

Priorities for Implementation of the MAD Report Recommendations

Updated October 3, 2005

Stakeholders' Recommendations

MDH Priorities/ Tasks

Coordinated
With Whom

Action Taken To Date

Target
Completion Date

<p>Develop consistent behavior protocol for facility and staff and surveyors to use during the survey process. Specific items to include are noted in the Communications for Survey Improvement Recommendations. (Communication group)</p>	<p>Nurse Specialist will convene a subgroup of the Stakeholders' Group and division staff to develop draft survey protocols and strategies for improving communications during the survey process.</p> <p>7/25/05 Update: MDH staff and stakeholders have been working on implementation of CSI Recommendations as hiring process for Nurse Specialist position took longer than originally anticipated.</p>	<p>Stakeholders' Group Subcommittee and MDH Staff</p> <p>1</p>	<p>Created a Nurse Specialist position as a Provider Liaison and division point person for these activities. In process of scheduling interviews and have identified top candidates.</p> <p>- 4/7/05 Update: Search expanded to include additional candidates, as first round of interviews did not produce a final candidate. Interviews of these candidates are in the process of being scheduled.</p> <p>7/25/05 Update: Nurse Specialist hired and started work July 18, 2005.</p> <p>RO approved \$25,000 of federal dollars to continue communication efforts.</p> <p>- Statewide CSI group is working on development of a video with joint involvement of stakeholders that educates all parties on expectations for communication and behavior during the survey process.</p> <p>- Survey tools that were not federally required were withdrawn based on improved communication and understanding about the survey process. These included a "rote" statement at the beginning of the survey and routine follow-up phone call from the MDH supervisor. If there is a new administrator, the survey team will continue to review processes for communication including talking with surveyor, survey team leader, or MDH supervisor or manager.</p>	<p>May 2005</p> <p>4/7/05: Date will be adjusted based on final selection of candidate.</p> <p>Spring 2006</p> <p>Summer 2005</p>
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<p>Develop a process to communicate survey findings in a user-friendly format.</p>	<p>4/7/05 Update: Darcy Miner will coordinate an internal workgroup to review web pages to better coordinate survey information and contact information for consumers and providers.</p>	<p>Input from external stakeholders</p>	<p>07/25/05 Update: It was decided at the April LTC Ad Hoc Mtg. that the Nursing Home Report Card would be the main source for communicating survey findings with a link to more detailed deficiency reports (2567 forms) and the federal Nursing Home Compare website.</p>	<p>Dec. 05</p>
<p>Includes expansion of survey teams to include other types of professional disciplines in the survey process. (communication group)</p>	<p>Expand survey team to include other professional disciplines.</p> <p>Oct. 2005 Update: MDH is re-evaluating and recruiting members for statewide survey staff due to recent attrition related to statewide position not a fit for individuals hired.</p>		<p>In addition, MDH will review its current website layout and discuss ways to make it more user friendly.</p> <p>1/20/05 Update: Established statewide survey staff in St. Cloud that includes 2 RN's, 2 OTs, 1PT, 1 Pharmacist and 1 Dietician. Negotiating for additional office space in St. Cloud for these staff. Hired 1 OT, 1 PT, and 1 Dietary Specialist that started work on Jan. 12, 2005. Other positions are in the process of being filled.</p> <p>4/7/05 Update: Pharmacist position will require more work, as state salary level is too low to attract interest.</p> <p>Will continue to recruit for an OT and/or PT.</p>	<p>Ongoing</p> <p>Jan. 2005</p> <p>On-going</p> <p>Ongoing</p>

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<p>Develop broad-based methods for communicating survey results, related actions and other important information. (communication group)</p>	<p>Post survey findings and other information on the web.</p> <p>Nurse Specialist with Stakeholders' Group will develop a quality assurance, educational approach to communicating survey results. The group will address regulatory myths.</p>	<p>Stakeholders' Group and Subcommittees</p>	<p>Survey findings and information posted on web.</p> <p>Complaint investigation findings posted on web.</p> <p>-Refer back to first Stakeholders' Recommendation—second item for 4/7/05 action.</p> <p>4/7/05 Update: In process of hiring Nursing Specialist</p> <p>7/25/05 Update: Nurse Specialist hired and began work on 7/18/05.</p> <p>7/25/05 Update: MDH is working with DHS and stakeholders on development of Nursing Home Report Card, which is consumer oriented and incorporates survey results, resident assessment quality indicators, and resident and family satisfaction /quality of life measures.</p>	<p>3/1/04</p> <p>10/11/04</p> <p>May 2005</p> <p>Dec. 2005</p>

