# SKILLED NURSING FACILITY QUALITY WORKGROUP
# MEETING SUMMARY

Monday, November 24, 2008
10:15 A.M. – 3:15 P.M.
University of Southern California State Capitol Center
1800 I Street, Sacramento, CA 95814

**Attending Stakeholder Workgroup Members:**
Deborah Doctor, Disability Rights California
Mike Connors, California Advocates for Nursing Home Reform (CANHR)
Geneva Carroll, Sacramento Ombudsman
**Gary Passmore, Congress of CA Seniors
**Nina Weiler-Harwell, AARP
**Bill Powers, California Alliance for Retired Americans (CARA)
Jim Gomez, California Association of Health Facilities (CAHF)
Darryl Nixon, California Association of Health Facilities (CAHF)
Jocelyn Montgomery, California Association of Health Facilities (CAHF)
Lori Costa, Aging Services of California
Michael Torgan, Country Villa Health Services
David Farrell, SNF Management
Dionne Jimenez, Service Employees International Union (SEIU)
Deb Roth, Service Employees International Union (SEIU)
Mary Mundy, Service Employees International Union (SEIU)
Richard Thomason, Service Employees International Union (SEIU)
Corinne Eldridge, Service Employees International Union (SEIU)

**** Represents a rotating member of the Stakeholder Group: only two members of this rotating group were represented at the table at any one time.

**State Representatives and Facilitator:**
Irv White (for Toby Douglas), Department of Health Care Services (DHCS)
Ty Christensen, Office of Statewide Planning and Development (OSHPD)
Joe Rodrigues, Office of the State Long-Term Care Ombudsman
Pam Dickfoss, California Department of Public Health (CDPH)
Monique Parrish, Facilitator

## I. Welcome/Review Agenda

The third Skilled Nursing Facility Quality Workgroup Meeting opened with brief introductions and a review of the agenda (see attached). Workgroup members and the public attended the meeting in-person and through a conference call-in line. The focus of this meeting was to complete the structural framework for achieving the group's primary goal of developing AB 1629/ratesetting methodology recommendations for the Department of Health Care Services and

to review information/data presentation requests.

The public (in-person and on the phone) was invited to comment or pose questions following each agenda item, at designated times. The workgroup process is supported by a grant from the California HealthCare Foundation, based in Oakland, California.

## II. Status of Outstanding Issues/Requests and Continue Development of Goal Matrices with Prioritized Objectives

The facilitator opened the outstanding issues and requests discussion with the following:

1. Workgroup members and members of the public were requested to refrain from sidebar conversations out of courtesy to workgroup members and the workgroup process.

2. Workgroup members were asked to provide feedback about the format of the meeting summary notes. No objections were raised to the format of the 11/19/2008 meeting summary notes and no edits to the summary notes were submitted.

3. The facilitator thanked the workgroup members for a productive conversation on 11/19/2008.

### Proposal of Framework for Developing Recommendations

The facilitator proposed a pyramid structure that will serve as a framework for the workgroup's process. The following numbered items represent steps in the pyramid from bottom to top. They are referred to by name in the notes below.

1. Clarification: Roles and workgroup purpose
2. Recognition: Member interests and mutual gain
3. Agreement: process for agreement/decision making
4. Agreement: quality elements
5. Criteria: selecting information to review
6. Criteria: making recommendations
7. Process: making recommendations
8. Finalizing recommendations

The facilitator asked the workgroup to comment on the framework. No objections were raised to using the pyramid framework. It was agreed that the workgroup could reevaluate the process at future meetings if concerns arise.

Clarification: roles and workgroup purpose:

The facilitator's role is to guide the workgroup process. The workgroup members are the experts. Workgroup members own the process and the outcomes.

Recognition: member interests and mutual gain:

The facilitator asked workgroup members to identify any risks associated with not accomplishing the group-confirmed workgroup purpose. Workgroup members shared the following:

1. The status quo [AB 1629] will remain or changes will be made to AB 1629 without stakeholder voices;
2. The future of AB 1629/ratesetting methodology will be left to the legislative process; and,
3. AB 1629 workgroup members will miss an opportunity to work together to achieve the goal of better quality for nursing home residents.

