

**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, 2014**

Prepared by

Carole H. Engle, Director

**Bureau of Health Care Services**



RICK SNYDER  
GOVERNOR



STEVE ARWOOD  
DIRECTOR

## 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, which amended MCL 333.20155 in addition to including a new section, MCL 333.20155a. Pursuant to this 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 under the following locations:

- The Bureau of Health Care Services website at: [www.michigan.gov/bhcs](http://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](http://www.michigan.gov/lara).

The Bureau of Health Care Services (BHCS), where the Long-Term Care (LTC) Division is located, is responsible for implementing this law. The mission of BHCS and its 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 447 long-term care facilities. As the State Agency for the Centers of Medicare and Medicaid (CMS), the LTC Division licenses and certifies 432 nursing homes that meet the certification requirements by CMS. Another 14 non-CMS nursing homes are also licensed by the LTC Division.

Specifically, this report covers the 2013 calendar year from January 1, 2013 to December 31, 2013.

## 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 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.

### **2013 Data:**

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 Survey Citations for Michigan, Appendix B lists the Top 25 Complaint 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.*

**2013 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:*

- 425 standard (annual) surveys.
- 416 standard revisits.
- 1,876 complaint investigations.
- 658 complaint revisits.

*(b) The number requiring follow-up surveys:*

- Out of the 425 standard (annual) surveys conducted, 420 required follow-up surveys.
- Out of the 416 standard revisits conducted, 26 required additional surveys.
- Out of the 1,876 complaint investigations conducted, 1,814 required follow-up surveys.
- Out of the 658 complaint revisits conducted, 15 required additional follow-up surveys.

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

- 6.3 is the average number of citations per nursing home for 2013.

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

- 252 complaints received during the night or weekend (non-business working hours) for 2013.

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

- 8 complaint surveys for 2013 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:*

- 22.15 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:*

- 290 citations or 8.90% out of a total of 3,256 citations went through the IDR or IIDR process for 2013.

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

- Out of the 290 citations under IDR or IIDR review, 32.41% 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 not consistent 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 not be consistent 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. This meeting has occurred and the Senator has agreed to work with the Advisory Group and the Department's Bureau of Health Care Services to achieve this as the goal is to assist and encourage providers to maintain the best quality care and not add another requirement for providers and regulators that would create inconsistency.

(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 is using 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. (Current servers are out of warranty and have to be replaced.)
- 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.
- Equipment such as laptops and computers to improve the ability of surveyors to use the Survey IT System. (Surveyors are currently using out of warranty equipment.)
- 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:*

- 494 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 three abbreviated complaint surveys that were not conducted on consecutive surveyor workdays during 2013. This has been addressed to prevent these from happening going forward.

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

- 53.24% of re-certifications were released to the nursing homes within the 10-working day requirement.
- 44.02% 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:*

- The online plan of correction (POC) program was started effective October 1, 2013. The data for 2013 was not previously collected nor tracked in the CMS ASPEN data system. The new online program was originally scheduled to be fully implemented in time to generate this data for the report but unfortunately it was delayed. This data will be provided for the 2014 report.

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

- 90.26% of re-certifications were completed within the 60 days from the exit date of a survey.
- 71.05% 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:*

- 32.00% of re-certifications were completed within 85 days from the exit of a survey.
- 25.00% 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 2013, 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. For the calendar year 2014 report, compliance letters will only be sent to nursing homes that are in full compliance. This will allow the LTC Division to accurately gather this data and include it in the 2014 calendar year report.

(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 2013:
  - January 25, 2013 from 1:30 to 3:30 pm in the Ottawa Building, Lansing, MI
  - April 24, 2013 from 1:30 to 3:30 pm at the Health Care Association of Michigan (HCAM) Office, Lansing, MI

- July 17, 2013 from 1:30 to 3:30 pm at the Michigan Association of Counties (MAC) Building, Lansing, MI
- October 17, 2013 from 1:30 to 3:30 pm at the Leading Age Office, Lansing, MI
- Appendix E provides the meeting minutes for each quarterly Stakeholder Committee meeting held in 2013.

(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:*

- 290 citations or 8.90% out of a total of 3,256 citations went through the IDR or IIDR process for 2013.

(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 290 citations under IDR or IIDR review, 32.41% 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. As an example, the standard annual survey teams and the complaint unit have been combined resulting in teams of surveyors who are cross-trained to handle both types of surveys. Through the use of an online survey scheduling system through ASPEN (the federal database program), BHCS has achieved the requirements of PA 322 of 2012 by coordinating the scheduling of surveys. As a result, BHCS is now 95% paperless. In 2013, BHCS also automated the submission of the 2567 Reports (Statement of Deficiencies) and facility Plan of Corrections (PoC) to make it easier for nursing homes and BHCS to provide necessary reports and information to meet federal regulatory guidelines.

While 2013 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

<b>Display Options:</b>	Display top 25 tags
<b>Provider and Supplier Type(s):</b>	Dually Certified SNF/NFs - Medicare and Medicaid, Distinct Part SNF/NFs - Medicare and Medicaid, Skilled Nursing Facilities (SNFs) - Medicare Only, Nursing Facilities - Medicaid Only
<b>State:</b>	Michigan
<b>Survey Type(s):</b>	Standard
<b>Survey Focus:</b>	Health
<b>Year Type:</b>	Calendar Year
<b>Year:</b>	2013
<b>Month:</b>	Full Year

Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
<b>Totals represent the # of providers and surveys that meet the selection criteria specified above.</b>			Michigan Active Providers = 433	Total Number of Surveys = 419
F0441	INFECTION CONTROL, PREVENT SPREAD, LINENS	205	46.9%	48.9%
F0323	FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES	186	42.3%	44.4%
F0371	FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY	165	37.9%	39.4%
F0329	DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS	156	35.6%	37.2%
F0465	SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON	98	22.4%	23.4%
F0314	TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES	96	22.2%	22.9%
F0309	PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING	95	21.5%	22.7%
F0226	DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES	87	19.9%	20.8%
F0279	DEVELOP COMPREHENSIVE CARE PLANS	85	19.4%	20.3%
F0431	DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS	75	17.3%	17.9%
F0241	DIGNITY AND RESPECT OF INDIVIDUALITY	57	12.9%	13.6%
F0332	FREE OF MEDICATION ERROR RATES OF 5% OR MORE	57	12.9%	13.6%
F0315	NO CATHETER, PREVENT UTI, RESTORE BLADDER	56	12.9%	13.4%
F0221	RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS	51	11.8%	12.2%
F0225	INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS	50	11.5%	11.9%
F0328	TREATMENT/CARE FOR SPECIAL NEEDS	49	11.1%	11.7%
F0325	MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE	39	9.0%	9.3%
F0312	ADL CARE PROVIDED FOR DEPENDENT RESIDENTS	34	7.6%	8.1%
F0456	ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION	33	7.6%	7.9%

