AN ANNUAL REPORT ON THE QUALITY OF CARE IN MINNESOTA NURSING FACILITIES, ASSISTED LIVING COMMUNITIES, AND HOME & COMMUNITY-BASED SERVICES SETTINGS
MINNESOTA—THE STATE OF QUALITY

As we reflected over the past year and the many state and national initiatives focusing on quality measurement and improvement, we are quite proud of all we have accomplished in Minnesota—and how important quality has become as a core value in our organizations. Not only have we achieved recognition as an Association by helping many of our members achieve the AHCA/NCAL Quality Initiative goals, but we do this work in a state where quality programs and participation in these programs is an expectation.

Minnesota is the proud “owner” of an alphabet soup worth of quality programs (QIIP, PIPP, and QIs) where nursing facilities and assisted living settings can receive extra funds for initiating certain quality initiatives. The “bonus” of the state’s financial incentives is that many of the quality initiatives can line up nicely with the AHCA/NCAL Quality Initiative goals.

In the fall of 2014, Care Providers of Minnesota received notification that it was selected as one of the two states that will receive the State Affiliate Innovation Award at the February 2015 AHCA/NCAL Quality Symposium. We certainly couldn’t have received this recognition without the support and participation of members working with us on the four goals. While Care Providers of Minnesota provided members with countless resources related to the Quality Initiative goals throughout the year, the work was carried out by the individual organizations that put in place systems for success.

For members who may have only achieved one or two of the Quality Initiative goals, it certainly doesn’t mean there isn’t an effort for continuous quality improvement. Here in the “state of quality” there are other external measures that also show our state’s commitment to quality: from the national recognition as the “best” state for long-term care services and support two years in a row (AARP/Scan study), to the national and international acclaim for the ACT on Alzheimer’s work which includes active participation by many of our members, to the increasing success with the National Partnership to Improve Dementia Care.

We have accomplished a great deal in the last few years and look forward to continuing along in this quality journey.

Gail Sheridan
Chair, Quality Council

Patti Cullen, CAE
President/CEO
MINNESOTA: THE STATE OF QUALITY

When it comes to advancing quality improvement and developing long-term care quality programs, Minnesota is the state of quality. Whether comparing our long-term care programs to other states or looking at the array of programs we have created to incent and improve quality, Minnesota now has a quality landscape where there are opportunities for almost all long-term care providers to create, collaborate, and be incentivized on quality programs! This article highlights many of those opportunities.

National Rankings

In a report created by the AARP Public Policy Institute with support from The SCAN Foundation and The Commonwealth Fund, Minnesota once again ranked first on AARP’s long-term care scorecard. According to Raising Expectations, 2014: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers, Minnesota scored in the top 25 percent among states in the five areas measured: affordability and access, choice of setting and provider, quality of life and quality of care, support for family caregivers, and effective transitions. Minnesota also ranked first when the scorecard was originally produced in 2011.

Home and Community Based Services (HCBS) Quality Improvement Projects

When the 2014 legislature passed an increase for Home and Community Based Services (HCBS) providers, a requirement that providers develop a quality improvement project was tied to a 1% rate increase. The new program requires that HCBS providers submit a quality improvement plan to the Minnesota Department of Human Services (DHS). The provider’s plan must address one of the following goals: improve quality of life of home and community-based service recipients in a meaningful way; improve quality of services in a measurable way; or deliver good quality services more efficiently while using savings to enhance services for the participants served.

With the requirement, quality incentive payments were introduced to a broad set of Medicaid providers, including those who participate in:

- Alternative Care (AC) Program
- Elderly Waiver (EW)
- Brain Injury (BI) Waiver
- Intermediate Care Facilities/Developmental Disabilities (ICF/DD)
- Community Alternative Care (CAC) Waiver
- Moving Home Minnesota (MHM)
- Community Alternatives for Disabled Individuals (CADI) Waiver
- Skilled nursing, home health aide, and therapies under the state plan home care program

- Day Training and Habilitation (DT&H)
- Developmental Disabilities (DD) Waiver
- Private duty nursing (PDN)

Care Providers of Minnesota developed an online resource center to help members develop a quality improvement project. On November 6, 2014, CPM hosted the webinar “Housing and Community-Based Services Providers Quality Improvement Plan.” The webinar was sponsored by DHS, and available to any provider in the state.

Performance-Based Incentive Payments (PIPP) for Nursing Facilities

The Oct 2014 Request for Proposals for the Performance-Based Incentive Payments (PIPP) program for nursing facilities marked the 9th round for the innovative and highly successful program. Rounds 7 and 8 saw a number of innovative programs and initiatives by Care Providers of Minnesota members.

