Resident Quality of Care and Outcomes Improvement Task Force

05/03/2021

Meeting Logistics

- Task Force Members are off mute and able to speak at any time.
- Task Force Members- When leaving the meeting at anytime throughout the meeting, please choose option "Leave Meeting" and **NOT** "End meeting for all"
- All others (public attendees) are on mute. Feel free to submit comments/questions via chat feature during public comment period. Will work to address at 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

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

Charter Review

- Review Charter for the Resident Quality of Care and Outcomes Improvement Task Force Document
- Approve, if agreement

Getting Started

Recommendation Ideas

- Task Force members submitted in advance
- Additional ideas from members today
- Advice from Dr. Jeff Brady, National Patient Safety Institute

Membership Recommendation – Quality of Life

- Finding ways to measure resident satisfaction, level of self-determination and/or level of self-efficacy on an ongoing basis.
- Ongoing mechanism to consider the people we are serving and their perspective. An ongoing survey process could also weave in considerations for mental health and/or behaviors.
- Involvement of patients and caretakers: focus groups, surveys, 1-1 meetings; areas of focus: medication errors, diagnostic errors, equipment, policies & procedures, training
- There should be incentives to balance this dichotomy of “good” medical outcomes vs. resident rights to make “bad” choices with the weight going toward quality of life.
- Community engagement focusing on relationships/belonging: establishment of mentorship programs, volunteer opportunities, or intergenerational programs.
- On-site educational opportunities: GED, college classes, roads scholar (travel classes with education).

Membership Recommendation – Culture

- Pilot testing of "Just Culture": staff work openly without fear, where direct care employees feel they are valued and trusted members of the team have been successful in other health care settings, where there is a focus on improving systems, not blaming individuals.
- Implement Continuous Improvement process that focuses on root cause analysis; action requires transparency so one can maintain/collect good data.
- Including measures that account for improvement as measured against yourself like the Medicare QRP – this offers a more direct line of sight and can be a powerful tool to help staff understand metrics and how they can influence them.
- Just Culture: Demonstration Project – Develop and test an alternative model for managing adverse events/quality issues that builds on lessons learned through the State Adverse Events Reporting System for hospitals and ambulatory surgical centers and the Collaborative Safety Model that is being used in Child Protective Services. Use Information gleaned from the demonstration project to create a robust learning and improvement system that is scalable to assisted living providers. Recommend changes to the VAA as appropriate to support this system.
- Create a curriculum and resources to provide education/training opportunities for AL providers to establish a strong foundation of the culture and practices of safety science, quality improvement, and implementation science across providers, surveyors, and other key stakeholders to create a common understanding, language, and approach to quality and safety.

Membership Recommendation – Use Data to Identify & Prioritize Improvement Opportunities

- Maximize use of existing data to identify and prioritize improvement opportunities – use the current data sources as a starting point to identify top opportunities for improvement to drive collective action, resources, and training.
  - Short-term: Make State Survey & Complaint Investigation data available in a format that allows for easy analysis and identification of key safety and quality issues to more effectively prioritize safety and improvement opportunities and assist in identifying key contributing factors that if addressed, may lead to sustained improvement.
  - Long-term: Work collectively with stakeholders to expand survey and complaint investigation data fields to include data elements that lend themselves to more effective data analysis and information that can be used to conduct a deeper dive into the data to drive focused improvement (e.g., add neglect sub-categories, type of medication involved in med error; did the fall involve a mechanical lift?).
- MDH analysis and reporting with focus on performance improvement
- Improve publicly available data analysis and reporting with focus on performance improvement plan.

Membership Recommendation – Use Data to Identify & Prioritize Improvement Opportunities (cont.)

- Identify time-limited topic specific measures that are connected to an action plan for improvement that includes investment in strong actions, such as those identified by the National Center for Patient Safety, to address identified contributing factors/root causes vs. short-term solutions, e.g., medication bar coding vs. re-training staff on how to perform medication counts; resources for effective programs for building strength and balance vs. falls prevention training.
- Identify a few broad measures, such as Quality of Life, Safety Culture Survey as a starting point for data collection rather than overwhelming providers with data collection and reporting to leave time to focus on creating a strong safety/quality infrastructure and improvement opportunities.
- Create a LTC quality assessment report for each LTC facility – not a report card but an extensive report

Membership Recommendations – Staffing & Competency

- Work Group of stakeholders to review and recommend strategies for increasing and improving staffing levels and competency.
- Establish minimum standards for hours per care per resident. Enough staff to handle care needs in that facility.

Membership Recommendations – Incentives for Quality Improvement

- Measure investment in innovations – like QIIP or PIIP type of program.
- Establish a quality improvement incentive program, such as the PIIP program, to provide additional resources for providers to focus on improvement topics that are priorities for their organization and drive innovation.

Membership Recommendations – Assessment of Needs

- Pilot test a 360-degree assessment and process; unbiased and without prejudice that results in the identification of the individual's needs, preferences, and goals to achieve optimal wellness within available resources and processes and within a least-restrictive environment.
- Change in Condition Assessments and Interventions – Subtle changes in condition can be a leading indicator for some adverse health events (e.g., medication adverse event, neurological events). Identifying these subtle changes requires high degrees of clinical and observational skill. Potential QI topic could be identifying solutions to assist staff with identification, timely and accurate identification, internal & external communication, and response to resident change in condition.
- Pilot appropriate and strong discharge planning, from acute and post-acute settings, with a data point on hospital readmissions.

Membership Recommendations – Other

- Create a focused LTC Consumer department withing MDH.
- Independent facilitator for resident and family councils – list of MDH approved consumer facilitators that providers can choose.
- Increase state funding for oversight and enforcement: annual surveys, OHFC investigators, stronger enforcement, OOLTC, and other programs.

Membership Recommendations

- Ways to improve on minimizing medication errors.
  - Multiple medications for same indication without parameters for identifications.
  - Unfillable orders from hospital and doctors' appointments.
  - How does person-center approach influent the definition of medication errors especially as it relates to giving medication at the right time.
- Leadership trainings for providers that goes beyond the CEUs.
- Ways to attract worker to direct cares and reducing turnovers.
- Standardized / uniform forms that comply with the regulations.
- More clarification on reportable event to providers. For example, list of reportable event as guidance to providers.
- More clarification / guidance as to care that are considered treatments besides medications.
- Better ways to reach out to underrepresented providers, providers not affiliated with major organizations, minority providers/ providers of color.
- More user friendly MAARC website and better training to the MAARC representative for phone reporting.
- Refine guardianship process especially as it relates to mental health.

Membership Recommendations – Additional Thoughts?

- Add recommendations

Recommendations – Dr. Jeff Brady

- Begin with a statewide survey of providers
  - Assess where we are on quality and safety
- Use survey results to develop recommendations
- Survey format available to adapt

Pathway Forward- Discussion

- Next Steps to Move forward:

Public Participation

- Comments?
- Questions?

Next Meeting

Resident Quality of Care Task Force Meeting

Doodle Poll - When?

Thank you!

Contact Information

Lindsey.Krueger@state.mn.us

Minnesota Department of Health
Health Regulation Division
PO Box 64900
St. Paul, MN55164-3049
651-539-3049 or 844-926-1061
health.assistedliving@state.mn.us
[MDH Assisted Living Licensure (www.health.state.mn.us/facilities/regulation/assistedliving/index.html)](www.health.state.mn.us/facilities/regulation/assistedliving/index.html)

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