# Citation Frequency Report

F0159	FACILITY MANAGEMENT OF PERSONAL FUNDS	33	7.6%	7.9%
F0246	REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES	33	7.4%	7.9%
F0282	SERVICES BY QUALIFIED PERSONS/PER CARE PLAN	33	7.6%	7.9%
F0518	TRAIN ALL STAFF-EMERGENCY PROCEDURES/DRILLS	32	7.2%	7.6%
F0334	INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS	29	6.5%	6.9%
F0280	RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP	28	6.5%	6.7%

# Citation Frequency Report

## Selection Criteria

<b>Display Options:</b>	Display top 25 tags
<b>Provider and Supplier Type(s):</b>	Dually Certified SNF/NFs - Medicare and Medicaid, Distinct Part SNF/NFs - Medicare and Medicaid, Skilled Nursing Facilities (SNFs) - Medicare Only, Nursing Facilities - Medicaid Only
<b>State:</b>	Michigan
<b>Survey Type(s):</b>	Complaint
<b>Survey Focus:</b>	Health
<b>Year Type:</b>	Calendar Year
<b>Year:</b>	2013
<b>Month:</b>	Full Year

Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
<b>Totals represent the # of providers and surveys that meet the selection criteria specified above.</b>			Michigan Active Providers = 433	Total Number of Surveys = 1583
F0323	FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES	178	30.9%	11.2%
F0309	PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING	80	15.5%	5.1%
F0225	INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS	62	12.2%	3.9%
F0226	DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES	60	11.5%	3.8%
F0223	FREE FROM ABUSE/INVOLUNTARY SECLUSION	51	10.6%	3.2%
F0241	DIGNITY AND RESPECT OF INDIVIDUALITY	48	10.4%	3.0%
F0281	SERVICES PROVIDED MEET PROFESSIONAL STANDARDS	39	8.3%	2.5%
F0157	NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)	32	7.4%	2.0%
F0279	DEVELOP COMPREHENSIVE CARE PLANS	29	6.5%	1.8%
F0224	PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATE	26	5.8%	1.6%
F0314	TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES	26	5.8%	1.6%
F0425	PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH	22	5.1%	1.4%
F0328	TREATMENT/CARE FOR SPECIAL NEEDS	20	4.6%	1.3%
F0312	ADL CARE PROVIDED FOR DEPENDENT RESIDENTS	19	4.2%	1.2%
F0329	DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS	15	3.2%	0.9%
F0514	RES RECORDS-COMplete/ACCURATE/ACCESSIBLE	15	3.2%	0.9%
F0155	RIGHT TO REFUSE; FORMULATE ADVANCE DIRECTIVES	14	3.0%	0.9%
F0333	RESIDENTS FREE OF SIGNIFICANT MED ERRORS	13	3.0%	0.8%

# Citation Frequency Report

F0353	SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS	13	3.0%	0.8%
F0441	INFECTION CONTROL, PREVENT SPREAD, LINENS	12	2.8%	0.8%
F0315	NO CATHETER, PREVENT UTI, RESTORE BLADDER	11	2.5%	0.7%
F0246	REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES	10	2.3%	0.6%
F0431	DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS	8	1.8%	0.5%
F0490	EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING	7	1.6%	0.4%
F0325	MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE	5	1.2%	0.3%

# Deficiency Count Report

## Selection Criteria

<b>Provider and Supplier Type(s):</b>	Dually Certified SNF/NFs - Medicare and Medicaid, Distinct Part SNF/NFs - Medicare and Medicaid, Skilled Nursing Facilities - Medicare Only, Nursing Facilities (NFs) - Medicaid Only
<b>Display Uncorrected Deficiencies Only:</b>	No
<b>Percent by Row:</b>	No
<b>Survey Type(s):</b>	Standard
<b>Survey Focus:</b>	Health
<b>Year Type:</b>	Calendar Year
<b>Year:</b>	2013
<b>Month:</b>	Full Year

Deficiencies by Scope & Severity												
Region	B	C	D	E	F	G	H	I	J	K	L	Total
(I) Boston	92	53	2,347	777	175	206	10	0	15	6	0	3,681
(II) New York	226	38	2,977	961	160	75	3	0	12	46	23	4,521
(III) Philadelphia	247	185	5,277	2,017	336	103	4	0	6	3	4	8,182
(IV) Atlanta	146	189	6,658	1,762	681	159	4	0	63	54	1	9,717
(V) Chicago	411	955	10,583	3,366	1,408	397	9	0	73	33	32	17,267
Illinois	104	406	2,132	943	444	107	1	0	20	14	19	4,190
Indiana	70	118	1,852	513	124	55	3	0	3	1	0	2,739
Michigan	131	85	1,580	560	249	58	1	0	13	7	2	2,686
Minnesota	20	115	1,497	373	186	20	0	0	5	1	1	2,218
Ohio	63	129	2,160	549	225	64	1	0	11	2	0	3,204
Wisconsin	23	102	1,362	428	180	93	3	0	21	8	10	2,230
(VI) Dallas	303	421	2,752	7,076	1,739	117	92	0	19	201	17	12,737
(VII) Kansas City	168	166	4,316	2,635	624	170	1	0	20	7	1	8,108
(VIII) Denver	66	106	2,271	1,530	301	131	15	7	15	9	0	4,451
(IX) San Francisco	523	244	7,177	3,179	555	112	11	2	11	12	11	11,837
(X) Seattle	46	45	1,660	712	142	102	6	2	12	2	4	2,733
<b>National Total</b>	<b>2,228</b>	<b>2,402</b>	<b>46,018</b>	<b>24,015</b>	<b>6,121</b>	<b>1,572</b>	<b>155</b>	<b>11</b>	<b>246</b>	<b>373</b>	<b>93</b>	<b>83,234</b>



# Deficiency Count Report

## Selection Criteria

<b>Provider and Supplier Type(s):</b>	Dually Certified SNF/NFs - Medicare and Medicaid, Distinct Part SNF/NFs - Medicare and Medicaid, Skilled Nursing Facilities - Medicare Only, Nursing Facilities (NFs) - Medicaid Only
<b>Display Uncorrected Deficiencies Only:</b>	No
<b>Percent by Row:</b>	No
<b>Survey Type(s):</b>	Complaint
<b>Survey Focus:</b>	Health
<b>Year Type:</b>	Calendar Year
<b>Year:</b>	2013
<b>Month:</b>	Full Year

Deficiencies by Scope & Severity												
Region	B	C	D	E	F	G	H	I	J	K	L	Total
(I) Boston	16	9	755	172	20	161	10	0	33	2	2	1,180
(II) New York	25	4	531	141	13	77	0	0	8	70	35	904
(III) Philadelphia	105	159	2,170	594	77	145	2	0	7	1	2	3,262
(IV) Atlanta	29	17	1,915	338	74	204	0	0	216	64	19	2,876
(V) Chicago	30	99	3,908	770	173	550	10	0	153	25	24	5,742
Illinois	9	37	958	163	62	156	6	0	45	10	11	1,457
Indiana	9	16	998	186	25	105	2	0	6	2	8	1,357
Michigan	1	1	596	116	14	150	0	0	49	1	0	928
Minnesota	0	0	70	12	10	18	0	0	0	0	0	110
Ohio	8	33	778	177	35	68	0	0	23	3	0	1,125
Wisconsin	3	12	508	116	27	53	2	0	30	9	5	765
(VI) Dallas	70	104	1,206	2,248	330	220	76	0	74	267	45	4,640
(VII) Kansas City	32	30	1,793	698	174	311	3	0	61	4	1	3,107
(VIII) Denver	10	12	419	244	32	71	1	0	7	4	0	800
(IX) San Francisco	56	27	2,288	287	32	140	10	0	9	13	4	2,866
(X) Seattle	9	4	577	86	9	156	3	0	3	2	3	852
<b>National Total</b>	<b>382</b>	<b>465</b>	<b>15,562</b>	<b>5,578</b>	<b>934</b>	<b>2,035</b>	<b>115</b>	<b>0</b>	<b>571</b>	<b>452</b>	<b>135</b>	<b>26,229</b>

