Assisted Living Report Card Advisory Group

Monday, May 9, 2022, 3:00-4:30 p.m.

- Introductions; overview of the report card project; and advisory group purpose

- Resident quality of life and family satisfaction survey updates

- Research on Department of Health licensing surveys and facility complaints

- Next steps for the project and the advisory group

Introductions, project overview, and advisory group purpose

- AARP Minnesota

- Alzheimer's Association

- Care Providers of Minnesota

- Diverse Elders Coalition (Minnesota Leadership Council on Aging)

- Elder Voice Family Advocates

- LeadingAge Minnesota

- Managed Care Organizations

- Minnesota Board on Aging

- Minnesota Department of Health

- Minnesota Elder Justice Center

- Ombudsman for Long Term Care

- Stratis Health

- The goal of Minnesota's Assisted Living Report Card is to provide important information to Minnesotans and support quality improvement efforts among providers
  - Minnesota Statutes 256B.439 directs DHS to develop and implement quality measurement for long term care providers
    - Including resident experience surveys for assisted living facility residents and a family surveys for families of assisted living facility residents

- Minnesota Board on Aging (MBA), Aging and Adult Services Division, and Nursing Facility Rates and Policy Division (DHS) are working together on the project

- A stakeholder Advisory Group was established in the fall of 2020 to provide DHS and MBA input on the project

- University of Minnesota and Vital Research are supporting the project under contract with DHS

Overview of project milestones to-date

Date	Milestone
Jul 2019	Project report: "Literature Review and Environmental Scan: Identifying Quality Measures in Assisted Living"
Jan 2020	Project report: "Stakeholder Feedback on Identifying Quality Measures for a Minnesota Assisted Living Report Card"
Mar 2020	Resident and family survey instruments finalized for pilot testing
Aug 2020	Project charter finalized to develop a public report card website
Sep 2020	First meeting of the Report Card Advisory Group
Sep-Dec 2020	Survey pilot testing by mail and phone
May-June 2021	Survey pilot testing in dementia care settings, in-person
Sep 2021-Feb 2022	First round of statewide resident and family survey data collection (in facilities with a capacity of 8 or more people)

- The Advisory Group provides input on the following project areas:

  - Quality measure development related to the resident and family surveys, and other possible data sources

  - Resident and family survey implementation

  - Assisted Living Report Card website features

Minnesota Department of Human Services and Minnesota Department of Health

Nursing Home Report Card

Long-stay search   Short-stay search   Get Help ⑦   Contact Us

Long-stay nursing homes: Results

SEARCH MAP LIST

Facility search results ⓘ

8 facilities are within 4 miles of Minneapolis, MN 55417 *(Sorted Alphabetically.)*

Facility	City	MN Quality Indicators	Resident Quality of Life	Family Satisfaction Survey	State Inspection Results	Hours of Direct Care	Staff Retention	Temp Staff Agency Use	Proportion of Beds in Single Rooms
(Minnesota Average)		★★★	★★★	★★★	★★★★	★★★	★★★	★★★★	★★★★
Carondelet Village Care Center	St Paul	★★★	★★★	★★★★★	★★★★★	★★	★★★★	★★★★★	★★★★
Ebenezer Care Center	Minneapolis	★★	★★	★★★	★★★★	★★★★	★★	★★★★	★★★★
Fairview University Trans Serv	Minneapolis	n/a	n/a	n/a	★★★★★	★★★★★	★★★★	★★★★	★★★★★
Grand Ave Rest Home	Minneapolis	★★★	★★★★	n/a	★★★★★	★★★★	★★	★★	★
Mount Olivet Careview Home	Minneapolis	★★★★★	★★★★★	★★★★	★★	★★★★	★★★★	★★★★	★★★
Mount Olivet Home	Minneapolis	★★★★★	★★★	★★★★	★★★★	★★★	★★★	★★★★	★★★★★
Providence Place	Minneapolis	★★★	★★★	★★	★★★★	★★★	★★★★	★★★★★	★★★
Richfield Health Center	Richfield	★★	★	★	★★	★★★	★★★★	★★★★★	★

