



## Healthcare Quality Reporting Program

### STEERING COMMITTEE

7/20/16, 2:00-3:00pm  
Department of Health, Room 401

#### 1. Welcome & meeting objectives (2:00pm)

- Meeting chair: N. Alexander-Scott
- Program staff: E. Cooper
- Voting members in attendance (2/17): N. Oliver, L. McDonald, M. Marsella (via phone)

#### 2. Review previous action items (2:05pm)

- Share training slides from the Alliance for Better Long-term Care (Emily) – **complete**
- Reach out to MIV and RIDOH communications teams to create a press release about the Nursing Home Satisfaction data (Emily) – **complete**
- Complete Nursing Home Satisfaction Report (Emily/program staff) – **complete**
- Send the updated Hand Hygiene Report to the hospitals for review (Val) – **complete**
- Complete the HIT Analysis (Emily/program staff) – **in progress**

#### 3. Nursing Home Satisfaction Survey Process (2:10 pm)

- *Review draft press release from 2015 results*  
Emily opened by noting that RI Nursing Homes overall are performing better than the national average and the Nursing Home Subcommittee is looking to send a press release via the Department of Health and our survey vendor in order to promote the report and the positive results these reports reflect. A copy of the draft press release was provided to the committee and Emily noted that they are looking to add a quote from the Department of Health. Dr. Alexander-Scott asked if the press release could be sent with the APCD and Sam offered to look into it. No changes were suggested for the press release.
- *Review survey process for the Nursing Home Satisfaction Survey*  
Emily explained that all RI nursing home/long term care facilities are required to provide a list of all current, non-terminal, long-stay residents who are cognitively functional as well as for family members of all long-term stay residents. My Inner View, a division of the National Research Corporation, sends out the Nursing Home Satisfaction Survey to those on the lists. Once the surveys are complete MIV compiles the data and shares the data via an on-line platform with the individual facilities, then we use the data for all facilities to create a comparison report utilizing a diamond rating system. This report is made available to the public on the Department of Health website, in order to help people make informed decisions when choosing a long-term care facility.

- *Discussion of process*

*Should we continue with our current process?*

Dr. Alexander-Scott asked how this project was funded. Emily explained that the nursing homes pay for the survey as part of the public reporting process. Dr. Alexander Scott suggested that while we should move forward with the survey for the upcoming year, though it may be beneficial to explore other opportunities in future years.

*What improvements or changes need to be made if we continue?*

Emily noted that with last year's survey there were some concerns about the process of mailing surveys individually to residents within a facility. This year we will mitigate this by sending the resident surveys to the facilities in bulk allowing them to distribute to the residents. The bulk survey mailing will contain individually addressed surveys for each identified resident, but will ensure all surveys are received. Moving forward we would like to improve the response rates for the families of the residents. It was suggested that the facilities could promote awareness of the survey to these families. It was also noted that if a small home did not receive enough responses to produce statistically accurate rating, they did not receive any rating on the report. This year's survey has been shortened by 20 questions and the initial contact with the nursing homes will begin the first week of August. Emily offered to email the Steering Committee as well as the Nursing Home Subcommittee for any additional feedback on the survey prior to the launch.

**4. Recommendations to the Immunization Program (2:25pm)**

- *Review draft recommendations*

Emily explained that the HAI Subcommittee was looking to provide clearer guidance for regulations regarding unvaccinated healthcare workers when influenza is widespread. Emily reviewed the provided draft of the recommended changes which included clarification of the "4-hour rule".

- *Discussion*

*Are there any additions that should be made?*

The committee discussed the need for clarity for the definition of 'close proximity to patients', specifically as it relates to home and community based services, as these regulations also apply to home care and hospice providers. Emily offered to take a closer look at the regulation and see if there are any specific references that could be included in the guidance document.

*Are the recommendations consistent with the intent of the legislation?*

The committee felt the recommendations were consistent with the intent of the legislation and these changes should be shared with the Immunization Program at the Department of Health.

