



Assisted Living Report Card Advisory Group

Wednesday, August 3, 10:00 a.m. – 12:00 p.m.

Organizations represented on the Advisory Group

- 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

Topic	Presenter	Time
Research on Department of Health licensing surveys and facility complaints	UMN	10:05am-10:45am
Resident quality of life and family satisfaction survey updates	Vital Research	10:45am-11:35am
Next steps for the project and the advisory group	DHS	11:35am-11:55am

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

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Analyzing Assisted Living Licensure Survey letters

- **Task**: Review licensure 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

Variable	Sample N	Sample %	Population %	Off from pop
Facility Size¹				
Small (1-7)	68	45.3	52.4	-7
Medium (8-50)	44	29.3	27.4	1.9
Large (51-100)	25	16.7	12.6	4
Very Large (101+)	13	8.7	6.8	1.9
NA		0	0.8	-0.8
TOTAL	150		100	
Geography²				
Twin Cities Metro	90	60	68.8	-8.8
Other Metro	24	16	10.3	5.7
Micro/Outlying Metro	20	13.3	12	1.4
Rural	16	10.7	9	1.7
TOTAL	150		100	
Ownership Type				
For-Profit	122	81.3	77.3	4
Non-Profit	22	14.7	15.8	-1.1
Government/Tribal	2	1.3	0.9	0.4
Unknown	4	2.7	6	-3.3
TOTAL	150		100	
License Type³				
Assisted Living	99	66	71.2	-5.2
Assisted Living with Dementia Care	51	34	28.8	5.2

Methodology

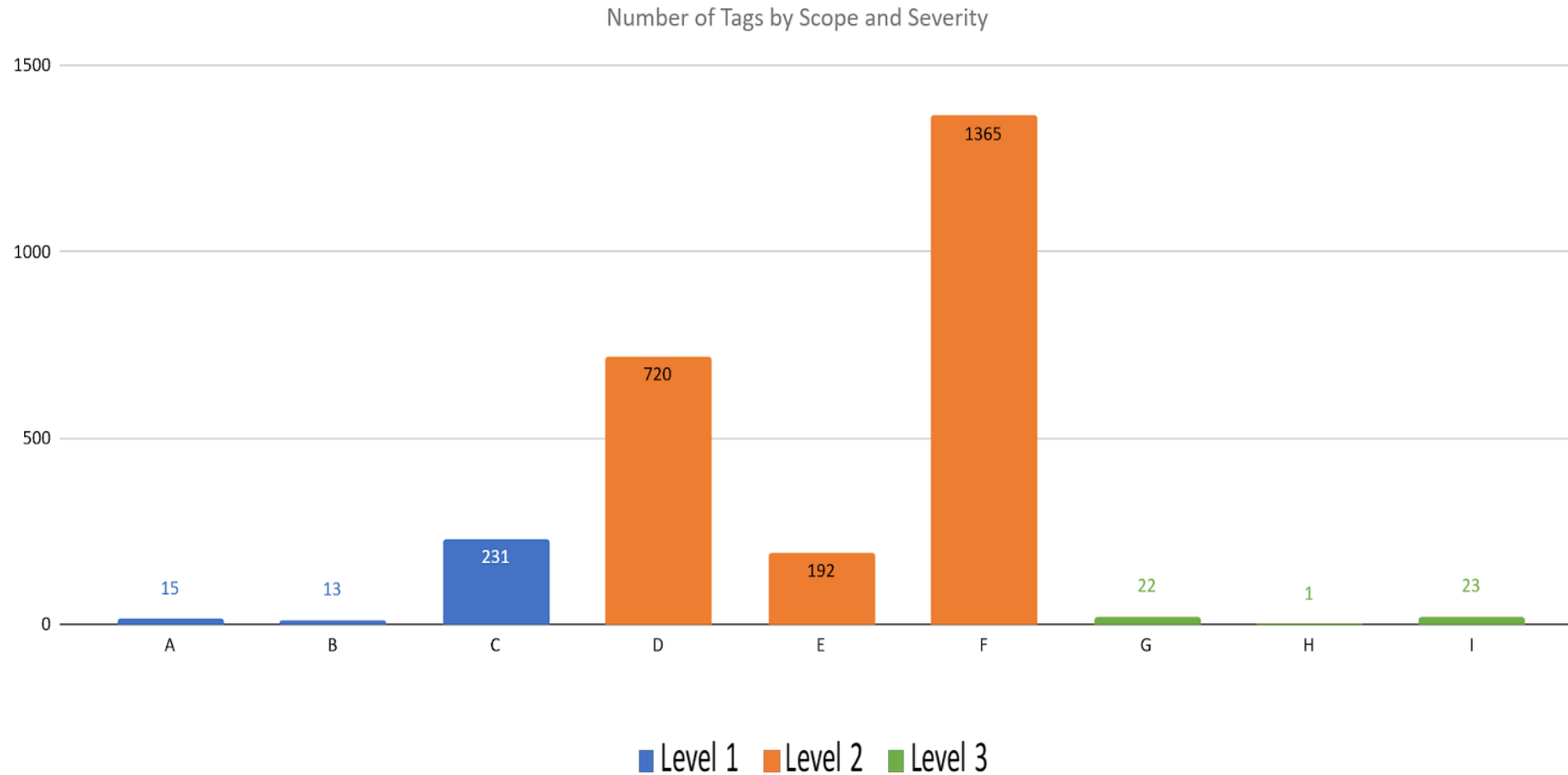
- We used content analysis coding approach
 - We coded categories derived directly from the data
- Established reliability of coding with 5 individual coders
- We used partially inductive/partially deductive approach to coding, with the a-priori focus on the following items:
 - Initial survey tags
 - Scope and severity for each tag
 - Violation level for each tag
 - Other important items of interest (e.g. conditional license issued)

