

# Center for Health Care Quality Semiannual Stakeholder Forum

**February 25, 2016**

Presented by:  
Jean Iacino  
Deputy Director

Scott Vivona  
Assistant Deputy Director



# AGENDA

- |      |   |                     |
|------|---|---------------------|
| I    | Welcome                                 | Claudia Crist       |
| II   | Overview                                | Kristin Vandersluis |
| III  | CHCQ Updates                            | Jean Iacino         |
| IV   | Remediation Recommendations             | Jean Iacino         |
| V    | Quality Improvement Projects            | Cassie Dunham       |
|      |   | Mike Egstad         |
| VI   | Centralized Applications Unit           | Cassie Dunham       |
| VII  | Professional Certification Branch       | Paul De Herrera     |
| VIII | General Acute Care Hospital Regulations | Cheryl Gordon       |
| IX   | Questions and Answers                   | Jean Iacino         |



# Welcoming Remarks

- Claudia Crist, RN, FACHE  
Chief Deputy Director of Policy and Programs

# Overview

- Kristin Vandersluis  
Facilitator

# CHCQ Updates

- Jean Iacino  
Deputy Director

# FY 16/17 CHCQ Budget Proposals

- \$2.5 M authority to convert 18 limited-term positions to permanent positions in Professional Certification Branch (PCB) and add 2 attorneys
- \$2 M authority from Internal Departmental Quality Improvement Account to design of the Centralized Applications Unit IT system and redesign of the Health Facilities Consumer Information System

# Hiring Update

- 77 new HFEN positions on July 1 (69 more on April 1)
  - Hired more than 110 HFENs since July 1
  - 64 HFEN vacancies
- Received 14 new nurse 2 supervisor positions
  - 13 nurse supervisor vacancies
- New unit to investigate medical breach incidents
  - recruiting for 10 staff for this unit

# Quality and Accountability Supplemental Payment (QASP) Update

- QASP Program will annually update its website to obtain stakeholder input on potential new quality measures
- Prior to July 1, 2016 will post:
  - Two potential new quality measures
  - Revised staff retention measure
- <http://www.cdph.ca.gov/PROGRAMS/LNC/Pages/SNFQandAProg.aspx>

# Quarterly Performance Metrics

- Metrics for the quarter ending December 31, 2015 will be posted to the stakeholder website soon.

# Remediation Recommendations Updates

- Workplan update posted on Feb 2
- Approaching completion of several recommendations
- Developed a goal completion form that we will post with summary of all activities and links to relevant documents

# Quality Improvement Projects

- Mike Egstad
  - Cassie Dunham
- Field Operations Branch Chiefs

# Quality Improvement Training

**Funding** – The Quality Improvement Training was funded through a grant by the Centers for Disease Control and Prevention’s National Public Health Improvement Initiative.

**Development** – The Training was developed by the Office of Quality Performance and Accreditation in partnership with the California State University, Fresno.

# Quality Improvement Projects

- **Complaint Investigations** – Improve completion timeliness of complaints
- **Citations** – Improve timeliness of issuing state citations
  - Workgroups map processes and identify delays and barriers
  - Identify best practices
  - Implement test phase using



*Plan, Do, Check, Act*

# Complaint Investigations

# LTC Complaint Investigation Timelines

SB 75 (Statutes of 2015, Chapter 18) established mandatory LTC complaint investigation timelines that will be phased in over the next few years:

- Beginning July 1, 2016, complete IJ-level complaints within 90 days of receipt.
- Beginning July 1, 2017, complete all LTC complaints within 90 days of receipt.
- Beginning July 1, 2018, complete all LTC complaint within 60 days of receipt.
- Beginning July 1, 2016 issue state citations within 30 days of completing investigation.



# Quality Improvement Project: Complaints

## The Complaint QI Project team composition:

- One Field Operations Branch Chief
- One District Manager
- One District Administrator
- Two Health Facility Evaluator Supervisors
- One Health Facility Evaluator Nurse Trainer
- One Health Facility Evaluator Nurse
- One Research Manager
- And one Policy & Procedure Analyst



## Licensing & Certification Complaint Investigation Team

### QI Team Members

- Diana Marana
- Elizabeth Callahan *Lead:* Mike Egstad
- Tatjana Eby-Siddiqui
- Toni Camasura *Sponsor:* Scott Vivona
- Katrice Miller
- Deena McFarland
- Olivia Swift-Ford
- Chelsea Driscoll
- Muree Larson-Bright

