What "next generation of quality" means to me

By Gail Sheridan, chair, Quality Council

As we move forward next year with our "next generation of quality," it is important to frame some of what is meant by this phrase. Quality improvement concepts and processes have been around for some time, at least in the nursing facility world. At the same time, we are waiting for some additional quality initiatives tied to QAPI (Quality Assurance Performance Improvement) for nursing facilities, quality add-ons for nursing facilities, Performance Incentive Payment Program for home- and community-based services, and report cards for home- and community-based services. All of these current and upcoming initiatives are positive steps and welcome advancements in our quality journey.

But for me it isn’t enough.

When I think of the next generation of quality, I think about our responsibility as a profession to "raise up all boats" — to ensure there is both sustainability and replicability for our quality projects. I want to be able to know that tools and knowledge are available to all staff working in this profession, especially for those staff interacting with persons with dementia. I look to the individual processes, data collection, and quality initiatives that my own organization has undertaken over the past few years and I am pleased with our direction. But that work doesn’t go far enough in one particular area — development of a well-trained workforce that is capable of addressing all of the needs on a person-centered basis for the growing swell of persons with dementia entrusted to our care and services. I don’t mean to discount all of the other positive quality improvement programs underway — from falls reduction to wellness to unnecessary rehospitalizations — but I do believe we all need to focus more clearly on this quality initiative and make certain that the best practices are known and taught to staff across all types of care settings and staff positions.

Some of the quality issues that we are addressing through the American Health Care Association/National Center for Assisted Living (AHCA/NCAL) Quality Initiative address the results of staff training deficiencies in this area. When you look at the data of preventable rehospitalizations and the off-label use of antipsychotics you will see that frequently the customers who fall in this category are persons with dementia who may have corresponding behaviors that result in actions such as hospitalizations or medications. I believe if we train all of our staff on key dementia topics we will ultimately improve our Quality Initiative scores as well — communication skills, managing the environment, problem-solving with challenging behaviors, and person-centered specialized programming, as some example topics.

This isn’t an impossible task. The tools are already available. The Association helped to develop a “library” of dementia training options available for direct care staff through the work of the ACT on Alzheimers’ collaborative, Download them at http://www.actonalzheimers.org/dementia-education. One of the training options available and on that list comes from one of the Association’s partners, Relias Learning, who just expanded their course options under the "Alzheimer’s and Dementia" series to 28 separate courses that address the care demands of persons with dementia. Our national association, the American Health Care Association/National Center for Assisted Living (AHCA/NCAL), recently announced a partnership with CARES® Online Dementia Training and Alzheimer's Association® essentiALZ Certification program, and AHCA/NCAL members will get a discount on the training. The Association plans on promoting dementia training as a key program in 2014 — I believe it will ultimately be one of the best quality improvement programs we could implement on behalf of the entire profession.

Gail Sheridan, vice president of healthcare services, Tealwood Senior Living chair, Quality Council

2014 begins with a new Minnesota nursing facility quality incentive payment program
All Minnesota nursing facilities will have a new opportunity to improve quality and receive a rate increase. The 2013 legislature created a new Quality Improvement Incentive Program, which will begin in 2014 and have a corresponding rate increase on Oct. 1, 2015. However, the language passed by the 2013 legislature provides the Minnesota Department of Human Services (DHS) some latitude in setting the new program up by stating that DHS, "shall develop a quality improvement incentive program in consultation with stakeholders. The annual funding pool available for quality improvement incentive payments shall be equal to 0.8 percent of all operating payments."

With the help of stakeholders, DHS has drafted a white paper on the new Quality Improvement Payment Program. While the public comment period is now closed, you can view the draft paper by clicking on "Draft of Concept Paper on the Design of the Quality Improvement Incentive Payment Program (QIIP) Posted for Public Comment" at the top of this webpage.

The paper outlines a new quality improvement payment program that will, as currently constructed, allow all nursing facilities to select a measure from either the Minnesota Quality Indicators (MNQIs) or Quality of Life (QOL) domains. To assist nursing facilities, DHS will provide information in early 2014 for each facility, either by means of an Excel spreadsheet made available on the DHS website or through the Nursing Facility Provider Portal website, to use in selecting their topic.

Nursing facilities will then work on improving their selected measure for the April 1, 2014 to March 31, 2015 time period. At the conclusion of the annual performance period, DHS will measure the performance and calculate the associated per patient day rate increase to begin Oct. 1, 2015.

However, unlike the recent quality add-on rate increases that nursing facilities have received, the Oct. 1, 2015 quality improvement rate increase will not be built into the base operating rates. Instead, each year nursing facilities will select a new measure, and the money appropriated will be recycled through the nursing facility rate structure to reward performance on the newly selected measure.

Please contact Todd Bergstrom at the Association office if you have any questions.

Nursing Home Quality Care Collaborative update

By Patti Cullen, CAE

What is the National Nursing Home Quality Care Collaborative (NNHQCC)?

This fast paced, all teach all learn initiative, modeled after the Institute for Healthcare Improvement breakthrough series approach, is being led by the Centers for Medicare and Medicaid Services (CMS) and quality improvement organizations (QIOs) as part of the QIO 10th Statement of Work. The NNHQCC runs from February 2013 through July 2014. The Collaborative seeks to rapidly spread the practices of high performing nursing homes to every nursing home in the country, with the aim of ensuring that every nursing home resident receives the highest quality of care. Specifically, the NHQCC will strive to instill quality and performance improvement practices, eliminate health care acquired conditions, and dramatically improve resident satisfaction by focusing on the SYSTEMS that impact quality such as: staffing, operations, communication, leadership, compliance, clinical models, quality of life indicators and specific, clinical outcomes (targeted focus on inappropriate antipsychotics in dementia residents, falls, UTIs, HAIs). The NNHQCC:

- Utilizes the Learning and Action Network (LAN) model
- Supports development of strategies for overall quality using QAPI as the framework or structured approach
- Utilizes a data-driven and proactive approach to quality improvement; a measurable aim will drive the
work

- Allows flexibility of the nursing home to choose priority focus areas that are ripe for change
- Addresses gaps in systems through planned interventions in order to improve the overall quality of the care

QIOs will share a "change package" with participating nursing homes and help them to select focus areas and implement tests of change. QIOs will also share QAPI resources as they become available.