## Appendix E

### STAKEHOLDER COMMITTEE

MEETING | BHCS – Ottawa Building, Lansing | January 25, 2013 | 1:30 – 3:30 PM

### MEETING MINUTES

<b>Participants</b>	<b>Attended:</b>
Bureau of Health Care Services	Carole H. Engle, Director Howard Schaefer, LTC Division Director
Health Care Association of Michigan (HCAM)	Beth Bacon
Leading Age Michigan	Kevin Evans
MI County Medical Care Facilities Council	Reneé Beniak
MI Medical Directors Association	Mark Jackson
MI Peer Review Organization (MPRO)	Diane Smith – by phone Charlene Kawchak-Beltisky – by phone
MI Long-Term Care Ombudsman	Sarah Slocum, Ombudsman
Consumer Representative	Sylvia Simons
Others	Cindy Landis, LTC Division

Notes taken by: Cindy Landis

#### **1 Welcome & Introductions – Carole Engle**

Director Engle introduced herself to the committee members and gave a brief background of her experience working with the State of Michigan. She also thanked all of the members for participating in this committee and requested all members introduce themselves.

#### **2 Function of Committee**

Director Engle indicated that the committee is a result of a statutory requirement (P.A. 322 of 2012) and asked members what they would like to come out of this committee. Four workgroups created previously were finalized and each group will report back to the stakeholder committee.

Committee members were requested to let go of the past and to look to the future, the primary purpose for the committee is to improve the care for the residents. This should be the first priority and everything else should come in second.

The function of the Committee is not to manage or run the Bureau or Department such as how to conduct surveys, etc., that is the responsibility of Director Engle and her staff.

Committee members were asked for suggestions and made the following comments:

- A priority needs to be the education and training, not only of the providers but the surveyors as well.
- Education and training opportunities for the front-line staff providing direct care to the residents.
- Communication will be a key component and must be improved between the provider groups and the Department.
- Continued training via the Joint Provider/Surveyor meetings twice a year.
- Evidence based surveys.

A collaborative educational focus when the survey team comes in the door would be very helpful. However, it was explained to the committee members that CMS Guidance to Surveyors does not allow the Bureau to provide specific information on what a facility needs to do to correct a problem. The Bureau can, however, provide informational tools to the facility and other helpful informational websites that can be used as well.

Communication on the regulations and how they are being interpreted would be very useful. All members agreed that the Quality of Life and Care must be preserved for the residents. It would also be helpful if the providers knew what the surveyors would be looking at while on survey.

Consistency between the survey teams/surveyors is a key objective. Director Engle cautioned the members to be careful what they recommend; sometimes changes result in more rigid functioning, for example, the highly detailed enforcement grid.

In terms of remedies, the punitive approach did not work and changes have been made to the CMP process. However, if a facility is letting bad things happen, CMPs are appropriate.

It was noted by the committee members that Howard Schaefer and Roxanne Perry have been very accessible and it has helped a great deal when issues arise that need to be dealt with.

### **3 Approval of Agenda**

It was agreed that the agenda and process for this committee would be less formal. Director Engle wants to make sure that there are specific items that the committee focuses on for each meeting. Good documentation will be maintained to show that goals are being achieved.

### **4 Old Business**

Reneé Beniak indicated that she is chairing the Customer Service and Communications Workgroup and was looking to the Stakeholder Committee to provide some guidance on what her group should focus on. The first meeting for this group is scheduled for February 22, 2013.

Areas that were discussed for this sub-committee were:

- How to get the message out to everyone.
- A standardized mechanism to allow the provider, resident or family members to provide feedback on the last survey – both positive and negative aspects which could require some form of follow-up.
- Facilities at times have concerns with surveys but do not have a process in place that they can utilize to express these concerns.
- This process could be as simple as 5 questions that can be asked. Howard indicated that this has been considered in recent discussions.

Reneé Beniak asked if her committee could work on an evaluation format or questionnaire. There were no concerns or objections.

The concern was also raised about several stakeholder committee members serving on the Workgroups as well. Should they all be on all of the groups? Especially since a lot of the Workgroup subject matter intersects, should some groups be combined?

A key objective is to make sure everyone understands how the survey process works.

It was noted that when the Bureau sent out to the list-serve with the information on the new FRI process that is coming up soon – it was very well received by the provider associations and facilities. This was seen as a very positive move and they would like to have more of this type of notice and communication in the future.

## **5 New Business**

### **A. BHCS Resources that may be available to support Workgroups**

The question was asked what BHCS resources might be available to help support the Workgroups. One of the Licensing Officers, Laura Bauer, had attended a meeting of the Local Area Network for Advancing Excellence. She brought a needed perspective to the process and was invaluable, and this had a very positive affect. It was also asked if more field staff, LO's/SM's could be available to participate in some of these meetings and discussions. Carole indicated that she and Howard would look into this as an option. However, it was noted that because of time constraints and deadlines that need to be completed; none of them would be able to participate on a full time basis.

Deb Ayers is the remaining Nurse Consultant from the Quality Improvement program who was also very involved with the Clinical Process Guidelines development. Deb might also be available on a limited basis; as could possibly one of the other trainers. It was noted that they may not be able to participate in person every time but they may be able to do so by teleconference.

### **B. CMP Grants**

Beth Bacon is the Chair of the Clinical Advisory Work Group. Beth indicated that the last time the Clinical Process Guidelines were worked on Dr. Levinson was

very involved in this process. Dr. Levinson is also involved with CMS and the Regional Office.

Beth asked if the Department would be willing to use a small portion of the CMP money to contract with Dr. Levinson to work on these updates. The cost would be \$25,000 a year for two years. Dr. Levinson would attend meetings a couple of times face to face but do the remainder of consultation via teleconference. Howard will search for the former contract.

Director Engle first asked if there was anyone in Michigan who could do the work in place of Dr. Levinson. Beth indicated that Larry Lawhorne would have been able to assist but he has since moved to Ohio. Dr. Levinson has the connectivity to CMS and the National Medical Directors Association. Dr. Jackson may be asked to consult as well. Director Engle indicated that Beth should put together a proposal to use some of the CMP funds for this contract. Once Beth had the proposal together she should send it to Director Engle who would forward it on to CMS for their approval. CMS is very clear on the criteria to be included. The proposal must be able to show the direct benefits to the residents. Kevin Evans indicated he had just been involved in working on a proposal and will send the information to Beth for her to review.

