

**Long-Term Care Report on
Protocol for Review of Citation Patterns
Survey Information & Data**

(Pursuant to MCL 333.20155 and MCL 333.20155a of PA 322 of 2012)

March 1, 2015

Prepared by

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Table of Contents

Executive Summary.....	3
Protocol for Review of Citation Patterns.....	4
Survey Information & Data.....	4
Summary.....	11

Executive Summary:

Governor Rick Snyder on October 9, 2012 signed into law Public Act 322 of 2012 (SB 884 - Senator Hansen, sponsor) which amended MCL 333.20155 in addition to including a new section, MCL 333.20155a. Pursuant to this new law, this report has been prepared and issued electronically to the House and Senate appropriations subcommittees, the House and Senate standing committees involving senior issues, and the House and Senate Fiscal Agencies to meet the March 1 reporting requirement. In addition, this report may also be found online at the following locations:

- The Bureau of Health Care Services website at: www.michigan.gov/bhcs.
- The All About LARA section - Legislative Reports of the Department of Licensing and Regulatory Affairs website at: www.michigan.gov/lara.

The Bureau of Health Care Services (BHCS) and its Long-Term Care (LTC) Division is responsible for implementing this new law. The mission of BHCS and the LTC Division is to assure that residents residing in Michigan's nursing homes receive the highest quality of care and quality of life in accordance to state and federal laws.

In addition to protecting Michigan's vulnerable population, the LTC Division also licenses and regulates Michigan's 451 long-term care facilities. As the State Agency for the Centers of Medicare and Medicaid (CMS), the LTC Division licenses and certifies 435 nursing homes that meet the certification requirements by CMS. Another 16 non-CMS nursing homes are also licensed by the LTC Division.

Specifically, this report covers the 2014 calendar year from January 1, 2014 to December 31, 2014.

PROTOCOL FOR REVIEW OF CITATION PATTERNS

Reporting Requirement(s):

Section 20155 (8) requires the department to do the following:

The department shall develop protocol for the review of citation patterns compared to regional outcomes and standards and complaints regarding the nursing home survey process. The review will be included in the report required under subsection (20).

Background:

The Survey and Certification Providing Data Quickly (PDQ) is an online reporting system maintained federally by CMS. This system provides timely data about providers and suppliers of Medicare and Medicaid services, such as hospitals and nursing homes. State Agencies for CMS can obtain reports in a format that reflect comparisons among national, regional and state data.

Process Review of Data:

As the reports are issued and made available by CMS to the LTC Division of BHCS, the management staff reviews this information and data on a quarterly basis. Findings are also conveyed to front line managers in staff meetings. Summaries of this data are provided at the Joint Provider Surveyor Training sessions, held in the spring and fall of each year.

The LTC Division reviews and compares the aggregate data that provides citation pattern information, which is obtained from the Survey and Certification PDQ website with CMS. Appendix A lists the Top 25 Standard Complaint Survey Citations for Michigan, Appendix B lists the Top 25 Survey Citations for Michigan, Appendix C lists the Standard Survey Deficiencies by Scope & Severity for Region V, and Appendix D lists the Complaint Survey Deficiencies by Scope & Severity for Region V.

SURVEY INFORMATION & DATA

Reporting Requirement(s):

Section 20155 (20) requires the following:

The department may consolidate all information provided for any report required under this section and section 20155a into a single report. The department shall report to the appropriations subcommittees, the senate and house of representatives standing committees having jurisdiction over issues involving senior citizens, and the fiscal agencies on March 1 of each year on the initial and

follow-up surveys conducted on all nursing homes in this state. The report shall include all of the following information: items listed (a) - (t) below.

2014 Data:

The following items, from (a) – (t), contain the data and information as required under this Section 20155 (20) for reporting purposes. Please note most of this data was pulled from the CMS ASPEN data system.

(a) The number of surveys conducted:

- 432 standard (annual) surveys.
- 457 standard revisits.
- 2,567 complaint investigations.
- 688 complaint revisits.

(b) The number requiring follow-up surveys:

- Out of the 432 standard (annual) surveys conducted, 427 required follow-up surveys.
- Out of the 457 standard revisits conducted, 30 required additional surveys.
- Out of the 2,567 complaint investigations conducted, 2,475 required follow-up surveys.
- Out of the 688 complaint revisits conducted, 31 required additional follow-up surveys.

(c) The average number of citations per nursing home for the most recent calendar year:

- 5.95 is the average number of citations per nursing home for 2014.

(d) The number of night and weekend complaints filed:

- 141 complaints received during the night or weekend (non-business working hours) for 2014.

(e) The number of night and weekend responses to complaints conducted by the department:

- 14 complaint surveys for 2014 conducted outside of the Monday to Friday from 8:00 am to 5:00 pm working hours.

(f) The average length of time for the department to respond to a complaint filed against a nursing home:

- 10.55 days is the average length of time for the department to respond to a complaint filed against a nursing home.

(g) *The number and percentage of citations disputed through the informal dispute resolution and independent informal dispute resolution:*

- 354 citations or 10.37% out of a total of 3,411 citations went through the IDR or IIDR process for 2014.

(h) *The number and percentage of citations overturned or modified, or both:*

- Out of the 354 citations under IDR or IIDR review, 33.05% of the total citations were overturned, modified, or both.

(i) *The review of citation patterns developed under subsection (8):*

- Referenced previously under the Citation Review Protocol portion of this report:

As the reports are issued and made available by CMS to the LTC Division of BHCS, the management staff reviews this information and data on a quarterly basis. Findings are also conveyed to front line managers during staff meetings. Summaries of this data are also provided at the Joint Provider Surveyor Training sessions, held in the spring and fall of each year.

(j) *Implementation of the clinical process guidelines and the impact of the guidelines on resident care:*

- Pursuant to PA 322 of 2012 the permanent Clinical Process Guidelines Advisory Group was created and the advisory members worked diligently in reviewing Michigan's clinical process guidelines. This group determined the current guidelines were outdated and upon further review and analysis, the Advisory Group came to the conclusion that having clinical process guidelines was not helpful to the providers or the surveyors. Since providers use nationally recognized best practices that exist for long term care, trying to develop clinical process guidelines that may become obsolete and inconsistent with current best practices was not helpful and could result in facilities not attaining the best quality care for the residents.

At the January 15, 2014 Long Term Care Stakeholders Committee meeting, members of the Clinical Process Guidelines Advisory Group made the recommendation to terminate Michigan's clinical process guidelines to allow for greater flexibility for the providers and the State Agency to collaborate and implement best practices that are more in line with meeting state and federal regulatory requirements, whereas the time and cost it takes to maintain clinical process guidelines once implemented

could result in conflicting with other state and federal regulations and be inconsistent with current best practices. During this Stakeholders Committee meeting, it was discussed that the Chair of the Clinical Process Guidelines Advisory Group would meet with Senator Goeff Hansen, bill sponsor of PA 322 of 2012, and work with him in removing this requirement in the statute.

