Center for Health Care Quality

Semi-Annual Stakeholder Forum
August 17, 2017

Agenda

I. Welcome — Kristin Vandersluis

II. Overview — Jean Iacino

III. Hubbert Recommendation Updates — Jean Iacino

IV. Performance Metrics Update — CJ Howard

V. General Acute Care Hospital Re-Licensing Surveys — Virginia Yamashiro

VI. 3.5 Staff Direct Care Hours Regulations — Chelsea Driscoll

VII. Quality Accountability Supplemental Payment Program — Mike Shults

VIII. General Q & A — CHCQ Team

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Welcome

* Kristin Vandersluis
  Facilitator

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Overview

* July 1, 2017 Budget Augmentations
  * Increase of $2.0 million expenditure authority from the Internal Departmental Quality Improvement Account
  * Increase of $1.1 million to fund the Los Angeles County contract for union-negotiated salary increases effective October 2016, October 2017, and April 2018.

* CDPH Website Redesign

* Continued Reduction in Antipsychotic Use in SNFs
  * percentage of long-stay nursing home residents who are receiving an antipsychotic medication, excluding those residents diagnosed with schizophrenia, Huntington's Disease or Tourette's Syndrome
  * Quarter 1 2017 CA was at 12.3%, fifth lowest in the nation
  * See more at the National Partnership to Improve Dementia Care in Nursing Homes: Antipsychotic Medication Use Data Report (July 2017): https://www.nhqualitycampaign.org/files/AP_package_20170717.pdf

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Hubbert Recommendation Updates

- Goal #1: All vacant senior management positions are filled permanently with individuals who meet defined leadership qualifications; leadership development training has been completed; leadership qualities, competencies, and skills have been defined and communicated; and a process for ongoing evaluation of executives' performance is in place.
  - Completion Report: All senior management (Branch Chief and above) positions vacant at the time of the Hubbert remediation report, as well as three new Career Executive Assignment positions, have been filled. These senior managers have completed the adopted standard of the CDPH Leadership Development Program. Further leadership development training is ongoing, including StrengthsFinder, Leading Change, and Exemplary Leadership Practices. The CDPH Individual Development Plan process is completed.

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Hubbert Recommendation Updates

* Goal #20: Updated L&C policies and procedures are current and easily accessible to all staff. In addition, the infrastructure and necessary resources will be in place to ensure the Program's policies and procedures remain current.
    * Completion Report: CHCQ has created the infrastructure to bring and keep policies and procedures current. CHCQ has assigned dedicated resources to policy and procedure development within the reorganized Policy Section. The Policy team has created improved policy development and dissemination processes, including improved policy and procedure accessibility to staff.

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Hubbert Recommendation Updates

- Other significant workplan updates include:
  - Goal 2: Create a Change Management and Governance Structure
    - Change management plan under final review
  - Goal 11: Design and Implement a HFEN Recruitment Strategy and Campaign
    - Continuous statewide recruitment underway with HFEN interviews being tracked and reported at all district offices; consultants guiding multichannel advertising campaign; S. CA nursing outreach fair

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Hubbert Recommendation Updates

* Other significant workplan updates include:
  * Goal 13: Improve HFEN On-Boarding and Initial Training
    * New surveyor training academy redesigned
  * Goal 16: Develop and Implement a Leadership and Management Skills Development Program
    * Implemented StrengthsFinder training for all senior management and are extending training throughout the Center

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Hubbert Recommendation Updates

* Full text workplan and goal completion reports available at:

https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/WorkPlanUpdates_GoalCompletionReports.aspx

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Performance Metrics Update

- CHCQ released the metrics for Quarter 3 Fiscal Year 2016-17 on Monday August 14.
  - Available at https://archive.cdph.ca.gov/programs/Pages/CHCQPerformanceMetrics.aspx
- The next quarter metrics will have a revised presentation format at style.
  - CHCQ is moving away from the quarterly PDF documents, and is creating interactive dashboards.

