Commission Member(s) Present: Senator Bethany Hall-Long; Kyle Hodges; Patricia Dailey Lewis, Esquire; Karen Gallagher; Amy Milligan and Lisa Furber.

Commission Member(s) Absent: Vicki Givens; Melissa VanNeerden; Yrene Waldron; and Representative Michael Barbieri. Lisa Barchi (DAG) was also not in attendance.

Others Present: Margaret Bailey; Quinesha Harris, DHCI; Barbara Bass, Aide to Karen Gallagher; Dawn Moore, Governor Bacon; Dana Ciamarico, Home Instead Senior Care; Julie Saville, MeadowWood Behavioral Health System; Staci Marvel, DMMA; Kathleen Dougherty, DMMA; Hooshang Shanehsaz, State Pharmacy Director; Rob Smith, DLTCRP; Teresa Ritter, LTC Ombudsman; Sally Jennings, Quality Insights; and Joyce Winters, Brookdale White Chapel.

1. Call to order
   
The meeting was called to order at 9:35 AM by DNHRQCAC member, Senator Bethany Hall-Long.

2. Approval of the Minutes for the meeting of:
   
   May 12, 2015 meeting minutes were approved as written.

3. Discussion of:

   5 Star Quality Rating System

   Sally Jennings, RN and Quality Insights Project Coordinator provided commission members with an update regarding recent and upcoming changes to the 5 Star Quality Rating System:

   1. Nationwide Focused Survey Inspection - January 2015 Centers for Medicare and Medicaid Services (CMS) and states implemented focused inspections nationwide for a sample of nursing homes to enable better verification of both staffing and quality measure information.

   2. Payroll - Based Staffing Reporting - CMS will implement a quarterly electronic reporting system that is auditable back to payroll to verify staffing information.

   3. Additional Quality Measures – CMS made changes (Jan. 2015) in tracking the type of antipsychotic medications being used in nursing homes. Additional measures will include claim-based data on re-hospitalization and community discharge rates.

   4. Timely and Complete Data – CMS will strengthen requirements to ensure states maintain a user-friendly website to post annual & complaint surveys in a timely and accurate manner.
5. **Improved Scoring Methodology** – The scoring methodology used to calculate individual quality measures has been revised by CMS.

Quality Insights is also involved with other initiatives:

**Quality Assurance Performance Improvement (QAPI)** - Important tools used to improving the quality of life, and quality of care/services delivered in nursing homes. QAPI is the merger of two approaches to quality management, Quality Assurance (QA) and Performance Improvement (PI). Both involve seeking and using information, but they differ in key ways:

 QA is a process of meeting quality standards and assuring that care reaches an acceptable level. QA is a reactive, retrospective effort to examine why a facility failed to meet certain standards.

 PI (also called Quality Improvement or QI) is a pro-active and continuous study of processes with the intent to prevent or decrease the likelihood of problems by identifying areas of opportunity and testing new approaches to fix underlying causes of persistent/systemic problems. PI in nursing homes aims to improve processes involved in health care delivery and resident quality of life.

**Care Coordination/ADE** – Initiative aimed to reduce hospital re-admission. It also looks to identify and improve responses to adverse drug events. Beneficiary and family engagement is big a component of this project.


### 2nd 2015 Quarter 2015 QART Report

Commission members received 2nd Qtr 2015 QART Report. After reviewing four surveys involving “G” level deficiencies, the QART Team recommended to uphold all three of the “G” level deficiencies cited by the surveyors. As a result, none of the “G” level deficiency recommendations were downgraded.

### 2nd 2015 Quarter Staffing Report

Commission members received the 2nd Qtr 2015 Staffing Report. All facilities were in compliance with the nurse to resident, aide to resident and hours ratios per Eagles Law (3.28). The hours per resident totaled 3.68 hours during this snapshot in time.

### Cardinal Health Innovation Delivery Solutions

Hooshang Shanehsaz, Director of Pharmacy Services at Cardinal Health, presented to the Commission. Cardinal delivers pharmacy services to three State LTC facilities, 12 Public Health Centers (each houses multiple clinics), 29 School-based Wellness Centers, and three Children & Youth Detention Centers.

Cardinal Health processes pharmacy orders, verifies accuracy (strength, dose, individual, duration, any other possible med interaction, etc), and strives to minimize cost. Routine medications are filled (seven day supply) and delivered weekly. For all other medications, a courier provides daily medication delivery within the LTC facilities. Clinics and School-Based Wellness Centers receive deliveries twice a week (per Public Health).

Pharmacy utilizes Unit dose to minimize waste. Cardinal decreased medication waste from $2.5 M to $1.5 M.
Medicare part “D” is billed – Cardinal is able to recoup 90%. The State receives the dispensing fee back.