## Improving Timeliness of Complaint Investigations

### PLAN

#### Improvement Opportunity

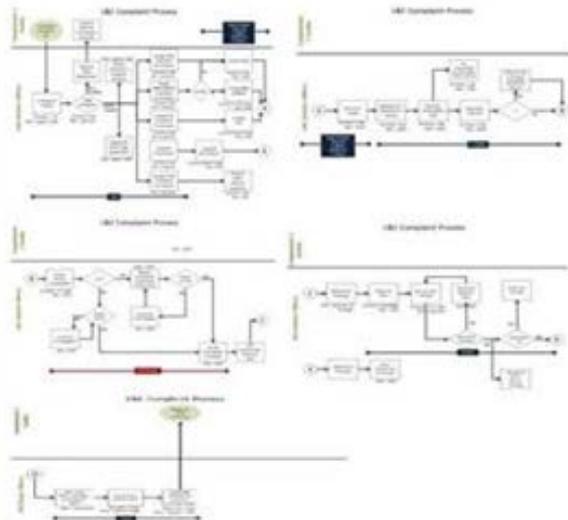
The L&C program has not been timely in completing its investigation of long-term care complaints.

#### Quality Improvement Aim

Improve the timeliness of long-term complaints investigations to be completed within 90 days from receipt.

#### Current Situation

The team conducted a brainstorming to document their current process flow.



### Root Cause

A root cause analysis was conducted on the current practices and processes which revealed:

- Inconsistent writing skills (content vs. style)
- Impact of covering a large geographical area
- District Offices inconsistently following published Policies and Procedures
- Inefficient use of staff
- Additional and consistent training needed throughout District Office
- Incomplete data and data errors in ASPEN
- Support staff have data entry backlog
- Large complaint volume/lack of trained personnel



### Solutions

The team developed multiple solutions to address the identified root causes. In addition, the team conducted an evaluation and prioritization assessment which highlighted multiple pilot solutions.

- Implement complaint teams in Riverside
- Monitor complaint best practices out of San Jose District Office
- Monitor and track metrics from initiation to completion of investigation
- Support staff and supervisor academy (cross training, ASPEN training, key intake information, etc.)
- Supervisor and staff training on writing content vs. writing style

# Complaint Investigations

**Pilot Project** – Complaint teams in Riverside and San Jose District Offices

- Timeframe (September 1st thru November 30<sup>th</sup>)
- Implement test phase using

***Plan, Do, Check, Act***



# Citation Issuance

# LTC Complaint Investigation Timelines

SB 75 (Statutes of 2015, Chapter 18) established mandatory LTC complaint investigation timelines that will be phased in over the next few years:

- Beginning July 1, 2016, complete IJ-level complaints within 90 days of receipt.
- Beginning July 1, 2017, complete all LTC complaints within 90 days of receipt.
- Beginning July 1, 2018, complete all LTC complaint within 60 days of receipt.
- **Beginning July 1, 2016, issue state citations within 30 days of completing investigation.**

# Quality Improvement Project: Citations

## The Citation QI Project team composition:

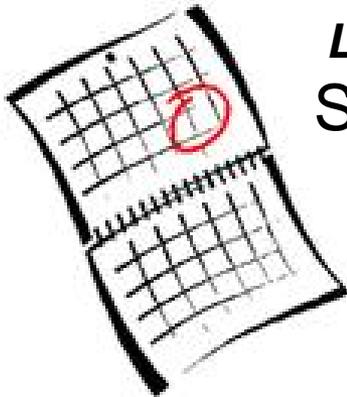
- One Field Operations Branch Chief
- One District Manager
- Two Health Facility Evaluator Supervisors
- Two Health Facility Evaluator Nurses
- One Medical Consultant
- And one Quality Improvement Specialist (RN and past surveyor)



# Quality Improvement Project: Citations

## *Improvement Opportunity:*

The process of producing a defensible citation is negatively impacted by the quality of documentation and the lack of timeliness.