(k) *Information regarding the progress made on implementing the administrative and electronic support structure to efficiently coordinate all nursing home licensing and certification functions:*

- Pursuant to the following item:

Section 20155a. (1) Nursing home health survey tasks shall be facilitated by the licensing and regulatory affairs bureau of health systems to ensure consistent and efficient coordination of the nursing home licensing and certification functions for standard and abbreviated surveys. The department shall develop an electronic system to support the coordination of these activities and shall submit a report on the development of an electronic system, including a proposed budget for implementation, to the senate and house appropriations subcommittees for the department, the senate and house of representatives standing committees having jurisdiction over issues involving senior citizens, and the senate and house fiscal agencies by November 1, 2012. If funds are appropriated for the system, the department shall implement the system within 120 days of that appropriation.

- In August 2013, a Survey IT System was fully implemented for the coordination and scheduling of surveys. In an effort for the BHCS LTC Division to go paperless, it was determined that the federal database (ASPEN) had a calendar program that could be used at no cost to the state to meet the new IT requirements under PA 322 of 2012. This calendar tool allows for the electronic coordination of scheduling survey dates on a master calendar.
- Since the implementation of the federal scheduling program and the receipt of the state appropriations, BHCS used the funds for the following items:
 - User accounts to access the federal database while in the field conducting surveys through the DTMB managed virtual Citrix servers.
 - Creation of a software program that will maintain historical team assignment information when scheduling surveys to ensure that

surveyors are scheduled on a rotating basis, which is a CMS requirement.

- Creation of a GPS mapping program to help efficiently schedule onsite visits. This is especially helpful when responding to a potential immediate jeopardy complaint.
- Software programs for attaching information and files on facilities for standard and complaint surveys to be included in the Survey IT System and to allow for creating special reports related to survey dates.
- Replacing old out of warranty equipment with new computers and laptops to improve efficiency and the ability of surveyors to use the Survey IT System.
- Other equipment includes wireless network cards for surveyors to access the Internet and connect to the federal database securely when on survey or working away from the Lansing state office building. This is required by CMS to maintain a secure system at all times.

(l) The number of annual standard surveys of nursing homes that were conducted during a period of open survey or enforcement cycle:

- 0 enforcement cases were started by a complaint survey and a recertification survey was subsequently added to the case.

(m) The number of abbreviated complaint surveys that were not conducted on consecutive surveyor workdays:

- There were two abbreviated complaint surveys that were not conducted on consecutive surveyor workdays during 2014. This was due to staff illness and lack of availability of other surveyors to back-up the surveyor who was out on sick leave.

(n) The percent of all form CMS-2567 reports of findings that were released to the nursing home within the 10-working day requirement:

- 95% of re-certifications were released to the nursing homes within the 10-working day requirement.
- 95% of complaints were released to the nursing homes within the 10-working day requirement.

(o) The percent of provider notifications of acceptance or rejection of a plan of correction that were released to the nursing home within the 10-working day requirement:

- 96.30% of provider notifications of acceptance or rejection of a plan of correction were released to the nursing home within the 10-working day requirement.

(p) The percent of first revisits that were completed within 60 days from the date of survey completion:

- 95% of re-certifications were completed within the 60 days from the exit date of a survey.
- 95% of complaints were completed within the 60 days from the exit date of a survey.

(q) The percent of second revisits that were completed within 85 days from the date of survey completion:

- 100% of re-certifications were completed within 85 days from the exit of a survey.
- 97% of complaints were completed within the 85 days from the exit of a survey.

(r) The percent of letters of compliance notification to the nursing home that were released within 10-working days of the date of the completion of the revisit.

- While compliance letters were utilized during calendar year 2014, compliance letters were sent to nursing homes that may not have been in full compliance or the letters were not linked to the revisit survey. As a result, the LTC Division was unable to accurately track the percent of letters of compliance notification to nursing homes that were released within 10-working days of the date of the completion of the revisit. After the initiation of new software designed by DTMB in October of 2013, it was determined that there is no mechanism available using this new program to track/gather this information as originally planned. The LTC Division is looking to see if there are other options to track this information.

(s) A summary of the discussions from the meetings required in subsection (24):

- The quarterly Stakeholder Committee meetings were held on the following dates in 2014:
 - January 15, 2014
 - April 29, 2014
 - July 16, 2014
 - October 15, 2014
- Appendix E provides the meeting minutes for each quarterly Stakeholder Committee meeting held in 2014.

(t) *The number of nursing homes that participated in a recognized quality improvement program as described under section 20155a(3):*

- To date, no provider application requests have been submitted to the Bureau.

Additional Reporting Requirements:

Section 20155 (21) requires the following items (a) – (c) to be reported.

(a) *The percentage of nursing home citations that are appealed through the informal dispute resolution process:*

- 354 citations or 10.37% out of a total of 3,411 citations went through the IDR or IIDR process for 2014.

(b) *The number and percentage of nursing home citations that are appealed and supported, amended, or deleted through the informal dispute resolution process:*

- Out of the 354 citations under IDR or IIDR review, 33.05% of the total citations were overturned, modified, or both.

(c) *A summary of the quality assurance review of the amended citations and related survey retraining efforts to improve consistency among surveyors and across the survey administrative unit that occurred in the year being reported.*

- An IDR results tracking spreadsheet was created in 2012. This spreadsheet also includes fields for reviewer's comments and notations by staff for follow-up. Results, conclusions, and any necessary direction for surveyors or reviewers are conveyed at staff meetings or discussed with the training unit staff as an area to include for further training.

SUMMARY

The Bureau of Health Care Services (BHCS) and the Long Term Care Division, in collaboration with the Long Term Care Stakeholder Committee, has made significant improvements in how important licensing and regulatory information is communicated and shared between BHCS and nursing home providers. In addition, BHCS has taken great strides in implementing process improvements that have resulted in greater efficiency. Efficiencies created with new software and better equipment along with combining teams and cross training surveyors has improved overall coordination and communication. In addition, providers are able to submit their facility reported incidents and plan of corrections online, making the review and processing of these documents much faster.

While 2014 included a number of accomplishments and improvements, BHCS strives to continue protecting Michigan's vulnerable population and at the same time working with providers to assure that the highest level of quality care is being maintained.

