

Long Term Care Provider Survey Results

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Minnesota Department of Health

“HAVE I GOT A DEAL FOR YOU!”

REQUEST

- Dianne Mandernach
- Commissioner of Health
- April 16, 2003
- Asked for Comment/Concerns/Issues from Providers throughout the state on:
 - Regulations
 - Survey Process
 - Enforcement
- Response Due May 30, 2003

- Practicum Requirements for Long Term Care HAE 6782
- University of Minnesota
- Minneapolis, MN

RESULTS:

- Received 136 Responses from Providers
- AARP
- Long Term Care Imperative
- Minnesota Director of Nurses Association
- Interested Parties

- All respondents were appreciative of the ability to respond, although some were fearful of reprisal/retaliation.
- Some common themes may show up in different categories.

SURVEY RESULTS

Organized into 12 Categories:

- Survey Process
- Morale Buster
- Inconsistency/Subjective
- Training
- Positives
- Documentation
- Define Terms
- Communication
- Regulations
- Increased Cost
- Reimbursement
- Miscellaneous

Survey Process

- Surveyors questioning physician orders (3)
- Asking of leading questions
- Look at outcomes, not paper (31)
- Citations not to be issued until a corrective plan of action is not satisfactory (2)
- Nursing Homes with quality concerns to be surveyed more frequently, those with no concerns to be surveyed every 2-3 years (8)
- Nursing Homes with quality concerns to be surveyed more frequently
- Flexibility and timing of surveys (help in staffing and planning during survey) (7)
- Use of the same team (2)
- Surveyors to be a consultant (can't give recommendations on how to improve) (3)
- Case mix auditors to be collaborative
- Surveyors to follow survey protocol
- Surveyors should follow facility rules
- Excess numbers of surveyors
- Collaboration not punitive (4)
- Frequency of surveys (3)

Survey Process (Cont.)

- Extra time by staff to deal with surveys
- Alter process to fit what surveyors want it to be
- Issue a deficiency as isolated unless a pattern is evident
- Survey process takes staff away from care
- Daily update during survey (9)
- Timely notification for MD involvement
- Rotate surveyors to different parts of the state (2)
- Endless questions on the same issue
- Are there quotas on number of deficiencies
- Make surveys less stressful/ more professional (5)
- Lessen the tension/adversarial survey process (10)
- Respect and understand each other (3)
- Greater involvement of resident/family in survey and complaint process
- Increase unpredictability of surveys with more on weekends/evenings

Morale Buster

- “Gotcha” (20)
- Assume you are guilty (4)
- Fear of reprisal/retaliation (9)
- Surveyors not in a positive mode, but looking for something (15)
- Surveyors minds made up (2)
- No room for human error (2)
- Attitude that nursing homes can't be trusted
- Surveys are adversarial (2)
- Suggestions that turn into citations
- Surveyors put resident in harm. Saw something but would not bring to attention.
- Issuing of a citation prior to receiving all information
- Citations based on documentation vs. observation
- Intimidation of staff (9)
- Interference with cares when asking for information

Inconsistency/Subjective

- Differences in surveys among different teams and within teams (4)
- Difference in surveys between states
- Each surveyor has a different opinion as to what is needed to support coding
- Personal thoughts/biases of surveyors (4)
- Surveyors to do reasonable interpretation of regulations (6)
- Personal agendas/biases drive the survey (2)
- Citing a deficiency for 1 event (not statistically valid) (5)
- Eliminate citations for “potential” outcome
- Deficiency is discussed, surveyor said not to worry, then it shows up at exit
- Inconsistency in regulation interpretation (20)
- Inconsistency in defining scope and severity (2)
- Unfair tactics/tricks/leading questions to find fault
- Variation of survey results, trend data from different regions of the state
- Differences in surveys from year to year even though nothing changed
- Federal look behind are inconsistent with MN surveys – number of deficiencies increase when federal present
- Inconsistency in levels of understanding between MDH auditors
- Differences between QAR team and surveyors
- Surveyor flexibility in regulation interpretation (5)