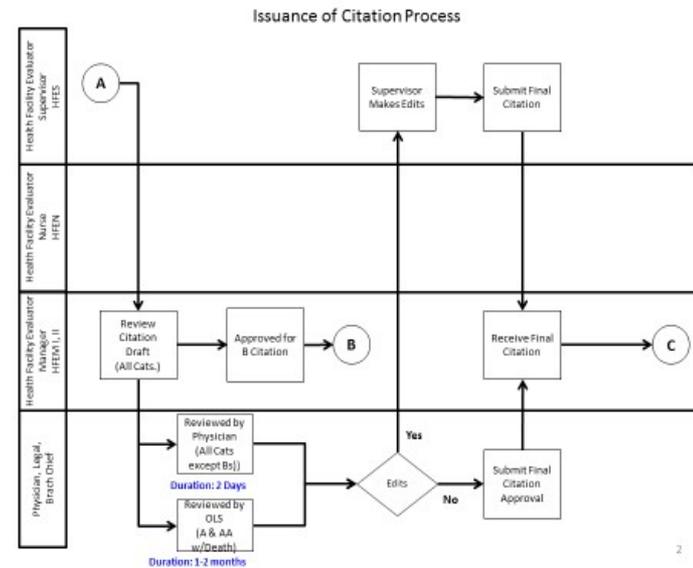
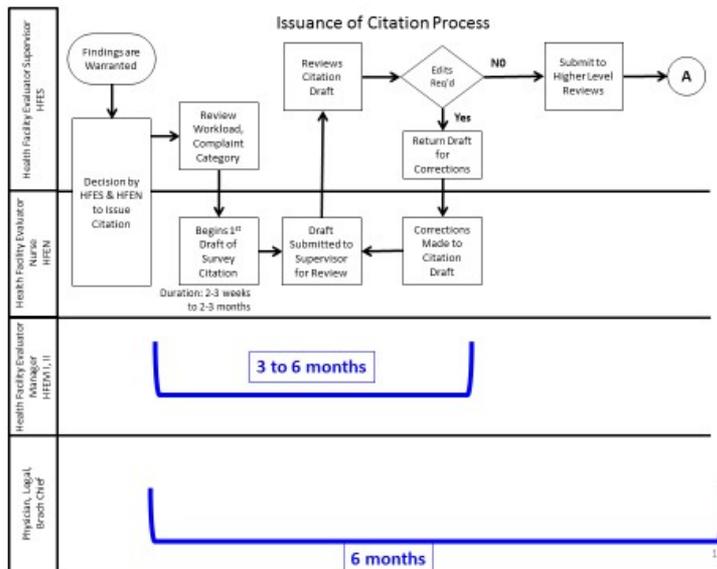
## *Legislative Impact:*

SB75 imposes a 30-day timeline for issuing citations following the issuance of the state Statement of Deficiencies (2567)

# Quality Improvement Project: Citations

## Mapping the Current Situation

The team conducted a brainstorming session to document their current process flow.



# Quality Improvement Project: Citations

## *Identify Root Causes*

- Lack of citation prioritization ✓
- Inconsistent citation write-ups
- Multiple revisions of citations
- High level reviews
- Outdated technology
- No formal tracking system for pending citations ✓
- Need more staff
- Legal review backlog

## *Solutions*

- Develop a detailed checklist and timeline for all participants involved in the citation process ✓
- Deploy a tracking sheet for pilot district offices to collect data ✓

# Quality Improvement Project: Citations

## **DO:**

### ***Pilot Solution (Oct through Jan 2015)***

- Started with Five District Offices:
  - East Bay, Ventura, Fresno, Bakersfield, Chico
- Recently added:
  - San Diego South and Riverside

## **CHECK:**

- ***Results and Conclusions (end of Jan 2016)***

## **ACT:**

- ***Adopt, Adapt, or Abandon (Feb 2016)***
- ***Monitor and Hold Gains (ongoing)***

## Licensing & Certification Citation Team

### QI Team Members

- Lena Resurreccion
  - Michael Bennett
  - Linda Huggins
  - Teresita Ramos
  - Arnoldo Garza
  - Linda Lucey
  - Anne Ponko
  - Mica Barajas
  - Jim Booth
- Lead:* Cassie Dunham  
*Sponsor:* Scott Vivona

## Improving Defensible Documentation and Citation Timeliness

### PLAN

#### Improvement Opportunity

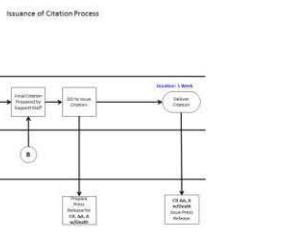
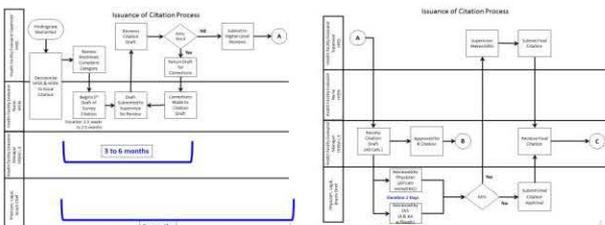
The process of producing a defensible citation is negatively impacted by the quality of documentation and the lack of timeliness.

#### Quality Improvement Aim

To increase the enforcement rate of the citation process through improved content and timeliness to meet the 30 day deadline.

#### Current Situation

The team conducted a brainstorming session to document their current process flow.



### Root Causes

A root cause analysis was conducted on the current practices and processes which revealed:

- Lack of citation prioritization
- Inconsistent citation write-ups
- Multiple revisions of citations
- High level reviews
- Outdated technology
- No formal tracking system for pending citations.
- Need more staff.
- Legal review backlog

Problem	Impact	Root Cause	Contributing Factors
• Inconsistent citation write-ups	• Multiple revisions of citations	• Lack of citation prioritization	• Inconsistent citation write-ups
• Multiple revisions of citations	• High level reviews	• Outdated technology	• Multiple revisions of citations
• No formal tracking system for pending citations	• Need more staff	• Legal review backlog	• No formal tracking system for pending citations

### Solutions

The team developed multiple solutions to address the identified root causes. The team conducted an evaluation and prioritization assessment which highlighted two pilot solutions.

