

Home Care and Assisted Living Advisory Council

2024 RECOMMENDATIONS

Training and Administrative Portability

Onboarding a new employee can take considerable time and expense. In the current workforce shortage, employees are often moving from job to job and at each new job, they are required to complete required training and administrative items such as background checks, fingerprinting, and TB testing. Portability of training and administrative items would allow employees to change jobs and work additional jobs without having to go through a long onboarding process that is a repeat of one they have already completed, often very recently. In some instances, the costs of these items are borne by the employee. Whether or not the costs are paid by the employer, the employee has to spend the time completing the tasks and in the event of the two-step TB test process, the employee has to make up to four trips to the testing facility and if the employee does not complete any part of the testing within the time frames required, the process must start over, further delaying the onboarding and costing the employer more. TB testing and background checks/fingerprinting are universal and do not require additional considerations. In most other areas of the industry, the employee “owns” their training. They take it with them wherever they work. CEU’s are an example.

The first part of the Council’s recommendation is to allow portability of TB testing. Currently, regular testing is not required as long as the employee stays with the same employer. Then, the only time additional testing could be required is if the employee were to answer affirmatively to any of the questions on the TB Risk Assessment, which is done annually. The Council recommends that once an employee has had a negative TB test, that can be portable to any provider that they work for unless they answer affirmatively to any of the screening questions in the TB Risk Assessment, which will still need to be completed annually. It is also recommended that TB testing be eliminated. So much time, effort and resource are put into complying and verifying compliance when the risk to both client and caregiver is miniscule. Also, there are other licensed areas that are nearly identical that do not require TB testing. Adult Foster Care is an example. Same caregivers, providing the same care, but no TB requirement. Another solution would be to allow licensees to offer BCG vaccination to their employees in place of testing. In addition, are residents being tested as well? If testing to prevent TB spread, why are the most likely vectors for the infection not being tested? It is pointless to continue to test employees and not the residents. All data on occupational infection focuses on the residents being the source of the infection, and not the employees bringing it in.

The second part of the recommendation is to recognize commercially purchased training packages as meeting the requirement for initial and ongoing training as set forth in 144A.4795 and 4796. The Department can require the vendors to certify that their content complies with statute and provide documentation of such. These vendors will be required to provide certificates of successful completion of the program that an employee may take with them to other employers of proof of training completion. Individual company policies and procedures are not part of this training. The provider must still do these on their own. Personal Care skills and nurse delegated tasks will still need to be trained/demonstrated as before.

The Council would also recommend that during the provider’s survey, if the provider has chosen to use this type of training, the surveyor would be able to verify that the training had been done and would not need to evaluate the content of the training, thus making the survey process move faster.

Create Standardized Forms

The Council recommends that MDH create standardized forms that would be optional for providers to use. If the providers choose to use these forms, then they can be assured that if they are filled out completely, they should be in compliance. Providers using these forms will also allow the surveyor to work through the survey faster as they will not need to evaluate the forms for required items, only for completion. Examples of forms could include:

- a. Service Plan
- b. Disclosures
- c. Reassessment forms
- d. Abuse Prevention Evaluations and Plans

Fingerprinting and Netstudy 2.0 Funding

This needs work

The Council recommends that the errors in the Netstudy 2.0 system that have caused the cost overruns be repaired and a true cost for the system be determined such that accurate funding estimates can be made. This service was previously fully funded, but recently, with little warning, these costs were passed on to providers. The goal would be to return Netstudy 2.0 to no cost for providers. Fingerprinting was supposed to be easy to obtain and no one would be required to drive a long distance to get their fingerprinting study done, but that has not been the case, particularly in Greater Minnesota. Fingerprint studies should only be done once, as well as Netstudy studies. Once they are in the system and being subject to ongoing monitoring, they should not have to be re-entered into the system, only assigned to the organization(s) for which they currently work, with no additional cost.

