

North Dakota Department of Health
Division of Health Facilities

Business Process Re-engineering
Life Safety Code Process Committee Meeting Minutes

February 20, 2007

Committee Members Present:

Bruce Pritschet, Director, Division of Health Facilities
Shelly Peterson, Executive Director, North Dakota Long Term Care Association
Bridget Weidner, Manager, Division of Health Facilities, ND Dept. of Health
Darrold Bertsch, Administrator, Southwest Healthcare Services - (per conference call in a.m.)
Karissa Olson, Administrator, Heartland Care Center
Lucille Torpen, Manager, Division of Health Facilities, ND Dept. of Health
Monte Engel, Manager, Division of Health Facilities, ND Dept. of Health
Pete Antonson, Administrator, Northwood Deaconess Health Center- (per conference call in p.m.)
Sherwin Nelson, LSC Surveyor, Division of Health Facilities, ND Dept. of Health
Darleen Bartz, Health Resource Section, ND Department of Health

Committee Member Absent:

Wade Peterson, Administrator, Medcenter One Care Center

Facilitator

Joan Coleman, RAI/Training Coordinator, Division of Health Facilities, ND Dept. of Health

Introduction of Participants

The Business Process Re-engineering (BPR) Life Safety Code (LSC) Process Committee Meeting began at 10:00 a.m. on February 20, 2007. Bruce Pritschet welcomed everyone to the meeting. All committee participants introduced themselves.

Review of Department Mission and Purpose of Meeting.

Darleen Bartz reviewed the North Dakota Department of Health Strategic Map 2006-2008. The overall mission of the Department is to “Protect and Enhance the Health and Safety of All North Dakotans and the Environment in Which We Live.”

Darleen explained the purpose of the Business Process Re-engineering of the LSC survey process was to identify specific industry concerns; review of work by internal workgroup; identify factors that should be considered in the decision making process related to compliance with a requirement; consider Decision Making Matrix (Survey Protocol) that would guide consistency in the survey outcome; consider what recommendations would require approval from CMS who is the department’s consumer; consider training needs of

providers related to conducting their own maintenance survey throughout the year linked to specific requirements; and consider potential discussion/training needs of surveyors.

Establish Ground Rules

Joan Coleman discussed the ground rules for the BPR Committee meeting. These ground rules included the following:

- It's your meeting (all participants)
- Everyone's comments will be considered equally (it is important for everyone to participate as we need to look at the whole picture)
- No relevant topic is excluded
- Respect each others opinions (people think differently)
- Respect the time frames identified
- Silence is considered an agreement (so if you do not agree you need to voice your opinion)
- Keep the facilitator accurate
- Work together toward common goals (finding a solution takes balance)
- Refrain from attribution (no placing blame)
- Output/changes impacting the survey process/outcome must be approved by CMS

Review and Approval of December 2006 Meeting Minutes

Minutes of the December 19, 2006 were reviewed and approved.

Emerging Themes from the December 2006 Meeting

Bruce Pritschet discussed the emerging themes from the December 19, 2006 BPR LSC Process Committee Meeting, which included the following:

1. Desire for LSC surveyors to provide training during their survey to the facility staff.
2. Desire for consistency among the LSC surveyors. Is everyone following the same survey process?
3. Use of the NDDoH website and the CMS website by facility staff.
4. Determination of current knowledge base of facility environmental staff and the impact of facility staff turnover.
5. Roll of quality assurance in ensuring compliance with LSC standards and need for training facility staff. Does all environmental staff know how to do quality improvement? Is training needed in this area?
6. Provision of LSC education to facility staff (other than through the survey process). Discussion was held on developing a plan on how to best educate facility staff on LSC requirements. Use of on-site North Dakota regional training, information by mail, use of websites (CMS and NDDOH), conference telephone calls, newsletters, emails, etc.
7. Provide facilities information regarding good environmental products. How can this information be made available to all LTC facilities?

Shelly Peterson requested this list of Emerging Themes from the December 2006 meeting include the following: Desire for on-site checks by LSC surveyors during construction of buildings.

Reports from External Partners on Tasks Assigned During the December 2006 Meeting

Wade Peterson to report on AHCA interpretation on damper maintenance.

- Wade was absent from the meeting so no report was provided.

Shelly Peterson to report on feedback regarding communication preferences.