- Develop a detailed checklist and timeline for all participants involved in the citation process

- Deploy a tracking sheet for pilot district offices to collect data

1. Program   Section   Unit   CAC   Citation	2. Overview   QI	3. Subject   Citation Process
<b>4. Quality Improvement Aim</b>		
<b>5. What is going to be tested</b>		
<b>6. Prior Should or Reported Six Dis</b>		
<b>7. SMART Objectives</b>		
<b>8. Data Available</b>		
<b>9. Data Sources</b>		
<b>10. Pre-emption</b>		
<b>11. Resources</b>		
<b>12. Milestone Dates</b>		
<b>13. Considered / Potential / Other</b>		
<b>14. Implementation / Communication Plan (Who, How, and When)</b>		

### DO

#### Pilot Solution

In process September – November 2015

### CHECK

#### Pilot Results

December 2015

### Conclusions

December 2015

### ACT

#### Adopt, Adapt, or Abandon

December 2015

#### Monitor and Hold Gains

December 2015

# Centralized Applications Unit

- **Cassie Dunham**  
**Field Operations Branch Chief**

# Facility Applications Previously Processed by CAU

Initial and Change of Ownership (CHOW) applications for:

- Skilled Nursing Facilities
- Intermediate Care Facilities
- Primary Care Clinics
- Affiliate Clinics
- Home Health Agencies
- Congregate Living Health Facilities converting to a Hospice Facility

# Current Facility Applications Processed by CAU

Initial and Change of Ownership (CHOW)  
applications for:

- Skilled Nursing Facilities
- Intermediate Care Facilities - 4 types
- Primary Care Clinics
- Affiliate Clinics
- Home Health Agencies
- Congregate Living Health Facilities  
converting to a Hospice Facility

# Current Facility Applications Processed by CAU

Now includes all facility and provider categories that are located within:

- LA County
- Chico District Office
- *Butte, Colusa, Glenn, Lassen, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Yuba*

Additional counties will be added every month until all applications are centralized.

Centralization schedule and information will be posted on the CAU webpage.

# Types of Applications

CAU processes:

- Initial
- Change of Ownership (CHOW)
- Change of Location
- Change of Name
- Change of Services
- Reports of Changes
  - Administrator, Director of Patient Care Services, Board Members, Change of Beds, Geographical Service Area, Indirect Ownership Change, Governing Board, Stock transfers
- License renewals

# License Renewals

Common findings that slow the renewal process:

## #1 UNPROCESSED CHANGES

Examples: Change of Beds (suspension)  
Change of Service (closure of outpatient clinic)

- Upon receipt of the renewed license, CAU is notified of the needed correction, or...
- Notice to CAU occurs when renewal application is submitted (hand written corrections on the letter)
- Changes to the license or facility record requires documentation before CAU can issue corrected license

# Centralized Applications Unit

## Previously consisted of:

- 1 Staff Services Manager I
- 5 Associate Governmental Program Analysts
- 2 Program Technician IIs

8 total staff

# Centralized Applications Unit

## Currently includes:

- 2 Staff Services Manager Is
- 10 Associate Governmental Program Analysts
- 1 Associate Governmental Program Analyst – (part-time)
- 2 Program Technician IIs
- 3 Student Assistants (part-time)

Effective April 1, 2016, expected to increase by 3 additional Associate Governmental Program Analysts

21 total staff

# Expected Timeline

Initials and CHOWs ---- goal of 90 days once application is complete

Renewals --- no less than 1 week prior to expiration

Request for changes --- 30-60 days once application is complete

# Automation

## CAU:

- Will begin developing all application forms as electronic fillable “smart” documents
- Will incorporate use of electronic signature where allowed by law
- Will implement electronic submittal option for all facility applications, including corrections and supplemental documents

## Applicants will have:

- Ability to track status of application
- Direct access to correspond with analyst during process

# Moving Day

- Due to the expansion of the unit:
  - CAU will be relocating to a new space within the headquarters building on February 26, 2016
  - Staff will be unable to respond to email or answer calls between February 25-February 29.
    - Calls/emails will be returned as soon as possible once operations resume on March 1, 2016
  - All contact information and mail deliver information will remain unchanged.