The Collaborative aligns with other partner and stakeholder quality improvement initiatives. Some of them include:

- Partnership for Dementia Care: Reduce anti-psychotic use by 15% by December 2012
- AHCA/NCAL Quality Initiative
- Advancing Excellence Goals 2012
- New MDS 3.0 QM
- Expected Medicare Conditions of Participation requiring QAPI
- National Quality Strategy

To learn how many of these initiatives align, please view the Nursing Home Quality Initiatives frequently asked questions document produced by the Centers for Medicare & Medicaid Services.

How can I learn more about the NNHQCC? Contact your state Quality Improvement Organization (QIO): www.stratishealth.org.

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Primer on process improvement tools

By Brian Lassiter, president of Performance Excellence Network

The following is an excerpt from the blog of the president of the Performance Excellence Network, Brian Lassiter. We thought it would be important to include this well-done summary of quality improvement process options especially for members who are considering applying for the new HCBS Performance Improvement Payment Program, and our nursing home members who will soon be choosing quality improvement goal areas for the upcoming quality add-on. Find the complete text here.

Process improvement tools are only effective if they are used in the right way. And organizations often try to force a particular tool on a problem for which it was not designed. Square peg; round hole. In fact, I contend that many failed process improvement projects have very little to do with the improvement tool(s), and much to do about selecting the right tool(s) and then managing the change in implementing them. Consider this a handy primer on process improvement tools:

A3 problem solving: A3 is a structured problem solving approach. The term "A3" derives from the paper size used for the report, which is the metric equivalent to 11" x 17" paper size. A3 helps structure and understand the problem, then convey potential solutions and interventions. As such A3 also is a handy communication tool for project management.

Control chart: According to ASQ, the control chart is a graph used to study how a process changes over time. A control chart always has a central line for the average and an upper and lower control limit, which are determined from historical data. By comparing current data to these lines, you can draw conclusions about whether the process variation is consistent (in control) or unpredictable (out of control, affected by special cause variation).

Fishbone diagram: A fishbone diagram (also fishbone analysis, cause and effect analysis, or ishikawa diagram) is a tool used to identify many possible causes for an effect or problem. It can be used to structure a
brainstorming session, and it can immediately sort ideas into useful categories.

**Flowchart:** A flowchart (also process flow or process map) is a picture of the separate steps of a process in sequential order. It includes activities, decision points, inputs and outputs, and sometimes people involved and/or time. Flowcharts can be of all types of processes, including manufacturing, service, project plans, administrative tasks, and so forth. Seeing the flow can clarify steps and roles and can identify improvement opportunities.

**Histogram:** In statistics, a histogram is a graphical representation of the distribution of data. It is an estimate of the probability distribution of a continuous variable and is a representation of tabulated frequencies, shown as adjacent rectangles. Histograms give a quick visual of frequencies of occurrence. See Pareto for a special type of Histogram.

**Hoshin kanri planning:** Japanese-style hoshin kanri is a proven method for developing, deploying, and accomplishing strategic objectives. Hoshin kanri (also called policy deployment) is a method for ensuring that the strategic goals of an organization drive progress and action at every level within that organization.

**Interrelationship diagraph:** Also called relations diagram, this tool shows the cause and effect relationships — the natural links between different aspects of a complex situation.

**Lean:** According to the Lean Enterprise Institute, the core idea of Lean is to maximize customer value while minimizing waste. Simply, Lean means creating more value for customers with fewer resources. Lean originated, essentially, from the Toyota Production System, and many tools sit under the Lean methodology, including 5S (a simple way to organize work), Value Stream Mapping (a tool used to visually map current and future state flow), Mistake Proofing Poka Yoke (design error detection and prevention with the goal of zero defects), Failure Modes Effect Analysis (FMEA), Kanban (a method of regulating flow), Kaizen (a method where employees work together to achieve regular, incremental improvements in the process), and many others.

**Pareto chart:** Sometimes called Pareto diagram or Pareto analysis, a Pareto Chart is a bar graph that shows frequency of events (or time, cost, or other variables), arranged with the longest bars on the left and the shortest on the right. In this way, the chart visually depicts which situations occur the most frequently and therefore may be the most significant. A simple analysis tool for prioritizing.

**PDCA (or PDSA):** This is an iterative methodology for designing and implementing improvements, where P is plan (design the improvement), D is do (implement and pilot/test the improvement), C is check or S is study (verify whether expected results are achieved), and A is act (review, assess, fully roll out and then repeat). This concept is the fundamental basis for the deployment of all quality tools, and needs to be an integral part of management decisions. So whether you are using ISO, Baldrige, Lean, Six Sigma, or any number of other improvement tools and frameworks, knowing PDCA will give you the foundation for systematic improvement.

**Quality function deployment (QFD):** This tool is a method for carefully listening to the voice of your customer, and then effectively responding to those needs and expectations. First used in Japan in the 60s, QFD began to be used in the US in the 80s.

**Root cause analysis:** This is a problem solving approach that focuses on identifying and resolving the underlying problem(s) instead of applying "quick fixes" that only treat immediate symptoms of process problems. A common approach is to ask "why: five times, each time moving a step closer to discovering the true underlying problem. For example, our system was down for two hours last week, causing service issues with customers. Why? Because the servers where down due to a power outage. Why? Because the utility company had unscheduled downtime and we did not have an alternative plan. Why? Our generator broke two weeks ago and repairs weren’t scheduled until next week. Why? Because our contract with the generator service company wasn’t robust enough to require faster response. Solution: change the contract with the generator company so that we are never without a Plan B for power outages.

**Run chart:** A run chart is used to monitor the behavior of a variable over time for a process or system. Run charts graphically display cycles, trends, shifts, or non-random patterns in behavior over time. They can help identify problems and the time when a problem occurred, or monitor progress when solutions are implemented.
**Scatter diagram**: The *scatter diagram* graphs pairs of numerical data to look for a relationship between them. If the variables are correlated, the points will fall along a line or curve. The better the correlation, the tighter the points will hug the line.

**Visual controls**: Visual controls are a system of signs, information displays, layouts, material storage and handling tools, color-coding, and poka-yoke or mistake proofing devices. These controls fulfill the old fashioned adage: a place for everything and everything in its place. The visual control system makes product flow, operations standards, schedules and problems instantly identifiable to even the casual observer. Visual control methods aim to increase the efficiency and effectiveness of a process by making the steps in that process more visible.

