to Community-Based Services.

The group meets quarterly and is comprised of 19 members. There are several sub-committees that meet to address: housing, employee development, healthcare, quality assurance and transportation (which is blended throughout each sub-committee).

The members have been involved with: Dept of Justice regarding Olmstead, Community & Housing Report, Diamond State Health Plus, Transportation, Employment First Act, Stand By Me, Health Initiatives, Stockley Center growth, DHSS Mortality Review Committee, Emergency Preparedness and Pathways to Employment.

Division of Medicaid & Medical Assistance (DMMA)

Glyne Williams, Chief Medical Management Administrator for DMMA, mentioned there will future changes to the Diamond State Partners relationship. The relationship with Managed Care Organizations (MCO's) began April 2012 - United and Aetna.

Joint visits are made with DMMA nursing staff every 90 days for clients receiving HCBS and every 120 days for clients receiving NH services - if so desired. The purpose of the visits is to make sure the clients are receiving the services they need.

DMMA provides oversight, monitoring of client medical records and making sure social/transportation needs are met. An external quality review (CMS requirement) is performed yearly.

The Delaware Quality Management Strategy (QMS) is a comprehensive plan incorporating quality assurance monitoring and ongoing quality improvement processes to improve the delivery of quality care. The QMS covers services to members in Medicaid managed care, the Children's Health Insurance Program, and Medicaid Long Term Care and community-based services. The QMS is the framework through

which the State shares its objectives and strategies to address health care costs, quality and timely access in a collaborative approach with its partners and stakeholders. DMMA has reorganized the QMS for 2014. While the 2012 QMS strategies remain the same, the format has been changed slightly in some parts of the document to create an easier flow of information for interested users.

The goals of the QMS include timely access, quality of care, cost of care and satisfaction. The Long Term Care performance measures appear on DMMA's webpage: <http://dhss.delaware.gov/dhss/dmma/dshpplus.html>.

Stacy Marvel, Chief of Long Term Care Operations for DMMA, provided an overview of the long-term care application process in Delaware.

There is a LTC Operation Unit in Smyrna/Dover, Wilmington and Milford.

During April 2014, DMMA received 421 LTC referrals (250 NCC & remainder K/S combined) and 203 LTC applications. The average number of days to process a LTC application – 64.

November 18, 2013, a new web-based designed eligibility system was instituted. Ms. Marvel mentioned that individuals are being approved but it is taking longer to move applications through the entire process.

DMOST

Shelia Grant, Ambassador for Hospice & Palliative Nurses Association, provided members with an update about the Delaware Medical Orders for Scope of Treatment. DMOST is a portable medical order set that directs health professionals on which treatments a patient wants and does not want. Specifically, DMOST is for individuals that

have a serious advanced illness or frailty, or a life expectancy of less than one year.

Currently, End of Life is documented through: Living Wills, Powers of Attorney for Health Care or Do Not Resuscitate (DNR) Orders.

Barriers faced with the current end of life forms:

1. Living Wills cannot be followed by health care professionals until they are converted into a medical order.
2. No patient signature is required on a DNR order in a hospital or facility.
3. A DNR order is not portable (when a patient moves, the order loses force and must be re-written).
4. No orders to withhold life-sustaining treatment are valid during transport in DE.

Currently 15 states actively utilize Physician's Orders for Life Sustaining Treatment (POLST) and another 20 states are in the process of developing POLST-type programs.

Use of the DMOST form is voluntary and may capture wishes such as Full Treatment, Limited Treatment(s) or Comfort Care Treatment(s).

Important facts about DMOST:

1. A copy has the same force as the original
2. DMOST travels w/pts. to a new setting
3. DMOST does not expire, but should be reviewed w/any change in: a patient's condition, location, or preferences for care.

Namaste Program

Jean Youkers, Marketing Director at Arden Courts, and Stacy Wiseman, Arden Courts Executive Director, provided Commission members information about the Namaste Care Program.