# Centralized Applications Unit Contact Information

Teresa Gutierrez, Manager  
Centralized Applications Unit  
[Teresa.Gutierrez@cdph.ca.gov](mailto:Teresa.Gutierrez@cdph.ca.gov)  
(916) 552-8756

Andrea Sanders, Manager  
Centralized Applications Unit  
(Los Angeles County)  
[Andrea.Sanders@cdph.ca.gov](mailto:Andrea.Sanders@cdph.ca.gov)  
(916) 552-8654



# Professional Certification Branch

- Paul De Herrera  
Professional Certification Branch  
Chief

# PROFESSIONAL CERTIFICATION BRANCH

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- PCB is responsible for all aspects of the certification, criminal conviction screening and investigation of complaints involving
  - Certified Nurse Assistants (CNAs),  
Home Health Aides (HHAs),  
Hemodialysis Technicians (CHTs)

# Professional Certification Branch

- PCB also licenses Nursing Home Administrators (NHAs).

# PROFESSIONAL CERTIFICATION BRANCH

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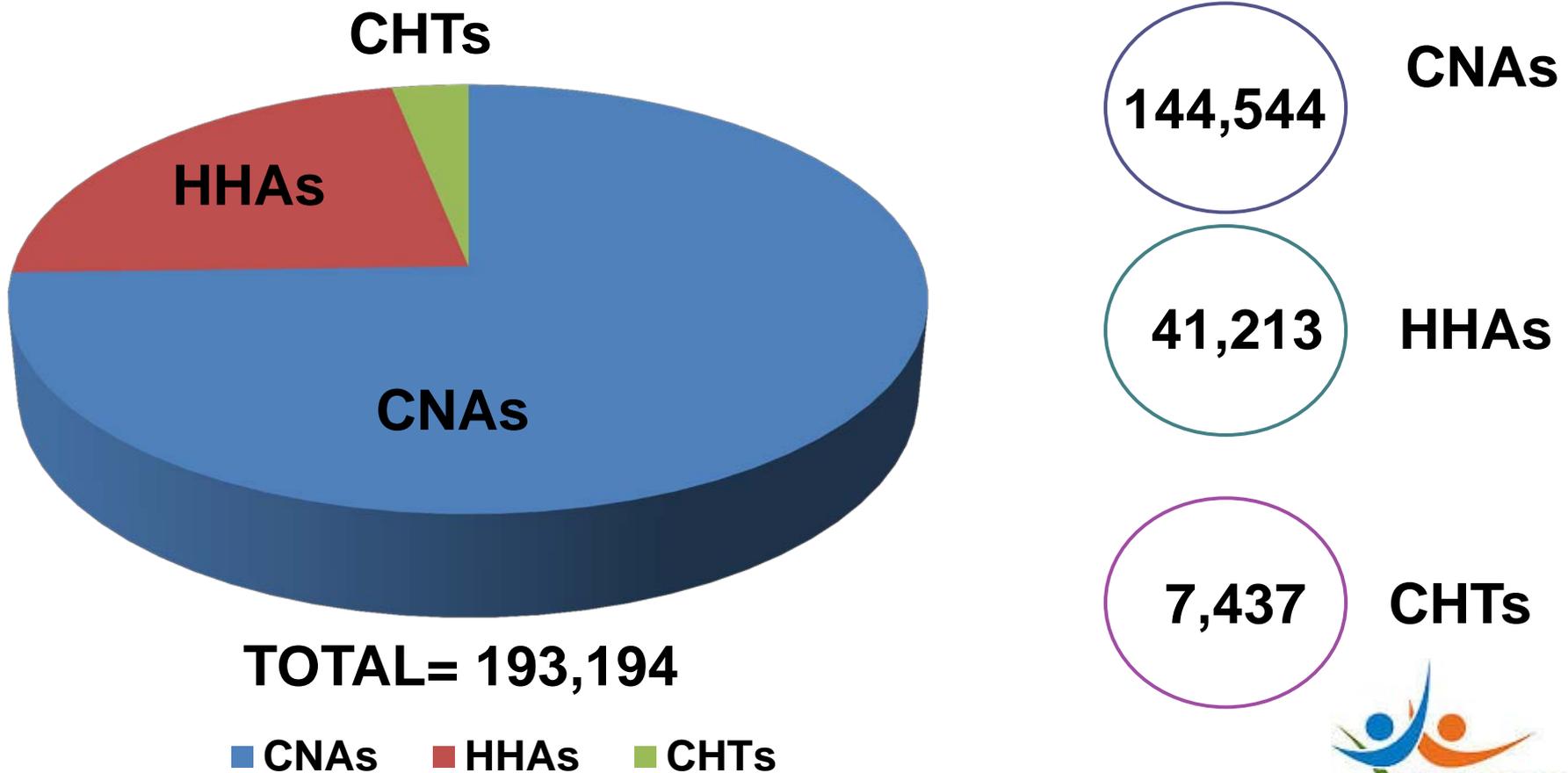


# AIDE AND TECHNICIAN CERTIFICATION SECTION (ATCS)

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- Nursing Home Administrator Program – Responsible for the licensure and oversight of California Nursing Home Administrators (NHA) and Administrators in Training.
- Training Program Review Unit – Responsible for the review, approval/disapproval and continual oversight of CNA, HHA, and CHT training, orientation and in-service programs.
- CNA/HHA/CHT Certification Unit – Responsible for maintaining the registry of all CNAs, HHAs, CHTs and NHAs.