Round 7

- Barrett Care Center implemented a music therapy program called Musicplicity.
- Saint Anthony Health Center created an exercise program (FIT Program) to improve strength, endurance, and flexibility with the goal of maximizing functional fitness.
- Evergreen Terrace implemented a program to improve quality of life and care in their memory unit using the Hand in Hand CMS dementia care training and SNOEZELEN therapy.

The Goodman Group’s FIT Functional Fitness™ program has been developed for individuals residing in each of The Goodman Group managed senior living and health care communities. PIPP funding allowed for the hiring of the FIT coordinator who is responsible for overseeing all aspects of the FIT Functional Fitness(TM) program including both groups and 1:1s.

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NURSING FACILITY QUALITY MEASURES

The Centers for Medicare and Medicaid Services (CMS) collect and publish Quality Measures (QM) data derived from the Minimum Data Set (MDS 3.0) reported at the nursing facility level. These results are computed and updated quarterly by CMS and are publicly reported on the Nursing Home Compare website (http://www.medicare.gov/NHCompare/home.asp) for each nursing facility. There is generally a three to four month lag between the end date of the target quarter over which the QMs are calculated and when the QMs are reported on Nursing Home Compare.

The data below represents CMS three-quarter QM average scores in Minnesota and the nation, effective the second quarter of 2014. Long-stay residents are defined as those residents with 101 days or more in the facility at the end of the target period and short-stay residents are defined as those residents who have been in the facility for 100 or less days at the end of the target period.

Minnesota’s data indicates that overall we performed better than national outcomes on twelve of the eighteen measures, the same on one measure, and worse than national outcomes on five measures. Seven states in the nation had more than twelve measures performing better than the national average, with the best performers being Arizona (13 measures), Delaware (14 measures), Massachusetts (13 measures), New Jersey (14 measures), Rhode Island (13 measures), and Wisconsin (14 measures).

### CMS NURSING HOME QUALITY MEASURES

<table>
<thead>
<tr>
<th>Measure</th>
<th>Minnesota Average %</th>
<th>National Average %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of long-stay residents who self-report moderate to severe pain (risk-adjusted)</td>
<td>9.7%</td>
<td>7.7%</td>
</tr>
<tr>
<td>Percent of long-stay high-risk residents with pressure ulcers</td>
<td>4.1%</td>
<td>6.0%</td>
</tr>
<tr>
<td>Percent of long-stay residents who were physically restrained</td>
<td>0.7%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Percent of long-stay residents who have depressive symptoms</td>
<td>5.7%</td>
<td>6.2%</td>
</tr>
<tr>
<td>Percent of long-stay residents who lose too much weight</td>
<td>7.1%</td>
<td>7.2%</td>
</tr>
<tr>
<td>Percent of long-stay residents whose need for help with daily activities has increased (risk-adjusted)</td>
<td>14.7%</td>
<td>15.7%</td>
</tr>
<tr>
<td>Percent of long-stay residents who have/had a catheter inserted and left in their bladder</td>
<td>3.3%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Percent of long-stay low-risk residents who lose control of their bowels or bladder</td>
<td>47.6%</td>
<td>44.3%</td>
</tr>
<tr>
<td>Percent of long-stay residents with a urinary tract infection</td>
<td>4.6%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Percent of long-stay residents experiencing one or more falls with major injury</td>
<td>3.9%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Percent of long-stay residents assessed and given, appropriately, the pneumococcal vaccine</td>
<td>95.3%</td>
<td>94.2%</td>
</tr>
<tr>
<td>Percent of long-stay residents assessed and given, appropriately, the seasonal influenza vaccine</td>
<td>95.9%</td>
<td>94.0%</td>
</tr>
<tr>
<td>Percent of long-stay residents who received an antipsychotic medication</td>
<td>15.6%</td>
<td>19.8%</td>
</tr>
<tr>
<td>Percent of short-stay residents who self-reported moderate to severe pain</td>
<td>23.7%</td>
<td>18.8%</td>
</tr>
<tr>
<td>Percent of short-stay residents with pressure ulcers that are new or worsened (risk-adjusted)</td>
<td>1.0%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Percent of short-stay residents who newly received an antipsychotic medication</td>
<td>1.8%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Percent of short-stay residents assessed and given, appropriately, the pneumococcal vaccine</td>
<td>84.5%</td>
<td>82.9%</td>
</tr>
<tr>
<td>Percent of short-stay residents accessed and given, appropriately, the seasonal influenza vaccine</td>
<td>86.3%</td>
<td>84.4%</td>
</tr>
</tbody>
</table>

