



# Resident Quality of Care and Outcomes Improvement Task Force

03/30/2021

# Meeting Logistics

- Task Force Members are off mute and able to speak at any time.
- Task Force Members – If you leave the meeting at anytime during the meeting, please choose the option “Leave Meeting” and **NOT** “End Meeting for All”.
- All others (public attendees) are on mute. Feel free to submit comments/questions via the Chat feature during the public comment period. We will work to address these towards the end of the meeting.

# Member Introductions

**Rachel Jokela**, MDH staff with expertise in issues related to safety and adverse health events

**Aisha Elmquist**, The Ombudsman for Long-Term Care or a designee

**Jane Pederson**, Nonprofit Organization Representative

**Julie Apold**, Organization representing Long-Term Care Providers and Home Care Providers

**Patricia Cullen**, Organization representing Long-Term Care Providers and Home Care Providers

**Elizabeth McMullen**, Consumer Organization Representative

# Member Introductions (cont.)

**Kristine Sundberg**, Consumer Organization Representative

**Oluwatosin (Ms. T) Adejuwon**, Direct Care Provider or Representative

**Penelope Viggiano**, Direct Care Provider or Representative

**Lores Vlaminck**, Expert in the safety and quality improvement field

**Brent Knodle**, Public Member – Family Member in assisted living setting

**Pamela Peters**, Public Member – Is or has been resident in assisted living setting

# Goals for Today

- Share consumer perspective on quality and safety
- Finalize Task Force Charter
- Begin development of recommendations regarding quality and safety in long-term care settings

# Presentations

## Resident/Family Perspective on Quality Care in Assisted Living

# Resident/Family Perspective on Quality Care in Assisted Living



# Thank You to the Quality LTC Providers and Staff

- ♥ Elder Voice Family Advocates appreciates the many LTC providers and staff who have been quality providers for many years
- ♥ Many providers have met the pandemic challenge and figured out solutions
- ♥ Stress and fatigue have taken a toll on all

# Quality Providers Have Common Practices

- ♥ Learn from problems by making systemic changes to prevent it in the future
- ♥ Caring culture - staff, residents and families
- ♥ Accept accountability for issues and incidents
- ♥ Complete transparency with resident and families
- ♥ Communicate, communicate, communicate
- ♥ Adhere to the federal and state laws and guidelines, standards of care and best practices

# Our Members Experiences

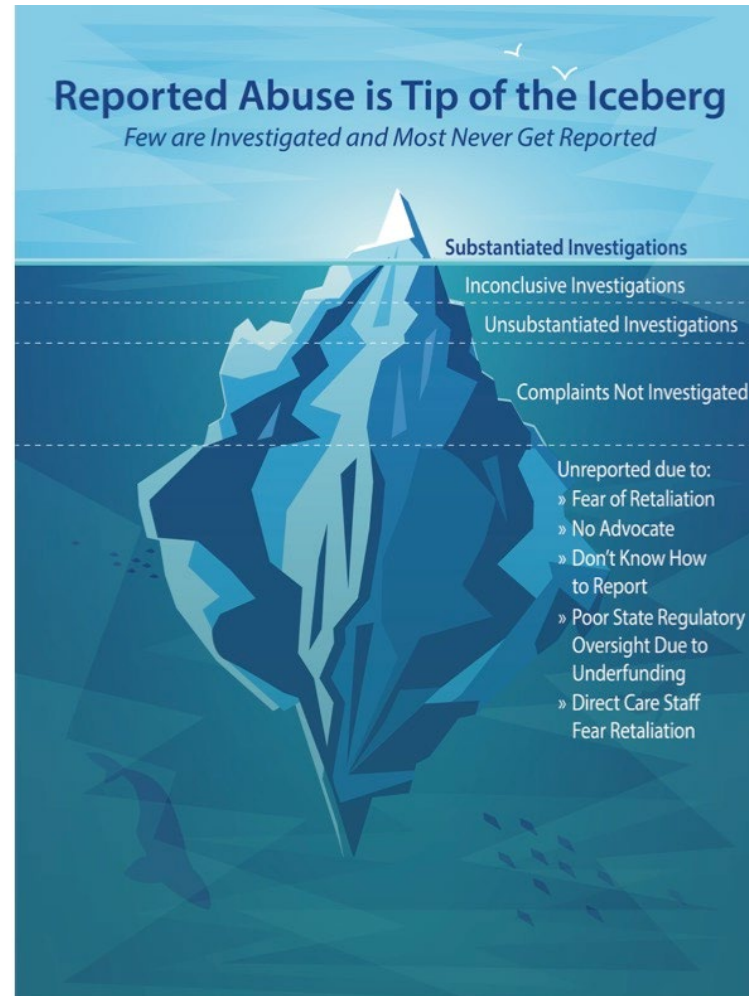
## Direct experience with substandard providers

