2018 Summit
Forward Progress for Aging Well in Minnesota

Welcome
Tom Hyder
MNLCOA Chair
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Interim Work on Older & Vulnerable Adult Protections
Commissioner Jan Malcolm
MN Department of Health
Over a third of Minnesotans older than 85 are under the care of a health facility or home care provider. This qualifies them as a vulnerable adult as defined by MN Law.

- 36,000 people living in 2,600 long-term care facilities
- 90,000 people receiving home-based care
- As of 11/30, OHFC has received 20,815 allegation reports this year – an average of over 400 each week.
Where We Were

Case Backlog as of January 1, 2018

- 2,321 unaddressed reports
- 826 cases assigned for onsite investigation

OLA Report in February detailed failures and diagnosed causes

- Delays in investigations, missed statutory timelines
- Lack of communication to families and providers
- Paper based system
- Staffing, management, and morale concerns

Where We Are

Case Backlog

- Triage Backlog — CLEARED on February 28, 2018
- Investigation Backlog — CLEARED on August 8, 2018

Current performance

- Of almost 21,000 complaints YTD, just under 1500 have been assigned for on-site investigation.
- About 650 investigations have been completed
- About 200 substantiated, 100 inconclusive, 350 not substantiated

Interim Paperless System—but not yet a robust case management system

Improved workflows and management practices—but need to be hardwired and continuously improved

Improved Communication with Victims & Families
Key Areas of Improvement

Intake and Triage Process

• OHFC went from having no documented standards for screening every incoming report to a process where all reports are screened within **two business days**.

Performance Management in OHFC

• New standard work tools and documented processes improve consistency of work and help staff to better meet state and federal requirements.
• Job duties adjusted along with the technology improvements to meet needs of new processes, which are now paperless.
• Improved ability of managers to track performance, balance work loads and coach staff.

Where We’re Going

• Continue to document procedures and standardize work through workgroups that include front line staff, key to improve the work environment and increase engagement and morale.
• Ongoing work to meet the OLA Recommendations. Some efforts will require additional legislation and funding.
• Expanding our improvement efforts to review our health facility regulation more broadly.
• We will continue to explore ways to collaborate with DHS.
Where We’re Going

Using Data For Improvement

• DHS created OHFC’s first public-facing dashboard of key data and metrics. MDH has revised and will continue to improve the dashboard which is updated and posted weekly.

• MDH is very interested in providing education and data to providers and the public to prevent maltreatment. We want to use data to help find strategies for reducing the frequency of maltreatment, abuse, and neglect.

• OHFC is working closely with MN.IT to develop reports that can be run to pull and analyze data not only within OHFC and MDH, but for data to also be shared with the public and providers. These data are extremely important and can help us prevent maltreatment before it starts.

Policy Efforts to Address Elder and Vulnerable Adult Abuse Prevention

• OLA report called for a number of legislative actions, including filling significant gaps in the regulatory scheme.

• Much discussion in the 2018 legislative session, but no focused negotiation and no signed bill.

• To create a space for greater collaboration across stakeholders, MDH asked informal workgroups to convene on the following topics:
  o Licensure Approaches for Assisted Living Facilities
  o Assisted Living Report Card
  o Certification of Dementia Care Units
  o Consumer Rights
  o Electronic Monitoring in Care Facilities
  o Prevention Strategies to Improve Quality and Safety
Moving Forward

• Work group reports issued by end of December with recommendations, areas of agreement and disagreement noted

• Mutual education and trust building has been very valuable

• Work group products may be useful to executive branch agencies, legislators, stakeholder groups

• All materials will be posted on the MDH website:
  
  http://www.health.state.mn.us/divs/fpc/ohfinfo/prevworkgroups/index.html

Assisted Living Licensure

• Pull everything related to assisted living into one chapter of law

• Convert Housing with Services registration into several levels of increasing regulation tied to services offered, complexity of needs of people served, and degree of consumer control over choices in a setting. Define key terms in statute.

• Housing only, with no services, may remain simply registration.

• Services beyond housing require licensure with increasing standards:
  
  • Level One – Housing with Supportive Services Only
  • Level Two- offering Basic health care services (home care law)
  • Level Three- offering Comprehensive health care services (same)
  • Level Four- offering dementia or memory care
Assisted Living Licensure

• Specifications in the law will include:
  • Physical plant requirements
  • Criteria for client evaluation and admission procedures
  • More specificity and standard language in marketing materials and disclosures to prospective clients/residents
  • Requirements for lease or service terminations

• One license holder will be responsible for compliance, even if services are subcontracted.

Dementia Care Certification

• People living with dementia should not be required to live in dementia care settings. Raises the question: if people with dementia will be living in all settings, should all settings meet minimum dementia training requirements?

• There should be additional certification or licensure for dementia care settings, i.e., standards and consumer disclosures.

• DC standards in Assisted Living should take the same general approach as, and not be in conflict with, nursing home standards.
Dementia Care Certification

Detailed recommendations forthcoming on:
- Staff training requirements, curriculum and evaluation of competencies
- Required disclosures to regulators, residents, families (including who can live in the facility/units, pre-admission, transfer and discharge processes)
- 24 hour awake staff; other staffing patterns based on patient needs
- Physical environments
- Activity programming and behavior support plans
- Medical management

Electronic Monitoring

- Built off of 2017 legislative report, 2018 legislative proposals, and examples from other states
- Report will identify areas of agreement and disagreement, with suggested legislative language, in 12 topic areas that the group agreed should be included in a robust proposal, including:
  - Definition of monitoring device
  - Definition of resident representative
  - Consent scenarios, including notice to others, withdrawal
Electronic Monitoring

- Resident rights and protections
- Facility liability
- Dissemination of data
- Obstruction of device
- Notice to visitors
- Costs

Consumer Rights

- Report in development, 3 themes:
  - better Educate consumers on their rights,
  - better Enforcement of the rights,
  - Strengthening of rights in key areas
- Importance of Ombudsman — add capacity statewide
- Improve protection from retaliation
- Encourage/require resident councils, family councils
- Improve enforcement of the Home Care Bill of Rights
Assisted Living Report Card

• DHS is working to create an Assisted Living Report Card following a similar process to that used to create the Nursing Home Report Card.

• The work group agreed this is needed and should be pursued as part of a multi-pronged effort to encourage and reward quality in long term services and supports.

• Through a contract with the UofM, quality domains will be developed, existing and proposed measures will be organized, and relevant data sources and data gaps will be identified.

• The work group urges that the experience of assisted living residents be captured via a statewide survey. DHS will refine cost estimates and a timeline for such a survey.

Collaborative Efforts to Improve Quality and Safety In Long Term Care Settings

• This work group is aimed at initiatives not requiring legislation, but may have some technical recommendations (e.g., related to data sharing) if a bill or bills advance.

• Shared values for a quality and safety improvement system have been developed. For example the system should:
  • be person-centered,
  • be fair/just and promote accountability,
  • be a learning system,
  • optimize resident choices and safety concurrently,
  • have a consistent regulatory approach across settings, working toward optimal standards of care and not just minimums.

• The work group plans to keep meeting to identify a work plan including projects for collective action.
• All work groups acknowledged the overarching challenge of the long term care workforce shortage and urge more coordinated and concerted actions to develop and implement a strategy.

• MDH offers to produce draft legislation in coordination with DHS, OOLTC, MBOA, and with continued input from stakeholders.

• The next Governor’s budget will be released in late February.

Thank you!