

# QUALITY UPDATE

Health care quality  
issues for health  
care leaders  
Fall 2023



## Reenergizing Patient Safety

Jennifer P. Lundblad, President & CEO, Stratis Health



Patient safety is back!

Many signals point to a revitalized commitment to patient safety. Don Berwick issued a powerful call to action for renewed board and executive leadership and accountability for safety and concerted, persistent investment in and monitoring of change in his January 2023 [New England Journal of Medicine column](#). The President's Council of Advisors on Science and Technology (PCAST) released in September 2023 its Report to the President, [A Transformational Effort on Patient Safety](#), which details the urgent need for federal attention to the growing problem of medical error and makes four recommendations for actions to address it. A new group of patient and family advocates has been

established, [Patients for Patient Safety](#), as a branch of the World Health Organization.

We hope these recent changes are a signal that safety is back in the forefront, where it needs to be. Safety is embedded in the mission and vision of Stratis Health and a core part of what we do to improve health across the country, and we are heartened by renewed attention and to actively support the transition from the first generation of patient safety to Patient Safety 2.0. Patient Safety 2.0 is built around relationships and trust (rather than rules and regulations). We might do well to think of it as “caring safely” rather than “patient safety.”

In this issue of *Quality Update*, the theme is, “Forward Together: Creating

## THIS ISSUE

**Reenergizing Patient Safety 1-2**

**The Power of Communication: Improving Patient Education, Engagement and Health 3-4**

**Creating Communities and Systems to Support the Diverse Needs of Older Adults 5-6**

**Advances in Policy and Social Change for Older Adults 7-8**

**Stratis Health News 9**

Communities and Systems that Support Aging Well.” We know that aging increases the risk of chronic diseases — leading drivers of illness, disability, death, and health care costs — with many people facing multiple diagnoses. The immediate and devastating consequences of COVID-19, particularly among older adults, have led to far-reaching enlightenment that promises to inform innovative patient safety approaches far into the future. At the intersection of safety and the care and health of older adults, we have our eyes on the emerging geriatrics hospital measures and geriatrics hospital designations coming out of CMS, and the existing [Geriatrics Emergency Department Accreditation](#).

(Reenergizing Patient Safety... continued on page 2)

## Reenergizing Patient Safety

(Continued)



Jennifer P. Lundblad,  
PhD, MBA  
President and CEO,  
Stratis Health

I recently had an opportunity to sit down with David Satin, MD, Assistant Professor in the Department of Family Medicine and Community Health at the University of Minnesota Medical School and Stratis Health Board Member to discuss the current and future state of patient safety. *(The entire conversation can be found in the [most-recent podcast](#) in our series featuring how Stratis Health is collaborating and innovating to improve health.)* One of the most profound moments in our conversation occurred when I asked what the single most important change is which would improve safety...and his answer was to create time and space for clinicians and patients to meaningfully engage. Wow – just think about how this exemplifies Patient Safety 2.0 and the focus on relationships and trust.

Yet as simple as that seems, the system is stacked against more time for clinicians and patients. Between the financial pressures which limit time for visits, the workforce shortages in health care, and the demands of documentation in the electronic health record



“Not surprisingly when patients and their loved ones are engaged as partners in care, rather than passive participants, it can lead to measurable improvements in safety, patient satisfaction, quality, and improved health outcomes.”

*Robert Otto Valdez, PhD, MHA Director, Agency for Healthcare Research and Quality (AHRQ) (View [here](#) AHRQ's strategies and resources to help patients, families, caregivers, and health professionals work together.)*

(EHR), time is at a premium. The good news is that we have the ability and the tools to drive change. Imagine, for example, an EHR that uses natural language processing that listens to a doctor-patient conversation, creates the notes, and fills in searchable fields. Or when orders are placed using knowledge from behavioral economics to reclaim time lost to manual processes. Or that compliance requirements are fewer and smarter, which could, paradoxically, make care safer.

We also are seeing the undeniable and irreplaceable value of input from patients and their families and caregivers, especially for older adults. During the pandemic, when loved ones were not allowed to visit patients in the hospital, there was an uptick in medical errors because we didn't have family members filling in the blanks of unreported medications and conditions. Trust extends to designated care partners who serve as an extension of the professional care team members, bringing forward essential personal knowledge of the patient's history to improve safety.

