



Detroit Long Term Care System Change Task Force



Meeting Minutes

Detroit Long Term Care System Change Task Force Quality Subcommittee Meeting Minutes

Date: Friday, December 5, 2008

Time: 9:30 a.m.

Place: Fairlane Nursing Centre
15750 Joy Road
Detroit, Michigan 48228

MEMBERS PRESENT

Mary James, Chair
Carolyn Merucci
Yvette McKenzie
Andrea DeShields
Elizabeth Arnold, MD

MEMBERS EXCUSED

Jane McNamara
Corine Smith Mann
Susan Steinke
Monique Marks
Karen Schrock (alternate)
Kimberly Taylor

STAFF

Serita Lockard, Facilitator
Faiza Najar

RECORDER

Leah Phippen

I. CALL TO ORDER

The meeting was called to order at 10:02 a.m.

The subcommittee established a quorum of 7.

Serita Lockard reminded subcommittee members that the Full Task Force meeting was rescheduled for Friday, December 12, 2008.

II. REVIEW & APPROVAL OF MEETING MINUTES

Carolyn Merucci made a motion to accept the minutes of November 7, 2008; seconded by Faiza Najar. **Motion carried.**

III. BUILDING TOUR

- Fairlane Nursing Centre Administrator Rosemary Gardner and Director of Nursing Etta Brown gave the subcommittee a guided tour of the facility. Mary James explained to them the purpose of the Quality Subcommittee and the Detroit Long Term Care System Change Task Force. Each subcommittee member introduced herself by name and agency represented.

- The Fairlane Nursing Centre is considered large, with 245 beds and 205 residents. Their census budget is usually 230; however, it is currently at 215. Most of the residents are long term, but the goal is to get patients transferred to short-term.
- The tour began at a short-term unit, where some rooms have one bed, a chair, a television and an armoire. Etta noted that most of the rooms have 2 beds.
- In the therapy center, licensed staff conducted occupational, speech and physical therapy sessions with residents. ADL skills were practiced to prepare residents for independent living.
- There was a large area with music where residents participated in jazzercise.
- A long-term care wing of the facility is for residents diagnosed with dementia, psychosis, Alzheimer's, etc. This area of the building is older, with narrow halls and 3-bed units. There are also four 4-bed units in the building.
- There are interactive murals on the walls of the building where residents place actual items for a three dimensional depiction that invites coordination skills.

IV. OPEN DISCUSSION: REVISIONS TO MISSION & SCOPE OF WORK

Carolyn Merucci stated that Detroit has its own unique resident type. Suburban clientele differs dramatically. Detroit's clientele is a mix of older individuals, mentally ill patients and homeless persons. The subcommittee discussed some incidents that initiated the Fairlane Nursing Centre's former bad-reputation cycle: A patient's leg was severely burned because she was sitting too close to the heater in her room; a resident snuck a lighter into the facility and tried to use it to open a package.

Carolyn said that Nexcare has been involved with Fairlane Nursing Centre since 1988 and has partnered with its owner since 1998.

Andrea DeShields stated that Adult Well-Being Services should be working with NHs to provide ADL classes to residents. She will contact Rosemary Gardner, Administrator for the Fairlane Nursing Center to coordinate and learn how to apply similar services at her own facility. The committee commended her on this collaborative initiative.

UPDATE ON POSM SURVEY

- The Nursing Home Management Subcommittee will oversee trained surveyors who will perform resident surveys throughout Detroit facilities between December 8, 2008 and December 12, 2008. Mary James conducted surveyor training of college students and mature workers at Farewell Community Center. The training included teaching surveyors how to make residents feel comfortable talking with them one-on-one. The residents for the surveys will be randomly selected.
- Andrea DeShields restated the importance of surveying residents who may not be able to express their thoughts verbally. She suggested that such a survey could be performed by staff or individuals with whom the resident is familiar and who recognize the significance and meaning of a resident's smile, finger pointing, and other facial expressions, sounds, and gestures. The surveys should be brief and could use pictures as visual aids.
- Mary James noted that most residents are able to express themselves verbally. We also do not want a survey that is too vague and excludes the details needed to compile any useful data. Mary asked the committee to also consider ways to survey individuals with dementia and to note that the disease causes changes in thoughts and feelings. She stated that in developing ways to identify the level of happiness of residents is to take note of the caregiver's attitude. If the caregiver is happy, then the residents are usually happy too.
- Carolyn disagreed, stating that in some instances caregivers' survey scores are significantly higher than those of the residents.
- Yvette McKenzie noted that when staff turnover is down, quality of care goes up and survey results follow.

Mission and Scope of Work

The subcommittee reviewed the revised mission and scope of work. They discussed additional Quality Indicator tools that may be looked at and recommended to the State based on their suitability to provide a better picture of quality and their approval or adoption by other States. Discussion of these sources follows.

- Mary asked if the MPRO Scope of Work is updated often and how significant the changes are. Yvette answered that certain things change periodically. For example, the 9th Scope of Work with CMS, which began in August 2008 and ends in July 2011, focuses on pressure wounds and physical restraints as additions. Yvette believes this three-year period is not enough, as it takes 1 ½ years to complete, ½ year to compile and leaves only 1 additional year. Although there are only 2 items, MPRO looks at more nursing homes. Previously, participation was voluntary, now 70 nursing homes participate. There are also workshops and sessions to assist sites in understanding the reports.
- Yvette noted that CMS is also implementing a 5-star ranking system similar to hotel ranking systems, for nursing homes. Currently, hospitals using this system can view the data before it is published online and take action to resolve issues within 90 days.
- Serita distributed packets of data from the Nursing Home Compare website to show that type of data published. Mary asked of the 37 nursing homes in Detroit, if Yvette could identify how many are on the CMS list of special focus facilities (poor survey performance). She asked Serita to look up the list and email it to the members of the Quality Subcommittee.