Citation Frequency Report

Selection Criteria

Display Options: Display top 25 tags

Provider and Supplier Type(s): Dually Certified SNF/NFs - Medicare and Medicaid, Distinct Part SNF/NFs - Medicare and Medicaid, Skilled Nursing Facilities (SNFs) - Medicare Only, Nursing Facilities - Medicaid Only

State: Michigan

Survey Purpose: Complaint

Survey Focus: Health

Year Type: Fiscal Year

Year: 2014

Quarter: Full Year

Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Totals represent the # of providers and surveys that meet the selection criteria specified above.			Michigan Active Providers = 434	Total Number of Surveys = 2524
F0323	FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES	181	33.6%	7.2%
F0309	PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING	126	24.7%	5.0%
F0225	INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS	122	23.0%	4.8%
F0226	DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES	102	18.4%	4.0%
F0241	DIGNITY AND RESPECT OF INDIVIDUALITY	53	10.6%	2.1%
F0314	TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES	50	10.4%	2.0%
F0223	FREE FROM ABUSE/INVOLUNTARY SECLUSION	46	8.5%	1.8%
F0224	PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATE	45	9.9%	1.8%
F0157	NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)	41	9.0%	1.6%
F0281	SERVICES PROVIDED MEET PROFESSIONAL STANDARDS	40	9.0%	1.6%
F0279	DEVELOP COMPREHENSIVE CARE PLANS	31	6.9%	1.2%
F0312	ADL CARE PROVIDED FOR DEPENDENT RESIDENTS	30	6.5%	1.2%
F0246	REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES	24	5.1%	1.0%
F0329	DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS	21	4.8%	0.8%
F0441	INFECTION CONTROL, PREVENT SPREAD, LINENS	20	3.7%	0.8%
F0514	RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE	20	4.6%	0.8%
F0353	SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS	18	4.1%	0.7%
F0333	RESIDENTS FREE OF SIGNIFICANT MED ERRORS	17	3.9%	0.7%

Citation Frequency Report

F0315	NO CATHETER, PREVENT UTI, RESTORE BLADDER	16	3.2%	0.6%
F0282	SERVICES BY QUALIFIED PERSONS/PER CARE PLAN	16	3.5%	0.6%
F0425	PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH	15	3.5%	0.6%
F0250	PROVISION OF MEDICALLY RELATED SOCIAL SERVICE	13	2.5%	0.5%
F0328	TREATMENT/CARE FOR SPECIAL NEEDS	13	2.5%	0.5%
F0431	DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS	11	2.5%	0.4%
F0465	SAFE/FUNCTIONAL/SANITARY/COMFO RTABLE ENVIRON	10	2.3%	0.4%

Citation Frequency Report

Selection Criteria

Display Options: Display top 25 tags

Provider and Supplier Type(s): Dually Certified SNF/NFs - Medicare and Medicaid, Distinct Part SNF/NFs - Medicare and Medicaid, Skilled Nursing Facilities (SNFs) - Medicare Only, Nursing Facilities - Medicaid Only

State: Michigan

Survey Purpose: Standard

Survey Focus: Health

Year Type: Fiscal Year

Year: 2014

Quarter: Full Year

Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Totals represent the # of providers and surveys that meet the selection criteria specified above.			Michigan Active Providers = 434	Total Number of Surveys = 425
F0441	INFECTION CONTROL, PREVENT SPREAD, LINENS	193	43.3%	45.4%
F0323	FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES	165	37.8%	38.8%
F0371	FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY	152	34.6%	35.8%
F0329	DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS	117	26.0%	27.5%
F0309	PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING	112	25.1%	26.4%
F0226	DEVELOP/IMPLEMENT ABUSE/NEGLECT, ETC POLICIES	95	21.4%	22.4%
F0314	TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES	95	21.2%	22.4%
F0431	DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS	87	19.8%	20.5%
F0465	SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON	83	19.1%	19.5%
F0332	FREE OF MEDICATION ERROR RATES OF 5% OR MORE	69	15.7%	16.2%
F0225	INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS	57	12.9%	13.4%
F0241	DIGNITY AND RESPECT OF INDIVIDUALITY	55	12.7%	12.9%
F0279	DEVELOP COMPREHENSIVE CARE PLANS	51	11.3%	12.0%
F0315	NO CATHETER, PREVENT UTI, RESTORE BLADDER	44	10.1%	10.4%
F0281	SERVICES PROVIDED MEET PROFESSIONAL STANDARDS	44	10.1%	10.4%
F0328	TREATMENT/CARE FOR SPECIAL NEEDS	44	9.9%	10.4%
F0325	MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE	37	8.5%	8.7%
F0514	RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE	37	8.5%	8.7%

Citation Frequency Report

F0456	ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION	35	8.1%	8.2%
F0458	BEDROOMS MEASURE AT LEAST 80 SQ FT/RESIDENT	34	7.1%	8.0%
F0164	PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS	32	6.9%	7.5%
F0221	RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS	32	7.1%	7.5%
F0312	ADL CARE PROVIDED FOR DEPENDENT RESIDENTS	30	6.9%	7.1%
F0497	NURSE AIDE PERFORM REVIEW-12 HR/YR INSERVICE	29	6.7%	6.8%
F0425	PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH	29	6.7%	6.8%

Deficiency Count Report

Selection Criteria

Provider and Supplier Type(s):	Dually Certified SNF/NFs - Medicare and Medicaid, Distinct Part SNF/NFs - Medicare and Medicaid, Skilled Nursing Facilities - Medicare Only, Nursing Facilities (NFs) - Medicaid Only
Display Uncorrected Deficiencies Only:	No
Percent by Row:	No
Survey Focus:	Health
Year Type:	Calendar Year
Year:	2014
Month:	Full Year

Deficiencies by Scope & Severity												
Region	B	C	D	E	F	G	H	I	J	K	L	Total
(I) Boston	104	60	2,993	890	176	329	7	1	11	5	4	4,580
(II) New York	193	41	3,436	1,057	176	123	3	4	31	26	45	5,135
(III) Philadelphia	308	208	7,585	2,695	521	302	4	0	18	18	16	11,675
(IV) Atlanta	145	165	8,444	2,024	757	389	4	0	450	152	54	12,584
(V) Chicago	285	1,008	14,660	4,205	1,748	882	15	0	198	40	55	23,096
Illinois	104	415	3,344	1,132	580	230	2	0	42	18	38	5,905
Indiana	30	76	3,027	817	202	168	0	0	23	5	6	4,354
Michigan	77	75	2,085	570	321	198	6	0	35	0	1	3,368
Minnesota	12	155	1,670	406	159	32	3	0	13	2	0	2,452
Ohio	51	178	2,559	767	267	97	2	0	43	4	2	3,970
Wisconsin	11	109	1,975	513	219	157	2	0	42	11	8	3,047
(VI) Dallas	258	453	3,535	9,480	2,326	349	227	0	94	442	121	17,285
(VII) Kansas City	166	193	6,204	3,132	936	498	6	0	55	18	13	11,221
(VIII) Denver	103	77	2,704	1,761	358	258	14	8	33	15	4	5,335
(IX) San Francisco	534	219	8,358	2,905	611	253	17	0	14	20	20	12,951
(X) Seattle	51	46	2,356	798	154	227	2	0	18	5	1	3,658
National Total	2,147	2,470	60,275	28,947	7,763	3,610	299	13	922	741	333	107,520

Deficiency Count Report

Selection Criteria

Provider and Supplier Type(s):	Dually Certified SNF/NFs - Medicare and Medicaid, Distinct Part SNF/NFs - Medicare and Medicaid, Skilled Nursing Facilities - Medicare Only, Nursing Facilities (NFs) - Medicaid Only
Display Uncorrected Deficiencies Only:	No
Percent by Row:	No
Survey Purpose:	Complaint
Survey Focus:	Health
Year Type:	Calendar Year
Year:	2014
Month:	Full Year

