

## Assisted Living Report Card Advisory Group Meeting

Date: 05/24/2021

Location: Zoom virtual meeting hosted by University of Minnesota

### Attendance

Advisory Group Attendee	Organization
Patti Cullen	Care Providers of Minnesota
Todd Bergstrom	Care Providers of Minnesota
Jeff Bostic	LeadingAge Minnesota
Elizabeth Warfield	Managed Care Organizations (PrimeWest)
Angie Kluempke	Managed Care Organizations (Medica)
Adam Suomala	Minnesota Leadership Council on Aging & Diverse Elders Coalition
Genevieve Gaboriault	Ombudsman for Long Term Care
Dr. Jane Pederson	Stratis Health
Heidi Haley-Franklin	Alzheimer's Association
Lindsey Krueger	Minnesota Department of Health
Kristine Sundberg	Elder Voice Family Advocates

Staff and presenters	Organization
Valerie Cooke	Department of Human Services
Peter Spuit	Department of Human Services
Odi Akosionu	University of Minnesota
Tetyana Shippee	University of Minnesota
Tricia Skarphol	University of Minnesota

Observers	Organization
Linda Gustafson	Community Member
Katie Lindquist	Managed Care Organizations (PrimeWest)
Jean Peters	Elder Voice Family Advocates

## Agenda

- Welcome, introduction of new attendees, and overview of agenda
- Summarize outcomes from April 8, 2021 meeting
- Update on Comprehensive Home Care Licensing data review
- Discuss a possible, future assisted living employee survey
- Review Advisory Group next steps

## Summary of April 8, 2021 meeting

- From a review of existing data sources to measure staff quality, it was determined that the following sources are not able to provide information for quality measures: 1) Office of Ombudsman for Long-Term Care; 2) Department of Employment and Economic Development; and 3) Department of Labor and Industry. The main concern with data from these sources is protecting consumer and employee privacy and confidentiality.
  - Some Advisory Group members felt these sources might still be useful and we should not eliminate them entirely, but revisit at another time.
- Possible future data sources to measure staff quality
  - Advisory Group members thought the group should continue to explore the Assisted Living Licensing Surveys as a potential source to collect quality measures while keeping in mind that state agencies may not have the capacity to collect, clean and report this data. Some members thought that only asking a few target questions on what matters most and recognizing the variation across assisted living facilities is important.
  - Advisory Group members expressed interest in an employee survey.
- Update on resident quality of life and family satisfaction survey pilot
  - A total of 441 resident survey and 548 family surveys were completed during pilot testing (September 2020 - March 2021).
  - Plans for additional pilot testing in 2021 and 2022 include: 1) in-person resident surveys in memory care settings; 2) experimenting with different strategies to collect data in facilities with 7 or fewer residents; and 3) statewide implementation of resident and family surveys in the fall of 2021 and winter of 2021-2022.

## Update on Comprehensive Home Care Licensing data review

- The University of Minnesota staff began a review of the Comprehensive Home Care Licensing documents to determine if any items listed in these forms align with or have the potential to support quality measures for the staffing domain (the top-rated domain among stakeholders after resident quality of life and family satisfaction). The home care survey forms were used as a proxy for the official assisted living license forms which were still under development leading up to the May 24, 2021 meeting.

- The staffing subdomains of employee qualifications, consistent assignment and collaboration among staff map to the various home care survey questions/documents. Employee qualifications appeared to map best with home care survey items.
  - One limitation is that many questions on the home care survey gather information through open-ended, free text fields, which makes comparing and tracking data over time harder to do.
- A Minnesota Department of Health (MDH) representative at the meeting provided the following comments about the forthcoming assisted living licensing surveys:
  - Assisted living licensure survey forms will include fillable PDF documents that allow staff to type in information they come across in the field or are given by providers; there is no set of criteria staff need to follow for these questions. This data is not put into any sort of data system to pull data for any other analysis.
  - Surveys are evaluated based on specific rules or standards in statute. If a provider does not meet statute, then a licensing order is issued.
  - MDH is not sure how the survey data would indicate if a quality measure is met or not met separate from issuing a licensing order.
- Advisory Group member comments/questions/reactions:
  - There are two assisted living licenses, one for dementia care and one for everything else, and standards for staff training and programming are higher and different under the dementia care license. Training for dementia care might be an important metric to consider.
    - The MDH representative commented that there is a specific tag (or licensing correction order) for assisted living licensure talking about required training related to dementia. This type of data could easily be pulled for the provider (that is, was a correction order issued or not).
  - There is huge variation in care needs for people in assisted living and some may need a higher service plan and they choose not to purchase the higher plan. Is there an equation that could be developed for facilities that measures the level of staffing needed for a certain service plan. Then we would measure whether the staffing level matches the level of services provided in the setting.
    - Important to note that valuable staff include more than just healthcare staff. In assisted living, it is nice to encourage more staff to assist with a variety of items like setting up the TV remote, etc.
  - A possible metric for staff collaboration is if facilities have a platform or system where all members of the care team can communicate, including remotely.
  - Some of this work is about measuring whether or not providers meet or do not meet requirements, and some if it is about providing transparent information to consumers. For example, one family member may care about dementia training and another cares more about having a licensed assisted living director.

