DELAWARE NURSING HOME RESIDENTS QUALITY ASSURANCE COMMISSION

ANNUAL REPORT FY 2012

(July 1, 2011- June 30, 2012)

DELAWARE NURSING HOME RESIDENTS QUALITY ASSURANCE COMMISSION

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I. BACKGROUND INFORMATION

The Commission

The Delaware Nursing Home Residents Quality Assurance Commission (the Commission) was established in 1999. 29 <u>Del. C.</u> § 7907. The Commission's principal charge is to monitor Delaware's quality assurance system for nursing home residents in both privately run and state operated facilities with the goal that agencies responsible for the oversight of facilities are coordinating efforts to achieve optimum quality outcomes.

As part of its monitoring effort, the Commission reviews state agencies responsible for investigating complaints of abuse, neglect, mistreatment and financial exploitation, as well as other agencies that have input on the quality of care in Delaware's nursing homes. The Commission reviews reports of serious citations of quality of care issues and staffing patterns prepared and presented on quarterly basis by the Division of Long term Care Residents Protection as directed by the Joint Sunset Committee in 2006.

The Commission is also charged by the General Assembly and the Governor with examining policies and procedures to evaluate the effectiveness of the quality assurance system for nursing home residents, including the respective roles of the Department, the Attorney General's Office and law enforcement agencies as well as health care professionals and nursing home providers.

Finally, the Commission is required to prepare and submit an annual report to the Governor, the Secretary of the Delaware Department of Health and Social Services (DHSS), and members of the General Assembly. This is the Commission's 2012 annual report.

Appointment of Commission Members

- The Commission is composed of a total of 12 members, eight of whom are appointed by the Governor.
- One of the members appointed by the Governor is to be a representative of the developmental disabilities community protection and advocacy system established by the United States Code.
- The remaining members are to include representatives of the following: consumers of nursing home services, nursing home providers, health care professionals, law enforcement personnel, and advocates for the elderly.
- Of the remaining four members, two members are appointed by the Speaker of the House, and two members are appointed by the President Pro-Tempore of the Senate. These four members serve at the pleasure of their appointing authorities.

Frequency of Meetings

While the Commission is only required by statute to meet at least quarterly, the Commission usually meets on a bi-monthly basis.

II. <u>AGENCY REVIEWS</u>

Introduction

Pursuant to 29 <u>Del.C.</u> § 7907(g) (1), the Commission is required to review and evaluate the effectiveness of the quality assurance system for nursing home residents. To do so, the Commission requests information and takes testimony (a snapshot in time) from representatives of state agencies. These include the Division of Long Term Care Residents Protection (DLTCRP), the

Ombudsman's Office, Division of Medicaid and Medical Assistance, the Department of Justice, Division of Aging and Adults with Physical Disabilities, Guardianship Monitoring Program, law enforcement agencies, other state agencies, health care professionals and nursing home providers.

To that end, the Commission invited representatives from state agencies and other presenters to appear and testify before the Commission. The following is a summary of these agency reviews:

<u>Division of Long Term Care Residents Protection (DLTCRP)</u>

Tom Murray, Deputy Director DLTCRP and Robert Smith, Licensing Administrator provided Commission members with assurance review, staffing and other matters related to long term care. Discussions were held at Commission meetings and included information updates on a variety of issues:

DLTCRP's Quarterly Assurance Review Team provided the Commission with reports showing, after team review, whether any "G" level deficiencies recommended by surveyors would be upgraded or downgraded.

DLTCRP provided quarterly Staffing Reports to the Commission as a result of Eagle's Law enacted in 140th General Assembly (Senate Bill

115). DLTCRP presented information on investigated complaints in nursing homes and assisted living facilities.

DLTCRP sponsored a Director of Nursing mandatory four day workshop for all new DONs. The Workshop was held in October 2012.

DLTCRP's future plans include providing more education for caregivers with a special focus on Certified Nursing Assistants (CNA) who provide the majority of hands-on care to the residents. The Division is in the process of having software developed which will track the hours of training and electronically link it to the CNA certification registry.