- ♥ Family members who experienced serious care issues that lead to needless suffering or death
- ♥ Residents living with neglect, abuse and exploitation
- ♥ This drove them to become advocates
- ♥ Other members are professionals such as RN, Gerontology and elder care law professionals who understand current care issues in MN AL
- ♥ Looking for solutions that improve compassionate, quality and safe care in all LTC facilities
- ♥ Our focus is on the chronically poor performers

# Our Challenge - Identifying 'Proven Practices' in Assisted Living

- ♥ Majority of quality research has been with nursing homes - Structure, Process and Outcomes
- ♥ “... literature and work in the areas of AL quality is still relatively small, and still maturing...” - Dr. Tetyana Shippee
- ♥ Establishing AL quality measures is manageable
- ♥ Verification of AL quality practices is tougher
- ♥ Outcomes focus which incorporates survey and investigation records/facility is imperative

# Elder Voice Review of OHFC Investigation Data - April 2019



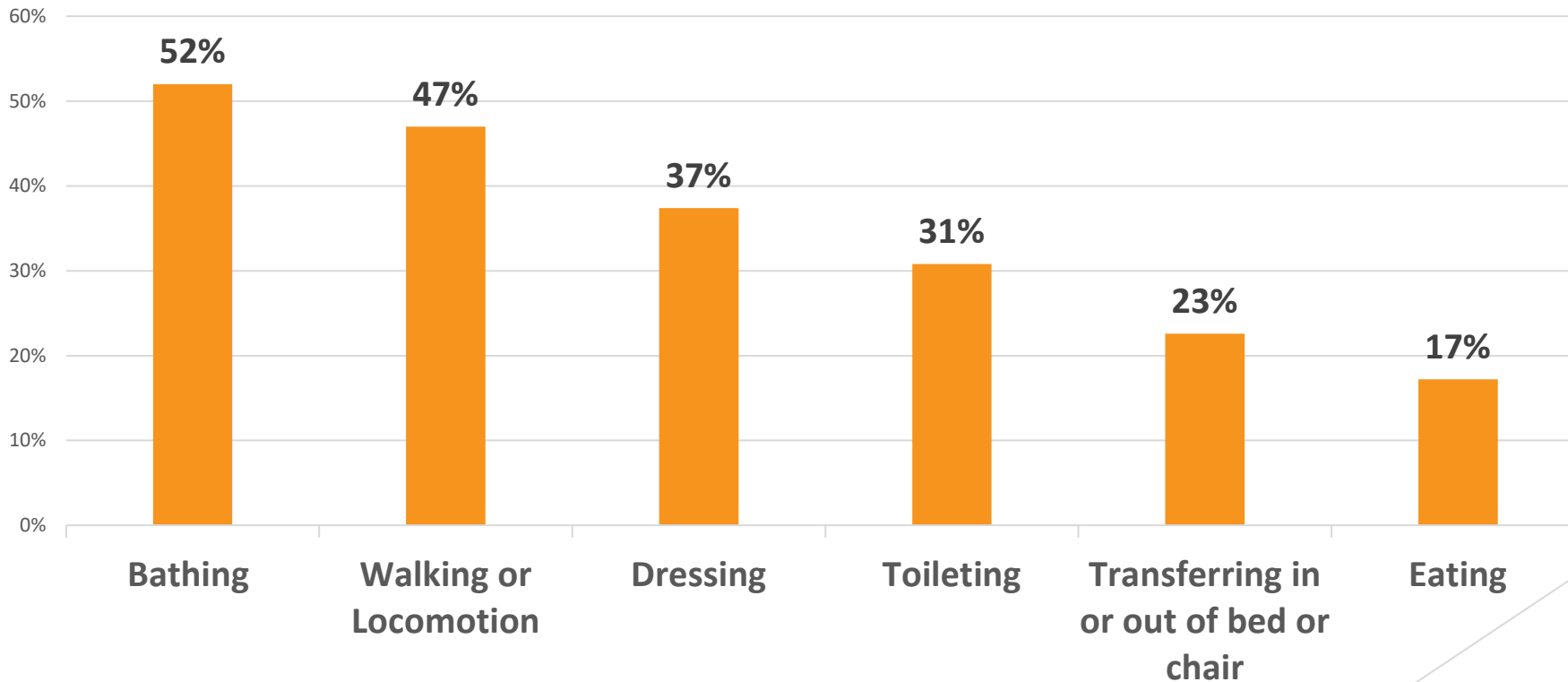
# MN AL Resident Profile - 8/16 - 2/17

<b>Resident Characteristics</b>	<b>%</b>
Female	72.4%
Age 85 and over	51%
Medicaid (some or all services paid by Medicaid in last 30 days)	20.4%
Diagnosed with Diabetes	15.1%