Deficiencies by Scope & Severity												
Region	B	C	D	E	F	G	H	I	J	K	L	Total
(I) Boston	20	6	756	141	20	173	4	1	11	0	4	1,136
(II) New York	14	4	542	176	15	51	0	0	18	14	21	855
(III) Philadelphia	120	32	2,033	557	62	117	2	0	13	4	2	2,942
(IV) Atlanta	18	17	2,045	367	82	217	2	0	347	80	21	3,196
(V) Chicago	34	105	4,108	837	179	481	5	0	132	19	29	5,929
Illinois	18	43	1,064	192	55	129	2	0	26	8	19	1,556
Indiana	2	8	912	195	19	105	0	0	19	1	6	1,267
Michigan	6	5	827	105	22	125	1	0	29	0	0	1,120
Minnesota	0	2	70	18	3	13	0	0	1	0	0	107
Ohio	7	35	778	228	54	47	2	0	34	4	0	1,189
Wisconsin	1	12	457	99	26	62	0	0	23	6	4	690
(VI) Dallas	54	74	1,100	2,244	356	234	85	0	64	272	76	4,559
(VII) Kansas City	23	38	1,813	668	228	299	1	0	45	11	8	3,134
(VIII) Denver	9	5	455	279	30	99	6	3	13	3	0	902
(IX) San Francisco	58	13	2,161	306	77	143	2	0	6	7	7	2,780
(X) Seattle	8	2	575	87	12	158	1	0	13	1	0	857
National Total	358	296	15,588	5,662	1,061	1,972	108	4	662	411	168	26,290

APPENDIX E – LTC Stakeholder Committee Meetings

STAKEHOLDER COMMITTEE

MEETING | BHCS – OTTAWA BUILDING, CONFERENCE ROOM C
JANUARY 15, 2014 1:30 P.M. TO 3:30 P.M.

MEETING MINUTES

Participants	Attended:
Bureau of Health Care Services	Carole Engle, Bureau Director Kim Gaedeke, Admin Director Cindy Landis, LTC Exec Assistant
Health Care Association of Michigan (HCAM)	Beth Bacon
LeadingAge Michigan	Kevin Evans
MI County Medical Care Facilities Council	Reneé Beniak
MI Medical Directors Association	Mark Jackson by phone
MI Peer Review Organization (MPRO)	Charlene Kawchak-Beltisky
Consumer Representative	Sylvia Simons

Notes taken by: Cindy Landis

1. Review of the minutes from the October 17, 2013 meeting

Director Engle asked if any of the committee members had any changes or corrections that needed to be made to the minutes from the October 17th, 2013 meeting. Kevin Evans noted that LeadingAge is one word not two. No other changes were noted.

2. Update on the Spring Joint Provider/Surveyor Training

Kim Gaedeke provided an overview of what could be expected at the Spring JPST. Kim started by indicating that she has a new Training Coordinator, Tammy Bagby, who started on January 6, 2014. Committee members may be asked for information from Tammy in her new role.

They are finalizing the outline of what will be presented during the Spring JPST. There will be dual tracks that will be focused on during this training scheduled for April 1, 2014 at the DEVOS Place.

- a. Technical
Update on MiActs
Spots/POC

- b. Open Discussion
Best Practices
Concierge program
There will be 3 rooms with breakout sessions:
- c. Pain Management – Scope of Pain
- d. Regulations – CMS Regulations and improving compliance. Tag F 371 and rethinking approach to Dementia care
- e. MPRO – Demonstration on QAPI

Kim indicated they will be really focusing on the use of technology to assist during the survey process. The budget has been drilled down and we have the potential to be under budget for this year which will provide seed money for next year. We will be using more of the Bureau staff than we have in the past. Because the budget is in good shape we will not request any sponsorship this year; however the offers were very much appreciated.

Fall JPST will be at the Suburban Collection in Novi. Both of the JPST trainings in 2015 will be scheduled at the DEVOS place – we were able to get a substantial price break for booking both trainings at this location. Currently we are looking at the Lansing Center in 2016.

MPHI will assist with registration and the Continuing Education Hours. We will be looking into some other alternatives for future meetings. MPRO volunteers will still be used as they have in the past.

Kim is hoping to send something out next week with a draft agenda, indicating who the speakers will be, headings for the sessions and CEU credits. We are working to obtain 5 CEU's for the entire day.

Dr. Jackson asked if the Certified Medical Directors will be obtaining CEU's for this training. Kim indicated that with Dr. Jackson's help they will receive CEU's.

3. Customer Service Survey for providers and surveyors

During the October 17, 2013 the CIQIT committee presented the draft process recommendations, Provider Feedback Questionnaire and Surveyor Feedback Questionnaire on the regulatory survey process. The suggestions and recommendations that were discussed during that meeting were incorporated in the questionnaires. Carole now has the most current questionnaires. Kim's area will work on getting this system in place after Carole and Kim work out the format that will be used to provide feedback to the Stakeholder Committee, providers and

surveyors. It is hoped that this will provide insight on additional trainings that can be implemented. Charlene will e-mail the final documents to Kim Gaedeke.

4. Discussion “Communication Framework”

The CIQIT committee provided a document entitled PA 322 Communication Strategy. An overview of PA 322 was provided that listed some of the goals that PA 322 included:

(24)(a) Opportunities for enhanced promotion of nursing home performance, including but not limited to, programs that encourage and reward providers that strive for excellence.

(24) (b) Seeking quality improvements to the survey and enforcement process, including clarifications to process-related policies and protocols that include, but are not limited to, all of the following:

(i) Improving the surveyor’s quality and preparedness.

(ii) Enhanced communication between regulators, surveyors, providers, and consumers

(iii) Ensuring fair enforcement and dispute resolution by identifying methods or strategies that may resolve identified problems or concerns.

(24)(c) Promoting transparency across provider and surveyor communities, including but not limited to, all of the following:

(i) Applying regulations in a consistent manner and evaluating changes that have been implemented to resolve identified problems or concerns.

(ii) Providing consumers with information regarding changes in policy and interpretation.

(iii) Identifying positive and negative trends and factors contributing to those trends in the areas of resident care, deficient practices, and enforcement.

The following recommendations were made:

- a. CIQIT recommends that there be an overall external communication strategy and an internal communication strategy for which CIQIT will be responsible.
- b. Workgroup actions items, recommendations, and Stakeholder workgroup decisions will be reported.
- c. Request LARA to provide a dedicated page on their website to house PA 322 project information and an e-mail address so people can submit public comments, suggestions and ask questions regarding the process (we need to know timeline for the website and e-mail address)
- d. Request LARA to develop a Bureau website to facilitate the sharing of up-to-date information and a common and clear understanding of Bureau

expectations while providing an opportunity for provider and consumer feedback. List to include but not limited to:

- Current Issues
 - Process and form changes within the Bureau
 - Educational calendar of events
 - One Vision clarifications
 - Featured Best Practices that support person centered approaches
- e. Request LARA to develop a system and acceptable timeline for addressing public comments and questions and determine who will be responsible for responding.
 - f. Each workgroup will develop and all schedules of future meetings (timeframe) to be posted on the LARA website.
 - g. Committee members will identify agencies that can provide links to the LARA postings (such as, OSA, HCAM, LeadingAge, MCMCF, Ombudsman, DHS, and Medicaid etc.).
 - h. CIQIT will work with LARA public affairs staff to develop and issue a press release announcing the PA 322 workgroups/initiative and inviting input (Press release cannot be shared until website and email address has been established).
 - i. Formalize a two-way communication process for the three workgroups to make recommendations to the Steering Committee and LARA, including a feedback mechanism that explains why or why not a recommendation was acted upon.