I encourage all of us to re-engage in patient safety. For those in Minnesota, an easy way to begin is to participate in the upcoming Minnesota Alliance for Patient Safety (MAPS) conference on November 30. MAPS is the longstanding safety coalition in Minnesota, established in the wake of the seminal Institute of Medicine reports “To Err is Human” and “Crossing the Quality Chasm.” Stratis Health has long been a leader and supporter of MAPS, and MAPS became an affiliate of Stratis Health in 2017. The 2023 conference theme is “[Caring Safely: It's a Team Sport](#),” and the event is an opportunity to engage with local and national leaders advancing Patient Safety 2.0.

We know we can make more lives better — and save more lives — by working collaboratively to create health care systems that ensure patients are truly free from harm and can participate in their care. Amid the competing demands, caring safely must be prioritized at all levels. ○

# The Power of Communication: Improving Patient Education, Engagement and Health



**Abigail Greenheck,**  
Group Senior Vice President,  
Beehive Strategic  
Communication and  
Stratis Health Board Member

By 2030, more people in the U.S. will be older than age 65 than younger than age 5. This is already placing an unprecedented strain on the health care system, given that most older adults have at least one chronic condition and many have multiple conditions such as high blood pressure, arthritis, heart disease, and diabetes. Unfortunately, as we learned during the pandemic, neither the health care system nor patients and their families are prepared to effectively manage the complexity of care required by a diverse population of older adults.

My work includes many facets of the marketing industry, with a primary focus on strategic communication that effectively engages key audiences and supports quality and safety in health care practices. Thoughtful, targeted educational initiatives can help lessen pressure on patients and the health care system.

Caregiving experiences with my own parents fuel my passion for easing care paths through effective communication and education. My father avoided going to the doctor and ignored increasingly worrisome symptoms, eventually being diagnosed with late-stage pancreatic cancer. My mother, facing multiple diagnoses, was not ever able to effectively manage and understand her health and health records — paper and electronic — which led to a cascade of avoidable complications, confusion, and stress.

How might their health journeys have been improved? It starts with understanding challenges and barriers and ends with setting expectations for patients and health care professionals.

Stratis Health has led quality improvement for Medicare beneficiaries for Minnesota since inception of the Quality Improvement Organization (QIO) in 1971. By addressing national health care quality priorities on the local level, Stratis Health is improving the quality of care and overall health of older adults across Michigan, Minnesota, and Wisconsin through a [large-scale Superior Health Quality Alliance](#) initiative. At its heart is a collaborative,

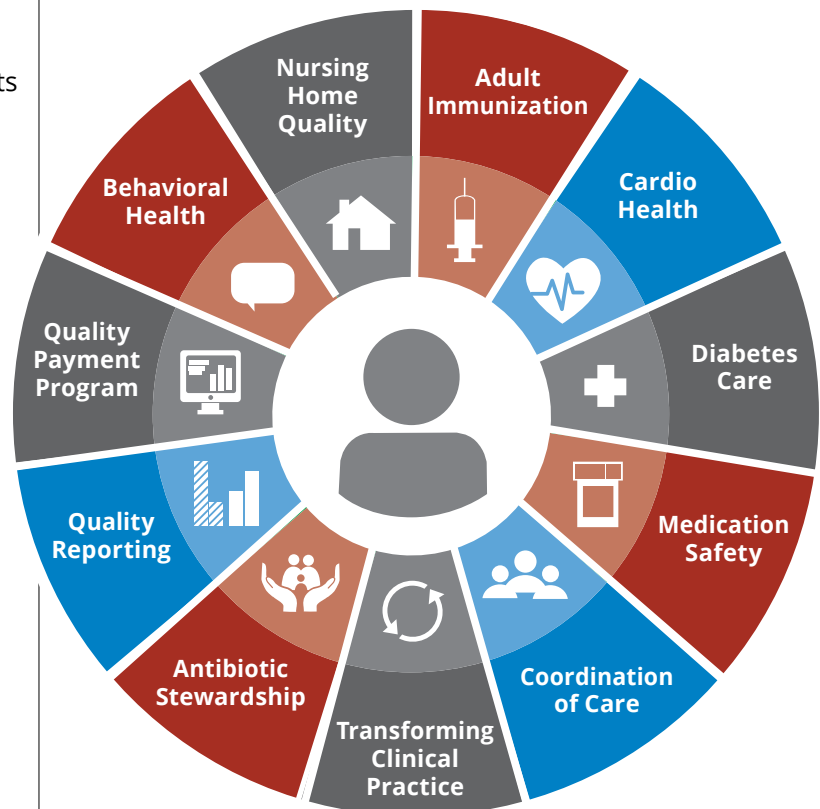
patient-centered approach that improves quality and satisfaction and reduces costs for four million Medicare beneficiaries across three states.

