

DELAWARE NURSING HOME RESIDENTS QUALITY ASSURANCE COMMISSION

ANNUAL REPORT FY 2016

(July 1, 2015 - June 30, 2016)

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DELAWARE NURSING HOME RESIDENTS QUALITY ASSURANCE COMMISSION

Members of the Commission as of July 15, 2016

The Honorable Senator Bethany Hall-Long

The Honorable Kimberly Williams

Karen E. Gallagher

Vicki L. Givens, RN, BS, NHA

Elisabeth A. Furber

Melissa Heck, RN

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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 2015 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 and other providers. 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)

Mary Peterson, Director 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 during 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.

Season's Hospice & Palliative Care

Jake Hollis, Clinical Nurse Liaison for Season's Hospice and Palliative Care provided an overview of service to Commission members. The organization was founded in 1997 and currently provides service to eighteen thousand clients in eighteen states (as of 2014).

Season's has an inpatient unit at Christiana Care Health Services (CCHS) which provides twelve private beds. The average number of days for inpatient care is currently 4.9 days.

Client services are billed through Medicare part A, Medicaid or private pay. Routinely, a nurse (medicines, bandage changes, etc) visits a client in the community 1-2 days a week and Certified Nursing Assistant (CNA) assists with activities of daily living (bathing, dressing, etc).

Season's contracts with five skilled facilities in Delaware to provide respite care (up to five days).

The organization provides Palliative and Hospice Care. Palliative Care is when aggressive care treatment is provided versus Palliative Care where an individual's life expectancy is < 6 months so the client is provided comfort care.

CMS requires that prior to the beginning of a client's 3rd benefit period, and prior to each subsequent benefit period, a hospice physician or

hospice nurse practitioner (NP) must have a face-to-face encounter with the individual to determine continued eligibility of the individual for hospice care and attest that such a visit took place.

KEPRO

Tara Cooke, Outreach Specialist for KEPRO, provided an overview to the Commission. KEPRO was awarded a five year Quality Improvement contract from Centers for Medicare and Medicaid Services (CMS) - August 2014. Prior to KEPRO, Quality Insights of Delaware managed the CMS contract. Quality Insights is now a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) chartered by the Centers for Medicare & Medicaid Services (CMS) and led by Quality Insights' affiliated company WVMi. The network is comprised of five states (Delaware Pennsylvania, West Virginia, New Jersey, and Louisiana) and became effective on August 1, 2014.

The Quality Improvement contract piece includes:

- Discharge Appeals
- Complaints
- Advocacy

The United States is broken down into five service areas. KEPRO provides case review for 3/5 of service areas. The other two service areas are managed by Livanta.

Delaware is in area two (DE, LA, VA, and PA).

KEPRO contact information:
Website: <http://www.keproqio.com/>
Phone: (844)455-8708

Highmark Health Options

Highmark Health Options staff attending the DNHRQAC meeting of September 8, 2015 and provided an overview of services.

Highmark Delaware partnered with Gateway Health (serves PA, OH, WVA & DE) to facilitate the provision of benefits under the Delaware Health Options Medicaid program effective January 1, 2015. Highmark's Wilmington Office includes: Provider Contracting and Relations; Care Management; Utilization Management; Plan Administration; and Member Advocacy and Outreach.

In home & community-based services, memberships are as follows: 1,150 NCC, 260 Kent and 496 Sussex. With that said, roughly 700 of the members receive services in a nursing home or assisted living facility in Delaware.

The Long Term Support Services (LTSS) Case Management Unit:

- Helps members maintain or improve physical/behavioral health status or function
- Enable member's health, safety and welfare
- Integrates model or coordination (medical and social)
- Addresses physical and behavioral functional (ADL and IADL) and psychosocial needs
- Coordinates all medical services for elderly and disabled

- Maximizes member independence
- Ensures members remain Medicaid eligible/facilitates redetermination process (as needed)

The LTSS Unit also provides choice and opportunity for members to voice how they receive care, in a less restrictive setting.

Highmark Health Options keeps in mind the desire/ability for members to transition safely into the community, and review the nursing facility's Care Plan and supplement, if necessary. Case management is on-going.

Staff also conducts semi-annual (in-person) visits, participates in case conferences (with NF staff); and provides additional visits/telephonic contacts, as needed.

