



**Long Term Care Issues Committee
Meeting Summary
July 24, 2007**

I. Welcome & Introductions

Darcy Miner welcomed members and announced that Commissioner Mandernach would be joining the group later. Introductions of all members and guests followed.

The summary from the April 17, 2007 meeting was approved with no corrections.

II. LTC Involvement in Emergency Planning Presentation

Don Sheldrew and Pat Tommet, from MDH Office of Emergency Preparedness (OEP), presented information on emergency planning and encouraged long term care providers to get involved with their regional planning groups. Most of the emergency planning that has been done to date has involved hospitals, clinics, public health, EMS, and behavioral health, in part b and has been based on federal grant requirements and dollars. Grant requirements are now being expanded to include long term care in the planning efforts, especially because of the threat of the Pandemic Flu issue. OEP believes that the trade associations can play a key role in getting nursing homes at the table with other community folks doing emergency planning. A map of the 8 regional planning groups and a copy of OEP's power point presentation are available on the Committee's website under meeting information at <http://www.health.state.mn.us/ltc/meetings.html> .

III. Nursing Home Report Card Quality Measure Changes

Ed Potter, from MDH Compliance Monitoring Division, and Theresa Lewis, from DHS Nursing Facility Rates and Policy Section, presented information about changes that were made to the Nursing Home Report Card regarding quality, or the state agency inspection measure. Criticisms of the original scoring system regarding this measure included the following: 1) it didn't cover all state agency inspection activities that the public is interested in (e.g. complaints, life safety code); there was no context for time or history; it lacked meaningful scoring criterion (only 15 of 195 citations); and it can be misleading to the public (e.g. facilities with poor compliance histories were getting 5 stars). MDH and DHS worked with stakeholders to fix these problems. For a description of these changes and related information, please see a copy of the power point presentation and handout on the Committee's website under meeting information at <http://www.health.state.mn.us/ltc/meetings.html> .

Members commented that although the report is the best they have seen in the country, and the changes reflect more of an accurate picture than the original measure, there are still improvements to be made. For example, there is no definition of special focus facility for consumer purposes. Also, there is no asterisk or notation that indicates a deficiency is under review via the IIDR process.

IV. Quality Indicator Survey Process Update and Discussion

Darcy Miner gave an update on the Quality Indicator Survey (QIS) Process and explained that there really wasn't much new to report since the e-mail that was sent to members following the April meeting. That message announced that CMS' approved Minnesota's QIS application as the next state to implement the QIS process and included a copy of MDH's application and other background information on the QIS process. Since

that mailing MDH had a phone conversation with CMS and discussed the time line for implementation. CMS explained that they are in the process of issuing an RFP for a contractor to do the QIS training and that they are also awaiting evaluation of the pilot projects, so it is likely that MDH surveyors will not be trained or begin implementing the QIS process until after the first of the year. MDH asked CMS if providers are trained along with surveyors, and CMS' response was that the training is for surveyors only, but that they make the QIS software available to providers for purchase so that providers can conduct their own mock surveys. MDH plans to form a subgroup of the Long Term Care Issues Committee to work on provider communications and assure that information is available to providers before QIS is implemented. Darcy also explained that as part of the QIS training, MDH will be conducting mock surveys and will be contacting the provider associations for help in identifying volunteer facilities. Regular updates about the QIS process will be given at future meetings.

V. Members Issue Sharing Session

Commissioner Mandernach spoke about the Yellow Ribbon Campaign, which is a project that helps returning National Guard members access health care, etc. She also talked about Governor Pawlenty's initiative to have all health care providers using electronic health record systems by January 1, 2015, and gave a brief overview of the Interconnected Electronic Health Record Grant Program and Electronic Health Record Loan Program. Information about these programs can be found on MDH's web site at <http://www.health.state.mn.us/divs/cfh/orhpc/grant/home.htm#ehr>.

Tom Hyder reported on the Assist process in congress to get the Elder Justice Act passed, which would provide grants to improve detection and handling of elder abuse.

Darrell Shreve complemented MDH on the draft documents that were developed regarding the Summarizing of Comprehensive and Resident Assessment Information and Coordination of Hospice and Nursing Home Services, and recommended that the information be posted on the Clinical Web Window.

Doug Beardsley spoke about CMS' draft letter on Special Focus Facilities and information which indicates that facility owners and board of directors will be notified if they are determined to be a special focus facility.

Jennifer Lundblad announced that more than half of Minnesota's nursing homes have signed up for the Advancing Excellence in America's Nursing Homes and approximately half of the home health agencies in Minnesota have signed up for the Home Health Quality Improvement National Campaign. This demonstrates Minnesota's commitment to quality.

VI. MDH Licensing and Certification Program Updates

Darcy Miner reported on the following:

Deficiency Data Report - - Historically, the Duluth region was the highest writing deficiency team. That is no longer the situation. Survey data from 6/01/06 – 5/31/07 shows that the average number of deficiencies was 9.8, the median was 9 and the range in average was from 8.0 to 13.5. Currently three teams are outside the target goal with Metro B at 13, Rochester at 12 and the Statewide Team at 13.5. MDH continues to analyze deficiencies and discuss findings with survey supervisors.