**5. HAI Prevention and Antimicrobial Stewardship Updates (2:40 pm)**

- *Overview of new coalition (Save the date – August 25th, 7:30am-12pm)*

Emily began by explaining that a new coalition has been created to provide cross-setting sharing and leadership among those involved with the prevention of healthcare-acquired infections and the promotion of antimicrobial stewardship. This new coalition will kick off on August 25<sup>th</sup> from 8am-noon (breakfast and check-in at 7:30am) at the Radisson in Warwick, with Dr. Laurie Hicks from the CDC as the keynote speaker.

The goal is to bring together providers and stakeholders from across settings and across disciplines in order to drive improvement at the state level. We hope to engage representatives from hospitals, nursing homes and the community in areas including infection control and prevention, quality, leadership, infectious disease, pharmacy, frontline staff, professional and trade organizations and payors. We anticipate that after the kickoff meeting, two subgroups

will be formed; an education and best practices workgroup and a policy and leadership committee. Both groups will meet on a staggered schedule every four to six months. A 'save the date' email has been sent, with a full invitation from Dr. Alexander-Scott coming shortly.

- *Update on HAI prevention activities in the state* – continued
- *Update from AMSEC Taskforce (Terri Mota)* – continued

**6. Action Items**

- Look into sharing the Nursing Home Satisfaction Survey press release alongside information about the APCD (Sam)
- E-mail the Steering Committee and Nursing Home Subcommittee for feedback on the Nursing Home Satisfaction Survey questions (Emily)
- Look at the legislation for home healthcare workers as it relates to flu vaccination regulation (Emily)

**Next meeting: September 21, 2016**

**Remaining 2016 Meeting Dates\***

September 21  
November 16

*\*All meetings will be held at 2pm in room 401 at the Department of Health*

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## Rhode Island Nursing Homes Use Resident Insights to Keep Care Elevated Above National Benchmarks

Quality of life and care measurements for Rhode Island seniors exceed national averages

Providence, Rhode Island, July 11, 2016 - Nursing home providers are increasingly providing opportunities for the people who call their facilities "home" to provide feedback about their care and environment and then using those insights to improve care. Under the direction of the Rhode Island Department of Health, the state's nursing homes field surveys to their residents and family members every year using products from My InnerView by National Research Corporation.

The satisfaction survey results from October 2015 show that Rhode Island facilities are outperforming the rest of the nation.

- 90 percent of Rhode Island residents would recommend their care facility to others, compared to the 88 percent national average.
- 91 percent of families of Rhode Island residents would recommend their loved one's care facility to others, compared to the 88 percent national average.

### New Quote from Rhode Island Here

Nursing home providers use data from the satisfaction survey results to identify unique opportunities in their continual quest to improve care. The Department of Health also publishes the results on its [website](#) for the benefit of Rhode Islanders who may be researching nursing homes for themselves or a family member.

"National Research Corporation has long been a proud partner of Rhode Island facilities, and we're delighted that they are performing so well," say Rich Kortum, director of strategic partnerships at National Research Corporation. "We look forward to continuing to help them seek out these valuable insights and improve the care they provide to Rhode Island residents and families."

The Department of Health's Healthcare Quality Reporting Program—in collaboration with a multi-stakeholder group that includes the nursing home trade associations, LeadingAge Rhode Island, and the Rhode Island Health Care Association—publishes information on nursing home quality and satisfaction annually. The program is designed to help inform consumer decision-making and to encourage facilities to continually improve their performance. Learn more about the quality of care that nursing homes and other healthcare facilities provide by visiting [www.health.ri.gov/programs/healthcarequalityreporting/](http://www.health.ri.gov/programs/healthcarequalityreporting/).