In selecting process, operational, and enterprise improvement tools, sometimes it feels like alphabet soup — there are so many tools for so many purposes. The trick is in picking the right tool(s) for the circumstances in which you operate, the problems you are trying to solve, and the outcomes you are trying to achieve. Sometimes you need to integrate tools (think Lean Six Sigma); sometimes you need to modify or adjust them to fit your organizational context (no tool is pure, so feel free to adapt to what your organization needs); and always you need to pay attention to the tools’ fit with your organizational culture.

Brian Lassiter, president
Performance Excellence Network

**We went for the gold ... and you can too!**

*By Christina Haupt, St. Mary's Care Center*

The American Health Care Association/National Center for Assisted Living (AHCA/NCAL) Quality Award program is a journey, a process that assists organizations in assessing their progress along the quality improvement program based on the Baldrige criteria.

When determining the start of this journey for your organization the best time to start is when you feel your organization isn't ready for the journey! Sounds backwards right? However, there are many reasons why it isn't the right time for an organization. The most common are: I don't have enough time, my organization is not ready, and I don't know enough to start this journey.

The best part is that all of these reasons or to properly term them, *excuses* are overcome with one solution; if you have read this far, you already know what it is! The key to your success is that the program is a process — a journey.

St. Mary’s Care Center's journey started in 2000. We achieved the Step I Award (now bronze level) and continued with a Step II (now silver level) achievement. The journey proceeded to the gold level award in 2013.

Let's get back to those excuses and break them down for those who are still on the fence.

**I don't have enough time.** Rome wasn't built in a day and a quality organization won't be either. Set a realistic goal for any of the award applications — plan in advance. It’s okay to start your process and not apply in that cycle. Gather a team and break the process into smaller parts that the team can handle. Keep your core team small enough that it can be managed. In 2010 we completed most of a gold level application that AHCA never received. Was it a waste? Absolutely not, we learned how much time we needed and came back the next year with a more realistic plan.

**My organization isn't ready.** If you have taken the time to determine this, you are indeed ready. Until you begin the process you won’t fully know where your organization falls, and without that information you won't be able to focus your efforts to get to the point where you feel ready. A bonus is that once you write an application you get invaluable feedback from outside your organization on the areas where you are awesome and their opinions on where you should focus your energies for the biggest bang. St. Mary’s wrote our gold award application four
times. Could we have given up and said we weren't ready? Sure, but we wouldn't have gotten any closer to being ready.

**I don't know enough.** There are countless opportunities to gain this knowledge and many people to ask for help; however, an organization should also always keep in mind that you learn by doing. An opportunity to learn more can be found by being a volunteer examiner with AHCA, where you learn to evaluate applications and learn more about the criteria. The criteria are always available, download the information and you can review it until you are comfortable enough to proceed. Call a friend in the industry who has done it; chances are they would help you through any questions. During our journey multiple team members went to outside training and I personally have served as a volunteer examiner for six years.

In summary, you can do it! You can do it! You can do it! The gold award achievement is not the end of your journey, but the catalyst to further organizational improvement. Trust me — we've got the OFIs to prove it!

Christina Haupt, administrator/CEO
St. Mary's Care Center

**Rising Cedar Apartments, a Touchstone community**

*By Jill Schewe*

Sixty-five year old Ray has been many things in his life: a student, a teacher, a quarterback for the University of Minnesota. He has also experienced tremendous challenges throughout his life due to mental illness. Many times Ray knew he needed help, but didn't know where to turn.

In June Ray moved into the Touchstone Rising Cedar Apartments. Since then he has better nutrition and eating habits. He feels more relaxed after spending time in the healing garden. Ray knows this is home, something he hasn't been able to say for a long time. He has his own apartment, access to the Community Health and Wellness Center, his independence, and finally feels like he is in control of his own life.

Rising Cedar Apartments opened its doors this past summer and on Oct. 31 they reached the monumental achievement of filling all 40 apartments on schedule. In a short four months Rising Cedar staff processed more than 200 referrals and countless inquiries to identify candidates meeting significant or priority criteria for services and housing.

The Rising Cedar residents' struggles and joys are the day-to-day focus as staff work to ensure everyone's needs, voices, and dreams are of equal importance.

Since the opening of the Touchstone Community Health and Wellness Center in September, 50% of residents are active participants. Residents can choose daily from social and community integration activities, supportive evidence-based groups and/or community building events.

The Center was created to support the holistic needs of individuals living with mental health concerns, and provide essential services such as nutrition classes, a fitness center and therapeutic yoga.

The Rising Cedar staff is consistent in their passion, dedication, innovation, professionalism, teamwork, hard work and significant positive regard for each other, for residents and their families and friends, and for the collective community. The staff has managed crises with compassion and skill, worked tirelessly to ensure details are attended to, brought their hearts and strengths to the table, and is recognized for the significance of their contributions. Michelle Wincell O'Leary, senior director, states, "If our beginning in any way tells the story that we will become, there is no telling how far we will go together!"

*Learn more about Rising Cedar Apartments, a Touchstone community, here.*

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High achieving quality initiative facilities

By Doug Beardsley

The American Health Care Association (AHCA) Quality Initiative Recognition Program is designed to recognize AHCA nursing home members that demonstrate the attainment of one or more of the four AHCA Quality Initiative Goals. As a reminder the goals are listed below (along with web links providing additional information about each goal.

- 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%

According to AHCA, Care Providers of Minnesota currently has 104 members that have achieved one or more of the goals set by AHCA. Below is the list they provided to Care Providers of Minnesota:

Achieving three goals were:
- Benedictine Living Community of New London
- Galtier Health Center
- Golden LivingCenter – Hopkins
- Good Samaritan Society – Clearbrook
- Green Lea Manor
- Red Wing Health Center
- St Brigid’s At Hi-Park