Director Engle thought the recommendations of the committee was well thought out and indicated that some will be easier to implement than others. Director Engle indicated that websites are a great thing – they are very labor intensive to maintain properly. She would like some time to review the recommendations and digest them and will get back with the committee on these recommendations.

Director Engle also indicated that she would like to post the minutes from staff meetings and this committee meeting on the Bureau Intranet. She did not feel that anything that was discussed during the meetings were confidential and couldn't be placed on the web.

There was a lot of discussion with the committee on this and ways that minutes could be simplified by using bullet points and just post the actions that were taken. Director Engle wanted to put the minutes as they are so they can reflect that discussions took place before any actions was implemented and that even if something wasn't adopted it was considered and the minutes will show why it

wasn't acted upon. Director Engle also indicated that miscommunication occurs when individuals don't know how we got to the point that we arrived at. Putting the minutes on the web will show this and help eliminate miscommunication.

The meetings will be posted for the staff to read on the internal BHCS website as well as the Bureau Internet.

It was also requested that the Stakeholder Committee meetings will be distributed to the members and they will be provided 7 days for any changes or responses that are needed. The final version will be the one posted.

5. Committee Reports

The CIQIT committee provided their update in the previous agenda item.

Beth Bacon provided the report for the Clinical Advisory Workgroup and indicated that after the last meeting the committee put together and presented Director Engle with a very detailed memo outlining all of the steps that have been taken by this committee to meet the assignment given to the to update the Clinical Process Guidelines. It was agreed by all members of the committee that due to lack of funding and other reasons they did not feel that they would be able to update the Clinical Process Guidelines that are currently in place, nor would it be in the best interest of the facilities (and could negatively impact those facilities that have already done an outstanding job) by requiring them to use the Clinical Process Guidelines. This was a very strong recommendation by the committee and was agreed upon by every member of the committee. The committee also requested that the Bureau remove from the internet the outdated Clinical Process Guidelines that are currently on the internet.

Director Engle reminded everyone that this was a requirement in PA 322 and that the committee's mission was to review and revise, as necessary, Michigan's nursing facility Clinic Process Guidelines (GPGs) that were developed and implemented from 2000-2008. Director Engle recommended that this committee talk with Senator Hansen to discuss amending or changing the language in PA 322. Without this modification we will have to follow PA 322 as it is written. Director Engle also volunteered to go with the committee/provider associations if they felt it would help when they had their meeting with Senator Hansen.

Director Engle indicated that the memo that was given to her by this committee is sufficient from the Bureau's stand point as well as the rest of the committee members of the stakeholder committee. Director Engle did indicate that she would like to have this issue resolved before she has to report to the legislature.

Director Engle thanked Beth Bacon and the Clinical Process Guidelines committee for all of their hard work. At this time the Clinical Process Guideline committee would like discontinue meetings because they would have no assignment.

However, they would be available and could start meetings up again if they were given another assignment. Director Engle would like to wait and see what happens with Senator Hansen.

The update from the IT work group was that they would be working on setting up training and testing with the MiActs over 4 Thursdays. Peggy Garabelli will be responsible for setting this up. Facilities will also be involved in testing MiActs on their end as well by the end of January. Kim Gaedeke has requested that any comments or concerns be forwarded to her so they can be worked on.

There are some ongoing issues with the SPOTS program that are still being worked on:

Not being able to send the revised 2567's through SPOTs.

Issues with the search function on the public viewing pages. When you enter your search parameters – as soon as you leave the page to go back and review another report it removes what you entered and you have to keep track of where you left off.

It was also discussed that Region 5 is moving to a national program for sending the SOD's and receiving the plan of corrections. The question was asked if everyone would have to move to this program to submit their POC and would the facilities have to learn another system in a year or two. Director Engle talked with the individuals in Region 5 at this time there is no change being planned for Michigan and we will continue to use the SPOTS program.

However, this national program would be used for the FOSS surveys and the Life Safety Code surveys which are currently not covered by the SPOTS program.

Director Engle indicated that she is very proud of everything that has been accomplished with the assistance of this group during this last year.

6. Next Meeting Date: April 16, 2014 – HCAM Office

STAKEHOLDER COMMITTEE
 MEETING | BHCS – OTTAWA BUILDING, CONFERENCE ROOM C
 April 29, 2014
 Revised 09/22/2014

MEETING MINUTES

Participants	Attended:
Bureau of Health Care Services	Carole Engle, Bureau Director Kim Gaedeke, Admin Director Gail Maurer, Interim Division Director, LTC Cindy Landis, LTC Exec Assistant
Health Care Association of Michigan (HCAM)	Beth Bacon
MI Peer Review Organization (MPRO)	Charlene Kawchak-Beltisky Donna Beebe
MI Long Term Care Ombudsman	Sarah Slocum

Notes taken by: Cindy Landis

1. Review of the minutes from the January 15, 2014 meeting

Director Engle started the meeting by introducing Gail Maurer the new Interim Division Director for Long Term Care now that Leslie Shanlian has moved on to another position. Director Engle indicated that the position will be posted but in the interim there will not be any major changes made.

Director Engle asked if everyone had a chance to review the minutes from the January 15, 2014 meeting and asked if there were any changes. No changes were needed.

2. Follow-Up to Spring JPST

The Spring JPST was held on April 2, 014 at the DEVOS place. The facility was very nice and the training went very well. We received a lot of help from the Detroit Surveyors and volunteers from the Grand Rapids Visitor Bureau. This was a huge help during the lunch time and manning the parking desk. We were able to come in under budget.

This was the first JPST that our new State Training Coordinator, Tammy Bagby, was involved with. Tammy will also oversee the training for the LTC and Non-LTC surveyors.

The Fall JPST will be back at the Suburban Place. We are aware of the issues that have been experienced in the past with this location. We will work on lessening the impact for the next training. For 2015 both trainings will be held at the DEVOS place. For 2016 we are looking at someplace in Lansing.

Everyone was requested to send Carole Engle/Kim Gaedeke if they have any topics that they would like covered at the Fall JPST.

Our new trainer is Tom Bissonnette. He was a surveyor in the Detroit Office but now is working with the Training Unit and will be responsible for providing orientation to the new surveyors hired for both LTC and Non-LTC.

Cindy Landis will e-mail all of the provider associations and request that they notify us of the conference schedules so we don't schedule ours at the same time.