The subcommittee reviewed the mission statement. Carolyn Merucci brought attention to the first and second tasks of the mission statement. Mary stated her concern about that particular portion of the Quality Subcommittee mission. She asked Serita if the subcommittee is supposed to read through all 37 analyses. Serita stated that the tasks do not charge that to the subcommittee. Serita offered to adjust the wording of the mission statement to read that the MDS 2.0 and the POSM Quality of Life Tool are the committee's primary data sources. As discussed above, the committee can utilize any other available QI data as we determine appropriate. The purpose of reviewing this data will be to recognize where we stand and to then decide if we want to make recommendations, such as, "Will nursing homes get to view their ratings and have a grace period to address issues before data is reflected online?" We need to find out if CMS would take into consideration the facility's effort toward resolution to update and publish new ratings.

Serita asked if MDS 2.0 was considered a standard. Yvette stated that MDS feeds the Quality Indicator Quality Measure (QIQM). The QIQM is developed from MDS outputs. The QIS survey, an electronic survey that is very data driven, would remove the subjectivity process. However, Michigan currently does not participate in the QIS Survey. With the QIS survey, homes that usually do not get a lot of citations are getting more.

Carolyn mentioned that there are more citations, but the severity levels of the citations have gone down. That is what's most important to us. The QIS survey evaluates the quality of the home and not the residents/caregivers. Mary asked Serita to find the link to the QIS survey and email it to the members of the Quality Subcommittee.

It was suggested that we try to get the State of Michigan to participate in the QIS Pilots for the year 2010.

Mary James asked Serita to rewrite and send the subcommittee a draft of this latest iteration of the revised mission and scope of work. We do not have the QIS survey; however, we do have the QIQM. Once we get the QIS Survey we can review all of the data to finalize the mission statement. Mary stated that we may need another subjective look at other quality measures that would expand our sense of quality in long term care.

Carolyn stated that she was unclear about the expected outcome of our recommendations. Serita noted that Subcommittees were initially charged with making regulatory recommendations. However, we are now charged with making administrative recommendations.

It was asked if we should be looking at whether there are other programs that Detroit facilities should be participating in. It was suggested that since it can be difficult to get facilities that are in need to participate in the necessary programs, perhaps we could offer incentives for participation. Although

federal legislation has appropriated funding for the improvement in the quality of nursing homes, the state budget is not releasing this money.

Mary stated that we should look at all of these quality measures and the profile of Detroit residents. If Detroit has more residents with developmental disabilities than most places, then there are efforts that we should be recommending. CMS mainly focuses on short-term residents and the long-term patients get over-looked. We need to get people to refer to residents as patients and it would improve the view of nursing homes.

Carolyn stated that whatever the subcommittee comes up with in terms of voluntary participation by NHs, there has to be an incentive for people to participate. For example, SEIU was provided funding to do advanced training, but the nursing homes are not participating because the training is 8-hours a day and homes can't replace the staff while they are in training. They would have to pay overtime to cover those shifts. It was suggested that we influence people to participate on their off days with incentives.

Plante & Moran is looking at every nursing home's administration to determine if they are getting the amount of money from the state that they are entitled to for cost of operation. How can we influence this issue? The lack of cash flow is the main problem that causes lack of qualified staff, quality environment and quality care.

It was suggested that we all work together to get rid of the 85% occupancy rate.

Serita said another subcommittee was already working toward that goal, and perhaps we should invite other chairs to speak at our meeting if we want a detailed update.

Mary James asked if any other subcommittee was compiling how many of the homes in Detroit belong to MAHSA, HCAM and any other agency. Serita responded that she would find out at the next facilitators' meeting.

Yvette told members to look at the Advancing Excellence for America's Nursing Homes LANE (Local Area Network of Excellence) Campaign website to view how many and which homes in Michigan belong to the agencies, above.

V. NEW BUSINESS

Yvette provided Serita with copies of the QIQM Report, MDS and QIQM Report Guide. Serita will provide subcommittee members with copies of these reports. All materials distributed today will be reviewed at the next meeting.

MEETING DATES FOR SUBCOMMITTEE and TASK FORCE

Because the Full Task Force Policy Forum event is scheduled for February 6, 2009, the subcommittee agreed to meet on Friday, January 30, 2009 to replace its February 6th meeting. The meeting will be held at an independently owned facility near Webb and Woodrow Wilson, arranged by Faiza Najar.

Serita noted that she shared with DAAA CEO Paul Bridgewater and staff facilitators that the Quality subcommittee will not have recommendation for the Leadership/ Steering meeting on January 16, 2009, but hoped to have some level of recommendation by February 6, 2009 for the Policy Forum.

VIII.

ADJOURNMENT

The meeting was adjourned at 12:31 p.m.

The next meeting will be held on Friday, January 9, 2009, at Elmwood Geriatric Village, 1881 East Grand Blvd. Detroit, Michigan 48211 313-922-1600

Respectfully submitted by:

Leah Pippen

SL/lp

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