Home Care & Assisted Living Program Advisory Council Meeting

June 10, 2024

1:00 p.m. – 3:30 p.m.
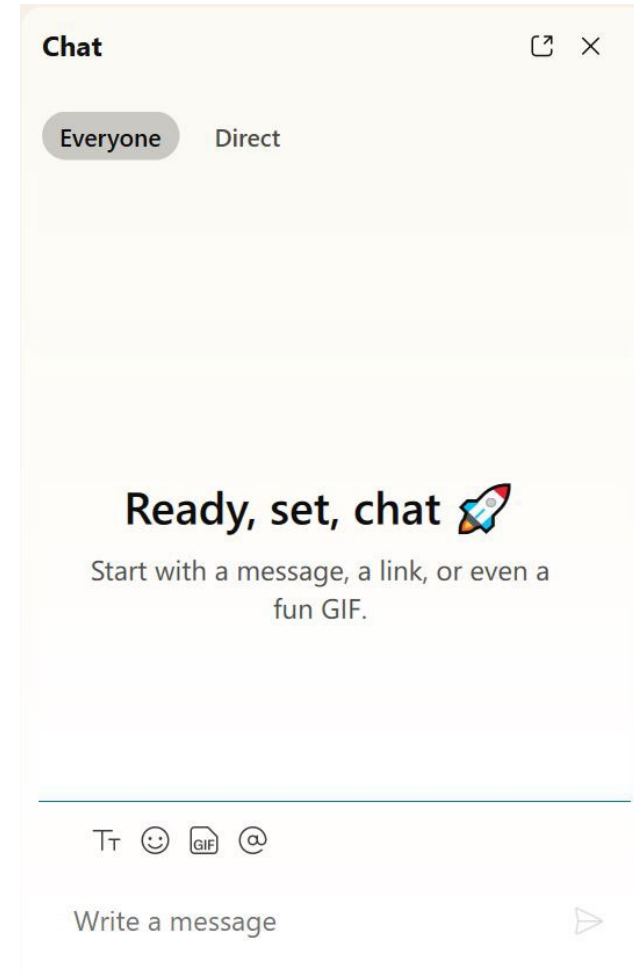
- Welcome to New Council Member

- Collaborative Systems Change – Systemic Mapping Outcomes for Tuberculosis and Individual Abuse Prevention Plan Regulations

- 2024 Councill Recommendations to the Commissioner Discussion

- WebEx Participants will be muted.

- Questions may be asked via the WebEx chat.

- Use the "Everyone" tab to send in questions or comments. "Direct" questions or comments can be missed.

- We will attempt to answer as many questions as we can.

Welcome New Advisory Council Members!

- Jacob A. Gayle, PhD
  - Past or Current Assisted Living Residents

Planning and Partnerships: Collaborative Systems Change

Catherine Lloyd | Manager, Planning and Partnerships

- Collaborative Systems Change Program Overview/Process

- 2023 Systemic Mapping Topics and Takeaways

- Workplan for Change Implementation

- 2024 Study Topics: Current and New

Collaborative Systems Change: Background

2021

- MDH/HRD in step with DHS, Disability Services and Child Protection, hired **Collaborative Safety LLC**, to learn about their unique model of safety science. HRD coordinated training events for MDH Executive leaders, HRD staff, partners and providers.

2022 – 2023

- Implemented the Systemic Critical Incident Review (SCIR) model and systemic mapping. Trained safety analysts, offered leadership labs, and advanced practical training.
- Conducted 10 systemic mapping sessions: TB prevention and control and Individual Abuse Prevention Plans.

2024 Program

- Evaluating what we learned from the systemic mappings, analyzing trends and takeaways, and brainstorming possible solutions to improve compliance, and outcomes for providers, their staff and consumers.
- Identifying new areas of compliance to study.

What is Collaborative Systems Change?

- Create space for collaborative learning.

- "Take off the regulator hat".

- Listen without judgment or blame.

- Be open to all voices/roles/position.

- Reveal how systems influences decisions.

- Understand complexities.

- Seek ideas for improvements.

- Move towards health/racial justice.

- Improve compliance and prevent violations.

Plan & prepare for systemic mappings

- Train safety analysts.

- Evaluate trends in correction orders.

- Seek feedback from providers, partners, agencies, and advocates.

Conduct systemic incident review and mapping sessions to identify systemic barriers

- Recruit and orient providers, partners, advocates in system mappings process, concepts, and language.

- Create a shared learning and safe environment with a mapping team.

HRD Systemic Mapping Process

Collaborate with key agency leadership

- Share key takeaways with external partners and providers, seek input.

- Develop a workplan.

- Track results and measure change.

Write a narrative about what we learned during the mapping process & key takeaways

- Evaluate narratives for themes.

- Identify key takeaways.

- Obtain feedback from internal HRD team.
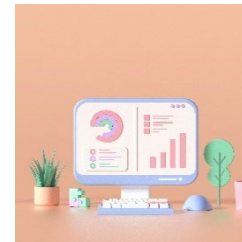
The Acci-Map Approach to Systemic Analysis

- **Multi-tier approach** to understand barriers to compliance.

- **Identify areas of study** and recruit volunteer providers.

  - What do we want to learn about?

  - What are the barriers to compliance?

  - What are we seeing in correction orders, during evaluations?

  - What do participating providers, partners, and advocates suggest we study?

  - What is the "second story"? What can't we? What is under the iceberg?

- **Recruit providers** - assisted living, home care, and in 2024, skilled nursing.

- **Meet with frontline staff** who volunteer to share their barriers/perceptions.

- **Develop a learning point** for the study.

  - Focus for the systemic mapping process.

  - Policy or practice deviation, or other areas of practice that benefit from study.