3. Provider & Surveyor Questionnaire & Process Recommendations

The provider and surveyor questionnaire process started the last week of March 2014. As of April 28, 2014 we have had 14 surveys completed by surveyors and 26 surveys completed by the providers.

The responses received from the providers have been very positive for the most part. They were complimenting the survey team on their professionalism and how courteous they were. There were 3 responses received that weren't as positive. Comments were made for these survey results that the provider had concerns with past surveys and felt intimidated.

Some of the responses by the surveyors that were made indicated that they had concerns with the Electronic Medical Records (EMR) process at the nursing homes. The systems are complicated and there is such a big difference between the programs that are used by different nursing homes. They also indicated that if they ask the facility for a policy and they don't have one they would prefer that they just say we don't have one at this time – versus trying to come with one while the survey team is on site. The surveyors felt that they were badgering the facilities for copies of policies that they didn't have.

It was noted that the survey questionnaire should be sent to both the Team Leader and the Provider/Administrator on the last day of the survey. We are looking for honest responses to the questions that are asked. If we don't have honest responses it will be difficult to identify areas that need to be worked on.

HCAM has encouraged their providers to provide feedback and to do so anonymously. Providers can also request that the Bureau contact them for additional information and follow-up. We can only do this if we have been provided with a contact name and number.

The following questions were asked by Charlene Kawchak-Beltisky pertaining to the CIQIT committee.

What is the CIQIT committee role in this process? When would the survey questions be reviewed to determine if any changes are needed to be made to them? Would six months be an acceptable period of time to review the questions? Would

additional questions be added if a new process has been put in place that would make the questions more current and provide more relevant information?

Would updating the questions provide assistance in determining if additional training needed to be done for specific areas or to provide topics that could be covered during JPST conferences? Director Engle indicated that she was not opposed to the questions being changed from time to time but that 6 months was too short a period of time and only half of the providers would have had a chance to respond to the surveys.

Charlene wondered if it would be a good time to start preparing the 2nd version of the questions to coincide with the annual survey cycle.

Could the CIQIT committee analyze the responses that were received from the surveys to be used with the annual report that is prepared for the Legislature?

Director Engle indicated that some of the survey issues that are reported could be isolated. However, if we continue to receive the same issues from different facilities than we would review it to see if additional training would be needed. Waiting for one year will give us a better idea of ongoing issues and not something that is an isolated issue.

Sarah Slocum indicated that she would like to start a survey process with the local Ombudsman as well. They could ask them questions to see if they were contacted prior to the investigation, was there additional information that they could provide to the State prior to them conducting the investigation, etc.

It was requested that the Ombudsman's e-mail address be added to the e-mail that is sent to the providers and surveyors so they know when the survey was sent out. The e-mail address that she would like use is sltco@michigan.gov.

An e-mail will be sent to the Team Secretary's requesting that e-mail addressed be added.

Charlene presented Director Engle with a copy of the Process Recommendations that the CIQIT committee had put together. Director Engle indicated that this was the first time she had received this document and would like some time to review the recommendations.

4. Communication Strategy Recommendations Document

In the January 15, 2014 meeting the CIQIT presented a document that made the following recommendations:

- a. CIQIT recommends that there be an overall external communication strategy and an internal communication strategy for which CIQIT will be responsible.

- b. Workgroup actions items, recommendations, and Stakeholder workgroup decisions will be reported.
- c. Request LARA to provide a dedicated page on their website to house PA 322 project information and an e-mail address so people can submit public comments, suggestions and ask questions regarding the process (we need to know timeline for the website and e-mail address)
- d. Request LARA to develop a Bureau website to facilitate the sharing of up-to-date information and a common and clear understanding of Bureau expectations while providing an opportunity for provider and consumer feedback. List to include but not limited to:
 - Current Issues
 - Process and form changes within the Bureau
 - Educational calendar of events
 - One Vision clarifications
 - Featured Best Practices that support person centered approaches
- e. Request LARA to develop a system and acceptable timeline for addressing public comments and questions and determine who will be responsible for responding.
- f. Each workgroup will develop and all schedules of future meetings (timeframe) to be posted on the LARA website
- g. Committee members will identify agencies that can provide links to the LARA postings (such as, OSA, HCAM, LeadingAge, MCMCF, Ombudsman, DHS, and Medicaid etc.).
- h. CIQIT will work with LARA public affairs staff to develop and issue a press release announcing the PA 322 workgroups/initiative and inviting input (Press release cannot be shared until website and email address has been established).
- i. Formalize a two-way communication process for the three workgroups to make recommendations to the Steering Committee and LARA, including a feedback mechanism that explains why or why not a recommendation was acted upon.

They were wondering if Director Engle had an opportunity to review the recommendations and if she had any response to the recommendations. Director Engle indicated that she had not had a chance to review these and check to see which ones would be doable and which ones won't work and why they won't. She will review these prior to the next schedule meeting in July and be better able to respond to them at that time. Director Engle also indicated she would touch base with our IT staff to see if there will be any issues with firewalls, etc. that would prohibit some of the recommendations from being implemented.

Comments were made that the providers found the notifications that are being sent out on the list-serv very helpful and were greatly appreciated.

5. Committee Reports

Beth Bacon indicated that at the present time the Clinical Advisory Committee is not meeting. The meeting was held with Senator Hansen regarding the requested changes in PA 322 and they had a very good meeting. After discussing the issue with them Senator Hansen agreed that there should be an amendment made to the language in PA 322. The request was made that the amendments to PA 322 won't change the facilities ability to develop their own best practices that are working so well for them currently. Once the amendments are drafted – they will send a copy to all of the committee members.

Charlene provided the report for the CIQIT committee. Their last meeting was last week and the IT workgroup is working on developing questions to use with the Computer Concierge program.

The committee met with Matt Younger who is with the Long Term Care area in Missouri. He discussed the different approaches that were used in Missouri to communicate more effectively; town hall meetings, updating information on their website. etc. The Training that is provided to the CNA's includes a discussion on how to answer the following question "What do you do for abuse?". The CNA's are taught that all they are looking for is a response that tells them that they know there is a policy and that something should have been reported. They have a full time State Cultural Change coordinator that provides the training and is the liaison between survey teams and the providers. This individual will also provide advice to the facilities on how something should be done. This position is funded with 75% of the funds coming from the Feds and 25% coming from the State.

The IT group met this morning. They would like to move forward with the Computer Concierge pilot program. They are working on defining objectives for this process with the idea of launching this in July. They have 6 facilities identified that are willing to assist with piloting this program. Gail Maurer will be monitoring this process. Surveyors have identified that the Electronic Medical Records is such a time consuming process that it does slow down the survey process.

On the IT front we have signed off on the MIACTS program. We are currently working on the State Agency Scheduling Tool program. Peggy Garabelli is the project manager. This program will be set up to refine the scheduling process down and show where the surveyors live and who is the closest surveyor to the facility. The anticipated date that this will be in effective is the end of August or beginning of September. This will also assist us in better coordinating the surveys and meeting the federal timeframes established by CMS.

