



144G QUALITY MANAGEMENT ACTIVITY

Care
Providers
of Minnesota

Racey Gasior, Lead Quality & Experience Specialist
Lifespark (Formerly Tealwood Senior Living)

1

INTRODUCTIONS



Racey Gasior, MS, Lead Quality & Experience Specialist
Lifespark (Formerly Tealwood Senior Living)

Racey holds a Bachelor's in Psychology and a Master's degree in Human Services. She is a Licensed Assisted Living Director, holds a Senior Specialty Certificate in Exercise, is Chair of the Care Providers of Minnesota (CPM) Recognition Task Force and is also a Basic Life Support Instructor for the American Red Cross. She has worked with older adults for 14 years and has been in the Wellness industry since 2006. She is a member of the CPM Quality Committee, has been featured on the Quality Innovation Network, and coached at various CPM Bronze and Silver Workshops as she has completed six years with the AHCA/NCAL National Quality Awards Program as an Examiner/Team Lead.

2

Learning Objectives

- ▶ Discuss the regulation changes from 144A to 144G
- ▶ Dissect each portion of the new regulation
- ▶ Offer basic quality techniques and suggestions on how to meet the regulation
- ▶ Provide resources on where to search for Quality Tools

3

144A.477 COMPLIANCE. Home Care & HCBS

Subd. 2. Medicare-certified providers; equivalent requirements.

- ▶ For home care providers licensed to provide comprehensive home care services that are also certified for participation in Medicare as a home health agency under Code of Federal Regulations, title 42, part 484, **the following state licensure regulations are considered equivalent to the federal requirements:**
 - ▶ (1) **quality management, section 144A.479, subdivision 3;**

4

144A.479 HOME CARE PROVIDER RESPONSIBILITIES; BUSINESS OPERATION.

Subd. 3. Quality management.

- The home care provider shall engage in quality management appropriate to the size of the home care provider and relevant to the type of services the home care provider provides. The quality management activity means evaluating the quality of care by periodically reviewing client services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to clients. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal.

5

Assisted Living Facility & Assisted Living Facility with Dementia Care 144G.42 BUSINESS OPERATIONS

Subd. 2. Quality management.

- ▶ The facility shall engage in quality management appropriate to the size of the facility and relevant to the type of services provided. "Quality management activity" means evaluating the quality of care by periodically reviewing resident services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to residents. Documentation about quality management activity must be available for two years. Information about quality management must be available to the commissioner at the time of the survey, investigation, or renewal.

6

Assisted Living Facility & Assisted Living Facility with Dementia Care 144G.42 BUSINESS OPERATIONS

Subd. 2. Quality management.

"The facility shall engage in quality management appropriate to the size of the facility and relevant to the type of services provided...."

- Maintain a Quality Assurance and Performance Improvement (QAPI) or Quality Committee
 - Address "appropriate to facility size" by having all departments involved
 - Recommend standing meetings to create importance

5 Key Elements of Quality Management

- 1) Design & Scope
- 2) Governance & Leadership
- 3) Feedback, Data Systems & Monitoring
- 4) Performance Improvement Projects
- 5) Systematic Analysis and Systemic Action

7

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Address "relevant to the type of services provided" by creating a Quality Meeting Minutes Template with all key services provided, metrics, processes that the team feels are essential to facility success

Examples →

Hospitalizations	Feedback Form/Grievances
Pendant Response Time	Customer Feedback ---Care Conferences ---Resident/Family Council
Falls	Census/Occupancy Marketing
Adverse Events: ---Med Errors ---Reportable Events	Rehab Service Systems
Dietary Systems	Emergency Preparedness
Infection Control: ---COVID-19 ---Tuberculosis Program ---Nosocomial ---Influenza	Interior/Exterior Turnover
Admission Processes	Safety Compliance/Committee
Discharge Processes	Workers Comp Claims
Resident & Family Satisfaction	Employee Satisfaction & Engagement
Workers Comp Claims	Employee Exit Interviews
Employee Satisfaction & Engagement	Assessment Compliance
Employee Exit Interviews	
Laundry & Housekeeping	

8

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Subd. 2. Quality management.

..."Quality management activity" means evaluating the quality of care by periodically reviewing resident services, complaints made, and other issues that have occurred and determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to residents....

Addressing "Evaluating"

Element 3: Feedback, Data Systems and Monitoring

The facility puts systems in place to monitor care and services, drawing data from multiple sources. Feedback systems actively incorporate input from staff, residents, families, and others as appropriate. This element includes using Performance Indicators to monitor a wide range of care processes and outcomes, and reviewing findings against benchmarks and/or targets the facility has established for performance. It also includes tracking, investigating, and monitoring Adverse Events that must be investigated every time they occur, and action plans implemented to prevent recurrences.

Addressing "Periodically":
with the Quality
Committee meeting at
minimum quarterly if not
monthly

Element 5: Systematic Analysis and Systemic Action

The facility uses a systematic approach to determine when in-depth analysis is needed to fully understand the problem, its causes, and implications of a change. The facility uses a thorough and highly organized/ structured approach to determine whether and how identified problems may be caused or exacerbated by the way care and services are organized or delivered. Additionally, facilities will be expected to develop policies and procedures and demonstrate proficiency in the use of Root Cause Analysis. Systemic Actions look comprehensively across all involved systems to prevent future events and promote sustained improvement. This element includes a focus on continual learning and continuous improvement.

9

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Also Addressing "determining whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to residents"

Recommend
at Least 1

Element 4: Performance Improvement Projects (PIPs)

A Performance Improvement Project (PIP) is a concentrated effort on a particular problem in one area of the facility or facility wide; it involves gathering information systematically to clarify issues or problems, and intervening for improvements. The facility conducts PIPs to examine and improve care or services in areas that the facility identifies as needing attention. Areas that need attention will vary depending on the type of facility and the unique scope of services they provide.

Prioritization
Tool

10

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- ▶ **Common Projects: Fall Prevention, Regulation/Survey Compliance, Pendant Response Times, Med Errors, Turnover, Census/Occupancy**
- ▶ **Choose a Quality Improvement Model---**
 - Very common is PDSA (Plan, Do, Study, Act)
 - Other examples: Total Quality Management (TQM), Rapid-Cycle Improvement (RCI)
- ▶ **Form a PIP team to address the area of opportunity and work through the chosen model of improvement (Great place to include front line staff!)**
- ▶ **Document all efforts on a PIP Worksheet**

11

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Meeting Minutes Template & PIP Worksheets:

Committee Member's Names		Date/Time of Meeting Held	Attendance Tracking	
Key Measures, Metrics & Processes (Target Areas or Areas of Opportunity)				
Data Trend	Trend Analysis	Actions Taken/Quality Improvement Model Steps	Who Responsible	
Whether Actions Taken Need to be Adopted, Adapted or Abandoned				

12

RESOURCES:

CMS.gov
Centers for Medicare & Medicaid Services

Care
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