DLTCRP is also currently working with an independent contractor to develop and monitor a project that will make electronic connections, through a "Dashboard" so that an employer can efficiently determine whether a prospective employee is suitable to work in a long term care setting.

The Division's target is to have a complete implementation in September 2012.

Ombudsman Program

Victor Orija, State Ombudsman, spoke to the Commission about the Long Term Care Ombudsman program which was established to

provide advocates on behalf of LTC residents to ensure they have a strong voice in their own treatment and care.

There are four LTC Ombudsman (dedicated facility coverage) that work with Mr. Orija.

The Ombudsman Program also has volunteers who assist in Delaware's 50 NH's and 33 AL facilities.

The Ombudsmen investigate and resolve complaints; offer friendly visits; monitor federal and state regulations; provide outreach and education; witness Advance Directives and advocate for legislative changes.

The Ombudsmen work with many state agencies as well as all licensed nursing homes and assisted living facilities to ensure residents rights.

The Ombudsmen are not able to attend the Resident Council meetings unless they are invited.

There is a web based report produced at the end of January each year which is used for funding purposes (National Ombudsman's Report).

Quality Insights of Delaware (10th Scope)

Les DelPizzo and Mary Rodger from Quality Insights of Delaware (QI of DE) presented an overview to Commission members regarding their 10th Scope of Work that runs August 2011- July 2014. The 10th scope of work will focus on the "Triple Aim Approach"- better care for residents, better care for populations and lower growth in expenditures. The QIO

Program is the largest Federal program dedicated to improving health quality at the community level.

The "Triple Aim Approach" is expected to be achieved by focusing on six National priorities: make care safer; promote effective coordination of care; assure care is person-and-family-centered; promote the best possible prevention and treatment; help communities support better health; and make care more affordable by reducing costs.

The organization operates on a two year contract with the Federal Government regarding their scope of work.

Phase 1: Five select nursing homes (identified by CMS) in Delaware are working with QI of DE as part of their 10th Scope of Work to lower the number of restraints and pressure ulcers-until they've reached sustainability mode. A learning and action network model will be used to impact change.

Phase 2: QI of DE will work with all Delaware Nursing Homes to include: falls, urinary tract infections (UTI), unnecessary use of psychotropic medicine (which might include chemical restraints) and other health acquired medical conditions. An action network for sharing information will be available to all Delaware nursing homes in phase II.

In addition, Quality Insights of Delaware will be implementing a Care Transitions Project which has a goal to reduce unnecessary hospital readmissions by 20%.

QI presently reviews CMS data to determine whether Delaware nursing homes need to overcome any disparities. To date, Ms. Rogers mentioned that they have not found any significant nursing home care disparities (racial, rural or sexual) among any of the three Delaware counties.

In addition, Quality Insights will be setting up five adverse drug events throughout the state. A pharmacist was hired part-time to work with the nursing team. The first team will begin in Sussex county-primarily work with physicians' offices to identify Medicare beneficiaries that have been prescribed high risk medications (example-blood thinning medicine).

Medicaid Fraud Control Unit - Tina Showalter, Esquire, Director

Ms. Showalter provided Commission members with an update of the Medicaid Fraud Control Unit (MFCU):