Achieving two goals were:
- Aicota Health Care Center
- Benedictine Health Center
- Benedictine Health Center Innsbruck
- Benedictine Living Community
- Benedictine Living Community Winsted
- Bethany Care Center
- Central Health Care
- Cerenity Care Center – Marian
- Cornerstone Nursing & Rehab Center
- Edgebrook Care Center
- Evansville Care Center
- Golden LivingCenter – Chateau
- Golden LivingCenter – Linden
- Golden LivingCenter – Slayton
- Golden LivingCenter – Twin Rivers
- Good Samaritan Society – Maplewood
- Good Samaritan Society – Mary Jane Brown
- Good Samaritan Society – Mountain Lake
- Good Samaritan Society – Pipestone
- Good Samaritan Society – Specialty Care Community
- Good Samaritan Society – Windom
- Lewiston Villa Nursing Home
- Madonna Towers of Rochester, Inc.
- Maple Lawn Nursing Home
- Minnesota Masonic Home Care Center
- Park River Estates Care Center
- Parkview Care Center Wells Inc.
Pleasant Manor Inc.
Richfield Health Center
St Anthony Health Center
St Benedict's Senior Community
St Eligius Health Center
St Gertrude's Health & Rehabilitation Center
St Isidore Health Center of Greenwood Prairie
St Lucas Care Center
St Michael's Health & Rehab Center
St Otto's Care Center
St Raphael's Health & Rehab Center
Villa St. Vincent

Achieving one goal were:
Benedictine Health Center of Minneapolis
Bridges Care Community
Cerenity Care Center – White Bear Lake
Cerenity Care Center on Humboldt
Cerenity Residence on Humboldt
Clayco Care Center
Colonial Manor Nursing Home
Crossroads Care Center
Evergreen Terrace
Fairfax Community Home
Foley Nursing Center
Golden LivingCenter – Bloomington
Golden LivingCenter – Greeley
Golden LivingCenter – Lake Ridge
Golden LivingCenter – Lynnhurst
Golden LivingCenter – Meadow Lane
Golden LivingCenter – Moorhead
Golden LivingCenter – Olivia
Golden LivingCenter – St. Louis Park
Golden LivingCenter – Whitewater
Good Samaritan Society – Albert Lea
Good Samaritan Society – Ambassador
Good Samaritan Society – Battle Lake
Good Samaritan Society – Howard Lake
Good Samaritan Society – International Falls
Good Samaritan Society – Inver Grove Heights
Good Samaritan Society – Jackson
Good Samaritan Society – Pine River
Good Samaritan Society – St James
Good Samaritan Society – Waconia and Westview Acres
Good Samaritan Society – Waterville
Good Samaritan Society – Westbrook
Health and Rehabilitation of New Brighton
Hillcrest Health Care Center
Interfaith Care Center
Janesville Nursing Home
Karlstad Healthcare Center, Inc
Koda Living Community
Lakeshore Inn Nursing Home
Luther Memorial Home
Maple Manor Healthcare & Rehab
Mcintosh Senior Living
Meadow Manor
Minneota Manor Health Care Center
New Brighton Care Center
Oaklawn Health Care Center
Park Health and Rehabilitation Center
Parker Oaks Communities Inc
Pierz Villa, Inc
Pioneer Memorial Care Center
Prairie View Healthcare Center
Rose of Sharon Manor
Saint Anne Extended Healthcare
Southview Acres Health Care Center Inc
St Anthony Park Home
Talahl Care Center
Texas Terrace Care Center
Woodlyn Heights Healthcare Center

See the full spreadsheet here; it highlights each of the goals the facilities have achieved. AHCA uses the following source of information to compile the report and recognition:

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<th>Name of report</th>
<th>Data source</th>
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<th>Collection date for current data in report</th>
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<td>Rehospitalization</td>
<td>MDS 3.0 and OnPoint 30</td>
<td>Q4 2011</td>
<td>Q1 2013</td>
</tr>
<tr>
<td>Off-label antipsychotics</td>
<td>NH Compare — MDS 3.0</td>
<td>Q4 2011</td>
<td>Q1 2013</td>
</tr>
<tr>
<td>Turnover</td>
<td>AHCA staffing survey</td>
<td>2011</td>
<td>2012</td>
</tr>
<tr>
<td>Customer satisfaction</td>
<td>Member satisfaction / TrendTracker</td>
<td>N/A</td>
<td>2012</td>
</tr>
</tbody>
</table>

Congratulations to these 104 nursing facilities!

In honor of this achievement, AHCA has invited each achieving facility to attend the AHCA/NCAL Quality Symposium in New Orleans, LA, taking place Feb. 10–12, 2014. All achievers will receive specialized badge ribbons reflecting their achievements, and the Tier III and IV achievers will be recognized with a specialized certificate. In addition, AHCA will send a national press release highlighting the program, which will include the names of the Tier IV achievers. Information on the recognition for each level of Quality Initiative achievers is available on the Quality Initiative Recognition Program website.

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Family member essays by Donna Thompson and Hannah Berg

By Lisa Foss Olson

The Quality Council held their second essay contest for long-term care employees, with the 2013 theme of a "Dear Family Member" letter. All non-management staff were invited to participate, and for the second year in a row, the results were outstanding.

Four committee members read and scored all the essays and a grand prize
winner and runner-up were chosen. The grand prize winner received $200, with their essay published in Quality in Action and ACTION, as well as posted on the Association website. They also received a Celebration of Caring dinner ticket and acknowledgement in the Convention booklet. The runner-up received $100, and their essay published in Quality in Action and ACTION, as well as posted on the Association website, with acknowledgement in the Convention booklet.

The winning essay was written by Donna Thompson of St. Brigid’s at Hi-Park. The runner-up is Hannah Berg, Minnesota Masonic Home, Bloomington. Their essays are below. Enjoy! And thank you to the many essay contest participants.

By Donna Thompson, St. Brigid’s at Hi-Park, Red Wing

Dear family,

Let me start off by introducing myself. My name is Donna and I am a certified nursing assistant at St. Brigid’s at Hi-Park. I have been with the facility for a year now, but I have been in the nursing assistant field for over 30 years, and enjoy every minute of it. Since the beginning I have enjoyed taking care of people and knowing that I am making a difference in their everyday lives. I enjoy listening to their stories, sharing memories with them, and most of all seeing their happy faces day after day. When I see a patient is having fun and smiling, then I know I have done my job.

The next couple of days and weeks will be a difficult transition for your loved one. They might feel abandoned, they might be angry with you; you might even feel guilty with yourself. These feelings are sad and uneasy to have, but over time they will turn to feelings of joy, gladness, and comfort to know that your loved one is being taken care of. Transitions will not happen overnight. Transitions take time and patience, but it will happen. There are many ways that you can make the transition easier. Keep your outlook positive. Bring things from home to help make transitions so much smoother. Bring photos, things your loved one has collected or created, keep the energy in the room positive by decorating with colorful colors and uplifting artwork.