# ACTIVE CERTIFICATIONS AS OF FEBRUARY 1, 2016:



# CRIMINAL BACKGROUND SECTION (CBS)

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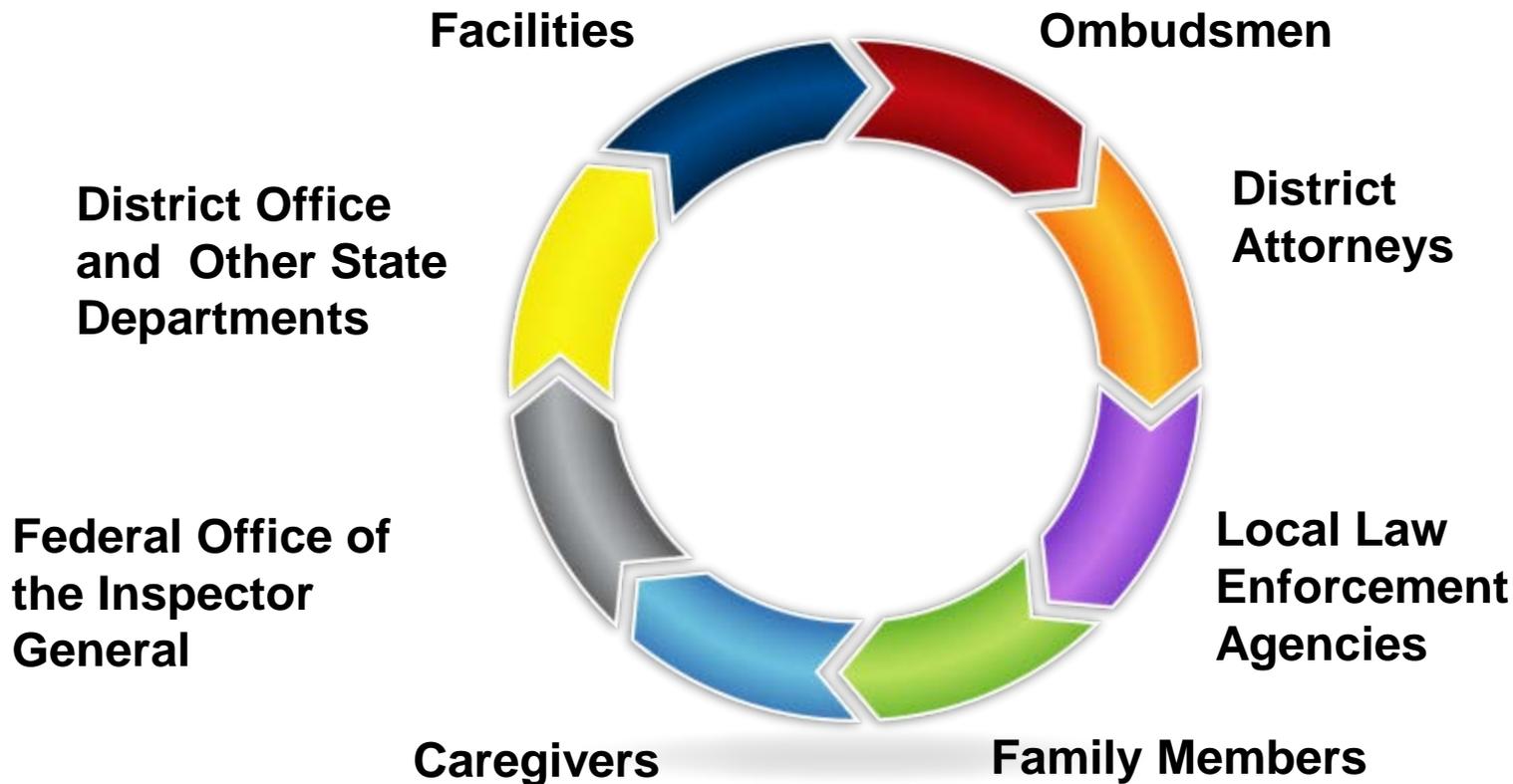
- CBS receives, processes and investigates Criminal Offender Record Information, also known as RAP sheets, to determine whether or not to grant or deny an individual a criminal record clearance to work in a health care facility, primarily a Skilled Nursing Facility (SNF).
- CBS also grants criminal record clearances for direct care staff working in Intermediate Care Facilities (ICF) and administrators, program directors, and the fiscal officers of the Adult Day Health Care Centers and Home Health Agencies.

# INVESTIGATION SECTION (IS)

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- IS investigates all allegations of unprofessional conduct, including: abuse, neglect and misappropriation of resident/patient property involving CNAs, HHAs and CHTs.