**C. Information/Update on the CMP funded One Vision Project and how to coordinate with this BHCS Stakeholder Committee**

Sarah Slocum updated the committee on the One Vision Project. The One Vision group has received CMP Funds in the past to work on Culture Change, the provision of care according to a person centered model and how this can intersect with regulations.

The Bureau and Stakeholders together developed a clarification on Holiday Decorations that was distributed to all providers before Thanksgiving.

They are looking into the following topics: food portions for residents, moving furniture in the residents' rooms (having beds up against the wall) and residents having curling irons in their rooms.

The One Vision Group had recently revised the My Inner View Tool and greatly increased resident responses after the format revision (from 12% to 50%).

**D. Report on IT Workgroup meeting and next steps**

Kevin Evans indicated that the IT Workgroup had their first meeting in December and talked about the issue of multiple types of software programs at the facilities. They discussed the concept of a computer concierge at the facility who would be familiar with the software and be able to assist the survey team in quickly locating the needed information. This Workgroup also provided great feedback for the SPOTs - POC project. Cedric Libirian presented a power point and talked about the process.

Three meetings have been scheduled. The next one is on February 11, 2013. Kevin also distributed the minutes from the December meeting to the Workgroup members and will forward them to Director Engle.

#### **E. Joint Provider/Surveyor Training Update**

Director Engle updated the committee on the Joint Provider/Surveyor Training scheduled in April of 2013. Decisions needed to be made for this training and Director Engle apologized to the committee for not involving them more with the time sensitive decisions. They will be asked for input about the training that is scheduled in the fall. Updates to the process for the JPST: registration will be handled by MPHI and will be available online.

Speakers have been lined up and everything is pretty much set. Several committee members responded positively to the speakers lined up.

Topics for the breakout sessions are:

- How the standard survey process has changed. Changes in the Regulations.
- Shingles and the LTC Resident.
- Reduction of Anti-psychotic drugs in LTC.
- Neurogenic Pain in the Elderly.
- Honoring Resident Choices - Advance Directives and Physician Orders.

There was discussion about having these trainings done as webinars. Committee members indicated that the face to face networking that's done at this training is invaluable. However, if the training was taped and made available on the Bureau webpage, facility staff not able to attend could view those tapes, as well as the additional breakout sessions. This would be beneficial.

Beth also indicated that in the past the associations were contacted to check on dates they might have conferences scheduled to avoid any conflicts with JPST. That has been greatly appreciated. If that could continue it would be very helpful to avoid scheduling conflicts for providers.

#### **6 Announcements – Next Quarterly Meeting Date – April of 2013**

Director Engle indicated that she will not be available the first two weeks of April for the next quarterly meeting due to a CMS Conference (required attendance) and other previously scheduled commitments. It was suggested that the meeting be held on Friday afternoon. No one indicated any concerns.

Beth Bacon indicated that the meeting in April could be held at the HCAM building.

Reneé Beniak indicated that the meeting in July could be held at The MCMCFC office.

Kevin Evans indicated that the meeting in October could be held at The Leading Age office.

Everyone was requested to send Cindy Landis an e-mail and let her know the dates they would not be available during the last two weeks of April and their availability in July and October. All of the meetings for 2013 will be scheduled and an e-mail will be sent to all committee members so meeting dates and times can be placed on their schedules.

## **7 Adjournment**

The meeting was adjourned at 3:30 p.m.

## STAKEHOLDER COMMITTEE

MEETING | BHCS – HCAM Office, Lansing | April 24, 2013 | 1:30 – 3:30 PM

### MEETING MINUTES

Participants	Attended:
Bureau of Health Care Services	Carole H. Engle, Director Kim Gaedeke, LTC Interim Director Cindy Landis, LTC Exec Assistant
Health Care Association of Michigan (HCAM)	Beth Bacon
Leading Age Michigan	Kevin Evans
MI County Medical Care Facilities Council	Reneé Beniak
MI Medical Directors Association	Mark Jackson by phone
MI Peer Review Organization (MPRO)	Diane Smith Charlene Kawchak-Beltisky
MI Long-Term Care Ombudsman	Sarah Slocum, Ombudsman
Consumer Representative	Sylvia Simons
Others	Cindy Landis, LTC Division

Notes taken by: Cindy Landis

#### **1 Welcome & Introductions – Carole Engle**

Director Engle welcomed everyone to the meeting and provided a copy of the agenda for this meeting. All committee members were encouraged to bring up any issues that they wished to discuss that were not listed on the agenda.

#### **2 JPST – the good the bad and the ugly**

Director Engle requested feedback on the Joint Provider/Surveyor Training that was held earlier in the month. Director Engle was not able to attend in person but had prepared a video that was presented at the conference. Director Engle indicated that she has reviewed the evaluations and for the most part they were quite positive. There were some obvious issues that will need to be addressed: initial problems with the on-line registration, long lines at the registration table.

Positive items that were brought up by the committee members:

- Interaction with the networking cards was fun and brought a lighter feel to the conference;
- Positioning of the podium and speaker was better as individuals attending did not have to walk in front of the keynote speaker to use the facilities.
- Flash drives were well received.



Areas for improvement brought up by committee members:

- Better marketing is needed to help reduce expectations what will be provided. If individuals had a better idea that packets would not be provided, participants would have printed and brought the information;
- Use of WIFI and encouraging participants to bring their laptops and/or hand held devices to access the information being presented should be made more known prior to the event;
- The main gathering room is so large that it is difficult to hear the keynote speaker. If speakers could be placed out in the audience it would help. The acoustics at the Suburban Place has always been a problem;
- The keynote speech is very long – usually an hour with time for Q&A. If this was shortened it could provide more time at the breakout sessions or the possibility of adding a fourth breakout session;
- Lunches were not delivered in a timely manner. Some of the speakers for the breakout sessions did not get to eat their lunches on time prior to the session starting. The afternoon breakout sessions were delayed by 15 minutes. Some of the attendees received their lunch 5 minutes prior to the end of the lunch time. Having boxed lunches may speed up the process.
- In the past moderators were set up to assist at different breakout sessions and also attend more than one breakout session. At this conference each moderator was scheduled to assist at the same breakout session and were unable to attend any of the other sessions.

Director Engle acknowledged that this conference was different from what was held in the past and the expectations is that this conference will continue to improve in the future. The Fall JPST will be held at the Devos Conference Center in Grand Rapids. However, we may have to go back to the Suburban Center for future conferences. It was also mentioned that in the past the JPST was held at the Lansing Center in downtown Lansing.

Director Engle requested that the committee members start thinking about topics and speakers they would like to see at the next JPST. Suggestions should be provided to Director Engle within the next couple of week. These will be compiled and sent out to the committee as a whole for review and feedback.

Director Engle indicated that the associations may need to provide additional funding for this conference. However, CMS feels that these conferences are a good idea and has been favorable in allowing CMP money to be used. No matter how these conferences are done they are very costly. The cost for attending the conference was raised from \$99.00 to \$125.00 this time. One of the ideas suggested is to have individuals attending the conference to obtain Continuing Education Credits (CEU's) pay the additional \$8.00 for the CEU.