Resident quality of life and family satisfaction survey updates

Minnesota Assisted Living Report Card

Resident Quality of Life + Family Satisfaction

Overview

Vital Research was contracted to develop 2 key instruments that will be used to gather data associated with the Minnesota Assisted Living Report Card:

- Resident Quality of Life

- Family Satisfaction

Survey development phase of work concluded 7/2021

Large-scale implementation began 9/2021 via in-person, individual interviews

Goals

1. Collect data at all Assisted Living facilities in Minnesota with a capacity ≥8

2. Pilot data collection at facilities with a capacity <8

3. Report facility level results:

   • ≥11 Respondents: Item-level report

   • 5-10 Respondents: Results by domains

   • <5 Respondents: No results provided at individual facility level

Data Collection Results

Assisted living facilities with a capacity to serve 8 or more residents were included in the first phase of data collection. Residents who received memory care services were included.

3,855

Family Surveys Mailed

98

Facilities Completed

1,600+

Resident Interviews Conducted

COVID-19 Pandemic

1. Interviewer recruitment + retention

2. Scheduling + rescheduling facilities due to Covid-19 outbreaks

3. Facility staffing shortages

Given these challenges, project goals were revised for the first year of data collection.

Revised Goals

1 Learn about challenges and possibilities of large-scale data resident collection using mail, phone and video survey administration; continue family

2 Assess results to see if they vary based on mode of survey administration

3 Explore data collection using multiple modes in smaller facilities

Objectives for Facilities ≥8 Residents

By Mode:

✉ 1,000 Surveys

📞 1,000 Surveys

🖥 Assess Feasibility

Document for All Modes:

- Response Rates at Facility + Individual Level

- Successes

- Challenges

Current Status Facilities >8 Residents

- 2,000+ Surveys Mailed

- **Challenges:** Facilities declining due to own spring surveys

- **Successes:** No census needs to be provided by facilities/smaller burden on administrators

- 300+ Surveys Collected

- **Challenges:** Hearing difficulties, high refusals levels from facilities/ families/ residents

- **Successes:** Facility Covid-19 cases don't impact ability to interview

- 24 Surveys Collected

- **Challenges:** Zoom connectivity in facilities, hearing difficulties, cost

- **Successes:** Small in-person exposure windows, positive resident feedback

Objectives for Facilities <8 Residents

By Mode:

✉ 62 Surveys

☎ 62 Surveys

🚶 62 surveys

Document for All Modes:

- Response Rates at Facility + Individual Level

- Successes

- Challenges

Facilities with <8 residents

Data Collected By Mode:

✉

200+ Surveys mailed

📞

57 Surveys

🚶

14 Surveys

Challenges:

- Language barriers
- Lack of knowledge when initially contacted

Successes

- Interviewers can interview residents of multiple facilities in one day

Next Steps

Data collection will continue for both resident and family surveys through early June 2022. Mid-late June will be dedicated to analysis + reporting at the project level.

01	**|**	Provide facility-level reports for phase 1
02	**|**	Continue resident data collection
03	**|**	Continue family data collection
04	**|**	Analyse + report results
05	**|**	Plan state wide data collection Fall 2022

In chat or verbally…

What should we be thinking about as we look ahead to data collection next fall and winter?

Team

Feel free to reach out with any questions or follow-up!

