Baby boomers changing the face of quality in long-term care

By Gail Sheridan, chair, Quality Council

In 1946, 3.4 million babies were born in the U.S., a jump of 22% from the previous year. The surge of births continued, year after year, until 1964. By that time 78 million "baby boomers" had joined the population, creating a huge demographic bulge that flourished in America's postwar prosperity. These children acquired more education than any previous generation; many grew up projecting a rebellious, idealistic attitude that promised to reshape society.

Now that some of them have turned 60, the baby boomers are about to do something utterly conventional and predictable. They're going to start getting old and begin developing health problems. In true baby boomer style, however, they will probably do these things in a new way. Boomers are expected to live longer than any previous generation of Americans. Of the 3.4 million born in 1946 — 2.8 million are still alive. The men can expect to live another 22 years, the women another 25.

And, in true baby boomer style, they will continue to shape society as their expectations for their later years in life are expressed loud and clear — here are a few ways baby boomers are changing long-term care:

1. **Boomers are living longer:** the sheer number of individuals who may need services is overwhelming for government budgets (see #3 below) yet this doesn’t mean that all existing buildings will be filled to capacity. They are living longer but there are theories that due to decreases in habits such as smoking, they will be healthier longer, so graduated levels of services are more likely in their later years. We also know boomers don’t want to be considered old, so the service focus they desire is well-being, independence and health.

2. **Wishes to remain independent.** Baby boomers also want to remain independent in their own homes. Staying at home might require hiring a professional caregiver (skilled care) or relying on family members (non-skilled care) to assist with daily activities such as cooking and bathing. The desire for in-home long-term care may not match with the fact that there will not be workforce available to meet this demand. Boomers are exploring technology that assists with long-term care as they look after their own aging parents. Already, they’re using assisted-living cameras and special, prefabricated-and-portable backyard shelters, dubbed "granny pods."

3. **Not purchasing insurance, which often translates into increase in government options.** There isn’t the same mentality about savings and "getting by" that the depression era consumers had when accessing long-term care. Boomers expect good service and good care even if they aren’t personally paying for it. They have learned to be mobile if they want better or different products/services; and they don’t have the sense of long-time loyalty customers of the past may have displayed.

4. **Diverse long-term health care options.** Whether boomers move closer to existing family or compensate helpers for long-term care services, one thing’s for sure: They want to maintain control over their care, especially if they had negative experiences providing for their aging parents. Despite their fierce social and personal independence, it’s likely that many boomers will rely on others in their later years of life, especially for long-term health care, or services that offer assistance with daily activities such as bathing, walking or eating. But they will be educated in their selections — they’ve gotten used to Internet shopping, consumer reviews and reporting of data/quality measures. They aren’t going to just ask their neighbor where they should go to get services — they are going to research and question.

What this means for organizations that historically have thrived based on a model that emphasizes skilled nursing care is fairly simple: diversification of services will be essential for survival. It also means that historical reputation for referrals won’t work anymore — quality is being defined by the consumer, who will choose other options if not entirely satisfied by their research or past experience. We are already experiencing seniors’ preferences to live independently and to focus their attention on personal health and well-being. The best opportunity for meeting the needs of the baby boom generation is in building new products and services that engage people earlier in their lives, creating dedicated consumers who want to walk the various stages of their
journey with a particular provider because they are satisfied with the options and how the services have been provided.

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

**Good practices for strategic planning**

*By Brian S. Lassiter, president, Performance Excellence Network*

The following is an excerpt from the blog of Brian Lassiter, president, Performance Excellence Network (formerly MN Quality Council).

Strategy requires making choices about the future. But here’s the problem: most humans (and organizations) are actually fairly bad at predicting the future! (Remember the now infamous prediction by IBM that the worldwide market for PCs was about four?!)? Why? Because, well, the future is uncertain! There are numerous variables, each acting on one other, causing actions and reactions. As you move further into the future, the different combinations of variables grow exponentially, making it very difficult to accurately predict specific outcomes of almost anything.

But what if your organization **COULD** better predict the future? Or, perhaps more accurately, what if it had a robust enough strategic planning and process that it could synthesize information, make educated guesses of future realities, and then have the ability to monitor and adjust more quickly than competitors in the market? I’m guessing that would lead to a significant competitive advantage if not sustained, differentiated high performance!

Here are some good practices to consider on what makes an effective strategy — and an effective strategic planning process:

A good strategic plan starts with an in-depth understanding of your organization’s external environment — the trends emerging in your marketplace; the changes in your customers/stakeholders’ needs; the current and future capabilities of your competitors; an understanding of your partners and suppliers’ capabilities; and the changes in technology, regulations, and risks. You can use simple tools like SWOT (Strengths-Weaknesses-Opportunities-Threats) analysis, but don’t create your plans in a vacuum — don’t just rely on the opinions of your board and senior staff. Rather, collect as best you can some data and information (historic, current, and projections) of what’s going on in your external environment.

