

Residential Care Limited Scope Follow-up Report

October 2018

The Department of Health and Welfare has taken steps to address workplace issues. Surveyors' trust of department management remains a work in progress.

Background

In our January 2018 report, *Residential Care*, we found serious problems in the work environment of the long-term care survey team. The long-term care survey team resides in the Division of Licensing and Certification within the Department of Health and Welfare. Surveyors on the team reported a dysfunctional work environment where they were berated and belittled by their supervisors and were discouraged from openly communicating with one another and with providers. Because of the urgency of the problems and surveyors' fear of retaliation for cooperating with us, the Joint Legislative Oversight Committee assigned us to follow up on the status of the work environment. We conducted our follow-up from May to September 2018. Follow up was limited to the work environment and did not address other issues that came out in our January report.

For this follow-up, we interviewed five groups of stakeholders: (1) each of the long-term care surveyors we spoke with last year, (2) two new supervisors of the long-term care survey team, (3) management of the Division of Licensing and Certification, (4) representatives of the provider community, and (5) members of recent workgroups facilitated by the division. Interviews with department staff occurred from May to July and with providers and workgroup members in August and September. Our goal was to assess changes in the work environment, including attitudes toward providers, and to ensure that no retaliation had taken place. Throughout this review, the department was open and proactive in keeping us updated on its activities.

The department's workplace assessment

During the initial evaluation, we reported our finding of a dysfunctional workplace to the director of the Department of Health and Welfare. Of concern to us was not just the existence of an unprofessional work environment, but its persistence in the face of widespread knowledge of unprofessional conduct.

The director initiated a workplace assessment of the entire Division of Licensing and Certification. The department's assessment was completed after our report was written but before we presented it to the Oversight Committee. The department interviewed 48 employees and identified workplace concerns discussed in our report. In addition, the department identified root causes for why dysfunction in the workplace persists, which align with our observations of the survey team:

In the context of already high turnover, reluctance to address an employee's performance out of fear of losing the employee

A tendency to ignore the concerns of employees who had been identified by supervisors as having poor performance

Communication issues at various points between surveyors and upper management



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The department's workplace assessment also found that, while not widespread, the antagonistic attitude toward providers was not isolated to the long-term care survey team.

In response to the workplace assessment and our report, the division has included an initiative in its formal operations plan to "create and maintain a culture with strengthened accountability, improved performance, and positive relationships." This initiative included a presentation to the division by the director and division administrator and included a division-wide, anonymous survey. The survey had 10 open-ended questions assessing topics such as surveyor perceptions of the division's purpose, of providers, and of the workplace environment.

The division intends to measure the progress of its initiative using the department's periodic survey of employee engagement. This survey was initiated by the Division of Human Resources within the Department of Health and Welfare in September 2018.

Treatment of surveyors

Our most urgent concerns were handled through personnel action upon the conclusion of the department's workplace assessment. Surveyors reported to us that, after the department's assessment, their workplace had improved.

In contrast to instruction from previous supervisors of the long-term care survey team, division management gave the team explicit instruction to work with one another. Regular team meetings were reinstated, and surveyors reported major changes in their ability to work with one another as a team.

Division management instructed surveyors to ensure that staff at facilities understand the reason for a deficiency before a survey is completed. By doing so, staff could begin remedying the deficiency. In addition, surveyors reported that when they are not doing a full survey and observe potential noncompliance, they now alert the provider rather than save the deficiency to write up later in a full survey.

Since February, the chief of the Bureau of Facilities Standards has directly supervised the long-term care team. Surveyors spoke highly of the bureau chief's supervision and teaching. Two new supervisors have been hired for the long-term care survey team and are undergoing training. The division administrator reported that the hiring process focused on finding candidates with leadership skills rather than with clinical experience in long-term care.

Surveyor trust of management remains a work in progress. Surveyors believe that management and human resources knew, or should have known, about the dysfunctional work environment. Although each surveyor reported that treatment had improved, some remained skeptical that improvement would continue if the division were not under scrutiny.

Surveyors reported two concerns of retaliation. The first concern involved a claim that a surveyor was retaliated against by an individual no longer with the department. The second concern involved the ratings from employee evaluations. Every surveyor but one received the lowest acceptable rating and therefore the lowest merit raise. Some surveyors believed the low ratings contrasted with the positive verbal and written feedback they had received from management. They suggested the low grades were in retaliation for their cooperation with us.

We requested the evaluations for each surveyor for the most recent two evaluation cycles. The rating for each of the surveyors was unchanged from the year before. Given the ambiguity of the rating scales, we could not validate the claims of retaliation.



Provider relationships

The Department of Health and Welfare and the association representing nursing homes and assisted living facilities, the Idaho Health Care Association, signed an agreement to establish workgroups to improve processes and working relationships. This agreement addresses several issues, including our report recommendations.

A workgroup for quality assurance and program improvement coordinates the work done on initiatives specific to nursing facilities. The mission of this workgroup includes committing to a respectful and collaborative working relationship. Five subgroups aim to develop initiatives to address issues relevant to nursing facilities: (1) culture and communication, (2) the informal dispute resolution process, (3) initial certification and survey efficiency, (4) educational resources and trainings, and (5) a grant to encourage individuals to become certified nursing assistants.

It is outside the scope of this limited follow-up review to evaluate the success of the initiatives. As part of our full follow-up, we anticipate conducting a survey of all nursing home administrators. The survey will help us assess whether changes in the workplace have translated to an improved survey process.

We also anticipate surveying participants in the joint department-association workgroups. We want to ensure that workgroups have been conducted in a respectful and collaborative spirit as intended. The workgroups will constitute progress toward our recommendations if they generate specific and measurable outcomes with verifiable mechanisms for sustainable change.

One proposal generated by the workgroups has been included in the department's budget request for fiscal year 2020: the department is asking for two quality assurance nurses. These nurses would visit nursing homes not as part of a survey. Instead, their role would be to educate nursing home management and staff and help them meet federal certification requirements. The proposal has three measurable

goals: (1) an overall decrease in deficiencies, (2) an increase in the number of follow-up surveys that are passed, and (3) a decrease in the number of follow-up surveys the long-term care team needs to do.

The feedback we have received from participants in the workgroups has been largely positive. Participants, including representatives from the provider community, have been particularly positive about the work of the division administrator.

One concern from multiple participants involved the bureau chief's interpretation of federal restrictions placed on the Bureau of Facilities Standards. They claimed that the bureau chief would reject suggestions by citing federal restrictions. These participants doubted the existence of these restrictions but were not comfortable openly questioning the bureau chief.

In addition, we heard isolated concerns of retaliation for participating in these workgroups. Department management are aware of those concerns. Though isolated, these concerns reinforce to us the importance of methods to ensure the consistency and impartiality of the survey process. The department's management of concerns such as these will be part of our full follow up.



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