KEY

- Minnesota is performing better than the national average.
- Minnesota is performing the same as the national average.
- Minnesota is performing worse than the national average.
The State of Quality (continued from page 3)

- Benedictine Health Center of Minneapolis, Good Samaritan Society – Winthrop, Hilltop Health Care Center, and Maple Lawn Nursing Home joined other nursing facilities in the Minnesota Alliance for Patient Safety (MAPS) collaborative project.
- Minnesota Masonic Home Care Center implemented a program to improve quality of life to residents with hearing loss entitled “Do You Hear What I Hear?”
- Pioneer Memorial Care Center developed a multi-faceted program to include fall prevention, reduction of psychotropic medications, and decreasing behavioral expressions of distress through the development of a dementia care program.
- 14 Tealwood Senior Living nursing facilities collaborated on a program to create a culture of safety for residents, focusing on the reduction of falls, medication errors, pressure ulcers, and pain.
- Two Welcov Healthcare nursing facilities implemented a pain management program to include alternative therapies to pain relief and staff education.

Round 8
- Aicota Health Care Center is redesigning their staff training program.
- Andrew Residence implemented a restorative sleep program.
- Barrett Care Center developed a new dining and healthy weight program to improve the quality of life for residents by focusing on resident centered choices.
- Talahi Nursing & Rehab Center is participating in the Care Ventures Cooperative initiative to implement a training program for staff participating in the dining experience both in the “front of the house” (customer service during meal time), and “back of the house” (in the kitchen on food preparation).

Nursing Facility Quality Improvement Incentive Program (QIIP)

In 2014, Minnesota implemented the New Nursing Facility Quality Improvement Incentive Program (QIIP). The 2013 legislature directed DHS, in consultation with stakeholders, to develop a quality improvement incentive program utilizing a new funding pool. Members and Association staff participated in developing the new program. Over 99.2% of nursing facilities enrolled in the voluntary program by selecting either one Quality Indicator measure or one Quality of Life domain for the measurement period April 1, 2014 to March 31, 2015. Nursing facilities may receive an October 1, 2015 rate increase depending on performance (see chart below).

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ACHIEVING THE TIER IV QUALITY GOALS

The American Health Care Association/National Center for Assisted Living (AHCA/NCAL) Quality Initiative Recognition Program is designed to recognize AHCA and NCAL members that demonstrate the attainment of one or more of the four Quality Initiative Goals. We are proud to note that for 2014, Minnesota facilities have received the following achievements:

<table>
<thead>
<tr>
<th>Tier I - Achieve 1 goal</th>
<th>43</th>
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</thead>
<tbody>
<tr>
<td>Tier II - Achieve 2 goals</td>
<td>53</td>
</tr>
<tr>
<td>Tier III - Achieve 3 goals</td>
<td>26</td>
</tr>
<tr>
<td>Tier IV - Achieve 4 goals</td>
<td>3</td>
</tr>
</tbody>
</table>

The goals that were set through this program are as follows:

For nursing centers:
- Safely Reduce Hospital Readmissions by 15%
- Increase Staff Stability by 15%
- Increase Customer Satisfaction to 90%
- Safely Reduce the Off-Label Use of Antipsychotics by 15%

For assisted living communities:
- Safely Reduce Hospital Readmissions by 15%
- Maintain Nursing Staff Turnover Below 30%
- Maintain Customer Satisfaction at 90% or above
- Safely Reduce the Off-Label use of Antipsychotics by 15%

As you can see, three of our members achieved all four goals so we took a look at these centers to see if there were some common themes that led to their success or advice that others should heed. The three Minnesota nursing facilities achieving all four tiers are Madonna Towers of Rochester, Minnesota Masonic Home Care Center (Bloomington), and Galtier Health Center (St. Paul). Here are a few commonalities among these three facilities:

First, all three have received one or more of the AHCA quality awards—which means there is a commitment within each organization to work on and achieve continuous quality improvement. Madonna Towers received the Gold Award in 2009—one of 24 facilities in the nation to achieve that highest level! In 2013, Galtier Health Center achieved the Silver award; and in 2014 Minnesota Masonic Home Care Center achieved the Bronze award. So, whether you are a “veteran” at going through the quality improvement steps to achieve a national award or just starting along the journey, just the process of applying for these awards has benefits.

