Center for Health Care Quality

Semiannual Stakeholder Forum
February 15, 2017

California Department of PublicHealth

Welcome and Opening Remarks

Scott Vivona

Assistant Deputy Director

California Department of PublicHealth

CHCQ Updates

CJ Howard

Chief of Policy and Planning

California Department of PublicHealth

Budget Change Proposals

- IDQIA
- Healthcare-Associated Infections Program
- LA County

Consultant Contracts

- Onboarding and Retention
- Recruitment

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Hiring Updates

- Annual goal: 5% vacancy rate by December 31, 2018
- Current vacancy rate overall (15.98%) and HFEN (19.52%)

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New Field Ops Branch Chiefs

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Quality Improvement Projects

- Adverse Events – Innovation Application
- Informal Conferences
- Provider/Consumer Engagement Expectations

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Adverse Events (AE) – Innovations Application

CJ Howard

Chief of Policy and Planning

California Department of PublicHealth

AE Innovations Application

weCertify

Optimize Licensing and Certification (L&C) program performance through data, analytics, and digital services adoption in support of Retained Foreign Object (RFO) adverse event investigations.

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Adverse Events Defined

Senate Bill 1301 in 2007 enacted legislation defining adverse events, also known as “never events.” These events include things like, retained foreign objects, pressure ulcers, wrong surgical site, patient abductions. CHCQ investigates every adverse event reported.

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AE Innovations Application

1. Design Thinking/Process Mapping

2. External Resource Partner Development

3. Applicable Lessons

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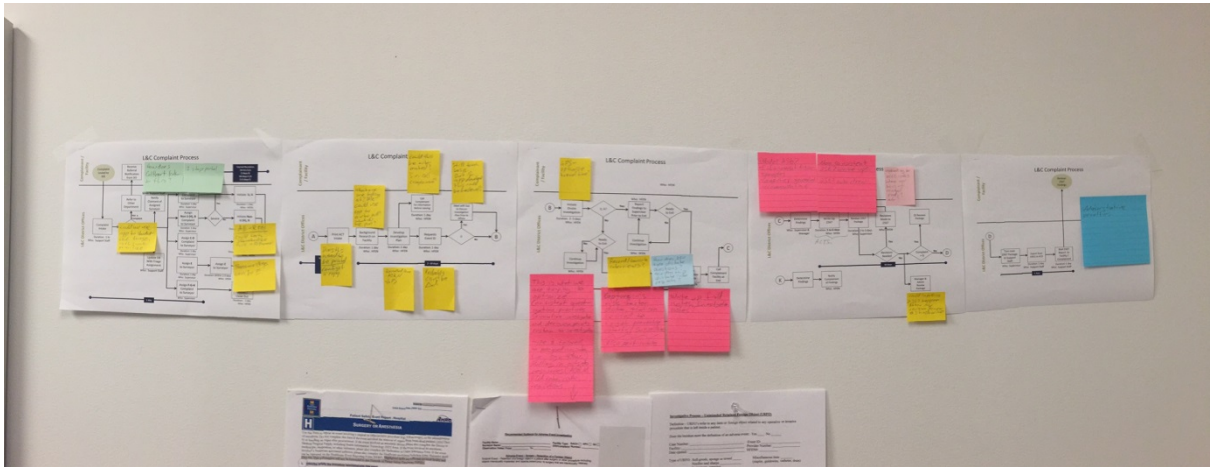
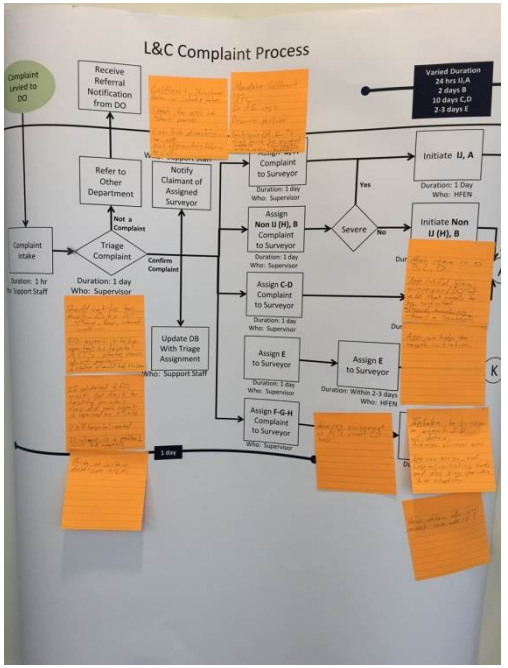
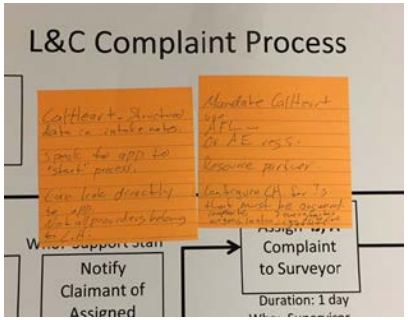




