

**California Department of Public Health
Center for Health Care Quality
Licensing and Certification Program
Questions and Responses
September 4, 2014 Stakeholder Forum**

This document addresses written questions received during the September 4, 2014 meeting, and those received online or in email by close of business the following day. We grouped the questions by theme, and combined and paraphrased questions that addressed the same issue.

Workforce/Staffing

1. What plans have been made to boost department morale/job satisfaction in an attempt to retain veteran employees' service and experience as the recommendation states?

Response to Question 1: The department's Licensing and Certification Program (L&C) considers its talented, knowledgeable, and dedicated staff to be its most valued asset. Our initial steps to address retention issues include:

- ✓ Creating a Health Facilities Evaluator Manager formal mentoring program
- ✓ Beginning a peer mentoring program
- ✓ Developing an entrance and exit conference process to learn more about employees' expectations, and the types of employee support that need to be enhanced.
- ✓ Developing a reclassification project for the Health Facilities Evaluator series to address salary compaction issues.
- ✓ Recognizing employees through the Department's Public Health Acknowledging My Efforts (PHAME) program.

We will identify additional activities as we work to address Recommendation 12 of the Hubbert assessment report.

2. What is CDPH's plan to recruit and retain HFENs, who the department invests \$41,000 to train in SMQT, but have a turnover rate of 20 percent?

Response to Question 2: Our initial steps to address Health Facility Evaluator Nurse (HFEN) recruitment and retention issues include:

- ✓ All new HFENs are trained and mentored by a designated Health Facilities Evaluator II Supervisor.
- ✓ Developing a HFEN Formal Mentoring Program.
- ✓ Providing quarterly and as needed evaluations to first-year HFENS to provide feedback on strengths and weaknesses.
- ✓ Providing all new HFENs with a formal training academy.

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- ✓ Providing additional Web-based training.
- ✓ Providing a Web-based library of licensing and certification tools and references.
- ✓ Providing an ongoing active staff education and quality improvement program.
- ✓ Annually sending a recruitment postcard to all registered nurses in the State using the California Nurses Association mailing list.
- ✓ Annually posting a nurse recruitment flyer in the American Nurses Association newspaper.
- ✓ Annually recruiting for nurses via the online Job Journal.

We will identify additional activities as we work to address Recommendations 11, 12, and 13 of the Hubbert assessment report.

3. Regarding the proposed changes to the specs of HFEs and the Center's desire to address the compaction and retention issues, does this include the Health Facility Evaluator Nurse classification?

Response to Question 3: No. The reclassification project of the Health Facilities Evaluator series focuses only on the Supervisor and Manager series salary compaction issues. Incumbents in these classes did not receive commensurate adjustments in salary when Health Facilities Evaluator Nurses received a 7.5% labor market adjustment in 2007 for recognition of their required licensure as professional Registered Nurses. This salary adjustment created salary compaction issues at the Health Facilities Evaluator Supervisor and Manager levels.

4. Are California survey teams going to continue to be comprised of multidisciplinary specialists for full or validation surveys (including focus on pharmacies, patient care, dietary, water system, electrical system, building construction, waste management, emergency/disaster, and life safety system)?

Response to Question 4: The department will continue to use a multidisciplinary approach to conducting full or validation surveys. Our multidisciplinary teams may include registered nurses, life safety code surveyors, pharmaceutical consultants, medical consultants, dieticians, and other specialties as needed.

Program Evaluation/Implementation of Recommendations

5. If the Hubbert Systems Consulting (HSC) program evaluation included surveys and site visits, was Los Angeles involved with the onsite visits?

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Response to Question 5: The HSC program evaluation did not include onsite visits in Los Angeles. The consulting team based its assessment of the department's oversight of its contract with Los Angeles County on interviews with state and county managers, observation of meetings that state and county managers attended, statewide performance data that includes the Los Angeles County's offices, and the conclusions of an audit by the Los Angeles County Department of Auditor-Controller released in April 2014.