Marissa Hughes, M.S.
Research Manager
mhughes@vitalresearch.com

Cathy Coddington, Ph.D.
Sr. Researcher & Partner
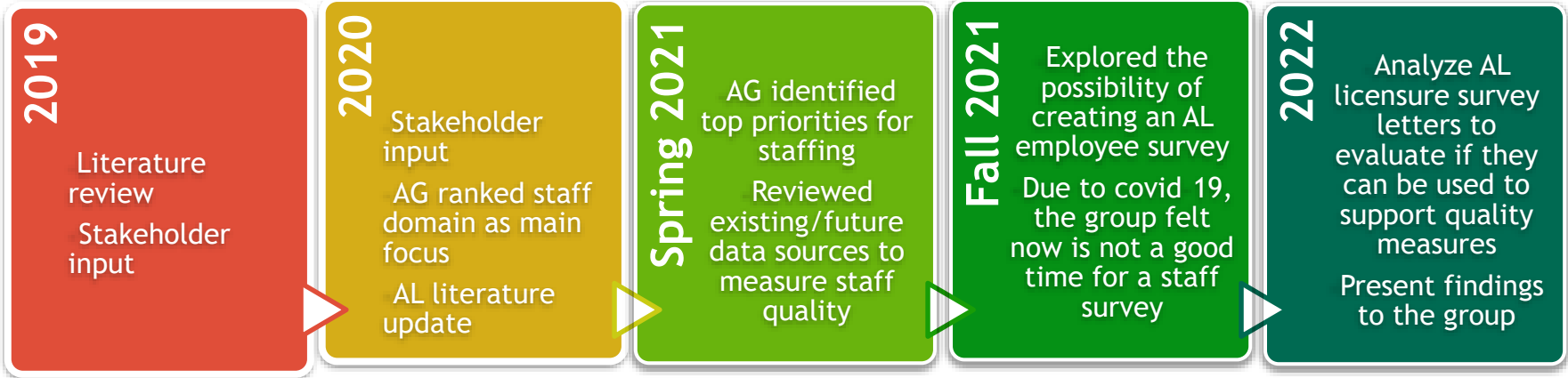ccoddington@vitalresearch.com

Research on Department of Health licensing surveys and facility complaints

Assisted Living Report Card:
Analysis of Assisted Living Licensure survey letters

Tetyana Shippee, PhD

Associated Professor

Division of Health Policy and Management

School of Public Health

tshippee@umn.edu

Tricia Skarphol, MA

Research Project Manager

Division of Health Policy and Management

School of Public Health

ande3698@umn.edu

SCHOOL OF PUBLIC HEALTH
UNIVERSITY OF MINNESOTA

Timeline of U of MN work to date

2019
- Literature review
- Stakeholder input

2020
- Stakeholder input
- AG ranked staff domain as main focus
- AL literature update

Spring 2021
- AG identified top priorities for staffing
- Reviewed existing/future data sources to measure staff quality

Fall 2021
- Explored the possibility of creating an AL employee survey
- Due to covid 19, the group felt now is not a good time for a staff survey

2022
- Analyze AL licensure survey letters to evaluate if they can be used to support quality measures
- Present findings to the group

SCHOOL OF
PUBLIC HEALTH
UNIVERSITY OF MINNESOTA

Analyzing Assisted Living Licensure Survey letters

- **Task**: Review license survey letters to evaluate whether and how licensing survey results could be used to support quality measures.

- Established a systematic process for reviewing & coding survey letters (incl. weekly meetings with DHS/MDH)

- Using a sample of 150 letters
  - Data was collected and coded using:
    - Demographics information about each facility
    - Survey letter findings from each facility

Demographics

Facility Size	Geographic location	Ownership status	License type
• Small (1-7) • Medium (8-50) • Large (51-100) • Very large (101+)	• Twin Cities Metro • Other urban (e.g.Rochester, Duluth, Moorhead) • Micro (e.g. Alexandria, Owatonna, Bemidji) • Rural	• For profit • Non profit • Government/ Tribal	• Assisted Living Facilities • Assisted Living Facilities with dementia

Demographics

Facility Size	Sample %	Difference from population %*
Small	34	-18.3
Medium	31	3
Large	23	10.1
Very Large	12	5.2
Geography	**Sample %**	**Difference from population %**
TC Metro	57	-11.2
Other Metro	23	12.6
Micro**	16	3.8
Rural	4	-5.22
Ownership Type	**Sample %**	**Difference from population %**
For-Profit	85	6.4
Non-Profit	15	-1.2
Government/Tribal	0	-0.937
License Type	**Sample %**	**Difference from population %**
AL	55	-15.8
AL with Dementia Care	45	15.8

Population of all Assisted Livings as of January 2022 (N=2028). A negative sign indicates underrepresentation in the sample.