- House Bill 177 was passed in the 146th General Assembly which makes it illegal and prohibits sexual contact between an employee/volunteer and resident of any residential facility regardless of consent.
- The National Association of Medicaid Fraud Control Unit selected Delaware to host the Abuse Committee Conference- held in spring 2011. AG Biden spoke at the 2 ½ day conference. MFCU was able to connect with U.S. attorney, Andrew Penn, who specializes in systematic mistakes and breakdowns in nursing homes. Mr. Penn has offered to come to Delaware and assist with monitoring activities within nursing homes to see if there are quality of care issues that have risen to the level of criminal or civil liability.
- MFCU offers training in LTC facilities regarding abuse, neglect and financial exploitation. In addition, the unit will begin educational sessions at the state facilities in September 2011 regarding changes in the and Prohibition Against Sexual Activity by Employees. This unit will also add a segment to the training session to raise awareness about reporting fraud. Once the training been completed at the state facilities, the unit will travel to privately owned LTC facilities.
- MFCU is working with DLTCRP regarding medication errors.
 There tends to be concern in this area in both nursing homes and community setting. As more individuals continue to receive homebased care MFCU will be looking at ways to provide oversight.
- 2nd Annual Take Back Day-Unused prescription medications (both oral and injectable) were collected at a location set up in all three Delaware counties. State-wide over 4,000 pounds were collected. On September 29, 2012, there will be another medication Take Back Day at the same location.
- The Affordable Care Act (Elder Justice portion) the reporting requirements have changed slightly. MFCU is working with DLTCRP to review and make appropriate changes. Once completed, the information will be available to providers.

Ms. Showalter shared that there have not been any egregious cases in Delaware since becoming Director of MFCU Spring 2012. The majority of what her unit tends to see is situations that border on carelessness, mistakes and human error instead of the criminal realm of being intentional, knowing or reckless in nature.

Ms. Showalter added that her office tends to more often see issues when a resident is taken off the premises for care elsewhere and they die or go to another facility for treatment.

Diamond State Health Plan Plus

Lisa Zimmerman and Kim Marsh, Division of Medicaid and Medical Assistance (DMMA) Administrators, presented to Commission members about the Diamond State Health Plan Plus which is a mandated managed long- term care program. The goal is to integrate Nursing Facility (NF) services and Home and Community Based Services (HCBS) for the elderly and adults with physical disabilities into the existing managed care delivery system.

Presently there are three thousand Delaware nursing home residents that have Medicaid coverage. In addition, there are approximately fifteen hundred individuals in Delaware that participate in community waivers.

The program increases options for individuals that need long term care by expanding access to HCBS. The goal is to provide better coordination, transition and support of care to maintain/improve one's health status. This will permit a budget structure that allows resources to shift from institutions to community-based services and promote a stronger coordination of care.

The Division held multiple outreach efforts to spread the word and receive stakeholder feedback.

A letter was mailed to clients (~10,000 individuals) in November 2011 explaining the program benefit package, important timelines, etc. A second letter was mailed out December 1, 2011. Open enrollment began January 1, 2012 where clients will choose their managed care organization.

Guardianship Monitoring Program

Sherri Harmer, Court of Chancery Program Director, provided an overview regarding the Guardianship Monitoring Program. Ms. Harmer presented to DNHRQAC nearly two years ago- when the program began.

Presently there are 2,300 active guardianship cases- with 85% in New Castle County. 45% of individuals that have a guardian live in the community and tend to be paired up in a shared home setting.

The Program has approximately 25-35 active volunteers from Wilmington University, Widener, Del. Tech (all three locations) and the Delaware State Office of Volunteers. Ms. Harmer provides training to all the volunteers.

The Department of Justice runs all volunteers names through the Delaware Criminal Justice Information System (DELJIS) to complete a criminal background check for volunteers.

There are two fee-for-service providers in Delaware that that granted guardianship service over a person or their property. In addition to the two service providers, guardians also appointed by the Court of Chancery are a family member or friend.

Guardians are required to provide an accounting each year or complete a form about the clients medical information to the Court of Chancery. The information can be filed by mail or through the Guardianship& Trust Accounting System:

https://gdnaccounting.courts.delaware.gov/Ullnitial/Home.aspx

Programs All-Inclusive for the Elderly (PACE)

Colleen Yezek, Program Coordinator from the Division of Medicaid and Medical Assistance (DMMA), spoke to Commission members about Program for All-Inclusive Care for the Elderly (PACE). PACE is a Medicare and Medicaid state option that provides community-based care and services to people age 55 or older that would otherwise need a nursing home level of care. PACE was created to meet a person's health care need and allow them to remain living in the community.