The program is designed for later staged dementia residents – so they may benefit from activities in a calming, inviting and relaxing environment. This is achieved by using creative techniques to connect with the residents , such as presenting familiar objects that summon memories from earlier times (cold cream, fuzzy afghans, etc) and by providing personal care (neck massage, nail care, etc). A two hour session is provided in the morning and afternoon.

Arden Court began offering the Namaste Care Program two years ago.

Joyce Simard, MSW and internationally acclaimed dementia Consultant,

provided training to all Arden Court staff. Ms. Simard also wrote “The End-of-Life Namaste Care - Program for People with Dementia”.

Qualified Arden Court residents receive one on one attention during each session. As of March 2014, 11 Arden Court residents utilize the Namaste Care program.

III. JOINT SUNSET COMMITTEE

The Commission oversees the Joint Sunset Committee's 2006 recommendations made for the Division of Long Term Care Residents' Protection and reviewed as follows:

- The Division of Long Term Care Residents' Protection established a Quality Assurance Review Team (QAR Team) that reviews deficiency reports quarterly. The QAR Team provides a written quarterly report to the Commission regarding any upgrades to "G" level or above and downgrades to "G" level or below by the QAR Team, setting forth the number of such downgrades and upgrades at each facility and the reason for each. Quarterly reports are submitted to the Commission on the 15th of every September, December, March and June.
- A Medical Director was added to the QAR Team who reviews medical records, advises the Division on medical issues, testifies on the Division's behalf at Informal Dispute Resolution hearings, and participates in the QAR Team.
- The Division of Long Term Care Residents' Protection submits a written quarterly report to the Delaware Nursing Home Residents Quality Assurance Commission identifying a nursing home's noncompliance with staffing ratios by shift under Eagle's Law (16 Del. C. §1162).

IV. LEGISLATION AND REGULATION REVIEW

The Commission received notice of regulations and legislation effecting long-term care residents in the State of Delaware, including:

SCR 49 – HONORING THE 2014 ALL STAR AWARD RECIPIENTS OF THE DELAWARE HEALTH CARE FACILITIES ASSOCIATION DURING NATIONAL NURSING HOME WEEK. **SB 211** – AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO CERTIFIED NURSING ASSISTANTS. THIS BILL WAS SIGNED INTO LAW 7/15/14.

SB 257 – AN ACT TO AMEND DELAWARE LAWS RELATING TO QUALITY ASSESSMENT FEES ON NURSING FACILITIES. THIS WAS SIGNED INTO LAW 7/23/14.

HCR 59 - RECOGNIZING JUNE 15, 2014, AS "DELAWARE ELDER ABUSE AWARENESS DAY". THIS BILL WAS PASSED IN THE HOUSE AND SENATE

HCR 57 - ESTABLISHING THE FAMILY CAREGIVING TASK FORCE TO STUDY AND MAKE FINDINGS AND RECOMMENDATIONS REGARDING THE SUPPORT NECESSARY FOR FAMILY CAREGIVERS ASSISTING THE AGING AND ADULTS WITH DISABILITIES. THIS BILL WAS PASSED IN THE HOUSE AND SENATE

HCR 42 – THIS HOUSE CONCURRENT RESOLUTION RECOGNIZES APRIL 9, 2014 AS THE DELAWARE CULTURE CHANGE COALITION'S 2ND ANNUAL CONFERENCE.

HB 400 HA 1 - AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO THE CREATION OF MEDICAL ORDERS FOR SCOPE OF TREATMENT. THIS BILL DID NOT PASS IN THE 147TH GA.

HB 370 - AN ACT TO AMEND TITLES 6, 11, 12, 16, 19, 21, 25, AND 28 OF THE DELAWARE CODE RELATING TO THE REMOVAL OF INSENSITIVE AND OFFENSIVE LANGUAGE. THIS BILL WAS STRICKEN 6/24/14.