**Micro includes outlying metro*

Licensure letter coding

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG
0 510	Continued From page 15	0 510
0 510 SS=F	144G.41 Subd. 3 Infection control program (a) All assisted living facilities must establish and maintain an infection control program that complies with accepted health care, medical, and nursing standards for infection control. (b) The facility's infection control program must be consistent with current guidelines from the national Centers for Disease Control and Prevention (CDC) for infection prevention and control in long-term care facilities and, as applicable, for infection prevention and control in assisted living facilities. (c) The facility must maintain written evidence of compliance with this subdivision. This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to establish and maintain an infection control program that complies with accepted health care, medical and nursing standards for infection control. This had the potential to affect all residents, staff and visitors. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to	0 510

INFORMATION BEING CODED

1. ID Prefix Tag (tag number)
   - Initial survey tags
   - Follow-up survey tags (either: unaddressed tag or new tag).
     - For first follow-up survey only

   - Scope and Severity score for each tag (A-L)
   - Violation level for each tag (1-4)
   - Text captured under the heading: "This MN Requirement is not met as evidenced by", for each tag

2. Fines assessed at initial survey and follow-up survey
   - Fine amounts
   - Tag number corresponding to each fine

3. Other important items of interest (e.g. conditional license issued)

Licensure letter findings

Initial Tags	
Total Initial Tags	1787
Highest # of Tags per Facility	46
Lowest # of Tags per Facility	2
Median # of Tags per Facility	16
Mean # of Tags per Facility	17.87
Number of unique initial tags	122
# of citations for most common tag	84

Follow-up Tags	
Total Follow-up Tags	271
Highest # of F/U tags per Facility	21
Lowest # of F/U tags per facility	0
Number of unique follow-up tags	65
# of citations for most common tag	21

480
810
680
660
470

480 144G.41 Subd. 1. (13) (i) (B) Minimum requirements
- provide or make available at least the following services: (i) at least 3 nutritious meals daily & snacks available 7 days/wk
- Food must be prepared and service according to MN Food code

810 144G.45 Subd. 2 (b-f) Fire protection & physical environment
- Each AL facility shall develop & maintain fire safety and evaluation plan.