Antipsychotic medications were reduced 38% to 17%. Cardinal monitors and applies Gradual Dose Reduction (GDR) and clinical intervention in order to decrease Psychotropic medications per Centers for Medicare & Medicaid Services (CMS) guidelines.

Pharmacists check charts every 30 days and participates in almost all aspects & disciplines of LTC facilities. Random chart audits occur to check for accuracy of medication administration. The Medication Storage Rooms are audited monthly to ensure compliance with all State, Federal and Board Regulations.

The pharmacy team has been involved with the creation of RFP’s for Electronic Health Records (EHR) and Electronic Medication Administration Record (eMAR). They participate in committees: Infection Control, Quality Control, Resident Care Plan Meetings, etc.

Cardinal is responsible for inventory control. Expenditures are monitored and Cardinal reports the cost to State administration - monthly. The team often reviews cost savings ideas: generic, alternate medications, contract ordering, third party formularies, short cycle ordering, etc.

The pharmacists have also been involved with clinical reduction projects: antibiotics, pain medication, medications as needed (PRN), Proton Pump Inhibitors, etc.

**Long Term Care Ombudsman Program**

Teresa Ritter, provided Commission members with an update on LTCOP. Ms. Ritter, began as State Ombudsman in February 2015. There are four LTC Ombudsman, two Home and Community-based Service Ombudsman and a Volunteer Service Coordinator.

Long-Term Care Ombudsman are advocates for residents of nursing homes (49), assisted living (33) and board/care homes (90) that work to resolve issues regarding quality of care & quality of life.

Ombudsman promote and monitor resident’s rights (#1 complaint), participate in care or discharge planning, evictions, abuse, theft, etc. Last year, the team received 610 complaints and was able to resolve 70%.

Future Goals:

2. Create formal staff training
3. Streamline reporting practices
5. Ombuds Case Manager System
6. Update DHSS Ombudsman’s webpage

Contact information: Teresa Ritter (302)255-9377 or Teresa.ritter@state.de.us

4. Old/New Business:

DNHRQAC FY 16 Annual Report – Commission member Lisa Furber graciously offered to assist Ms. Bailey with reviewing the report. Once completed, the annual report draft will be forwarded for commission members for review.
5. Public Comment:

The Summit – Ms. Bailey mentioned that residents began moving into the Summit - June 23, 2015. The facility offers 92 Independent, 41 Assisted Living, and 52 Memory Care beds. In addition, the facility will offer outpatient rehabilitation and respite services.

WEAAD - Delaware celebrated the fifth World Elder Abuse Awareness Day - June 15, 2015. The event was sponsored by the Senior Protection Initiative (AG’s Office) and included a panel discussion with representation from Adult Protective Services, Healthcare Professionals, Law Enforcement and Financial Organizations. The June 15, 2015 event was held at Sacred Heart Village (Wilm), Newark Senior Center, Modern Maturity Center (Dover) and Cheer (Georgetown). Senate Concurrent Resolution #24 was sponsored by Senator Hall-Long and Representatives Barbieri & Longhurst to honor this special day.

DMOST – Delaware Medical Orders for Scope of Treatment Act (HB 64) was signed by the Governor on 5/28/15. Sponsors for the bill: Representative Barbieri and Senator Hall-Long. This act aides individuals regarding health care decisions and includes patient expressed end of life preferences, and is portable.

Arbors of New Castle - There was a recent change in ownership - 120 bed facility is now called New Castle Health and Rehab.

Delaware Hospice - Camp New Hope recently celebrated their 25th anniversary. A week long summer camp designed to bring together children and teenagers, aged 6-17, coping with the death of a close family member. It provides children a sense of healing through the process of sharing their grief with peers, in a supportive environment. The camp is part of Delaware Hospice’s year-round, nationally-recognized New Hope program to help children deal with loss.

White House Conference on Aging 2015 - All day live streaming event took place on July 13, 2015. The even highlighted issues individuals face as they plan for retirement, caring for older loved ones, and work being done to improve the quality of life for older Americans.

6. Next meeting will be Tuesday September 8, 2015 @ 9:30 AM. The meeting location: Brandywine Nursing & Rehabilitation Center: 505 Greenbank Rd Wilmington, DE 19808.

7. Adjournment

The meeting was adjourned at 11:39 AM by Senator Bethany Hall-Long.

Attachments:  May 12, 2015 meeting minutes draft
Quality Insights handout
QART Report 2nd Qtr 2015
Staffing Report 2nd Qtr 2015
Cardinal Health Innovation handout
DMOST draft
LTC Ombudsman Org Chart and handout
Camp Manito flyer