Design thinking and process-mapping sessions to identify and confirm what the team wants from an application and how it can improve L&C processes.



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External Resource Partner → Bringing the Ideas to Life

We are using a "two-step" contracting process to bring our ideas to fruition.

1. **"Architect"**

2. **"General Contractor"**

Accomplishments: Broader Applicability

1. Scale small, test small, scale big.
2. Conduct design thinking/process-mapping workshops to generate ideas to modify and change existing processes.
3. Create a nimble team of staff, especially the “end-users.”

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Accomplishments: Broader Applicability (cont.)

4. Work within existing resources.
5. Rethink resource partners and or contractors.

Quality Improvement Project Informal Conferences

Andy Barbusca
Region III Field Operations Branch Chief

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The QI Project Plan

1) Invite customer input

- Collect concerns and ideas

2) Develop charter and problem statement (continued)

The QI Project Plan (cont.)

3) Review regulations

- Health and Safety Code 1420
- Consider timelines and restrictions
- Establish process and identify what can be shared

4) Update district office guidance for consistency, enhanced customer service

- Improve outcome
- Improve communication

Accomplishments

1. Met with Stakeholders to gather concerns and identify opportunities and expectations.

2. Created a project charter that identifies our scope, boundaries, audience, constraints, and objectives. (continued)

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Accomplishments (cont.)

3. Created a problem statement:

"Complainants are dissatisfied with the informal conference process regarding the timeliness of the meeting, consistency between district offices, level of investigation transparency, effectiveness of communication throughout the process, and outcome."

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Next Steps

1. Develop process flow chart to identify who is responsible for each step in the process and to assign a timeline for each step.
2. Collect relevant data on past performance.
3. Incorporate statutory and regulatory parameters
4. Develop guidance for field offices and customers.

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PDCA Principles

We are using overarching PDCA principles to work on process

We will provide an update and instructions prior to implementing recommendations.

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Provider/Consumer Engagement Expectations

Colleen Reeves

Branch Chief, Field Operations

Virginia Yamashiro

Chief, Field Operations, Non-Long-Term Care

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Provider and Consumer Engagement Expectations (PaCEE) Project

Goal: To list provider and consumer (public) expectations of CDPH L&C during surveys, complaint investigations, informal conferences, and appeal processes and to meet these expectations in the performance of L&C activities.

- Provider and surveyor workgroup meetings – Initiated July 2016
- Consumer workgroup meetings - initiated December 2016

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Examples of Expectations

For providers: CDPH team/surveyor will conduct investigation and survey process in an unbiased and neutral manner with an open mind and non-judgmental approach.

For customers: CDPH surveyors are trained, qualified and knowledgeable in survey and investigative processes.

Surveyor Code of Conduct will also be refined and included in the New Surveyor Academy.

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Project Steps

- ✓ Members of two workgroups collaborating on an initial document to meet the goals and objectives
- ✓ Documents will be shared with Branch Chiefs and senior management by January 30, 2017, and at the District Managers meeting February 22, 2017, for feedback and comments
- ✓ Documents will be shared concurrently with stakeholder groups
- ✓ Final implementation will be shared with District Offices through webinar training and added to the New Surveyor Academy
- ✓ DO implementation: April 2017

CMS Civil Monetary Penalties

Scott Vivona

Assistant Deputy Director

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What is the CMS Civil Monetary Penalty?