- Shelly reported the best means of communication with the providers are the following: person to person; presentations at the Spring and Fall NDLTCA Conferences; emails; websites, however emails are a better means.
- Discussion was held on the following: 1) One time per year in each region, the NDDoH LSC survey staff would meet with the administrators and environmental service management staff to provide training and answer questions; and 2) the NDDoH using email to provide pertinent LSC information to the facility environmental service management staff, in addition to the administrators.

Review of Work Resulting from the January 18 and 25, 2007 Internal Workgroup Meetings & Discussion of Potential Strategies Identified to Respond to the Emerging Themes

Bruce Pritschet explained the Internal Workgroup had met on January 18, 2007 and on January 25, 2007 to compile information and to develop potential action items to address the emerging themes identified during the December 19, 2006 BPR LSC Process Committee Meeting. He presented written information compiled by the Internal Workgroup which consisted of the seven emerging themes; pertinent related information; and potential action items. (Refer to attachment for complete information).

It was decided each of these seven (7) emerging themes would be discussed individually by the committee, along with the pertinent related information and the potential action items. Bruce Pritschet led the committee participants in discussing the following:

1. Desire for LSC surveyors to provide training during their survey to LTC facility staff.

Related Information

- a. Currently at the time of survey, training in the form of explanation of the requirement and the intent of the regulation is provided to the facility being surveyed.
- b. All three LSC survey staff specifically stated they provide this during their surveys.
- c. There is constant turnover among maintenance staff in nursing homes.
- d. Facility staff does not recognize the information shared during survey as actually educational or training.

- e. All surveyors welcome questions.
- f. Facility staff does not have time to do all the monitoring and maintenance in addition to their other tasks and duties in the facility.
- g. A copy of the survey checklist is left with facility staff at the beginning of the survey.

Potential Action items:

- a. Suggestion to take safety/environmental person from the facility staff along on the survey of the facility.
 - b. Group felt annual training at LTC conference was not as effective as providing specific information using their own facility as examples when explaining compliance with LSC during survey.
 - c. Group felt that administrator education on LSC would be beneficial and it should include the necessary paperwork, documents needed, contracts, responsibilities that should be assigned in the contracts to hold the contacted parties to providing what it takes to be in compliance with LSC.
 - d. It may be beneficial to determine what percent of citations are avoidable or are in the category of documentation missing or are considered to be paper compliance citations.
-
- Shelly Peterson stated it is very beneficial when the LSC surveyors provide training to the environmental service staff members during the survey.
 - Discussion was held if environmental service staff members are always present when the surveyors conduct the LSC surveys. Sherwin Nelson stated 99% of the time environmental service staff members are present.
 - Discussion was held regarding environmental service staff not having enough time to do Quality Improvement (QI), and the need for them to receive education on conducting QI activities.
 - Sherwin Nelson identified a copy of the survey checklist (“Documentation for Review” form used by the Health Facilities LSC Surveyors) is left with facility staff at the beginning of the survey. This has been done for approximately 10 years.
 - Karissa Olson identified in the past (except for this last LSC survey) their facility did not receive a copy of the LSC survey checklist, which includes areas that QI can be completed on.
 - Monte Engel stated if a LSC deficiency is cited then QI should have been implemented, as the facility is required to identify this in their plan of correction.
 - Shelly Peterson asked if the LSC checklist could be provided to the facility administrators, as well as the environmental service staff.
 - Karissa Olson identified the past LSC survey differed from previous surveys. She identified during their past LSC survey the communication was good and it was a great a learning experience. Karissa further identified the need for administrators to be taught how to work with the LSC survey process.
 - Shelly Peterson asked if recommendations could be provided to the facility environmental service staff members on Quality Improvement activities.

2. Desire for consistency among the LSC surveyors. Is everyone following the same survey process?

Related Information

- a. Whenever an issue is identified that requires interpretation, the surveyors have been telling facility staff they would be discussing the issue with managers in the office and the facility will be informed if a citation is written and why.

