Assisted Living Report Card Advisory Group Meeting

Date: 05/03/2023
Location: Zoom virtual meeting hosted by University of Minnesota

Attendance

Advisory Group Attendee	Organization
Jeff Bostic	LeadingAge Minnesota
Patti Cullen	Care Providers of Minnesota
Todd Bergstrom	Care Providers of Minnesota
Crystal Holloway (PrimeWest)	Lead Agency / Managed Care Organizations
Ann Thole	Minnesota Board on Aging
Kristine Sundberg	Elder Voice Family Advocates
Dr. Jane Pederson	Stratis Health

Staff and presenters	Organization
Valerie Cooke	Department of Human Services
Lauren Glass	Department of Human Services
Rachel Shands	Department of Human Services
Tetyana Shippee	University of Minnesota
Tricia Skarphol	University of Minnesota

Observers	Organization
Steve Sauerbry	Family caregiver (1/28/2022)
Carolyn Perron	Community member

Agenda

- Welcome, roll call, introduction of new attendees, and overview of agenda
- Department of Human Services (DHS) present:

    - High-level summary of stakeholder feedback for proposed staffing domain tags
- University of Minnesota Present:
    - Resident health outcomes measure overview for report card ratings development

Resident health outcomes measure overview by the U of MN

- The U of MN mapped state statutes or tags to the 9 quality domains that were identified in the literature.
- Tags were mapped to the 3 domains rated the most important by stakeholders: resident health outcomes, safety, and staffing.

Resident health outcomes domain mapped tags overview

- 40 tags were mapped to resident health outcomes
    - Resident assessments- 5 tags
    - Resident service plan- 6 tags
    - Treatment/therapy management- 6 tags
    - Medication management- 23 tags

- Resident assessments were included in this domain because they deal with the physical and cognitive needs of residents.
- Resident service plans were included in this domain because service plans flow from resident assessments. Without a service plan, how do we know what residents are getting?
- Why include 23 tags for medication management? After breaking it down into 11 subgroups, we found most subgroups were made up of 1-3 tags with the exception of prescription medications, which has 7 tags.
- We were more inclusive of what was found rather than removing things without feedback.

Resident health outcomes domain scope and severity data

- Based on the first 150 licensure surveys conducted between September 2021 and May 2022, the majority of tags assigned to the resident health outcomes domain are level 2 violations meaning no actual harm but the potential for more than minimal harm.
- The vast majority of tags cited were in level 2D, meaning it is isolated. The three most commonly cited tags in 2D were:

- Tag 1940; for residents receiving management of ordered therapy services, facilities provide a written statement of services and develop and maintain a current individualized treatment & therapy management record for each resident
- Tag 1760; the facility must document each instance of a medication given to a resident in their record
- Tag 1620; this gives timeframes when resident initial reviews and reassessments must occur once a resident starts services in a facility

Literature review of resident health outcomes subdomains

- From the literature, we find a number of items make up resident health outcomes and we call these subdomains. State statutes measure a few of the subdomain items that measure resident health outcomes:
  - Medications/medication errors
  - Physical function
- Possibly supported by tags
  - Adverse/avoidable critical incidents
- However, state statutes do not measure these items that make up resident health outcomes:
  - Nursing home admissions
  - Mental health/Behavioral health
  - Psychosocial well-being

Large group discussion

Advisory group members were asked the following questions:

1. What are your overall reactions to this list?
2. Which tags do belong in this measure? Why?
3. Which tags don't belong in this measure? Why?

Comments to these questions that were posted on the Jamboard are listed in the Appendix.

Advisory Group questions for U of MN

Question: Duplication of citations. Many of these categories have an overarching item like assessment, and then there's subcategories under it. We feel that this leads to being cited multiple times for the same singular occurrence. How is this factored in? An example is: they got the nebulizer, took it out of the box and threw the box away. They were cited several

times for that singular occurrence (cited for medication plan because the family didn't tell staff, cited because the medication box was gone, etc.).

- Response: I think that is a really important point. For this clustering of multiple citations all pertaining to one incident, we could consider how we develop weights or adjustments and see how that falls in the overall score.

Question: This report card goes across all settings and there are some tags that won't apply to certain facilities. For example, the resident opted out of certain services, they don't take their meds home, etc. So, it wouldn't apply to them, but it may to others in other buildings. So if the regulations aren't equal across all settings, how do you factor that in?

- Response: This is a question has been raised with the internal team and it is on our radar. We can look at ways to address it, but do not have any specifics at this time.

Comment: When we go to develop scoring, we will want to weight the more serious tags more heavily, especially if we are using any process measures. Getting a D level tag, not following a certain process, is less serious than causing actual harm to a client.

- Response: So you are in favor of being more selective of the tags and when it comes to weighting, really emphasizing scope and severity. Thank you.

Comment: In our experience, the more information the families get, the better they can make their own decisions and value the input that they come from. I hate to see this group presume to know what issues are going to be more significant to some families than others. I'd like to see us err in more information, not less, and not screen information.

Comment: Where I struggle is not so much the list, but what is the measure? What does that measure mean? I'm struggling between providing information and developing a measure- the 2 are different things.

- Response: Are you saying you supportive of the tags, and then it's more about the measure development? Is that correct?
- Comment to response: I'm ambivalent of knowing what tags to include without knowing what the measure is – what is the construction of the measure? What are the guidelines for developing the measure? Is it a star? Is it A,B,C,D grade? Is it a grading curve? What is included and what is not included?
- Response: We are looking at this a few different ways. First, we looked at what the literature identified for assisted living quality. Do the tags we found conceptually and empirically relate to resident health outcomes? For the measure construction piece, we will be looking at scope and severity – we already planned to do that. We'll look at

different ways of constructing it and we talked about star ratings, but my plan it to also run sensitivity analysis to see how different decisions might impact scores. There will be quite a bit of empirical work on the nuance of construction, but we first have to agree what is going to be measured.