Overall tag and violation levels

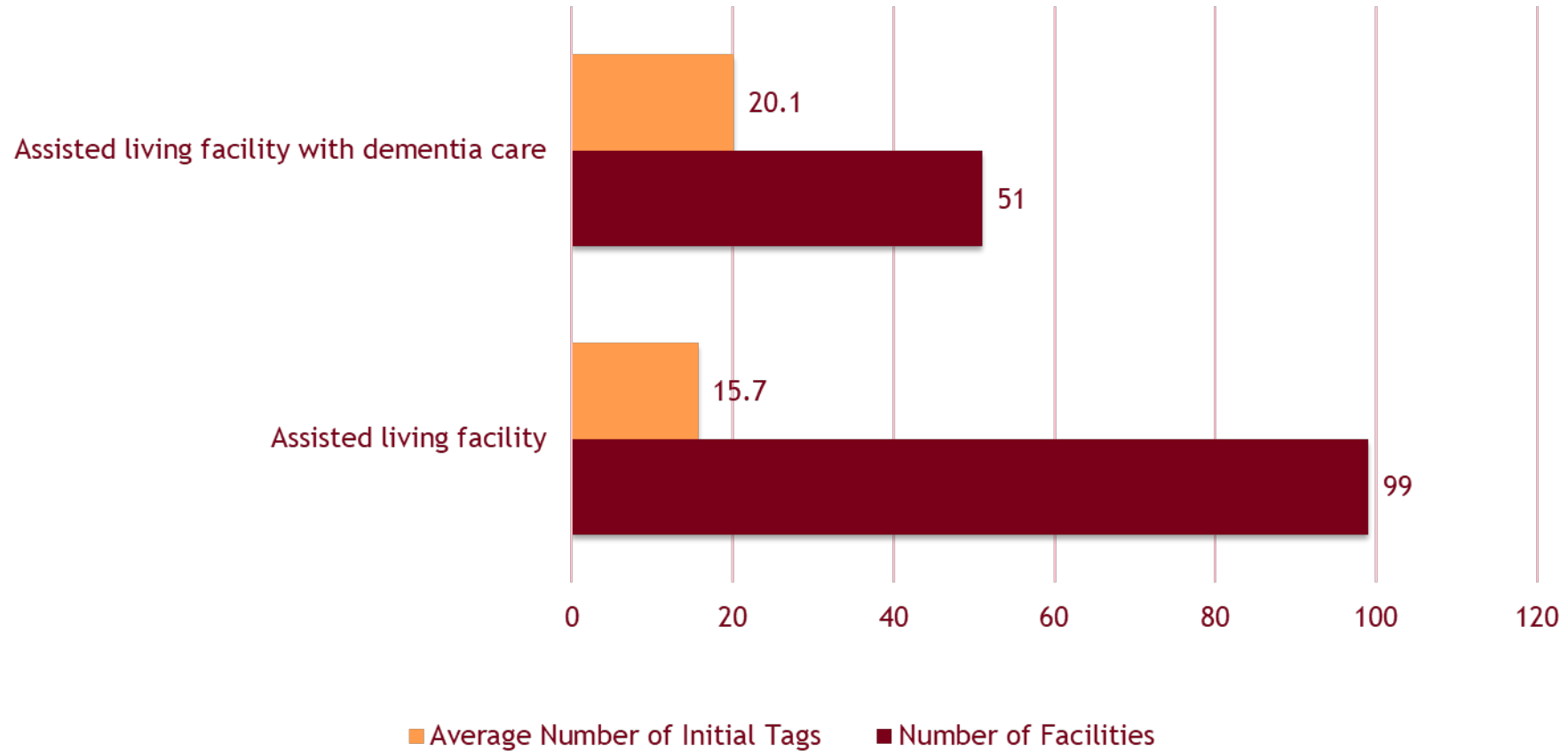
Initial Tags (150 Facilities)	
Total Initial Tags	2585
Highest # of Tags per Facility	46
Lowest # of Tags per Facility	2
Median # of Tags per Facility	14.5
Mean # of Tags per Facility	17.23
Number of unique initial tags	128
Most common initial tag	480
# of citations for most common tag	123

