15 Year Review of the Assisted Living Workgroup Report

Assuring Quality in Assisted Living

Paula Carder, PhD
Sarah Dys, MPA
Jaclyn Winfree, MS

Portland State
Institute on Aging

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

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Assisted Living Workgroup (2003)

ACCOUNTABILITY AND OVERSIGHT

RESIDENT RIGHTS
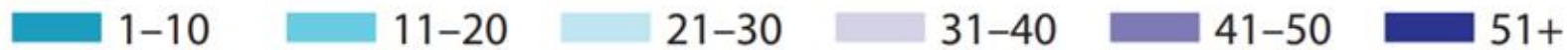
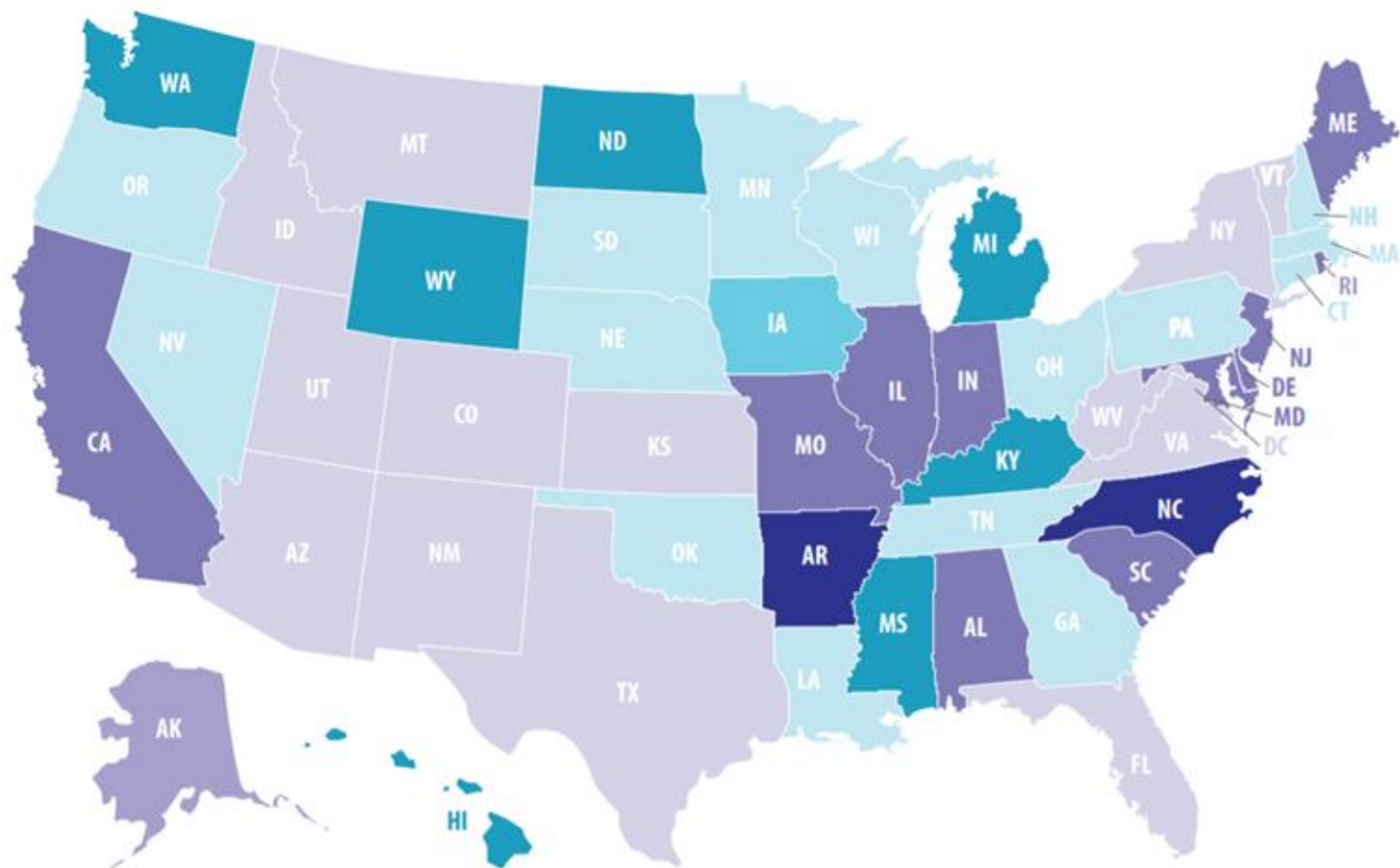DIRECT CARE SERVICES