**About Rhode Island Department of Health**

The primary mission of the Rhode Island Department of Health is to prevent disease and to protect and promote the health and safety of the people of Rhode Island. The Department of Health is a diverse and interactive state agency with broad-ranging public health responsibilities. To learn more, visit [www.health.ri.gov/](http://www.health.ri.gov/)

### **About National Research Corporation**

For more than 30 years, National Research Corporation (NASDAQ: NRCIA and NRCIB) has been at the forefront of patient-centered care. Today, the company's focus on empowering customer-centric healthcare across the continuum extends patient-centered care to incorporate families, communities, employees, senior housing residents, and other stakeholders.

My InnerView by National Research helps improve quality, resident and family experiences, and employee engagement for skilled nursing homes, assisted living communities, continuing care retirement communities, and independent living communities.

For more information, call 800-388-4264, write to [info@nationalresearch.com](mailto:info@nationalresearch.com), or visit [www.nationalresearch.com](http://www.nationalresearch.com).

DRAFT



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August 28, 2015

Dear Nursing Home Administrator,

For the past six years, Rhode Island facilities have, on average, outperformed facilities nationwide using My InnerView’s satisfaction surveys. The 2015 survey process is already underway, as we continue to demonstrate our state’s commitment to high-quality care. You should have already received communication from our survey company, My Innerview.

The satisfaction survey process is required by nursing home regulations. You must meet the below deadlines and send surveys to all eligible residents and families.

- Surveys must be sent to:
- 100% of non-terminal, long-stay (100+ days) residents who can answer the survey alone or with help, **AND**
  - 100% of your long-stay (100+ days) residents’ family members.

Please return documents promptly and also note the following important dates:

<b>Deadlines:</b>	<b>9/04/15</b>	<b>9/09/15</b>	<b>10/05/15</b>
<b>Process:</b>	Initiate survey process	MyInnview Webinar	Submit mailing lists for all long-stay residents <b>AND</b> families (see yellow box above).
<b>Requirement:</b>	Return signed contract (new participants) or completed sign-up sheet (previous participants) to: <b>Teresa Costello</b> <a href="mailto:TCostello@nationalresearch.com">TCostello@nationalresearch.com</a> These documents will come directly from My InnerView.	Overview of 2015 survey process and instructions for uploading data file. Register here: <a href="https://cc.readytalk.com/r/duip7voz7965&amp;eom">https://cc.readytalk.com/r/duip7voz7965&amp;eom</a>	See the attached timeline for detailed instructions. Submit mailing addresses for family members and Residents Optional: Submit bulk counts for residents or employees.

For a copy of My InnerView’s screening tool, which will help you identify survey-appropriate residents, or help with any of the above tasks, contact Teresa Costello at [TCostello@nationalresearch.com](mailto:TCostello@nationalresearch.com) or 800-601-3884.

**Again, participation in the survey process is mandatory and these dates are firm.** The Division of Facilities Regulations tracks participation closely, including checking to ensure that the number of resident and family names submitted matches the expected number based on facility size, occupancy, resident cognitive status, and other factors.

I wish you the best in your continued quality improvement work, and look forward to seeing your survey results. With questions or to participate in the stakeholder group that advises the public reporting program about nursing home reports, please contact Emily Cooper: 401-528-3233 or [ecooper@healthcentricadvisors.org](mailto:ecooper@healthcentricadvisors.org).

Sincerely,

Samara Viner-Brown, MS, Chief, Center for Health Data and Analysis  
401-222-5122 or [samara.vinerbrown@health.ri.gov](mailto:samara.vinerbrown@health.ri.gov)

# Family, Resident Satisfaction Survey Timeline for Rhode Island 2015

To optimize the value of your survey results, you must take the lead on these critical steps. If you have questions regarding your timeline, please contact Teresa Costello at [tcostello@nationalresearch.com](mailto:tcostello@nationalresearch.com) or at 800-601-3884.