Violation Level	Count of Initial Tags
Level 1	259
Level 2	2279
Level 3	46

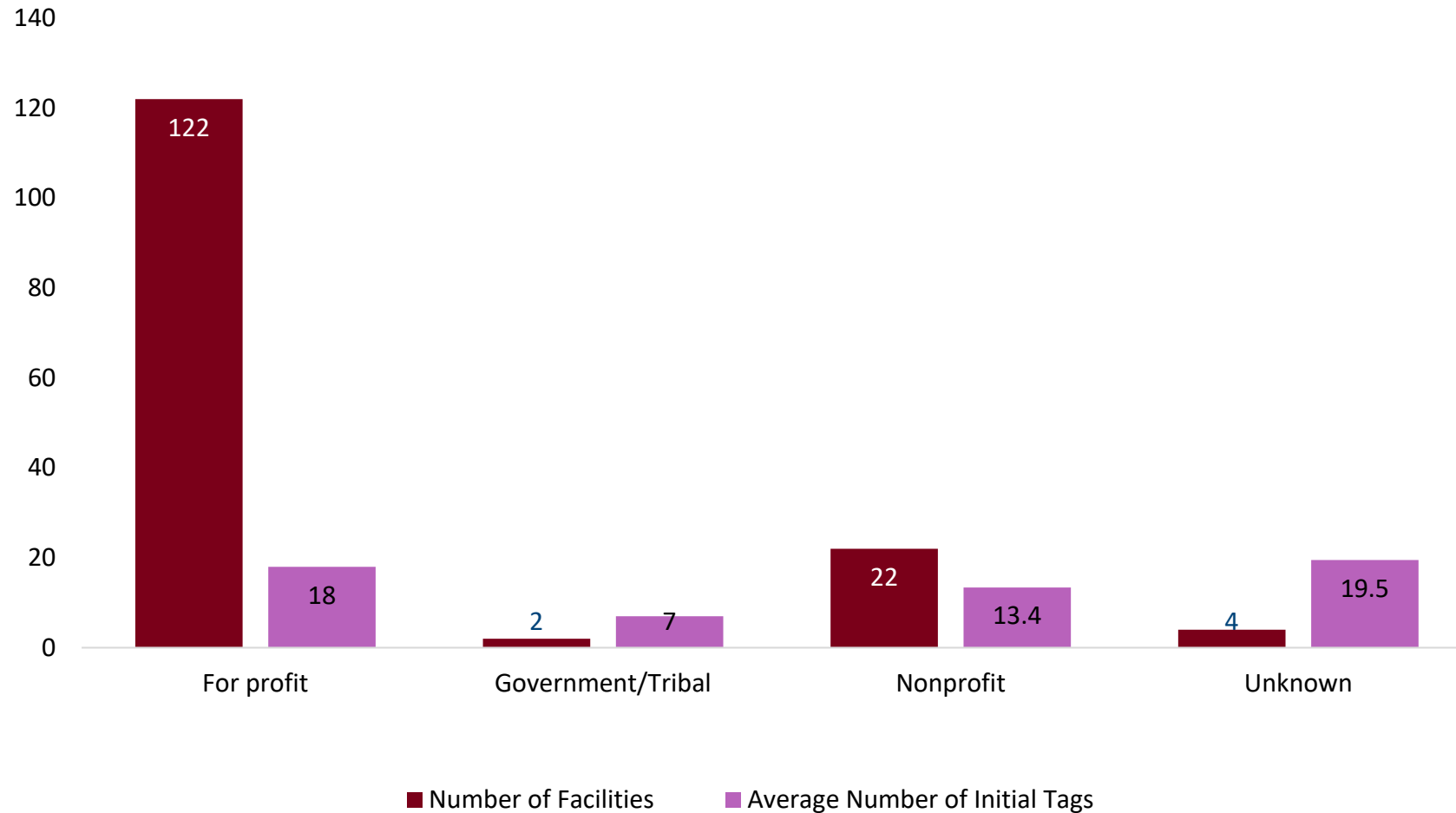