HB 335 - AN ACT TO AMEND TITLE 24 OF THE DELAWARE CODE RELATING TO THE DELAWARE BOARD OF NURSING. THIS BILL WAS SIGNED INTO LAW 7/29/14.

HB 417 - AN ACT TO AMEND TITLE 31 OF THE DELAWARE CODE RELATING TO ADULT PROTECTIVE SERVICES. THIS BILL WAS SIGNED INTO LAW 9/30/14.

HB 346 - AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO THE COMMITMENT OF THE MENTALLY ILL. THIS BILL WAS SIGNED INTO LAW 10/14/14.

HB 416 - AN ACT TO AMEND TITLES 6, 10, 11, 12, 16, 19, 21, 25, AND 28 OF THE DELAWARE CODE RELATING TO THE REMOVAL OF INSENSITIVE AND OFFENSIVE LANGUAGE. THIS BILL WAS SIGNED INTO LAW 7/29/14.

V. COMMISSION STAFFING

The Delaware Nursing Home Residents Quality Assurance Commission members hired a full-time Administrative staff person as of January 31, 2007. The Administrative Office of the Courts funds the salary and budget of this position. The staff represents the Commission and works closely with State Agencies and other stakeholders to aid in the quality of care for residents in licensed Delaware State and Private Nursing Homes and Assisted Living Facilities.

VI. NURSING HOME AND ASSISTED LIVING FACILITY VISITS

Commission Staff and members of Delaware Nursing Home Residents Quality Assurance Commission attended 36 nursing homes and 23 assisted living facilities Post Survey Meetings during July 1, 2013 and June 30, 2014. The purpose of the visits was to promote an

atmosphere of information sharing so that the Commissioners would be able to fulfill their responsibility to monitor the effectiveness of the quality assurance system in the State of Delaware. Staff and Commissioners interacted with facility administrators, staff, residents and families.

In addition, the staff received phone calls from family members and the community regarding:

1. How to locate long-term care and/or assisted living facility services;
2. Who to contact regarding MFP services;
3. Which State agency would investigate a nursing home or assisted living facility complaint;
4. How to locate Ombudsman or Guardianship assistance.

As a result of being contacted by family members and the community, the staff provided contact information and alerted appropriate agencies so they could follow-up with the individuals directly.

Staff is a member of the Delaware Oral Health Coalition which is developing the States Oral Health Plan.

Staff has been involved with several training concepts for first time responders in Delaware regarding elder abuse, neglect and financial exploitation of the elderly and vulnerable adult population.

Staff is involved with the Delaware Culture Change Coalition, a group of stakeholders that meet to help create a more personalized- centered approach for resident living in long-term care settings. The group hosted their 2nd Annual Conference: “And the Journey Continues....” April 9, 2014.

VII. FACING FORWARD: COMMISSION GOALS

The Commission has set the following goals for its work in the coming months:

- Continue to review agency performance and coordination.
- Continue to review and comment on regulations proposed concerning long term care.
- Focus on assisted living by reviewing what other states are doing to ensure quality of care and provide recommendations to the Governor and Members of the General Assembly.
- Encourage collaborative initiatives that will reduce high turnover of nursing home staff and help recruit qualified nurses to long term care.
- Foster and promote abuse/fraud investigation training for law enforcement and other agencies statewide.
- Monitor enforcement of Eagle’s Law so as to ensure minimum staffing level compliance.

- Enhance outreach to consumers of long-term care to increase Commission profile so as to ensure the Commission is called upon to review problems and deficiencies in long term care.
- Address quality of life issues for nursing home residents including end-of-life and hospice care services.
- Identify “Gaps” in services available for aiding in the care for the elderly and disabled.
- Monitor results and request updates from the Quality Improvement Initiative Study.
- Review educational programs such as Certified Nursing Assistants (CNA) and make educational recommendations to enhance the programs.
- Focus on employee recruitment and retention challenges to aid in the quality of care for residents.

#