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Study Relating to the Department's Non-Compliance with CMS Survey Time Requirements for Skilled Nursing Facilities

Department's Response to Report Recommendations

Background

In April, 2016, the Department contracted with Haffenreffer & Associates to conduct a study of the Division of Licensing and Certification's Long-term Care Program. The Long-term Care Program conducts licensing and certification activities to ensure that the state's 79 long-term care facilities, which have 5,971 beds, are in compliance with federal regulations and state rules. These facilities cannot receive Medicare or Medicaid payments if they do not comply with regulations.

The Long-term Care Program is not in compliance with the federal requirement for conducting annual surveys of nursing facilities. The program is also experiencing a high turnover and vacancy rate and is under scrutiny from nursing facility providers related to the survey process and high numbers of citations at high scope and severity.

On July 18, 2016, the Department received the final report from the study conducted by Haffenreffer & Associates. The report contains specific recommendations for the Department in nine categories as well as specific recommendations for the provider community. The Department's response and action plan for each specific recommendation is outlined below:

Recommendation Category (From Report)	Specific Recommendations (Copied directly from Consultant's report)	Department Response	Action Plan	Target Date
1. Related to vacancies. Your vacancy rate is not improving. The majority of the candidates do not pass the written exam.	1a. Contact the individual within 14 days to perform screen and to let the individual know of the Division's (Long-term Care Program's) interest in hiring.	The Department agrees with this recommendation.	Many of the consultant's observations about the hiring process are related to the state hiring process administered by the Idaho Division of Human	11/30/16

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The process does not establish an early relationship with the applicant. Establish a hiring process that includes the following:			Resources (IDHR). We will review the consultant's findings and recommendations with the Department's HR management/staff and with IDHR for solutions.	
	1b. Change the written portion of the exam to provide more time (45 minutes to one hour) and to establish specific criteria for pass / fail other than grammar and punctuation.	The consultant misunderstood the instructions for the written exam. Applicants are not required to respond to all of the questions in the allotted time—they are instructed to select just one of the questions for their written response. There are criteria for grading the responses other than for grammar and punctuation.	In light of this recommendation, review the interview questions and the written exam to ensure the instructions are clear.	Completed
	1c. Update the screening information on the website to include more information about travel and computer skills.	The Department agrees with this recommendation.	Update the website and the job announcement.	Completed
	1d. Is hiring based on one person's decision? I feel you	Hiring is not based on one person's decision. Hiring	Effective immediately, hiring panels will include	Completed

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	need to establish a review committee that examines all the documented interview results including the written portion. Establish specific rating criteria.	decisions are made jointly with the two Long-term Care Team supervisors. As we work on improvements to the hiring process, however, we will include our division's Human Resources Specialist on the hiring panel for the Long-Term Care Team. We do have established rating criteria but will review for improvement.	the division's Human Resources Specialist. Review the rating criteria for improvement.	
2. Related to vacancies. Your website and your position descriptions do not depict what is actually happening. Your pay is too low. Possible employees were turned away due to lack of long term care experience.	2a. Bold travel on your website – explain what you mean by extensive travel	The Department agrees with this recommendation.	Update the website and the job announcement.	Completed
	2b. Consider, if possible, hiring other candidates / professionals other than RN's as the position description	Three other teams in the division use the classification of Health Facility Surveyor, and	Review the job announcements and job description to make it clear that the open	Completed and ongoing.

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	depicts OR update the job description to reflect actual Division (Long-term Care Program) practice of hiring only RN's.	professionals other than RNs can successfully perform their job responsibilities on those teams. Inspecting skilled nursing facilities requires the clinical background that a licensed Registered Nurse has, so the Long-Term Care Team hires primarily RNs with one or two licensed Social Workers and Registered Dieticians.	position is on the Long-Term Care Team which seeks primarily RNs as surveyors. We will continue to work with the Idaho Nurses' Association and Idaho University Schools of Nursing to actively recruit RNs.	
	2c. Update the Job Description to include computer skills.	The Department agrees with this recommendation.	Update the job description.	Completed
	2d. Review your pay scale. What would your current employees be satisfied with – hold group meetings to discuss pay.	The Department agrees with the recommendation to review the pay scale, but we disagree with the recommendation to hold group meetings with surveyors to discuss the amount of pay they would be satisfied with.	Prepare a budget request for pay increases for SFY 2018.	Completed

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	2e. While I see you have expanded reach beyond the Treasure Valley – how many have applied and how many from outside the Valley have been hired? Consider conducting an analysis.	The Department is tracking and analyzing information about applicants from outside the Treasure Valley	We will continue to track and analyze information we obtain about applicants who apply from outside the Treasure Valley, and we will continue to work with the Idaho Nurses' Association and Idaho university schools of nursing to actively recruit RNs from all areas of the state.	Completed and ongoing
	2f. Either update your job qualifications on the website to say applicants must have long term care experience or consider establishing a training program and hire a good and willing professional to learn.	Three other teams in the division use the classification of Health Facility Surveyor in which long-term care experience is not necessary to successfully perform job responsibilities on those teams. The Department agrees that we can improve the job announcements for filling positions on the Long-Term Care Team to more clearly communicate minimum qualifications.	Revise the job announcements for filling positions on the Long-Term Care Team to more clearly communicate minimum qualifications.	Completed