STAFFING

MEDICATION MANAGEMENT

AFFORDABILITY

OPERATIONS

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Prior to 2003

Legend: 1–10 | 11–20 | 21–30 | 31–40 | 41–50 | 51+

1–10 | 11–20 | 21–30 | 31–40 | 41–50 | 51+

As of 2018

WA, MT, ND, MN, ME, VT, NH, NY, OR, ID, SD, WI, MI, MA, RI, CT, NV, WY, NE, IA, PA, NJ, CA, UT, CO, IL, IN, OH, DE, MD, DC, KS, MO, WV, VA, AZ, NM, KY, NC, OK, TN, AR, SC, TX, MS, AL, GA, LA, AK, FL, HI
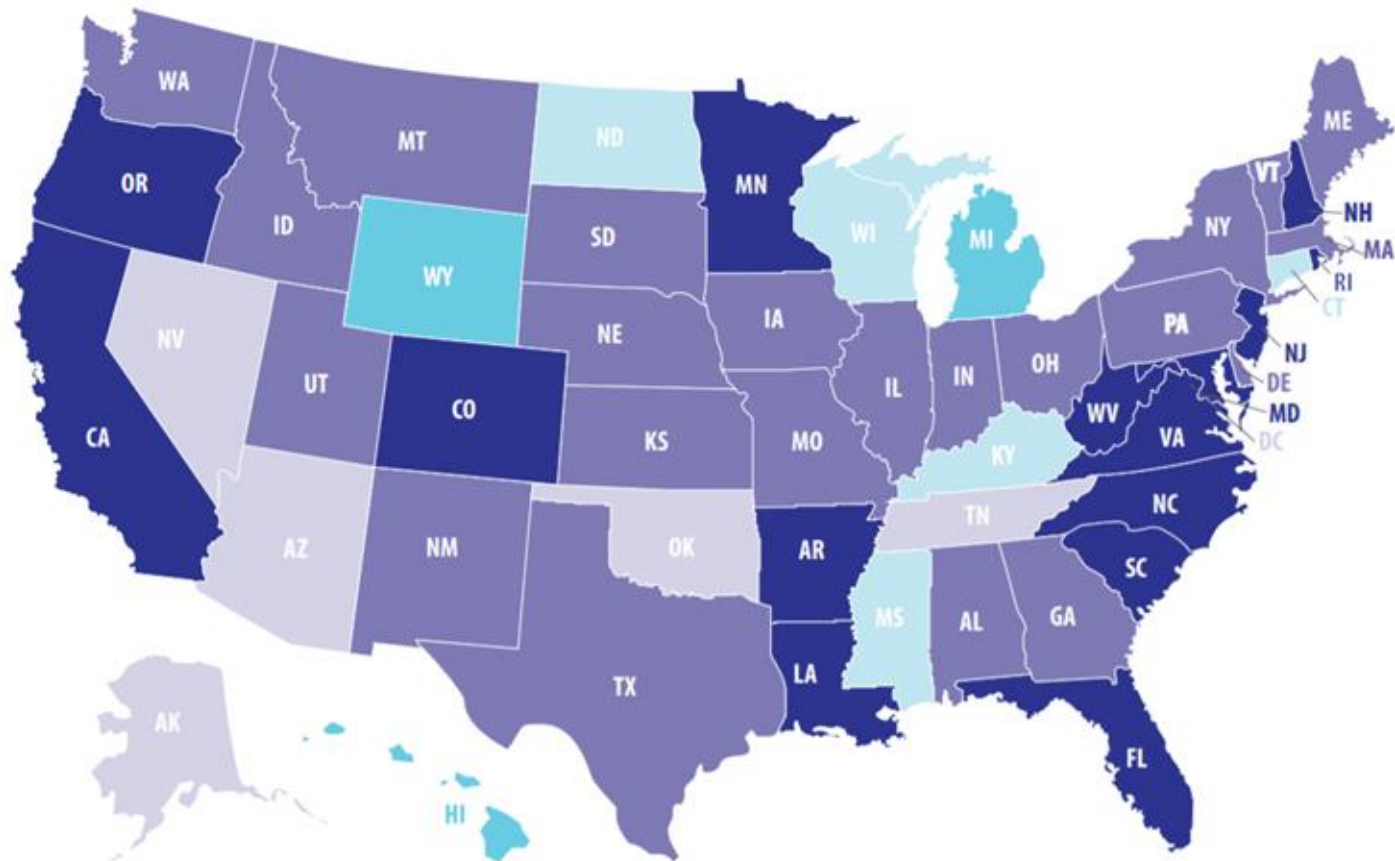
Emerging Policy Topics

- 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

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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.

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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.

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184 unique licenses

Carder, P. C., Smith, L., Bucy, T., Winfree, J., Zhang, W., & Thomas, K.S. (2020). Variation in Assisted Living Regulations Within and Across States. Presented at Gerontological Society of America's annual conference.