A good strategic plan also starts with an appreciation of your organization’s internal environment. (The "S" in SWOT is for internal strengths, and the "W" is for internal weaknesses.) In your internal environmental scan, consider things like your mission (your true reason for existing as an organization); the value proposition you currently (or prospectively) offer your customers; your vision (how the organization desires to be perceived in the future); your core values (the fundamental guiding principles and behaviors that embody your culture and decision-making); your core competencies (differentiated areas of expertise or market strength); work systems, operations, and processes (including technology, equipment, facilities, partnerships, intellectual property); and your workforce capabilities. Understanding your internal environment will help you develop plans that leverage your strengths and mitigate your weaknesses — plans that are based in reality.

A good strategic plan also begins with an appreciation of your organization’s internal environment. (The "S" in SWOT is for internal strengths, and the "W" is for internal weaknesses.) In your internal environmental scan, consider things like your mission (your true reason for existing as an organization); the value proposition you currently (or prospectively) offer your customers; your vision (how the organization desires to be perceived in the future); your core values (the fundamental guiding principles and behaviors that embody your culture and decision-making); your core competencies (differentiated areas of expertise or market strength); work systems, operations, and processes (including technology, equipment, facilities, partnerships, intellectual property); and your workforce capabilities. Understanding your internal environment will help you develop plans that leverage your strengths and mitigate your weaknesses — plans that are based in reality.

A good strategic plan considers the organization’s strategic advantages (those *marketplace benefits* that exert a decisive influence on your organization’s likelihood of future success) as well as strategic challenges (those *pressures* that exert a decisive influence on the likelihood of future success). Capitalizing on and leveraging strategic advantages as well as fully addressing strategic challenges enables the organization to create future value and mitigate future risks that threaten sustainability.

A good strategic plan involves all key stakeholders in its creation — the governing board, senior leaders, other leaders and individual workforce contributors, suppliers and partners, key customers, key volunteers (for nonprofits), industry or other experts. Getting broad, diverse perspectives on the current state and — perhaps more importantly — on possible future state scenarios, will help the organization better predict emerging trends.
It will also create buy-in with key stakeholders, who will be asked to implement the strategy.

A good strategic plan considers strategic opportunities — those prospects that arise from out-of-the-box thinking, brainstorming, capitalizing on serendipity, research and development processes, innovation, nonlinear extrapolation of current conditions, and other approaches to imagining a different future. Choosing which strategic opportunities to pursue involves consideration of relative risk and then making intelligent choices.

A good strategic plan includes strategic objectives — aims, goals, or responses that articulate how the organization addresses its strategic challenges, competitive or market changes, strategic advantages, and core competencies. Broadly stated, strategic objectives articulate what your organization must ACHIEVE to remain or become competitive and to ensure long-term sustainability. They inform how long-term direction is set and guide the allocation and redistribution of resources.

A good strategic plan considers an organization’s blind spots — it considers what might have been overlooked (or misinterpreted) in the plans and planning process itself, so that plans are more robust and so that more rapid learning and adjustment can take place as circumstances change. A good strategic planning process also considers an organization’s ability to execute the plan — the ability to mobilize the necessary resources and knowledge to implement the plan. It should also consider the organization’s ability to execute contingency plans or, if circumstances require, a complete shift in plans and rapid execution of new or changed direction. In this way, strategy becomes more fluid, responding to new information and continued changes in the environment.

Given we can’t accurately predict the future, this becomes critical in keeping strategy relevant, agile, and responsive.

A good strategic plan has flexibility — it attempts to balance the needs of all stakeholders; balance short- and longer-term time horizons; and balance the need for taking intelligent risks with stability.

A good strategic plan uses data and not just conjecture and opinion. A good strategic plan synthesizes various data sources to create new insights — ideas that lead to strategic opportunities. These ideas usually come from non-directed, free thought. So a good strategic planning process balances data with creativity.

Finally, a good strategic plan includes action plans, which translate strategic objectives into plans for implementation. Action plans specify resources (human, financial) committed and time horizons for accomplishing plans. Action plans also include measures used to track the achievement and effectiveness of the plans, as well as ensure alignment across organizational entities. Measures should be projected into the future so that leaders can visualize how plans and resources may have to adjust to typical non-linear implementation of the plans.

I’m sure there are other best practices in planning, but if you consider the list above, your organization’s planning process will be more effective and your strategic plans will be more useful in creating value in a very unpredictable future.

**Reducing disparities to improve quality of care providers in Minnesota**

*By Patti Cullen, CAE*

Recently, the Robert Wood Johnson Foundation published a new entry in its Quality Field Notes series, *Reducing Disparities to Improve the Quality of Care for Racial and Ethnic Minorities*. Quality Field Notes are a collection of tools and resources that spotlight innovative approaches with the potential to transform health care and provide models for reform. This equity-focused package highlighted the innovative work that the foundation has helped clinics implement in several communities across the country. Over the past three years, the foundation has been working closely with clinics and quality-improvement collaboratives. The shared goal of these partnerships was to identify disparities in health quality and outcomes, and to create programs that reduce and eliminate those inequalities. Race and ethnicity continue to influence a patient’s chance of receiving many specific health care procedures and treatments. A thorough review of health quality data shows that racial and
ethnic minorities continue to receive lower-quality care than whites.