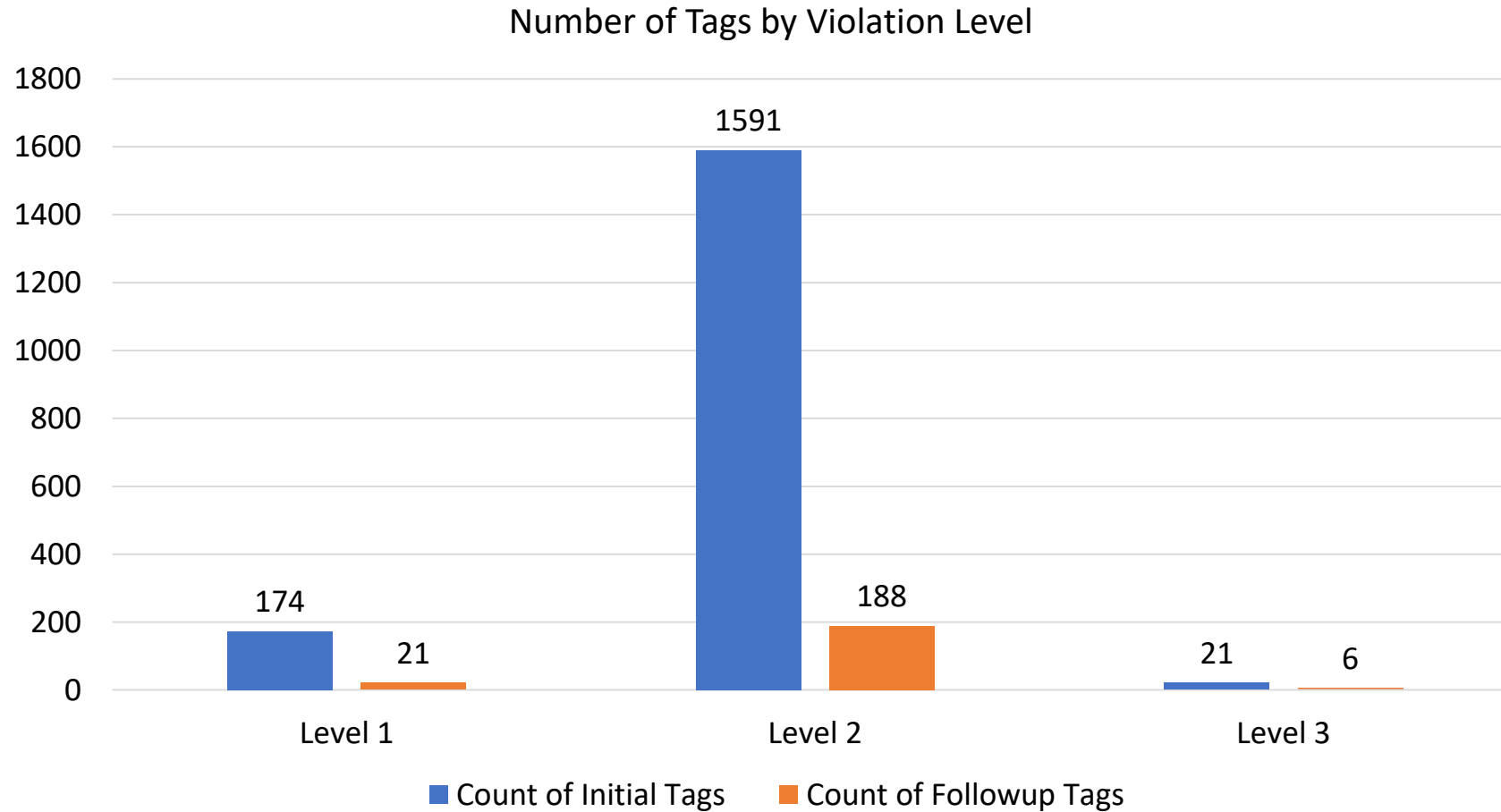680 144G.42 Subd. 10. Disaster planning and emergency preparedness plan

480
810
680
2040
780

Survey letter findings cont.

Number of Tags by Violation Level

Scope and Severity Matrix

4	S	Immediate jeopardy to resident health or safety	J	K	L
	E				
	V				
	E				
3	R	Actual harm that is not immediate jeopardy	G	H	I
	I				
	T				
2	Y	No actual harm with potential for more than minimal harm that is not immediate jeopardy	D	E	F
1		No actual harm with potential for minimal harm	A	B	C
Violation level			ISOLATED	PATTERN	WIDESPREAD