Second, the organizations believe in the value of using available grant money to “kick start” quality improvement efforts, whenever possible, and that grants can support quality initiatives that are cross cutting—including meeting the AHCA Quality Initiative goals.

Since July 1, 2006, nursing facilities (NF) had the opportunity to contract with the Department of Human Services (DHS) to earn performance-incentive Medical Assistance (MA) payments of up to five percent of the operating payment rate under the Performance-Based Incentive Payment Program (PIPP).

PIPP is a voluntary/competitive program in which NFs may receive a time-limited rate increase for undertaking a quality improvement project and achieving specified improvements in quality measures. About two-thirds of NFs have participated in one or more PIPP projects and have shown more improvement in overall quality than NFs that have not participated in PIPP projects.

Madonna Towers SNF eagerly participates in DHS PIPP grants, receiving multiple grants over the course of the program. The

As Beth Redalen, Administrator at Madonna Towers, noted about their participation in the AHCA Quality program: “Seeing our employees walk the walk, talk the talk, and how that affects our residents is what quality of care and life is all about. Consistent quality processes driven by accurate data produce superior outcomes to ensure quality of care and quality of life.”

Short-term residents at Madonna Living Community make use of rehab equipment and outdoor gardens. In 2009, Madonna Living Community was the recipient of a Gold—Excellence in Quality Award (then called Step 3). To date, only 24 facilities nationwide have received recognition at this level.
most recent PIPP they just completed—tied directly to one of the AHCA Quality Initiative Goals—was called the “Seamless Transitions” PIPP where 14 participating BHS (Benedictine Health Systems) organizations were part of this collaborative grant.

There were two goals for the grant: the first was to reduce hospitalizations related to the resident’s primary diagnosis for the first 30 days of entering the SNF by 10%; and the second goal was to reduce hospitalization for the first 30 days post discharge from the SNF by 10%. This was achieved by deploying a Nurse Transition Coordinator who was the project owner, completing individualized education plans for each resident based on their admission diagnosis. Residents used iPads to complete their education modules; interdisciplinary discharge bedside care conferences were initiated on day one of their admission; and three follow-up discharge calls were made to the resident within the first 30 days of discharge, the most important one being the first one within 24-48 hours post discharge. The BHS PIPP organizations exceeded their goals because of great collaborative thinkers. These PIPPs continually challenge the Madonna Living Community to stretch their thinking and processes for improvement.

Another of Madonna Tower’s great success stories connecting state grant funds to the AHCA Quality Initiative Goals is in their goal selection for the DHS Quality Improvement Incentive Payment (QiIP) Program. Passed by the legislature in 2013, all NFs are eligible for a quality payment up to 0.8% of all operating payments by picking one of the MN Quality Indicators or an improvement in the resident satisfaction quality of life interviews. Madonna Towers chose the MN quality indicator prevalence of antipsychotic medications without an appropriate diagnosis. Collectively working together with physicians, nurse practitioners, pharmacists, and nursing staff, Madonna achieved their goal after the first 2 quarters of the QiIP. This was done through education of providers, families and staff, and continuously working on quality efforts to identify and address the specific behavior and the root cause of that behavior.

Minnesota Masonic Home Care Center also has participated in applying and receiving multiple PIPP grants including implementing a two tiered comprehensive falls program consisting of fall prevention strategies and post falls management interventions; implementing an employee training program titled: Achieving Compassionate Care Through Evidence-Based Management; and implementing a program to improve quality of life to residents with hearing loss entitled “Do You Hear What I Hear?” These programs have contributed to Minnesota Masonic improving both their customer satisfaction scores and staff stability scores—two of the AHCA Quality initiative goals.

So, what overall advice would these facilities give? Don’t give up! Take advantage of participating in collaborative PIPPs/QIPPs. They are a great way to be innovative and learn from others who are walking your same walk!
Care Providers of Minnesota’s awards program recognizes the exemplary work of its members. The following individuals were the recipients of our 2014 awards—which were presented at the Senior Housing Summit and at our annual Convention. Special thanks to the caring individuals who took the time to nominate these outstanding people!

**ADULT VOLUNTEER OF THE YEAR: JUDY ENERSON**, Good Samaritan Society–Specialty Care Community, Robbinsdale. Judy is the example of quality over quantity! With a little less than two years of volunteering at the facility, her dedication is extraordinary, as she shows up to help each and every day. Staff have commented that Judy “is one of the most dedicated and pleasant volunteers—ever! She always smiles and her quick laugh is wonderful to hear!”