Five things to remember about reducing disparities (Courtesy of Finding Answers: Disparities Research for Change)

ACT NOW

- Don’t put equity efforts on hold when race, ethnicity, and language (REL) data are not available.
- Use qualitative methods (surveys, interviews) to identify disparities if quantitative data are not yet available.

CHANGE THE CULTURE

- A culture of equity lays the foundation for successful disparity interventions.
- Make equitable health care an institutional goal and mission.
- Build a workforce that reflects the diversity of the patient population.

INVITE INPUT

- Include patient and community perspectives.
- Use a community advisory board to test ideas. Develop ties to community-based organizations.

INVEST RESOURCES

- Deploy or develop staff and financial resources for disparity reduction.
- Appoint staff, protect their time, and recognize champions.
- Leverage existing resources, incorporate efforts into funded quality improvement initiatives, and look for grants and government funds.

BE PATIENT

- Improvements take time. Be realistic about the time necessary to move the dial on disparities.
- Plan long-term follow-up to demonstrate statistically significant outcomes.

Find the new collection of tools and resources here.

Patti Cullen, CAE
952.851.2487 · pcullen@careproviders.org

A short synopsis of Minnesota’s quality improvement programs for nursing facilities

By Todd Bergstrom

Minnesota has quite a number of programs (and acronyms) designed to improve nursing facility quality as well as inform the public. Here’s a quick look at these programs and where you can find out more:

Performance-Based Incentive Payments (PIPP)

Since 2006, the Minnesota Department of Human Services (DHS) has overseen this innovative program where provider-initiated projects are selected through a competitive process and funded for up to 5% of the weighted average operating payment rate. Providers risk losing up to 20% of their project funding if they fail to achieve measurable outcomes tied to state nursing home performance measures.

Visit the DHS PIPP website here to learn more. The Minnesota Connection Information Exchange website is an informational blog that provides resources and information about improving nursing home quality and the Minnesota Performance-based Incentive Payment Program (PIPP).
Quality Improvement Incentive Payment (QIIP)

Under QIIP, nursing facilities may earn an incentive payment up to $3.50 per patient day for one year beginning Oct. 1, 2015. The first step of each annual QIIP cycle is to select a topic on which you will undertake quality improvement activities. Nursing facilities will select from one of 26 MN risk-adjusted quality indicators (QIs) or one of 12 risk-adjusted Quality of Life (QOL) domain scores. QIIP began in 2014, when nursing facilities selected a measure to work on for the year beginning April 1, 2014.

Visit the DHS QIIP website here to learn more.

Nursing facilities may use the Nursing Facility Provider Portal (facility username and password required) to track their performance at https://nfportal.dhs.state.mn.us/.

Minnesota Nursing Home Report Card

Since 2006, the Minnesota Departments of Health and Human Services have used data from the annual statistical cost report, quality of life surveys, and the Minimum Data Set (MDS) to create and populate the Minnesota Nursing Home Report Card:

- Resident quality of life
- MN quality indicators
- Hours of direct care
- Staff retention
- Temp staff agency use
- Proportion of beds in single rooms
- State inspection results


Quality Assurance & Performance Improvement (QAPI)

QAPI is the merger of two complementary approaches to quality, Quality Assurance (QA) and Performance Improvement (PI).

The proposed QAPI nursing facility regulation still needs to be published in the Federal Register and to permit a 30-60 day period for comments. The comments will all then need to be reviewed, taken into account in terms of potentially modifying the proposed regulation, and responded to. The regulation will then be published as a final regulation with an implementation date. We would then expect the Centers for Medicare and Medicaid Services (CMS) to issue a memo to state agencies with a start date, surveyor training materials, and a revised State Operations Manual (SOM) with the new regulatory requirement and surveyor guidance. Timelines for all of these steps remain uncertain. Once CMS creates surveyor training materials, Care Providers of Minnesota will work with staff at the Minnesota Department of Health to conduct joint surveyor and provider training, as required under Minnesota rules.

What we do know is the regulation is coming!

So what should providers do now? It is recommended providers begin the process of assessing their organization’s readiness for QAPI, and begin to implement some of the standard QAPI processes that are somewhat universal. By using this process, providers should only need to “tweak” their QAPI process in the future to be aligned with whatever regulations are finally implemented.

We anticipate that the QAPI regulation will contain five required elements:

1. Design and scope
2. Governance and leadership
3. Feedback, data systems and monitoring
4. Performance improvement projects (PIPs)
5. Systematic analysis and systemic action

Find multiple tools for each of these elements here, as developed by CMS, the University of Minnesota, and Stratis.