No later than:	You should...	Helpful information
Wednesday, Sept 30, Test file due Monday, Oct 5, final data file due Monday, Oct 5, bulk resident or employee counts due	Submit mailing addresses for family members and Residents Optional: Submit bulk counts for residents or employees.	<ul style="list-style-type: none"> <li>• <u>Do not photocopy surveys for distribution. Photocopied surveys received by My InnerView will not be included in your results.</u></li> <li>• <u>Details on how to submit your test file and data file will be covered in the September 9<sup>th</sup> webinar. Please register for this webinar for this important information</u></li> </ul> <p>To register:  <a href="https://cc.readytalk.com/r/duip7voz7965&amp;eom">https://cc.readytalk.com/r/duip7voz7965&amp;eom</a></p>
No later than:	You should...	Helpful information
Ongoing	Create awareness of upcoming survey process	<ul style="list-style-type: none"> <li>• Display posters, table tent flyers, etc. throughout communities.</li> <li>• Discuss survey process at family/resident council meetings and with your staff; explain it is a confidential process being conducted by a 3<sup>rd</sup> party.</li> <li>• Add reminders to invoices, pay stubs and newsletters advising to watch for the survey in the upcoming weeks.</li> </ul>
Wednesday, October 7	Mail notification letters to employees, residents or family members	<ul style="list-style-type: none"> <li>• Go to <a href="http://www.myinnerview.com">www.myinnerview.com</a>. Enter your user name/password. On the Home page click on My InnerView e-Learning site. Click on Satisfaction Survey Resources. Scroll down to Notifying Survey Recipient-Customer/Employee.</li> <li>• Notification of the survey process will encourage your response rates.</li> </ul>
Wednesday, October 21	My InnerView mails surveys  Family members - directly to recipients Residents/ Employees - bulk to communities	<ul style="list-style-type: none"> <li>• My InnerView will personalize Resident/Family and/or Employee Satisfaction Surveys with the facility's name (as entered on the web site.)</li> <li>• A survey packet will be mailed to each employee, family, resident or responsible party listed on the mailing list or included in the bulk count provided to My InnerView. The envelope contains the appropriate cover letter, survey, and self-addressed (to My</li> </ul>

		InnerView), postage-paid return envelope.
<b>No later than:</b>	<i>You should...</i>	<b>Helpful information</b>
<b>Flexible</b>	<b>Begin distribution of (bulk) employee and resident surveys.</b>	<p>Recommendations for distribution to employees include staff meetings, with paychecks or other methods that work successfully in your facility. You can choose to:</p> <ol style="list-style-type: none"> <li>1. Collect employee surveys at the facility (If you collect the surveys, <u>do not open surveys at the facility</u>. You will mail (in bulk) sealed envelopes directly to My InnerView.) OR</li> <li>2. Instruct employees to mail individual surveys in the provided postage paid envelopes directly to My InnerView.</li> </ol>
<b>Monday, November 16th</b>	<b>Mail sealed surveys to My InnerView</b>	<ul style="list-style-type: none"> <li>• You can choose to collect the employee and/or resident surveys at the facility or instruct the employees and/or residents to mail their individual surveys directly to My InnerView. If you collect the surveys, <b>do not open surveys</b> at the facility. You will mail (in bulk) sealed envelopes directly to My InnerView.</li> </ul>
<b>Friday, November 20th</b>	<b>My InnerView's due date for accepting surveys!</b>	<ul style="list-style-type: none"> <li>• The quality of information you can glean from your survey results is directly related to the number of completed surveys returned. It is critical to reinforce the established due date, which is printed on the survey.</li> <li>• My InnerView, as an independent third party, handles all survey collection, processing and reporting.</li> <li>• Submitted surveys are never read at the facility. On the established due date surveys are electronically scanned by My InnerView into the security-protected system, which will electronically:             <ul style="list-style-type: none"> <li>• Sort surveys by facility name.</li> <li>• Compile information into the established survey database</li> <li>• Begin the report-generation phase.</li> </ul> </li> </ul>
<b>Monday, November 30</b>	<b>Reports published on-line by the <u>end of the business day</u></b>	<ul style="list-style-type: none"> <li>• We will set up training webinars to review the new portal and survey data.</li> </ul>



