

Meeting Notes

Resident Quality of Care Outcomes and Improvements Task Force

Date: Monday, February 22, 2021

Time: 1:00 pm – 3:00 pm

Attendees

Task Force members: Oluwatosin Adejuwon (Ms. T), Julie Apold, Patricia Cullen, Aisha Elmquist, Rachel Jokela, Elizabeth McMullen, Jane Pederson, Kristine Sundberg, Penelope Viggiano, Lores Vlaminc

MDH: Lindsey Krueger

Public: Many attendees via WebEx

Agenda

- Welcome
- Background Presentations by Task Force Members
- Charter Review, Refinement and Approval
- Next Steps

Welcome

Lindsey Krueger began the meeting by welcoming everyone. She introduced Julie Apold to the group as she was unable to attend last month's meeting.

Meeting Logistics

Task Force members were promoted to co-hosts on WebEx and could unmute themselves and asked to speak freely.

All others (public attendees) remained muted but were encouraged to submit any comments or questions via the Chat Feature on WebEx. Questions were responded to via the chat or during the meeting.

Member Presentation – Rachel Jokela and Julie Apold

Julie presented on the Improving Quality and Safety in Long-Term Care Settings Work Group that met three times in the Fall of 2018 (See PowerPoint). They began with what their "ideal" system was for quality and patient safety. Once established, they determined what constraints existed that could limit this ideal system. They cited two presentations; DHS Collaborative Safety Model on Child Welfare and LeadingAge MN and Safe Care for Seniors. Both addressed a

safety culture; a culture that is fair and just and encourages speaking up, learning and improvement. There is a shared accountability to design systems to accommodate humans and to manage human behavior within these systems. Key was evaluating staff behavior, how to manage that behavior, and exploring opportunities to improve systems.

Rachel presented on the Minnesota Adverse Health Care Events Reporting Act of 2003 (See PowerPoint). This reporting is separate from MDH's regulatory functions. It provides annual, searchable reports by facility, category, and outcome (no harm, serious injury, death) to allow for trend analysis. The goal is not to punish but instead to focus on learning how to prevent these events. These events are not considered abuse or neglect under state law and are not investigated. Data is used to create specific solutions. Example provided data on pressure ulcers, that was narrowed down to specific causes and therefore, was able to offer a specific solution. Rachel noted that the system is working yet they continue to focus on how to get the most "bang for their buck" and how to expand to other settings. Current recommendation to include "near misses".

Member Presentation – Patti Cullen

Patti presented on Current Quality Measures for Minnesota Nursing Facilities (See PowerPoint). She discussed the various options nursing facilities have for measuring quality. First was the Minnesota Nursing Home Report card which was recently updated to separate long stay vs. short stay facilities. It is based on quality-of-life interview data and can be searched by various metrics. Report Card was not intended for quality improvement but to give residents and families information on facilities. Second was the Minnesota QIP, PIIP and value-based reimbursements. Facilities have the opportunity for reimbursement by participating in various quality improvement projects.

Next, she discussed the Five-Star Quality Rating System by CMS and the Medicare Find and Compare website. Most Medicare Advantage plans only contract with facilities that have at least a 3-star rating. Members found this helpful but agreed it was not enough. She also explained the IMPACT Act and Skilled Nursing Facility Quality Reporting Program. The intent of the Act is to enable access to information for providers to facilitate coordinated care, improved outcomes, and overall quality comparisons.

Last, Patti discussed two Quality Improvement Networks. The Quality Improvement Organizations Program is led by CMS and is one of the largest federal programs dedicated to improving health quality at the community level for people with Medicare. Superior Health Quality Alliance aims to improve the quality of health and health care for health care consumers, patients, clinicians, health care organizations and communities. She also mentioned that the new CMS Director under Biden is taking a closer look at heightened oversight over infection control and staffing for nursing homes.

Charter Discussion

Goals

Discussion surrounding the charter continued from January's meeting with the hopes of finalizing in March. Lindsey added member's feedback to the working draft for the group to discuss. It was agreed that the emphasis would be on Assisted Living but would not rule out other settings. The Task Force continued to debate what the goals of the Task Force should be and how they would measure success. Jane felt that the group should prioritize resident quality of experience over outcomes. Kris added that they needed to include the organization and the staff. It was recommended that "financial" should be removed over concern that listing financial impact could become a hard-stop for providing better services. The terms "varying sizes and types" was preferred over "unique circumstances" to address all facility types.

Success Measures

Beth stated that it is important to evaluate the impact of the recommendations. It was suggested that OHFC data could be used but possibly hard to determine success due to lack of a denominator to measure against. It was also suggested that a more stable workforce would be a good indicator of success.

Public Comments

Comments from the public stated they want information that is transparent and easy to understand. They would also like the Task Force to consider current workforce issues.

Next Steps

- Next Meeting set for March 30
- Doodle Poll to be sent out regarding April availability
- Open Seat on Task Force – National Patient Safety Expert member needed
- Members to offer 2-3 improvement ideas from their group perspective

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