



# AGENCY LIAISON MINUTES

October 11, 2016

The meeting was called to order at 1:30 p.m. Tuesday, October 11, 2016 by Jamie Shelton, Chairman of the Agency Liaison Committee.

**Committee/LNHA Members Present:**

Jamie Shelton, Steven Boulware, Jamie Copeland, Dale Hewitt, Marcus Naquin, Lannie Richardson, David Stallard.

**LNHA Staff:**

Rita Finn

**LDH-Health Standards Guests:**

Cecile Castello RN, Margie Huguet RN

**LDH-Health Standards Guests present on conference call:**

Dr. Frank Welch, LDH Immunization Director  
 Stacy Hall, Office of Public Health  
 Tara LeBlanc, Assistant Secretary, Office of Aging and Adult Services  
 Robin Wagner, Deputy Secretary, Office of Aging and Adult Services

**Committee Members Absent:**

Scott Broussard, Phyllis Chatelain, Harold Gamburg, Ronald Goux, Matt Machen, Wayne Plaisance, and Jack Sanders.

**MINUTES**

PNEUMOCOCCAL AND SHINGLES VACCINATIONS	
<b>TIME ALLOCATED</b>	<b>20 MINUTES</b>
	<b>PRESENTED BY</b> <b>Dr. Frank Welch and Ms. Stacy Hall</b> <b>Office of Public Health</b>
<b>DISCUSSION</b>	<p>Dr. Welch informed the committee that legislation enacted during the 2016 Regular session required adult residential care providers and nursing homes to disseminate information about pneumonia and shingles vaccinations to residents. (R.S. 40:2011 and 2166.9)</p> <p>The Office of Public Health created a Fact Sheet on Pneumococcal Disease and one on Shingles (Herpes Zoster). The Fact Sheets were distributed to the care providers and nursing homes to be used annually, no later than September first of each year to provide the required educational information regarding the immunizations. Once the educational material has been provided the option to receive or not receive the vaccine should be at the discretion of the resident or resident's legal representative.</p> <p>Dr. Welch reviewed both Fact Sheets with the committee. Ms. Castello reminded the committee that F 334 §483.25(n) (2) also addressed the requirements of educating residents regarding the benefits and potential side effects of pneumococcal immunization.</p> <p>A committee member stated that there was some confusion regarding the pneumococcal vaccination protocol. Facilities were not certain which vaccine should be given if the resident chose to be immunized. Ms. Hall stated that a second information sheet, <u>Pneumococcal Vaccine Timing for Adults</u>, from the CDC had been sent to LDH (see copy attached to minutes). Ms. Castillo had a copy of that document and copies were</p>

	<p>made for the committee members. Ms. Hall reviewed the document line by line to help clarify any question: The committee agreed document would be shared with the board of directors so copies could be taken back to facilities. The document gives specific instructions on the type and timing of pneumococcal vaccinations. There was a request from a committee member for clarification on the provision of the law stating specifically, that every nursing home resident be provided annual educational information on pneumococcal and shingles immunization. The question asked was if the pneumococcal vaccine had been requested by a resident, administered as recommended by the CDC and documented in the resident record, <sup>that the</sup> that would meet the letter of the law. Ms. Castello stated that it would meet the letter of the law. Ms. Castello also suggested that all newly admitted residents be given the vaccination educational information at the time of admission and that facilities may want to consider keeping an Information Dissemination log as verification that information had been given to the residents and/or vaccinations had been administered. Ms. Castello also indicated a posting of the Pneumococcal and Shingles (Herpes Zoster) Fact sheet in a visible area of the facility was another method of disseminating the information.</p>
<b>CONCLUSION</b>	<p>Chairman Shelton asked if there were any other questions regarding this topic. There were no more questions and no further discussion. <sup>are</sup> All documents referenced in this discussion, attached to minutes.</p>

<b>ACTION</b>	<b>ACTION TO BE TAKEN BY</b>	<b>DATE TO BE ACTIONED BY</b>
A copy of these minutes will be shared with members of the LNHA Board of Directors. Fact Sheets for Pneumococcal and Shingles Immunizations, as well as the document, <u>Pneumococcal Vaccine Timing for Adults</u> will be distributed to board members at the November meeting. Information from this meeting will be presented to the LNHA board.	Jamie Shelton	November 9, 2016