- Also called the Federal Health Facilities Citation Penalties Account
- Funds deposited into account from federal civil monetary penalties assessed to skilled nursing facilities

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Use of CMS CMP Funds

- S&C 12-13 NH – specifies that funds may be used to :
  - Assistance to support facilities during closure
  - Projects that support resident and family councils and assuring quality care in SNFs
  - Facility improvement initiatives approved by CMS
  - Support activities that benefit SNF residents

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Process to Request Funds

- Entity develops concept and shares with L&C
- L&C seeks preliminary vetting through CMS
- L&C provides CMS developed application and entity prepares project detail
- L&C submits to CMS for review/approval
- L&C and entity enter into contract

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CMS CMP Approved Projects

- California Culture Change Coalition
- $500K for 2-year project to reduce unnecessary antipsychotic drug use
- California Association of Health Facilities and University of California, Davis
- $1.5M for 36-month project to study and document the effects of Music & Memory on reducing antipsychotic use for residents with dementia.

Next Steps

- CHCQ invites entities to develop and submit concepts/projects related to improving the lives residents living in SNFs

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Music & Memory

Andy Barbusca, Field Operations Branch Chief Region III

California Association of Health Facilities

California Association of Health Facilities

Jocelyn Montgomery, RN, CAHF Director of Clinical Affairs, CAHF Memory Program Director

Amanda Davidson, CAHF Music & Memory Program Coordinator

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UC Davis/CAHF Partnership

- Music and Memory CAHF video

Music & Memory

- Reduction in anti-psychotics and other meds
- Effective approach to relieving boredom, reducing anxiety or pain
- Increase staff and family satisfaction (cont.)

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Music & Memory

- Great opportunity for intergenerational relationships
- Regulatory focus on dementia care policies and practices
- Public image opportunities through media, fundraisers

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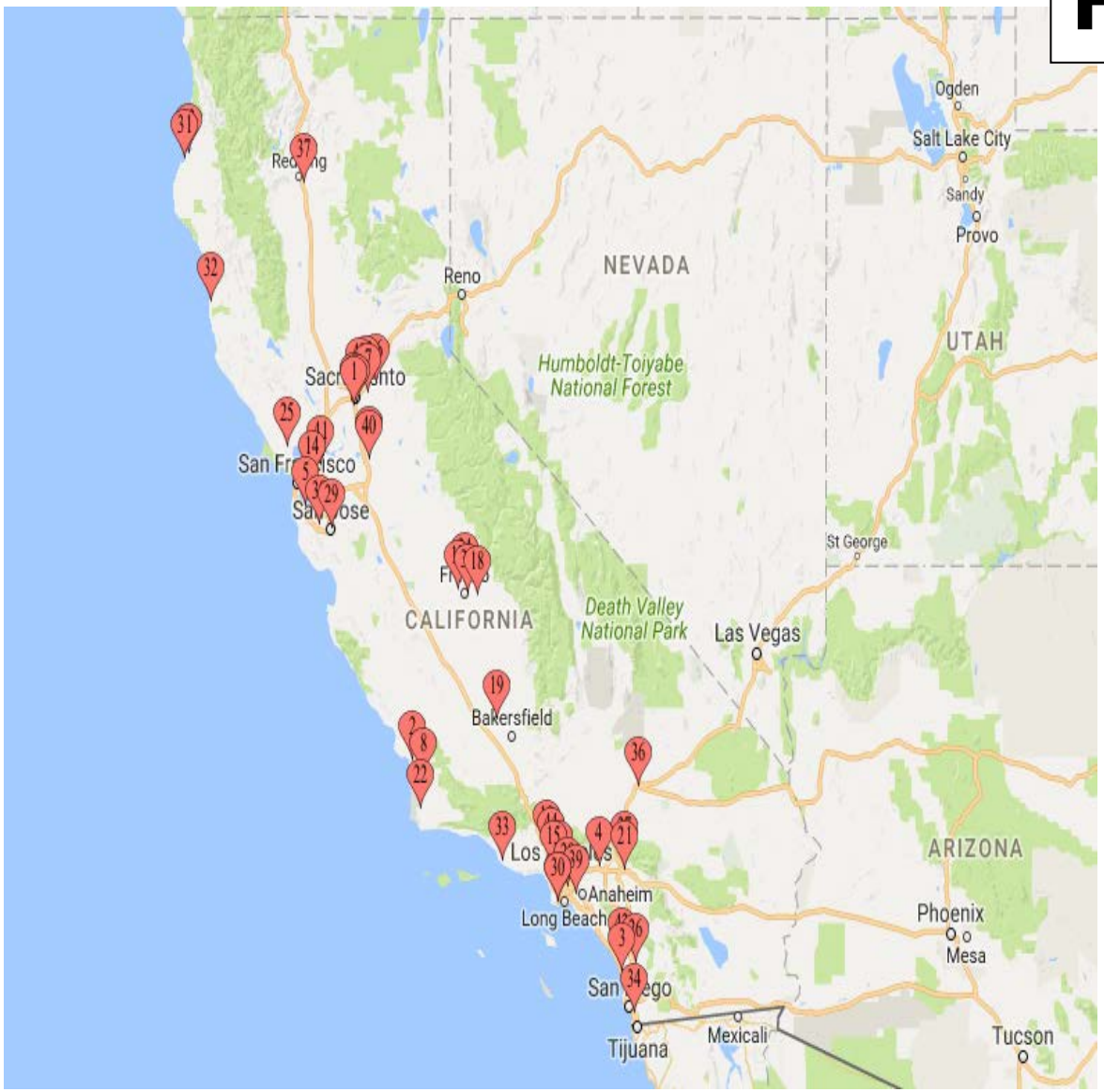
Phase One