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<p>Enhance the plan of correction. Includes training to entire stakeholder group and various other items to be considered and completed. (data group)</p>	<p>Prepare an analysis of deficiencies for July, August, and Sept. 2004. Analysis will identify whether the number of deficiencies have stayed the same, increased, decreased, etc. under the new Information Bulletin 04-09.</p> <p>MDH will convene meetings with Stakeholders' Group and Stratis Health to identify deficiency root-cause analysis, plan of correction process, quality assurance strategies for all deficiencies, including those that relate to Information Bulletin 04-09</p>	<p>Stakeholders' Data Group Stratis Health</p> <p>Subgroup of Stakeholders Group Stratis Health</p>	<p>Issued Information Bulletin 04-09: Federal SNF/NF Deficiencies Related to Outcome, Assessment, and/or Care Planning Findings Effective Date – June 21, 2004</p> <p>7/25/05 Update: Due to CMS' clarification on independent but associated deficiency citations, MDH rescinded the June 21, 2004 "cross – referencing" policy, effective 05/02/05. MDH will evaluate this change in policy by collecting data and tracking deficiencies in MN and other states.</p> <p>Updated Information Bulletin 95-02: Developing Written Plans of Correction</p> <p>1/20/05 Update: Analysis of deficiencies and other information is included in the Annual Survey and Certification Quality Improvement Report to the Legislature. MDH will continue to analyze deficiency data on an ongoing basis and share with Stakeholders' Group.</p>	<p>6/21/04</p> <p>Ongoing</p> <p>Aug. 2004</p> <p>Dec. 15, 2004 On-going analysis</p>
<p>Develop a "profile" to review and correlate deficiencies, complaints and enforcement activity. Includes suggested MDH and CMS actions. (data group)</p>	<p>Develop nursing home profiles.</p> <p>4/7/05 Update: Stakeholders group agreed to wait for the Report Card before deciding whether to recommend development of a new system for communicating deficiency findings with user-friendly definitions.</p>	<p>Stakeholders' Group and Stratis Health</p>	<p>1/20/05 Update: Secured a .5 research staff to assist with developing nursing home profiles.</p> <p>7/25/05 MDH is working with DHS in development of Nursing Home Report Cards.</p>	<p>Nov. 2004</p> <p>Dec. 2005</p>

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<p>** Continue the advisory group. Composition could change but should retain all presently represented stakeholders. (data group)</p>	<p>Continue the advisory group.</p>	<p>Stakeholders' Group</p>	<p>MDH Commissioner concurs with the recommendation to continue the advisory group.</p> <ul style="list-style-type: none"> - Members of the advisory group were asked to identify replacements or state whether they themselves wanted to continue and report back by next meeting. - 4/7/05 Update: Composition remains the same as does the membership, other than a few replacements. <p>1/20/05 Update: Pilot project (CSI MN – Duluth) set up in NE MN for regional advisory group. First meeting 01/18/05. Regular updates on status of pilot project given at each Stakeholder's Meeting. MDH will evaluate and consider whether to replicate that process statewide on a regional basis.</p>	<p>Jan. 2005</p> <p>CSI-Duluth will present to LTC Ad Hoc Committee Oct. 10, 2005 Regional Training, Nov. 1&2, (Duluth)</p>
<p>MDH should approach its nursing home and long-term care responsibilities from its broad public health mission. Specifically, MDH should:</p>	<p>Prior to proceeding, MDH would like to incorporate the feedback from the Legislative Auditor's Report and the MAD Report Recommendations. Legislative Auditors Report should be final in Feb. 2005</p>	<p>Stakeholders' Group</p>	<p>Legislative Auditor's Report focused on internal quality improvement – accuracy & consistency of the survey process, as well as making consumer-friendly information available on survey findings.</p>	

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- develop and broadly communicate a clear statement of the values and principles that will guide its survey and other work in long term care

MDH has incorporated this recommendation with the communications/behavior recommendation above.

4/7/05 Update: MDH will approach its statewide provider training efforts (e.g. Pressure Ulcer Prevention Training) within its public health mission.
4/7/05 Update: MDH had a facilitator assist the L& C Program in developing a mission statement and regulatory framework to guide its survey process.

Summer 2005

7/25/05 Update: MDH posted a working draft of its Quality Improvement Plan for the Nursing Home Survey Process. The plan includes values and principles that will guide the survey process.

- Use its scientific research and analytical ability to assess long-term care needs and system capabilities

MDH approaches joint training for surveyors, providers, and consumers/advocates within its public health mission.

4/7/05 Update: Pressure Ulcer Training will include quality improvement strategies for management of pressure ulcers, resident quality of care, and prevention of deficient practice.

7/25/05 Update:
UI and Catheter Training will include quality improvement strategies, including current clinical standards relating to individualized assessment and care plan implementation.