## What is Superior Health Quality Alliance?

- Aims to improve the quality of health and health care for consumers, patients, clinicians, organizations, and communities.
- Is powered by eight organizations, including Stratis Health, with proven success in improving care for older adults.

## Superior Health QIN

[View the proof points](#) of how Superior Health Quality Alliance is making lives better.



(The Power of Communication... continued on page 4)

(The Power of Communication... continued from page 3)

**To this end, when I share tips in my patient education work—and frankly, with my personal network too—I always include:**

- Choose a “[medical home](#),” which is not a place, but a trusted partnership with a primary care doctor/clinic/system focused on delivering patient-centered care.
- Provide the most-comprehensive possible health history to your primary care doctor, including all family history, medications, and supplements.
- When you receive health care services outside of your medical home, including at the pharmacy, ensure all records are shared electronically with your primary care doctor/clinic.
- Talk to your doctor about the value of genetic testing and counseling to identify and head off health risks early.
- Involve family members in care conferences and other important medical conversations.
- Advocate for yourself or designate someone to do so for you. Prepare questions in advance of all doctor visits.
- Take a proactive stance in your healthcare journey by talking with your doctors about health care expectations and goals, rather than reacting when an urgent or emergency health event arises.
- Have a [durable power of attorney for healthcare](#) and an [advance directive for health care](#) on file with your primary care doctor/clinic.
- Not everyone is proficient with technology, but electronic medical records are a big piece of integrated care that leads to improved outcomes. If needed, ask for assistance from your clinic or a loved one.
- Tone matters. Treat health care workers with respect and expect the same in return.

Having witnessed and experienced multiple patient and health care system breakdowns in the care of my parents — much of it rooted in inadequate communication and education — my goal is to optimize my role as a crossover member from the Minnesota Alliance for Patient Safety (MAPS) Board to the Stratis Health Board to engage partners, patients, and families. My why? For my mom and dad, and for other members of the sandwich generation who are caring for multiple generations simultaneously, in hopes of helping create a safer, more successful healthcare experience for people of all ages, needs, and abilities.



### Communicating with Older Patients: Tips for Health Care Professionals

- Allow extra time for older patients.
- Understand the importance of honoring [racial and ethnic diversity](#).
- As appropriate, involve and support family members and caregivers.
- Respectfully compensate for physical, sensory, or cognitive impairments, including helping with filling out forms, removing clothing, moving from room to room, or getting up on the exam table when needed.
- Speak plainly, slowly, and clearly, minimizing visual and auditory distractions.
- Sit face-to-face with patients and maintain eye contact.
- Listen without interrupting.
- Stick to one topic at a time.
- Simplify and write down instructions, using visuals when possible.
- Leave time for questions.
- Make all written communications easy to read and available in multiple languages.

*The National Institute on Aging offers more tips and insights: [Talking with your Older Patients](#). ○*

# Creating Communities and Systems to Support the Diverse Needs of Older Adults



**Jane Pederson,**  
MD, MS, Stratis Health Chief  
Medical Quality Officer

We are fortunate to be living in this exciting time, with countless ways to tap into the wisdom, experience, expertise, and willingness to serve of over [76 million baby boomers](#). Our challenge is to continuously identify opportunities to optimize their potential.

As a geriatrician caring for individuals living in long-term care communities, I realize healthcare is one of many contributors to overall health and well-being. However, the health care team can play a key role in assisting older adults in creating a plan for their care that includes engagement in the community, as well as management of acute and chronic health conditions. For any plan to be successful, the opportunities and infrastructure within the community must be present and welcoming to older adults. These system and community changes are precisely where Stratis Health's work is focused, and how I can make a more global impact in my role with Stratis Health.