The PACE program is projected to begin in the Fall 2012 at a location on the Wilmington Riverfront. Initially, service will be provided to six individuals. PACE's goal is to offer service for 170-180 individuals.

PACE will provide to/from transportation and travel time will be limited to one hour each way.

Ms Yezek shared that Lewes, Delaware could be the next area in Delaware to benefit from the PACE Program.

PACE will provide a team of health care professionals to coordinate an individual's plan of care. Services will include: Adult Day Care, Meals, Dentistry, X-ray Services, Behavioral Health, Physical Therapy, Primary Care, Prescription Drugs, and other services. The program will follow Federal Regulations.

Feedback or complaints will be directed to Centers for Medicare and Medical Services (CMS) or Division of Medicaid and Medical Assistance (DMMA) Administration.

Individuals must meet Medicaid eligibility upon enrollment. At any time, a client may elect to leave the program. The PACE organization would then prepare a care plan that would be used upon discharge.

Clients who participate in PACE and then require a higher level of care will be referred to a contracted assisted living or nursing home facility.

Adult Protective Services (APS)

Teresa Burgos, APS Supervisor (DHSS), provided an update to Commission members regards APS. The unit now reports directly to Constituent Services under the DHSS Secretary's Office. It formerly was located within the Division of Services for Aging and Adults with Physical Disabilities (DSSAPD).

APS has two offices- New Castle County (University Plaza-Newark) and Kent (Milford), which are both fully staffed and include: five senior social worker/case managers, an administrator and a supervisor.

In 2012, APS investigated 1,063 cases state-wide and consisted of: self neglect 35%, caregiver neglect 24%, financial exploitation 18%, physical abuse 10% and others situations. The most common perpetrator was a family member. The APS unit is continuing to see more clients with duel diagnosis.

APS hopes in the near future to add an additional senior social worker/case manager and nurse to each office. Both positions will assist

with changes stemming from the restructuring of the APS Unit from DSAAPD to Constituent Services, and changes within the Medicaid waiver program as it moves to Managed Care Organizations (MCO's).

APS accomplishments in the last two years:

- A. Added a senior worker/case manager per office.
- B. Moved to DHSS Secretary's Office- Constituent Services (formerly DSAAPD).
- C. Created duel language APS brochure.
- D. Created awareness of services using billboards (I-95).
- E. Added telephone assistance during off hours (evenings, weekends and holidays), addressing approximately 20% of the APS unit's total volume.

In most cases, EMS or police receive a 9-1-1 call after hours and determine if APS should be involved. In non-emergency situations first responders refer to APS' services that are available during APS normal operating hours.

APS challenges as Delaware continues to move towards home and community-based care:

- A. Lack of emergency and professional resources.
- B. Increased number of clients with duel diagnosis
- C. Reclassification of APS job titles (and certification)
- D. The APS Unit manually tracks the type of reports they receive yearly (do not have a data management system).

Mobile Crisis Unit

David Ciamaricone, Crisis Intervention Services (CIS) Director (for Division of Substance Abuse and Mental Health), spoke to Commission members regarding psychiatric and behavioral crisis intervention in Delaware.

CIS offers the following:

 Hotline Services-provides 24-hour assistance including referrals and consultations by phone/video, crisis counseling and well-being calls/visits.

- <u>Community Outreach</u>- provides emergency psychiatric and substance abuse assessments, evaluations, assistance with hospital admissions and training to public/private agencies.
- Office Visits and Follow-up Services-provides crisis counseling, hospital screening, referrals to other agencies and psychiatric coverage.
- <u>Crisis and Psychiatric Emergency Services</u>- provides emergencies services to individuals.
- <u>Crisis and Psychiatric Assessment Center</u>- provides assessment to individuals.

There is a 24-hour unit located at the Herman Holloway Center that provides consultation services for various community agencies. A Psychiatrist is available at the NCC location and often assists Adult Protective Services (APS) and the Division of Aging and Adults with Physical Disabilities (DSAAPD). Individuals are seen in the office (about 1400 individuals per year) or the unit travels into the community to provide education for law enforcement and other agencies.

