

Follow-up Report on Residential Care Office of Performance Evaluations:

Department Update

On February 5, 2020, the Office of Performance Evaluation presented the follow-up report on its 2018 *Residential Care* report. In the presentation, Ryan Langrill explained that the progress reported in this follow-up report is based on the status report which the Department provided to OPE in February 2019. We have continued our work since then, and to date, we have implemented, or are close to implementing, all but one of the recommendations. This report will update the committee on the progress we have made in the past year toward implementing each specific recommendation.

Recommendation 1: The Department should address workplace issues of the nursing home team and ensure no retaliation takes place.

Progress:

The most serious concerns in the 2018 OPE report revolved around workplace issues and deteriorating provider relationships with the division's Long-term Care Team, the team that surveys skilled nursing facilities, or nursing homes. During the OPE study, morale was low, and surveyors told OPE team members about unprofessional and even hostile conduct coming from other surveyors and from the two Long-term Care supervisors. The Department Director at the time immediately directed the Department's Human Resources Office to conduct a workplace assessment to identify specific issues. In the course of that assessment, both supervisors resigned.

The OPE report and the results of the Department's workplace assessment helped us identify several areas for change. In the interest of time, I will highlight some of the key interventions. Besides hiring two new supervisors with solid leadership skills, we revised job descriptions and performance expectations to reflect our high expectations related to surveyor and supervisor conduct and professionalism. The team meets together more often, and we removed barriers to open communication and collaboration. Surveyors tell us the work environment has vastly improved, and they tell us they feel communication within the division and within their team has improved.

We have also invested in activities that take little time and resource but provide staff with opportunities to learn more about each other and become a more cohesive team. Some examples include:

- Our quarterly division newsletter contains short contests to guess facts about each other;
- We held a contest to match baby pictures to the right employee; and
- We started the new year with a Step Challenge, encouraging employees to walk together on breaks and compete against each other to walk the most steps before the end of March.

We are also working with the Department's Human Resources Office to conduct another workplace assessment in 2020.

Recommendation 2: Licensing and Certification should take steps to improve retention for the nursing home team beyond addressing workplace issues, such as developing a career ladder.

Progress:

We have developed a structure for a career ladder within the Health Facility Surveyor classification. At this point, we are evaluating our options for implementing and funding the career ladder.

We are also hopeful that the work we have done and continue to do to improve the overall culture and improve working relationships among division employees will also contribute to improved retention.

Recommendation 3: Licensing and Certification should take steps to assure nursing home providers that feedback collected by the Director's Office cannot be traced back to individual providers.

Progress:

Because of the concerns nursing home providers expressed that their responses and feedback could possibly be tracked back to them, the division discontinued the customer call-backs that staff in the Director's Office were performing. In the Department's 2020-2024 Strategic Plan, the Department launched a customer experience initiative. The goal of the initiative is to create consistent, respectful experiences for those who come to our Department for assistance. Our division will leverage the Department-wide work to continue to monitor and improve our interactions with our customers.

Concerning the Long-term Care team's overall working relationship with nursing facility management and staff, there are several changes we have made:

Since early 2018, all surveyors in the division attend a course called "Crucial Conversations" as part of their mandatory orientation and training. The course teaches specific skills for communicating in situations that involve high stakes and can be emotionally charged.

In the spring of 2018, the Department entered a formal partnership agreement with the Idaho Health Care Association. Part of that agreement included an initiative to examine and improve the culture related to the survey process. A multi-stakeholder work group helped us identify specific issues and develop strategies for addressing those issues. We have also worked with the Idaho Health Care Association to improve overall working relationships by examining interactions that occur in surveys and introducing skills that help make those interactions more productive. To date, we have held two joint training sessions with Idaho Health Care Association members, and tomorrow, we will hold another joint training on a set of six guiding principles we plan to introduce to help surveyors and facility staff work more productively together before, during, and after surveys.

Recommendation 4: Licensing and Certification should address the workload issues of the assisted living survey team in a sustainable way and provide more support for the management of the assisted living team.

Progress:

Beginning July 2019, assisted living facilities can voluntarily choose national accreditation in lieu of regular licensing surveys. Depending on the number of facilities that choose accreditation, the division should experience some workload relief. Also, during the 2019 Legislative Session the division was appropriated additional funding for a Technical Records Specialist 2 position on the team. The new position was filled in July 2019, and now trained, the new Technical Records Specialist has assumed several administrative duties from surveyors, leaving them able to spend more of their time on surveys.

