



**California Department of Public Health  
Center for Health Care Quality  
Interim Stakeholder Meeting November 13, 2014  
Meeting Record**

During the Interim Stakeholder Meeting on November 13, 2014, the California Department of Public Health (CDPH) invited stakeholders to ask questions and provide comment on its Assessment Report Implementation Plan. Discussion followed the Hubbert Consulting System (HSC) recommendations' four areas of focus:

1. Leadership, Strategic Planning and Customer Focus
2. Measurement, Analysis and Performance Management
3. Workforce
4. Operations

CDPH provided responses during the meeting. The following is a summarization of this dialogue. The verbatim audio recording of the meeting is available at the Center for Health Care Quality (CHCQ) online Stakeholder Forum.

**CHCQ's Opening Comments:**

- Improving the timeliness and effectiveness of CDPH licensing and certification activities remains the Center's top priority for its Licensing and Certification Program.
- CDPH views all of the Remediation Recommendations as opportunities to improve the program in the long-term to enable the Center to better accomplish its mission.
- CHCQ executives prioritized the recommendations on the basis of the following considerations:
  - impact on the program's performance of its core mission,
  - importance to stakeholders,
  - interdependency, and
  - ability to accomplish
- CDPH accepted the prioritization schema of tiers of priority (urgent, high, and medium) from the HSC report, and adopted the timelines for completion based on the outside range of time required from initiation.
- CDPH changed the prioritization of only four recommendations from the HSC report:
  - Raising the priority of 11 - Design and Implement a HFEN Recruitment Strategy and Campaign" from High to Urgent
  - Raising the priority of 21 - Update Regulations" from Medium to High
  - Lowering the priority of 1 - Build a Visionary Executive Leadership Team" from Urgent to High
  - Lowering the priority of 4 - Develop and Implement a Strategic Plan" from Urgent to High

## **Discussion on Assessment Report Implementation Plan, Progress Report and Recommendation Prioritization by Area of Focus:**

### **LEADERSHIP, STRATEGIC PLANNING AND CUSTOMER FOCUS**

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- **As the Center for Health Care Quality (CHCQ) undertakes recommendation 5 (Restructure L&C for Increased Efficiency and Accountability), will Los Angeles County have to mirror the same management titles and structure as the state?**  
**RESPONSE:** CDPH's contract with Los Angeles County's Department of Public Health to perform CDPH's Licensing and Certification Program (L&C) workload in Los Angeles County is due for renewal in 2015. This can be a topic for discussion during the contract's renewal negotiations, but at this time, CDPH does not anticipate that changes to the Los Angeles County's management titles and structure will be needed.
- **The progress report for recommendation 4 (Develop and Implement a Strategic Plan) indicates that CDPH has hired a strategic planning consultant to do strategic planning with the Center for Health Care Quality (CHCQ). Where is CHCQ in that process? Who is that consultant?**  
**RESPONSE:** CHCQ used the same consulting group used by CDPH in the development of its strategic map, TSI Consulting Group. Using the same process that the Department used, the Center completed the first phase of its planning at a two-day offsite November 5-6 resulting in a draft strategic map. The Center management team worked hard to ensure that the draft map reflects both the Hubbert Systems Consulting (HSC) and the Bureau of State Audits' recommendations for the program. Next steps include sharing the draft map with staff and stakeholders prior to finalization and developing the detailed implementation plans to support it.
- **Will the work that the Department of Justice (DOJ) has been doing with CDPH on referrals be included within the strategic plan implementation?**  
**RESPONSE:** Yes. There is a home on the draft strategic map for the work CDPH is doing with DOJ.
- **Regarding recommendation 5 (Restructure L&C for Increased Efficiency and Accountability), what is being considered and will L&C employees be engaged in that process?**  
**RESPONSE:** CHCQ views restructuring the Center as a crucial step in ensuring long-term, sustainable improvements in the Center's performance, but discussions to date have been very preliminary. CDPH wants to go slow to ensure that as other improvements are made,

the structure is designed to support their sustainability. Some of the considerations shaping these discussions include:

- Whether the District Offices as currently configured are the most effective balance of workload and scope for performance of the workload statewide
- HSC recommendations regarding improving our communication and quality improvement capabilities
- Bifurcation of the Licensing and Certification Field Operations by long-term care and non-long term care focus.

As these discussions go forward, staff will be absolutely be engaged; CDPH appreciates that some of the best ideas for how to organize our workload come from frontline staff.