- **Safety Analyst** reviews learning point and information from the staff conversations to facilitate the mapping process.

- **Mindful of using open ended questions**, no blame approach to understand what influences decisions.

Key to Systems Mapping: Collaborative Learning Model

- **What influences a decision**, action or creates a barrier to compliance?

  - Listen to the perspectives of providers, their frontline staff, partner agencies, consumer advocates, regulators, and the ombudsman.

  - Take off the natural inclinations to find a solution or look for the red flag.

  - Seek ways to follow the influences throughout the system.

  - Be open to how culture, profession, lived experiences, education and role impacts us.

  - Create the space for psychological safety – people are open to express ideas, perceptions, and influences.

  - Mapping space is about shared, or collaborative learning, not solutions or fixes.

- **Identify Human Factors**: Influences directly related to the learning point. Processes, conditions or actions of staff making the decision.

  - What influences local rationality?

  - What is the focus of attention

  - Are there goal conflicts?

  - How do staff prioritize tasks?

  - Knowledge and training?

  - Judgement or assessment of a situation or client condition?

- **Identify Conditional Factors:** The environment in which work is carried out and that contributes to worker assessments and decisions (i.e., the provider).

  - What is the level of staffing?

  - Is there clear delegation of authority and roles?

  - How do staff prioritize tasks?

  - Do staff have access to resources, tools and training?

  - Is there supervisory support?

  - How do workers interpret policy?

  - How do staff interpret the needs/behaviors of clients/residents?

- **Identify Conditional Factors:** External to provider yet influences decisions/actions of the organization.

  - Client/resident access to clinics and medical providers.

  - Coordination of and access to medical records from hospitals/clinics.

  - Worker access to occupational health or clinical facilities for screening.

  - Norms of work (hours, working conditions, wages at competing businesses).

  - Access to transportation, or issues related to rural, metro, suburbs.

  - Budget allocation or regional policies (corporate).

  - MDH survey, evaluations, or enforcement directives.

- **Identify Control Factors:** Government and regulatory bodies or other influencing factors that control the organization.

  - Statutory requirements.

  - State and Federal regulations and rules.

  - Funding mechanisms.

  - Reimbursement rates.

  - Multiple jurisdictions with control over provider decisions.

  - Sources of information (websites, statutes, rules, guidelines).

  - Enforcement actions/courts.

- **After the systemic mapping**

  - Write a narrative description of what we learned.

  - Identify the prevailing themes.

  - Summarize the takeaways, or the issues that emerged from the mapping sessions.

  - Brainstorm ideas for action.

  - Obtain feedback from multiple sources.

  - Create and execute a workplan for addressing both technical and adaptive change.

- **Conducted five mappings:** Individual Abuse Prevention Plan (IAPP).

- **Confusion about the statutory and regulatory requirements** for the development of an individual abuse prevention plan and intervention strategies.
  - Volume of instructional material on MDH website and statutory requirements.
  - Resident/client vulnerabilities not know at the time of referral.
  - Primary focus of attention is with clients/residents at higher risk of vulnerability.
  - Subtle changes in a client's condition may be missed between assessments.
  - Varying interpretations of "vulnerable".
  - Challenges and competing demands faced by staff, including RNs.

2022-2023 Takeaways: TB Prevention and Control

- **Conducted five systemic mappings:** Tuberculosis Prevention & Control.

- **Confusion about which statutory requirements**, federal regulations, or TB manuals to follow.

  - Lack of clarity surrounding the use of prior negative or non-active TB tests for new staff.

  - Variations in the types and efficiency of procedures.

  - Complexities around who can read a TB skin test – scope of practice.

  - Variations in how TB testing costs are managed.

  - Smaller providers lack access to organizational memberships/mentorship.

Change Implementation Workplan

- Change Management Workplan for TB and IAPP Takeaways Process

  - Establish goals

  - Workgroup membership

  - Estimated Timeline

  - Next Steps

Topics of Interest Survey: 2024 Systemic Mappings

- **2024 Study topic: Bedrails/siderails and entrapment risk**

  - **Assisted living facilities**

- **Future studies may include:**

  - Service plans

  - Prescription drugs

  - Infection control and prevention

  - Emergency preparedness and response (ALF)

  - Elopement/exit-seeking

  - Falls from mechanical lifts

- Applied and received CDC funds to expand program

  - Expand systemic mapping review model in long term care.

  - Study and understand barriers in complying with disease prevention, management, reporting and analysis.

    - COVID-19 and other coronavirus and infectious diseases

    - Long term care facilities, assisted living, and home care

  - Two-year grant period: August 2024 through July 2026

- In the process of developing the workplan and staffing.

Provider Recruitment for Systemic Mappings

- Communicating study topics to assisted living providers
  - May 31 - Gov delivery and links to register for systemic mapping session
  - Coordinate and plan mapping teams
  - Safety analysists to hold conversations and develop case study and learning point
  - Recruit additional providers to learn their perspectives and process
  - Seek input from provider organizations, advocates, ombuds and other agencies
- Goal
  - Start systemic mappings by the end of June, early July.
- Interested providers contact Catherine.Lloyd@state.mn.us or Liachia.Thao@state.mn.us

- Questions?

- Feedback?

- Contract Catherine.Lloyd@state.mn.us if you are interested:

  - TB or IAPP Change Implementation Workplan

  - Systemic Mapping Team: Bedrails/siderails in assisted living facilities

  - COVID-19 and other infectious disease prevention, control, reporting in LTC, AL, HC

Thank You!

Catherine.Lloyd@state.mn.us

651-201-3706 | 651-417-1592

- September 9, 2024

- December 9, 2024

Thank You!

health.assistedliving@state.mn.us

health.homecare@state.mn.us