The benefits or mutual gains of working together represent the reverse of the risks: 1) the workgroup has an opportunity to submit recommendations to improve AB 1629; 2) the collective experience and expertise of workgroup members is significant and all opinions should be heard and considered, including minority opinions; 3) the workgroup process gives members an opportunity to understand each other's interests; and 4) the process is not a zero-sum game, as such, it gives workgroup members an opportunity to work *together* to craft outcomes.

Agreement: process for agreement/decision making

The facilitator reviewed several options for agreement/decision making raised during the November 19, 2008. Workgroup members offered the following comments regarding the pros and cons of employing a majority-minority opinion; majority opinion within the three representative stakeholder groups; and other options:

- A majority vote will disenfranchise people with a minority opinion.
- A consensus process will have less likelihood of conflict and confrontation.
- Many ways to define consensus – could be unanimous, could require a majority of members from each of the three groups, could be whether anyone raises objection to moving to the next item of business.

- Consensus recommendations will be the strongest.
- If consensus means unanimous agreement, we may not get consensus.
- Could use a voting process if consensus isn't possible on a recommendation.
- Final report could indicate recommendations that received consensus and those that required a vote.
- Record names and organizations of workgroup members that voted for and against each recommendation.
- Given the stakes of this process in terms of reimbursement dollars, it is important for the Legislature to know how strong the support was for each recommendation and to see votes broken down by level of support (e.g. 15-18 votes for 13-14 votes for; 10-12 votes for).

Based on the discussion captured above, the following decision making/agreement process was developed:

- *The workgroup will try to reach consensus (which may or may not be unanimous) whenever possible.*
- *If the workgroup doesn't have consensus, members will try to move to consensus through discussion.*
- *If consensus is not possible, the workgroup will use a majority vote and will record the majority and minority opinion, as appropriate, as well as the names and organizations of workgroup members voting for and against.*
- *If time permits, the workgroup will discuss the minority opinion.*
- *In the final report votes that were not unanimous and moved to a vote may further be catalogued based on level/percentage of support (e.g., 15-18; 13-14; 10-12). Prior to the conclusion of the workgroup process, members will have an opportunity to identify how they want the recommendations in the final report listed.*

Jim Gomez (CAHF) dissented and requested that the minutes note the workgroup did not have unanimous agreement on the process, but did want the workgroup to proceed.

The facilitator reminded workgroup members that this process would be used for all decision making during the workgroup process.

<u>Agreement: quality elements</u>

Jocelyn Montgomery (CAHF) submitted a list of quality elements (handout) to the facilitator as a possible starting place for the

workgroup discussion on quality. As many of the elements were also identified as factors for the workgroup to consider in AB 1183, the facilitator elected to distribute the handout to all workgroup members. The list contained the following elements (note: Olmstead and Compliance with Assessment for Residents' Preferences were added to the handout's list):

1. Quality of Care
2. Quality of Life
3. Resident/Family Satisfaction
4. Staffing
5. Employee Satisfaction
6. Cost
7. Resident Outcomes
8. Survey
9. Olmstead
10. Compliance with Assessment for Residents' Preferences

Due to the complexity of the issue of quality as it relates to AB 1629, several members requested the issue be tabled until the next meeting to provide all members an opportunity to prepare for the discussion. The request was accepted and the discussion was moved to the 12/1/2008 meeting.

In lieu of addressing the remaining pyramid items (criteria: selecting information to review; criteria: making recommendations; process: making recommendations; and finalizing recommendations), the workgroup decided to move directly to reviewing the information request findings, a subsequent agenda item for this meeting. The workgroup indicated they would complete the remaining pyramid items at subsequent meetings.

## III. Public Comment

The facilitator asked for public comment from in-person and phone participants. No comments were made.

## IV. Working Lunch - Break

A brief lunch was provided by the California HealthCare Foundation for workgroup members.