## Minnesota and the Spirit of Collaboration

Minnesota organizations in the health care realm have a long tradition of a willingness to set competition aside and work together on improving the health and well-being of citizens. While the Minnesota health care environment is certainly competitive,

there are certain topics and needs where those otherwise competitors recognize the benefit of working together, including in the health and care of older adults. This collaboration is evident in the joint efforts of the members of the [Minnesota Leadership Council on Aging](#), the [Minnesota Board on Aging](#), and [Age-Friendly Minnesota](#). Together they support efforts at the individual, community, and state levels, as well as serving as advisors to the state legislature.

## Giving Voice to Older Adults

Nationally and in state chapters, the nonpartisan, nonprofit [AARP](#) amplifies the voices of older adults by advocating for what's important to members, working with local organizations and town and city officials on making communities more livable and greater places to age with dignity and purpose. AARP Minnesota is a particularly active [advocacy hub](#), offering a wide array of opportunities for older adults to volunteer, work, learn, build skills, combat ageism, and plan ahead to create peace of mind.

## Increasing Care Capacity in Health Care Systems

Supporting systems to be [Age-Friendly](#) is especially important given the small number of geriatricians. There are only about 200 geriatricians in Minnesota — and nearly a million residents aged 65+. The numbers are equally askew nationwide with only 7,000 geriatricians practicing — and more than 55.8 million adults aged 65+. This crisis, coupled with primary care now being called the [“hidden crisis”](#) because supply is not meeting demand, means more needs to be done to ease the burdens of these practitioners. A bright spot showing great promise is the [Minnesota Northstar Geriatrics Workforce Enhancement Program](#), which

## What is the Older Americans Act?

The [Older Americans Act of 1965](#) dedicated federal funding to support older adults across the US. It created the National Aging Network comprising the [Administration on Aging](#) on the federal level, [State Units on Aging](#) at the state level, and [Area Agencies on Aging](#) at the local level which assist people age 60+ in aging and engaging within their communities. Providing nutrition and community-based services; disease prevention and health promotion services; and caregiving services helps individuals, their families, and neighborhoods.

is focused on growing geriatrics expertise across caregivers/clinicians.

It will take this type of disruption to greatly improve team-based care, attract more people to the field, optimize electronic health records (EHRs), and build bridges to community health resources. We must also improve preventive care and chronic disease management, link formal and informal services, support family caregivers, and promote independence through market-based solutions.

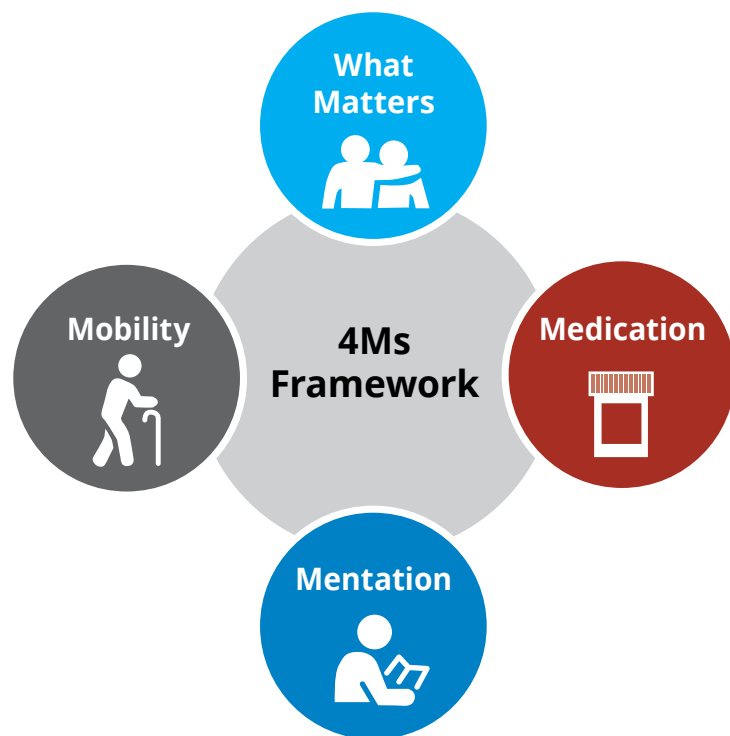
## Inspiring Unity Within Community: Transitional and Long-term Care Facilities

Enriching the lives of older adults does not end when they enter long-term care (LTC) facilities. Stratis Health's role in helping build capacity generates ideas and adaptations to help residents thrive when they transition to long-term residential settings.