**AIDE-CAREGIVER OF THE YEAR: FRANCIS DDAMULIRA**, Bethel Care Center. Francis works with a diverse and behavior-challenging population. He knows what residents will respond to and what doesn’t work. Even under challenging circumstances, he maintains his composure. Francis has integrity, a strength of character, and a level of sincerity that is a rare find. He is a source of support for his peers and the residents benefit daily from his compassionate nature.

**CHAIRPERSON’S CHOICE: BILL BREWER (retired)**, Good Samaritan Society. Bill did not start out his career in long-term care; in fact, his wife Anne, a volunteer director at a nursing home, roped him into calling BINGO one day—and that was it. He was hooked and has worked in the senior care profession ever since, most recently as an administrator. Committees, convention activities, and region meetings kept him engaged with this profession and his colleagues.

**CHAMPION AWARD: JESSICA HARSTAD ROLLISON**, St. Benedict’s Senior Community. Jessica is responsible for dementia training at St. Benedict’s Senior Community and coordinates a quarterly support group for the families. She has shared her expertise with community groups and has presented at conferences throughout the state. Jessica has the dedication, passion, and skills to help residents enjoy the special moments of their life as they age.

**COMMUNITY PARTNERSHIP AWARD: MRS. COULTER & HER 4TH GRADE STUDENTS**, St. Benedict’s Senior Community. For the past four years, Mrs. Coulter and her 4th grade class have been coming to St. Benedict’s Senior Community (SBSC) to visit with residents. The 4th graders are paired with a resident, and they spend time together reading books, doing arts and crafts, and sharing stories. And thanks to SBSC donors, the program can continue for another four years!

**DEDICATED SERVICE AWARD: MARIE BJORKLUND**, Prairie View Senior Living. Marie started working in the dietary department back in 1982. Over the years she has worked with four administrators, numerous directors of nursing, and gone through facility name changes, but there has been one constant: Marie will be in the kitchen making something delicious. For 32 years, she has enhanced the lives of residents and staff one dish at a time.

**EMPLOYEE OF THE YEAR: CURTIS SAGER**, Truman Senior Living, Inc. Curtis is not the typical maintenance man who just fixes what needs to be fixed and then goes on his way. He is a personable, hard-working, motivated, and reliable person who genuinely cares for the residents and staff at Truman and it shows by all the extras he does. All anyone has to do is call his name when he is walking by and he is there—ready to help. He truly is a gift to all.
EXCELLENCE IN SERVICES: EDGEWOOD SENIOR LIVING–VIRGINIA. Jennifer Ensign, Executive Director. Jennifer was presented with the award at the annual Senior Housing Summit in August. The hospitable nature of the employees, welcoming environment, the FISH philosophy so visibly embraced, and the continuum of services—described on paper and exemplified in person—made Edgewood Senior Living–Virginia a truly deserving recipient of this prestigious and competitive award.

GRASSROOTS ADVOCACY AWARD: KATIE DAVIS. Good Samaritan Society–Albert Lea. Katie was chosen for this award because of her demonstrated commitment and enthusiasm to grassroots advocacy. At her facility in Albert Lea, Katie has hosted forums; written letters; called her legislators; voiced her opinion; attended days at the Capitol; and has encouraged others to act; and all with a very positive, very enthusiastic “can do” attitude. Katie also serves on our Board of Directors.

LEADERSHIP AWARD: JUDY HULST. Villa St. Vincent. Colleagues shared this about Judy, who is the campus administrator: Judy is an exceptional professional, teacher, colleague, and mentor, but most of all, she is a phenomenal leader. Her attention to detail, diplomacy, and cheerful disposition are brought forth in all her endeavors. Judy is the quiet leader who never seeks fanfare and recognition, but is long overdue to receive some good old-fashioned accolades.

LEADERSHIP AWARD/SENIOR LIVING: ROBIN THEIS. St. Benedict’s Senior Community. Robin works tirelessly to improve the lives of seniors; she is responsible for the oversight of four independent living projects, three assisted living facilities, two memory care facilities, and a home care agency. She is a strong and outstanding advocate for seniors and instills an accountability and ownership in those she supervises. She holds the bar—and expectations—high.

LIFE ENRICHMENT AWARD: CHAR ANTOINE. Chandler Place. Char uses every spare minute to find and research ideas for programs, outings, and events that excite and engage the veterans at Chandler Place. A letter of support stated, “Seldom have we seen in our 75 years of combined military service, the dedication and commitment to veterans that Charlene has demonstrated. She strives to enrich lives, create meaningful events, and honor our greatest generation.”