**But where to start?** I would suggest a facility start by having key staff read the QAPI at a Glance document and then assemble a team to complete the QAPI Self-Assessment Tool. This tool will help an organization assess how "QAPI prepared" they are and help the organization begin to prioritize suggested next steps using the various other tools that have been developed (see link above).

Find additional QAPI tools on the Stratis website and on the CMS website.

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

Todd Bergstrom
952.851.2486 · tbergstrom@careproviders.org

**KEPRO is now Minnesota’s beneficiary and family centered care quality improvement organization**

*By Todd Bergstrom*

There have been changes within the quality improvement organization (QIO) community involving beneficiary protection. Two organizations now hold the beneficiary and family centered care quality improvement organization (BFCC-QIO) contract for each region — Livanta and KEPRO, which is now Minnesota’s BFCC-QIO! Under the former system, each QIO had a division that investigated beneficiary complaints. With the new scope of work (SoW) the beneficiary protection work was taken out of the local QIO and given to Livanta and KEPRO to administer for the entire nation.

This began on August 1 when the new Centers for Medicare and Medicaid Services contract was executed. This important function ensures the safety of beneficiaries, provides an appeal process regarding one’s care, and is a key element in our national dialogue around transitions of care. (For example, if an 89-year-old woman is in the hospital and the hospital wants to discharge her, but her family feels and has reason to believe that she is in no condition to move or transfer, the family can appeal that decision. The woman gets to stay at the hospital until the matter is investigated and a decision is reached.)

Such a big and significant transition could result in some "glitches" and we now know that there has been a wide array of problems affecting Medicare beneficiaries in the short time that the new contract has been in place. Here are a few transitional recommendations:

1. If there are issues with contacting KEPRO, encourage beneficiaries to call 1-800-Medicare. We recommend they (or their advocate) ask for a supervisor to let them know they are **having problems exercising their Medicare beneficiary appeal rights**! (This specific wording is important.)

2. Make any beneficiary issues known to your local LTC ombudsman. This will help to bring the problem to light on many fronts to ensure it is resolved soon.

3. Providers will need to submit a memorandum of agreement (MOA) to KEPRO. In order to participate in the Medicare program, certain providers are required under federal law to have a memorandum of agreement (MOA) with a QIO. MOAs outline the QIO’s and provider’s responsibilities during the review process. Learn more about submitting an MOA to KEPRO at [https://www.keproqio.com/providers/agreement.aspx](https://www.keproqio.com/providers/agreement.aspx). If you have not yet sent in your new MOA, send it in as soon as possible by emailing the MOA as an attachment to moa.kepro@hcqis.org. If the email box is full, nursing facilities may try the fax number at 1-216-654-1547 (Attn: MOA coordinator).

4. Providers also need to have taken the following actions now that August 1, 2014 is past:
   a. Update all copies of the "Important Message from Medicare" which informs beneficiaries of their right to appeal the decision to be discharged.
b. Replace all print and electronic copies of beneficiary resources.

c. Update policies and procedures that contain a reference to contacting Stratis Health (contacts, address, telephone numbers, fax numbers).

Find more information at http://www.keproqio.com/.

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

Todd Bergstrom
952.851.2486 · tbergstrom@careproviders.org

Quality improvement programs for HCBS — there’s a lot going on

By Jill Schewe

Minnesota has many home and community-based services (HCBS) program initiatives designed to improve quality and raise public awareness. Here’s a quick look at these programs and where you can find out more:

HCBS Report Card

In May of 2013, legislation was passed directing the creation of an HCBS Report Card for Minnesota providers as part of a larger proposal focused on redesigning access for both Minnesotans who need long-term care services and supports and their caregivers. You can find information about most HCBS services available to Minnesotans at www.minnesotahelp.info. This includes a description of the service, features such as payment sources, staff capabilities, etc. However, there is currently not a single, objective method for consumers and case managers to use for comparing those services based on consistently applied criteria across all services.

The HCBS Report Card has two purposes:

1. Make it possible for consumers, their caregivers and case managers to compare one provider of a particular type with another to help them make the best possible care decisions;
2. Make it possible for providers to measure the results of their quality improvement efforts.

Availability of report cards for various types of providers will come in phases. Currently, the MN Board on Aging (MBA) and Department of Human Services (DHS) intend to roll out the report card for three provider types in the first phase of this new initiative: Supported employment services, housing with services with the designation of assisted living, and independent living services.

Before the HCBS Report Card launches it is highly recommended that you look at your Uniform Consumer Information Guide (UCIG) and make sure it is updated. You can get the information to update your UCIG on the Minnesota Department of Health website.

1% quality improvement add-on for waiver service payments

The HCBS quality improvement project is intended to encourage provider quality improvement efforts with the incentive of a one percent rate increase. Providers have flexibility within the three broad goals.

