

## Meeting Notes

### Resident Quality of Care Outcomes & Improvements Task Force

Date: Monday, May 3, 2021

Time: 1:00 p.m. – 3:00 p.m.

### Attendees

**Task Force Members:** Oluwatosin Adejuwon (Ms. T), Patricia Cullen, Rachel Jokela, Brent Knodle, Beth McMullen, Jane Pederson, Pamela Peters, Kristine Sundberg, Penelope Viggiano, Lores Vlaminck

**MDH:** Lindsey Krueger

**Public:** Many attendees via WebEx

### Agenda

- Welcome
- Finalize Task Force Charter
- Begin development of recommendations regarding quality and safety in long-term care settings
  - Review ideas submitted by task force members
  - Agree on pathway forward

### Welcome

Lindsey Krueger began the meeting by welcoming everyone. Thanked members of the task force. Gathered input from task force members on the recommendations that were sent in.

### Meeting Logistics

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

Roll call was conducted.

### Charter Discussion

Kris Sundberg struggled with what are survey findings measured against. Patti Cullen thought if we are seeing a higher number of tags in a specific area, we can reduce the numbers if address we the causes. Kris asked for more clarity. Jane Peterson stated she was hesitant to call survey findings a true measurement, but Kris still wants a qualifier there.

Patti proposed a happy medium and look at goals and success measures. Appropriate to include analyzed data to determine if the interventions made a difference. Could include intervention, then measure the effectiveness. If this does not work, then we try another. Pennie Viggiano supports Patti's statement. Ms. T added that measures should be tailored to the environment. Need to figure out what

we measure. Beth McMullen thought they were getting off topic. Wanted to make sure we focus on what is considered success for this group. Jane stated that we are trying to identify what we think is a good approach to quality and safety. Questioned what is the best way to do that? Lores suggested that we want to engage providers with “skin in the game” and give them tools to prompt them.

Patti reminded the group that at end, we need an evaluation of some type. We need to know if these interventions/processes have worked. Evaluation of the metrics of the process we have established. Ms. T raised concerns about the timeframe indicated in the charter since the task force has an end date. Lindsey Krueger addressed a possible legislative change could bring this task force and the Home Care Advisory Council together. Chapter 15, task force expires 2 years after start date. Fiscal note, Chapter 15, and expiration date. Because it did not start until early this year, want to give due diligence. Not an open-ended task force.

Lindsey closed with the question, is the Charter finalized? Will send out copy out to all for review.

## Recommendations Discussion - Getting started

Recommendations that were submitted prior to the meeting were reviewed. See PowerPoint Slides 9–15. Slide 16 includes additional recommendations raised during the meeting.

These will also be provided to members on a grid for assessing alignment, difficulty to implement and whether they could implement now.

### Key Discussion Points

- Helpful to review recommendations and see how they align with the Task Force goals and categorize as easy/difficult to implement – identify “low-hanging fruit” we could move forward more quickly.
- Dr. Brady recommends learning from data and suggested to conduct a base survey of providers and family members regarding what is going well/not going well. National Action Plan for Patient Safety - have a survey tailored for staff to complete; offered tech support to help adapt for Assisted Living.
- Link to Dr. Brady’s bio <https://www.ahrq.gov/cpi/centers/cquips/jbrady-bio.html>
- A lot of positive interest in “Just Culture” principles.
- As we do our work, be mindful not to pull resources away from caring for people at facilities
- Several comments related to if we survey providers, be sure we survey residents as well.

### Potential Resources Identified

- Jane Pederson may be able to bring the “best practices survey” findings - looking at highest performers to find common denominators
- DHS could share what they are including/doing with Assisted Living Report Card
- National Action Plan for Safety has tech staff that could help tailor a survey
- QAPI prioritization worksheet
- Survey Dr. Brady mentioned that could be adapted for Assisted Living:  
<https://www.ahrq.gov/sops/surveys/nursing-home/index.html>

### Discussion by members regarding these recommendations and how to move forward

How do these recommendations align with the goals we have already established? Can we take the list and review them? I am interested in what the National Safety Expert had to say.

Lindsey shared feedback from National Patient Safety Expert, Dr. Jeff Brady:

- Leadership needs to set the tone for safety and culture. Hard when the leadership changes often.
- How does leadership react when a “report” is made? Are staff penalized or reprimanded? Need an environment that staff feel comfortable coming forward.
- Teamwork is very important.
- Not always about punishment. Changes need to be made; leadership must listen.
- Learn from data. What data does MN have? He talked about a base survey for families, residents, and staff before making recommendations. Mentioned there is a current survey his team put together that is tailored for NH staff. Tech support can ask if adaptable to AL.