Director Engle updated the Stakeholder Committee on other changes with the Bureau. We have completed moving all of the Bureau's employees to the Ottawa Building so we are now under one roof. There have been some legislative changes that will be changing how we do our processes effective July 1, 2014. They are working on formalizing the processes for the Allegation Section in Health Professions. The AG's office will now be representing the Department in all of the hearings that are requested for the abbreviated surveys. Surveyors will be attending the hearings as well.

There was some discussion of the IDR/IIDR being submitted electronically to MPRO. Kim & Gail will work with MPRO on this issue.

6. Next Meeting Date: July 16, 2014

The next meeting will be held at 1:30 p.m. on Wednesday, July 16, 2014 at the Michigan County Medical Care Facilities Council.

STAKEHOLDER COMMITTEE

Meeting | Michigan County Medical Care Facilities Council – Mac Building
JULY 16, 2014

MEETING MINUTES

Participants	Attended:
Bureau of Health Care Services	Carole Engle, Bureau Director Kim Gaedeke, Admin Director Gail Maurer, Interim Division Director, LTC Cindy Landis, LTC Exec Assistant
Health Care Association of Michigan (HCAM)	Beth Bacon
MI County Medical Care Facilities Council	Renee Beniak
MI Peer Review Organization (MPRO)	Donna Beebe
MI Long Term Care Ombudsman	Sarah Slocum
Consumer Representative	Sylvia Simons by phone

Notes taken by: Cindy Landis

1. **Review of the minutes from the April 29, 2014 meeting**

Director Engle asked if everyone had a chance to review the minutes from the April 29, 2014 meeting and if there were any changes. A few corrections needed to be made in the notes reflecting the Grand Rapids Visitor Bureau instead of the Greater Lansing Visitor Bureau and a couple typos were noted.

2. **Review of the Communication Strategy Recommendations Document**

Director Engle reviewed the Communication Strategy Recommendations document and didn't see anything to problematic. She thought they were well thought out and would assist with better communication and transparency. Director Engle will get with our IT staff and work with them on what we need to do to get the ball rolling. Some of the items will be easier to implement than others.

3. **Committee Reports**

The **Communication CIQIT** committee indicated they just conducted a short meeting and discussed the survey monkey results that have been received. They plan on another short meeting soon and will identify the work they will start on in the fall.

The **Clinical Process Guidelines** committee had nothing to report at this time but will be meeting in August to work on an update on the use of Bed Rails.

IT Workgroup is working on the Concierge Pilot program which is going very well. They are working on setting up surveys using this program and have been working with Eugenia Dumlao-Reedy and Tom Bissonnette. They have done a beautiful job very quickly providing the information needed and setting up the surveys.

The committee will work on a presentation for the JPST. The feedback so far has been extremely positive from both surveyors and providers. This program could also be used in the future for the residents and their families.

Challenges to this program have been identified: The State Agency would like to have dedicated laptops and feel that would be the optimal situation at the facilities. However, that may not be something that all facilities will be able to provide. Surveyors are having some issues with using the state equipment because of the firewalls the facilities have in place.

The responses that have been received back on the Survey Monkey so far have been very positive, especially with the interaction between the surveyors and the facilities. The team secretary is sending an e-mail to the Administrator of the Facility and the Team Leader for the survey team. It is requested that everyone complete the survey right away while everything is still fresh in their minds. There was also a question about expanding this to include the abbreviated survey process. Director Engle indicated that at this time it might not work to modify the process. It would be better to wait until we have gone through a full survey cycle and then see about adding the abbreviated surveys as well.

There have been some changes with personnel in the Long Term Care Division. Tim Smith has been moved into the Pharmacy area and is no longer working with the Long Term Care Division. We don't anticipate filling his position. John Rojeski is the only Licensing Officer in Lansing.

We have two survey monitors out on leave of absences currently and another one going out shortly. This is providing us an opportunity to test out the skills of other Managers and surveyors. We have Interim Managers in place to assist.

Director Engle indicated that the Division Director position for the Long Term Care Division has been posted and interviews will be conducted tomorrow. Very few individuals applied from the outside. Those that did didn't follow the instructions on applying for this position and supplying the required documents. We have 4 internal candidates that will be interviewed.

During the first year Carole was the Bureau Director we didn't fill positions until we could demonstrate that those positions needed to be filled. Approximately three months ago it became obvious that positions needed to be filled and we started to fill them as they became available.

The combination of the Complaint surveys and the annual's surveys has worked well. The culture of the surveys has changed. When citations are issued they are issued without berating individuals for what they didn't do. Some of the surveyors needed a refresher course on treating someone the way that would want to be treated. That tone will also be reflected with the Survey Monitor's as well.

The Long Term Care Division is also looking at how we can combine the annual surveys with the Complaints and Fri's more efficiently and are looking at the facility in terms of past performance. If the facility is one that has always done very well during the annual surveys and normally doesn't have a lot of issues – we may have a longer interval between the surveys. Those facilities that are performing poorly will be surveyed sooner. It was noted that even an excellent facility can go downhill very quickly due to Management changes or other issues.

Providers wondered if during the exit conference with the facilities the facilities could ask more questions regarding the citations if any they would be cited for – instead of having to wait until the report was issued. The response that was given was the information provided at the exit interview is preliminary and isn't set in stone. The reports are written and then given to their Manager's to review. The Survey Monitor's will edit the report and may change the S/S of a tag during their review of the report. It is not very often that the S/S will go from a lower S/S to a higher one – normally it would be the other way around.

We are working with CMS on a State Agency Scheduling Tool that will allow us to more efficiently schedule the surveys and the surveyors that will be assigned to that survey. We are cautiously optimistic that this will be in place shortly.

Sarah Slocum indicated that she is receiving the e-mails that indicate that the SOD has been issued – however, they do not provide any information so she can identify which facility this was for. Sarah was wondering if there was something that could be changed on these e-mails to identify the facility name.

Donna Beebe provided an in-depth update on changes occurring in MPRO. She indicated that within 10 days or so the final contract should be signed and indicated will include some changes on the regions that were decided by CMS.

Renee Beniak asked about the e-mails that she periodically gets with the IDR results. She indicated that the information that is provided is extremely helpful. This information would allow them to work with facilities on quality improvement trends, etc.

Renee Beniak, Sarah Slocum and Beth Bacon requested that they be included on the e-mails that are sent out on the IDR results. Gail Maurer indicated she would check into this and see what the process is and if this is something that could be accommodated. There was also discussion that the facilities feel that what they submitted wasn't taken into consideration during the review of the IDR request. Gail indicated that at times the facilities submit so much documentation it is difficult to determine what actually pertains to the citation. It would be helpful if the facilities only submit the documentation that supports the facility.

The planning for the Fall JPST is well underway. The planned theme is Person Centered Culture and how it fits in with the regulations. Director Engle gave Kudo's

to Tammy Bagby and Tom Bissonnette for a great job with the training and organizing of the JPST.

In 2015 we will be back in the DEVOS Place on March 24, 2015 and September 29, 2015 for the Spring and Fall JPST.

In 2016 we will be in Lansing on April 5, 2016 and September 27, 2016 for the Spring and Fall JPST.