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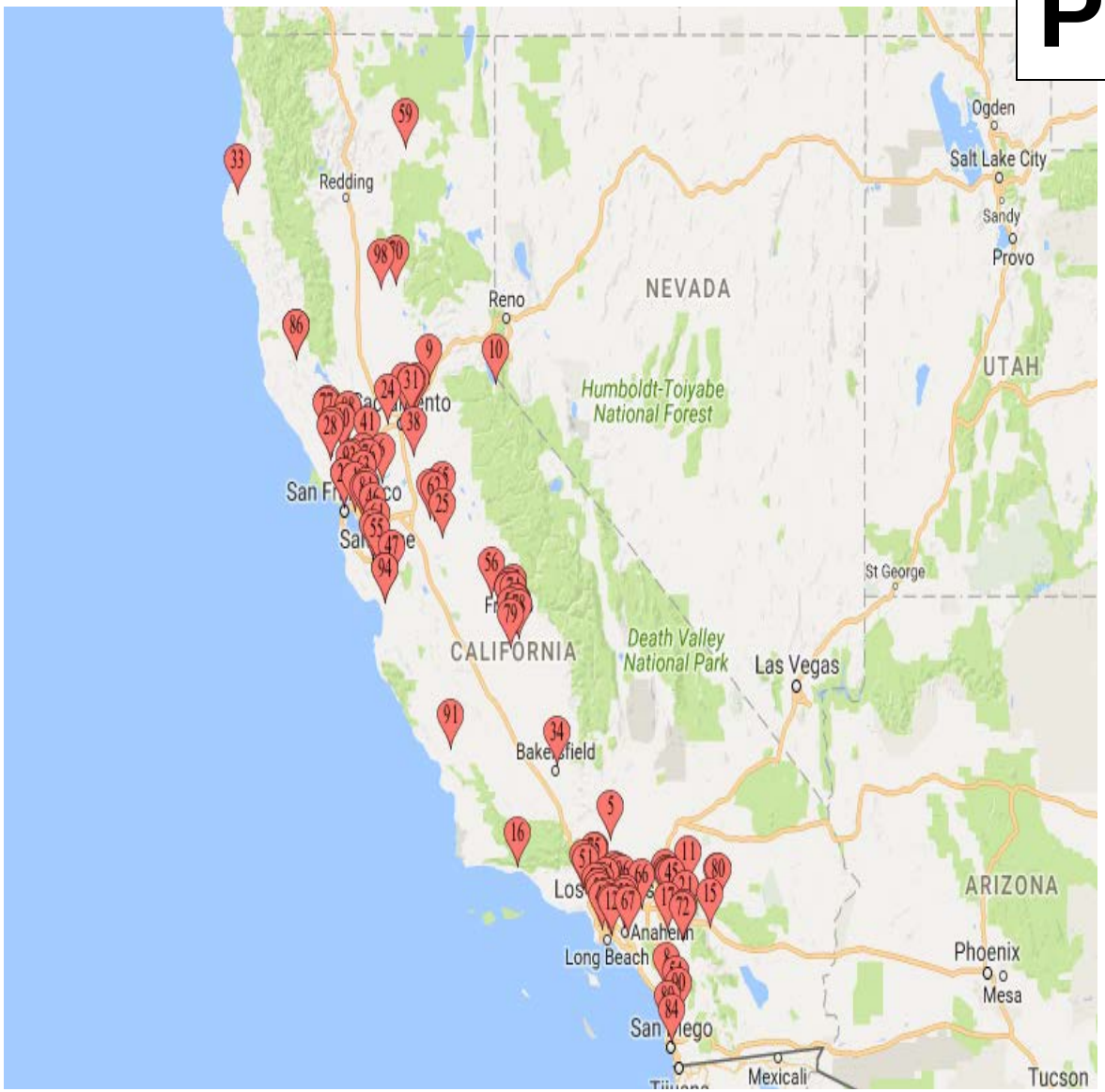
Phase Two