Staying in touch is a great way to keep your loved one’s spirits up. But with the busy schedules of today, stopping by for a quick visit can get pretty hard. Don't bring yourself down because you can't always stop by. There are many ways you can keep in contact with your loved one. Schedule a time of day convenient for both of you so you can talk to each other on the phone. Share photos, record digital messages, and if the patient is allowed and has the ability, email and video chat with them. Seeing you happy and enjoying the interaction, will make your loved one's day that much better!

I know things look tough now, and you wonder what did I get myself into? Was this the best decision for my loved one? Will my loved one get the care and support they need? Over time all these questions will be answered, and I am here to help you with those questions. You can always count on me and the other skilled employees to take wonderful care and make each day a happy one. I am dedicated to my work, and I am dedicated to making my patients feel at ease and comfortable. I am always here to help with a situation, whether it is with you or your loved one. I am here to make your lives easier and happier. You know that I will always give 100% and treat every patient as if they were my own loved one. I love what I do, and you will always know that your loved one is getting the best care possible.

Thank you

Donna

Your skilled care facility care staff

By Hannah Berg, Minnesota Masonic Home, Bloomington
Dear Judy:

This is Hannah, one of the night nurses at Masonic home. I will be one of the ones caring for your husband Ed during his stay here. I understand that he has been cared for at home, and this has been a difficult time of change and transition for you and the rest of your family. I wanted to say a few words to possibly ease your mind and help you feel good about the decision made for Ed.

I am one of eight children, and my father died when we were quite young. I was second oldest, so I helped my mother with my younger siblings. I think that experience made me a strong person, and a nurturer, with a high sense of responsibility for anyone under my care. I am conscientious and careful, and I will care for Ed as if he were my own father. One of my favorite things to do with my residents is to find our common bond; what brings us together as humans. Ed told me he served in the Korean War. Well, my dad did also! It also turns out that your home is only blocks away from the house in Bloomington that I grew up in! These things gave us something to talk about for awhile!

I work with a nursing assistant at night, who is my eyes and ears. He or she will see Ed more often than I will during the night, so we have developed a trust that reflects this. I will give my aide a detailed report every night, and pass on what to expect and look for during our shift. The two of us are a dedicated team.

We will try to make it as comfortable as possible for Ed, but it is up to you to make it feel like home. We provide the basics: bed, chair, bathroom, TV, medication, and personal cares. You can bring in whatever you think will make Ed feel more at home: pictures, plants, even his favorite recliner. He told me that he misses his grand kids. Maybe a photo collage would be perfect on his wall, to help him relax as he thinks about his family.

We will also rely on you to fill in the blanks about his life, and provide information that will enrich his care. A biography or brief sketch of his life before Masonic is always helpful. Sometimes just knowing what a person did for a living helps us communicate with him that much better, and understand behaviors that may come up. For example, when I found out that Ed used to be a pilot, it suddenly made sense that he was trying to speak into his call button! I'm sure it resembled his airplane microphone!

You can think of Masonic Home as Ed's next flight. He is at the controls, but will rely on myself and the rest of our "flight crew," and most importantly on you and the rest of his family as his "ground control." We will all work together to ensure that this journey is a comfortable, safe, and happy one.

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Twelve more members earn national recognition

By Lisa Foss Olson

The American Health Care Association and the National Center for Assisted Living (AHCA/NCAL) presented their 2013 national quality awards to Care Provider of Minnesota members at the national convention held in Phoenix, Arizona in October. These members were "re-presented" with their awards in front of their peers who attended Care Providers of Minnesota’s annual convention & exposition held in November.

AHCA/NCAL’s Quality Awards program has three progressive step levels: Bronze, Silver, and Gold. Facilities must achieve an award at each level to progress to the next. The Bronze commitment to quality award is the first in the series of three quality awards; the eight organizations who received the Bronze quality award are:

- Fairway Pines Senior Living, Jill Niehaus, executive director, Sauk Center
- Golden LivingCenter – St. Louis Park, Timothy A. Johnson,
The Silver Quality award is the second in this series and three members received this level of recognition. The three Silver quality award recipients are:

- Chandler Place Assisted Living, Jodi Saeko, executive director, St. Anthony
- Galtier Health Center, Tom Thompson, administrator, St. Paul
- The Commons on Marice, Mary Yaeger, housing manager, Eagan

Finally, a Gold Excellence in Quality Award gold award was earned by St. Mary’s Care Center in Winstead (see related article in the Member Spotlight section for more on the gold).

To reach this level, an organization must demonstrate that they are achieving high levels of performance over time in the areas of health care, customer satisfaction, operational finances, workforce, process and leadership.

Reaching this level is not easy; in fact since 2004, only 18 facilities nationwide have earned this level of recognition. And this gives us some boasting rights! Of those 18 nationwide recipients, five are Care Provider of Minnesota members.

Congratulations to Christina Haupt, administrator, and to the entire staff at St. Mary’s Care Center for a job well done and to a level few have achieved!

And congratulations to all the 2013 AHCA/NCAL Quality Award recipients!

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...and the award goes to:

By Lisa Foss Olson

32 awards, including the re-presentations of 2013 AHCA/NCAL quality awards, were presented at Care Providers of Minnesota’s 65th Convention & Exposition! 32 awards that honored individuals, programs, and facilities for excellence – and they deserved it! Who was recognized this year?

Take a look (in order of award presentation):

Youth Volunteer of the Year: Madeline Rose Bollingmo, Heritage House of Kimball

Only 12, Madeline has been volunteering for over half her life! Most recently, Madeline envisioned, planned, organized, hosted, emceed, and cleaned up a ladies tea for residents.
Adult Volunteer of the Year: Georgia Helvick, Good Samaritan Society – Ambassador

Georgia began volunteering in 2004 when she would bring her certified therapy dog Mitzi to visit residents at Ambassador. Although now minus Mitzi, Georgia continues with her one-on-one visits, serves on boards, and helps with events. Commented Georgia, "I had no idea when I signed up to volunteer what a truly rewarding experience it was going to be."

Community Partnership Award: The KidPack Collaboration, Good Samaritan Society – Ambassador

The KidPack program is a collaborative effort to provide food for hungry school children. Volunteers from Ambassador help assemble the "packs" twice a month, which are then delivered to kids at school, every Friday. Residents say that this partnership has added such meaning to their lives.