Crisis and Psychiatric Emergency Services (CAPES) is located at the Wilmington Hospital (since 2004). There is a locked unit within the emergency room department to assist the approximate 3,000 patients yearly for psychiatric and substance abuse issues. An individual can remain 6-8 hours and be evaluated.

St Francis Hospital and CIS have an agreement that should an individual need a psychiatric evaluation, the unit will go to the hospital to complete an evaluation.

The Ellendale location (opened February 2011) maintains a 24-hour mobile outreach unit and office- open 1:00-9:00 pm. The Delaware Psychiatric Center also offers this service.

The Ellendale site plans to add a K-PAC Unit (Crisis and Psychiatric Assessment Center) in September 2012, where individuals (no apostrophe) that do not need emergency room services can go directly for an evaluation and spend 4-5 hours with staff. The hope is to have the individual assessed and then go back to the community. This program expects to work with individuals that would normally go to Nanticoke, Milford Memorial, Kent General and other Kent/Sussex medical centers for psychiatric service or assessment.

CIS is partnering with Beebe Medical Center (beginning Fall 2012) to provide services. They currently assist with evaluating 40-50

individuals per month. If a person comes into the emergency room, a CIS staff person will be on-site to provide a psychiatric evaluation, if needed.

In July 2010, the Horizon House Delaware opened the Empowerment, Choice, Hope and Opportunity Centers (ECHO) located on Chapman Rd (Newark) and the Ashley Center located on Main Street (Middletown). The Newark location is currently assisting with more mental health-related issues and the Middletown location is working with more substance related issues.

Mental health training is currently available for law enforcement, and the annual first time responders workshop. Mr. Ciamaricone mentioned that there isn't much training at this time with hospitals or nursing homes.

Dr. Gallucci added that DSAMH will soon be sponsoring four individuals to be trained in the Mental Health First Aid Program-a 12-hour certification course to help communities better understand mental illness and respond to psychiatric emergencies. Currently there aren't any Delaware based instructors. The goal is that the four individuals (from Del Tech, law enforcement, and two others), once trained, will be able to hold mental health first aid classes state-wide.

The Crisis Intervention hotline can be reached by contacting: New Castle County- 1(800) 652-2929 or Kent/Sussex-1(800) 345-6785.

Geropsychiatric Outreach Team

Drs. Galluci and Tanner presented to the Commission regarding the Geropsychiatric Outreach Team. The team was developed to transition 31 long-term care residents, formerly living at the Delaware Psychiatric Center (DPC) Carvel building, to state and private facilities because the building was closed due to environmental issues. The majority of the residents were transitioned to the Delaware Hospital for the Chronically III (DHCI) in Smyrna. A few of the residents were transitioned out of DPC and returned for a short period of time – then transitioned again to the new facility.

Dr. Galluci mentioned that most of the residents did well with the transition. Staff from DPC worked side by side with DHCI staff to mentor about the individual personal care needs and behavioral conditions.

The team continues to assist with psychiatric consults, medication management, and providing recommendations to facilities (after identifying needs and treatment). The recommendations included: medical, nursing and physical therapy needs.

Dr. Tanner shared that both formal and informal education is critical and continues as needed. The team provided daily rounds, for the first six months, to assist with the transitioned residents. The rounds are now weekly.

Dr. Tanner spends a few days a week with the Geropsychiatric Outreach Team and the remainder of her time at the Delaware Psychiatric Center (Sussex II). She is therefore able to provide assistance should a resident be transitioned out of the DPC.

Drs. Galluci and Tanner stated that Cynthia Steele, Assistant Professor at John Hopkins University, helped with developing a nurse to nurse mentoring program. Steele published Nurse-to-Nurse Dementia Care, A Pocket Guide for Excellence in Care.