SCOPE

Other items under review

- Complaints
- Requests for reconsideration

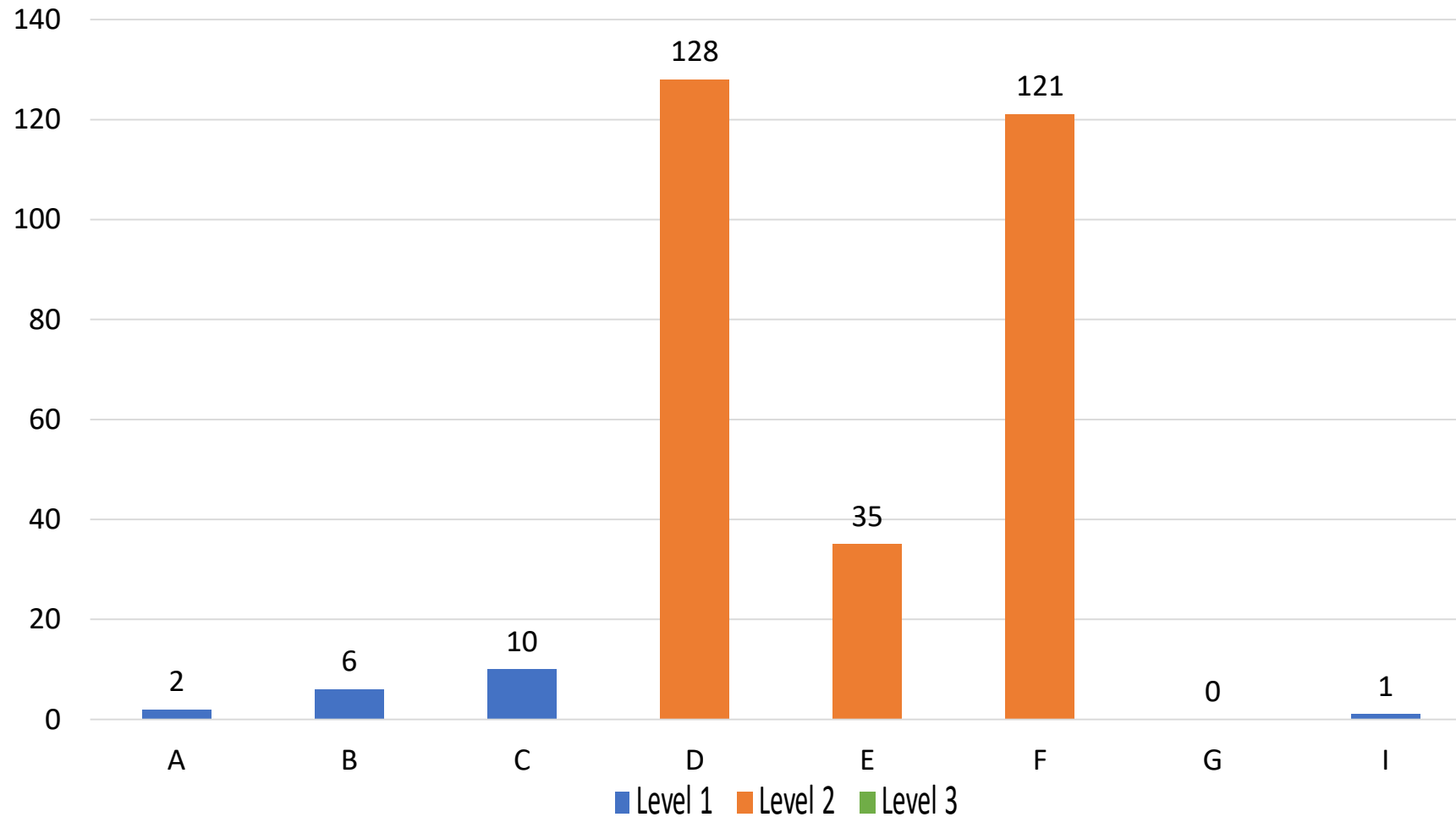# Mapping tags to QoL domains

9 assisted living QoL domains

- 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