(Creating Communities.. continued on page 6)

(Creating Communities ... continued from page 5)

## The Age-Friendly “4M’s”



### What Matters

Know and align care with each older adult’s specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

### Medication

If medication is necessary, use age-friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

### Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

### Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.



An initiative of the John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA).

It’s inspiring to see how some communities are celebrating the past and present accomplishments and interests of residents. This could take the form of displaying all the books and publications current residents have authored, exhibiting artwork, or tapping into residents as teachers by encouraging them to share knowledge from their personal and professional lives. Some feature the accomplishments of older adults alongside those of their grandchildren. With technology and new ways to connect, residents in LTC communities do not have to stop working and volunteering. Instead, they may choose to start or continue running small businesses such as selling quilts and crafts on Etsy, or participating in community service projects. Belonging is essential to well-being. By building unity within community, we support connections for residents and their families.

improving care for older adults through our longstanding role as a Medicare quality improvement organization and in our [Rural Community-Based Palliative Care Program](#). As our work continues to evolve, we are broadening our reach to [provide consulting services](#) that are helping organizations serving people across the lifespan adapt in a rapidly changing environment. With quality, access, and equity at the core, we drive success across the care continuum and in communities, improving health and transforming care by:

#### 1. [Strengthening Organizational Capacity:](#)

We build organizational infrastructure to deliver valued services to patients and communities.

#### 2. [Redesigning Care Delivery:](#)

We help conceive and design health care delivery in ways that result in better outcomes and improved efficiency and value.

#### 3. [Building Bridges Between Health Care and Community:](#)

We leverage health care and community resources to expand capacity and deliver increased quality health services.

As part of these solutions, we design and facilitate collaborations that mobilize resources to deliver high-value outcomes and bring to scale evidence-based practices. We bridge health care organizations and communities so all receive the care and services they need to lead productive, fulfilling lives. ○

Since day one, Stratis Health has been committed to

## Advances in Policy and Social Change for Older Adults

*A snapshot of progress in Minnesota demonstrates that the future of aging is now*

Article contributors include: Adam Suomala, Minnesota Leadership Council on Aging; Amanda Bigus and Jetta Wiedemeier Bower, Trellis

“Our nation is deeply immersed in the opportunities, challenges, realities, and necessities of a society with an expanding aging population,”

*According to US Aging’s 2023 policy priorities summary.*

The tragedies of the COVID-19 pandemic paved the way to accelerating top policy priorities that guide legislative and administrative advocacy efforts to support our nation’s millions who are age 65 and older.

Given that the last substantial update to most Older Americans Act (OAA) program regulations was 1988, from June 16 to August 15, 2023, the Administration for Community Living (ACL) collected input on [proposed updates to the Older Americans Act Regulations](#) for most of its OAA programs

Promising updates will align regulations to the current environment and reflect the needs of today’s older adults, including the fact that 95% want to continue to live independently in their chosen community.

### Minnesota: A Bellwether State

Foreshadowing a brighter future, the 2023 Minnesota Legislative session ended with nearly \$1 billion in investments in services for older and vulnerable adults. Community and legislative leadership contributed to ensuring that Minnesota will be a great state in which to grow up *and to grow old*. With more than [a million](#) Minnesotans 65 years and older and that number expected to increase to about 1.25 million by 2030, policy discussions are ripe with urgency and opportunity to improve the lives of everyone as they age.

Organizations in the aging sector endorsed policies that addressed Minnesota’s unprecedented demographic shift and obligations to meet the fundamental human needs of older adults, their families, and caregivers. Legislators took meaningful steps forward on proposed policy solutions. The many champions who supported this work helped achieve:

- Continuation of the [Age-Friendly Council](#) and community grants;
- Reforms to housing supports to help address unhoused elders;

### How Age-Friendly Health Systems Build in Vital Whole Person Health Considerations

Whole person health involves looking at the whole person—not just separate organs or body systems—and considering multiple factors that promote either health or disease. It means empowering individuals, families, communities, and populations to improve their health in multiple interconnected biological, behavioral, social, and environmental areas. View the video and learn more about age-friendly health systems [here](#).



- Rate and funding supports for elderly waiver, home care, and nursing homes;
- A study of the [Program for All-Inclusive Care for the Elderly](#) (PACE) (not currently in Minnesota);
- Continuation of the state’s [Palliative Care Advisory Council](#) (PCAC);
- Funds that ensure older adults have access to meals;
- Funds and study of ongoing supported decision making;
- A Native Americans elder coordinator at the [Minnesota Board on Aging](#); and
- Support for families, such as funding caregiver respite grants, the [Live Well at Home program](#), and culturally relevant Alzheimer’s and dementia awareness.