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Performance Metrics Update

* The revised dashboards will enable users to:
  * More easily make comparisons across time.
  * Filter and sort the displays to reveal the information they find most pertinent.
  * Access more data at a glance; reduce the need to sort through more than 50 pages of PDF documents.
  * Access all the information that was available in the PDF displays.

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Performance Metrics Update

2016-2017 Fiscal Year

Quarter Ending 12/31/16

- CHCQ Performance Metrics - Summary of Significant Changes
- Long-Term Care Health Facility Complaints
- Long-Term Care Health Facility Entity-Reported Incidents
- Long-Term Care Health Facility Recertification Surveys
- Long-Term Care Health Facility Relicensure Surveys
- Professional Certification Branch Complaint Investigations
- Vacancy Report and Position Classification Summary
- Non-Long-Term Care Health Facility Complaints
- Non-Long-Term Care Health Facility Entity-Reported Incidents
- Non-Long-Term Care Health Facility Recertification Surveys
- Non-Long-Term Care Health Facility Relicensure Surveys

Quarter Ending 9/30/16

- Long-Term Care Health Facility Complaints
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Decisions Pending & Opportunities for Public Participation
Diseases & Conditions
Job Opportunities
Language Access Complaint Process
Local Health Services
Newsroom
Public Records Act Requests

Related Links
California Health and Human Services Agency
Department of Health Care Services (includes Medi-Cal)
State Agencies Directory

Summary Table for FY 2016-17 Q3

Facility Type: Long-Term Care & Non-Long-Term Care
Intake Type: Complaint & Entity Report Incidents

Intakes Received	Intakes Completed	% of IJ Intakes Initiated in 24 Hours
11,220	8,963	96.7%

Facility Type: (All), Long-Term Care, Non-Long-Term Care
Intake Type: (All), Complaint, Entity Report Incident
Highest Priority: (All), Immediate Jeopardy, Non-Immediate Jeopardy, Other

Intake Breakdown for FY 2016-17 Q3

- Long-Term Care Entity Report Incident — Number of Intakes: 5,254
- Long-Term Care Complaint — Number of Intakes: 2,364
- Non-Long-Term Care Entity Report Incident — Number of Intakes: 2,174
- Non-Long-Term Care Complaint — Number of Intakes: 1,428

General Acute Care Hospital Relicensing Survey

* The purpose of a GACH Relicensing Survey (GACHRLS) is to promote quality of care in hospitals, verify compliance with State regulations and statutes, and ensure a program wide consistency in the hospital survey methodology.
* The GACH Relicensing Survey was implemented on March 1, 2016 – on a three year cycle.
* California's licensing regulations and statute requirements with elements of the former stand-alone Medication Error Reduction Plan (MERP) survey and Patient Safety Licensing Survey (PSLS) into one survey process.

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General Acute Care Hospital Relicensing Survey

* Follows MERP schedule- unannounced
* Completed 89 surveys for Year 1 (every 3 year cycle)
* Year 2: March 2017-February 2018: scheduled 118 total surveys- 14 in Los Angeles
* Focus on hospitals with HAI issues based on program report. Infection Control consultant with team on 13 hospitals.
* General Acute Care Relicensing Survey Page: https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/GeneralAcuteCareRelicensingSurvey.aspx
* Data will be collected on the top deficiencies cited and will be shared.

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Top 10 Deficiencies GACHRLS 1/1/2015 – 12/31/2016

Regulation Description	Count	Top 10 Ranking
Pharmaceutical Service General Requirements / T22 DIV5 CH1 ART3-70263(a)-(r)-(1)-(10)	346	1
Nursing Service Policies and Procedures. / T22 DIV5 CH1 ART3-70213(a)-(d)-(1)-(4)	82	2
Infection Control Program / T22 DIV5 CH1 ART7-70739(a)-(b)-(1)-(4)	72	3
Planning and Implementing Patient Care / T22 DIV5 CH1 ART3-70215(a)-(d)-(1)-((10)	58	4
Patients' Rights / T22 DIV5 CH1 ART7-70707(a)-(d)-(1)-(9)	32	5

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Top 10 Deficiencies GACHRLS 1/1/2015 – 12/31/2016 continued