IIDR Update - - The number of IIDR requests has dropped considerably. In 2005 there were 3-5 requests for and IIDR with a range of 3-5 tags in dispute. In 2006 MDH received an average of three requests a month and typically 2-3 tags per IIDR. In 2007, the number of requests has been averaging two per month with usually 2-3 tags per IIDR, but a range of 1-6 tags. The number of IIDRs disputing deficiencies issued as a result of a complaint investigation had increased notably in 2006, but declined in 2007. In 2007 about half of the requested IIDRs were withdrawn by the facility prior to the review. The ALJ has issued recommendations on 10 disputed tags this year; validating 5 and rescinding 5. The Commissioner typically agrees with the ALJ recommendations.

Nursing Home Length of Stay Report -- In 2006 the median length of stay was 30, which is down from 32 in 2005. The average length of stay was also down from 338 in 2005 to 298 in 2006. Overall the number of people entering nursing homes is up, as nursing homes are being used for more rehab or short term stays. The complete Length of Stay Report is available on MDH's web site at <http://www.health.state.mn.us/divs/fpc/stats.html> .

Annual Statistical Report - - Nursing Homes and Boarding Care Homes are no longer required to submit occupancy information for the Annual Statistical Report. MDH will now pull data from the Minimum Data Set (MDS). For more information about this change, please see the Information Bulletin at http://www.health.state.mn.us/divs/fpc/profinfo/ib07_5.html .

Post Certification Revisit Process - - MDH does not have a lot of data to report since the revised PCR process, because there is only six months of survey data. The data MDH does have shows that 25.5% of PCRs are random and that 74.5% of those in the random pool the PCR is being done via the plan of correction or a desk audit vs. onsite revisit. A comment was made about the confusing language in the letters that were sent to facilities when a PCR is done by desk audit. MDH will look at the wording in the letters and revise accordingly.

MDH Staffing Changes

- MDH Compliance Monitoring Division, Assistant Division Director of Policy - - MDH received over 100 applications. They are currently reviewing and narrowing the list to 12-13 applicants for the first round of interviews. MDH hopes to announce the name of the new Assistant Division Director in August.
- Dr. Ruth Lynfield was appointed as the State Epidemiologist and Medical Director for Infectious Disease.
- Jennifer Jacobson, an MDH OHFC Investigator and former surveyor, resigned from MDH to become a Qualified Rehab Consultant.
- Dena Dunkel, coordinator of the Nurse Assistant Registry Program, will be retiring and Bonnie Wendt will be filling that position.

VII. CSI Duluth Update

Brian Carlson was absent, but Darcy Miner reported that at the last CSI-Duluth meeting in June, the Committee expressed an interest in continuing to meet monthly. They are currently working on developing a training for the region on behaviors.

VIII. 2007 Legislative Review

Darcy Miner and Bob Held gave a brief overview of long term care related legislation that was passed this last session. Please see a summary of this information on the Committees web site under meeting information at <http://www.health.state.mn.us/lrc/meetings.html> .

IX. Other Business/Adjourn

Next Meeting: Tuesday, October 16, 2007 from 10:00 a.m. – 2:00 p.m. in the Red River Room at MDH's Snelling Office Park location (1645 Energy Park Drive, St. Paul, MN).

In Attendance:

Commissioner Dianne Mandernach, MDH
Karina Allen, Senior Member Representative
Denise Juday-Barnett, Admin., St. Therese Home Inc.
Doug Beardsley, Care Providers of MN
Jeanette Haggerty, Consultant Pharmacist
Bob Held, DHS
Joy Hellen, MNDONA President
Tom Hyder, ElderCare Rights Alliance
Sue Jackson, MDH OHFC Representative
Patricia Jump, MN Homecare Association
Lance Lindeman, SEIU Local 113 Union Rep.
Jill Marquardt, Family Member
Tami Mench, CNA, Lakewood Health System
Juli Miller, MNDONA
Melody Nordby, CAN/Union Representative
Jennifer Lundblad, Stratis Health
Jim Sewick, Admin. Pelican Rapids Good Samaritan
Darrel Shreve, MHHA
Dwight Townes, Medical Director/MMDA
Cathie Wendell, Family Council Representative
Darcy Miner, MDH
Kay Herzfeld, MDH

Absent:

Brain Carlson, Admin., Lake View Memorial Home
Heidi Holste, AARP
Maria Michlin, Office of Ombudsman for Older MNs
Darla Pallow, DON Birchwood Health Care Center

Guests

Mary Absolon, MDH Licensing & Certification Mgr
Marnie Burau, Senator Prettner Solon's Office
Theresa Lewis, DHS
Ed Potter, MDH Compliance Monitoring Div.
Don Sheldrew, MDH Office of Emergency Preparedness
Pat Tommet, MDH Office of Emergency Preparedness