Number of tags by QoL domain

Number of Tags by Category and Violation Level (Initial Letters Only)
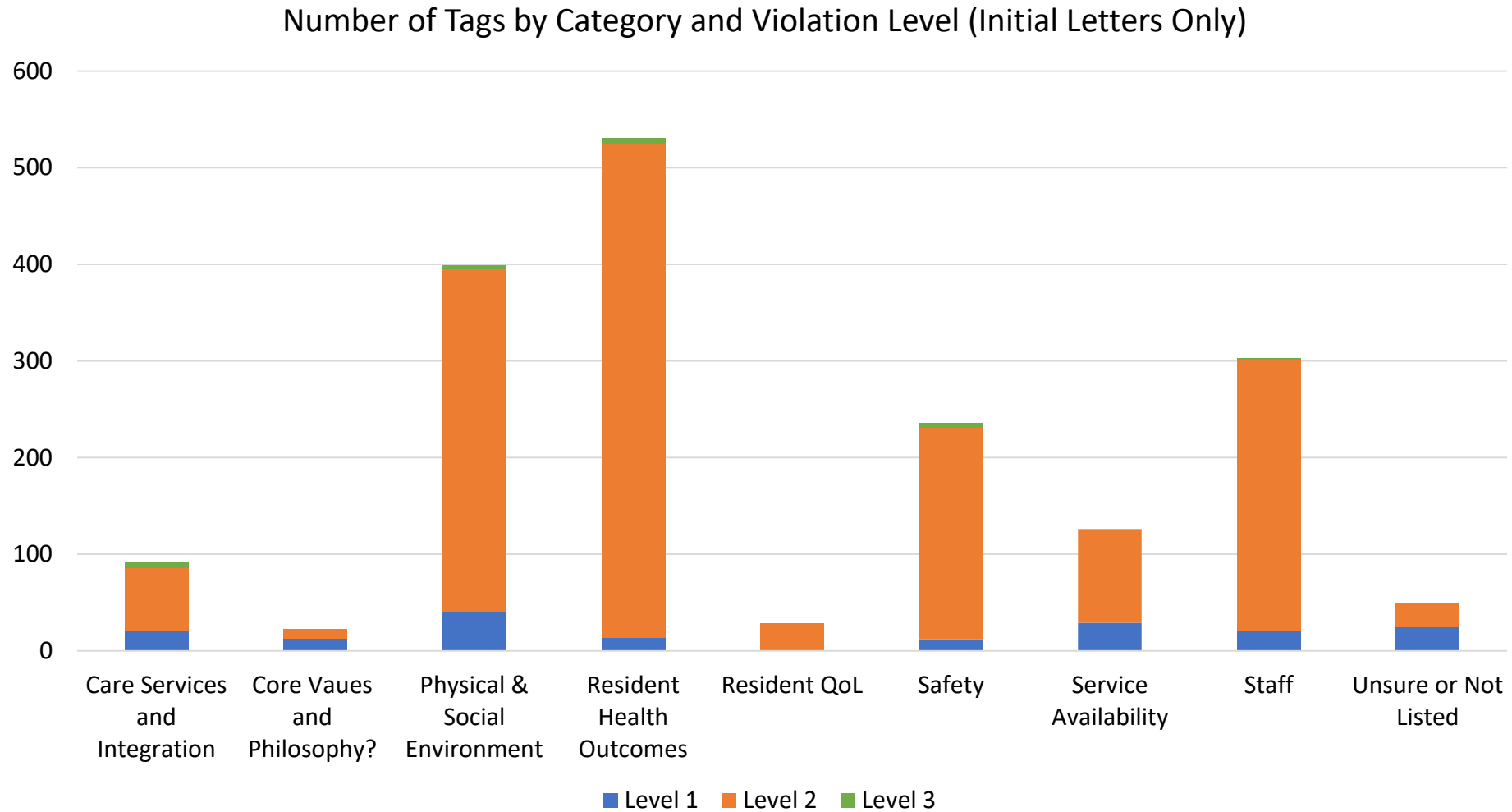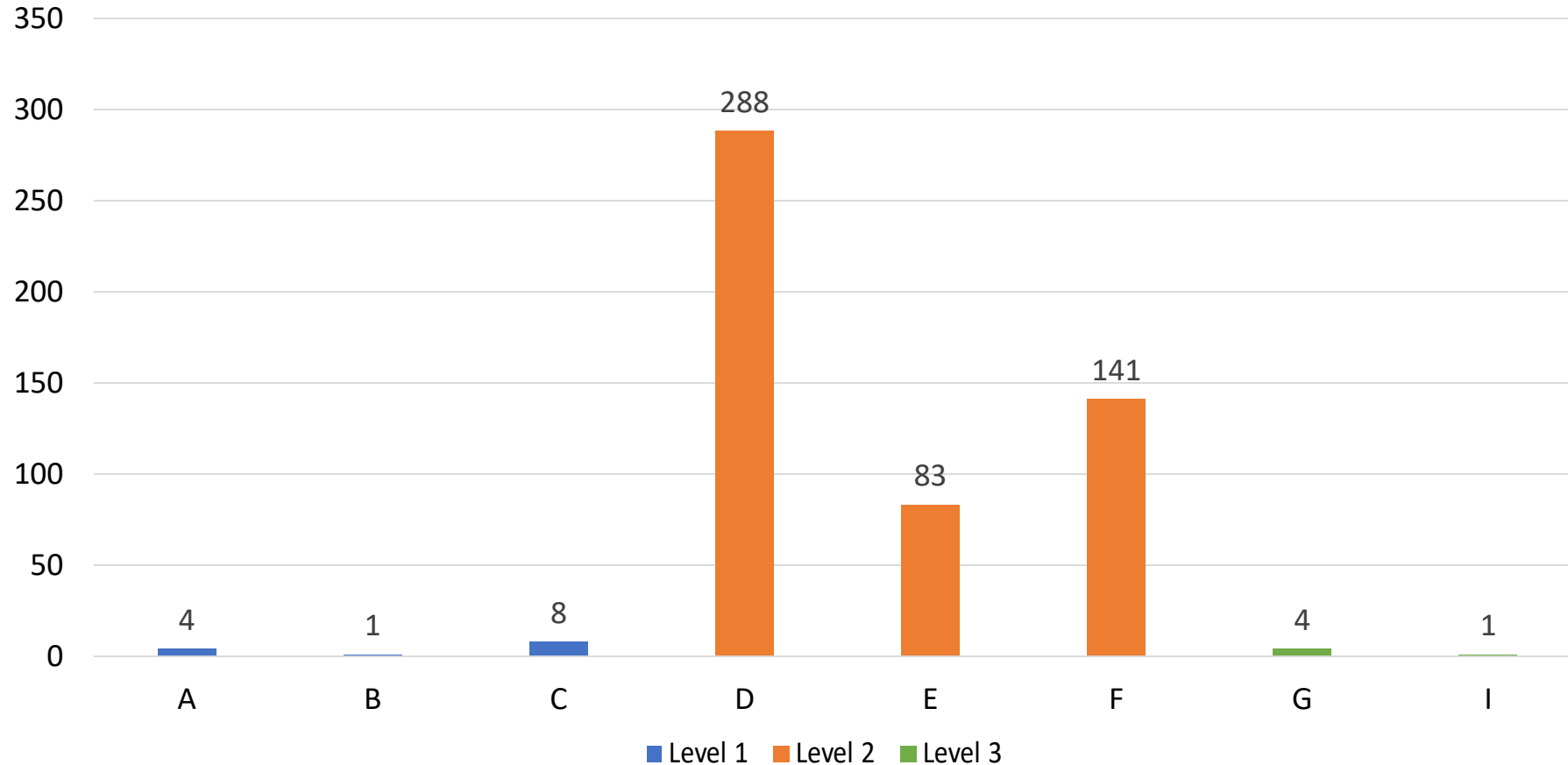
Tags by QoL domain: Staffing