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3. Related to Turnover and Sustainability.	3a. Develop a succession plan even with the current vacancies.	The Department agrees with this recommendation.	Develop a division-wide succession plan.	10/31/16
	3b. Review your current employee professional evaluation process.	The Department agrees with this recommendation. There is always room for improvement in processes	Meet with the Long-Term Care Team to review the key job responsibilities and performance expectations in the evaluation template and make suggested revisions.	10/31/16
	3c. Make time for employees to attend training.	The Department considers professional development a priority and work in training opportunities with the rigorous survey schedule.	We will continue to coordinate survey schedules to allow surveyors to participate in training opportunities.	Completed and ongoing
	3d. I know you are currently meeting with staff routinely; however, I wonder how directed these meetings are related to employee engagement. Consider having more directed activities and discussions with the goal of increasing conversations about change and engaging in group conversations to identify ideas and implement	The Department agrees with this recommendation. There is always room for improvement in communicating with and engaging staff.	Since July 2015, we have engaged Long-Term Care Team members in helping develop solutions to the challenges facing the team. Check in with the Long-Term Care Team to determine how we can better meet their needs in this area.	Completed and ongoing

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	solutions. The important aspect of these conversations is then to implement those ideas and solutions suggested by the staff and then to use their knowledge is reevaluation of the implemented solutions.			
	3e. Develop processes to resolve team conflicts – this will require teams to feel comfortable with sharing. It is a long process. Consider certifying a member from some department in the Bureau to become certified in conflict resolution.	The Department agrees with this recommendation. There is always room for improvement in team communications and resolution of conflicts. Many of our Department's Human Resources Specialists are already certified in conflict resolution/mediation and will be part of this effort.	Since July 2015, we have engaged Long-Term Care Team members in helping develop solutions to the challenges facing the team. Check in with the Long-Term Care Team to determine how we can improve team communication. Use the division's HR Specialist (trained in conflict resolution and mediation) to facilitate the dialogue.	9/30/16 and ongoing
	3f. Ensure "Crucial Conversations" or another communication program is offered more than once annually. Make it part of the	Crucial Conversations is included as required training for new surveyors. This course plus several other courses related to	In November 2015, all Long-term Care Team members received Crucial Conversations training and we added the course	Completed and ongoing

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	training package for new employees.	improving communication are offered more than once annually. The Department's Human Resources Department publishes a training schedule, and employees can register for courses through the Department's Learning Management System.	to the list of required training for new employees. We will continue to track employee participation in Crucial Conversations and other training opportunities. We will also develop an annual *Crucial Conversations* refresher training .	12/31/2016
	3g. Consider a book club where surveyors would choose a book from a list and discuss related issues.	The Department agrees with the intent behind this recommendation.	Meet with the Long-Term Care Team to determine if a strategy like this would be valuable for them.	9/30/16
	3h. Give the surveyors a platform to vent about their concerns with a facility's care and services during and after a survey in an attempt to minimize a stressful situation that could lead to communication issues at a surveyor level.	The Department agrees with this recommendation as long as the "venting" is done in a productive manner.	Meet with the Long-Term Care Team to determine if the current post-survey briefings are meeting their needs to discuss concerns about what they might see on a particular survey.	Completed and ongoing

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	3i. Continue with the plan to establish a career ladder with pay increases and / or increasing benefits to match.	The Department agrees with this recommendation.	We will continue the work we started in May 2016 with the Department's Human Resources Office to develop a career ladder for the Health Facility Surveyor classification.	1/1/2017
	3j. Begin tracking, trending and analyzing informal complaints in order to identify areas for improvement.	The Administrator does track, trend, and analyze concerns and complaints about programs or staff on the Long-term Care Team or on other teams in the Division.		Completed and ongoing
4. Related to continued compliance with CMS survey timeframes.	4a. Revisit your action plan to get 2567's out per CMS timeframes – perform an analysis and update your action plan.	The Department agrees with this recommendation	Since July 2015, we have implemented several improvements aimed at getting survey reports to facilities more timely. The majority of reports are now going to facilities within the prescribed timelines, but we continue to work toward getting all reports to facilities on time.	Ongoing