The Rising Star Award: Kelvine Nekembuh, nominated by Golden LivingCenter – Excelsior; now at The Waters of Edina

Kelvine is a star! No doubt about that! He has a great attitude, never complains, and always is willing to do what is asked of him — and he keeps a smile on his face! His first day on the job he stopped by each office, gave his wonderful smile and said, "Hello, I am grateful to be here; thank you again for hiring me, I will not let you down." And he never has.

Life Enrichment Award: LuAnn Kern, Prairie View Healthcare Center

LuAnn's nomination stated she always wears a smile ... and it's true! For over 26 years she has enriched the lives of residents in the town of Tracy, whether through planned activities or just taking the time to talk to a resident if they are having a bad day. Stated a resident, "LuAnn is always happy and would do anything for us residents."

Leadership Award: Kathy Svare, Edgewood Vista – Virginia

Resident satisfaction is better than ever; staff satisfaction and morale has improved tenfold; clinical quality is the best ... all of this is due to a great leader that is dedicated, collaborative, influential, knowledgeable, and has a great sense of humor. A comment from staff, "I am privileged to call Kathy my boss, my leader, my example and my rock in hard times."


Rep. Fritz (DFL) 24B was selected due to her tireless advocacy and ongoing commitment to long-term care issues. Serving her fifth term in office, Rep. Fritz has worked as a nurse in the Faribault area for many years, giving her a hands-on perspective. Throughout her legislative career, she has been a champion for senior care and funding increases.

Grassroots Advocacy Award: Residents and staff, Serenity Living Center, Dilworth
The grassroots efforts by Elaine Anderson and the residents and staff of Serenity Living Center in Dilworth clearly show that you can — in fact — make a difference when you try! Emails, letters, and a picnic were just some of the grassroots activities this group were involved in ... and it worked!

**Aide-Caregiver of the Year:** Sherry Poppler, St. Gertrude’s Health & Rehabilitation Center

For 36 years Sherry has focused her career on caring for residents and patients in long-term care by being their direct caregiver. She has truly made being a nursing assistant her life-long commitment and career. Staff, residents, and family all think the world of Sherry. Commented one family member, “When Sherry is here, the ‘A’ squad is working!” Sherry was presented with her award by Rep. Patti Fritz.

**Nurse-Caregiver of the Year:** Katie Paine-Santos, Lakewood Healthcare System

Stated one family member, “Katie is there for my mom — hands on. We know my mom is getting more than her basic needs met with Katie ... my mom is getting love.” And staff literally spelled out their admiration of Katie: K = Kindness; A = Acknowledgement; T = Terrific; I = Irreplaceable; E = Efficient. Katie was presented with her award by Rep. Patti Fritz.

**Champion Award:** Bill Webb, creative arts director, Good Samaritan Society – Specialty Care Community

Bill has brought music, art, poetry, painting and dancing to people who thought those things were gone from their lives forever. He has encouraged and challenged and championed people to be creative, to take chances, to try again, and to try something new. Bill’s award presentation was made even more special when over 20 music therapy peers surprised him with a song and serenade to show their deep admiration, love, and support!

**Dare to Be Great:** FIT to Pedal, St. Anthony Health Center

Hurray for pedal power! The Life Enrichment staff at St. Anthony Heath Center had a vision — to have a “fitness” program available to every resident. FIT to Pedal has achieved that vision by finding and reinforcing fitness solutions to residents — no matter their functional levels.

**Employee of the Year:** Maribeth Walton, Good Samaritan Society – Albert Lea

With over 37 years of service, Maribeth exhibits such a strong work ethic that it makes her staff strive to do better, too! Commented her staff: “Maribeth is never afraid to get her hands dirty. Doesn’t matter if it is painting a resident’s room or planting flowers outside their window. She sets out to do something and doesn’t quit till the job’s done!”

**Superstar Award:** Diane Kiel, director of wellness at St. Clare Living Community in Mora

There is only one word for Diane’s enthusiasm, drive, and creativity: SUPER! Her commitment to long-term care, the frail elderly, and the staff is heartfelt. She has impacted the lives of residents, their families, and staff ... and her laughter is contagious and genuine.

**Dedicated Service Award:** Mike Schultz, Koda Living Community (nominated by St. Brigid’s at Hi-Park)
This award honors an individual whose service over the course of his or her career has enhanced the quality of life for individuals residing in a care setting. Beginning his health care career back in 1988, Mike was an early pioneer in creating sustainable assisted living models and continues to improve staffing models that have been emulated throughout BHS. He is described by staff as a passionate advocate, a leader, an innovator, a steward, but most of all, involved.

Chairperson’s Choice: Darwin Schawntes (retired), former administrator/owner, Talahi Nursing & Rehab Center

For close to 40 years, Darwin was a hands-on administrator/co-owner of Talahi Nursing & Rehab Center. His work philosophy? If someone had the right attitude, he was willing to teach them skills and provide the education to make them successful. He took a chance on many employees by following this philosophy. Now retired — his presence is missed! A staff commented, “… Darwin is one of a kind. There isn’t a week that goes by that someone doesn’t say, ’What would Darwin do?’”

Lifetime Achievement Award: Dale Thompson, CEO/president Benedictine Health System – Cambridge

The Lifetime Achievement Award recipient is selected by Care Providers of Minnesota’s board chair and presented to an individual in appreciation of their years of service and commitment to the Association, its members, our profession, and the lives of those we serve. Dale spent more than 30 years in health care industry leadership and has helped shape the legislative and regulatory policy at the state and national levels. Dale Thompson will retire as president/CEO of Benedictine Health System effective Dec. 31, 2013.

Excellence in Assisted Living Award Winner: Westwood Senior Apartments, Duluth

Westwood Senior Apartments in Duluth was first presented with the prestigious Excellence in Assisted Living Award at the Assisted Living & Senior Housing Summit held in August. They were re-presented with the award at the Convention. Westwood was chosen because they make an amazing home for residents and a great place for staff to work. One resident said that since she moved to Westwood, her friends think she’s found the fountain of youth — she’s that happy!