# IS COMPLAINT RECEIPT



# IS CONTACT INFORMATION

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## **Complaint Form**

<http://www.cdph.ca.gov/pubsforms/forms/CtrlForms/cdph318.pdf>

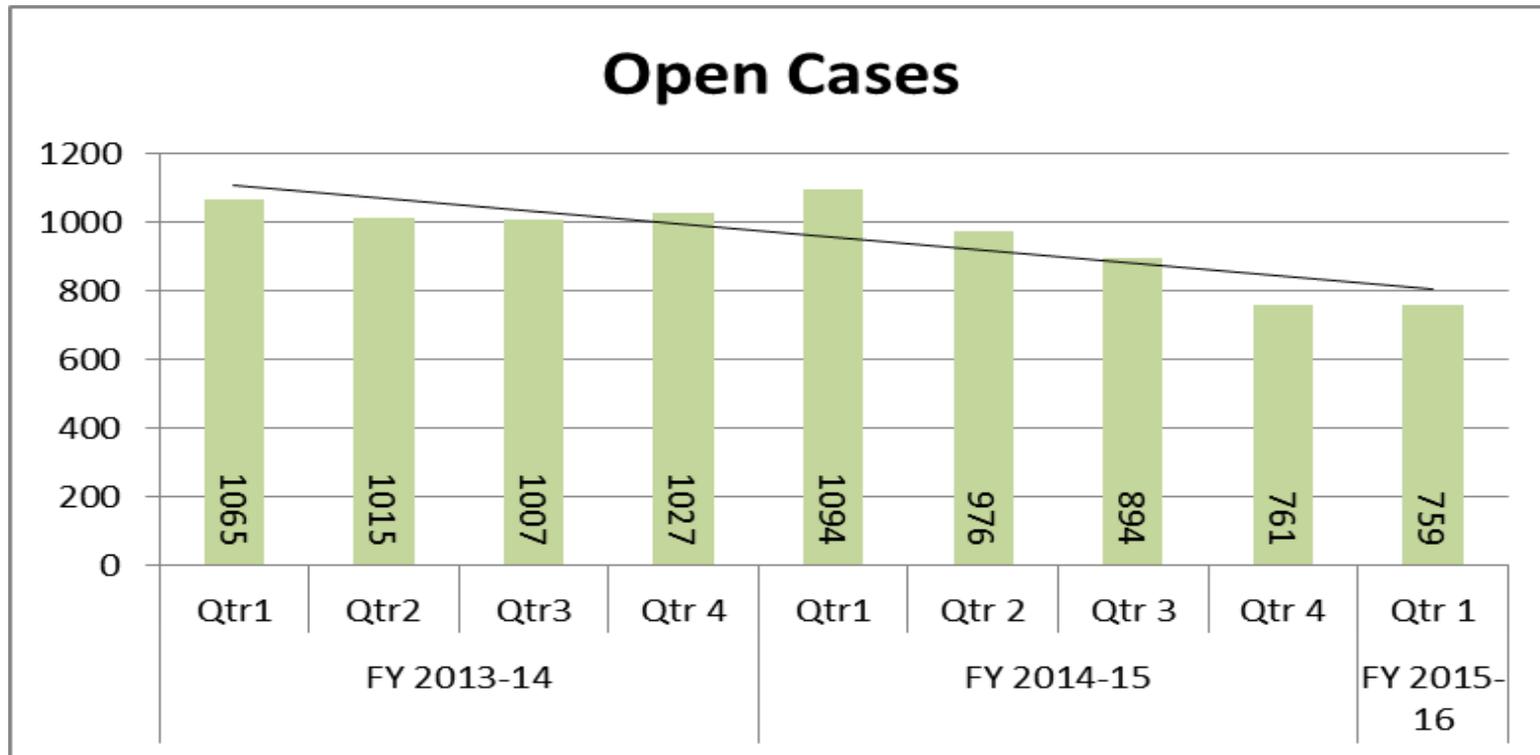
## **Email Address**

[cnamisconduct@cdph.ca.gov](mailto:cnamisconduct@cdph.ca.gov)