Number of Staffing Tags by Scope and Severity

D= isolated, E=pattern, F=widespread

Tags by QoL domain: Resident Health Outcomes

Number of Resident Health Outcomes Tags by Scope and Severity

D=isolate, E=pattern, F=widespread

Mapping to QoL domain next steps

- Map all tags to the 9 QoL domains
- Review tag mapping
  - Does it map to more than 1 domain (e.g. staffing & resident health outcomes)

- Systematically review: keep or remove a tag mapped to a specific domain(s)

- Next steps: identify tags could support QoL measures on a report card.
  - Bring findings to a future Advisory Group

Questions & Discussion

What should we be thinking about in considering using this kind of data for a quality measure?

SCHOOL OF
PUBLIC HEALTH
UNIVERSITY OF MINNESOTA

Next steps for the project and the advisory group

Date	Activities
May-Jul 2022	Complete resident and family survey data collection and analysis Produce and share survey reports with individual facilities Continue Minnesota Department of Health research
Jul-Aug 2022	Issue reports based on 2021-2022 survey and research activities Plan for 2022-2023 survey data collection Convene Advisory Group

- Meeting materials and meeting notes will be posted to the project webpage: www.mn.gov/dhs/assisted-living-report-card

- Next meeting: Wednesday, August 3, 10:00-12:00

- Meeting topics:

  - Licensing survey and complaint research

  - Results from 2021-2022 resident and family survey data collection

  - Proposed resident and family survey instrument changes

  - Data collection strategies for fall-winter

Questions?

Peter Spuit, MSW, LGSW
peter.spuit@state.mn.us
651-295-8161