

# Utah Health Status Update:

## Child Care and Facility Licensing Update

January 2010

Utah Department of Health

### Child Care Licensing Program

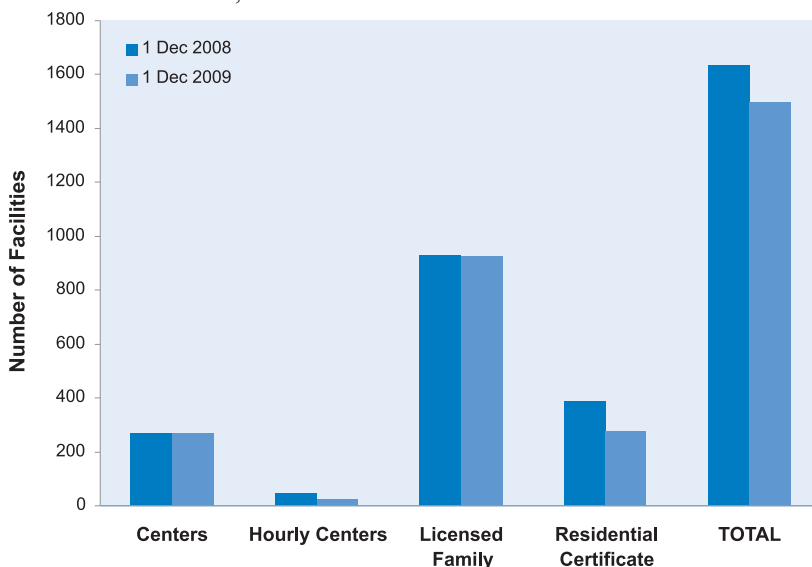
The Bureau of Child Care Licensing regulates child care programs to ensure that the programs meet minimal health and safety standards. The Bureau regulates four categories of child care providers: centers, hourly centers, licensed family providers, and residential certificate providers. Centers and hourly centers provide child care in a location other than the provider's home. Licensed family and residential certificate providers provide child care in the home of the provider. Each category of care has operational rules that establish the health and safety standards the program must meet. The Bureau conducts two inspections of each facility every year. One inspection is scheduled in advance, and one is unannounced. In addition, the Bureau conducts criminal and child abuse background checks on all individuals who work in a regulated child care program, and all individuals who live in a home where regulated care is provided.

Utah has seen a drop in the number of child care facilities during the past year. This is not unexpected given the economic downturn and the increase in the number of individuals who are out of work, and who therefore do not need child care. An additional factor in the reduced number of providers was the implementation of SB 81 in July of 2009, which required the Bureau to verify the legal status in the United States of any individual to whom the Department issues a new or renewal child care license. Figure 1 shows the numbers of providers currently and one year ago.

In response to a legislative audit in 2005 which found that the Bureau needed to improve the statewide consistency of licensing inspections, the Bureau implemented a statewide training program for licensors and providers. Licensors attend monthly trainings on inspection protocols and rule interpretation and enforcement, and ongoing rule training is offered throughout the state for providers. Figure 2 shows the total hours of training delivered during the past year.

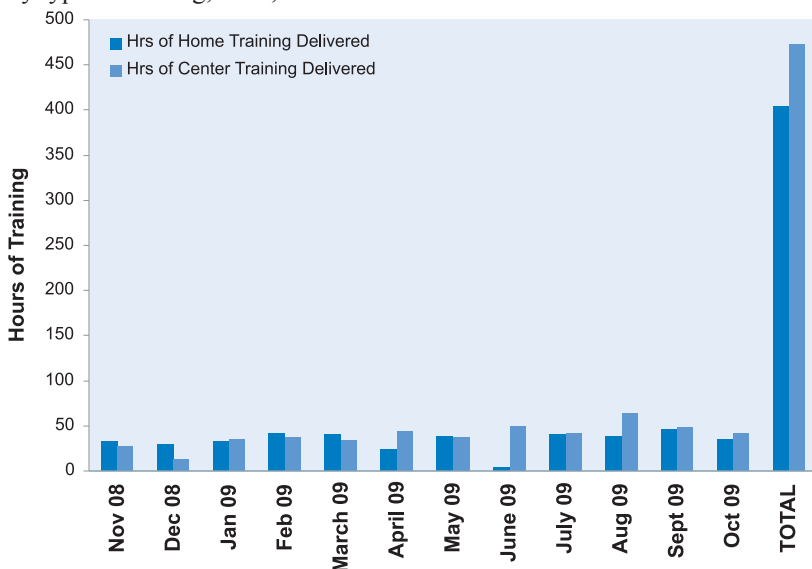
### Regulated Child Care Facilities

Figure 1. Number of regulated child care facilities in Utah, December 1, 2008 vs. December 1, 2009