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5. Related to Data	5a. As many at the Division (Long-term Care Team) appear to mistrust data established from the completion of the Minimum Data Set (MDS), I would focus surveyor during the survey to look carefully at MDS codes for accuracy; or consider taking part in the MDS survey.	The Department agrees with this recommendation.	Work with the Long-term Care Team and CMS to determine when Idaho will begin taking part in focused MDS surveys.	1/1/2017
6. Related to Quality Improvement Data. Your quality improvement program is substandard.	6a. Identify what are the important aspects of services you provide. I would suggest survey and IDR data and some employee engagement measures.	All seven teams in the division have quality improvement processes in place that include performance measures, data collection and analysis, action plans and improvement teams. We agree with the recommendation, however, that the quality improvement processes for the Long-term Care team and other teams in the division need more formal structure and visibility.	Develop a formal structure for quality improvement in the division. Develop a division-wide dashboard of performance measures. Develop and maintain a division-wide operations plan that includes quality improvement initiatives and a quarterly progress report.	1/1/2017 12/1/2016 10/1/2016
	6b. Establish internal performance measures.			
	6c. Measure and analyze.			
	6d. Meet routinely and establish improvement teams			
	6e. Develop ongoing action			

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	plans to improve systems and processes in addition to your annual strategy.		Review progress reports during quarterly division-wide meetings. Post operations plan and progress reports on the Department's internal and external web sites.	November 2016
7. Related to surveyor inappropriate actions / communication at a facility level. Issues remain that require analysis and action.	7a. Give the surveyors a platform to vent about their concerns with a facility's care and services during and after a survey in an attempt to minimize a stressful situation that could lead to communication issues at a surveyor level.	The Department agrees with this recommendation as long as the "venting" is done in a productive manner.	Meet with the Long-Term Care Team to determine if the current post-survey briefings are meeting their needs to discuss concerns about what they might see on a particular survey.	Completed and ongoing
	7b. Swift action must be taken with surveyor inappropriate behaviors once you have the knowledge of the event. Establish a culpability scale in order to provide a consistent method of actions that will be taken with such behavior. Provide staff training on the	The Department takes swift action with surveyor inappropriate behaviors once we are aware of them. We did not share individual employee discipline actions with the consultant, but actions have been taken.	Culpability scale referenced in the recommendation provides no more accountability than the existing state performance evaluation expectations, process, and evaluation form.	Completed and ongoing

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	culpability scale so staff may understand what actions are taken for specific behaviors.			
	7c. Discontinue failure to take action related to a surveyor inappropriate behavior based on your current vacancy rate.	The Department has not failed to address conduct or performance issues with a surveyor just because of the current staffing levels. We did not share individual employee discipline actions with the consultant, but actions have been taken.		
	7d. Consider open provider / surveyor forums – open to more than just Board Members of IDHCA. Forums could be webinar news hours where providers can call in and engage in the forum.	The Department agrees with this recommendation.	Survey nursing facilities to determine what they would find valuable in a forum like this and develop the content and schedule. Also, the Long-Term CareTeam and Region X CMS representatives served as panel members in a workshop on federal certification requirements during the annual IHCA conference in July.	First call held on 8/23/2016. Survey was sent to providers in September to identify potential subjects for future calls.

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8. Related to the number of citations at a high scope and severity. Have continued reviews of the statistics related to citations in Idaho as compared to other states.	8a. Examine how you currently schedule surveys. Meet with the surveyors to get new and innovative ideas about scheduling.	The Department agrees with this recommendation	Meet with the Long-Term Care Team to brainstorm improvements to scheduling.	10/31/16
	8b. Examine your own criteria for documentation with the goal of streamlining while keeping within the CMS documentation requirements.	The Department agrees with this recommendation.	Meet with the Long-term Care Team to review and discuss acceptable documentation to ensure surveyors are not inappropriately refusing to accept facility documentation.	Completed and ongoing.
	8c. If high scope citations occur, consider a careful review with a team to discuss if injury occurred as the surveyor visualizes it.	The Department agrees with this recommendation.	We implemented this review step in July 2015.	Completed and ongoing.
	8d. Consider collaborating (routine discussions and perhaps meetings) with Wyoming and Montana	The Department agrees with this recommendation.	Identify five states with population and facilities similar to Idaho. Convene representatives from	10/31/16

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	survey agencies.		those states to share performance challenges and best practices.	
9. Related to the IDR Process. Scheduling is too far from survey exit date and plan of correction date.	9a. Reexamine your scheduling process. Discuss with teams to establish ideas.	The Department agrees with this recommendation.	We convened the IDR Steering Committee (members include NF providers, IHCA, State Ombudsman, DHW management) in September. Agenda included these recommendations. Steering Committee is considering potential solutions.	9/30/16
	9b. Consider examining the Washington State IDR process.	The Department agrees with this recommendation.		10/31/16
	9c. Begin IDR data collection. Examine tags overturned for deficient survey practices – trend and analyze the data. Establish action plans.	The Department collects and analyzes data from IDR. The data the consultant received from the Idaho Health Care Association (IHCA) was actually data we provided to IHCA.		