4. Next Meeting date: October 15, 2014

The next meeting of the Stakeholder Committee is October 15, 2014 and was going to be held at the LeadingAge Office. The location of the meeting has been changed to the Ottawa Building, Conference Room C on the first floor.

STAKEHOLDER COMMITTEE

Meeting | Ottawa Building, Conference Room C
October 15, 2014

MEETING MINUTES

Participants	Attended:
Bureau of Health Care Services	Carole Engle, Bureau Director Kim Gaedeke, Admin Director Gail Maurer, Division Director, LTC Cindy Landis, LTC Exec Assistant
Health Care Association of Michigan (HCAM)	Beth Bacon
MI County Medical Care Facilities Council	Renee Beniak
MI Peer Review Organization (MPRO)	Donna Beebe
MI Peer Review Organization (MPRO)	Charlene Kawchak-Beltisky
Michigan Medical Directors Association	Dr. Mark Jackson

Notes taken by: Cindy Landis

1. Review of the minutes from the July 15, 2014 meeting

Director Engle asked if everyone had a chance to review the minutes from the July 15, 2014 meeting and if there were any changes. No changes were noted.

2. Follow-Up to Fall JPST

Director Engle felt that the Fall JPST went very well. We haven't received the comments back yet but will provide that information at a later date. There didn't seem to be any major concerns expressed for this meeting.

It was recommended that the theme for the Spring JPST be cultural change. Any suggestions please let Director Engle know. Director Engle also indicated that technology should also be a part of any JPST that we have.

The JPST trainings for 2015 will be held at the DEVOS Place in Grand Rapids
The JPST trainings for 2016 will be held in Lansing – the location to be identified later.

3. Computer Concierge project's recommendations. Approval requested by the Stakeholder Committee for formal adoption of the best practice protocol, establish an implementation date and determine where/how the protocol and tools will be housed for provider/surveyor access and future training plans.

It was agreed:

- a. Protocol in final format for the Computer Concierge project should be sent to the Stakeholder Committee members for review and approval.
- b. If approved, they would request an estimate on the implementation date of the project.
- c. Determine how and when this project would be rolled out to the Providers and Surveyors.

Director Engle felt that it was a great idea to have the recommendations reviewed. She cautioned everyone that we can't require that they use the protocol. We can present it as a best practice but it will be up to the provider if they choose to use it and we will not cite a facility for not using the protocol.

The IT group agreed to send an electronic copy of the protocols to Cindy who will distribute it to the committee members for their review. This will be discussed at the January 2015 meeting of the Stakeholder Committee.

The thought at this time is that there would not be many changes. Training/orientation to the Computer Concierge program was discussed. It was also discussed that this will be of benefit to the providers because it will cut down on the amount of time that they deal with surveyors and providing them with copies of documents.

It was also suggested that if facilities put together a binder/manual it could be given to the surveyors when they enter the facilities. Then they would have the information they need to obtain the records. The surveyors would need to be provided the link to the system and a temporary password to get into the system. It should also provide a go to person that the surveyors can ask questions of if they need assistance with the computer program that the facility uses. It should also be stressed to surveyors that they only need to print out the documents needed to support the citation. They don't need to print out documents if they are not citing the facility. Surveyors should also be made aware that this information has been made available for them to use during the survey process and it shouldn't be turned down.

It was requested that the Computer Concierge program be added to the annual survey preparation so the surveyors become used to asking for this information. If it's available it should be requested at the beginning of the survey; with the understanding that not all facilities will participate in this program and are not required to.

CMS might also be interested in this program – it can be used to promote the positive survey process and full utilization of electronic medical records.

4. Committee Reports

The **Communication CIQIT** committee accomplished what was requested by the Department. At this time there will not be any changes made to the survey monkey

process until after the first year that it has been used. Questions can be reviewed and modifications made at that time. The CIQIT committee doesn't have any further projects to work on and will wait for future assignments.

Gail Maurer presented some information on the responses that we have received so far for the Survey Monkey. For the most part the responses have overall been better than we had anticipated from the providers. We are receiving 4.9% to 5.08% positive satisfaction rating from the providers. 80% to 90% of the surveyors have received positive comments with most of them being mentioned more than once.

The **Clinical Process Guidelines** committee had worked on a draft policy for the Bed Rails. Beth wanted to send it back to the committee members for review before it is submitted to the Stakeholder Committee. They hope to have that ready to distribute by the January 2015 meeting.

Charlene Kawchak-Beltisky from MPRO asked if the Bureau was still requesting Directed POC's and Directed In-Service training. MPRO used to do these for the Bureau.

The response was that at this point and time we do not have a contract with MPRO to perform those services. The facility is responsible for securing a consultant as long as they are a valid consultant. The facility is paying for the consultation and is responsible for the outcome. It was also indicated that since MPRO processes the IIDR review there was a question about a possible conflict of interest. Charlene indicated there is no conflict they use different staff for both processes.

For Special Focus Facilities the question was asked does the Department want to know who the third party consultant is. The letter doesn't request that information at this time or provide information on who to use. This is something that can be looked at during the January meeting. The question was also asked what happened to the listing of Special Focus Facilities that we used to have on our web page. Director Engle replied CMS requested that we take it down.

Beth Bacon had some questions regarding the Life Safety Code guidelines/waivers that have been issued in the past. One of the questions was regarding the use of power strips. In the past Life Safety code has used the state regulations regarding the use of power strips. This was not in synch with the requirements from CMS. Gail indicated that the CMS guidelines are not a regulation, which would trump the state regulations. So we will follow the state regulations regarding the use of power strips.

Gail also indicated that she would talk with Bruce Wexelberg (CMS) and send out an e-mail with clarification.

We will still be issuing two 2567's. One will be issued for the F tags and one will be issued for the K tags. At this time we do not have the ability in SPOTS to issue the K tags. They will be issued by the Enforcement Unit and sent via e-mail. The POC will be sent to the appropriate Licensing Officer the old fashioned way.

The question was asked if MPRO would be able to process the IDR requests for the K Tags. Charlene indicated that at this time MPRO wouldn't have anyone to do the IDR's.

With the Life Safety Code Inspectors now reporting to the Long Term Care Division there will be a transition period and there will be challenges that will need to be worked out. Gail indicated she was very pleased with the response of the LSC inspectors this first week. Two of the inspectors are certified and two of them are not. The ones that haven't been certified will be shortly.

We are anticipating having cycles closed earlier with both the surveys and revisits being done together

Donna Beebe provided an additional update on the changes occurring in MPRO and where they were in that process. Donna indicated that she has some information regarding The CMS Nursing Home Quality Initiative that she would like to see sent to all of the nursing homes via the list serv. Director Engle indicated that there shouldn't be a problem sending this out on the list-serv.

5. Schedule meeting dates for 2015

The Stakeholder Committee will be meeting on the following dates in 2015. All of the meetings will be held at the Ottawa Building, 611 W. Ottawa Street in Conference Room C.

January 28, 2015

April 29, 2015

July 29, 2015

October 28th, 2015