### Hours of Training

Figure 2. Number of hours of training delivered to licensors and providers by type of training, Utah, November 2008–October 2009



### Health Facility Licensing, Certification and Resident Assessment

The Bureau of Health Facility Licensing, Certification and Resident Assessment is responsible for the licensing and certification of all health care facilities in the state. Health facilities are licensed to ensure that minimal health and safety standards are met before rendering services. Some of these licensed facilities are also certified by the Bureau to

receive Medicare and Medicaid payments. These certified facilities are surveyed by the Bureau to ensure that all Federal health and safety requirements are met prior to receiving payment for services. Surveys are completed by professional staff in the Bureau that consist of nurses, social workers, dietitians, facility administrators, and deputized fire marshal/life safety specialists.

The challenge for the Bureau has been the increasing numbers of health care facilities in the state, with inadequate budget increases to meet the demands. There are 36 different types of health care facilities in the state that are licensed, certified, or both. The total number of facilities that the Bureau licensed and certified in 2000 was 409. This number has increased by 75% to 714 in 2009. Some of the biggest increases have been seen with Hospice agencies (289%), Home Health agencies (164%), Ambulatory Surgery Centers (122%), and Assisted Living facilities (99%).

With the increase in the numbers of licensed and certified facilities, the requirements for inspections have also increased. In 2005, the Bureau conducted 367 health care facility inspections. That number increased to 481 in 2009. In addition, the Bureau conducts an average of 412 complaint investigations per year. Requirements for survey differ from year to year based on the number of licensed facilities and the number of facilities that the Centers for Medicare/Medicaid Services (CMS) require to be surveyed. Complaint investigations are based on the numbers of complaints received by the Bureau, which average about one per day. The Bureau will continue to try and meet all health facility survey and investigation requirements to ensure safe health care for all citizens.