Dr. Jackson also asked if anyone had given consideration to obtaining credits for physicians that attend this conference with an emphasis given to Medical Directors.

Director Engle indicated that she would ask that this be looked at to see if was possible. If more physicians' attended it would allow us to have a more diverse group.

The suggestion was also made that perhaps we could change the way the breakout sessions are set up and adapt them more for the needs of the people attending. Example: Have two of the breakout sessions shown as basic and one of the breakout sessions more advanced. If the more advanced session was full there would still be other options available to attend. This would allow those individuals that would benefit from a more challenging session to attend and meet their needs.

Committee members agreed that they would like to see the sessions more focused on the outcome, i.e., what do providers need to do to get the desired results. Example used was for dementia patients. If providers were given the 4 situations that would most likely result in citations – they could focus their quality improvement on those areas. They would also like to see some formal process set up to provide feedback from the surveys.

### **3 Committee Reports**

**Kevin Evans, Chair of the IT Workgroup** provided an update from their meeting of April 15, 2013. Three quarters of the meeting centered on identifying the processes of the Computer Concierge position for each facility. It was noted that not each facility will have an actual position but will have a person assigned to assist the surveyors when they are in the facilities. It was noted at this time, there is not a lot of trust between the facility and the surveyor. Facilities do not believe that surveyors are looking for documentation that will put the facility back in compliance and not just looking for documentation to be able to cite the facility. Director Engle indicated that she understands how regulatory surveys go and would like to see surveyors saying to the facility; this is what the rule/regulation states; what are you doing to be in compliance with it. This will open up an opportunity for dialogue with the facility and surveyor. Training in both MI Acts and SPOTS program was discussed.

**Beth Bacon, Chair of the Clinical Advisory Workgroup** updated the committee members on their meeting last Friday. The committee reviewed their mission statement and priorities. The request to use CMP funds to have Dr. Levinson assist with the updating of the Clinic Process Guidelines (CPG) was reviewed by DCH. They sent back 11 questions that they needed to have answered. Kim Gaedeke and Beth Bacon stayed after the meeting to work on a response to send back to the committee members for their review before they send it on to Director Engle for her review. This committee will be meeting on a monthly basis. Beth had asked that Mark Jackson do some research with the States of Indiana, Kentucky and Tennessee to see if we would be interested in be adopting any or all of the 24 Guidelines that already exist. Twelve of which overlay the current 14 CPG's we have. Dr. Jackson indicated that if the protocols are already in place the cost would be \$11.00 or \$12.00 versus the \$25.00 that would be charged otherwise. Beth indicated that CMP's could be used to pay for this as well and wondered if we should amend our request to include these costs as well. The

intent is not to reinvent the wheel and to use what's out there and available. The other part of the strategy discussed by the committee was the development of the guidelines that were never done and that the department and provider groups agree need to be done.

**Renee Beniak and Charlene Kawchak-Belitsky, co-chairs of the newly formed Communication/Customer Service Internal Quality Integrated Team (CIQIT)** met on April 4, 2013. The committee discussed different items regarding the survey process and identified different areas that promote collaboration like the One Vision Group which revolves around person centered care and how we could enhance lives in nursing homes. In the past a survey tool had been used to help provide feedback after the survey was completed. This committee will look into obtaining copies of the survey form that had been used in the past. There was also talk about having a more formal survey process that could be used. A public relations person from LARA will be coming to their next meeting to discuss this. There was some discussion from the Stakeholder committee members on how we could do this. Howard Schaefer had discussed in the past having an e-mail set up for anonymous feedback to be provided from the facilities on their survey experience. There was talk of putting something on the existing website for this purpose. Director Engle will work with Kim Gaedeke on providing feedback.

Members from the CIQUIT group will be working on the following items to bring back to the June meeting:

“Encourage and reward providers that strive for excellence”, Cean Eppelheimer with input from Charlene and MPRO

“Quality Improvement to the Survey and Enforcement process”, Deanna Mitchell

“Promoting transparence across provider and surveyor communities”, Wendi Middleton

It was discussed that if the Department could present information in such a way to show that this is preliminary and still in process and what is being considered – this would be very helpful. Recommendations will be made for Carole's review and discussion.

Cindy Landis will provide a list of each sub-committee and its members to everyone on the Stakeholder's committee. This list will include the names, e-mail addresses and phone numbers.

#### **4 Bureau Director's Report**

Director Engle attended the new State Agency Director orientation and the Leadership summit conducted by CMS during the second week of April. She found it very interesting and received a lot of comments regarding the combining of the Bureaus of Health Systems and Health Professionals. It appears that Michigan is the only state doing this at this time. Director Engle indicated she has some power point presentations from the leadership training and would be happy to send those out to anyone who is interested in viewing them. The following week she was in San Diego for a conference that had been put on by the National Council of Nurses. The focus of this

conference was nursing in LTC. There was a speaker at this conference that Director Engle is interested in having as a speaker at our JPST conference. The speaker was focusing on the quality of life for residents in Nursing Homes.

Director Engle thanked Kim Gaedeke for her work as the Interim Division Director for LTC and indicated she is doing an awesome job. The Bureau has interviewed for Howard Schaefer's replacement and is hoping to be able to make an announcement on the selected candidate soon. Director Engle is confident that the individual will have long term care experience, but may not necessarily be an internal candidate.

The Bureau is currently, with Kim's help, reviewing the different processes that are done in the Long Term Care Division, to make sure that what is being done makes sense and is working. The goal is to look at all of the processes, rationalize why we do it the way we do it and see what we can do to improve it. What do we need to provide to the surveyors to have consistency in all surveys and make sure that they understand our role is to ensure that the residents in nursing homes are receiving the best quality of care possible. There are still some issues that need to be worked on with surveyors, consistency of surveys, and readmission process of residents after evacuations and so on. However in the last three months there have been some huge steps in the right direction. The Bureau will also be looking at some of the processes with the Health Professions side.

We are working on a new management system for the Facility Reported Incidents (FRI's) and are working to ensure that the computer system will be set up so that we will be able to see the process through electronically from the facility submitting the FRI to the surveyor conducting the investigation. The Intake staff is now combined with the Complaint Investigation Unit. They have been working very hard and the backlog is now down to 13. Director Engle thanked Kim for taking the lead on this and getting them back on track.

We are still working on the SPOTS and MI Acts programs. These programs will be integrated so you will only need to log on to one system. There was discussion about having both of these programs piloted at some facilities and how the training would be provided. Cedric has been working with DTMB and screens will have the same look and feel for both programs which will help make it easier to use and will help populate different fields so if the information is entered once, it may not need to be entered again.

Director Engle spoke with Thomas Hamilton and Tom Kress with CMS about both of these programs and they were extremely committed to this process. Michigan will be the pilot state for these programs. They are very interested in how it works in Michigan and are hoping to take it nationwide.