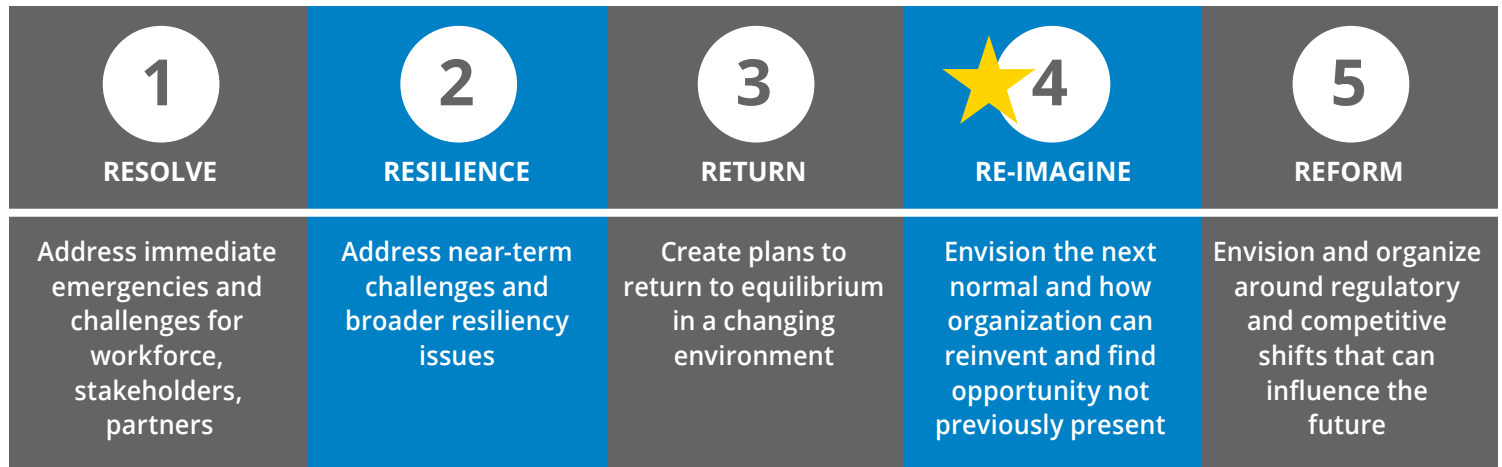
This is not to say challenging realities don’t exist. Policy and funding opportunities for older adults often compete with those affecting children, an irrational but very real dichotomy. Disparities in urban and among rural programs and services are plentiful. And ageism is a very real, persistent, and pervasive threat to the older Americans who commonly face overt and covert discrimination simply because of their age.

Alongside Stratis Health and other like-minded organizations in Minnesota and nationwide, the Minnesota Leadership Council on Aging will continue driving change as a thought leader, planner, and educator. Together, we are advancing positive system change for older adults, their families, and caregivers.

(Advances in Policy... continued on page 8)

(Advances in Policy... continued from page 7)

## How Minnesota Set the Stage for the Legislative Session



Source: [Beyond Coronavirus: The Path to the Next Normal \(McKinsey, March 23, 2020\)](#)

### How a Key Minnesota Resource is Serving Aging and Vulnerable Adults and Their Care Teams

The [National Council on Aging's](#) (NCOA) mission is to “deliver the tools, resources, best practices, and advocacy our nation needs to ensure that every person can age with health and financial security. Because aging well for all is a matter of equity. A matter of dignity. And a matter of justice.” By offering services for older adults, caregivers, professionals, and advocates, NCOA personifies how to support aging well in America.

In Minnesota, Trellis is an example of how one innovative nonprofit organization is “thinking globally and acting locally” to help people optimize well-being as they age, in alignment with national efforts.\*

With a mission to assist individuals to age well and develop the capacity of communities to care for an aging population, Trellis, in partnership with the state [Board on Aging](#):

- Provides services, connections, and innovations to help people thrive as they age;
- Bridges social and medical care to produce better outcomes for individuals and communities; and
- Reduces disparities in access and ensures equity and inclusivity.