LIFETIME ACHIEVEMENT AWARD: BARB ATCHISON. Crossroads Care Center and South Shore Care Center. Barb’s passionate commitment to serving residents, her devotion to staff—and their loyalty to her—made Barb the perfect recipient of this award. Running a nursing home has been in the family, as it was her husband’s grandmother who started it all back in the 40s, taking care of the county poor. Now Barb is the administrator of two facilities in Worthington and an active—and passionate—advocate for this profession.

MEMBER OF THE YEAR: AMANDA JOHNSON. Tealwood Senior Living’s Vice President of Clinical Operations. Amanda’s ongoing contribution of time, energy, and expertise is what prompted Care Providers of Minnesota’s Board Chair to choose Amanda as the 2014 Member of the Year. Amanda is chair of the Education Committee and vice-chair of the Technology Committee. Each year, she volunteers her expertise to present at our convention, our housing manager series, nurse manager series, the quality symposium, and the senior housing summit. She has also been a speaker for a number of webinars.

Amanda is exceptionally dedicated and committed to Care Providers of Minnesota and represents this profession admirably—making her the perfect recipient of the Member of the Year Award.
AWARDS RECIPIENTS 2014

NOBLE CAREGIVER OF THE YEAR/SENIOR LIVING: STACY NOBLE, Lifesprk. Presented with her award at the Senior Housing Summit. The following comment best explains why Stacy was chosen: “It was always about my mother to Stacy; she put her first and for that, I’ll always be grateful. Caring for someone in this manner, at this point in life, is a noble quality in a caregiver—and among a team of wonderful caregivers that cared for my mom—Stacy stood out.”

NURSE-CAREGIVER OF THE YEAR: JANET JADWIN, Good Samaritan Society—Stillwater. Janet’s nomination stated that nursing skills must be a part of her DNA as her compassion, caring, and supportive demeanor come so naturally. Janet has this ability to make the person she’s speaking with know that they are her top priority, and that she will do everything in her power to be sure they are not only well cared for, but GENUINELY cared for!

NURSE OF THE YEAR/SENIOR LIVING: VICKY GUNDY, Edgewood Senior Living—Virginia. Presented with her award at the Senior Housing Summit, Vicky was chosen because she effectively communicates about the needs of a resident; serves as a mentor and leader; is an advocate for the elderly…and the staff; demonstrates a commitment to the community and a dedication to residents; and has a high standard of ethical behavior.

PUBLIC OFFICIAL RECOGNITION: SENATOR KENT EKEN, (DFL) District 4. Senator Eken is a true champion for seniors and caregivers. For over a decade, he has been tireless in his commitment to long-term care issues. Senator Eken attends member-sponsored events, quickly answers emails and calls, and is readily available to meet in person—when his schedule allows. He always makes time to listen. Senator Eken was the chief author of last year’s 5% bill, which gave funding to home and community-based services providers. He has been extremely influential in helping others understand the real needs of this profession.

RISING STAR AWARD: PAUL MERCIL, Villa St. Vincent. Known as the “quiet maintenance man” on their four-person team, Paul is described by his co-workers as intelligent, professional, capable, kind, helpful, patient, and personable…attributes we’d all like to have! Paul stood out as one of the brightest due to his work accomplishments, his nose-to-the-grindstone attitude, and gentle kindness that he emulates every moment he is on campus.

SUPERSTAR AWARD: CHARLIE OKROI, Pierz Villa, Inc. Charlie is one of a kind—literally—as he is the only male employee at Pierz. Over the years, Charlie has won the love and respect of each employee and every resident; he has also won their hearts with laughter, as he’s a bit of a prankster. One year he wrote “Charlie’s Birthday” on the nurse’s station calendar on various months, resulting in many celebrations and choruses of “happy birthday”—until they figured it out.

YOUTH VOLUNTEER OF THE YEAR: JACOB LAHTI, Good Samaritan Society—Ambassador in New Hope. At the time of his nomination (spring 2014), Jacob had already been volunteering for three years, amassing 647 volunteer hours—and that number just keeps growing! Jacob says that the best part about volunteering is the time he gets to spend with residents. Staff say that Jacob is a fantastic asset and has helped out in nearly every department!
2014 had members traveling to Washington D.C. to be recognized by the American Health Care Association and the National Center for Assisted Living (AHCA/NCAL) for achievements in their quality awards program.

Since 1996, AHCA/NCAL has recognized quality through their progressive awards program, once known as the Step Program. Now AHCA/NCAL’s awards program consists of three levels—bronze, silver, and gold. Members must achieve an award at each level in order to advance to the next.