Sarah Slocum complimented the Bureau on the handling of the two evacuations. From their stand point they saw a lot of dedicated action from the LTC Division and the providers and their staff. Kathy Hovland one of the SM's in the Lansing Office was complimented on doing a great job and was very helpful. Beth Bacon indicated it would

be a good time to perhaps consider a sub work group to establish protocols over and above the closure protocol for these types of evacuations. This could also be a great topic for a future JPST. There was a lot of discussion regarding the reimbursement to the providers for the residents that were transferred to another facility on a temporary basis. Director Engle indicated that this is not a surveyor or Bureau issue that we will be involved in.

Beth Bacon asked about Nursing Home Rule 110 which requires that the facility has established the same number of beds that are showing on their license. The National Preparedness program requires us to identify beds that are available in hospitals and nursing homes. HCAMs corporate facilities have experienced a different interpretation of this rule by different teams and were told to delineate the beds since the number did not match the license. Federal Medical policy requires/will allow a facility to demonstrate that they could establish the bed quickly. Beds didn't match the license, quite a few of the facilities lost 1-9 beds, which from the provider side becomes a monetary loss for the facility. In another survey, the surveyor challenged the facility to reestablish the bed within two hours and did not cite the facility under Rule 110. Director Engle indicated the Bureau will review this and a decision will be forthcoming.

Sarah Slocum brought up the question of transparency. What and when should be shared with the providers. The local Ombudsman is hearing from surveyors their concerns and is not sure what is true and what is not. Director Engle responded that the Bureau is reviewing all of our internal processes and making changes as needed. For that reason the Bureau would not normally send out any information to the providers.

The question was asked if we had any information on when the QIS process would be started in Michigan. At this time we are not sure when Michigan will start the QIS survey process. State agencies that are already doing the QIS surveys have indicated that this survey takes longer than the survey process we are currently following.

## **5 Next Meeting**

Next meeting is scheduled for July 17, 2013 from 1:30 p.m. to 3:30 p.m. It will be held at the Michigan Association of Counties Building (MAC) on the 3<sup>rd</sup> floor large conference room.

## STAKEHOLDER COMMITTEE

MEETING | BHCS – MAC BUILDING, Lansing | July 17, 2013 1:30 – 3:30 PM

### MEETING MINUTES

Participants	Attended:
Bureau of Health Care Services	Steve Gobbo, Deputy Director Leslie Shanlian, LTC Director Kim Gaedeke, Administrative Support Division Director Cindy Landis, LTC Exec Assistant
Health Care Association of Michigan (HCAM)	Beth Bacon
Leading Age 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 by phone
MI Long-Term Care Ombudsman	Sarah Slocum, Ombudsman

Notes taken by: Cindy Landis

#### **1 Welcome & Introductions – Leslie Shanlian**

Leslie chaired the meeting and thanked Renee Beniak for hosting the meeting. Leslie introduced Deputy Director Steve Gobbo to the committee members and Deputy Director Gobbo gave a brief background of his work experience. All of the attendees of the meeting introduced themselves as well to Deputy Director Gobbo.

#### **2 JPST Update – Kim Gaedeke**

Kim indicated that the Fall 2013 Joint Provider/Surveyor training has been scheduled for Tuesday, September 10, 2013. It will again be held at the Suburban Collection Show Place in Novi. They are currently testing to make sure the on-line registration works before sending out the e-brochure with the direct link to registration. Kim is hoping this will go out next week.

They have confirmed the Keynote Speaker will be Karen Schoeneman, of Schoeneman Consulting. The title of her presentation is “The Rules in Our Heads”. Ms. Schoeneman worked with CMS and was one of the founding members of the CMS lead for cultural change and person-centered care issues.

There will be five (5) breakout sessions:

- #1 Emergency Preparedness for Long Term Care  
Diane Whiton, RN, MSN and Amber Pitts, BS, MA, ASPR

- #2 Free of Accident Hazards/Supervision to Prevent Accidents/Devices  
Chris Osterberg
- #3 Drug Regimen in LT and Unnecessary Drugs  
Mark Jackson, MD, CMD
- #4 Pain Management for Long Term Care  
Annette Carron, DO
- #5 Quality Assurance Process Improvement Overview  
Audrey Stob, RN CPHQ and Yvette McKenzie, RN, BSN

Approval has been received and starting with the Fall 2013 JPST continuing education (CE) credits will be offered for Medical Directors. Kim thanked Dr. Jackson for all of his assistance with making this happen. This will also be noted in the E-brochure.

As suggested during the last Stakeholder Committee meeting lunch at this JPST will be box lunches. There will also be a speaker during lunch that will talk about the Health Professional Recovery Program. The speaker will be Sue Bushong.

An e-mail will be sent out next week to the Stakeholders with sponsorship opportunities for those that wish to assist in some of the costs associated with the JPST.

We are already starting to plan for the Spring 2014 JPST and welcome any ideas and suggestions from the stakeholders. They are hoping to incorporate some of the ideas that were given by the Stakeholders during our last meeting at the next JPST. One of these ideas was to offer breakout sessions that are more advanced and some that are more basic to meet everyone's needs.

Another suggestion that was made for the Spring JPST was the individuals that dealt with the evacuations in the spring share the lessons that were learned from both the provider/surveyor point of view. They can share what worked well and what didn't. It was also suggested that only one individual from the State Agency provide direction to the facility. During the evacuations they were receiving information for multiple sources and it became very confusing on what needed to be done. Kim indicated that she and Leslie are working on protocols regarding evacuations and once they have them in place they will be given to Director Engle for review. These protocols will provide the information on how to coordinate with other state agencies in other departments as well as with the facility staff. There is a possibility that this may be ready to use as a topic for the Spring JPST. However, the protocols should be ready prior to that.

Any suggestions or ideas that you have please send them to either Director Engle or Director Shanlian.

It was also noted that Spring 2014 JPST will be held at the Devos Place in Grand Rapids in April of 2014.

### **3 Committee Reports**

**Kevin Evans, Chair of the IT Workgroup** provided copies of the IT Workgroup minutes from the July 11, 2013 meeting and a copy of the draft job description for the “Computer Concierge” person in the facilities. Kevin also indicated he would send copies to the parties that were calling in to today’s meeting. The committee discussed how to build trust between the facility and the survey team and indicated that the Computer Concierge person is intended to act as ambassador between the survey team and the facility. They will assist the surveyors with the initial setup and training on the facility’s specific software, facilitate in obtaining the hard copy of the records requested by the surveyors, facilitate contact with the appropriate staff members to assist surveyors, etc. The job description will be a general process that can be modified by each facility to meet their needs. This concept will help optimize the communication with the facility during the survey process and expedite the process. It would also help to remove the distrust that the facility is not providing all of the requested documentation.

Kevin also indicated that the committee had made some recommendations as follows:

Fall “2013” JPST provide a brief review of the history of our project, where we are today and where we are going to be. Seek volunteers to pilot the “Computer Concierge” procedures/process.

Spring “2014” JPST present the findings of the “Computer Concierge” pilots and provide training during the plenary session.

Fall “2014” JPST initiate formal rollout of the “Computer Concierge” procedures/processes.