Training

- Question surveyor knowledge and training (7)
- Surveyor training to take place in areas other than their own (2)
- Provider/Surveyor joint training sessions (17)
- Regulation interpretation different between provider/surveyors (3)
- Surveyors to understand reimbursement (3)
- Nurse assistant training
- A new surveyor should be paired with an experienced surveyor
- Additional geriatric training for CAN, NA-R (2)
- Surveyors to consider knowledge level of staff
- Surveyors to indicate "best practice", freedom to teach
- End disagreements between surveyors and survey teams
- Unprofessional surveyors(7)
- Provider and regulator community to change historical negative culture of the survey

Positives

- Surveys are positive (8)
- Positives to be recognized by surveyors (6)
- Excellent survey teams
- Positive attitudes
- One team to be a model for the state (2)
- Recognize that we are in this together

Documentation

- Amount of copying during and after survey (2)
- MDS to be considered a source document (11)
- Change or shorten the MDS for relevance
- Documentation by exception
- Question the need for RAP Resident Assessment Protocol/RAI Resident Assessment Instrument (4)
- APS quality of life/quality of care is duplicative of the organizations quality assurance plan (4)
- Concern amount of time to do RAI, amount of time spent in documentation
- Documentation duplication of info – already exists in the medical record
- Clearly state requests for information (5)

Documentation (Cont.)

- Eliminate excessive charting (2)
- Increasing amount of paper work (2)
- Do a study of minimal documentation/charting vs present requirements
- Combine MDH annual statistical report and DHS data collection report
- Limit or remove items used for research/statistical data
- Less documentation will mean more time for resident care
- Eliminate the philosophy if not documented it is not done (6)

Define Terms

- Consistent definition of “actual harm”
- Clearly define neglect
- Change the word deficiency (3)
- Negative labels of “potential harm, actual harm and immediate jeopardy (3)

Communication

- Don't use survey process to inform providers of new regulations/surveyor expectations (5)
- Use e-mail instead of searching the WEB (DHS does this) (5)
- MDH to explain when interpretations of regulations or expectations change (2)
- No follow up with other individuals when regarding a deficiency (3)
- Timeliness of survey results to facility (12)
- Follow-up when you say you will (2)

Regulations

- Physician visits to be as needed (8)
- Approve single task workers i.e. assist resident with eating(7)
- Eliminate preadmission screening (2)
- Eliminate posting of daily hours FTEs (7)
- Residents admitted to nursing home with “unnecessary meds” – their own, how to dispose (2)
- We have to live with regulations, why can't there be resident choice – it is their home
- Flexible dinner times (2)
- Change portion sizes (3)
- Eliminate two step mantoux when contra indicated for healthy adults
- Background checks take too long
- Review need for mandatory education when nothing has changed
- Eliminate regulations that are common sense
- Eliminate evening snacks
- Cross referencing of tags (54)
- No ability to refute a citation until 2567 issued

Increased cost

- Increased cost and availability of insurance based on surveys (1)
- Is there a way to credit unused drugs in stead of destroy
- Insurance premiums rising due to surveys (3)
- Can a PA do an H&P on admission and do admission orders (1)

Reimbursement

- Inadequate reimbursement i.e. dentist shortage/availability
- Additional reimbursement for nursing assistant education(2)
- Increasing regulations and decreasing reimbursement is the right way of thinking (2)
- Adequate reimbursement

Miscellaneous

- Resident review to coincide with admission/significant changes
- IDR process to be independent (8)
- Nursing homes chart for Dollars
- Dual survey standards, Fed vs. state (11)
- Recognize culture differences of staff/surveyors to be culturally diverse
- Level "C" should not be labeled as a deficiency(2)
- Registered dietician should do dietary survey
- Nursing registry needs to be up to date
- Surveyor should be prohibited from surveying former employer
- Alzheimer's, dementia, transitional care units are different
- Waiver process is flawed
- Acceptance of deemed status when JCAHO accredited
- Quarterly review of meds by pharmacist
- Enforcement of immediate sanctions when found guilty of a second offense