At AHCA/NCAL’s annual convention, affiliate members from across the nation were presented with awards; seven Care Providers of Minnesota members were among them.

Six Care Providers of Minnesota members began their journey in 2014 and received national recognition as a recipient of the BRONZE—COMMITMENT TO QUALITY award. These six members are:
- Bethel Healthcare Community, Jennifer Schoenecker, Administrator
- Edgewood Senior Living–Virginia, Jennifer Ensign, Executive Director
- Minnesota Masonic Home Care, Shelly Wiggin, Administrator
- Pleasant Manor, Anna Sheridan, Executive Director
- Pleasant Seasons Assisted Living, Joseph Gubbels, Director of Operations
- The Colony at Eden Prairie Transitional Care Center, Jennifer Kuhn, Administrator

The SILVER—ACHIEVEMENT IN QUALITY award is the second in the AHCA/NCAL quality award series. An organization must receive an award at the bronze level in order to progress to the silver. At this level, applicants continue to learn and develop effective approaches that help improve performance and health care outcomes.

Prairie View Senior Living in Tracy, Jason Swanson, Executive Director, was the recipient of the Silver award.

Congratulations to all those who are committed and progressing in their quality efforts!

Since 1996, Care Providers of Minnesota members have earned 119 Bronze—Commitment to Quality/Step 1 awards; 20 have reached the Silver—Achievement in Quality/Step 2 award level; and five have achieved the Gold—Excellence in Quality/Step 3 award level!

MINNESOTA HOLDS THE RECORD FOR GOLD
Did you know that only 24 facilities nationwide have earned a Gold—Excellence in Quality/Step 3 Award? Of those 24, five are Care Providers of Minnesota members, which means we have more Gold—Excellence in Quality/Step 3 award recipients than ANY OTHER STATE!
The American Health Care Association/National Center for Assisted Living (AHCA/NCAL) Quality Initiative Recognition Program is designed to recognize AHCA/NCAL members that demonstrate the attainment of one or more of the four AHCA Quality Initiative Goals.

### QUALITY INITIATIVE RECOGNITION PROGRAM

As a reminder, the goals are listed below:

- Safely reduce the number of hospital readmissions within 30 days after admission by 15%, by March 2015
- Reduce turnover among nursing staff by 15%, by March 2015 (for home care in an assisted living, the goal is to maintain nursing staff turnover rates below 30%)
- Increase (or maintain) the number of customers who would recommend the facility to others up to 90%, by March 2015
- Safely reduce the off-label use of antipsychotics by 15% by December 2013, 25% by December 2015, and 30% by December 2016

The recognition of achievers is a tiered-approach, where member centers will increase their recognition as they accomplish multiple Quality Initiative goals. Congratulations to the following Care Providers of Minnesota "high achiever" members who achieved three or all four goals during 2014:

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>City</th>
<th>GOAL: Reduce the number of hospital readmissions by 15%</th>
<th>GOAL: Reduce the off-label use of antipsychotics by 15%</th>
<th>GOAL: Reduce turnover among nursing staff by 15%</th>
<th>GOAL: Increase the number of customers who would recommend the facility</th>
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CARING FOR PERSONS WITH DEMENTIA
The third essay contest sponsored by the Quality Council was based on the theme "what your colleagues should know when caring for persons with dementia/Alzheimer’s disease." All direct care staff were invited to participate and the response this year was phenomenal, with the most essay entries to date!

Thank you to the many who participated and especially to Michelle Heren, Cerenity Care Center–Marian of St. Paul, who was the winner of the 2014 contest! Along with a cash prize, Michelle attended Care Providers of Minnesota’s Celebration of Caring dinner, where she was formally recognized for her efforts.

Congratulations also to Thuy Tran, Minnesota Masonic Home Care Center, Bloomington, who was the runner-up.

Michelle and Thuy’s essays were published in ACTION and Quality in ACTION, and can now be found on Care Providers of Minnesota’s website, www.careproviders.org.

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Congratulations also to the many Care Providers of Minnesota members who achieved one or two of the goals and are working towards further improvements in 2015.
It started as a typical day for the Edgewood Virginia leadership team as we met for our morning meeting. The room filled up; weekend banter was exchanged; and materials for discussion were passed around. As we began to sort through the information in front of us, a discussion emerged and gathered momentum. We were talking about how proud we were of our great building, amazing staff, and the residents we are able to care for. We decided we needed to showcase our community and began to brainstorm on ways to do that.