Kim will indicated that she will review the request with Director Engle and get back with Kevin to see if it can be added to the Fall “2013” JPST and where it would best work. It was discussed that if they waited until the end of the conference they would not have as many individuals available to hear the message. If possible if they could find 12 to 15 minutes of time and piggy back off of the Keynote speaker everyone attending the conference would be able to hear their message.

Kim and Leslie are working on a project that they would like to pilot with one of the teams to use flash drives that would be password protected to upload the requested documentation from the facility rather than having them copy all of the documentation. The flash drives would be more secure then the surveyor leaving the facility with copies of the medical records. If they are lost no one would be able to access the information on the flash drive, where as if the paper copies were lost anyone would be able to access the information contained on them.

Surveyors will be involved in training to assist them in only obtaining what is absolutely necessary to support a deficient practice.



Kevin asked how the Stakeholder groups could help with the JPST. Would it benefit the Department to have the Associations manage the conference instead of the State? The Associations used to be the group that managed the training a long time ago and they would be happy to partner with the State in any way they can to make it go smoothly.

Beth Bacon indicated that the conference used to pay for itself and wondered what happened and why it wasn't now?

Kim replied that in the past the State broke even or may have had a little to carry over to the next training, however, they weren't taking into account the internal staff cost for the conference. Those costs are being absorbed internally by the state. There have also been a lot of changes taking place at the Suburban place with new management, new vendors and of course prices have changed as well. The suggestions made by the Stakeholders will be reviewed with Director Engle.

**Beth Bacon, Chair of the Clinical Advisory Workgroup** indicated that the group is still hopeful that the CMP monies requested will be approved to have Dr. Levenson work with them on updating the Clinical Process Guidelines (CPG). Currently their committee is not funded and they have no resources to work with. They are setting up another committee meeting tomorrow and it will be conducted via teleconference. Sarah Slocum was requested by Leslie to provide an update on where the request for CMP monies is currently. Sarah indicated she is normally on the committee that reviews these requests but that she was removed for the review of this request because of a possible conflict of interest. Her understanding is that the rest of the committee was not unanimous on what questions needed to be asked regarding this request. A member of the legislature had an interest in this request and it is now in their hands. This has taken the request off track. Sarah was asked if there was a protocol in place for their review of these requests and who is on the committee. Sarah indicated that there is a protocol and typically the committee members are herself, Wendi Middleton and the Division Director for Long Term Care. They are also need to look at the new CMS guidelines and make sure the committee is following them.

Beth indicated that once they have the funding the committee is ready to move forward and Dr. Levenson is ready to assist when we have the money.

Beth also wanted to put forth the following for possible consideration to have Michigan join in with the Wisconsin Clinical Resource Center. This is a repository for the CPG's that Wisconsin already has in place. They also have access to the rules and regulations for the feds as well as best practices that are in place across the nation. The thought was why spend the money to reinvent the wheel; why not use what already exists. They also have the AMDA clinical guidelines available on their website. If we go this route and use this tool then Dr. Levenson's role might change and the money could also be used to develop new clinical practice guidelines as well as to provide education of the new CPG's and their value. The educational piece was missing in the past when the current guidelines were issued. Beth also indicated she had been able to attend the last One Vision meeting and learned that Mattie Warren has been working with this

committee on a person centered guideline entitled “The Great Outdoors”, which will provide some personal freedom for the residents to enjoy the fresh air if they choose to. They have also worked on a clinical process guideline for “Elopement” and maybe this is something that can be used as well.

**Renee Beniak and Charlene Kawchak-Belitsky, co-chairs of the newly formed Communication/Customer Service Internal Quality Integrated Team (CIQIT)**

Renee provided the report for this committee. The last meeting generated a lot of open discussion and they were not able to get through their whole agenda. They provided a draft copy of their minutes and it had a list of initiatives that will “encourage and reward providers to strive for excellence.” They are not ready at this time to provide any recommendations to the Stakeholder group. The minutes also provided a link to the Missouri culture change website that they committee thought would provide information that would be helpful as they continued their work.

Leslie was requested at the next meeting to talk about her role in her new position and if it will be different from Howard Schaefer’s role.

They also discussed the use of a “Post Survey Tool” which would be used by both providers and surveyors to provide their point of view with the last survey and would be used as a tool to improve the process.

Beth indicated that they used to get a copy of the letter that provided the IDR results and she just noticed that she hadn’t received any within the last 60 days. Renee, Kevin and Sarah also indicated that they used to receive copies of the letters in the past. Beth indicated that they really appreciated the information that was contained in the letters. Kim indicated that there was a change in the IDR process that took place in May or June. There used to be two different forms that were used depending on who the facility wanted to conducted the review. There is only one form now and we have removed ourselves from being the middle man when the IDR requests needs to go to MPRO directly.

Kevin Evans indicated that Deanna from his office is currently the only one receiving the 2567’s and he would like to be included in that distribution list.

**4 Next Meeting**

Next meeting is scheduled for October 17, 2013 from 1:30 p.m. to 3:30 p.m. It will be held at the Leading Age Office located at 201 Washington Avenue, Suite 920. You can park at the Radisson and let them know that you are with the Leading Age and they will give you a parking voucher.

**STAKEHOLDER COMMITTEE**  
 MEETING | BHCS – LEADING AGE OFFICE, Lansing  
 October 17, 2013 1:30 – 3:30 PM

**MEETING MINUTES**

<b>Participants</b>	<b>Attended:</b>
Bureau of Health Care Services	Carole Engle, Bureau Director Leslie Shanlian, LTC Director Cindy Landis, LTC Exec Assistant
Health Care Association of Michigan (HCAM)	Beth Bacon
Leading Age 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
MI Long-Term Care Ombudsman	Sarah Slocum, Ombudsman
Consumer Representative	Sylvia Simons

Notes taken by: Cindy Landis

**1 Review of the minutes from the July 17<sup>th</sup> meeting**

Director Engle asked the committee members if they had a chance to review the notes from the previous meeting and if there were any corrections, additions or deletions. No changes were requested.

**2 Committee Reports**

**Kevin Evans, Chair of the IT Workgroup** indicated that during their last meeting they concentrated on the new MiActs process and how best to implement the training on this new process. Their committee identified that training will be provided within the three (3) regions. Kevin is waiting to hear back from Peggy on how we stand with the budget but didn't feel this would be a problem since training costs was included with in the grant that was received. Beth Bacon will identify dates for the training. They will involve up to 6 different facilities to test the new process and provide feedback. They would like to have this new program launched prior to the Spring JPST.

**Charlene Kawchak-Belitsky, co-chair of the Communication/Customer Service Internal Quality Integrated team (CIQIT)** – provided copies of the draft Process Recommendations, Provider Feedback Questionnaire and Surveyor Feedback Questionnaire on the Regulatory Survey process for the committee members to review, tweak, provide feedback and give final approval on the forms. Some suggestions were made for the forms by Beth Bacon and Kevin Evans. Those requests were sent to Cien Eppelheimer who had concerns with the changes that were requested. Charlene indicated that she would forward the comments to all of the committee members so they could review the suggestions made and then decide whether they should be implemented or not.

