15 Year Review of the Assisted Living Workgroup Report

Assuring Quality in Assisted Living

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Jaclyn Winfree, MS
What is assisted living?

- State regulated and monitored residential long-term care option
- Provide housing, health-related, social services and supports
- Multiple levels of care
- Actively supports and promotes each resident’s quality of life, right to privacy, choice, dignity, and independence
Assisted Living Workgroup (2003)

ACCOUNTABILITY AND OVERSIGHT

DIRECT CARE SERVICES

MEDICATION MANAGEMENT

OPERATIONS

RESIDENT RIGHTS

STAFFING

AFFORDABILITY

Portland State Institute on Aging
Emerging Policy Topics

- Person-centered care
- Dementia care
- Non-pharmacological approaches for meeting the needs of persons living with dementia
- Quality indicators and outcome measures
- Medical oversight and care coordination
- Emergency preparedness plans
- Cannabis use by residents
- Managed long-term services and supports
Quality Indicators and Outcome Measures

Accountability & Oversight (AO.11)

Measure of Resident Outcomes

Research, develop, and validate measures of resident outcomes, including consumer satisfaction and quality of life.
Quality Indicators and Outcome Measures

Medication Management (M.21)

Quality Improvement of Medication Services

Adopt or create a quality improvement program to set and implement standards, evaluate performance and implement necessary changes for improvement of medication management.
To access the Assisted Living Workgroup Report and 15 Year Review visit:

www.theceal.org/assisted-living

Sarah Dys
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Solutions for Improving Quality in Assisted Living

Lindsay B. Schwartz, Ph.D.
Associate Vice President
Workforce and Quality Improvement
ADvancing States HCBS Conference December 2020
Deciding What Data to Collect
Principles Guiding Measure Selection

• Quality measures should
  o Reflect the primary goals for the population receiving care,
  o Be meaningful to the consumer and provider,
  o Risk adjust for differences in patient populations and acuity,
  o Be more heavily weighted for patient outcome measures than structure or process measures, and
  o Help achieve better outcomes (e.g. are timely and can be used in quality improvement efforts)
  o Be readily available for use now or under development to be used in the near future.
  o Should not be driven by available data
Issues to Consider

• Be specific on what you are asking
• Numerators, denominators, risk adjustment – oh my!
• Math is hard
• Force functions to improve data
• Data requirements for inclusion
New Goals. Same Commitment.
Our Focus for the Next Iteration

• Measures should be simple
  o 3-4 that are most impactful on community’s day-to-day operations
  o SMART (Specific – Measurable – Achievable – Relevant – Timebound) goals/measures
  o Keep it person-centered

• Link to other programs (e.g., Baldrige, QAPI)

• Holistic – selecting measures that complement each other

• Goals should require system improvement and push members towards system thinking
History of Quality Initiative

- Launched initial Quality Initiative in 2012
- 2nd iteration launched in 2015
- 3rd iteration launched in 2018

- Goals and targets for AHCA and NCAL
NCAL Quality Initiative Goals

**Staff Stability**
Reduce turnover among direct care staff to a rate of 50% or less.

**Customer Satisfaction**
Residents and/or family members are satisfied with their experience at 90% or more.

**Hospital Readmissions**
Safely reduce hospital readmissions within 30 days of hospital discharges to a rate of 20% or less.

**Antipsychotics**
Safely reduce the off-label use of antipsychotics to a rate of 15% or less.

http://QualityInitiative.ncal.org
RESIDENT OUTCOMES

- **Staff Stability**
  - Consistent staff assignment is better for residents
  - Reduce operational costs from constant turnover, hiring and training

- **Customer Satisfaction**
  - Ensures person-centered care
  - Research shows organizations do better in other outcomes

ORGANIZATIONAL SUCCESS

- **Hospital Readmissions**
  - Prevent residents from returning with higher acuity
  - Demonstrate your value to referrals

- **Off-Label Use of Antipsychotics**
  - Not supported clinically for residents with dementia (FDA)
  - Increases risk of death, falls with fractures, hospitalizations and other complications

http://QualityInitiative.ncal.org
Learn More About CoreQ!

Coreq.org

Getting to the core of customer satisfaction in skilled nursing and assisted living.