DSAMH co-hosted a conference (with several other agencies) called "Demystifying Dementia- Creative Approaches to Care" May 23, 2012 at the Embassy Suites Hotel (Newark). In addition, DSAMH hosted the Summer Institute July 30 - August 3, 2012 at the Embassy Suites Hotel.

Dr.Galluci added that Mary Rodger, Quality Insights of DE, was instrumental in helping to build a relationship with long-term care facilities.

Currently the team does not provide psychiatric service to other private LTC facilities, but hopes to expand in the future. Dr. Galluci stated that a memorandum of understanding would need to be prepared in order to expand their service to other LTC facilities. He also mentioned that the residency program at DPC might be able to help expand psychiatric outreach services.

<u>Disaster Preparedness Conference</u>

Senator Bethany Hall-Long provided an overview to Commission members about the Disaster Preparedness event held on May 23, 2012 at Clayton Hall (University of Delaware). A grant became available to host a two-day event for disaster preparedness training to all long term care and assisted living facilities in Delaware.

Several emergency response teams from Delaware participated in a panel The panel explained their role in an evacuation and system resources available should there be a disaster. Guest speakers from Louisiana and New Jersey shared with the audience past disaster situations from their respective states.

Delaware Physicians Care (Aetna Health Plan)

The Diamond State Health Plan Plus program offered through Aetna began on April 1, 2012. Under DSHP Plus, Medicaid beneficiaries receiving long term care services (ex.: nursing facility, home and community-based waiver services, full dual eligibles) are integrated into the Diamond State Health plan in order to have their care better managed thru Medicaid Managed Long-Term Care.

Medicaid Managed Long-Term Care is a contractual agreement between a Medicaid agency (DMMA) and a contractor (Delaware Physicians Care and United Healthcare Community Plan) under the terms of which the contractor accepts financial risk through a capitated payment for providing long-term care benefits to Medicaid beneficiaries.

Patricia Wright (Director of Operations) and Mary Nordenson (Director of Quality) provided an overview to Commission members about Aetna Health Plan's (DE Physicians Care) participation in the Diamond State Health Plan Plus Program.

Delaware individuals currently receiving LTC services were mailed letters (December 2011) informing them of the changes and then were assigned one of the two approved Managed Care Organizations (MCO's).

The organization also held meetings with several local agencies and licensed facilities to familiarize them with the changes forthcoming. Additionally, Aetna (DE Physicians Care) held a six week training session for their staff.

Members are assigned a case manager based on their location of residence and their level of care.

All LTC and Assisted Living (AL) facilities received an employee roster identifying which case manager was assigned to which respective resident(s).

Aetna (DE Physicians Care) is contractually obligated to report incidents such as abuse, neglect or financial exploitation to DMMA and other state investigatory agencies (Ombudsman, DLTCRP, APS, etc).

The organization will forward a copy of their incident report to the Commission.

III. JOINT SUNSET COMMITTEE

The Commission oversees that the Joint Sunset Committee's recommendations made for the Division of Long Term Care Residents' Protection are reviewed as follows:

- The Division of Long Term Care Residents' Protection established a Quality Assurance Review Team (QAR Team) that reviews deficiency reports quarterly. The QAR Team provides a written quarterly report to the Commission regarding any upgrades to "G" level or above and downgrades to "G" level or below by the QAR Team, setting forth the number of such downgrades and upgrades at each facility and the reason for each. Quarterly reports are submitted to the Commission on the 15th of every September, December, March and June.
- A Medical Director was added to the QAR Team who reviews medical records, advises the Division on medical issues, testifies on the Division's behalf at Informal Dispute Resolution hearings, and participates in the QAR Team.
- The Division of Long Term Care Residents' Protection submits a written quarterly report to the Delaware Nursing Home Residents Quality Assurance Commission identifying a nursing home's noncompliance with staffing ratios by shift under Eagle's Law (16 Del. C. §1162).