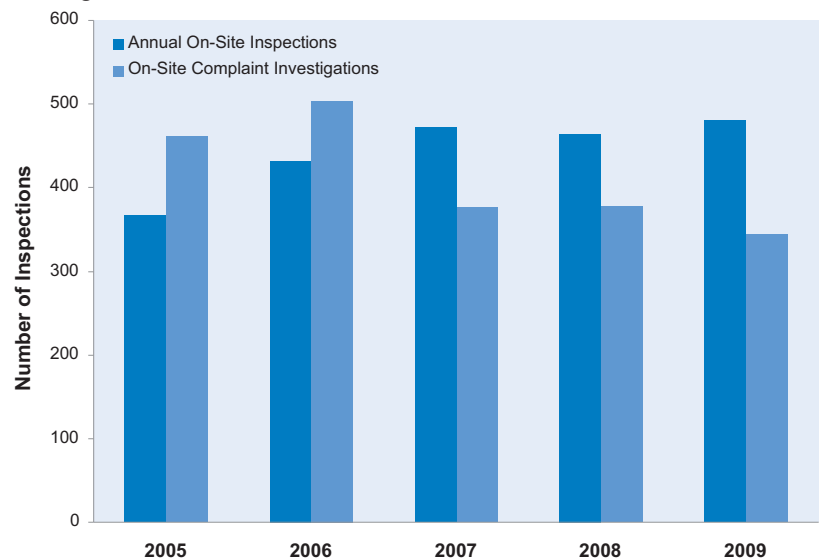
## Licensed Providers

Table 1. Number of licensed providers by facility type, Utah, 2000–2009

Facility Type	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	% Change
Hospital	53	53	50	52	53	53	53	53	55	55	4%
Nursing Home	105	107	105	103	104	109	107	109	107	111	6%
Assisted Living	81	99	106	125	138	141	146	150	159	161	99%
Home Health Agency	55	54	55	72	88	93	103	118	133	145	164%
Portable X-ray	1	1	1	2	3	4	4	4	4	5	400%
Outpatient Physical Therapy/ Speech Pathology Svcs	9	8	9	6	6	6	7	6	6	6	-33%
End Stage Renal Disease Facilities	21	22	24	23	22	24	25	25	30	37	76%
Rural Health Clinics	12	13	14	14	14	15	16	18	18	18	50%
Comprehensive Outpatient Rehabilitation Facilities	1	1	1	1	1	1	2	3	3	3	200%
Ambulatory Surgical Center	23	26	29	33	36	40	43	44	46	51	122%
Hospice Agency	19	19	20	26	34	48	57	66	69	74	289%
Organ Procurement Organizations	1	1	1	1	1	1	1	1	1	1	0%
Community Mental Health Centers	3	2	2	2	2	2	2	2	2	2	-33%
Small Health Care - Type N	2	2	3	4	4	5	3	3	3	2	0%
Birthing Center	1	1	2	2	2	2	2	2	2	2	100%
Abortion Clinic	1	1	1	1	1	1	1	1	1	1	0%
Mammography	21	26	29	34	35	38	38	39	38	40	90%
TOTAL	409	436	452	501	544	583	610	644	677	714	75%

## On-site Inspections

Figure 3. Number of annual on-site inspections and on-site complaint investigations, Utah, Fiscal Years 2005-2009



## January 2010 Utah Health Status Update

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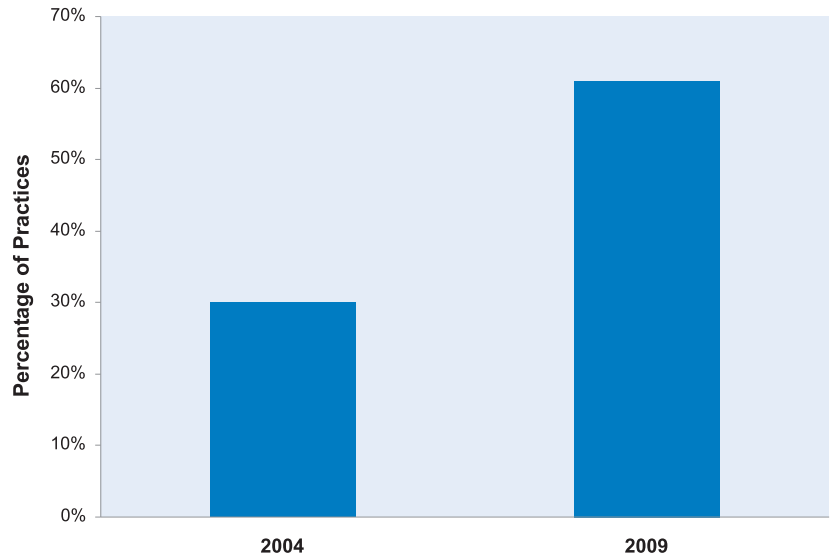
## Breaking News, December 2009

### Adopting Electronic Health Records in Utah

Electronic health records (EHR) are records in digital format containing electronic health information about individual patients or populations. EHR may include medical history, medication and allergies, immunization status, laboratory test results, and radiology images. Emerging evidence shows that using EHRs can improve the efficiency and quality of medical care. HealthInsight interviewed staff from approximately 350 primary care clinics in the state in 2004 and estimated about 30% of the outpatient primary care practices in Utah were using EHRs. Their latest environmental scan estimated that about 61% of all outpatient primary care practices in Utah in 2009 have EHR systems in place. Specialty practices' EHR adoption rate is estimated to be near 22%. Utah's EHR adoption rates are much higher than the national estimated averages.

Under the American Recovery and Reinvestment Act, if a provider uses a certified EHR in a meaningful manner, the provider will be eligible for Medicare and/or Medicaid financial incentives. The meaningful use of EHR includes electronic exchange of clinical health information for patient care with patient permission. Utah Department of Health supports the Utah Health Information Network to implement a statewide clinical health information exchange to improve quality and reduce cost of health care in Utah.