## **Assisted living employee survey**

Advisory Group members have expressed interest in the development of an assisted living employee survey in previous meetings. This meeting was used to explore what is important to Advisory Group members if such a survey were developed. Currently, no funds or specific plans are in place to develop or implement such a survey.

The U of MN team identified 12 survey tools from around the country that are in use or have been used in assisted living settings from the literature and presented the findings to the group. Many of these survey tools aligned with the staffing subdomains with the exception of the following subdomains: consistent assignment, staff retention, and staff turnover.

### **Advisory Group polling questions**

Advisory Group members were shown sample survey questions related to ten staffing subdomains. These questions were an example of the types of items found on these surveys, not what the actual questions would be if a survey was developed in Minnesota. The example questions can be found in Appendix A.

Advisory Group members then used the following response scale to provide their input on the importance of each staffing subdomain and the cluster of sample survey questions: 1) critically important; 2) very important; 3) moderately important; 4) somewhat important; or 5) not important at all.

### **Advisory Group responses to the polling questions**

The Advisory Group members ranked the importance of staffing subdomains in the following order:

1. Burnout/stress
2. Job satisfaction
3. Staff supports
4. Staff collaboration (tied with #5)
5. Staff empowerment (tied with #4)
6. Staff communication
7. Resident-centered job satisfaction
8. Consistent assignment
9. Employee qualifications

Advisory Group members' complete polling responses are provided in Appendix B. Of note, not all members responded to each polling question.

### **Advisory Group discussion**

After reviewing example questions, and completing the polling questions, Advisory Group members were asked the following questions in a large group discussion: 1) What is your general reaction to the value of conducting a staff experience survey?; 2) What is your reaction to the polls?; and 3) Are topics missing from subdomains and surveys?

- A group member wondered why we would create a survey that is different from staffing surveys conducted in other industries in the economy.
  - Response: Most tools on job satisfaction come from surveys across many different types of jobs and settings. Employees in assisted living or community settings might have differences in organizational values and the value of the care they provide compared to a person working in the financial section at Goldman Sachs. There are other surveys out there, but surveys focusing on assisted living were used for today's discussion.
- A group member commented that many assisted living facilities already conduct employee surveys under contract with specific companies. Over the years, their questions have been modified and adapted based on their experiences and not research. How would the U of MN look at questions that have evolved from Gallup, Align, and NCR, the top employee satisfaction engagement companies? These facilities many not want to fill out two different questions with two different metrics and/or change the core set of questions they currently use.
  - Response: Creating an employee survey is an idea in development, not funded, and it has been endorsed by Advisory Group members in past meetings. This group can review questions that are in practice from various companies across different job sectors, but for the purpose of this meeting, only surveys developed for assisted living and similar communities were included.
  - Many nursing homes also conduct their own resident quality of life surveys, in addition to the resident quality of life surveys conducted by Vital Research. There is value in having the same survey across all communities for comparisons and not all communities have the money to conduct their own employee satisfaction surveys.
- A group member felt that employee qualifications were not an applicable subdomain to include if the idea is to measure employee outcomes and satisfaction.
  - Response: An employee survey might be able to measure if an employee feels they have received sufficient training, not what type of training they receive.
- During polling, a group member expressed that consistent assignment for the same group of resident is critically important, but the sample questions did not address this topic well.
- A comment was made that the group needs to talk about quality of care - are staff prepared to give the quality of care that meets the needs of the person.
  - Another group member followed-up by stating that if a survey is developed, it is important to choose employee satisfaction issues that tie back to resident outcomes and satisfaction.
- Comments around consistent assignment: A few group members thought the example question regarding consistent assignment does not match what is in practice in many assisted living facilities (i.e. consistent assignment means caring for the same group of people). Other members agreed, and stated that consistent assignment for the same group of residents is critically important.
  - A group member then commented that when people work in long-term care, we want them to grow professionally and learn new skills and having new assignments is part of that professional growth. This question should be a balance of having professional growth with new assignments and not expecting staff to suddenly perform duties they are not prepared for.
- Comments around job satisfaction: An example question asked employees what they think about their benefits. One group member thought this was very informative and should be broke out to include the various aspects of employee benefits.
- Various Advisory Group members commented that some of the example questions selected needed better wording or didn't capture what they would like to see in an employee satisfaction survey.