- Improve quality of life of home and community-based service recipients in a meaningful way
- Improve quality of services in a measurable way
- Deliver good quality services more efficiently while using the savings to enhance services for the participants served

The draft form to use for submission of the quality improvement projects is posted as of August 15 for review. This Quality Improvement Tool sample document is provided for planning purposes only. The final web-based tool will be available in October. Providers must implement the project no later than June 30, 2015. Providers that do not submit quality improvement projects by Dec. 31, 2014 will have their rates reduced by one percent effective Jan. 1, 2015. Care Providers of Minnesota has posted many tools and resources on their website to
assist members in developing their project; a free webinar will be available for members on Nov. 6, 2014.

HCBS PIPP grant

The one time grants provided to HCBS providers under the HCBS Performance-based Incentive Payment Program (PIPP) are underway. 27 projects were selected from the 70+ proposals submitted. Projects started in May 2014 and all will end in June 2015, with quarterly reports being submitted. The project recipients will participate in monthly webinars starting in October to help guide them in their projects (open to all providers); they will also present information on their projects next June at the DHS Aging Odyssey conference. At this time there is no time frame for a second round of PIPP grants for HCBS providers.

Jill Schewe
952-851-2484 · jschewe@careproviders.org

Moving to the next generation of QIO work: What does it mean?

By Patti Cullen, CAE

The quality improvement organization (QIO) 10th scope of work that was defined by the Centers for Medicare and Medicaid Services (CMS) and carried out by Stratis Health from 8/1/2011 through 7/31/2014 recently came to an end. Stratis Health posted a document that reviews the successes of Minnesota nursing homes that worked with Stratis Health during this period of time at http://www.stratishealth.org/documents/project-brief-NH.pdf. What happens now with QIO work?

In December 2013, CMS communicated the restructuring of the QIO program, separating the program into two components.

- Beneficiary family centered care QIO (BFCC-QIO) — focused on medical case review including coverage appeals and quality of care reviews
- Quality innovation network QIO (QIN-QIO) — focused on quality improvement technical assistance to health care providers at a local and regional level

The same organization cannot serve as both a BFCC-QIO and a QIN-QIO. Effective August 1, 2014, Stratis Health will serve as the QIN-QIO for Minnesota and partner with MetaStar in Wisconsin and MPRO in Michigan to serve our three state region. Effective August 1, 2014, KEPRO will serve as the BFCC-QIO for Minnesota.

In the quality arena, we are most concerned about the functions of the QIN-QIO as they move ahead with the 11th scope of work: "Keeping the Patient at the Center + CMS and HHS Priorities + Statutory Requirements + Evidence and Input from National and Local Leaders in the Field + Experience and Data from 10th SOW and Previous Contracts = QIO 11th Statement of Work"

According to CMS, they have identified four key roles of the QIO to permeate all QIN work:

- Champion local-level, results-oriented change
  - Data driven
  - Active engagement of patients and other partners
  - Proactive, intentional innovation and spread of best practices that "stick"
- Facilitate learning and action networks
  - Creating an "all teach, all learn" environment
  - Placing impetus for improvement at the bedside level — e.g., hand washing
- Teach and advise as technical experts
  - Consultation and education
  - The management of knowledge so learning is never lost
- Communicate effectively
  - Optimal learning, patient activation, and sustained behavior change
We will be getting more details from Stratis Health in the next few months about what this change will mean for their consultation work with our members.

Patti Cullen, CAE
952.851.2487 · pcullen@careproviders.org

At Woodbury Senior Residence, chaplain sheds daylight on death

The following is an excerpt from an article published in the St. Paul Pioneer Press on August 16, 2014, written by staff writer Bob Shaw.

When the sign of death appeared at the door, Morida Tinucci wasn't alarmed.

The sign was a butterfly card, a signal that her cancer-ridden mother was dying. Tinucci saw it as the start of a pre-funeral funeral, in which her mother could hear her own eulogies.

"It was an open invitation to the staff and relatives to say goodbye," said Tinucci, whose mother, Sandra Rabe, died July 24 at age 75.

The butterfly's message is one aspect of chaplain Basil Owen's innovative approach to death at Woodbury Senior Living.

Owen drags death out of the dark corners and into the daylight, where people can see it, talk with the dying person and grieve in a positive way. It's a mentally healthful way for family, friends, staffers and even the dying people themselves to find peace.

"This is how we do death," said Owen, between his rounds at the 300-resident facility. Owen worked for years as a counselor for the dying, and he didn't like what he saw. He saw that most senior care facilities treated death as if it were shameful. People who run the facilities were worried, he said, about residents being shocked by death. So death would be kept as inconspicuous as possible. When a resident died, the body would be slipped out quietly, often during the night, often through a back door. Then, the next day, visitors would show up to find an empty room. People simply vanished. Other residents could imagine their own demise happening the same way — dying alone, suddenly, and being hauled out without so much as a "Rest in peace."

The death-denying approach was also painful for staff.

"You have been caring for this person for years, and they are dying and you are grieving, but you are not supposed to — that's what they are taught," Owen said.

"Well, that was just wrong."