Kris agreed that this is needed and would add it to the OHFC data. She needs more time to digest all this and get input from her team. She does not feel ready to make any commitments today. Lores liked the idea of a pilot. What do our consumers indicate as quality? Kris noted that not talking about using the quantitative but the qualitative issues in the OHFC data for measures. Patti thought that, in addition to looking at these against our goals, addressing low hanging fruit would be good too. Could we rank as a difficulty to implement? A chart with categories; easy/hard, long term/short term. Not all AL will be able to perform same processes. Jane stated when she worked on QAQI they had 5 or 6 criteria to prioritize. Recommendation may have been hard but offered high impact. Chart created a nice visual and helped them decide where to start.

Ms. T agreed that leadership need to set the tone and stated that MDH and providers should promote a learning culture vs. reprimanding. Beth mentioned project Echo. She also stated that we need to be careful when we talk about leadership from MDH as they do have a regulatory role here. Reprimand is required due to survey process. We need to evaluate with criteria to gage all the great ideas. Pennie believes Just Culture allows communities to specifically focus on independent issues.

Kris feels it is important to disclose surveys to the public, for example number of care hours per staff per resident. Measures that prospective residents and families can compare from facility to facility and can comment on. Allows the marketplace to have a role in quality. Pennie believes transparency is critical, but important to understand there is quite a variation in the level of care between facilities. Patti did not think sharing numbers had value; not related to quality improvement measures. Too many differences to account for in different facilities and variations in the market. She thought the longevity of staff was more important. Pennie agreed that finding qualified staff is tremendously difficult. Jane also agreed that it is hard to recruit staff, so how are we framing our measurement around supporting professionalism and encouraging improvement vs. tearing down and reprimanding?

Pennie acknowledged that it is Important to survey residents and staff but then how do we measure when such a high percentage are “Independent Living” residents now? Kris stated that it is still important regardless of the level of cares required. She also agreed the number of hours per resident is critical to quality of care. Disclosure of OHFC results would drive Quality of Care because she believes it would create motivation to change (the market) because it was all tied to quality. Pennie wondered how this would work in various community profiles and how does staffing relate to quality? Patti thinks it will be complicated because services are not the same across the board and some might need more than what they are willing to pay for. Choice will be an interesting challenge.

Beth wanted to learn from others who have done quality work. Staff can give recommendations but cannot make a person do it. People have a choice. For example, how do you promote better self-care for diabetes or the resident that does not want to pay for increased care. Patti thought we could learn a lot from the RARE campaign. It involved intense education and the messaging was simple and it did reduce readmissions. Beth wondered how do we create a culture to help support this? Have we talked about what the AL report card group is going to include? Lindsey offered to have DHS come and speak

to the report card. Patti said she attend their last meeting. They have funding to do a quality-of-life report card. Lores suggested learning to ask differently: “What matters to you?” vs “What is the matter with you?” Jane asked how do we help people make the right choices for them and support them? If they do not want to pay for the nurse what other creative solutions are there? Creative problem solving is a team effort. Jane referred to it as adaptive care planning. Address the here and now of today. Patti liked the idea of categorizing the material. How do we incorporate Dr. Brady’s recommendations? Pennie was worried there will now be several residents that we do not know the medical history of; those without services.

Lores brought the conversation back to staff. We have not talked a lot about the true competency level of the staff. We are teaching to check the boxes. What about kindness and compassion? It is a hard scenario right now. Kris inquired about addressing services that were contracted but never received. Jane wondered are people getting value from the services they are purchasing. How do improve the perceived value of what someone is receiving? Ideas:

- Identify possible surveys
- Look for “low-hanging fruit” and possible pilots
- Organize the current recommendations in a grid to check for goal alignment, difficult/easy

Comment from member Aisha Elmquist: Something came up for me urgently today – my apologies that I cannot attend the meeting. If it would be helpful to receive something from me between this meeting and next, please let me know. I did briefly glance at the PowerPoint and I do want to share that if a survey is being considered of providers, I suggest we also consider surveying residents.

## Public Comments

Comments from the public stated they were interested in knowing what the consumers/residents define as important to *them*. What they define as Quality of Life; Quality of Service, etc.

Also wish to remind the Task Force that humans are providing care and that processes only go so far.

## Next Steps

- Next Meeting will be set by Doodle Poll - Late June or July (MDH is very busy with ALL launch)
- MDH can investigate surveys Dr. Brady spoke about
- MDH will put together a grid for the task force to use in assessing ideas
- Members to see if there are candidates for potential recommendations pilots
- Determine if there are “low-hanging fruit” to move forward on (note on grid)
- Lindsey will send Charter with added bullets for members approval

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