

Home Care and Assisted Living Program Advisory Council Meeting Notes – Monday, April 4, 2022

Attendees

Council members: Sue Boyd, Mariclaire England, Genevieve Gaboriault, Liz Goldstein, Nancy Haugen, Susan Morgan, and Jarrod Peterson

Minnesota Department of Health (MDH): Lindsey Krueger, Catherine Lloyd, Susan Winkelmann

Public: Many attendees via conference call

Agenda

- Welcome
- Planning and Partnership Update
 - Collaborative Safety Science Project Overview
- Home Care and Assisted Living Survey Data
- Council Member Feedback – Safety Science Project
- General Updates, Information, and Discussion
- Next Steps

Welcome

Lindsey Krueger welcomed the Council Members. Council Members were unmuted and encouraged to speak freely while public attendees were muted to reduce distractions but were encouraged to place any comments or questions in the chat feature. Lindsey reviewed the agenda – please see coinciding PowerPoint presentation. Today’s Agenda included updated Home Care and Assisted Living Survey data knowing the Advisory Council is passionate about trends in licensing orders. She reminded the group about HRD’s ALL Together bi-monthly newsletter and provided a link for anyone interested in subscribing.

Collaborative Safety Project

Susan Winkelmann started off the presentation with a recap of the Collaborative Safety Project, incorporating information already shared in Intro Sessions held for the Advisory Council and Resident Quality of Care and Outcomes Task Force weeks earlier. She discussed, after an orientation course in 2021, MDH staff reached out wanting to learn more and how a group of 14 staff just completed further training on collaborative safety and what that experience was like. She explained the advantage of DHS already implementing this technique in their department and the ability for MDH to customize the process to our licenses.

Catherine Lloyd compared “old” views to the “new” views using the Collaborative Safety model. The second story assumes people come to work to do a good job. A question that may be asked is “where was your attention focused when this occurred?” The evidence based process is currently used

effectively at DHS and it takes a look-back at studying critical incidents but doesn't change current accountability.

Home Care & Assisted Living Survey Data

Lindsey covered the top 5 tags for both Home Care and Assisted Living starting 8/1/2021 through 2/1/2022. These are the top licensing orders issued. For assisted living, top tags are areas that are new to licensure. MDHs goal is to provide education regarding these new statutes. The Collaborative Safety Team would be interested in knowing what areas the Advisory Council suggest they dig into first. How do we decide what incidents to track and evaluate?

Questions & Feedback

- Jarrod: Could we provide templates for a service plan? It would help providers meet the requirements. There is also a lack of guidance on abuse prevention plan. Could MDH provide some templates to help providers comply with this area? Was told on survey "I'm not here to consult with you." Why can't surveyors tell them what they are looking for?
- Nancy: As she reviews investigative reports, many times she sees no correction plan required. This is a missed opportunity. If people continue to do the same things, it's not going to change. If people feel punished, it's not going to change. Need to have conversations around how we can make this better. Regarding licensing orders issued in assisted living facilities, she's worried about tags that are no longer in the top five because they have been pushed out by the new statutes. These may have been long standing items we don't want to forget about.
- Sue: Agrees and is also concerned about critical incidents not included in the top 5. Do we fix the top 5 or is there something further down that is more important? What are the high risk areas (falls, elopement, etc.)? We are still dealing with humans that have rights.
- Mariclaire: Not every situation is a high risk to the resident. What are the ones that rise to the top that cause the most harm? What is the highest risk that needs the most focus? Consults should be available to work together, not cite.
- Sue: Brought up consultation process with COVID. Providers had the opportunity to call and ask MDH for help and feedback on how to do things better.
- Susan M: Stated she the opposite experience as Jarrod with a surveyor. She had helpful guidance during a survey. Added that TB was important and should be a high priority.
- Nancy: Wants to look at falls, choking, deaths, hospitalizations – those are all risks to the residents. For example, if someone is hospitalized three times for a UTI, is it one person or more broad based? What can we learn to prevent it happening in the future? How do we get information from the families and residents to determine how this happened? How do we pull all these people together to look at this problematic situation?
- Susan W: Mapping. Need to look at the fact patterns that get at something. Need to decide who needs to be there, including the provider. Process needs to be a safe space. We need to take the blame out of the room.

- Genevieve: How do we include resident choice or resident rights? We picked the wrong person to live here. Why not look at why the resident made the choice to live there? Can the Ombudsman be a part of this?
- Jarrod: Is the current top 5 really what we look at or do we need to look more at the risk to the residents? Should the council look at more administrative items? Is there something we can do to fix “easier” topics such as contents of a service plan?
- Nancy: Agrees with Jarrod – look at life sustaining care. It felt good to do something like that with the social isolation grants. Would like to hear about how the money was used. Is there a way that we can use the funds to enhance quality of care? Is there a recommendation that the council can make that would directly affect the care of people, wherever they reside?
- Mariclaire: There is a lot of money out there. It is hard to keep nurses and they don’t feel supported. If we had money to pay consultants to come in and help support the nurses?
- Sue: Loves the idea of grooming people to be better at what they do. You must look at this regulation and that regulation – groom them to be better at their services. How can we make them better nurses? What did we get out of the grants? Are there any good stories? We’re all coming out of the pandemic; now how can we fund socialization to get them out and about more?
- Susan M: We keep hearing about needing forms. Could the council use the funds to hire a consultant group to draft some forms that would be considered by MDH and once approved could be utilized by the provider groups?
- Jarrod: Did have a recommendation on training so forms would fit right in there. If they can eliminate some of the administrative tags they could then focus on others.
- Mariclaire: Would like to see feedback from the first project. Others agree.

General Updates, Information, and Discussion

Lindsey let the council know that legislature has been proposed regarding combining the council with the Resident Quality of Care and Outcomes Task Force for assisted Living.

Lindsey suggests the council uses more of fund again. Approximately one million dollars are available to use.

- Jarrod: Are there recommendations the group can make?
- Nancy: Wants to help nurses.
- Mariclaire: Wants to know if funds can be used to pay consultants?
- Sue B: Do we have great stories from our past grant? This time do we fund socialization?
- Susan: Use funds to hire a consultant to draft templates? Providers can focus their attention on residents instead of time on creating forms.

Next Steps

MDH to send out a survey to all social isolation grant recipients:

- Describe, in detail, what your facility purchased as a result form the Social Isolation Grant.

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- Please share a story of how the grant positively helped one or more of your residents.
- Were there any challenges or barriers to the process? If yes, what challenges or barriers did you encounter?
- What could the Home Care Provider Advisory Council do in the future to support you or your residents?

Next Meeting

Monday, May 23 from 10:00 a.m. to 12:00 p.m.

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