Owen developed an alternative. "The Eternal Butterfly" is his program and philosophy of dealing with death. When a resident is dying at Woodbury Senior Living, Owen places the butterfly card by the door. The butterfly makes the person's status public. Neighbors see the card and come in to pay last respects. The family is notified.

"That sets the tone in the room. That is a signal," Owen said.

Normally, Owen said, family members who rush to a dying parent feel guilty, especially if they live far away and haven't visited in a long time. They overreact with displays of concern. But with the butterfly program, relatives know that even if they can't be present, their loved ones will most likely not die alone and ignored.

"It's a whole different spin for family members than if you just didn't care," Owen said.

After death, the process continues. An announcement is made that the deceased person will be taken out of the building at a certain time. The body is taken out on a gurney. At the front door, residents and staff gather for a short ceremony that includes a blessing and a prayer. The "butterfly sendoff" at the door serves as a kind of on-
site mini-funeral, which accommodates residents who are unable to get to a funeral service.

The same is true for the staff, who often have cared for the dying people for years. The facility has about 100 deaths a year, so staffers can't be expected to go to every funeral. The doorway ceremonies give them a chance to grieve.

"It sends a powerful message — we are all in this together," Owen said.

Journey to the Excellence in Services Award

By Jennifer Ensign

Many months ago our community decided that we wanted to take the time to show what our community and our residents meant to us, so we decided to embark on the Excellence in Services Award journey through Care Providers of Minnesota. This program allowed us the opportunity not only to honor our residents and team members, but also to meet one-on-one with people as we never had before.

The application process was challenging (as it should be), and pushed us to have a sense of teamwork and dedication that is hard to come by. We had opportunities to hear what our team members thought about our residents and community, and what it means to them. We heard from our residents how proud they are of our community and the care that is provided here every single day. We were able to share these thoughts and kind words throughout our application. We looked at many different areas including: person-centered care, ethical practices and financial stewardship, mission and values, quality improvement, our employees, and what makes us special as a community. After making it through the application process we had the opportunity to have a tour with the Care Providers of Minnesota Recognition Committee in our community. They had the chance to see the entire campus, meet residents and staff, and get a true feeling of what we at Edgewood in Virginia, MN do each and every day.

After going through this process, I remember the day our team learned that our community had been chosen as the winner of the Excellence in Services Award. The excitement and sense of accomplishment in the air was something that could not be duplicated. There were many hugs, tears and thoughtful stories exchanged about our journey. The opportunity to represent assisted living in Minnesota is something that we hold very sacred and dear. We will do our best here to ensure that we live up to the expectations of this honor. We encourage all of you out there who are reading this to participate in this program in the future. The award is fantastic, of course, but the journey we went through to get there is something this team will not soon forget.

Jennifer Ensign, executive director
Edgewood Virginia Senior Living, LLC

Housing awards

With the attendance increasing at Care Providers of Minnesota’s annual Senior Housing Summit, a decision was made a few years ago to recognize senior housing excellence at a venue that catered specifically to housing/assisted living/home care members. And as the Summit participation numbers have increased, so have the awards. This year at an awards luncheon, three individual awards were presented, in addition to recognition of housing members who have started their quality journey through the American Health Care Association/National Center for Assisted Living (AHCA/NCAL) quality award program, and of course, the presentation of housing’s most prestigious award: the Excellence in Services Award.

Congratulations to all of the following:

Stacy Williams, a caregiver from Lifesprk, received the Noble Caregiver Award: Senior Living. This new award recognizes a caregiver’s contributions that have led to improved quality of life for residents and a better work life environment for staff. The following comments demonstrate why Stacy was chosen for this award: "among a team of wonderful
caregivers that cared for my mom — Stacy stood out" and "he’s had several caregivers over
the years and knows the difference between good caregivers and great ones. Stacy stands
out among them all" and, "Stacy cared for my mother, who has dementia, the way I would, if I
were able to be there … she could reach my mother in ways I couldn’t, and for that — I’m so
grateful."

Vicky Gundy, an RN manager from Edgewood Senior Living – Virginia, was presented
with the Nurse of the Year Award: Senior Living. This award pays tribute to an
outstanding nurse who demonstrates compassion, innovation, and achievement in the
provision of high quality resident-centered care in a housing with services/assisted living
setting. The following are just some of the reasons why Vicky is the 2014 Nurse of the
Year: Senior Living: "Never afraid to get her hands dirty, she serves as mentor to
frontline staff, being the first one to jump in and help wherever she is needed, and
always going the extra mile" and "Vicky’s actions are so selfless in nature that she
continues to go above and beyond — even when it’s not expected of her" and "It’s her
love for the resident that pushes her — and pushes all of us — a little bit further than we would have ever
thought! Vicky is a valuable member of the team and a very caring nurse who always gives it everything she’s
got!"