7/25/05 Update:
MDH is participating in Stakeholders / Stratis Culture Change work group.
MDH is working with DHS and stakeholders on development of Nursing Home Report Cards and reimbursement system that is partially based on facility Quality Indicator performance.

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<p>- the Dept. should also use its assessment information to guide policy, so that resources can be focused where they can have the greatest impact on long term care (MAD report)</p>	<p>MDH will convene meetings with the Stakeholders' Group and Stratis Health to discuss LTC policy. Information from these meetings will be shared with the DHS LTC Committee.</p>	<p>Stakeholders' Group, DHS</p>	<p>MDS assessment data is being used as basis for Report Card Quality Indicators and in pay-for-performance reimbursement system. MDH is working with Stratis to evaluate effectiveness of Pressure Ulcer and UI training. Sept. 05: MDH communicated with Care Providers, MHHA, MNDONA about recent survey findings relating to Pressure Ulcer Tag F314. MDH will work with stakeholders and Stratis to assist in efforts to effectively implement the training material.</p>	<p>Ongoing</p>
<p>Continue to convene the Ad Hoc Committee to advise the Dept. on matters pertaining to the survey process. Defines potential duties of the Committee. (MAD report)</p>	<p>Same as continue the advisory group recommendation listed previously.</p>			

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<p>MDH should implement the recommendations from the Communications for Improving the Survey Subcommittee and take other steps to improve communications as part of the survey process. Suggested specific things MDH should work in partnership with stakeholders on such as:</p>	<p>MDH will coordinate meetings with the Stakeholders' Group on developing relationships.</p>	<p>Stakeholders' Group</p>	<p>7/25/05 Update: Survey managers, supervisors and surveyors are working on implementation of CSI recommendations, and the following are in place:</p> <ul style="list-style-type: none"> - Monthly survey team meetings - Monthly statewide supervisors meetings - Statewide CSI working on video production 	<p>July 2005</p> <p>Spring 2006</p>
<p>-Hold regional meetings to discuss findings and recommendations of the communications subcommittee.</p>	<p>MDH will coordinate and participate in regional meetings. Evaluate more extensive supervisor attendance.</p>	<p>Stakeholders' Group</p>	<p>7/25/05 Update: Implementation of additional regional CSI groups is on hold pending evaluation of results of CSI-Duluth. CSI-Duluth members will make a presentation at the October 10 meeting.</p>	
<p>-conduct joint training for surveyors and stakeholders on the survey process.</p>	<p>Training will be jointly identified and MDH will provide support for at least four provider-training events per year. Plan for the next 12 months will be developed by Feb. 2005 Stakeholders' mtg.</p>	<p>Stakeholders' Group</p>	<p>1/20/05 Update: CMS Pressure Ulcer Training in Progress (Dec. 2004).</p> <p>4/7/05 Update: MDH has secured Civil Money Penalty (CMP) funding for the following training efforts:</p> <ul style="list-style-type: none"> - Life Safety Code training in June 2005 - urinary incontinence training - survey process communications video - Translate the NA video into 5 languages - Oral health and vision care video <p>7/25/05 Update: Pressure Ulcer Training</p>	<p>Feb. 2005</p> <p>Complete</p>

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-continue to promote active family and resident involvement in the survey process

Promote the establishment of Family Councils

completed in Spring 2005.
 Five separate Life Safety Code Training seminars conducted in June and August of 2005.
 Urinary Incontinence and Catheter Training will begin in September.
 Survey process communications video in development.

 Different joint provider/surveyor/consumer advocate training approaches are being implemented and will be evaluated for best practice approaches.

 Convened a Stakeholders' work group. Family Council Bulletin issued 7/20/04. Reconvene Stakeholder work group to evaluate progress to date.
 4/7/05: Pressure Ulcer training provides a segment specifically targeted to consumers and family members. The segment will be evaluated to determine if this will be incorporated into future training.
 April 2005: Reconvened stakeholder workgroup, which met in April 2005, and ongoing communication with L & C staff is progressing. Members from ElderCare Rights Alliance and Ombudsman's Office were able to meet with MDH in April 2005. As a result of these contacts, survey teams implemented notifying family council representatives on Day One of surveys, that a survey was taking

Complete
 Oct. 2005
 June 2006

 7/2004
 Jan. 2005
 May 2005

 Oct. 2005

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- implement the recommendations regarding the establishment and use of consistent communication and behavioral protocols by both surveyors and staff in the survey process

- create a NH surveyor set of values and principles (MAD report)

Same as the communications/behavior recommendations above.

place and inviting members to meet with the survey team as early as possible. 7/25/05 Family Councils were an integral part of statewide Pressure Ulcer training, with a separate session held for family members after each training session. Family members who attended Pressure Ulcer sessions liked the training but few attended. Sept. 2005: UI materials include a brochure for residents and families but no separate sessions are planned at this time.