Diagnosed with Dementia	33.2%
Diagnosed with Depression	25%
Diagnosed with Heart Disease	24.2%
E.R. Visit in the last 90 days	9.7%

# Extensive Personal Care Assistance Needed

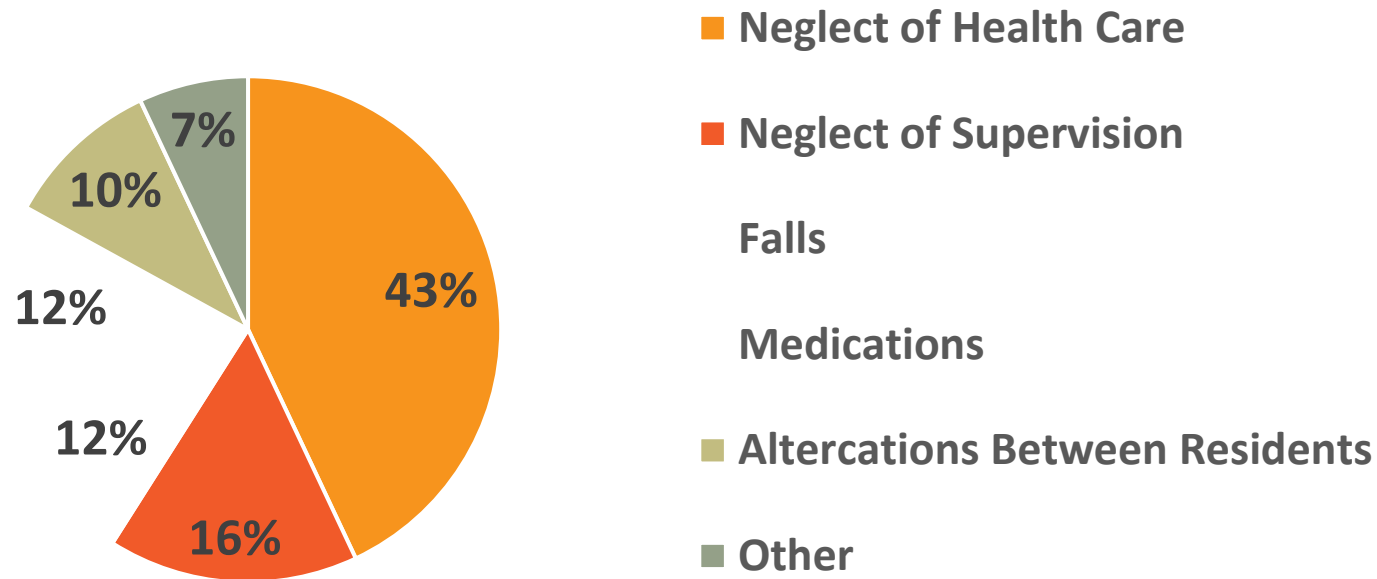
Source: 2016 National Study of Long-Term Care Providers. State Estimates on Resident Care Community Residents. Survey between August 2016 and February 2017.

Percent of Residents in Need for Assistance in Activities of Daily Living (ADL) in Assisted Living in Minnesota



# 59% Investigations Were Neglect of Healthcare and Supervision

**Neglect Investigations  
2015 - 2018 - Assisted Living Facilities**





# 79% Were Responsibility of Facility

## Substantiated Neglect Investigation - 2015 - 2018

- ♥ 12% Individual Responsibility
- ♥ 9% Both Individual and Facility Responsible

# Member Comments About Quality

- ♥ Focus on nurses' role in AL - critically needed but often missing
- ♥ Focus on unlicensed direct care staff
- ♥ Distinguish between short-term rehab and long-term care and support
- ♥ Measurement standards for nursing time/person receiving care is key quality driver
- ♥ Statewide surveying specifically for AL and memory care is urgently needed
- ♥ Transparency is key for accountability
- ♥ Strong enforcement is key for accountability