- Response: These questions are examples and not meant to reflect what the actual question would or could be if an employee survey was developed.
- Currently, assisted living is experiencing a significant staffing crisis and this person is wondering how valid a staff experience survey would be in this challenging content. Is now the right time to have an employee satisfaction survey in the industry?
- Members commented on whether and how an employee survey would ask questions related to DEI (that is, diversity, equity, and inclusion). Some suggested that retention and DEI are closely related.
- Organizations get survey results, but don't know how to fix it or do anything about it and this person is wondering how helpful a survey would be unless facilities receive help in understanding and acting on the results.

### **Advisory Group next steps**

- University of Minnesota contract ends June 30, 2021. DHS is working with UMN to establish a new contract arrangement to continue their work with the Advisory Group and on quality measure development for the Assisted Living Report Card.
- The Advisory Group will not meet over the summer. This group may reconvene in late August or September.
- The Advisory Group will continue to focus on quality measure development for domains that stakeholders rated the highest.
- In late summer/early fall, DHS can provide an update on state-wide data collection for resident and family survey which will begin this fall.

## Appendix A: Polling example questions for employee experience survey

The University of Minnesota team presented example questions found in other surveys developed for assisted living settings related to the 10 staffing subdomains. See example questions in the table below.

Staffing subdomain	Example Question(s)
Employee qualifications (staff training)	I've received training that helps me assist residents according to their personal preferences and goals.
Consistent assignment	Been given responsibilities that are not part of your job?
Burnout/stress	The environment feels chaotic. Not had enough staff to care for patient properly? Not been able to get time off when you wanted it?
Collaboration among staff	The staff work well together. Do you feel you are working as part of a team?
Staff empowerment	I am involved in creating our vision of the future. My input is solicited in planning changes. I can be creative in finding solutions to problems on the job
Job satisfaction	The benefits we receive are as good as most other organizations offer. I am not satisfied with the benefits I receive. I sometimes feel my job is meaningless. I like the people I work with. Overall, I am satisfied working here. Do you enjoy coming to work
Resident-centered job satisfaction	I am able to provide the care a resident wants without having to ask my supervisor. This organization prevents me from providing person-centered care. Do you have the information you need to support client choices?
Supports (institutional, supervisor, emotional, coworker)	Your supervisors concern about the welfare of those under him/her. Lack of support from your supervisor for what you need to do your job. Your supervisors having unrealistic expectations for your work. The administrator and other leaders know me as an individual, and show that they care about my needs and well-being.
Communication (among providers/direct care workers)	Communications seem good within this organization. The information you get to do your job.
Close staff relationships	Relationships among caregivers and other staff are valued.

## Appendix B: Polling question results

In response to each staffing subdomain and the corresponding example survey questions, Advisory Group member used the following response scale to provide their input on the importance of each staffing subdomain:

- critically important
- very important
- moderately important
- somewhat important
- not important at all.

Not all group members responded to each polling question.

### Polling results by staffing subdomain

If a staff survey was developed, how important is it to include questions related to:	Critically Important	Very Important	Moderately Important	Somewhat Important	Not Important at All
Employee qualifications (staff training)	1	5	1	2	1
Consistent assignment	3	1	4	2	0
Burnout/stress	5	4	1	1	0
Collaboration among staff	1	5	3	0	1
Staff empowerment	1	3	4	3	0
Job satisfaction	6	3	0	0	0
Resident-centered job satisfaction	3	3	1	1	1
Supports (institutional, supervisor, emotional, coworker)	4	5	1	0	0
Communication (among providers/direct care workers)	1	5	1	3	0
Close staff relationships	0	7	0	2	1