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Who are the residents?

Diagnosis *	# Phase 1 (Pilot) Residents n=506	Percentage	# Phase 2a Residents n=675	Percentage
Alzheimer's Disease	137	27	168	22
Non-Alzheimer's Dementia	250	49.3	393	43.7
Tourette's	3	0.6	3	0.3
Anxiety	151	29.8	257	28.6
Depression	208	41	298	33.1
Bipolar	36	7.1	40	4.4
Psychosis (not Schizophrenia)	45	8.9	111	12.3
Schizophrenia	45	8.9	59	3.3
None of above	-	-	190	21.1
Medications*	**# Residents n=506**	**Percentage**	**# Residents n=675**	**Percentage**
Antipsychotic	110	21.7	141	20.9
Antianxiety	101	19.9	131	19.4
Antidepressant	193	38.1	236	35.0
Hypnotic	19	3.6	21	3.1
Behavior/Impairment*	**Resident Mean Scores n=506**	**Percentage**	**Resident Mean Scores n=675**	**Percentage**
BIMS – Mental Status (0-15)	7.03		5.80	
Aggressive Behavior Score (1-8)	2.43		1.58	
Moderately to Severely impaired	161	31.8	194	32.7

* Data derived from MDS baseline data submitted by NHs

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What are the challenges?

- Data collection
- Staff turnover; changes in energy/motivation
- Getting buy-in from supervisors (NHA, Executive Director)
- Time required to get program up and running

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What Does Success look like for the CAHF Music & memory project?

- Broad awareness around the state about Music & Memory
- 4,500 residents enjoying personalized music
- Understanding of the specific challenges to sustaining quality projects in SNFs
- A tested tool to help SNFs build Music & Memory programs

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NOW ACCEPTING APPLICATIONS!

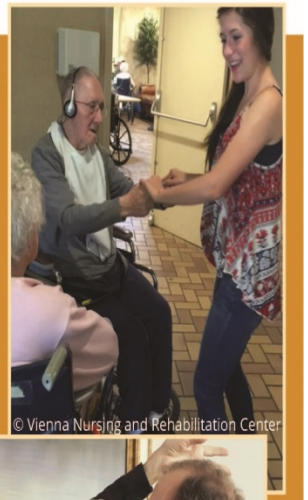
&MUSIC memory®

California Association of Health Facilities

Seeking ways to **improve resident quality of life**?

Want to see residents **happier and more social**?

Want to help **reduce depression and anxiety**?