**To:** The Rhode Island Department of Health Immunization Program

**From:** The Rhode Island Department of Health Healthcare Quality Reporting Program, Healthcare-Acquired Infections Subcommittee

**Subject:** Recommendations related to healthcare worker influenza vaccination guidance

These recommendations are based on the guidance document published on the Rhode Island Department of Health website, titled "Summary of Healthcare Worker Masking Requirement When Influenza is Widespread".<sup>1</sup> These recommendations aim to improve the clarity and accuracy of the guidance document with the goal of ensuring appropriate training, implementation and enforcement of the regulations at healthcare facilities in Rhode Island.

**Recommendations:**

1. **There is need for further clarification of the "4-hour rule" mentioned in the first bullet of the guidance document.** The guidance states that:

*"Unvaccinated healthcare workers do not have to wear a mask for an entire shift unless they have direct patient contact the entire shift. Infectious disease experts recommend using a new mask at least every four hours or sooner if the mask becomes too moist or soiled. The mask may be removed if no patients are near, or approaching near, the healthcare worker."*

The guidance should more specifically state that the 4-hour time period pertains to continuous use and that once a mask is removed, it should be discarded. The guidance also does not address the need to replace masks in accordance with infection prevention and control guidance and practices.

**Rational:** There have been cases observed where healthcare workers remove a mask during times when it is not required but retain the mask for later use (e.g. they place it on their wrist or hang it from their eyeglasses).

**Suggested change 1:** [Replacement for first bullet] Unvaccinated healthcare workers do not have to wear a mask for an entire shift unless they have direct patient contact the entire shift. The mask may be removed if no patients are near, or approaching near, the healthcare worker. If the mask is removed for any reason it should be discarded in the appropriate receptacle and hand hygiene should be performed. A new mask should be used once the healthcare worker is once again in a situation (per the regulations) that requires them to wear a mask.

**Suggested Change 2:** [New bullet after the existing, updated, first bullet] Infection control experts recommend using a new mask at least every four hours during continuous use or sooner if the mask becomes too moist or soiled. Some brands of masks are only designed for continuous use of a shorter duration than 4 hours. Healthcare workers should use the masks supplied by their facility as directed if the suggested time of use is less than 4 hours. Masks should not be worn continuously if doing so would contradict infection prevention and control guidance or practices (e.g. after caring for a patient on contact precautions).

2. **There is need for additional clarification that, per the regulations, masking is required during each "direct patient contact in the performance of his or her duties at any health care facility" [R23-17-HCW, Sections 5.3 and 5.4].** As it is currently written, the first paragraph of the guidance and the third bullet in the guidance suggest that the masking requirement extends to any time a healthcare worker



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could potentially come into direct contact with a patient (e.g. a nurse purchasing food in the cafeteria during a break). However, the regulations as they are written only apply to times when the healthcare worker is “performing his or her duties”.

***Rational:*** The current guidance suggests that the masking requirement is more extensive than what is written in the regulation. Although the specification that the regulation applies only while a healthcare worker is performing their professional duties is included in the existing eighth bullet, it should be made clear earlier in the document.

***Suggested Change 1:*** [Updated first paragraph] Immunization regulations in Rhode Island require healthcare workers who are not vaccinated against seasonal influenza to wear a surgical face mask during direct patient contact while performing their duties if the Director of the Rhode Island Department of Health (HEALTH) declares influenza to be widespread. When the Director of Health declares this period to be over, the masking requirement is no longer in effect (unless a new declaration is made at a later time).

***Suggested Change 2:*** [New bullet to precede existing third bullet] The regulations apply to direct patient contact during the performance of a healthcare worker’s duties at any health care facility.

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<sup>1</sup><http://www.health.ri.gov/publications/guidelines/SummaryOfHealthcareWorkerMaskingRequirementWhenInfluenzaIsWidespread.pdf>