What Is CoreQ?
CoreQ is a set of five measures for skilled nursing care centers (SNCC) and assisted living (AL) communities to use to assess satisfaction among patients, residents, and their families developed by a team including Nicholas Castle, Ph.D., the American Health Care Association/National Council on Aging (AHCA/National Council on Aging).
How to Measure?

www.LTCTrendTracker.com
LTC Trend Tracker Features

AL Dashboard
- See progress on quality measures
- Highlight up to 4 metrics
- Add in your specific goals

Customize
- View a community, divisions, or entire organization
- Peer groups (provider type, bed size, area)
- Time-frames (monthly, quarterly, 6-month, annually)

Save & Schedule Reports
- Set it & forget it
- Receive alerts when reports are ready

Your AL Top-Line
- Quarterly publication sent to your inbox
- High-level summary of your progress to-date

www.LTCTrendTracker.com
Supporting States in their Quality Journey

• AHCA/NCAL has been collaborating and providing technical expertise to states interested in collected AL quality data
• CoreQ is being used in numerous states for VBP (SNF) and for public reporting for AL
• AHCA/NCAL has provided technical expertise on numerous Federal grants, national initiatives and others including accreditation organizations
Contact

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lschwartz@ncal.org
Developing an Assisted Living Report Card in Minnesota

Peter Spuit, MSW
Aging and Adult Services Division
Why measure quality in assisted living?

• The quality of assisted living matters so much to people, because it is not only about their experience of a specific service, it is the place they call home.

• The number of assisted living settings in Minnesota continues to grow, and many people choose assisted living to help meet their long term care needs.

• Assisted living is a relatively expensive service, whether it is paid for privately or publicly.
Why measure quality in assisted living? And why now?

• Minnesota’s Nursing Home Report Card is a national model, and we can apply our knowledge and experience from that body of work to assisted living

• In Minnesota, there has been growing concern about standards, oversight, quality, and consumer experiences in assisted living settings

• The 2019 Minnesota Legislature passed a landmark elder care bill that:
  • Established a new assisted living license (effective August 1, 2021)
  • Invested in Minnesota’s adult protection system and the Ombudsman for Long Term Care
  • Provided initial funding for an Assisted Living Report Card
• New funding appropriated in 2019 supports:
  • Assisted living quality measure development
  • Resident quality of life surveys and Family satisfaction surveys
  • A public website to share report card results

• Through the report card, quality will be measured at each provider site, for all payers

• The goal of this effort is to provide information to Minnesota families and spur quality improvement efforts among providers
<table>
<thead>
<tr>
<th>Date Range</th>
<th>Description</th>
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<tbody>
<tr>
<td>Mar 2018-Mar 2019</td>
<td>Minnesota participated in CMS Value-Based Payment Innovation Accelerator Program (IAP) and focused on assisted living</td>
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<tr>
<td>Jan-Jun 2019</td>
<td><strong>University of Minnesota (UMN)</strong> conducted literature review on assisted living quality and released a public report</td>
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<tr>
<td>Jul-Dec 2019</td>
<td>UMN gathered input from a wide array of Minnesota stakeholders and released a public report</td>
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<td>Dec 2019-Apr 2020</td>
<td><strong>Vital Research</strong> and UMN developed resident and family surveys</td>
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<tr>
<td>Apr-Jun 2020</td>
<td><em>Postponed pilot testing of resident and family surveys due to COVID-19</em></td>
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| Jul 2020-Mar 2021   | **Vital Research** is leading a pilot test of the resident and family surveys  
UMN is collaborating with a public advisory group to develop measures
Key Domains of Assisted Living Quality: Minnesota Assisted Living Report Card

Tetyana Shippee, PhD
Associate Professor
Division of Health Policy and Management
University of Minnesota School of Public Health
Measure development: Phase 1

Identify AL quality domains and subdomains:

1. Literature review
   - Peer-reviewed (e.g. Ovid Medline, CINAHL) – 49 references
   - Grey literature – 45 references

2. Interviews with national experts and two technical expert panels
AL quality domains (9)

• Resident quality of life
• Resident and family satisfaction
• Safety
• Resident health outcomes
• Staff

• Physical and social environment
• Service availability
• Core values and philosophy
• Care services and integration
Quality of life subdomains (14)

- Autonomy/choice
- Assisted living community
- Community integration
- Dignity/respect
- Financial transparency
- Food
- Privacy
- Staff-related items
- Security

- Meaningful activities/social engagement
- Physical activity
- Relationships with assisted living community
- Relationships with family and friends
- Religion/spirituality
Resident and family satisfaction subdomains (11)

- Care experience
- Cost of care
- Housekeeping
- Meal choice
- Physical environment
- Quality of staff care
- Respect from staff
- Staff competency
- Well-being as a result of care
- Whether one's choice/preference is met
- Whether one’s personal care needs are met
Phase II: Stakeholder engagement in MN

Research Questions (RQs):

1. Which of the domains of AL quality that have been identified in national work are also highly supported by MN stakeholders?

2. What sub-domains and indicators (associated measures) are most important to stakeholders when measuring resident quality of life and family satisfaction?