Robin Theis, the housing & community services administrator at St. Benedict’s Senior
Community, was presented with the Leadership Award: Senior Living. This award
honors an individual who has demonstrated outstanding innovation, achievement, and
capabilities in their provision of high quality person-centered care in a housing with
services/assisted living community. For over 25 years, Robin has improved the lives of
seniors through her planning, directing, leading, organizing, and managing four
independent living projects, three assisted living facilities, two memory care facilities and
one home care agency. Robin’s extensive knowledge of laws, regulations, and guidelines
has helped not only those at St. Benedict’s, but many others who call on her for her
expertise. She has been a speaker at the Capitol, and has helped educate legislators
about key senior care issues that affect all Minnesota seniors and their caregivers.

Also recognized at the awards luncheon were two housing members who will receive AHCA/NCAL’s Bronze-
Commitment to Quality awards at the American Health Care Association and National Center for Assisted Living
(AHCA/NCAL) Convention in October. These two organizations are: Pleasant Seasons Assisted Living in Grand
Rapids, and Edgewood Senior Living – Virginia.

The last award to be presented at the awards luncheon was the Excellence in Services
Award, which went to Edgewood Senior Living – Virginia, Jennifer Ensign, executive
director. The Excellence in Services Award — housing’s most prestigious award —
recognizes a housing with services/assisted living establishment for exemplary dedication
and commitment to quality, and has only been earned by five other assisted living
establishments in Minnesota.

The sincere comments made by residents and family, the hospitable nature of the
employees and environment, the FISH philosophy so visibly embraced, and the
continuum of services both described on paper and exemplified in person made
Edgewood Senior Living – Virginia a truly deserving recipient of the 2014 Excellence in Services Award.

Congratulations to all!

AHCA/NCAL 2014 Quality Awards — seven MN recipients
By Doug Beardsley

The 2014 AHCA/NCAL Quality Awards cycle is now completed. This year AHCA will award 397 Bronze Awards, 77 Silver Awards, and 6 Gold Awards across the country. Minnesota member facilities will receive six Bronze Awards and one Silver Award.

Congratulations to the following Care Providers of Minnesota member facilities receiving a 2014 AHCA/NCAL Quality Award:

**Bronze:**
- Bethel Healthcare Community, St. Paul
- Edgewood Vista, Virginia
- Minnesota Masonic Home Care Center, Bloomington
- Pleasant Manor, Faribault
- Pleasant Seasons Assisted Living, Grand Rapids
- The Colony at Eden Prairie Transitional Care Unit

**Silver:**
- Prairie View Senior Living, Tracy

Minnesota currently boasts 113 facilities that have achieved the Bronze level, 23 facilities that have achieved the Silver level, and 5 facilities that have achieved the Gold level! Watch for future announcements on resources, applications, and deadlines to apply for the 2015 Quality Awards!

Doug Beardsley
952.851.2489 · dbeardsl@careproviders.org

Home and community-based services quality improvement resources

By Doug Beardsley

Home care providers are quickly gearing up for two new quality improvement requirements:

1. DHS Quality Improvement Project (tied to 1% of the 5% rate increase effective July 1, 2014)
2. Comprehensive Home Care statute requirement for an ongoing "Quality Management" project

Care Providers of Minnesota is here to help you! We recently had breakout sessions at our 2014 Senior Housing Summit focusing on quality improvement basics. We will have additional breakout sessions focusing on quality improvement at our Convention in November, a webinar later this fall focusing on the DHS requirement, AND we have been "beefing up" related resources on our website.

If you have not been to the Senior Housing and Home Care area of our website lately, it might be a good time to check it out. We recently added a significant number of links to resources to help home and community-based service providers be prepared for these two new quality improvement requirements.

Below is a list of some of the resources you will find here on our website.

**General Quality Improvement Process Resources**
- Institute for Healthcare Improvement — A Model for Quality Improvement (The Basics)
- The ABC's of PDCA for Quality Improvement (Plan, Do, Check, Act)
- The Benefits of a PDCA Cycle for Quality Improvement Projects
- MDH Quality Improvement Resources and Tools Website
Advancing Excellence Quality Improvement Resources
American Society for Quality — Quality Improvement Resources
Stratis Health Quality Improvement Basics Webinar Series
NCAL Reducing Hospital Readmissions Goal and Tools
NCAL Increasing Staff Stability Goal and Tools
NCAL Increasing Customer Satisfaction Goal and Tools
NCAL Safely Reducing the Off-Label Use of Antipsychotics Goal and Tools
ACT on Alzheimer’s Provider Practice Tools
Reducing Hospital Readmissions Effectively (RARE) Campaign
Root Cause Analysis Tool Kit

Examples of HCBS Quality Improvement Topics

- Comparison of MN Home Care Provider "Quality Improvement" Plan Requirements
- Examples of Areas to Consider for the DHS HCBS Quality Improvement Incentive

DHS Resources, Links, and Forms

- DHS Q&A on Quality Improvement
- DHS Quality Improvement Requirement Website
- DHS HCBS Quality Improvement Project Submission Form/Tool

Care Providers of Minnesota will continue to update this section of our website as we find additional tools or more information is available from DHS or MDH.

