State of Michigan
John Engler, Governor

Department of Consumer & Industry Services
Kathleen M. Wilbur, Director

G. Mennen Williams Building
P.O. Box 30004
Lansing, Michigan 48909-7504
517-373-1820

January 15, 2002

The Honorable Marc Shulman, Chair
House Consumer and Industry Services Subcommittee
Michigan House of Representatives
P.O. Box 30014
Lansing, Michigan 48909

Dear Representative Shulman:

In compliance with Section 327 (2) of P.A. 119 of 2001, attached is the report for Joint Provider and Surveyor Trainings submitted by the Department of Consumer and Industry Services, Bureau of Health Systems.

This notification may also be viewed on our web site at the following address: http://www.cis.state.mi.us/leg_rep.htm. If you have any questions regarding this information, please feel free to contact me at 373-3892.

Sincerely,

John R. Suckow, C.P.A.
Director, Finance and Administrative Services

JRS:rct
c: House Consumer & Industry Services Subcommittee
Kathleen M. Wilbur
Donald Gilmer
Walt Wheeler
Bob Schneider
Don Reichle

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JOINT TRAINING REPORT

Pursuant to Section 327(2) of P. A. 119 of 2001

January 2002

Bureau of Health Systems
Michigan Department of Consumer & Industry Services

Serving Michigan...Serving You

DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
REPORT TO THE LEGISLATURE ON
JOINT PROVIDER AND SURVEYOR TRAININGS

Introduction

Section 327(2) of Public Act 119 of 2001, requires that the Department shall semiannually provide for a joint training with nursing home surveyors and providers on at least 1 of the 10 most frequently issued citations in the state during the past calendar year. The Department is also to provide a mechanism to measure the effect of the training.

Top Ten Citations for Calendar Year 2000

The top ten citations for calendar year 2000 were:

1. Food not stored, prepared, or distributed under sanitary conditions.
2. Facility not free of accident hazards.
3. Housekeeping and maintenance.
4. Resident not provided care to reach highest practicable levels of mental, physical, psychosocial well-being.
5. Drug regimen not free of unnecessary drugs.
6. Failure to provide supervision to prevent accidents.
7. Failure to accommodate resident's needs and preferences.
8. Failure to provide proper treatment to prevent/heal pressure sores.
9. Failure to maintain conditions to preserve resident's dignity.
10. Failure to provide safe, clean, and comfortable homelike environment.

Calendar Year 2001 Joint Provider Training

The 2001 programs were based on the top 10 citations for calendar year 2000. The 2001 Joint Provider/Surveyor Training was held April 24, 2001; 105 surveyors, 16 Department Administrators and 606 providers attended. Topics covered included 2 of the top 10 citations identified for the past year. The first topic addressed the importance of keeping residents' drug regimens free of unnecessary drugs. The second topic identified how to establish a resident-centered care delivery process. The third topic addressed how to prevent accidents and falls in the long-term care setting.

The fall 2001 Joint Provider/Surveyor Training was held October 23, 2001; 115 surveyors, 18 Department Administrators and 472 providers attended. Topics covered included three of the top 10 citations identified for the past year. The training encompassed the removal of barriers to effective pain management and improved access for citizens to end of life care. The program addressed the hospice perspective on end of life care in the long term care setting, facility processes for falls and fall risk assessment, and clinical practice guidelines ~~to~~ improve end of life care such as pain management.

Attached are Spring and Fall 2001 evaluations attesting to the success of the program. For each of the clinical objectives, the evaluations were overwhelmingly in the excellent - good range.

Conclusion

The Joint Surveyor/Provider Trainings covered five of the 10 most frequently issued federal citations, were successful and were well attended by Department staff and providers.

The next Joint Surveyor/Provider Training is scheduled for March 2002 and will include a group session on topics from the top 10 citations, as well as a series of optional breakout sessions on clinical and nursing home administration issues.

Spring 2001 Joint Provider/Surveyor Training

Summary of Evaluations

Using the following scale, rate your achievement of each objective listed below by circling the appropriate letter:
a = Excellent b = Good c = Satisfactory d = Unsatisfactory.