**Electronic Health Records Adoption Rates Among Primary Care Practices, Utah, 2004 and 2009**



Source: Utah Statewide Clinical Health Information Exchange Strategic Plan, 2009

## Community Health Indicators Spotlight, December 2009

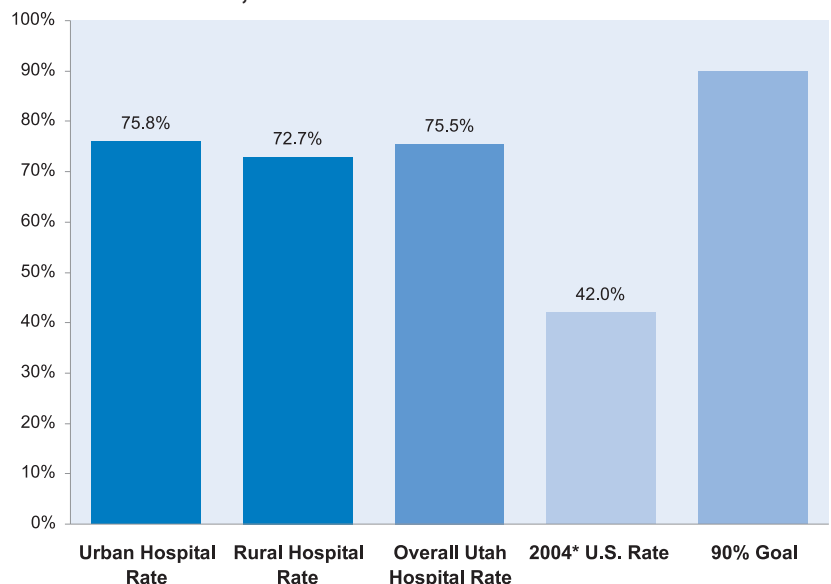
### Healthcare Associated Infections

Healthcare associated infections (HAI) result in an estimated 99,000 deaths and account for \$23–33 billion in excess healthcare costs annually in the U.S. Each year, approximately 5% of all hospital admissions will acquire an infection after hospital admission.

To date, 22 states have taken some type of legislative or regulatory action for public reporting. In November 2007, a proposed rule was submitted and adopted by the Utah Department of Health. This rule required hospitals to report healthcare worker influenza vaccination rates and central line-associated bloodstream infections (CLA-BSI) as of January 1, 2008 (R-386-705. Epidemiology, Health Care Associated Infection).

The Advisory Committee on Immunization Practices (ACIP) recommends annual influenza immunization of health care workers to reduce rates of HAI. The ACIP also recommends that measures be taken to increase healthcare worker immunization rates, and that those rates be used as a measure of the quality of a patient safety program. Among the 55 licensed hospitals in Utah, 75.5% of all healthcare workers (75.8% in urban and 72.7% in rural hospitals) in 2008 were immunized for influenza (Figure). Comparatively, 42% of all U.S. healthcare workers were vaccinated for influenza in 2004 (the most current national data available).

**2008–2009 Influenza Vaccination Rate by Utah Urban, Rural, and Overall State Rate, With U.S. Rate and Goal**



# Monthly Health Indicators Report

(Data Through November 2009)

<b>Monthly Report of Notifiable Diseases, November 2009</b>	Current Month # Cases	Current Month # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
Campylobacteriosis (Campylobacter)	3	19	266	302	0.9
Enterotoxigenic Escherichia coli (E. coli)	0	7	98	99	1.0
Hepatitis A (infectious hepatitis)	0	0	6	17	0.3
Hepatitis B (serum hepatitis)	0	3	5	25	0.2
Influenza†	Weekly updates at <a href="http://health.utah.gov/epi/hIn1flu/UT_update.html">http://health.utah.gov/epi/hIn1flu/UT_update.html</a>				
Measles (Rubeola, Hard Measles)	0	0	0	0	--
Meningococcal Diseases	0	0	3	8	0.4
Norovirus	1	1	9	14	0.7
Pertussis (Whooping Cough)	13	41	189	408	0.5
Salmonellosis (Salmonella)	2	21	271	294	0.9
Shigellosis (Shigella)	0	5	17	47	0.4
Varicella (Chickenpox)	20	79	451	642	0.7
Viral Meningitis	6	9	55	131	0.4
<b>Notifiable Diseases Reported Quarterly, 3rd Qtr 2009</b>	Current Quarter # Cases	Current Quarter # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
HIV	28	22	67	64	1.0
AIDS	10	12	33	33	1.0
Chlamydia	1,449	1,300	4,638	3,788	1.2
Gonorrhea	70	177	224	530	0.4
Tuberculosis	7	8	27	25	1.1
<b>Program Enrollment for the Month of November 2009</b>	Current Month	Previous Month	% Change <sup>s</sup> From Previous Month	1 Year Ago	% Change <sup>s</sup> From 1 Year Ago
Medicaid	204,630	203,260	+0.7%	173,943	+17.6%
PCN (Primary Care Network)	19,267	20,037	-3.8%	17,510	+10.0%
CHIP (Children's Health Ins. Plan)	41,096	40,305	+2.0%	36,616	+12.2%