Dietetic Service General Requirements / T22 DIV5 CH1 ART3-70273(a)-(m)-(1)-(5)	28	6
General Safety and Maintenance / T22 DIV5 CH1 ART8-70837(a)-(c)	22	7
Surgical Service General Requirements / T22 DIV5 CH1 ART3-70223(a)(b)(d)(f)(1)-(3)(5)	21	8
Nursing Service Staff / T22 DIV5 CH1 ART3-70217(a)-(o)-(1)-(10)	20	9
Health & Safety Code / HSC 1255.8(b)-(e)-(1)(3)-(4)	20	10
Total	**701**	

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General Acute Care Hospital Relicensing Survey

* Characteristics of POC (CMS State Operations Manual, Appendix A-Survey Protocol, Regulations, and Interpretive Guidelines for Hospitals)
  * Corrective action to be taken for each individual affected by the deficient practice, including any system changes that must be made
  * The position of the person who will monitor the corrective action and frequency of monitoring
  * Dates each corrective action will be completed
* The required POC was must be returned to the DO- within 10 calendar days after the receipt of the 2567. <u>In special circumstances, the facility may request for an extension of the due date from the DO</u>
* A “rebuttal” is not considered a POC

SB 97

- Effective July 1, 2018 SNFs must provide a minimum of 3.5 direct care hours
  - Excludes D/P of a GACH or state-owned hospital or developmental center

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SB 97 Implementation

* Develop emergency regulations
* Establish two staffing requirement waivers
* Develop schedule to issue penalties
* Evaluate impact of staffing changes

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SB 97 Next Steps

* Stakeholder meetings
* Commitment to transparency

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QASP Update

* Proposed antipsychotic measure (Dementia)
* Analyzing quality measure retirement
* Setting a data completeness standard

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QASP Proposed Antipsychotic Measure

- California average rates of antipsychotic use in SNFs:
  - All-Resident: 11.9%
  - Dementia-only: 13.7%
- Literature review
  - Antipsychotics use, dementia, and death*

*"Antipsychotics, other psychotropics, and the risk of death in patients with dementia" JAMA Psychiatry. 2015 May;72(5):438-45. https://www.ncbi.nlm.nih.gov/pubmed/25786075

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QASP Proposed Antipsychotic Measure

* Quality measure review
  * One year evaluation began July 1, 2017
    * not a scored measure in 2017-18
* Stakeholder consultation April – June 2017
  * Posted methodology and facility rates
  * Requested feedback to QASP@cdph.ca.gov
* Stakeholder feedback
  * Evaluate antipsychotic use in all residents and all facilities
    * Not dementia only
  * Potential for admission bias
  * Concern about overall number of QASP measures

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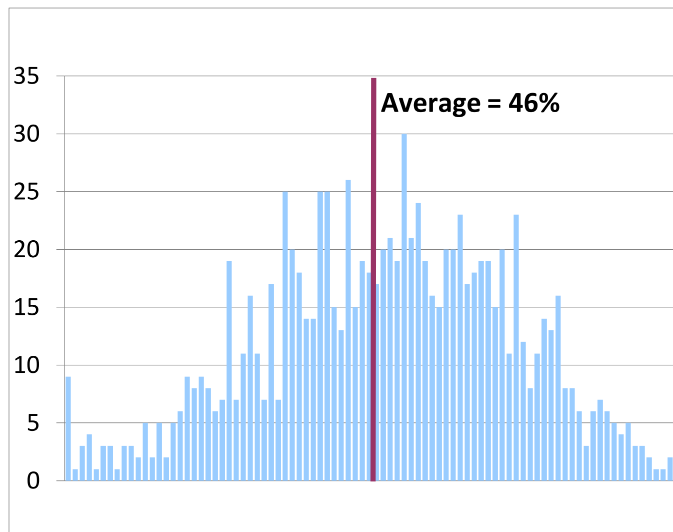
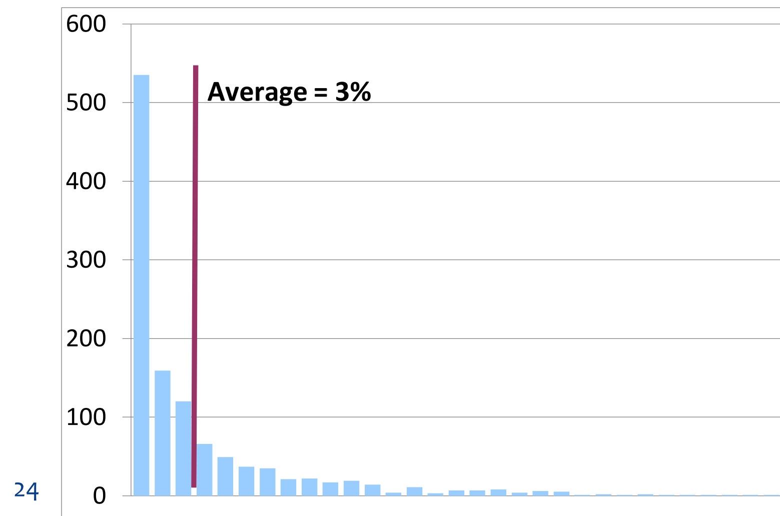
QASP Measure Retirement