Comment: I'm focusing on the medication tags. I look at some of these and I'm not sure if the assisted living facility has full control over many of the medication measures. If they don't have full control, what does that tell me about the performance of the assisted living facility. I feel like we're measuring performance of the health system, which we know doesn't perform well, especially around medications.

- Response: When we looked at the empirical literature, technical expert panel, and all of the engagements, medication management was the most prominent item that was measured and listed as one that should be measured for resident health outcomes. There was a lot of consistency in the literature that is an area that should be captured in some way. I think the piece that you are getting at is that is this part of a specific site or is it the larger system that they are a part of? I would dispute that when the resident is going to a particular site and is given a wrong medication that is something that the site should be held accountable for.
- Comment to response: It is nuanced because: 1) not everyone who lives in assisted living has to take medication, nor should they; and 2) because our systems don't work well together, it is not uncommon that I will have a resident who has a current medication list at the AL. If something has to change, it doesn't match the medication list we have in the chart or if they go into a hospital, they don't have the same medication list. When trying to figure out the correct medication lists, the facility might get cited.

Comment: We have issues with people bringing in medications to the nursing homes. This is a residential setting in which it is not uncommon for people to go out and obtain medications over the counter or take extra medication that they have taken their whole life. They may also have visitors come in and give them extra pain medication. These things happen particularly in a more residential, less regulated setting and we are still navigating through the assisted living regulations. There should be measures that we are looking at, but how do we manage that person-centered environment that is more residential than clinical.

Comment: I'm a big fan of transparency and honesty and yet there is such a thing as data overload for people. As we have worked in the senior living environment, I'm not convinced that even the star ratings for families is a good measure for what they are looking for in a skilled nursing facility. There are many, many, many data points that a person can look at to get the necessary information they need. I think we have to be really cautious about including every single deficiency or every single regulation, because does that really speak to quality

and what we should be measuring to reflect how the provider is really doing in provision of care for the people they are service.

- Response: We are not including every single regulation. We went through these and put a lot of work to map the ones that match to the literature and the stakeholder inputs. I want to be very clear on that. We were intentional in the ones we brought to you.

Comment: I'm a family member who experienced long-term care, my organization represents those people and I have to take a little offense that there seems to be a message that we won't understand if we're given too much information and that probably isn't how it was intended, but that is how it feels. Transparency is good and we want to let people make decisions regarding the weight they want to put on some of these measures. When we start limiting things, then credibility starts to erode and I'd like to see that this report card has a great deal of credibility with the very people it's trying to help.

Assisted Living Report Card project staff updates

May is Peter Spuit's last month with DHS and the AL Report Card.

Updates on data collection from Vital Research:

- May is the last month of data collection for the 2022-2023 round of surveys. Vital Research has contacted all 785 in-scope facilities for scheduling surveys. Of these facilities:
  - 384 facilities have completed surveys
  - 85 more facilities are scheduled for surveys
  - 236 facilities have declined to participate or have not responded to Vital Research
  - 80 facilities requested to participate, but couldn't be scheduled because there was no longer interviewer availability in their region
- Planning for next round of data collection has started, and we're exploring significant changes to our approach to achieve surveys at more facilities. We'll update this group on our plans for future rounds of surveys at our next advisory group meeting.

Upcoming Advisory Group work

- Meeting notes and materials will be posted on the project website: www.mn.gov/dhs/assisted-living-report-card
- Next Advisory Group meeting: June 29th, 2023 from 12:00-2:00 pm

- Review and discussion of Safety measure based on licensure survey data, initial findings on scoring
- Plans for the 2023-2024 round of data collection

Appendix A: Advisory Group member large group discussion notes placed on the Jamboard

U of MN large group questions and Advisory Group responses

1. **What is your overall reaction to this list?**
   a. We support the inclusion of the overarching regulation and in many cases not supporting the sub-regulations.
   b. Is there a way to differentiate between process citations (i.e. didn't complete documentation) and resident outcome citations (i.e. missing medications)?
   c. The construction of the measure if confounding in my opinion.
   d. Propose weighting by scope and severity.
   e. The list has probably too many tags and needs to be focused in more. It's also important in the scoring to focus on the tags where actual harm occurred.
   f. Families value more information and we should not presume what's more significant for consumers. Error on inclusion and more information.
   g. Data overload can be a problem. We should be cautious about including every single deficiency.
   h. I have to take offense that there is a message that we won't understand if we're given too much information. I support including more information & giving consumers choice.
2. **Which tags do belong in this measure? Why?**
   a. More tags adds more value to the report card.
3. **Which tags don't belong in this measure? Why?**
   a. Will those tags that are so rarely cited be included/excluded? A few of the tags are seldom cited so should they be included?
   b. Difficult to see how resident specific citations (1720) are transferrable to a report card.
   c. As I look at the tags, I wonder if the AL has full control over the issue? The medication ones stand out to me- the facility has some control for some residents.
   d. Agree with this the above statement. A few tags tie directly into Pharmacy roles and practices (i.e. shortage of a particular medication & pharmacy responds with a replacement).

e. These are people's homes, people bring meds into their own homes. Not uncommon for them to bring in over-the-counter meds or have friends/family bring meds.