Doug Beardsley
952.851.2489 · dbeardsl@careproviders.org

INTERACT for assisted living released!

By Jill Schewe

INTERACT (Interventions to Reduce Acute Care Transfers) is a quality improvement program that focuses on the management of acute change in resident condition. It includes clinical and educational tools and strategies for use in everyday practice in long-term care facilities. The goal of INTERACT is to improve care and reduce the frequency of potentially avoidable transfers to the acute hospital. Such transfers can result in numerous complications of hospitalization, and billions of dollars in unnecessary health care expenditures.

The program has now expanded to include tools specifically targeted toward assisted living providers. INTERACT for Assisted Living, a quality improvement program designed to reduce hospital readmissions among assisted living residents, is now available on the INTERACT website.

After years of INTERACT being used in skilled nursing centers, the program began testing its tools in assisted living communities through the support of a Centers for Medicare and Medicaid Services (CMS) Innovation Grant. For months, pilot communities assessed and provided feedback on the four categories of INTERACT tools to finalize the Assisted Living Version 1.0 tools that are now publicly available. The four categories tested were: quality improvement, communication, decision support and advance care planning.

Assisted living providers may access the Assisted Living Version 1.0 tools on the INTERACT website or through the National Center for Assisted Living (NCAL) website.

Jill Schewe
952-851-2484 · jschewe@careproviders.org

Nursing facilities improve quality under PIPP

By Todd Bergstrom

The Minnesota Performance-Based Incentive Payment Program (PIPP) for nursing facilities was established in 2006 by the Minnesota legislature, and annually provides $18 million in funding for nursing facility quality improvement projects. Between 2007 and 2014, 240 nursing facilities have participated in 185 projects focusing on the following areas:

- Clinical
- Quality of life
- Organizational change

According to the data from the Minnesota Department of Human Services (DHS), nursing facilities participating in PIPP have improved their quality at a higher rate than those facilities that have not participated.

PIPP Facilities Showed a Significant Increase in QI-100 Scores after PIPP Implementation

According to the data from the Minnesota Department of Human Services (DHS), nursing facilities participating in PIPP have improved their quality at a higher rate than those facilities that have not participated.

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

Todd Bergstrom
952.851.2486 · tbergstrom@careproviders.org

PIPP – PIPP hooray for Rosewood Specialty Care, a PSLO community

By Jill Schewe

Earlier this year the Minnesota Department of Human Services (DHS) announced $3.5 million in performance improvement funding to 27 projects in 39 Minnesota counties. To be eligible for funding under the Home and Community Based Services (HCBS) Performance Based Incentive Payment Program (PIPP) authorized by the 2013 legislature, providers must put strategies in place to improve in a measurable way recipients’ quality of life and/or service quality, or deliver good, quality service more efficiently.

It is exciting that several Care Providers of Minnesota members are recipients. Shauna Kapsner, from Partners Senior Living Options (PSLO), is a member who has shared her company’s goals with us:

Last winter when the HCBS PIPP was announced, we at PSLO were intrigued about what we could do to participate in this program. We looked at the request for proposal and felt it was vague, so we decided to reach for the stars … and guess where we landed? With the stars!
The PSLO team really took a good look at what we wanted to do and how that fit in the framework of what the PIPP was looking to do. After this analysis, we felt strongly that our company goals and the goals of the PIPP grant aligned perfectly. As a result, Rosewood Specialty Care, an 11 unit memory care in Montevideo, a newer venture for our organization, and located across the street from our already established 24 unit assisted living community, Home Front First Assisted Living, was a recipient! Our plan: to improve the quality of care for people with dementia and their caregivers in Chippewa County through staff training and community education.

With the receipt of the PIPP grant, so far we have been able to hire a full time resident life coordinator; welcome Lori Petersen! We have also identified three main elements in this new position with the main focus on dementia. These elements include: 1) working with nurses, families, residents and staff to find the best solutions for residents on an individual basis — and additional CARES training, an online dementia care training program that complements our other educational training 2) designing and implementing an activity program that increases participation and socialization among residents and staff and 3) working with the community and two other partners, the Community Center and the Memory Clinic at the Chippewa County Montevideo Hospital. The Community Center has a “Gathering” program in which a day program assisting family caregivers of those with dementia and the Memory Clinic location will increase efforts to assist families with further education and support.

Thanks to the PIPP grant we have been able to move much more quickly on our plan of improving the quality of care for people with dementia and their caregivers. Our goals also include receiving better resident satisfaction survey results regarding activities as a result of our new staff, training and new programming. We are also excited to watch the progress and impact of how working with our partners in the community will directly impact family caregivers.

Creating this program, with the help of the PIPP grant, is exciting and extremely rewarding. The increased ability of our staff to more effectively work with all of our residents is a great pleasure for all. In turn, we hope for increased staff retention and increased job satisfaction. The full impact of this program is unknown, of course, but the possible impact is great in the Montevideo area — and very exciting to ponder!

Jill Schewe
952-851-2484 · jschewe@careproviders.org