Veteran Domiciliary Resident Quality of Care Working Group

Appendix 2 – Additional working group member comments and feedback

Participation by members of the working group included comments and observations which fall outside the scope of the summary of recommendations which make up the group-approved *Veteran Domiciliary Resident Quality of Care Working Group Final Report* and *Appendix 1 – Veteran Domiciliary Resident Quality of Care Working Group Information and Recommendations*.

Members expressed a desire that their additional remarks be shared with the Legislature, for their awareness and consideration.

I don't think it was ever established that the staffing was adequate to meet residents' needs. I recall we were told that an RN Senior, another nurse and a HST/NA were on duty every day. Information received from an employee indicated that Minneapolis has not had an RN Senior full time since July 2023.

1. I recall we were told that the DOMS cannot care for residents with a higher acuity. Information received from an employee revealed that the DOMS currently has residents with walkers, residents with a risk for falling, residents who require meal assistance. It is difficult to determine if staffing is adequate without an accurate picture of the current residents.

   I agree that developing an assessment tool would be helpful. I would suggest using the MDH Assisted Living Assessment Tool at least on a trial basis would be beneficial. There was a lot of input establishing this tool and it could be used now and revised later if needed. A procedure could be developed regarding how the form would be utilized. If front line staff are not consulted regarding the daily needs of the residents and their input is not recognized, any assessment tool would be inadequate.

   I never got the full picture of why the census is low at Minneapolis. Are individuals not expressing a desire to be admitted? Should more outreach be done to find potential residents. I understand the reasons why admissions would not be a good idea at Hastings considering the adequacy of the building.

2. I don't recall ever discussing the need for a rate structure change. I think it needs to be established what type of resident can be cared for in the DOMS first. If residents have

increased needs and potential admissions have more needs, it may be necessary to change the licensure to Assisted Living rather than Boarding Care.

3. I would recommend an analysis of the staffing etc. by an outside person/group. It appears that employees are very distrustful of senior leadership so a review by these individuals would not be accepted as accurate by employees.

   Establishing a resident council would be a good idea. I am sure the Ombudsman Office could provide help with developing a council.

4. Seeking assistance from MAD would be beneficial. They could meet with employees and managers to get a full picture of what is working and not working in the program.

5. No comments.

6. Determine how information from stand- up meetings is provided to staff that are not on duty or evening and night staff.

   I agree front line employees should be part of the QAPI group.

7. Based on comments from an employee, there is not a collaborative and employee engaged transformational culture. There is a lot of work to be done to make that happen.

   I don't know if adding Directors would be of benefit. In my opinion, managers who are onsite daily to determine if staff need additional training, if staffing is adequate etc. would be more beneficial.

8. Requesting ongoing assistance from the Office of Ombudsman would be beneficial to the residents and staff.

   Extending the term of the work group would be helpful. In my opinion, inclusion of some current employees would be of benefit. If this is not possible, I would suggest members of the work group meet with employees to try to determine their needs/wants and goals.

5. Recommendations for innovative staffing models and utilization of resources during a facility emergency when needed.	

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Yes, but should "have a plan in place"	b. Contact local health care coalitions to help with emergency preparedness questions. Appendix Z within Nursing Home (NH) requirements have good guides on how to develop plans.
6. Recommendations for ways to communicate clear guidance – day to day and during an emergency and to put in place strategies for support.	
Yes – huddles – may want to frame as part of QI or QAPI work	a. Continue daily stand-up meetings tracked with a written or electronic communication option. During those meetings, refer and reinforce emergency procedures that exist.
Yes – maybe frame as "engage front line staff in QAPI roles", not certain why "resume" was used.	b. Front line staff to resume roles in Quality Assurance Performance Improvement (QAPI) and bring day-to-day best practices to QAPI group. Establish performance improvement plans (PIP) to ensure staff and residents receive communications in their preferred or favored method.
Yes, need to assess if effective	c. Provide electronic communication boards throughout campus
7. Recommendations for additional staffing considerations and opportunities for additional training.	
Yes, but need to act on the analysis	a. Complete an analysis regarding education needs and offerings and provide recommendations based on regulatory requirements, mandatory education, and clinical best practice.
Support but would not "develop" until evaluation in "C" completed. Would change prose to "consider" or "explore" development of ……	a. Develop a formal Central Office Director of Behavioral Health position for the MDVA who will continuously monitor, enhance, and promote uniformity of the Behavioral Health needs of Veterans who reside in the homes for all settings of care.
Same as above	b. Develop a Director of Domicile Behavioral Health who will continuously monitor, enhance, and promote uniformity of the Behavioral Health needs of Veterans who reside in the Domicile setting of care.
Yes – strong support	d. Continue to develop a collaborative and employee engaging transformational culture, transformational leadership that empowers people and works collaboratively.

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Yes, give example?	g. Explore opportunities to initiate or enhance partnerships with local healthcare organizations.
8. Other recommendations	
Yes, connected to what?	b. Make sure DOMs leadership and OOLTC leadership are personally connected and meet regularly in addition to the above quality reporting meetings.
No, may need skills of different folks for the "next steps"	d. Extend the term of this Working Group - enhance opportunities for heightened communication and interaction at each meeting and encourage increased dialogue.
Neutral – don't know enough, doesn't make sense on the surface.	e. Consider establishing an Office of the Inspector General (OIG) within the Minnesota Department of Veterans Affairs (MDVA).

I want to qualify my response to the item regarding extending this work group *"Extend the term of this Working Group - enhance opportunities for heightened communication and interaction at each meeting and encourage increased dialogue."* The "no" response I provided does not indicate that this work should not continue, rather, this may not be the right mix of participants and setting for continued work. Based on the additional letters from staff and the Ombudsman, there is much work that needs to be done to repair relationships and improve psychological safety between employees and MDVA management. Bringing in a consultant or some other type of mediation should occur in order for Veteran Domiciliary residents receive the quality care deserved in an environment where employees are focused, engaged and generally content with their employer.

The Minnesota Department of Health (MDH) Workgroup members, Susan Winkelmann, Sarah Grebenc and Daphne Ponds, in their roles as state regulators of these settings, declined to endorse the statement that the workgroup established that DOMS' staffing and care delivery models exceeded federal and state laws, and did not answer whether the MDVA should continue to work with the VA and the National Association of State Veterans Homes on a rate structure change for the DOMs.

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