

ALABAMA DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF HEALTH PROVIDER STANDARDS  
MEDICAL DIRECTOR'S ADVISORY COMMITTEE MEETING

July 25, 2014

AGENDA

1. WELCOME.....DR. GEARY
2. APPROVAL OF MINUTES FROM FEBRUARY MEETING.....DR. GEARY
3. DIRECT ADMISSION OF PATIENTS TO THE NURSING HOME  
AT THE DIRECTION OF THE HMO/PACE..... DR. YATES AND DR. GEARY
4. HOW TO COPE WITH AN UNFRIENDLY SURVEY TEAM.....DR. GEARY
5. TRAINING for NON-FOOD SERVICE PROFESSIONALS  
ABOUT F-371. ISSUES WITH FOOD HANDLING  
AND SANITATION .....DR. GREG HILL AND DR. TOM GEARY
6. NURSING HOME STAFF WRITING ORDERS INCLUDING  
VERBAL ORDERS WRITTEN UNDER THE CRNP'S NAME  
CHANGING OR CANCELING ORDERS WRITTEN BY A CRNP  
FOLLOW – UP .....DR. REEVES

Alabama Department of Public Health  
Bureau of Health Provider Standards  
Medical Directors' Advisory Committee Meeting  
Sandstin Golf & Beach Resort  
Terrace Rooms 1 & 2  
7:30 a.m.  
July 25, 2014

Attendees:

Donald Williamson, MD, State Health Officer  
WT Geary, MD, Director/Medical Director, Bureau of Health Provider Standards,  
Alabama Department of Public Health  
Diane Mann, BS, Training, Alabama Department of Public Health  
Clare Hays, MD, CMD  
James Yates, M.D, CMD  
Jerry Harrison, MD, CMD  
Kendra Sheppard, MD, CMD  
Steve Furr, MD, CMD  
Greg Hill, MD, CMD  
Donald Sanders, MD  
Harold Simon, MD  
J. Grier Stewart, MD  
George Sutton, JD  
Robert Webb, MD  
Chivers Woodruff, MD, CMD  
David Barthold, MD  
Bill O'Connor, MD  
Sally Ebaugh, MD  
Katrina Magdon, Director, Professional Development and Regulatory Affairs,  
Alabama Nursing Home Association  
Richard Brockman, JD

Dr. Geary welcomed everyone to the meeting. He asked for approval of the minutes from the last meeting. There were no objections, and the minutes were approved from the February 1, 2014, meeting in Birmingham, Alabama.

The first topic discussed was the "Direct Admission of Patients to the Nursing Home at the Direction of the HMO/Pace." Dr. Geary began by saying there was an interesting discussion in Mobile regarding the PACE program. There was some confusion with this program about the regulations which seem to imply that nothing can be done for a patient unless it is authorized by the PACE program. However, CMS was consulted and the nursing homes contracted with a PACE have to treat all residents whose stay is covered by any payers the same. All assessments, MDS, level of care have to be the same. A comprehensive initial physical/history, plan of care, scheduled visits every 30 days the first three months, and then 60 days thereafter - it all has to be done. You have to have responsive notes, not just writing, "Doing well."

Dr. Yates continued with "Direct Admission/HMOs." Several members joined in on the discussion about pre-admission, being pre-certified, the length of stay in a hospital, patients being sent to the right environment, and inappropriate discharge. Physicians stay confused because of the many changes.

The next topic was "Coping with An Unfriendly Survey Team." Dr. Hill shared an experience. He has had feedback from other facilities having very positive surveys; however, a recent survey left his facility staff feeling assaulted and intimidated. The survey team demanded to see personnel notes about an issue that was not part of the record, and said they would stop the survey if they did not receive the note. This request by the survey team was the result of a conversation between a facility social worker and a family member written on scratch paper. Dr. Geary stated that a facility cannot keep documentation from surveyors. Facilities cannot refuse to give documentation to a survey team. Internal items need to be discussed at the facility's quality assurance meetings. Surveyors are excluded from copying material discussed in quality assurance meetings. There was a discussion on the different ways facility staff documents in the nursing homes. Mr. Brockman stated that mistakes are made, and most nursing home staff members are afraid during surveys. Dr. Geary reiterated that all documentation must be made available to a survey team expect what is documented in quality assurance meetings. Dr. Hill said that a deficiency had been written for a staff member being late giving meds; however, this was due to the surveyor detaining the staff member. Dr. Geary said that our office needs to know about such incidents in order that such behavior may be eliminated by counseling the surveyors(s). All complaints on surveyors are taken very seriously and action is taken when necessary. Dr. Hill stated he wanted to bring this up because it was a situation with the survey team continued through the entire survey. The intimidation, threats, berating, the survey going on forever, and being told that any additional information will "up" the tags, was disheartening.

Other members commented on some of the surveys at their facilities. The majority stated most survey teams try to do things correctly. Dr. Geary again stated that any concerns should be addressed to him, Mia Sadler, or Lisa Pezent. Inappropriate surveyor behavior is not tolerated by the Department. Dr. Hill said that he knew Dr. Geary well enough that he could talk to him about the situation. Dr. Williamson stated when something like this happens, to call during the survey. Dr. Harrison suggested that the facilities have some type of survey to take to give feedback on surveyors. Dr. Webb suggested that topic for the next meeting, "How to Document Sensitive Information." Dr. Downs suggested, "What to Take with You During an Interview with a Surveyor."

There was also an issue with additional information being sent to the Department. Information on F371 (F) was sent to Lisa Pezent, but she did not receive it until after 9 a.m. Dr. Hill wrote a letter to Ms. Pezent and the material was accepted, and as a result of that, several dietary issues were thrown out. Dr. Geary stated that very strict cut off times are necessary for times when additional information is sent in since the survey staff and supervisors only have limited office time to review such material and

there are deadlines imposed by CMS for completion of the reports. Dr. Sutton and Dr. Barthold stated for the most part, the survey process is better today than what it used to be.

Dr. Hays gave an update on the AQAF Readmission Project. There are 23 nursing homes in the state participating in the project. Good progress is being made. Our rate of hospital readmission within 30 days in the state ranges from 1.7 per 1000 to 2.6. The rate for all the states participating in the project is 1.57. We remain well above the hospital readmission benchmark. By 2018 there will be a penalty placed on nursing home for sending residents to a hospital instead of taking care of them if possible in the nursing home. CMS is attempting to work on regulations to insure that residents that have been observed with certain conditions are taken care of without being sent out. The main conditions that are really being looked at are: congestive heart failure (CHF), urinary tract infections (UTI), Chronic Obstructive Pulmonary Disease (COPD), pneumonia, and diabetes. Dr. Hays is amazed how few nursing homes have a protocol for managing CHF residents. Diabetes is managed too tightly. Dementia is also a big driver of admissions. It seems some nursing home staff have no concept on how to reduce difficult and disruptive behaviors. There needs to be more critical thinking skills. It was also mentioned that many corporate chains have in their policy that residents will be sent out.

Dr. Geary stated that many people have called him about behavior problems. The resident has to be kept safe; however, it is not a requirement that every resident with behavioral problems be sent out. Dr. Geary offered his assistance to everyone that may need to discuss residents with behavior issues.

The meeting adjourned. The next meeting will be January 31, 2015, at the Hyatt Regency Winfrey Hotel, Birmingham, Alabama.