Medication administration training for RN

This needs work

Delegation of med administration delegation for supervising RNs. Additional training for unlicensed personnel on when to contact RN.

Egress Window funding

This needs work

The Council recommends that grants in the amount of \$XX.XX be offered for providers to install egress windows in care homes that are non-compliant. The Council recommends that fines for noncompliance on items that require structural modification, landlord agreement, or other major investment be suspended temporarily so that the licensee can afford to make the repairs, modifications, etc. Consideration to drop the fines, but not the citations, could be made if the licensee cooperates and is proactive in making the changes.

Joint training with Surveyors and providers

This needs work

The goal of this recommendation would be for surveyors and providers to be more on the same page when it comes to surveys. It is also hoped that interactions between surveyors and providers would be collaborative rather than punitive. Evaluation tools and guidance could be jointly developed and both sides could develop an understanding of the challenges of the other.

1. Task Force Formation:

A dedicated task force composed of members from HCALP would be dedicated to working on this.

2. Online Course Development:

An optional online course detailing the top correction orders identified would be created. The course would cover key topics such as clear-cut regulatory expectations, common deficiencies, best practices for compliance, and strategies for improvement. The course would highlight how to avoid common pitfalls, strategies for doing better on surveys, along with explicitly explaining what does and doesn't fall within the survey question scope (understanding what a surveyor can and can't ask), etc.

3. Onsite Visits and Checklist Review:

- a. Upon completion of the online course, surveyors and/or members of the task force conduct onsite visits to participating healthcare facilities.
- b. During these visits, surveyors review the top correction orders with providers, offering guidance, clarification, and practical recommendations for improvement. This would also create an opportunity for providers to ask questions and receive help from MDH regarding compliance in a non-punitive, collaborative environment.
- c. A checklist based on the course content (top correction orders) is utilized to ensure thorough review and compliance assessment.

4. Certification and Recognition:

- a. Providers who successfully complete the online course and demonstrate compliance with correction orders during onsite visits receive a certificate of completion.
- b. The certificate serves as recognition of the provider's commitment to quality improvement and adherence to regulatory standards.

5. Benefits:

1. **Enhanced Resident Quality of Care:** By equipping providers with targeted education and support, the initiative facilitates proactive identification and correction of deficiencies, ultimately leading to improved quality of care for residents.
2. **Streamlined Compliance Process:** Helps providers to understand where they go wrong, how to correct deficiencies, clarifies survey expectations, and serves as a wonderful opportunity to bridge the gap

between surveyors/MDH and providers in a non-punitive, collaborative, and helpful environment. This also empowers providers so that they can feel confident they understand exactly what is expected of them.

3. **Public Trust and Confidence:** By proactively addressing correction orders and demonstrating commitment to regulatory compliance, healthcare facilities enhance the trust of residents' loved ones and families, prospective residents, and the community's confidence in the quality and safety of their services.

Training/toolkit/FAQ's for new providers

This needs work

By providing more up-front guidance, it is hoped that providers would be better prepared to be in compliance. Also, by having more concrete guidance, new and existing licensees will not have to try and interpret the statutes or guess at how the Department is interpreting them. In reviewing the top 10 most cited items, the Department can see where the knowledge gaps are providing guidance as needed.

Tracking of provider FAQ's

This needs work

By understanding where providers are having issues with understanding the statutes, the Department can be more proactive with advancing solutions, interpretations, and guidance for providers. This recommendation is similar to the above recommendation for joint training of providers and surveyors. Getting both groups on the same page allows for better understanding and lower rates of non-compliance.

LALD Resource gaps

Environmental issues/Emergency preparedness plans/Smoke alarms/Fire Safety

Minnesota Department of Health
Health Regulation Division
Home Care and Assisted Living Advisory Council
PO Box 3897
St. Paul, MN 55101-3879
651-201-4200
health.homecare@state.mn.us
health.assistedliving@state.mn.us
www.health.state.mn.us

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To obtain this information in a different format, call: 651-201-4200.