Helping clients navigate Medicare is a common request. With the program’s complexity and over 106 available plans in Minnesota causing deep confusion for many, Trellis offers [robust resources](#), community educational events, and free, one-hour Medicare counseling appointments over the phone or in person to help whittle down the options to the few that will meet the needs of the individual. While community health educators and counselors don’t make decisions

for people, they empower them to do their research, understand the options, and make an informed choice.

In one case, a counselor worked with a married couple who felt overwhelmed by Medicare, were not tech-savvy, and so had maintained membership in the same Medicare Advantage plan for many years. On the advice of a friend, they scheduled a one-on-one counseling telephone session through Senior LinkAge line. Because the husband had significant health care needs and the wife had minimal needs, the counselor suggested they choose separate plans. They were able to get the care they need — and save over \$1,300 per year. They use the savings on extra visits to see their grandkids and other special treats. Information is power. Which is why educators and counselors encourage everyone to reevaluate their choices each year using simple guides such as [“Health Care Choices for Minnesotans on Medicare.”](#)

Whether helping people access resources for home safety modifications, safe housing, meal and grocery delivery, or other services and programs, or providing educational opportunities through counseling sessions, community centers, low-income housing sites, and places of worship, equipping participants to be proactive helps optimize well-being, regardless of language, technology access, income, or other barriers. equipping participants to be proactive helps optimize well-being, regardless of language, technology access, income, or other barriers.

*\*Note: There are seven [Area Agencies on Aging](#), a federally funded Geriatrics [Workforce Education Program](#) (GWEP), and an active state [AARP office in Minnesota](#), all doing remarkable work on behalf of older adults. ○*



# STRATIS HEALTH NEWS



John Selstad

## In Memoriam: With Gratitude for the Life of John Selstad

It is with deep sorrow that we share the news of John Selstad's unexpected passing. He has been an important part of and contributor to Stratis Health for many years. John has also been a leader nationally and in Minnesota for decades in the areas of health care and care transitions for older adults and those with chronic conditions. John was first a member of the Stratis Health Community Outreach Committee (COC) and, in more recent years, a Board member, Executive Committee member, and Board secretary.

"John has been a longstanding colleague of mine and a trusted advisor, always offering a thoughtful approach and wise counsel," said Jennifer Lundblad, Stratis Health president and CEO. "At our recent COC meeting in August, John was his usual curious and engaged self. I will miss his insights and generosity of spirit." ([Read the obituary.](#))

## Thank you to our Departing Board members!

We are grateful to Patti Cullen and Renee Frauendienst as they complete their terms of service on the Stratis Health Board of Directors. Their leadership and contributions have helped make lives better! We wish them continued success and happiness. Meet all our [Board members.](#)



Jennifer Lundblad (L) and Ruby Schoen (R, incoming Board chair), offer thanks to Patti Cullen and Renee Frauendienst for their service.

## Welcome to our Newest Employees

- **Glenda Harris**, Quality Improvement Advisor, Health Equity
- **Tabitha Meyer**, Quality Improvement Advisor

They look forward to supporting our work and partners.

## Sarah Brinkman and Carrie Howard Recognized as National Leaders

Sarah Brinkman, Stratis Health program manager, has been honored with the Emerging Leader Award at the [Civitas Network for Health Conference](#) as part of the Civitas Community Excellence Awards.

Carrie Howard, Stratis Health program manager, [has been selected](#) to participate in the National Rural Health Association's Rural Health Fellows program, a yearlong, intensive experience aimed at developing leaders who can articulate a clear and compelling vision for rural America.

"It's exciting to see others recognizing Sarah and Carrie for the leadership skills we at Stratis Health already greatly appreciate," said Jennifer Lundblad, president and CEO.

**Stratis Health** is an independent 501(c)3 nonprofit organization whose mission is to collaborate and innovate to improve health.

Stratis Health delivers data-driven insights, evidence-based interventions, and leading-edge improvement methodologies that inspire organizations and communities to achieve solutions to their most complex health improvement challenges.

Stratis Health works with the health care community as a quality improvement expert and clearinghouse, educator and trainer, consultant and supporter, convenor and facilitator, and data resource.

Contact us to see how we can assist you with your quality improvement needs. Call 952-854-3306 or 1-877-787-2847 (toll-free) or email us at [info@stratishealth.org](mailto:info@stratishealth.org).

## Board of Directors

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