"Medications: Keeping the Bugs Out of Drugs"

1. State the importance of the HCFA requirements regarding unnecessary drugs in Long Term Care settings.
   a. 181 b. 232 c. 76 d. 21 Ave 3.12

2. Identify important symptoms associated with the medications in the elderly.
   a. 254 b. 182 c. 57 d. 7 Ave 3.37

3. Identify tactics and techniques to reduce drugs which have high potential for adverse drug reactions in the elderly.
   a. 231 b. 200 c. 67 d. 7 Ave 3.30

"Care Process Framework"

4. Identify how to establish a resident centered care delivery process that strengthens regulatory compliance and improves resident care.
   a.169 b. 229 c. 88 d. 12 Ave 3.11

"How Not to Take the Fall"

5. Identify residents at risk for falls and other accidents in Long Term Care.
   a.223 b. 203 c. 75 d. 8 Ave 3.26

6. Use a systematic approach in reducing the risks for falls and other accidents in Long Term Care.
   a. 215 b. 207 c. 74 d. 6 Ave 3.26

7. State tactics and interventions to prevent falls and minimize their consequences.
   a. 181 b. 218 c. 94 d. 7 Ave 3.15

"Stop Embracing Symptom Chasing"

8. Differentiate between the concepts of root cause analysis and symptom chasing when correcting problems in Long Term Care.
   a. 201 b. 196 c. 85 d. 8 Ave 3.20

9. Identify best practice protocols to sustain compliance to the requirements in the care of residents in Long Term Care.
   a. 150 b. 224 c. 164 d. 13 Ave 2.93

10. Relationship of the objectives to the overall goal of the program: To provide a collaborative experience involving both regulators and providers within a resident care issue focus.
    a. 172 b. 216 c. 93 d. 18 Ave 3.09

11. Teaching expertise of the faculty.
    a. 250 b. 183 c. 54 d. 13 Ave 3.34

12. Appropriateness of the teaching strategies.
    a. 197 b. 202 c. 78 d. 17 Ave 3.17

13. Appropriateness of the physical facilities.
    a. 171 b. 217 c. 90 d. 21 Ave 3.08

Fall 2001 Joint Provider/Surveyor Training
October 23, 2001 • Lansing Center, Lansing
Evaluation Form

Using the following scale, rate your achievement of each objective listed below by circling the appropriate letter:
a = Excellent (1), b = Good (2), c = Satisfactory (3), d = Unsatisfactory (4).

					(Ave Score)	N= 443 No. Resp.
"End of Life Care in the Nursing Facility"						
1. Identify two benefits of the Medicare Hospice Benefit.						
a.	b. X	c.	d.		(2.11)	426
2. Identify the role of hospice in the LTC setting.						
a.	Xb.	c.	d.		(1.99)	430
3. Identify two methods of increasing/improving communication/collaboration with their industry.						
a.	b. X	c.	d.		(2.14)	427
4. Identify one outcome of communication and coordination of care.						
a.	b.X	c.	d.		(2.04)	428
"Introduction to the Michigan Commission on End of Life Care Report"						
5. Identify the recommendations of the Michigan Commission on End of Life Care Report.						
a.	X b.	c.	d.		(1.89)	433
"Understanding the Dimensions of Avoidable and Unavoidable Decline During End of Life Care"						
6. Describe ways in which the facility can reconcile good end of life care with regulatory compliance, especially in the area of avoidable and unavoidable decline, with application to medications and falls.						
a.	X b.	c.	d.		(1.76)	436
"Implementing a Clinical Practice Guideline for Pain Management: One Approach to Improving End of Life Care"						
7. Describe how clinical practice guidelines can be used to improve end of life care, using pain management during life transition as an example.						
a.	X b.	c.	d.		(1.74)	431
"A Facility Process for Fall Risk Assessment"						
8. Identify components of process guidelines for evaluation of falls/fall risk.						
a.	X b.	c.	d.		(1.71)	396
9. Recognize the format of documentation checklist for evaluation of falls/fall risk.						
a.	X b.	c.	d.		(1.72)	393
10. Discuss instructions to clarify usage of process guideline and documentation checklist.						
a.	X b.	c.	d.		(1.79)	394
11. Relationship of the objectives to the overall goal of the program: To provide a collaborative experience involving both regulators and providers within a resident care focus.						
a.	Xb.	c.	d.		(1.97)	368
12. Teaching expertise of Brenda Schoenherr.						
a.	b. X	c.	d.		(2.19)	418
13. Teaching expertise of Patricia Grayson.						
a.	b. X	c.	d.		(2.12)	415
14. Teaching expertise of Kelly Gray.						
a.	b. X	c.	d.		(2.14)	275
15. Teaching expertise of Larry Lawhorne.						
a. X	b.	c.	d.		(1.43)	429
16. Teaching expertise of Wendy Ehnis.						
a. X	b.	c.	d.		(1.62)	385
17. Appropriateness of the teaching strategies.						
a.	X b.	c.	d.		(1.92)	420
18. Appropriateness of the physical facilities.						
a.	b. X	c.	d.		(2.39)	423