MDH had a facilitator assist the L & C program in developing a mission statement and regulatory framework to guide its survey process in February 2005. The focus of the three-day meeting was "Understanding and Ensuring a Resident-Focused Regulatory Framework for the Survey Process." The Overarching Goal of the Survey Process developed was "Protect resident health, safety, comfort and well-being." This goal was incorporated into the Mission Statement for the Licensing and Certification program stated in the Working Draft 2005 Quality Improvement Plan.

Ongoing.

Feb. 2005

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<p>Develop and implement external reviews of deficiencies, to promote greater confidence that deficiencies indicate a problem that will likely have serious impact on the resident. (MAD report)</p>	<p>This item needs further discussion.</p>		<p>4/7/05 Update: MDH will meet with the Data Group to review deficiency data.</p> <p>7/25/05 Update: Deficiency data and other related information shared with LTC Ad Hoc Committee members at each meeting. MDH has also been meeting with a researcher, Dr. Robert Kane and Patsy Riley from Stratis Health to discuss deficiency data and ways to research the survey inconsistencies and variability issue further.</p>	
<p>Establish a quality assurance and improvement coordinator position. (MAD report)</p>	<p>Same as Nurse Specialist position identified in communications behavior recommendation above.</p>		<p>7/25/05 Update: Nurse specialist hired and began work on July 18, 2005.</p>	

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<p>MDH should assign the district office supervisors, as a group, greater authority, responsibility, and accountability for interpreting CMS guidelines and for promoting consistent interpretation and application of CMS guidelines in the field. Additional comments on “cross referencing and clarify and verify” (MAD report)</p>	<p>L& C Managers and supervisors will work as a statewide team to administer the CMS programs as a statewide program consistently.</p> <p>Foster productive communications as a group of supervisors.</p>		<p>MDH L& C Supervisors met 9/13 -15 /04 to clarify roles, responsibilities, authority, etc. They identified areas to streamline to provide supervisors time to accomplish priority tasks (e.g. implementation of federal database (AEM) allowed them to shift the drafting of NH enforcement letters from supervisors to LC staff. Scheduling and time keeping systems will be reviewed next).</p> <p>Identified internally that there were problems with Clarify and Verify. Addressed issues with supervisors. Additional follow-up needed.</p> <p>Developed recruitment and retention plan for management and supervisory staff and identified a need for two additional FTE’s. Secured federal dollars for these positions, as MDH will experience a 70% turnover within the next few years. Additional supervisory staff hired.</p> <p>4/7/05: Using these federal funds, MDH has re-prioritized deficiency review to include all deficiencies prior to issuance not just scope/severity of F and greater.</p> <p>Supervisors have been reviewing all deficiencies prior to being issued. Assistant managers have been reviewing all deficiencies with actual harm and above prior to being issued.</p>	<p>On-going</p> <p>Nov. 2004</p> <p>Spring 2005</p>
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			<p>7/25/05 Update: Survey supervisors have been reviewing four tags that were identified as having higher levels of inconsistency and have developed survey guidelines which were field tested and evaluated. Tag F241 Dignity has been finalized; guidance for three additional tags is under further revision. Supervisors have also revised the Team Meeting and PCR protocol draft.</p> <ul style="list-style-type: none"> - Quick Tag Reference Guide, which correlates the deficiency tag number, state/federal regulation and provides surveying tips, was developed and is being field-tested. -Increased the number of mix-max surveys; results and observations on survey issues are reported, analyzed, communicated, and discussed on a monthly basis - Results and observations of statewide team members are reported, analyzed, communicated, and discussed on a monthly basis -Supervisors and surveyors participate in monthly district team meetings; -Supervisors participate in monthly statewide supervisors meetings. - Supervisors and surveyors participate in quarterly statewide videoconference -Surveyors participated in Pressure Ulcer Training in May 2005, and will attend Urinary Incontinence and Catheter Care Training in September & October 2005. 	<p>Fall 2005</p> <p>2005</p>

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<p>Implement routine reviews of deficiency data as part of the monthly district office supervisor meetings. Specifically develop criteria for evaluating summary deficiency data and develop other measures relating to survey inconsistency, by district. (MAD report)</p>	<p>Develop reports for supervisors and evaluate survey data.</p>		<p>Research staff will develop reports for supervisors, and assist in evaluating data related to survey inconsistency. Data from research is being shared with supervisors during monthly meetings.</p> <p>07/25/05 Update: Since Feb. 2005 survey supervisors have been discussing deficiencies and survey process inconsistencies at their monthly supervisor meetings. Clarifications are communicated via minutes and Draft Quick Tag Review Guide with surveyors in monthly team meetings.</p>	<p>Dec. 2004</p>