- CHCQ is reviewing current measures for potential retirement
- Analysis of CMS published guidelines for retirement
  - https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/Downloads/AnalysisofTopped-OutMeasuresFinalizedforthePY2016ESRDQIP.pdf
- "Normal distribution" versus "topped out" measures





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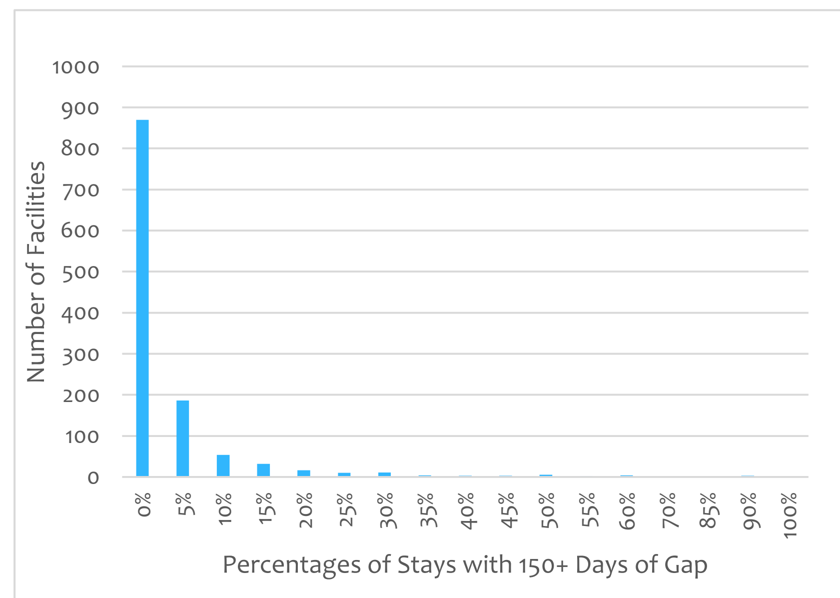
QASP MDS Data Completeness

GOAL: Improve data quality and validity of measurement used for QASP payments

- Recommend data completeness as an eligibility requirement
- Exclude facilities with high percentages of missing data from payments

Missing MDS Assessment	Number of facilities	Percentage of facilities
50% Or More	11	0.92%
40% Or More	15	1.26%
25% Or More	29	2.43%
20% Or More	40	3.35%
15% Or More	66	5.53%
10% Or More	108	9.05%
5% Or More	276	23.13%



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QASP MDS Data Completeness

* Proposed goal for data improvement: Reduce the number of resident stays missing an MDS assessment
  - Year 1: 20%
  - Year 2: 15%
  - Year 3: 10%

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Additional questions? Feedback?

Email the Stakeholder Forum mail box at:
CHCQStakeholderForum@cdph.ca.gov

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Next CHCQ Stakeholder Forum
February 2017
Date and Time TBD

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