LTSS Care Management Center focuses on:

- Resource Coordinators who assist members with appointment scheduling and connecting them to community programs
- Clinical Care Coordinators who optimize health and help prevent disease progression

The Care Management Unit:

- Contacts member selected or preferred providers regarding availability
- Creates authorizations
- Transmits authorization to providers within 2-3days
- Contacts member to assure start of service

Support Center: (844)325-6258 or
supportcenter@highmarkhealthoptions.com.

QA Units scope which aligns with the state (DE) contract and

Highmark's Quality Management Strategy:

- Performance Measures for medical, behavioral health, and LTSS
- Healthcare Effectiveness Data and Information Set (HEDIS)
- Child and Adult Core Set
- Quality Management Strategy-Measures
- Performance Improvement Projects
- Clinical Practice Guidelines
- Preventive Health Guidelines
- Peer Review Process
- Critical Incident Reporting and a Management System
- Member and Provider Satisfaction Surveys
- Medical Record Keeping and Documentation standards and monitoring
- Patient Safety activities related to clinical care and services provided to members

There was mention that Highmark Health Options is interested in providing oral health education, as it plays a large role in a person's overall health. Ms. Bailey shared that Division of Public Health is also working on oral health/dental education (Delaware Oral Health Coalition) and will connect Highmark staff with Dr. McClure's Office. Senator Hall-Long has been the primary sponsor (past several years) to amend Title 31 of the Delaware Code relating to preventative and urgent dental care for Medicaid recipients.

Aging and Disability Resource Center (ADRC)

Chris Oakes and Jill McCoy provided an update regarding the Delaware Aging and Disability Resource Center to Commission members.

The ADRC is a one-stop access point of information and services for older persons and adults with physical disabilities throughout the State.

ADRC is currently in its fifth year of the grant. In 2016, a new IT Management System will be added.

The Call Center has 4 staff members located in Milford & Newark(each). Calls Plus, located in Lafayette, LA answers calls after hours, weekends and holidays.

January – August 2015 there were 21k ADRC inquiries. Calls Plus received two thousand calls: 900 referrals for service, 400 APS and 250 Options Counseling.

ADRC contact information: phone: 1-800-223-9074 or email:

DelawareADRC@state.de.us.

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. This monitoring will begin July 1, 2016.
 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.

Quality Insights is the Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for New Jersey, Delaware, Pennsylvania, West Virginia and Louisiana. For more information about Quality Insights: <http://www.qide.org/Home.aspx>.

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 from 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 currently 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:

1. Update LTCOP Policies and Procedures (last updated – 2003).
2. Create formal staff training
3. Streamline reporting practices
4. Participate in Culture Change, Emergency Preparedness & Advancing Excellence in nursing homes.
5. Ombuds Case Manager System
6. Update DHSS Ombudsman's webpage

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

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 during 148th General Assembly, including:

HB 366 - AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO A PATIENT'S RIGHT TO KNOW ALL THEIR HEALTH CARE OPTIONS. This bill remained in the House Health & Human Development Committee **as of** 05/05/16.

HB 428 - AN ACT TO AMEND TITLE 24 OF THE DELAWARE CODE RELATING TO THE PRACTICE OF DENTAL HYGIENE. This bill remained in the House Sunset Committee (Policy Analysis & Government Accountability) Committee **as of** 06/15/16.

HCR 78 - RECOGNIZING MAY, 2016 AS OLDER AMERICANS MONTH. This bill was passed in the Senate 05/12/2016.

HCR 88 - RECOGNIZING JUNE 15, 2016 AS "DELAWARE ELDER ABUSE AWARENESS DAY" IN DELAWARE. This bill was passed in the House 6/16/2016.

SB 52 with SA1, SA2 - AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO LAY CAREGIVERS. This bill was signed by the Governor 8/3/16

SB 230 - AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO SUPPORTED DECISION-MAKING. This bill was signed by the Governor 9/15/16.

SCR 68 - RECOGNIZING NOVEMBER 2016 AS "ALZHEIMER'S DISEASE AWARENESS MONTH" IN THE STATE OF DELAWARE. This bill was passed in the House 4/20/2016.

SCR 74 - HONORING THE 2016 ALL STAR AWARD RECIPIENTS OF THE DELAWARE HEALTH CARE FACILITIES ASSOCIATION DURING NATIONAL NURSING HOME WEEK. This bill passed in the House 5/10/2016.

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 37 nursing homes and 19 assisted living facilities Post Survey Meetings during July 1, 2015 and June 30, 2016. 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 or Nursing Home Transition 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 training efforts in Delaware regarding elder abuse, neglect and financial exploitation of the elderly and vulnerable adult population.

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.
- 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.

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