Shortly afterwards we received information about Care Providers of Minnesota’s awards program and thought this would be a great venue to celebrate and acknowledge our staff and achievements. The team decided that we would participate in the awards program—specifically the Excellence in Services Award—in hopes of winning and honoring the work that has been done by so many.

We began the nomination process (which is lengthy and time-consuming) but as we got further into the project, a beautiful thing started to happen—we were able to share far more stories, experiences, and resident history than we even knew we had! It became our drive, ambition, and passion to achieve this goal to honor everyone who is a part of Edgewood. So a day before the May 5th deadline, we submitted our application with realistic—but high—hopes.

A few weeks later we got the call: We had made it through the first qualifying round! Now members from Care Providers of Minnesota’s Recognition Committee would be coming to our community to experience it first hand and complete the second part of the process. A date was set and we were ecstatic to inform the team that we had made it to the second round and we would be getting the tour!

We all were looking forward to the tour; however, as the date grew closer, scheduling conflicts arose with several committee members who had planned to make the trip up here. We explored other opportunities with Care Providers of Minnesota and came up with an idea—since we had recently wi-fied our buildings, the tour could be streamed live, allowing committee members who were unable to travel to “see” our community via Skype!

The day of the tour came and we shared our community with everyone via a live video. Edgewood Virginia residents, family members, and staff all got the opportunity to speak to the committee and share their thoughts on their home and workplace. Tears were shed (the good kind), laughter ensued, and it was fabulous to be able to take a couple of hours out of our day to just hear from those in our community about their experiences, home, and work.

A few weeks later, we got another call—this was a congratulations one from Care Providers of Minnesota—stating that we had been selected as the recipient of the Excellence in Services Award! This was a fantastic day and the news spread like wildfire within our community. Everyone was so proud of what we had done and that we would be honored by Care Providers of Minnesota as one of the premiere assisted living communities in Minnesota. We were honored at the Senior Housing Summit in August as we were presented with a beautiful Excellence in Services Award that we could bring back to the community and display proudly.

This journey has brought our community, team and residents closer together as we all were reminded of the true purpose of what we do every day. We highly recommend this program to any community that is looking to honor their team members, residents, and community. We will never forget the year when we took a chance, worked hard and were honored by our peers.
THE STATE OF QUALITY (continued from page 5)

New Home Care Quality Management Requirement
All Minnesota home care providers will transition from a Class A or Class F license to a basic or comprehensive home care license between the dates of 7/1/14 and 7/1/15. The vast majority will become comprehensive, as they desire to provide nursing, therapy, or delegated nursing or delegated therapy services to home care clients.

One requirement a comprehensive home care provider must comply with that did not exist under the Class F license is the requirement to engage in a “quality management” program. In general, this means the home care agency must have at least one current documented performance improvement project in progress that is relevant to the services delivered. Specifically, the statute requires: "The quality management activity means evaluating the quality of care by periodically reviewing client services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to clients."

Surveyors from the Minnesota Department of Health’s Home Care and Assisted Living Program will conduct surveys and review each home care agency’s current quality management project as well as other quality management projects completed by the provider during the previous two years.

Home and Community-Based Services Performance-Based Incentive Payment Program
In 2013, the Minnesota Legislature provided funding to DHS for providers to implement a time-limited Home and Community Based Services Performance-based Incentive Payment Program (HCBS PIPP). The following goals were used to award the HCBS PIPP Grants:

- Improve the quality of life of older adults and people with disabilities in a measurable way;
- Improve the quality of services in a measurable way; and/or
- Deliver good quality services more efficiently.

On July 1, 2014, DHS announced that $3.5 million in performance-improvement funding was awarded to 27 projects in 39 Minnesota counties. Several initiatives by Care Providers of Minnesota members were selected:

- ElderCare of Minnesota is redesigning staff training using person-centered care processes in its assisted living and home care programs in Morrison, Nobles, Beltrami, Clay, Becker, Crow Wing, Stearns, Martin, Wadena and Faribault counties.
- Lakewood Manor, Lakewood Health System, is implementing evidence-based health and wellness programs to help Todd and Wadena County residents manage chronic health conditions.
- Tealwood Senior Living is developing and implementing dementia care culture change in its assisted living facilities in Anoka, Stearns, Lyon, Morrison, Otter Tail, Benton, Mille Lacs, Sherburne, Winona, Wright and Hennepin counties.
Care Providers of Minnesota’s QUALITY AT WORK is an annual report on the quality of care in nursing facilities, assisted living communities, and home & community-based services settings.

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Patti Cullen, President/CEO
Lisa Foss Olson, Director of PR & Communications

www.careproviders.org