<b>Medicaid Expenditures (in Millions) for the Month of November 2009<sup>†</sup></b>	Current Month	Expected/Budgeted for Month <sup>‡</sup>	Fiscal YTD	Budgeted Fiscal YTD <sup>‡</sup>	Variance - over (under) budget <sup>‡</sup>
Capitated Mental Health	\$ 8.5	N/A	\$ 42.5	N/A	N/A
Inpatient Hospital	\$ 17.7	N/A	\$ 94.1	N/A	N/A
Outpatient Hospital	\$ 8.8	N/A	\$ 44.1	N/A	N/A
Long Term Care	\$ 14.8	N/A	\$ 71.1	N/A	N/A
Pharmacy	\$ 10.3	N/A	\$ 56.9	N/A	N/A
Physician/Osteo Services <sup>‡</sup>	\$ 6.6	N/A	\$ 32.0	N/A	N/A
<b>TOTAL HCF MEDICAID</b>	<b>\$ 107.0</b>	<b>N/A</b>	<b>\$ 607.4</b>	<b>N/A</b>	<b>N/A</b>
<b>Health Care System Measures</b>	Number of Events	Rate per 100 Population	% Change <sup>s</sup> From Previous Year	Total Charges in Millions	% Change <sup>s</sup> From Previous Year
Overall Hospitalizations (2008)	279,504	9.4%	-2.7%	\$ 4,703.3	+10.3%
Non-maternity Hospitalizations (2008)	164,602	5.4%	-3.0%	\$ 3,924.7	+10.4%
Emergency Department Encounters (2007)	682,122	24.0%	-1.3%	\$ 781.0	+17.1%
Outpatient Surgery (2007)	296,596	10.5%	-5.7%	\$ 1,109.0	+8.6%
<b>Annual Community Health Measures</b>	Current Data Year	Population at Risk	Number Affected	Percent/Rate	% Change <sup>s</sup> From Previous Year
Overweight and Obesity (Adults 18+)	2008	1,924,274	1,119,500	58.2%	+0.5%
Cigarette Smoking (Adults 18+)	2008	1,924,274	179,200	9.3%	-20.4%
Influenza Immunization (Adults 65+)	2008	237,275	173,900	73.3%	-3.8%
Health Insurance Coverage (Uninsured)	2008	2,781,954	298,200	10.7%	+0.7%
Motor Vehicle Crash Injury Deaths	2008	2,781,954	268	9.6 / 100,000	-3.3%
Suicide Deaths	2008	2,781,954	384	13.8 / 100,000	+1.3%
Diabetes Prevalence	2008	2,781,954	129,500	4.7%	-1.0%
Coronary Heart Disease Deaths	2008	2,781,954	1,514	54.4 / 100,000	-4.0%
All Cancer Deaths	2008	2,781,954	2,478	89.1 / 100,000	-5.6%
Births to Adolescents (Ages 15-17)	2008	61,727	1,122	18.2 / 1,000	-2.0%
Early Prenatal Care	2008	55,605	43,997	79.1%	-0.4%
Infant Mortality	2008	55,605	264	4.7 / 1,000	-7.9%
Childhood Immunization (4:3:1:3:3:1)	2009	55,120	42,200	76.6%	+4.1%

† Influenza activity remains widespread in Utah. Influenza-like illness activity is above baseline statewide. As of November 28, 2009, 807 influenza-associated hospitalizations have been reported to the UDOH this influenza season. More information can be found at [http://health.utah.gov/epi/hIn1flu/UT\\_update.html](http://health.utah.gov/epi/hIn1flu/UT_update.html).

‡ % Change could be due to random variation.

‡ The Medicaid program service budget numbers are not available at this time for fiscal year 2010 since the determination of the budget cuts have not been finalized.

‡ Medicaid payments reported under Physician/Osteo Services do not include enhanced physician payments.

Notes: Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations. Active surveillance for West Nile virus has ended until the 2010 season.