To provide more support for the Assisted Living team supervisor, the division worked with the Department's Human Resources Office to establish the role of Field Supervisor, and we appointed two seasoned individuals to fulfill the role on a permanent basis. Establishing the new role has provided relief to the Assisted Living Program Supervisor.

Recommendation 5: Licensing and Certification should develop a method to allow assisted living facilities to challenge noncore citations, ideally in a way that allows overturned citations to be formally tracked.

Progress:

In June 2018, the division and the Idaho Health Care Association convened a work group to address this recommendation. The work group agreed to a process for disputing non-core deficiencies. That process was implemented in November 2018 and the division is monitoring the results. In 2020, the division will work with the Idaho Health Care Association and the Community Care Advisory Council to evaluate the process.

Also, many providers expressed to OPE that they felt surveyors were inconsistent in the interpretation of the licensing rules. The division has a brief post-survey questionnaire used to solicit feedback about the facility's survey experience. In June 2018, the division added a question to the post-survey questionnaire to ask administrators if there was any information provided to the facility by the survey team during the current survey that conflicts with information provided to the facility in the past. To date, the division has received 202 responses to that question, and all responses have been "no".

Recommendation 6: The department should develop criteria for extended licensure or an abbreviated application process for children's residential care facilities based on compliance history.

Progress:

In late 2018, the division implemented an abbreviated annual re-application process, and we are monitoring the result of the new process. It is still too early to determine if the new application process results in surveyors spending less time on site in the facility, but we have had positive feedback from facilities that the new process requires less time and work as they prepare for survey.

Recommendation 7: The children’s residential care team should track the duration of surveys done with multiple surveyors to assess possible efficiencies.

Progress:

This recommendation has now been fully implemented. In late 2018, the division started sending more than one surveyors to larger agencies or when multiple agencies are surveyed in the same week. We have tracked the results and overall, we have reduced the time that the team is on site at the facility. We will continue this practice.

Recommendation 8: Licensing and Certification should give administrators of children’s residential care a formal notice of dispute recourses. It should also extend the informal dispute resolution process used for other state licensed facilities to children’s residential care facilities.

Progress:

This recommendation has now been fully implemented. In 2019, the division implemented an informal dispute resolution process for children’s residential care facilities, similar to the process in place for other facility types. To date, no facility has yet requested dispute resolution, but the formal notice and process are in place.

Recommendation 9: Licensing and Certification should offer children’s residential care facilities the same opportunity for anonymous feedback as offered by developmental disability and residential habilitation agencies.

Progress:

This recommendation has now been fully implemented. In the spring of 2019, the division developed customer comment cards that are left with facility management at the end of a survey. The facility has the opportunity to provide feedback on the comment card and send it back to the division anonymously.

Recommendation 10: Licensing and Certification should formally evaluate options that allow for certification of Idaho’s psychiatric residential treatment facilities.

Progress:

This recommendation has been fully implemented. The division now has three surveyors qualified to conduct surveys of psychiatric residential treatment facilities. Teton Peaks became the state’s first psychiatric treatment facility on October 1, 2018, and we are now ready to certify other facilities that choose to operate as a psychiatric residential treatment facility.

Recommendation 11: The Legislature should consider authorizing the Department to collect licensing fees.

Progress:

In June 2018, the division partnered with the Idaho Health Care Association to establish a work group to explore implementation of this recommendation. Through work group discussions, it became clear that implementing licensing fees would further exacerbate problems the assisted living industry currently experiences. For example, with staff shortages and the difficulty recruiting direct care staff to work in assisted living facilities,

many facilities must offer signing bonuses to attract direct care staff. Paying licensing fees in the current environment would have a negative financial impact on facilities. Instead, the work group determined that offering accreditation on a voluntary basis could, in time, provide workload relief for the division's assisted living team. The division worked with this work group and CARF, International to develop the option of accreditation. As of July 1, 2019, assisted living facilities can become accredited in lieu of the Department conducting regular licensing surveys. The division will reconsider licensing fees at a later date.

If committee members have additional questions, they are welcome to contact Tamara Prisock, Administrator for the Department's Division of Licensing and Certification.