Potential Action items:

- a. It was suggested that 2 LSC surveyors go on LSC survey when new construction is surveyed for the first time. Both would work together throughout the LSC survey so two sets of eyes see the same thing and can discuss any area where interpretation is necessary. This plan would include the first LSC survey following new construction and major renovations.
 - b. Discussed the possibility of two LSC surveyors in facilities over 180 beds.
 - c. LSC surveyors asked that they be informed if they have missed anything in their past surveys (from one surveyor one year to another surveyor the next time).
-
- Discussion was held on the purpose of using two LSC surveyors in facilities over 180 beds, and whether it would be valuable.
 - Discussion was held if there is inconsistency in the LSC survey process or inconsistency on what tags are looked at. Karissa Olson voiced from her experience, it was inconsistency in the LSC survey process.
 - Discussion was held on facility contracts, and what do these contracts state. Do the contracts identify what the contractors are responsible for doing?
 - Monte Engel voiced sometimes contractors do not always show up when they are suppose to, which causes problems for the providers.
 - Discussion was held on inviting a representative(s) from the Environmental Service Organization to join the BPR LSC Process Committee.
 - Pete Antonson stated the providers have a responsibility to learn from each other; for example, learning from the deficiency reports which the providers share with each other.

As it was nearing the end of this meeting, the committee participants decided the remaining five (5) emerging themes would be discussed individually at the next scheduled BPR LSC Process Committee meeting.

Discussion of Other Areas of Concern Identified by External Partners Since Last Meeting

- Discussion was held regarding the desire for on-site checks by LSC surveyors during construction of buildings.
- Darleen Bartz and Monte Engel identified the department does not have the funding and/or a sufficient amount of survey staff to conduct on-site checks during facility renovations or new construction. Discussion was held if a core group of LTC

environmental service staff would be willing to be used as experts in the field, and could these individuals be trained by the NDDoH LSC surveyors.

- Bruce Pritschet and Darleen Bartz identified administrators are seldom completing the Provider Survey Evaluation form. This would provide feedback to the Health Facilities management staff, which would be beneficial.
- Karissa Olson stated in MN, the survey staff left an evaluation form with the administrator after the survey was completed, and just prior to leaving the building. Karissa further voiced she thought this would improve the amount of Provider Survey Evaluation forms completed. Bruce Pritschet and Darleen Bartz stated they would discuss this idea further.

Responsibilities of External and Internal Partners To Share the Outcome of the Meetings to Others in the Industry

Shelly Paterson identified she would send out meeting minutes & the “Documentation for Review Life Safety Code – Health Care” form to all providers who are members of the NDLTCA.

Next Steps and Assignments

Discussion was held on what information the Internal Workgroup and the External Workgroup would do or obtain prior to the next meeting.

From discussions held during the BPR LSC Process Committee meeting, Shelly Peterson identified she would do the following:

- To begin in September 2007, arrange for NDLTCA regional meetings to include an invitation to the NDDoH LSC survey staff. She would obtain dates of these meetings for up to a year, beginning in the Fall of 2007. One time per year in each region, the NDDoH LSC survey staff would meet with the administrators and environmental service management staff to provide training and answer questions.
- Obtain email addresses of facility environmental service management staff. These email addresses would be provided to the Internal Workgroup, so pertinent LSC information could be sent directly to these environmental service staff, in addition to the administrators.
- Provide all of the NDLTCA administrators, via email, a copy of the December 2006 BPR LSC Process Committee meeting minutes.
- Provide all of the NDLTCA administrators, via email, the LSC “Documentation for Review” form used by the Health Facilities LSC Surveyors.
- Invite a representative(s) from the Environmental Service Organization to join the BPR LSC Process Committee, as it would be beneficial to have their input in the discussions.
- Check if there are a core group of LTC environmental service staff who would be willing to be used as experts in the field.
- From the core group of LTC environmental service staff members, check if any of these individuals are interested in receiving training from the Health Facilities LSC Surveyors so they could possibly perform on-site construction visits.

- Obtain information on the LSC educational need of the facility environmental service staff.

From the discussions held during the BPR LSC Process Committee meeting, members of the Internal Workgroup identified they would do the following:

- Provide the NDLTCA, via email, a copy of the December 2006 BPR LSC Process Committee meeting minutes so this information can be provided to the NDLTCA administrators.
- Provide the NDLTCA, via email, the LSC “Documentation for Review” form used by the Health Facilities LSC Surveyors so this information can be provided to the NDLTCA administrators.
- Develop recommendations (not all inclusive) on Quality Improvement activities for facility environmental service staff.
- Contact other State Health Departments to determine what they have in place in relationship to building construction and LSC training for providers.
- Determine what percent of citations are avoidable; or if they are in the category of documentation missing or are considered to be paper compliance citations.

Next Meeting Date

The next meeting of the Business Process Re-engineering Committee was set for Thursday May 31, 2007 from 10:00 a.m. to 3:00 p.m. in the Resource Room of the Division of Health Facilities.

Meeting Adjourn

The meeting was adjourned at 3:00 p.m.