IV. <u>LEGISLATION AND REGULATION REVIEW</u>

The Commission reviewed regulations and legislation effecting longterm care residents in the State of Delaware, including:

- SB 247 AN ACT TO AMEND TITLE 12, CHAPTER 49A OF THE DELAWARE CODE RELATING TO DURABLE PERSONAL POWERS OF ATTORNEY WAS SIGNED BY THE GOVERNOR 7/27/12.
- <u>SCR 34 w/HA 1</u> ESTABLISHING A STATE TRANSITION TASK FORCE FOR EMERGING ADULTS WITH DISABILITIES AND SPECIAL HEALTH CARE NEEDS WAS PASSED IN THE SENATE 7/27/12.
- HS1 for HB 311 w/HA2 AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO THE ADMISSION, MAINTENANCE AND DISCHARGE OF PATIENTS WITH MENTAL CONDITIONS WAS SIGNED BY THE GOVERNOR 7/24/12.
- <u>HCR 46</u> RECOGNIZING JUNE 15, 2012 AS "DELAWARE ELDER ABUSE AWARENESS DAY" WAS SENATE PASSED 6/14/12.
- <u>HCR 44</u> RECOGNIZING JULY 18, 2012, AS THE INAUGURAL DELAWARE CULTURE CHANGE COALITION'S ANNUAL CONFERENCE WAS SENATED PASSED 6/14/12.
- HCR 21 RECOGNIZING AND CELEBRATING OCTOBER 2011 AS NATIONAL LONG-TERM CARE RESIDENTS' RIGHTS MONTH AND RESIDENTS' RIGHTS RALLY IN DELAWARE WAS SENATE PASSED 6/30/11.

V. COMMISSION STAFFING

The Delaware Nursing Home Residents Quality Assurance

Commission members hired a full-time Administrative staff person as of

January 31, 2007. The Administrative Office of the Courts funds the

salary and budget of this position. The staff reports to the Commission

and works closely with State Agencies to aid in the quality of care for residents in licensed Delaware State and Private Nursing Homes and Assisted Living Facilities.

VI. NURSING HOME AND ASSISTED LIVING FACILITY VISITS

Members of Delaware Nursing Home Residents Quality Assurance Commission and staff attended 52 nursing homes and assisted living facilities Post Survey Meetings during July 1, 2011 and June 30, 2012. There were also multiple facility visits. The purpose of the visits was to promote an atmosphere of information sharing so that the Commissioners would be able to fulfill their responsibility to monitor the effectiveness of the quality assurance system in the State of Delaware. Commissioners interacted with facility administrators, staff, residents and families.

In addition, the staff works closely with many state agencies (such as the Division of Long Term Care Residents Protection,
Guardianship Monitoring Program, Ombudsman Program, Office of the Public Guardian and others) on ensuring quality of care and timely response regarding complaints of abuse, neglect, mistreatment, financial exploitation and other complaints to ensure the health and safety of nursing home residents.

VII. COMMISSION GOALS

The Commission has set the following goals for its work in the coming months:

- Continue to review agency performance and coordination.
- Continue to review and comment on regulations proposed concerning long term care.
- Focus on assisted living by reviewing what other states are doing to ensure quality of care and provide recommendations to the Governor and Members of the General Assembly.
- Encourage collaborative initiatives that will reduce high turnover of nursing home staff and help recruit qualified nurses to long term care.
- Foster and promote abuse/fraud investigation training for law enforcement agencies statewide.
- Monitor and if needed recommend enhanced enforcement of Eagle's Law so as to ensure minimum staffing level compliance.
- Enhance outreach to consumers of long-term care to increase Commission profile so as to ensure the Commission is called upon to review problems and deficiencies in long term care.
- Address quality of life issues for nursing home residents including end-of-life and hospice care services.
- Identify "Gaps" in services available for aiding in the care for the elderly and disabled.
- Monitor "length of stays" for nursing facility residents in hospitals.
- Monitor results and request updates from the Quality Improvement Initiative Study.
- Review educational programs such as Certified Nursing Assistants (CNA) and make educational recommendations to enhance the programs.
- Focus on employee recruitment and retention challenges to aid in the quality of care for residents.