Director Engle indicated that communication regarding the availability of these surveys is very important and wondered if the committee had any suggestions on how this would become available for the surveyor/provider to access them after the survey was completed.

One suggestion that was made was that during the Entrance Conference the information could be provided to the facility on how to access the link to the on-line questionnaire shortly after the survey was completed. This could be done by having the surveys available on line to access shortly after the survey was completed or using a survey monkey to send the questionnaires to the Facility Administrator and Survey Monitor or Team Leader for the survey team. If the link was provided to both the facility and surveyors it would be greyed out and not activated until after the survey was completed.

It was anticipated that the administrator would gather information from the facility staff prior to completing the questionnaire and that the SM or team leader would do the same with the survey team prior to completing the questionnaire. It was also suggested that it might help if both parties had a copy of the questionnaire to refer to during the survey process.

These questionnaires are designed to be fluid and can easily be changed. Questions can be added or taken off as needed. Example given: if the Bureau was heading a big initiative or change in policy and wished to have feedback the questionnaire could be adjusted to accommodate this.

The responses from both surveys would be sent back to the Bureau for review, tabulated and information gathered which will be used to help select the types of training that is provided.

The questionnaires can also be completed anonymously by both the facility and survey team and were not designed to solicit just a negative response – they were designed to obtain positive feedback as well.

Committee members were requested to review and provide feedback on the questionnaires. Director Engle indicated that she would like to have some of our people take a look at the questionnaire as well as some of the surveyors for their input as well. If any changes are needed it will be sent back to the subcommittee.

There was some question and discussion around the rating system that was used 1 thru 7 versus 1 thru 5 and how useful that would be to make a determination on how the survey process went.

**Beth Bacon, Chair of the Clinical Advisory Workgroup**

Beth provided copies of the minutes from the last two meetings for the committee. Beth thanked the Bureau for providing additional assistance and assigning Meg Rumfield and

Diane Whiton to help support this committee. The Clinical Advisory workgroup will be meeting this afternoon right after the stakeholder committee is done.

This subcommittee was notified in August that CMS has officially denied the request for CMP monies to be used to fund their project and had been researching other options for funding.

Options/concerns that had been discussed regarding updating the Michigan CPG's are outlined below:

- 1) Wisconsin Clinical Resource Center – whose foundation is the AMDA guidelines – considering the opportunity to tap into this resource and have been attempting to get additional information from them. There is a video conference that has been set up for 11/6/13 that hopefully will provide them with additional information.
- 2) Evaluate/compare the Michigan CPG's to the AMDA Clinical process guidelines. At this point this would be done on a voluntary basis with a very tight time frame.
- 3) HCAM wished to offer funding that will be used for this project and asked if any of the other provider organizations might be interested as well.
- 4) Request funding from the legislature for this project.
- 5) Who will keep them current after they are updated
- 6) The AMDA doesn't totally meet the requirements of PA 322
- 7) There will be additional costs associated with keeping the CPG's updated and current

Director Engle requested that the sub-committee continue to review their options and then make a decision on which direction they wanted to go and bring that decision back to the Stakeholder Committee first. Director Engle also indicated that it would be better than we have a well thought-out plan of action then rush something through that will have to be fixed later; she also indicated that if we were not able to meet the time frames identified in PA 322 she would be able to explain to the Legislature why. The Provider Associations indicated if that were to happen they would be there with her to explain the complexity of what the sub-committee is working on.

### **3 Spring JPST Agenda/Topics**

Director Engle indicated there was a major problem with the lack of appropriate sound equipment during the September JPST meeting. There were many complaints from the attendees that they weren't able to hear what was being said. However, we did receive a lot of feedback on the breakout sessions that indicated they were great. Registration worked really well at the last JPST training. It was helpful to have it in the same room as the keynote speaker. Director Engle indicated that she is always open to suggestions of other places that we could have the JPST's held at.

We will be going to use DEVOS for the Spring JPST; however, we have already contracted to return to the Suburban place in the fall. For this reason Director Engle requested that the committee start thinking ahead about different ways we can plan that conference to working around the sound issue and make the conference better.

Suggestions:

- 1) No keynote speaker
- 2) Still have the keynote speaker but instead using the main room – have everyone split up in the breakout rooms – have the keynote taped and play it in those rooms at the same time. This way everyone still hears the same message and at the same time.
- 3) It was noted that doing a video conference is more expensive and would cost more money.
- 4) Use the technology we have available to make it a better conference
- 5) Stadium seating should be used and have the tables removed from the large room. This will make it easier for everyone to hear.
- 6) If the Suburban Place had a sound person that would help – they would know where to place the speakers and fans to maximum the space.

One of the main focuses of the April JPST will be on technology. We will cover the MIActs program and the pilot that was done just before JPST. One of the suggestions was to have IT staff on hand to review the process and answer any questions that the providers have. This could be done in place of the Keynote speaker.

Kevin Evans wondered if in place of the regional training that was going to take place on MiActs – could it be done during JPST. Director Engle indicated that the regional trainings are very valuable and should still be done as well as the process reviewed at JPST. The Regional Trainings will also get other staff from the nursing homes that don't normally attend the JPST.

Breakout sessions were also discussed. There was some discussion about the individuals during the breakout sessions having to repeat the same information during 3 separate sessions. The suggestion was made that video conferencing could be used for the breakout sessions. Director Engle indicated that would not allow the benefit of the Q & A during the breakout sessions. It was discussed that we could come up with 15 different topics to be discussed during the breakout sessions for a years' worth of meetings – but after that it might be difficult to come up with ideas for that many topics for each meeting.

They would like to have Sue Bushong come back and do a break out session on Health Professional's Recovery – but were concerned on the number of individuals that would attend because of how it would look or they were in denial. It was suggested that if it was approached as "How to get your staff help when needed", we might be able to get individuals to sign up for the breakout session.

It was also suggested that having software vendors come to the JPST to either do a presentation or just have a booth set up for individuals to ask questions of them - but we would have to be careful on this as CMS is cracking down on CEU's for presentations conducted by vendors.

#### **4 Draft Provider and Regulatory Surveyor Feedback Questionnaire for the survey process**

This was discussed during the committee reports.

#### **5 Determine meeting dates for 2014**

The meeting schedule for the Stakeholder Committee for 2014 is as follows:

Wednesday, January 15, 2014	1:30 to 3:30 p.m.	BHCS – Conference Room C
Wednesday, April 16, 2014	1:30 to 3:30 p.m.	HCAM Office
Wednesday, July 16, 2014	1:30 to 3:30 p.m.	MCMCFC Office
Wednesday, October 15, 2014	1:30 to 3:30 p.m.	Leading Age Office

#### **OTHER ISSUES**

Leslie was thanked on how quickly she responded to the provider associations during the recent government shut down. It was greatly appreciated.

Some of the providers indicated they were working on sending out a newsletter and wondered if there was information that could be provided on the new SPOTS program. It was noted that we have received a lot of the signed authorization forms for the individuals that will be approved as the 2<sup>nd</sup> submitter's but they have not gone in and requested access to the LTC/PP through the SSO. It was also noted that the e-mail address we show for the nursing home must be the same as what is used to sign up for the LTC/PP provider portal.