Service of Excellence: James B. Swanson Award Winner: Prairie View Healthcare Center, Tracy

This award is named in honor of James B. Swanson, a facility owner, administrator, and a state and national senior care leader who encouraged his peers and colleagues to do their very best. Prairie View Healthcare Center earned this competitive award due to its commitment to residents — who literally waited in line to tell people how great their home is! Staff and volunteers echoed their sentiments! Great job to Jason Swanson and the entire team at Prairie View!

Member of the Year: Karen Foy, Andrew Residence, executive director

Karen started at Andrew Residence on May 22, 1978 and since then, she has nurtured the facility through many transitions. Through Karen’s guidance, Andrew Residence has been the recipient of two quality awards from the American Health Care Association/National Center for Assisted Living. Andrew Residence also received all the components of Care Providers’ Committed to Quality Program and was the 2004 recipient of the prestigious James B. Swanson Award. Karen has been
deeply involved with Care Providers of Minnesota, including serving on our Board of Directors, Service Business Line, CARE-PAC Committee, Payment Committee, chair of the Specialized Care Conference, Public Affairs/Legislative Forum, Regulatory Committee, and Housing Cabinet. Karen was also the recipient of Care Providers of Minnesota’s Life Achievement Award in 2005.

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Quality — you just can't learn enough

By Doug Beardsley

Future QAPI requirements for nursing homes, new quality management/improvement requirements for comprehensive home care providers, aggressive AHCA Quality Initiatives … there appears to be a growing list of expectations for long-term care providers in the area of system improvement and performance improvement.

Your state and national associations are here to help you! Besides educational opportunities and resources for specific initiatives, both AHCA/NCAL and Care Providers of Minnesota have a 2014 Quality Symposium available for providers:

AHCA/NCAL’s 6th Annual Quality Symposium
Feb. 10–12, 2014
New Orleans Marriott
New Orleans, Louisiana
Read more information here.

Care Providers of Minnesota’s 3rd Annual Quality Symposium
April 22, 2014
Marriott Minneapolis Northwest
(watch for more information)

Get these dates on your calendars and be prepared to continue your growth as a student of quality improvement!

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Educating family members about reducing the use of antipsychotic medications for persons with dementia

By Doug Beardsley

Providers are using multiple approaches to safely reduce the off-label use of antipsychotics, one of the goals of both the AHCA Quality Initiative and the National Partnership to Improve Dementia Care.

A common concern shared by providers is, "But what do we do when it is the FAMILY member who requests the medication or becomes a barrier to reducing or removing the medication?"
In response to this common dilemma, AHCA has developed a consumer fact sheet designed to educate family members about the off-label use of antipsychotics. The consumer fact sheet provides family members and others involved in a resident’s care background on the off-label use of antipsychotics, as well as frequently asked questions regarding loved ones living with dementia. It also gives family members suggestions on how they can partner with providers to get the best possible care for their loved one.

The fact sheet could be used as issues arise with families regarding the off-label use of antipsychotics, or it could be used with all new admissions, similar to the way providers educate family members about restraints and siderail safety.

AHCA has produced the fact sheet in both English and Spanish:

- English version of Consumer Fact Sheet
- Spanish version of Consumer Fact Sheet

AHCA also has numerous other tools and resources to help providers initiate and hold improvements in this important area. View these resources here.

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Re-hospitalization tool now available for housing members!

By Todd Bergstrom

Care Providers of Minnesota has created a tool to assist housing members with the measurement of their clients' hospitalizations, re-hospitalizations, and emergency room visits.

Details

The Microsoft Excel Spreadsheet, "HWS-AL Rehospitalization Tool-CPM Rev1.xlsm" was developed to help housing with services/assisted living/home care track several hospitalization measures for clients served by their home care agency by measuring the following:

- Percent of in-patient hospitalizations for clients receiving home care services from your agency
- Percent of in-patient re-hospitalizations within 30 days of client receiving home care services from your agency
- Percent of known emergency room visits by clients receiving home care services from your agency

The tool is designed to measure client admissions and discharges to hospitals for dates beginning July 1, 2013 and ending Dec. 31, 2017. The tool has five worksheet tabs. They are:

- Data Entry: This is where most of the client data is entered.
- Measurement: This is where users enter, "# of Clients on Home Care at the End of the Month" and review the summary data.
- In-Patient Hospitalizations: Has a chart of the percent of in-patient hospitalizations for clients receiving home care services from your agency.
- In-Patient Re-Hospitalizations: Has a chart of the percent of in-patient re-hospitalizations within 30 days of client receiving home care services from your agency
- Emergency Room Visits: Has a chart of the percent of known emergency room visits by clients receiving home care services from your agency

Download the tool and instructions here from the Association's member only website.

Background
Beginning last December, a small group of the members began meeting monthly to create the Housing with Services/Assisted Living Re-Hospitalization Tool, with the specific goal of helping housing members measure and improve their quality.

Please contact Todd Bergstrom at the Association office if you have any questions.

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NCAL quality initiatives: Resources for you!

*By Jill Schewe*

If you have not found a good resource yet, the National Center for Assisted Living (NCAL) has wonderful resources for members! The NCAL Quality Committee is committed to promoting quality and performance excellence in the assisted living/home care profession. From NCAL’s guiding principles to its educational programming and resources, NCAL is leading the profession by developing groundbreaking tools that raise the bar for resident satisfaction, quality of life and improved operations.

Find these resources in the [quality section of NCAL’s website](http://newsmanager.commpartners.com/careone/textonly/printallPF.php?id=careone20131201).

Resources and tools available to members include information on:

- **Advocating Care Excellence (ACE)**
- **The NCAL Quality Initiative for Assisted Living**
- **The AHCA/NCAL National Quality Award Program**
- **Clinical Practices Guidelines**

For more information about NCAL’s Quality committee, resources and tools contact Lindsay Schwartz at lschwartz@ncal.org.

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Minnesota nursing facilities improve their star rankings under federal Five-Star Quality Rating System

*By Todd Bergstrom*

Using data from the federal Five-Star Quality Rating System, the American Health Care Association recently produced an analysis comparing the number of stars nursing facilities received in December 2008 versus August 2013. According to the analysis Minnesota has seen a decline in the number of nursing facilities receiving a one or two star ranking, and an increase in the number of nursing facilities with four and five stars.

Below is a graph comparing Minnesota and the United States on the percent of nursing facilities according to number of stars (December 2008 vs. August 2013).
A Five-Star rating is a composite ranking based on scores in three domains — staffing, quality measures (QM) and findings from health inspections conducted by the state government — with a score of five being the best. All Five-Star composite scores and results are reported on the CMS website, Nursing Home Compare.