6. Would it be possible to get an executive summary of the Program Assessment Report?

Response to Question 6: Both the [Initial Assessment and Gap Analysis](#) report and the [Remediation Recommendations](#) report contain an Executive Summary. The [Power Point](#) presentation available on the department website also provides a high-level summary. [Please click on the underlined words above to be connected online to each respective document.]

7. With regard to recommendation #16 (Develop and Implement Leadership and Management Skills Development Program), how will the Center conduct a needs assessment to identify the current skills of L&C managers and supervisors?

Response to Question 7: The department will provide more information on this once it begins to address this recommendation.

8. How can resident advocates be sure that the Department's report implementation strategies will resolve the identified issues? How will the department ensure that implementation of the recommendations will not inadvertently shift focus and resources away from meeting its current mandates of nursing home oversight and regulation?

Response to Question 8: Improving the timeliness and effectiveness of our licensing and certification activities will remain L&C's top priority. In addition, we view the assessment report recommendations as opportunities to improve the program in the long-term to enable us to better accomplish our core mission.

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We will engage additional resources as needed, such as obtaining the services of a project manager and a change management consultant to guide our implementation efforts.

Starting in October 2014, the department will post updates to its website on its progress in addressing the recommendations. Also in October, the department will post performance metrics on the volume, timeliness, and disposition of investigations of long-term health care facility complaints and entity-reported incidents and investigations of individuals certified by the department.

Additionally, CDPH will continue to invite feedback from stakeholders through semi-annual stakeholder meetings and the online [Center for Health Care Quality Stakeholder Forum](#) website and respond to questions raised through these mechanisms.

9. Will HSC be returning for a follow-up assessment?

Response to Question 9: CDPH has no plans at this time for a follow-up external evaluation.

10. When and how does CDPH plan to prioritize the remediation recommendations? Does the department intend to implement all of the recommendations? If not all, which ones will it implement and why?

Response to Question 10: CDPH intends to address all of the report recommendations while ensuring we maintain focus on our core mission. The program is currently prioritizing the recommendations, considering such factors as impact on the program's core mission, importance to stakeholders, and interdependency among recommendations.

We are planning an interim stakeholders meeting to share and receive feedback on our initial priorities. Ongoing, we will post work plan activity and accomplishment updates on the stakeholder website. We will send an email to those on the stakeholder list each time we post new information.

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11. Has CDPH established a timeline for completion of goals?

Response to Question 11: As indicated by the report, the department expects implementation of the recommendations to be a multi-year process. We have not yet established any specific timelines.

12. Will the updating of regulations and processes to reduce the variability between district offices be a priority?

13. How does CDPH prioritize modernizing the survey process and databases and the identification of funding sources?

14. Would CDPH consider expanding the business redesign efforts beyond the Centralized Applications Unit and Professional Certification Branch? Will a business redesign effort for field operations be a priority?

Response to Questions 12, 13, and 14: The department shares the goals of reducing variability between district offices, modernizing the survey process, and expanding business process redesign efforts. As noted in the answer to Question 10, above, the program is currently prioritizing the recommendations, considering such factors as impact on the program's core mission, importance to stakeholders, and interdependency among recommendations.

15. How will the department be communicating to stakeholders its top priority action items to address the recommendations in the assessment?

Response to Question 15: As noted in our answer to Question 10, above, we are planning an interim stakeholders meeting to share and receive feedback on our initial priorities. Ongoing, we will post work plan activity and accomplishment updates on the stakeholder website. We will send an email to those on the stakeholder list each time we post new information. To join the list, please send an email requesting to be added to CHCQStakeholderForum@cdph.ca.gov.

16. Will the department integrate stakeholder concerns and recommendations that may not be covered in the assessment?

Response to Question 16: The department will consider all feedback it receives.

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Los Angeles County Contract Management

17. What is the Department's plan to end the downgrading and deletion of citations and deficiencies by managers, both in Los Angeles and other District offices?