## V. Review and discuss progress on previously established objectives by responsible parties

Information/data presentations

During the previous 11/19/08 workgroup meeting, members developed a list of information requests and questions addressing AB 1629/ratesetting methodology for various state departments. The responses [by state departments] to the requests, along with additional workgroup member questions, were compiled into chart. The chart was then distributed and reviewed by members during this portion of the meeting. While reviewing the questions and state department responses, additional clarifications and/or elaborations were requested of the state departments, for some of the information requests. A revised chart with edits and state department responses will be distributed to workgroup members, electronically, prior to the 12/1/2008 workgroup meeting. Note: information responses by state departments were scheduled by availability for the workgroup meetings on 12/1/08 and 12/17/08.

## VI. Public Comment

The facilitator asked for public comment for in-person and phone participants. No comments were made.

## VII. Break

## VIII. Discuss process/structure for reaching consensus regarding workgroup AB 1629/ratesetting methodology/recommendations

This item was discussed under agenda item II and will be discussed again in subsequent meetings.

Presentations

Discussion was continued from the 11/19/2008 workgroup meeting regarding presentations from external experts. MyInnerView was recommended to present on nursing home quality findings: Dr. Charlene Harrington and Dr. John Schnelle were recommended to make presentations on their research findings. Several workgroup members voiced concern about MyInnerView, others about Dr. Harrington. The workgroup agreed to table further discussion of presentations until the 12/1/2008 meeting.

## IX. Public Comment

The facilitator asked for public comment for in-person and phone participants. No comments were made.

## X. Closing Remarks, Develop Next Meeting Agenda, Meeting Evaluation

The facilitator summarized the meeting, and suggested that the 12/17/2008 meeting agenda be a continuation of the 12/1/2008 agenda. No objections were raised to this approach.

## XI. Public Comment

The facilitator asked for public comment for in-person and phone participants. No comments were made.

## XII. Adjournment

The meeting was formally adjourned at approximately 3:20 p.m.

The AB 1629 workgroup contact person, for questions, information, and recommendations, is facilitator Monique Parrish mparrish@lifecourse-strategies.com 925.254.0522.

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|---|---|---|---|
| 1. | Welcome<br>Review agenda | 10:15-10:20 | Monique Parrish (MP) Facilitator |
| 2. | Status of outstanding issues/requests<br>Continue development of goal matrices with prioritized objectives – outline:<br>• Tasks<br>• Person(s) Responsible<br>• Timeline | 10:20 – 12:00 | MP |
| 3. | PUBLIC COMMENT | 12:00-12:05 | MP |
| 4. | WORKING LUNCH – BREAK<br>(Lunch provided for workgroup members) | 12:05-12:15 | |
| 5. | Review and discuss progress on previously established objectives by responsible parties which may include:<br>• Information/data presentations<br>• Presentations related to other tasks | 12:15-1:55 | MP & Dept. of Health Care Services (DHCS) |
| 6. | PUBLIC COMMENT | 1:55-2:00 | MP |
| 7. | BREAK | 2:00-2:10 | |
| 8. | Discuss process/structure for reaching consensus regarding workgroup ***AB 1629/ratesetting methodology recommendations*** | 2:10-2:55 | MP |

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| 9. | PUBLIC COMMENT | 2:55-3:00 | MP |
| 10. | Closing remarks, develop next meeting agenda, meeting evaluation | 3:00-3:10 | MP |
| 11. | PUBLIC COMMENT | 3:10-3:15 | MP |
| 12. | Adjournment | 3:15 | MP |

All times are approximate.

The order in which agenda items are considered may be subject to change. Opportunities for public comment will be provided throughout the agenda. If you wish to speak, place your name on the sign-in list. If you participate by phone, the facilitator and/or operator will provide instructions for making your comment. Prior to making your comments, please state your name for the record and identify any group or organization you represent. Depending on the number of individuals wishing to address the workgroup, the facilitator may establish specific time limits on presentations.

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California Relay Service for the hearing impaired:
771/1-800-735-2929;
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*Please make your request for assistive services at least seven days in advance of the meeting.*