<b>NOTICE OF MEDICAL CERTIFICATION Form 142</b>		
<b>TIME ALLOCATED</b>	<b>15 min</b>	<b>PRESENTED BY</b> Robin Wagner and Tara LeBlanc, Office of Aging and Adult Services
<b>DISCUSSION</b>	<p>Several committee members discussed the recent problems facilities faced during the August flooding in obtaining Medical Eligibility Form 142 approval because of lack of emergency phone coverage over the weekend (8/12 &amp; 8/13, 2016) and AT&amp;T total system failure on Monday (8/14/16) even though OAAS staff was on-call. Ms. Wagner stated that emergency staff was on-call but Hospice companies and some NF's were not familiar with the OAAS emergency numbers and procedures. She stated in the future they will post an emergency contact number and instructions for calling the office during a declared disaster. There was a brief discussion on the CMS failure to grant a Form 1135 waiver during the recent flooding disaster but the group concurred the solution for the problem lay with CMS. Finally, Ms. Huguet reminded the committee the 2012 Medical Special Needs Program eliminated the rule requiring TB test or Chest x-ray results on admission during a declared disaster. She requested this information be shared with facilities for future reference.</p>	
<b>CONCLUSION</b>	There were no further questions on this topic.	
<b>ACTION</b>	<b>ACTION TO BE TAKEN BY</b>	<b>DATE TO BE ACTIONED BY</b>
The Office of Aging and Adult Service is working on developing an Emergency Preparedness Protocol for NF/SNF admissions during declared disasters that will include an emergency contact number to reach OAAS admission staff. The OAAS planners are hopeful that an automatic waiver of the required 3 day hospital stay for SNF admissions can be included in this plan as well.	Office of Public Health	Date Not Specified

Other details of the plan were not discussed at this time. Ms. LeBlanc stated that the office would not be able to assist an individual with no Medicare or Medicaid coverage.

The LNHA board will be asked to bring the information regarding the change in TB testing requirements during declared emergencies back to regional offices for dissemination to membership.

LNHA committee members

November 9, 2016

### RN DELGATING THE REMOVAL OF OXYGEN BY CNA

TIME ALLOCATED	2 min	PRESENTED BY	J. Shelton
DISCUSSION	A facility requested a ruling on allowing an RN to delegate to a CNA the ability to remove a resident's oxygen for bathing or eating. There is a written MD order approving the removal of the O2 for those purposes. Ms. Castello clarified that the issue was one of delegation. She stated the Louisiana State Board of Nursing's Scope of Practice does not allow the delegation of O2 removal by an RN to a CNA.		
CONCLUSION	No further discussion.		
ACTION	ACTION TO BE TAKEN BY	DATE TO BE ACTIONED BY	
No Action Required by Committee	N/A	N/A	

### COMMUNICATING/RESOLVING ISSUES WITH OMBUDSMAN

TIME ALLOCATED	5 min	PRESENTED BY	J. Shelton
DISCUSSION	The question was asked by a facility how to address the issue of an Ombudsman focusing on employee issues rather than resident's issues. Ms. Castello stated the facility administrator could contact the State Ombudsman Supervisor, Karen Freeman Price at 225-342- 7116, or email her at <a href="http://goea.louisians.gov/index.cfm?md=pagebuilders&amp;tmp=home&amp;pid=4&amp;pid=2&amp;nid=15">http://goea.louisians.gov/index.cfm?md=pagebuilders&amp;tmp=home&amp;pid=4&amp;pid=2&amp;nid=15</a>		
CONCLUSION	No further discussion.		
ACTION	ACTION TO BE TAKEN BY	DATE TO BE ACTIONED BY	
No Action Required by Committee	N/A	N/A	

### QUESTION OF RESPONSIBILITY OF CARE FOR RESIDENT AT DIALYSIS

TIME ALLOCATED	5 min	PRESENTED BY	Chairman Shelton
DISCUSSION	The question was asked by a facility: Who is responsible for care of a NF resident receiving treatment at another healthcare agency? The resident is sent to a dialysis unit for treatment 3 times per week. If the resident has an incontinent episode the NF is called to come and change the resident or take the resident back to the NF. This causes either a delay or termination of dialysis. Ms. Castello reports this is a long-standing problem to which no ideal solution has been found. One possible solution would be to have a separate care area in the dialysis unit cordoned off from the main area for use as a changing station. Ms. Castello states space confinements and lack of equipment and supplies is problematic in many dialysis units. The committee members agreed this issue could not be resolved at this time.		
CONCLUSION	No further discussion.		

ACTION	ACTION TO BE TAKEN BY	DATE TO BE ACTIONED BY
No Action by Committee	N/A	N/A

<p>FINAL COMMENTS</p>	<p>A brief discussion on the Final Rule was led by Ms. Castello. She stated <sup>that</sup> surveyors had not received training on the regulations in Phase 1 that will go into effect on November 28, 2016. She also stated Phase 1 should not cause major challenges because it involves those requirements that were unchanged or only slightly modified.</p> <p>There was discussion involving the new regulation prohibiting the hiring of employees who have had a disciplinary action taken against their professional license by a state licensure body as a result of a finding of abuse, neglect, mistreatment of a resident or misappropriation of personal property. The question arose regarding the Louisiana State Board of Nursing, Recovering Nurse Program that allows an RN, with proper treatment and follow-up to have their license reinstated. Ms. Castello stated it would be highly unlikely for the LDH to supersede a state licensing agency on this matter.</p> <p>Ms. Castello shared with the committee that the most frequent deficiency being cited during surveys was the failure to adequately medicated residents for pain prior to physical therapy or other treatments. The next LDH/LNHA Liaison meeting was tentatively scheduled for Tuesday, January 24, 2017.</p> <p>The committee having no further business adjourned at 3:20 p.m.</p>
---------------------------	--

Respectfully submitted,  
Rita J. Finn, MSN, RN  
November 3, 2016