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Home- and community-based services PIPP money available!
By Jill Schewe

In 2013, the Minnesota Legislature authorized the Minnesota Department of Human Services (DHS), Continuing Care Administration to implement a Home- and Community-Based Services Performance-Based Incentive Payment Program (HCBS PIPP), and on Nov. 12, for the first time ever, it was launched. At this same time a request for proposals (RFP) was released to provide additional payments to selected providers for time-limited quality improvement projects as authorized in M.S. § 256B.439, subd. 5. The RFP is open to any provider that serves people with disabilities and/or older adults through at least one of the Medical Assistance(MA) HCBS waiver programs (M.S. § 256B.0915, 256B.092, 256B.49 and 256B.5013) and/or the alternative care program (M. S. § 256B.0913) or is an intermediate care facility for persons with developmental disabilities provider (M.S. § 256B.5013).

The HCBS PIPP supports provider-initiated projects to improve the quality and efficiency of home- and community-based services delivered to older adults and people with disabilities. The HCBS PIPP will:

- Support efforts to improve quality and increase efficiency of home- and community-based services;
- Demonstrate how evidence-based or evidence-informed practices can improve the quality and efficiency of services;
- Encourage providers to innovate and take risks;
- Foster collaboration and shared learning both within and between provider organizations;
- Establish a business case for investment in better quality from the perspective of multiple stakeholders — MA, providers, and consumers; and
- Identify the key elements of successful quality improvement efforts, their costs and benefits, and how they might be disseminated across the home- and community-based services industry.

The goal of this RFP is to draw upon the knowledge and creativity of providers as well as best practices in home- and community-based services that have shown to be effective or hold promise of effectiveness. The state is interested in proposals that include specific strategies to achieve any or all of the three broad goals outlined below.

- **Improve the quality of life of home- and community-based services participants in a measurable way.** This could include improving participant self-reported quality of life, improving participant functioning in everyday activities, improving participant health status (clinical or functional), preventing the onset of secondary conditions, reducing the rate of adverse health events, increasing the engagement of participants in their community in a manner that reflects individual goals and preferences, or increasing access to competitive employment.

- **Improve the quality of services in a measurable way.** This could be achieved by increasing the coordination of HCBS with other services, improving transitions between settings, increasing the person-centeredness of services and service delivery, gathering and using consumer feedback to inform service delivery, facilitating the elimination of aversive practices through the use of positive behavior supports, or increasing the capacity of the direct service workforce.

- **Deliver good quality service more efficiently.** Improving efficiency implies achieving better service-related outcomes without increasing cost or achieving good outcomes for less cost. This could include the use of new technologies, new management or organizational strategies, and other ideas that lead to measurable changes in costs and/or quality.

Funding available to implement projects under this provision for fiscal year ending June 30, 2015 will be up to $3.6 million state share, or up to $7.2 million contingent on federal approval of matching funds. Funding will be available beginning April 1, 2014, with an anticipated start date for the selected projects of May 15, 2014. The state anticipates that a range of total incentive payment funding will be made, with the larger amounts equaling no more than approximately 25% of the applicant’s total MA reimbursement.

Proposals must be submitted electronically by attaching the completed HCBS PIPP 2014 Application Form and HCBS PIPP 2014 Budget Worksheet Form to an email sent to DHS.hcbsipp@state.mn.us. Proposals must be received by 4:00 PM Central Time on Jan. 13, 2014 to be considered. You can find the application forms.
DHS held a webinar on Nov. 21 and is holding a second webinar for interested responders on Dec. 19, 2013 from 3:00–4:30 PM. More information about the webinar and registration details will be posted on the Department’s HCBS PIPP website soon — watch for updates.

If you have questions on this RFP, contact Kari Benson, Aging and Adult Services Division, MN Department of Human Services at DHS.hcbspipp@state.mn.us.

Care Providers of Minnesota wants to help you!

On Dec. 10, 2013 the HCBS PIPP Grant: Earn Money While Improving Quality of Services webinar will be held at 1:00 PM Central Time. This special webinar will be designed specifically for you and will include any follow-up to the Department’s Nov. 21 webinar about the HCBS PIPP grant, in addition to how and why you should apply, and tips to help you plan and write your proposal.

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National patient safety organization for assisted living and home care

By Jill Schewe

The National Center for Assisted Living (NCAL) announced recently that they joined forces with the New Jersey Hospital Association (NJHA) to form the National Patient Safety Organization (PSO) for Assisted Living. The PSO will electronically collect data from NCAL’s participating assisted living members on a range of clinical performance outcomes and processes. The effort is the first of the profession’s kind to be carried out at the national level and will develop insightful reports highlighting the causes of patient safety events in assisted living settings.

NJHA’s Institute for Quality and Patient Safety is a federally designated PSO with certification from the Agency for Healthcare Research and Quality (AHRQ). Earlier this year, the NCAL Board of Directors voted to collaborate with NJHA’s PSO to collect important clinical performance data. This data includes hospital readmissions, the off-label use of antipsychotics, medication errors, falls and fall assessments, pressure ulcers, and pain management, among other quality metrics. By participating in the initiative, individual assisted living communities potentially could reduce their liability costs and exposures while contributing to national safety and quality efforts.

Although it is called the National Patient Safety Organization for Assisted Living, Minnesota has defined that this new PSO relates to home care providers. Here are some clarifications as they related to you:

- A licensed home health agency would be the licensed "provider" that may be eligible to participate in the PSO.
- If the licensed home health provider is owned by the same housing with services entity and they share client safety data, the information would be protected through the PSO if members participate.
- If client safety data is shared with any other entity, including non related home health agencies or parties, the info would then not be protected, but members may participate in the PSO.
- The members not considered "providers" per the Patient Safety Act will still be able to participate. However, they will not be afforded the same protections with the data (there is more detail included in the checklist).

It is a priority of NCAL to provide the most accurate and streamlined information regarding the PSO to members. Over the coming months NCAL will have a comprehensive website available for interested communities to learn more, sign up, share information and more. In the meantime, to learn more about the collaboration, including why your community should join the NJHA PSO through NCAL and the price of joining, please see the NCAL...
Sign up for the PSO here. NCAL aims for data collection to begin on Jan. 1, 2014.

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