## **Telephone**

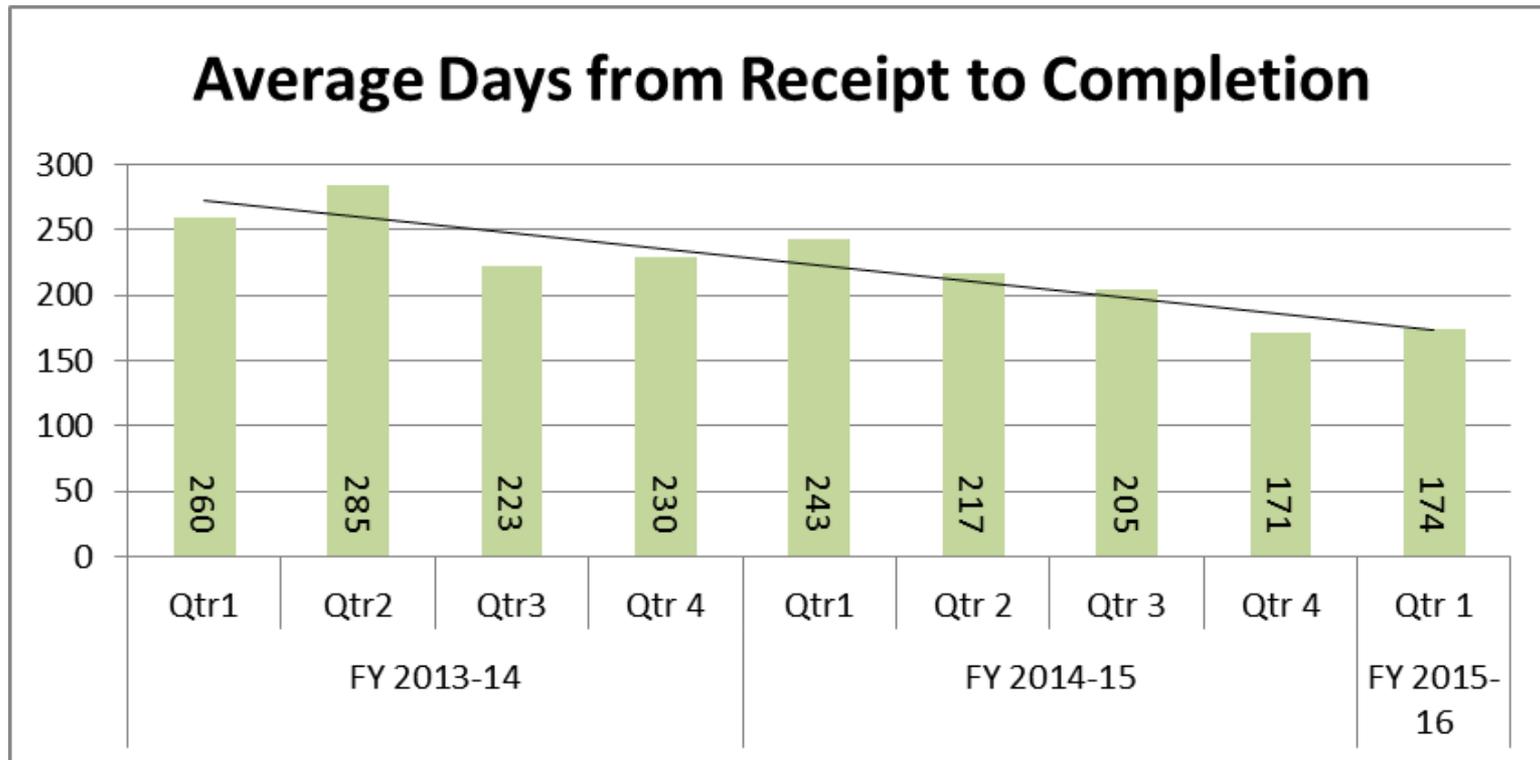
(916) 492-8232

# IS TRENDS



Data as of September 30, 2015

# IS TRENDS



Data as of September 30, 2015

# General Acute Care Hospital Regulations

- Cheryl Gordon  
Policy and Enforcement Chief

# CDPH General Acute Care Hospital Regulations

Emergency Services / Specialized Services/  
Medical Imaging

Regulation development start date:  
11/1/2015

# CDPH General Acute Care Hospital Regulations

Pharmacy/Dietary/Clinical Lab

Regulation development start date:  
11/1/2015

# CDPH General Acute Care Hospital Regulations

Administration/ Records and Reporting/ Medical  
Records/Small & Rural Hospitals

Regulation development start date:  
11/2/2015

# CDPH General Acute Care Hospital Regulations

Infection Control/Physical Environment

Regulation development start date:

11/2/2015

# CDPH General Acute Care Hospital Regulations

Rehab Services/Outpatient Services/  
Supportive Services

Regulation development start date:  
12/15/2015

# CDPH General Acute Care Hospital Regulations

Nursing/Observation/Surgical/Anesthesia/Patient  
Rights

Regulation development start date:  
10/1/2016

# CDPH General Acute Care Hospital Regulations

## Definitions/Clean-Up

Regulation development start date:  
1/2/2017

# Questions and Answers



# Additional questions? Feedback?

Email the Stakeholder Forum mail box at:

[CHCQStakeholderForum@cdph.ca.gov](mailto:CHCQStakeholderForum@cdph.ca.gov)

# Mark Your Calendars

**Next CHCQ Stakeholder Forum**  
**September 8, 2016**  
**2 p.m. to 4 p.m.**