- **The HSC recommendations include the creation of project teams. Will front-line or mid-level staff be used on these teams? Will Los Angeles County representatives be included in these project teams?**

**RESPONSE:** The HSC Recommendations suggest creation of 21 project teams, but CDPH may divide the workload involved among fewer project teams. Preliminarily, CDPH is considering four project teams, to correspond with each of the four areas of focus. CDPH plans to hire a project manager to coordinate implementation of the work plan and coordinate the work of the project teams.

Los Angeles County and front-line and mid-level staff will be part of these teams.

- **The progress report indicates that implementation of recommendation 6 (Overhaul Approach for LA County Workload Management and Oversight) has included hiring a retired annuitant. Who is the retired health facilities evaluator manager and what are they, or CDPH, doing to address the Kaiser News Foundation’s recent investigation into Los Angeles County’s report falsifications?**

**RESPONSE:** The retired annuitant is Albert Quintero. CDPH is aware of the report and is doing its own investigation of those issues.

## **MEASUREMENT, ANALYSIS AND PERFORMANCE IMPROVEMENT**

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- **The progress report for recommendation 7 (Establish and Monitor Key Performance Indicators) mentions development of an online dashboard. What is the status of this? What is a “dashboard”? Is it for providers or for CDPH staff? Does this go to how the Department will address the timeliness and effectiveness of its investigations?**

**RESPONSE:** The dashboard is designed for tracking timeliness and effectiveness and will be reported online. CHCQ’s performance metrics are online now and they address the volume, timeliness, and disposition of CDPH’s complaint, entity-reported incident, certified

health paraprofessionals investigations, and the frequency of our re-licensure and recertification surveys. The posted metrics are in frozen tables and charts.

CDPH's interpretation of a "dashboard" is when: (1) the reports indicate by color coding whether the data indicates satisfactory or unsatisfactory performance (e.g., unsatisfactory performance would be coded red and satisfactory performance would be coded green); and, (2) a viewer is able to look behind the aggregate number to see the raw data that adds to that aggregate number and confirm it and/or analyze it in ways that are most meaningful to that viewer. The dashboards are under development. In the future, CDPH will provide dashboard information at the District Office level.

In the short term, CDPH is using the information from CHCQ's current performance metrics to evaluate how to define appropriate accountability measures for timeliness and effectiveness.

- **Will front-line staff/mid-level management be engaged in the process of defining those metrics to ensure they are do-able, meaningful, and manageable?**

**RESPONSE:** CDPH will look at opportunities to involve mid-level managers and front-line staff with the development of the metrics.

- **It is disappointing that CDPH is not defining timelines for when complaints should be completed. How can stakeholders help establish or propose those metrics?**

**RESPONSE:** CDPH acknowledges stakeholders' disappointment and recognizes that complaint investigation timeliness and effectiveness is essential to achieving its core mission. CDPH is committed to defining metrics that will demonstrate its accountability for achieving its core mission, but considers the first step to be measuring and understanding the causal factors for the trends in its recent and current performance, before measuring itself against specific timelines for completion of investigations. The department invites stakeholders to provide their proposed standards in writing.

- **What do the recently posted performance metrics tell us about the length of time it takes to close a case?**

**RESPONSE:** The time to close Long-Term Care Health Facility complaint and entity-reported incident investigations during the first quarter of state fiscal year 2014-15 was:

	90 or Fewer Days	Between 91 and 180 days
Complaints	72%	11%
ERIs	75%	10%

For both types of investigations, this is an improvement over the prior fiscal years. The complete reports are available at the CDPH website (<http://www.cdph.ca.gov/programs/Pages/CHCQPerformanceMetrics.aspx>). In future reports, CDPH has agreed to define the first interval as “70 or fewer days.”