© Vienna Nursing and Rehabilitation Center

The **California Association of Health Facilities** (CAHF) is accepting applications for the **CAHF Music & Memory project**, funded by the **California Department of Public Health**. It is designed to advance the **Campaign to Improve Dementia Care in California** skilled nursing facilities (SNFs). The project provides residents with personal music through the use of the **MUSIC & MEMORY℠** program. There will be a research component embedded in the project. Participating nursing homes will receive:

- MUSIC & MEMORY℠ certification training for one year
- Fifteen iPod shuffles
- Laptop computer


© Michael Rossato-Bennett

For informational brochure and application:
cahf.org/AboutCAHF/MusicMemory

For more information, contact Amanda Davidson at adavidson@cahf.org or Jocelyn Montgomery at jmontgomery@cahf.org

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UC Davis/CAHF Partnership

- "New Music Study" KEYT-TV video

Influenza Outbreaks in Long-Term Care Facilities

Erin Epson, MD

Public Health Medical Officer, Assistant Chief

Healthcare-Associated Infections Program

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Influenza in California: 2016-2017 Season

- Overall influenza activity in California "widespread" since mid-December
  - Increase in influenza cases and outbreaks reported

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Influenza Outbreaks

- 127 laboratory-confirmed influenza outbreaks, as of January 28, 2017
  - Most outbreaks in long-term care facilities (LTCF)
- More than twice as many influenza outbreaks than at this date in recent seasons

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CDPH Guidance

RECOMMENDATIONS FOR THE PREVENTION AND CONTROL OF INFLUENZA CALIFORNIA LONG-TERM CARE FACILITIES

DEPARTMENT OF PUBLIC HEALTH
CENTER FOR HEALTHCARE QUALITY
HEALTHCARE ASSOCIATED INFECTIONS PROGRAM

850 Marina Bay Parkway
Richmond, California 94804

Revised October 2016

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Influenza Outbreaks in LTCF

- Impacts across the continuum of care
  - LTCF not accepting new admissions or readmissions of residents who were hospitalized for influenza
  - Acute care hospitals at capacity or on diversion

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All Facilities Letter AFL 17-2: Influenza Outbreaks in LTCF

- Purpose: Notify health care community and reiterate guidance on prevention and control of influenza in LTCF
- “LTCFs should be prepared to provide care safely without putting residents at risk during influenza season.”

Infection Control Measures for LTCF Residents with Influenza

- Standard and Droplet Precautions
  - Placement in private room; if unavailable, residents with influenza can be cohorted
  - Separation of >3 feet, drawing curtain between beds for residents in multi-bed rooms
  - Health care workers wear facemask
  - If resident movement or transport necessary, resident wears facemask
  - Communication before transfer to other departments or facilities

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Duration of Droplet Precautions

- 7 days after illness onset, or
  until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer

Centers for Disease Control and Prevention (CDC) infection control guidance for influenza

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Droplet Precautions after Hospital Discharge

"Patients on droplet precautions should be discharged from medical care when clinically appropriate, not based on the period of potential virus shedding or recommended duration of droplet precautions."

CDC infection control guidance for influenza

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Droplet Precautions after Hospital Discharge

- LTCF should develop plans to continue droplet precautions* for returning residents who were hospitalized with influenza

* If droplet precautions still necessary

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Outbreak Control in LTCF

- Daily monitoring for new flu cases
- Standard and droplet precautions
- Prompt antiviral treatment and prophylaxis
- Avoid new admissions or transfers to units with symptomatic residents
- Ensure new or returning residents do not have acute respiratory illness and admit them only to unaffected units of the facility

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Evaluating New and Returning Residents

- Returning residents hospitalized with influenza and clinically appropriate for discharge are past the acute phase of illness
- New/returning residents with acute respiratory illness should be evaluated by a clinician
  - Determine appropriate treatment and/or infection control measures

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Limiting Admissions During an Outbreak

- Closing a LTCF to admissions should be considered on a case-by-case basis in consultation with local public health
- Considerations:
  - Appropriate implementation of control measures, including antiviral prophylaxis
  - Ability to cohort ill residents and restrict staff movement
  - Identification of no new cases during period of monitoring

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Determining When an Outbreak is Over

- Active monitoring for new cases should continue for at least
  1 week after identification of the last case
- If no new cases identified, ok to consider the outbreak over and resume new admissions to previously affected units

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Summary

- LTCF should actively monitor for acute respiratory illness during flu season and take prompt control action
- All LTCF must be able to care for residents on transmission-based precautions, including droplet precautions
- Collaboration with local public health and L&C necessary for outbreak control

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Questions? Comments?

CHCQStakeholderForum@cdph.ca.gov

916-324-6630

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