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To access the Assisted Living Workgroup Report and 15 Year Review visit:

www.theceal.org/assisted-living

Sarah Dys
Email: **sdys@pdx.edu**

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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
  - Reflect the primary goals for the population receiving care,
  - Be meaningful to the consumer and provider,
  - Risk adjust for differences in patient populations and acuity,
  - Be more heavily weighted for patient outcome measures than structure or process measures, and
  - Help achieve better outcomes (e.g. are timely and can be used in quality improvement efforts)
  - Be readily available for use now or under development to be used in the near future.
  - 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

AHCA/NCAL Quality Initiative

Our Focus for the Next Iteration

- Measures should be simple
  - 3-4 that are most impactful on community's day-to-day operations
  - SMART (Specific – Measurable – Achievable – Relevant – Timebound) goals/measures
  - 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
90% or more

ORGANIZATIONAL EXCELLENCE

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

RESIDENT OUTCOMES

http://QualityInitiative.ncal.org

Why?

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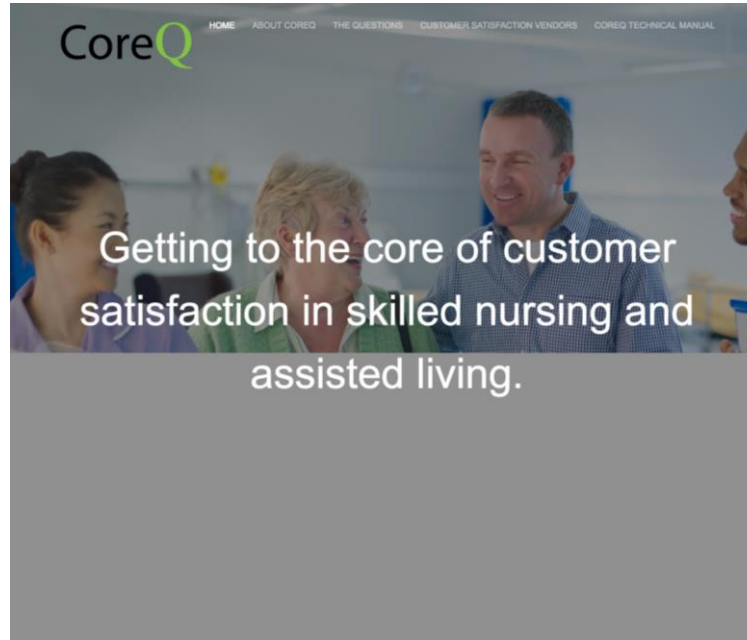- Off-Label Use of Antipsychotics
  - ○ Not supported clinically for residents with dementia (FDA)
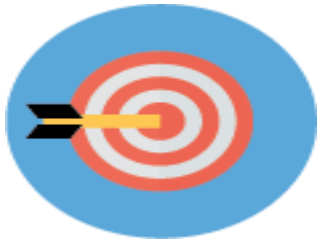 - ○ Increases risk of death, falls with fractures, hospitalizations and other complications

http://QualityInitiative.ncal.org

Learn More About CoreQ!

Coreq.org

How to Measure?

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

NCAL.
NATIONAL CENTER FOR ASSISTED LIVING

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

Lindsay B. Schwartz
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

2019 Legislative Session – 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

Assisted Living Report Card overview and milestones

|	
Mar 2018-Mar 2019	Minnesota participated in CMS Value-Based Payment Innovation Accelerator Program (IAP) and focused on assisted living
Jan-Jun 2019	**University of Minnesota (UMN)** conducted literature review on assisted living quality and released a public report
Jul-Dec 2019	**UMN** gathered input from a wide array of Minnesota stakeholders and released a public report
Dec 2019-Apr 2020	**Vital Research** and **UMN** developed resident and family surveys
Apr-Jun 2020	*Postponed pilot testing of resident and family surveys due to COVID-19*
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