## WORKFORCE

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- **Is there a way to increase pay for Health Facilities Evaluator Nurses (HFENs)?**  
**RESPONSE:** CDPH is aware that nurses in other venues earn more money and emphasizes other benefits of state employment in its recruiting efforts. HFEN salary is beyond CDPH’s control.
- **Regarding recommendation 10 (Develop a Staffing Model and Workforce Plan), will Los Angeles County’s needs be considered? Staffing, timeliness and quality are related.**  
**RESPONSE:** CDPH is working on this. The methodology to estimate workforce needs is part of the budget process and CDPH is unable to disclose details of that process before the Governor’s Budget is finalized. However, CDPH has invested significant time to look at this, including representatives with field experience, expertise in how the department captures time applied to fieldwork, statistical experience, and deep policy backgrounds.
- **What is the current turnover rate for HFENs, DO Supervisors and DO managers?**  
**RESPONSE:** CHCQ’s HFEN turnover rate averages between 20 and 22 percent.
- **Regarding recommendation 11 (Design and Implement a HFEN Recruitment Strategy), is CDPH considering other types of professionals who can be trained instead of nurses?**  
**RESPONSE:** CDPH was instructed to take a formal look at this issue and that evaluation is in process. The report is due to the Legislature by December 1 and will be posted on the CDPH website once finalized.
- **What does CDPH know about what constitutes the turnover? Is it retirement? Promotion to other jobs?**  
**RESPONSE:** Part of the work CDPH will undertake in addressing recommendation 12 (Design and Implement an Employee Retention Plan) is to investigate exactly what the factors are. Anecdotally, CDPH hears that retirement is likely part of it, as are salaries.

## OPERATIONS

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- **The progress report for recommendations 17 and 18 (and others) reflect CDPH's plan to use consultants to implement them. How effective is it for CDPH to lean so heavily on contractors for key skills and analysis? What about in-house abilities/capacity?**  
**RESPONSE:** CDPH uses consultants when a need presents itself that is short term, or discretely time- or project-limited, for example, change or project management expertise needed to implement the HSC recommendations. But where the report calls for acquiring skills that will be an ongoing need, for example communication or quality improvement, CDPH is committed to hiring into permanent positions. While CDPH may use the short-term help of a consultant to put the department on the right path, its goal is to build long-term competencies within the organization.
- **Why are non-nursing, multi-disciplinary teams not used?**  
**RESPONSE:** CDPH does use multi-disciplinary survey teams. Survey teams include Life Safety Code evaluators, pharmacists, dieticians, medical record consultants, and physicians, as well as nurses.
- **The progress report for recommendation 18 (Implement Lean Thinking for Key Work Processes) mentions a contract related to Home Health Aides. Are there changes ahead for Home Health Aides?**  
**RESPONSE:** The contract is to look at CHCQ's process of investigating allegations against certain certified paraprofessionals, including Home Health Aides. No changes are planned that will affect Home Health Aides.
- **With regard to recommendation 21 (Update Regulations), the federal regulations for rural health clinics have recently changed. How is CDPH conveying this information to surveyors?**  
**RESPONSE:** CDPH receives notice from the Centers for Medicare and Medicaid Services (CMS) regarding changes to the federal certification regulations. CDPH shares these changes with District Offices when the department receives them, and CMS provides training on these changes in its clinic training courses
- **Regarding recommendation 19 (Deploy IT Hardware and Software Upgrades), will that include online 2567s so that hospitals and other providers can respond in a more timely fashion? Does CMS have a timeline for when these might be available?**  
**RESPONSE:** CMS is implementing in phases an electronic statement of deficiencies form for nursing homes. California will be among the last phase of the nationwide rollout CMS is also working on developing this capacity for other facility types but CDPH is unable to determine a timeline by which this functionality might be available for California.

- **Regarding recommendation 18 (Implement Lean Thinking for Key Work Processes), how will CDPH ensure that efficiency is not achieved at the expense of effectiveness, especially with regard to complaint investigations?**

**RESPONSE:** CDPH is committed to quality and effectiveness and will not sacrifice either for supposed efficiency.

- **The progress report for recommendation 20 (Update Policies and Procedures), who are the retired annuitants working on updating the policy and procedures manual?**

**RESPONSE:** CDPH is hiring two retired annuitants, who have experience with the program in management and policy roles.

- **Regarding recommendation 21 (Update regulations), will Title 22 be updated as well? Is there a timeframe?**

**RESPONSE:** Yes. The update of the General Acute Care Hospital regulations in Title 22 is high on our list of priorities, but we cannot provide a timeframe for completion at this time.

- **Where is the Assessment Report Implementation Plan and progress report located on CDPH site?**

**RESPONSE:** The current version and future monthly reports can be found on the CHCQ Stakeholder Forum site: <http://cdph.ca.gov/programs/pages/CHCQStakeholderForum.aspx>. CDPH requests that stakeholders send any additional comments, feedback, and questions to its dedicated address for this purpose: [CHCQStakeholderForum@cdph.ca.gov](mailto:CHCQStakeholderForum@cdph.ca.gov)