

# Meeting Notes - Resident Quality of Care Outcomes and Improvements Task Force

Date: Tuesday, March 30, 2021

Time: 10:00 a.m. – 12:00 p.m.

## Attendees

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

**MDH:** Lindsey Krueger

**Public:** Many attendees via WebEx

## Agenda

- Welcome
- Resident and Advocates Perspective Presentations by Kris Sundberg & Brent Knodle
- Update on Action Items from February 2021 Meeting
- Charter Final Draft Review
- Recommendation Development

## Welcome

Lindsey Krueger began the meeting by welcoming everyone. The Task Force Members took the opportunity to introduce themselves as it was Pam Peters first time joining the group.

## 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 – Kris Sundberg

Kris presented on Elder Voice Family Advocates Perspective on Quality Care in Assisted Living facilities (see PowerPoint). Kris started out by thanking all the quality providers, especially during the pandemic, and listed some of their common best practices. She noted that common attributes of quality providers include a learning and caring culture, accountability, transparency, two-way communication, and adherence to state and federal laws.

She introduced us to who their advocates were and the challenges they faced regarding assisted living. Kris shared member feedback on quality and found most quality issues are staff related: inadequate

staffing, nursing presence and training, poor infection control, and medication management. She highlighted the lack of investment in quality care, noting that unlicensed care staff only required 8 hours of training where a professional hair braider required 30 hours and a nail technician required 300 hours. Kris finished the presentation with recommendations from Elder Voice.

## Questions or Comments from the Task Force

Much time was spent discussing the information Kris presented and how that related to quality care in assisted living and how the Task Force could integrate that information into recommendations.

Patti was curious if there was more recent data, specifically Covid related. Kris said there was not but felt that Covid brought further exposure to existing issues.

Jane commented that recommendations seemed to focus on the medical model and pointed out that assisted living residents have a choice as to the level of care they receive. Kris confirmed that the AL resident selected what care package they would like but the facility still needs to deliver that care in a quality manner.

Pennie wondered how the “independent living” residents factored into the minimum staffing requirements. Kris stated that the facility would need to understand the residents’ overall needs and staff accordingly.

Lores stated that she sees many providers who stretch their budgets to provide care to people who don’t/can’t pay for what they need and shared the providers challenge of exuding compassion and justly distributing what they have to give. She also suggested a focus on improving staff orientation by making it more meaningful and reducing nurses time spent on administrative work and more time on care-related work.

Aisha shared the types of complaints (to OOLTC) that have increased since Covid (visitation, deprivation of rights, isolation) and that have stayed the same (resident discharges, staffing, resident treatment).

Julie reminded the group of the need for a learning culture.

Jane challenged the Task Force to find the right balance between regulation and enforcement (what we always do) and quality and best practices (innovation). She noted that it is not likely there will be more nurses, so we need to find creative ways to do better with existing resources.

Pennie wants to find creative ways to engage and not just “check a box”.

Lindsey commented on the similarities she saw between all the presentations and pointed out transparency and learning specifically. She then asked about the “iceberg” and how we could reduce unreported resident concerns. Kris indicated that the new assisted living laws will help.

Beth noted that the Alzheimer’s Association has developed best practice standards for dementia care and the importance of staff education, empowerment and removing barriers for staff to use evidence-based recommendations on how to provide care. Quality care and complaint reduction are not always connected.

Aisha wants to make sure the residents feel empowered.

## Update on Action Items

Patti was asked how the Nursing Home Five Star Rating could be improved. One suggestion would be adding in customer satisfaction. She offered one example: [CoreQ\) \(PDF\) www.coreq.org/CoreQ\\_1-Pager\\_Providers\\_PDF.pdf](https://www.coreq.org/CoreQ_1-Pager_Providers_PDF.pdf)

## Charter Discussion

Discussion surrounding the charter continued from February's meeting with the hopes of finalizing today. Lindsey added member's feedback to the working draft for the group to discuss. There were still concerns about referencing long-term care vs. assisted living specifically. Statute references "...settings and providers that provide long-term services and supports".

### Goals

It was agreed that the emphasis would be on Assisted Living but would not rule out other settings. Based on Kris' presentation, the group brought up "proven practices" and how assisted living does not have proven practices to endorse. For this reason, they felt it was important to support an innovative approach to quality care. In addition to anti-racism, a task force member requested that anti-agism be added.

### Success Measures

The group continued to go back and forth on whether utilizing OHFC data would be a useful success measure. It was also suggested that quality improvement could be measured at the provider level also. The task force wondered whether they could realistically evaluate the impact and effectiveness of recommendations on care outcomes. Lindsey suggested that as recommendations are brought forward, they could also include specific, appropriate evaluation measures.

## Public Comments

Comments from the public stated they were concerned that enforcement and paperwork distract from quality care efforts.

## Next Steps

- Next Meeting set for May 3, 1:00 p.m. to 3:00 p.m.
- Open Seat on Task Force – National Patient Safety Expert member needed; Members were asked to email recommendations to Lindsey
- OOLTC to share complaint data to identify areas of opportunity
- Members to offer 2-3 improvement ideas from their group perspective
- Lindsey to investigate statutory language related to the Task Force end date

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