

WORKING DRAFT
2005 Quality Improvement Plan for
Nursing Facility Survey Process

Mission of Minnesota Department of Health:

Keeping All Minnesotans Healthy

Vision of Licensing and Certification (L & C) Program:

Quality and Compassionate Care Every Time

Mission of Licensing and Certification Program:

To protect and improve the health, safety, comfort and well-being of individuals receiving services from federally certified and state licensed health care providers, and to monitor the quality of nursing assistant training programs.

This mission is accomplished through:

1. Issuance and renewal of licenses and certification/recertification activities for providers;
2. Surveying providers and enforcing compliance with federal and state statutes, regulations and guidelines;
3. Educating stakeholders via information sharing and training; and
4. Oversight of the nursing assistant registry and nursing assistant training programs.

Purpose of the Ongoing L & C Quality Improvement Plan:

To ensure that activities carried out by L&C staff are performed accurately and consistently over time and by all staff in accordance with established state and federal requirements to protect resident health, well-being, safety and comfort; to identify areas for improvement in performance and in systems; and to make those improvements.

The 2005 Quality Improvement Plan includes 3 focus area goals:

1. Improving consistency and accuracy across survey teams.
2. Improving communication and an understanding of the survey process.
3. Collaborating on stakeholder quality improvement projects.

Goal 1: Improving consistency and accuracy across survey teams.

Data/ measurement: The median number of tags issued per survey by team will vary no more than +/- 2 tags from the statewide median.

Objective 1A. Identify acceptable outcome measures of survey performance, analyze variations and develop methods to reduce variation through routine data collection and analysis.

Actions:

- 1.A.i. MDH research staff will collect and analyze deficiency data and produce monthly reports for L & C managers, supervisors, and division management. Supervisors will communicate results to surveyors.
- 1.A.ii. L & C supervisors and managers will review all tags and develop specific guidelines for surveyors for certain tags. Guidelines will be field tested before they are finalized.
- 1.A.iii. Supervisors will review average and median numbers of deficiencies by team monthly and will share this information with survey staff.

Objective 1.B: To identify and correct known, suspected or potential problems with the survey process and identify opportunities for further improvement.

Actions:

- 1.B.i. Supervisors will provide on-site mentoring, supervision and performance monitoring to surveyor teams. Supervisors will review all tags before deficiencies are finalized and issued.
- 1.B.ii. L & C Assistant Program Managers will review all tags at the level of actual harm and above, or substandard quality of care, before deficiencies are finalized and issued.
- 1.B.iii. Division will meet CMS 2005-2006 Performance Standards.
- 1.B.iv. Expand statewide survey staff to include other disciplines, including occupational therapy, physical therapy, and pharmacy. Capture observations and insights from statewide team members on survey process variances, communicate information back to supervisors to share with survey teams.
- 1.B.v. Continue use of "mix/max" teams for surveying and share results with supervisors and survey staff. (The "mix/max" teams are survey teams consisting of surveyors from two or more different teams.)

Objective 1.C: To ensure coordination and integration of all quality improvement activities and communication of findings to all pertinent MDH staff and external stakeholders.

Actions:

- 1.C.i. Surveyors will be informed of standards of care, CMS program changes and regulatory interpretation through quarterly all-staff video teleconferences, monthly statewide supervisor and management team meetings, monthly survey team meetings, and annual statewide staff inservice/staff meeting.
- 1.C.ii. Providers, provider associations, professional associations, and advocacy groups will be informed of CMS program changes and regulatory interpretations regarding the overall survey process through participation in joint training activities, and advance communications from MDH staff.

Goal 2: Improving communication with stakeholders and stakeholder understanding of the survey process.

Data/measurement: Solicit feedback from participants in Long Term Care Ad Hoc Committee and subcommittees, providers and other stakeholders.

Objective 2.A.: Ensure two-way flow of information between MDH staff, providers, and external stakeholders and build trust to enhance working relationships.

Actions:

- 2.A.i. MDH L & C management and staff will continue to participate in Long Term Care Ad Hoc Committee with representatives from providers, provider organizations, advocacy organizations, provider employees, and the quality improvement organization.
- 2.A.ii. MDH L & C management and staff will continue to meet regularly with provider associations, MNDONA, Stratis Health, and resident advocates.
- 2.A.iii. MDH L & C management and staff will participate in Duluth pilot district stakeholder group.
- 2.A.iv. MDH L & C management and staff will participate in quarterly statewide video conference.
- 2.A.v. MDH L & C management and supervisors will participate in weekly telephone conferences.
- 2.A.vi. Supervisors will provide ongoing information to surveyors in monthly survey team meetings.

- 2.A.vii. Include stakeholder input in supervisor and manager 360 degree Assessment for Leadership Development process as appropriate.

Goal 3: MDH will collaborate on stakeholder quality improvement projects.

Objective 3.A.: To promote and participate in joint stakeholder groups and training to improve outcomes and quality of life for patients/residents/clients and ensure conformance to standards.

Data/measurement: (a) Identify key indicators that are tracked; stakeholder group to monitor and evaluate resident/client outcomes for quality improvement in those indicators using defined measures.

(b) Monitor rates of deficiencies relating to areas covered in compliance training.

Actions:

- 3.A.i. MDH L & C management and staff will work with stakeholder representatives to jointly plan surveyor and stakeholder training sessions around common clinical areas that meet needs of users.
- 3.A.ii. MDH L & C management and staff will work with stakeholder representatives to jointly plan and MDH staff will prepare and make available technical assistance around common clinical areas and regulatory change topics.
- 3.A.iii. MDH L & C management and staff will work with stakeholder representatives to develop relevant, defined outcomes measures for monitoring and evaluating effectiveness of training sessions and outreach/technical assistance.
- 3.A.iv. MDH L & C management and staff will participate in culture change process led by CMS and Stratis Health.
- 3.A.v. MDH staff will provide life safety code training for providers.

QI Plan Development: The 2005 Quality Improvement Plan is based on priorities identified in the following reports: Communications for Survey Improvement (CSI-MN) Report, Management Analysis Division, 6/30/04; MDH Survey Findings/Review Subcommittee Final Report, 7/04; Office of the Legislative Auditor Evaluation Report, Nursing Home Inspections, 2/05; Annual Quality Improvement Report on the Nursing Home Survey Process, 12/15/04; and based on the work of the Long Term Care Issues Ad Hoc Committee, the L & C Supervisors Group, and MDH Survey Team meetings.

QI Plan Results: Results of the 2005 Quality Improvement Plan for Survey Process will be communicated in the Annual Quality Improvement Report to the Legislature due in December 2005.