



**Testimony of Patricia Kelmar, JD,
Senior Policy Advisor, New Jersey Health Care Quality Institute
New Jersey Senate Health & Senior Services Committee - December 3, 2018**

Good Afternoon. My name is Patricia Kelmar; I am the Senior Policy Advisor for the New Jersey Health Care Quality Institute. As most of you know, the Quality Institute is the only independent, nonpartisan, multi-stakeholder advocate for health care quality in New Jersey. As both a grant funded and membership organization, we convene a unique and multi-faceted community, and are committed to improving health care quality and safety, expanding access to good care and controlling costs for employers and consumers.

Thank you for the invitation to testify this afternoon. The Quality Institute has been a long-time vocal advocate on the importance of quality measurement in all health care settings and ensuring that measurement is transparent to the public in a timely and understandable way. Through our work as regional leader of The Leapfrog Group, we now have 93% of all hospitals reporting important safety and quality measures. We've worked hard to ensure healthcare acquired infections and medical errors are reported to the State and made public in annual reports. Our three-part message today is to urge the State to continue to:

- 1) Play an active role in measuring quality by ensuring the public knows, in a timely matter, the safety records of our health care institutions;
- 2) Follow up, with the support of healthcare stakeholders, to improve the safety and infection control protocols in all health care settings; and
- 3) Implement better care coordination for our particularly vulnerable populations, in this case, children with complex medical needs.

When word of the outbreak at the Wanaque Center for Nursing and Rehabilitation became known, the Quality Institute conducted its own analysis from existing public records to understand what may have happened prior to this outbreak. This is what we found.

Long Term Care Facilities are inspected by NJ Department of Health surveyors on behalf of the federal government. Through this annual on-site inspection process, over 1,500 standards are reviewed and assessed. The Centers for Medicare and Medicaid Services (CMS) uses this information to give every long-term care facility a star rating.¹ This star system is publicly available on Nursing Home Compare, on the CMS website. The overall star rating combines three scores: the health inspection; the quality of resident care measures; and staffing. Although Wanaque's overall rating on Nursing Home Compare is 4 out of 5 stars, it's rating for the most current (2015 and 2016) health inspection sub-category is only 2 out of 5 stars. The health inspection star score for the facility is calculated by evaluating the number and severity of citations the facility receives during a two-year evaluation period, from both the state inspection and from citations related to complaints received.

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The Quality Institute reviewed the actual inspection reports, which are also publicly available on Nursing Home Compare. Though the most recent inspections from 2017 and 2018 are not included in the facility's current star rating, reviewing these inspection reports highlights continued deficiencies that would lead to another low star rating. Most specifically, both inspection reports reference concerning issues related to infection control protocols, including basic hand hygiene. The importance of all health care workers following protocols to properly cleaning their hands cannot be understated. This is the most common way for deadly germs to spread, especially among critically ill patients, like those at Wanaque.

In the August 2018 statement of deficiencies, the inspector notes failures related to "providing and implementing an infection prevention and control program". For example, "the Licensed Practical Nurse (LPN) accidentally dropped a pill on the floor. She picked the pill off the floor and disposed of it in the drug buster (drug disposal system that dissolves pills on contact). The LPN then started to prepare the medication again. She did not perform hand hygiene after handling the pill she picked up off the floor and/or before preparing the medication again."

This is not a new citation type for Wanaque. In 2017, the inspectors found improper medication storage and delivery including failure to properly clean reusable medication syringes and powdered medication scoops. Improper cleaning of these syringes and scoops has the potential to allow infections to spread among patients.

In addition to the health inspection reports, the Quality Institute reviewed the facility's corrective action plans, which are also available to the public. Corrective action plans for 2015 and 2016 both showed additional failures related to infection control protocol or other areas of concern. In 2016, the facility received a citation for improper hand washing and in 2015 a citation for failing to provide a clean and orderly physical environment.

While Wanaque has completed plans of correction each year based on the inspection reports, the consistent concerning findings and citations found in each annual inspection since 2015 continue to raise concerns about inconsistent practices related to infection control.

Information like these public reports can and should be used by the State and regulators, with the support of the community of healthcare stakeholders to improve infection control and ensure safer and better quality of care. Some of you were members of this Committee when you passed a law that empowered the Quality Improvement Advisory Committee (QIAC) to work on infection reporting and oversight. That committee is made up of various members of health care providers and consumers and is staffed by the State Department of Health. QIAC has been less active in the last several years but this is a perfect opportunity to reinvigorate it with new members and a renewed charge to monitor the public information on infections and quality, and to work with the State to proactively prevent these types of outbreaks and save lives. The QIAC could return to a monthly or bimonthly schedule, identify key priorities based on areas where the state's health care facilities could improve their quality (such as infections, Sepsis, and perhaps even antibiotic misuse). QIAC is a perfect private-public setting to support the budget-strapped Department of Health staff in areas of health care quality and safety. The Quality Institute as a member of the QIAC stands ready to help it serve this important function.

And finally, I'd like to spend a moment talking specifically about the patient population most affected by the spread of infection at the Wanaque Center for Nursing and Rehabilitation. Most of their pediatric inpatients would fit within the definition of medically complex children. Here in New Jersey, there are approximately 12,000 medically complex children, with 10,000 receiving coverage through Medicaid. Because the costs of their health services exceed the coverage limitations of commercial insurance and also are beyond the personal budgets of most New Jersey residents, most severely ill or disabled children turn to Medicaid as the insurer of last resort. Most of these children receive their services through one of the state's five contracted Managed Care Organizations (MCOs) under the Managed Long-Term Supports and Services (MLTSS) program. The goal of that program is to allow as many children as possible to remain at home by extending a variety of wraparound services to assist families in maintaining a safe environment for their child.

However, for many children living in the community, the complexity of their medical needs often leads to fragmentation in the delivery of their care, such as missed appointments, and unnecessary or duplicative care. The State has the opportunity to support better care for these frail children. The Quality Institute has been working in collaboration with providers, MCOs and the Department of Human Services to develop a new Medicaid model of care for medically complex children, borrowing from lessons learned in commercial and Medicare markets. We are recommending creation of patient centered medical homes (PCMH) for Medically Complex Children. This model would help keep more children with medically complex conditions at home with wrap around services through quality care coordination. The PCMH for Complex Children offers a better financing mechanism to cover these vulnerable high cost patients by emphasizing quality and ensuring care management responsibility. Most importantly, it could potentially keep more of these children at home, and out of sub-standard facilities.

In closing, we thank the Committee for taking time today to not only consider the current tragic results at the Wanaque Center for Nursing and Rehabilitation but to also consider ways to prevent it from happening again – through greater transparency, more proactive work by the State and willing stakeholders, and by considering models to help children with medically complex conditions stay out of health care facilities and in their homes when possible.

Thank you.

¹ CMS.Gov: Nursing Home Compare.

<https://www.medicare.gov/nursinghomecompare/profile.html#profTab=1&ID=315229&state=NJ&lat=0&lng=0&name=WANAQUE%2520CENTER%2520FOR%2520NURSING%2520%2526%2520REHABILITATION%252C%2520THE&Distn=0.0>. Accessed on 11/28/2018.