Response to Question 17: CDPH L&C has increased oversight and monitoring of performance of LA County for survey and complaint investigations with the following steps:

- ✓ In June 2014, LAC developed and implemented the "Supervisor Worksheet for Survey and Complaint/ERI Investigation by Surveyors" form to document review and discussion between the surveyor or survey team and supervisors or assistant supervisors of deficiency findings or citations and reasons for changes as part of the facility folder for audit reviews. The goal is that no changes are made without discussing with the survey team or individual involved.
- ✓ In August and September 2014, L&C staff provided mandatory training to all LA County Health Facilities Inspection Division supervisors, assistant supervisors, and program managers focusing on complaint intake prioritization, assigning scope and severity, abbreviated survey process, principles of documentation and plan of correction, and enforcement and civil money penalties. The goal is to increase knowledge and skills and to improve consistent application of policies and procedures based on federal and State guidelines.
- ✓ The department will continue to conduct quality assessment and improvement studies and random audit review of Los Angeles District Office cases looking at intake prioritization, adherence to principles of investigation and documentation. Findings will be shared with management and the Training Unit to determine additional training and staff development as necessary.

18. What is the plan to replace the Los Angeles County Department of Public Health if it opts out of its contract or continues to under-perform?

Response to Question 18: The department does not anticipate a break in its contractual relationship with Los Angeles County Department of Public Health.

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19. Is it true that LA County only has 15 percent of the operational budget and 33 percent of the facilities?

Response to Question 19: Los Angeles County is home to 33 percent of licensed and certified health facilities in California; however, the Los Angeles County contract accounts for 23 percent of the state's licensing and certification budget.

20. Will you tie LA County into your workload assessment/plan to ensure the county has sufficient resources as your subcontractor to fulfill its obligations?

21. What's the Department's plan to fund adequate staffing for Los Angeles County's supervisors, clerical, nursing and registered Environmental Health Specialist/Health Facilities Evaluators?

Response to Questions 20 and 21: CDPH takes the Los Angeles County workload into account when developing the workload assessment for the entire State. CDPH cannot discuss budget issues prior to the publication of the Governor's Budget in January.

Use of the Internal Department Quality Improvement Account (IDQIA) Funds

22. How have the Internal Departmental Quality Improvement funds appropriated in 2014 to improve internal business practices been spent or contracts approved?

Response to Question 22: To date, the department has committed \$245,800 to a contract for business process redesign of the Professional Certification Branch Investigation Section and \$247,300 in a separate contract for business process redesign of the Central Applications Unit.

The department plans to use remaining funding to contract for a project manager and change manager to coordinate implementation of recommendations in the assessment report.

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Stakeholder Forum

23. Who was invited to the September 4th forum? How will others find out about the next one?

Response to Question 23: In all, over 150 individuals attended the September 4th forum, either in person or via WebEx. Representatives from the following organizations were directly invited to the September 4, 2014 forum:

- California Advocates for Nursing Home Reform
- California Association of Health Facilities
- California Association for Health Services At Home
- California Department Of Aging/Adult Day Health Care
- California Department Of Aging/Office of the Long Term Care Ombudsman
- California Department of Finance
- California Department Of Justice/Bureau of Medi-Cal Fraud And Elder Abuse
- California Department of Public Health/Los Angeles County Department Of Health
- California Health and Human Services Agency
- California Hospital Association
- California Primary Care Association
- California State Legislature
- Centers for Medicaid and Medicare Services
- Disability Rights California
- Hospital Quality Institute
- Labor groups
- Leading Age
- Planned Parenthood Affiliates of California (PPACCA)

The second semi-annual stakeholder forum is tentatively planned for February 26, 2015. The department will also post meeting details and agenda at the online [Center for Health Care Quality Stakeholder Forum](#) page [click [here](#)] and via its “opt-in” email distribution list. To join the list, please send an email requesting to be added to CHCQStakeholderForum@cdph.ca.gov.

Additionally, all stakeholders are encouraged to spread the word and/or to advise the department of other individuals or organizations that the department should add to the Stakeholder Forum email distribution list.

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24. Will the next forum allow for greater dialogue between stakeholders and the department than the September 4th meeting?

Response to Question 24: Yes. CDPH recognizes that the format of our first stakeholder meeting did not meet the expectations of the attendees. The next semi-annual stakeholder meeting in February will focus more on dialogue.