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
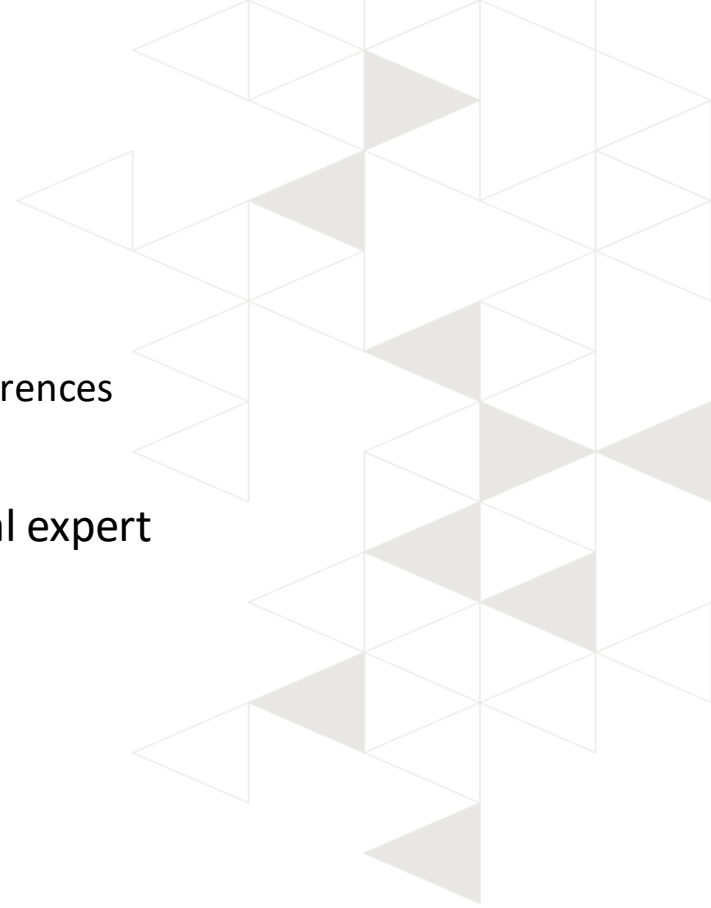
AL quality domains (9)

- 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

Role	Percent	Count
Family member of resident	30%	250
Provider	19%	160
Health or human services provider (not in assisted living)	14%	119
Other (please describe)	12%	101
County, tribe, or health plan	12%	100
Consumer advocate	12%	98
Resident	1%	12
Total	100%	840*

*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

SCHOOL OF
PUBLIC HEALTH
UNIVERSITY OF MINNESOTA

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 <u>social and physical environment</u> 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!

Tetyana Shippee, PhD
tshippee@umn.edu

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

COVID-19

4   Initial Instrument Testing

1. CREATION OF ITEM BANK

24   Instruments included

25   Domains represented

887   Items entered

2. Iterative Survey Drafting

Remove Items → Assess Subdomains → Create Items → Team Review → Incorporate Feedback

3. STAKEHOLDER FOCUS GROUPS

March 2020

11 Assisted Living Providers

10 Advocacy Group Representatives

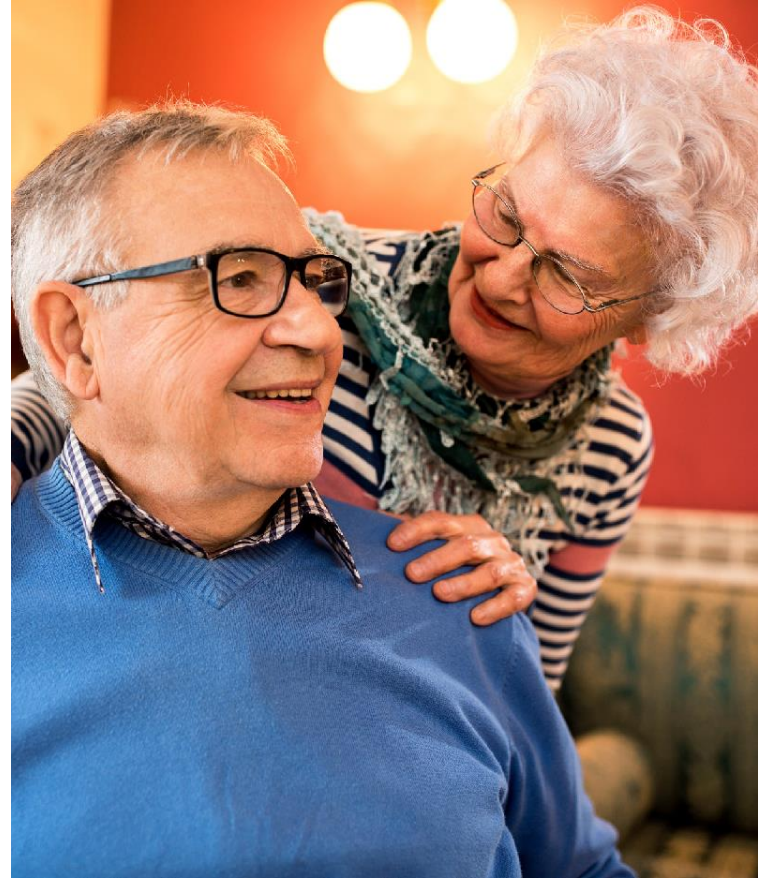# 3. Focus Group Results

- 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. ccoddington@vitalresearch.com