# Member Comments About Quality cont.

- ♥ State survey of AL care needs to drive improving standards
  - ♥ Daily living assistance?
  - ♥ Dementia?
  - ♥ Complex medical and healthcare conditions?
  - ♥ Mental illness (Schizophrenia, Personality Disorder, Bi-Polar)?
  - ♥ Cost of AL and memory care and lack of affordability issue
  - ♥ Much more
- ♥ Adequate number of well-trained staff at all times

# Most Quality Issues are Staff Related

- ♥ Insufficient RN presence to hire, mentor, advocate for adequate resources and adhere to federal and state laws and regulation
- ♥ Under staffing leads to severe neglect
- ♥ Poor infection control programs lead to illness & death
- ♥ Medication management failures suffering & possible death
- ♥ Inadequate staff training (scope, quality and mode of delivery such as online versus in-person)

## Lack of Investment in Care

***“There has been a historical lack of investment in their care [residents]. Structural problems such as chronic under-staffing, lack of staff expertise in complex care problems, low pay coupled with little or no sick leave, inadequate training, and stigma have plagued the industry for years.”***

American Journal of Nursing, March 2021, Vol 121, No. 3

Editors Note: This article is by 22 nursing home gerontology experts who are all advocates of nursing home reform.

# Scope of Problems Significant in Assisted Living

Harvard professor David Grabowski wrote recently specifically about AL:

"It's all the problems we are talking about with nursing homes, but even more so. There's less regulation, far less staffing, and many of the residents are just as sick."

# Assisted Living Licensure Establishes Many Quality-of-Care Provisions

- ♥ Two-tier system, with housing and services under one entity
- ♥ Infection control program
- ♥ Staffing requirements
- ♥ Clinical nurse supervision
- ♥ Medication management
- ♥ Resident and family councils
- ♥ Maltreatment reporting
- ♥ Resident rights
- ♥ Resident transfers
- ♥ Deceptive marketing
- ♥ And more

# Elder Voice Recommendations

## Laws Are Only As Good as The Enforcement

- ♥ Increase MDH and state funding for oversight and enforcement
  - ♥ Annual Surveys
  - ♥ OHFC Investigators
  - ♥ Stronger Enforcement
  - ♥ OOLTC
  - ♥ Other Programs
- ♥ Create a focused LTC Consumer department within MDH
- ♥ Create a LTC Quality Assessment Report for each LTC facility
  - ♥ Federal and state survey and investigation data



# Elder Voice Recommendation

- ♥ Require an independent facilitator for resident and family councils - list of MDH approved consumer facilitators that providers can choose
- ♥ Establish minimum standards for hours/resident/care
- ♥ Improve the MDH data analysis and reporting with focus on performance improvement recommendations
- ♥ Improve the publicly available data analysis and reporting with focus on performance improvement plan
- ♥ Establish a work group of stakeholders to review and recommend strategies for increasing and improving staffing levels and competency

**elder voice**  
FAMILY ADVOCATES



**Thank You for This Opportunity**

# Charter Review

## Review Charter for the Resident Quality of Care and Outcomes Improvement Task Force

# Charter Review – Summary of Comments

**Team Review**  
**Adjustments**  
**Approval**

# Getting Started

# Identifying Recommendations Proposed Approach

## Timeline for Discussion

- March:** Observations from family members, what works/doesn't  
Finalize charter  
Begin to identify potential improvement ideas to recommend from each team member's representative area
- April:** Review ideas, select those the Task Force wishes to explore further and assign volunteers
- May - July:** Fact-finding and presentation of findings; identify what to move forward and how
- July - Fall:** Draft recommendations and approach; determine how the Task Force should proceed.

# Identifying Recommendations

## Group Discussion

- Review any ideas brought to the group today
- Develop ideas for identifying ideas for recommendation(s)

## For Next Meeting

- Bring ideas and information about recommendations
- Your perspective as a person who receives services, a provider, a family member of a resident in an Assisted Living Facility, etc.
  - The idea
  - How it fits with the charter
  - How it has worked elsewhere (proven)

# Membership Recommendations

- National Patient Safety Expert



# Public Participation

- Comments?
- Questions?

# Next Meeting

Resident Quality of Care Task Force Meeting

May 3, 2021 1:00 p.m. to 3:00 p.m.

Thank you!

# Contact Information

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[MDH Assisted Living Licensure](#)

[\(www.health.state.mn.us/facilities/regulation/assistedliving/\)](http://www.health.state.mn.us/facilities/regulation/assistedliving/)

*To obtain this information in a different format, call: 651-201-4101.*