3. What are areas of consensus across all stakeholder groups and which areas are more stakeholder-dependent (e.g., providers as compared to family members of AL residents)?
Phase II: Outreach initiatives

1. Statewide online survey (822 respondents)
2. Public presentations (13)
3. Statewide livestream event (266 attendees)
4. Focus groups
   • AL residents (4)
   • Advocacy organizations (1)
Online stakeholder survey

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<thead>
<tr>
<th>Role</th>
<th>Percent</th>
<th>Count</th>
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<tbody>
<tr>
<td>Family member of resident</td>
<td>30%</td>
<td>250</td>
</tr>
<tr>
<td>Provider</td>
<td>19%</td>
<td>160</td>
</tr>
<tr>
<td>Health or human services provider (not in assisted living)</td>
<td>14%</td>
<td>119</td>
</tr>
<tr>
<td>Other (please describe)</td>
<td>12%</td>
<td>101</td>
</tr>
<tr>
<td>County, tribe, or health plan</td>
<td>12%</td>
<td>100</td>
</tr>
<tr>
<td>Consumer advocate</td>
<td>12%</td>
<td>98</td>
</tr>
<tr>
<td>Resident</td>
<td>1%</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>840*</td>
</tr>
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*Some respondents selected more than one role.  
There were 822 unique participants and 746 valid responses.
Summary of RQ1: Which of the domains of AL quality that have been identified in national work are also highly supported by MN stakeholders?

• Quality domains highly endorsed across stakeholder groups*:
  1. Quality of life (QOL)
  2. Staff quality
  3. Resident safety (choice and autonomy considerations)

• Lowest rated domains:
  1. Physical environment
  2. Social environment

*Closely followed by - resident and family satisfaction; resident health outcomes; physical and social environments of AL; service availability; and care services and integration
Summary of RQ2: What subdomains and indicators are most important when measuring quality of life and resident and family satisfaction?

• Quality of life subdomains:
  1. Dignity/respect
  2. Staff-related items
  3. Security

• Resident and family satisfaction subdomains:
  1. Staff competency
  2. Respect from staff
  3. Care experience
Summary of RQ3: What are areas of consensus across all stakeholder groups and which areas are more stakeholder-dependent?

• The domains of quality were highly consistent across stakeholder roles

• Differences: AL resident and advocacy focus group participants rated social and physical environment of the AL higher than those who participated in the survey and other outreach efforts. Of note, residents placed more importance on the social environment than physical environment alone.
Gaps and other domains that need to be addressed

Gaps identified:

• Culturally appropriate care in AL
• Staff safety
• Dementia care specific domain/subdomains
• End of life care
Thank you!

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For project information and updates, visit: https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/aging/
Minnesota Assisted Living Report Card: Resident Quality of Life + Family Satisfaction

December 2020
Vital Research
Mission

To create vibrant communities by amplifying the voices of underserved populations through inclusive social science research and evaluation
Phases of Instrument Development

1. Creation of Item Bank
2. Iterative Survey Drafting
3. Stakeholder Focus Groups
4. Initial Instrument Testing

COVID-19
1. Creation of Item Bank

24 Instruments included

25 Domains represented

887 Items entered
2. **Iterative Survey Drafting**

- Remove Items
- Assess Subdomains
- Incorporate Feedback
- Create Items
- Team Review
3. **STAKEHOLDER FOCUS GROUPS**

March 2020

- 11 Assisted Living Providers
- 10 Advocacy Group Representatives
3. Focus Group Results

- Length
- Diversity of respondents
- Survey administration
- Reporting

COVID-19
COVID-19 Pandemic

• Suspension of project activities March – June
• Resumed in July with revised:
  • Initial instrument testing
  • Modes of administration for pilot
4. **Initial Instrument Testing**

**Resident Quality of Life**
- Phone-based cognitive interviewing
  - 11 participants
    - Mostly female
    - Mostly White

**Family Satisfaction**
- Phone-based ‘fact finding’
  - 14 participants
    - Mostly sons and daughters
    - Most had visited their residents
4. Instrument Testing: Results

Resident Quality of Life
- Challenges with phone administration
- Instrument revisions
  - 3-point scale
  - Probes
  - Removed redundant items

Family Satisfaction
- Family members could answer questions
- Most had visited during pandemic

Added 1 COVID-related item to each survey
**Next Steps: Pilot Testing**

- Goal: 400 of each survey
- 747 facilities invited

- Mailed surveys
- Phone option for residents
- On-line option for families
Thank you!

• Contact information:
  • Cathy Coddington, Ph.D. ccooddington@vitalresearch.com