Scope & Severity findings



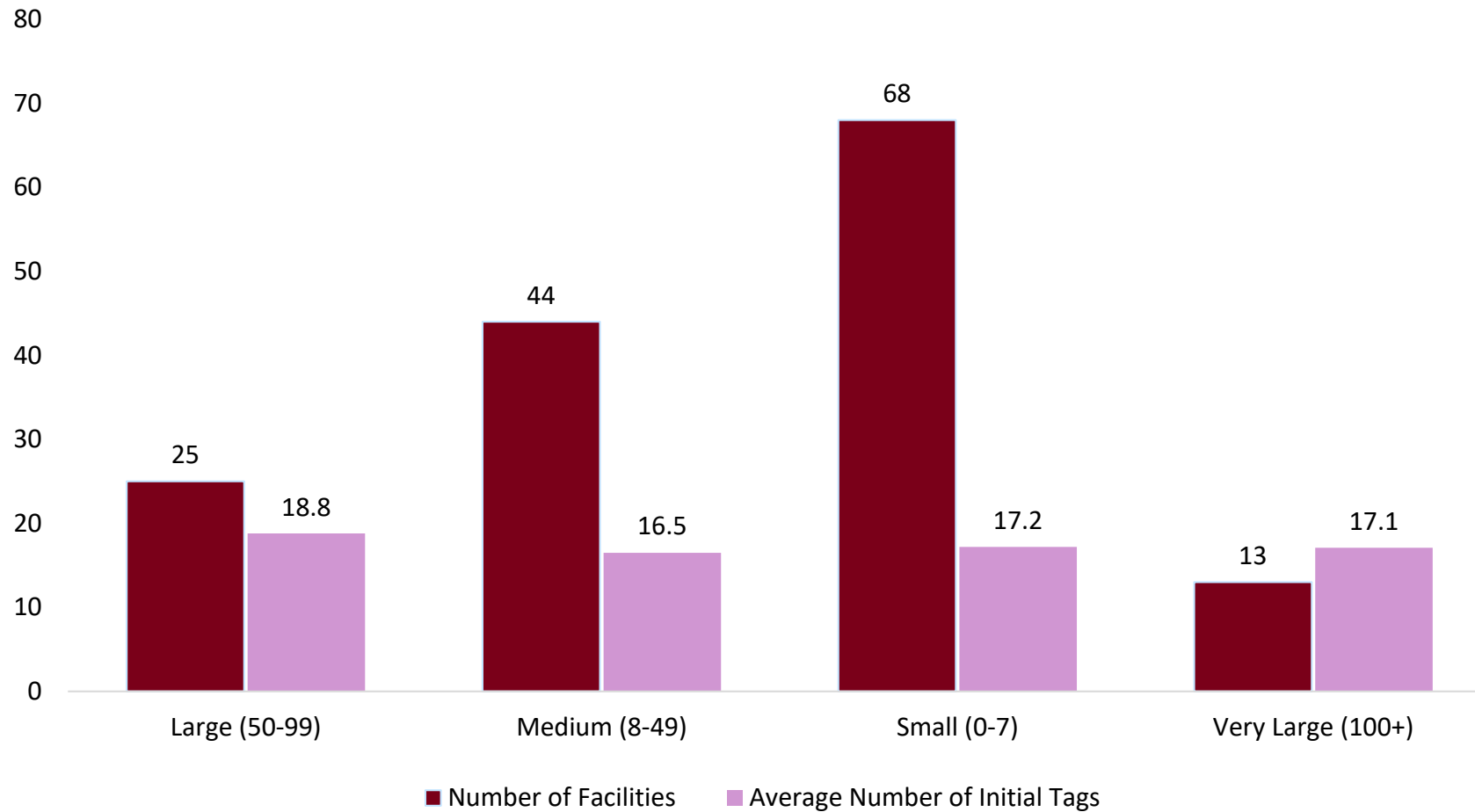
Number of facilities and average number of initial tags by license type



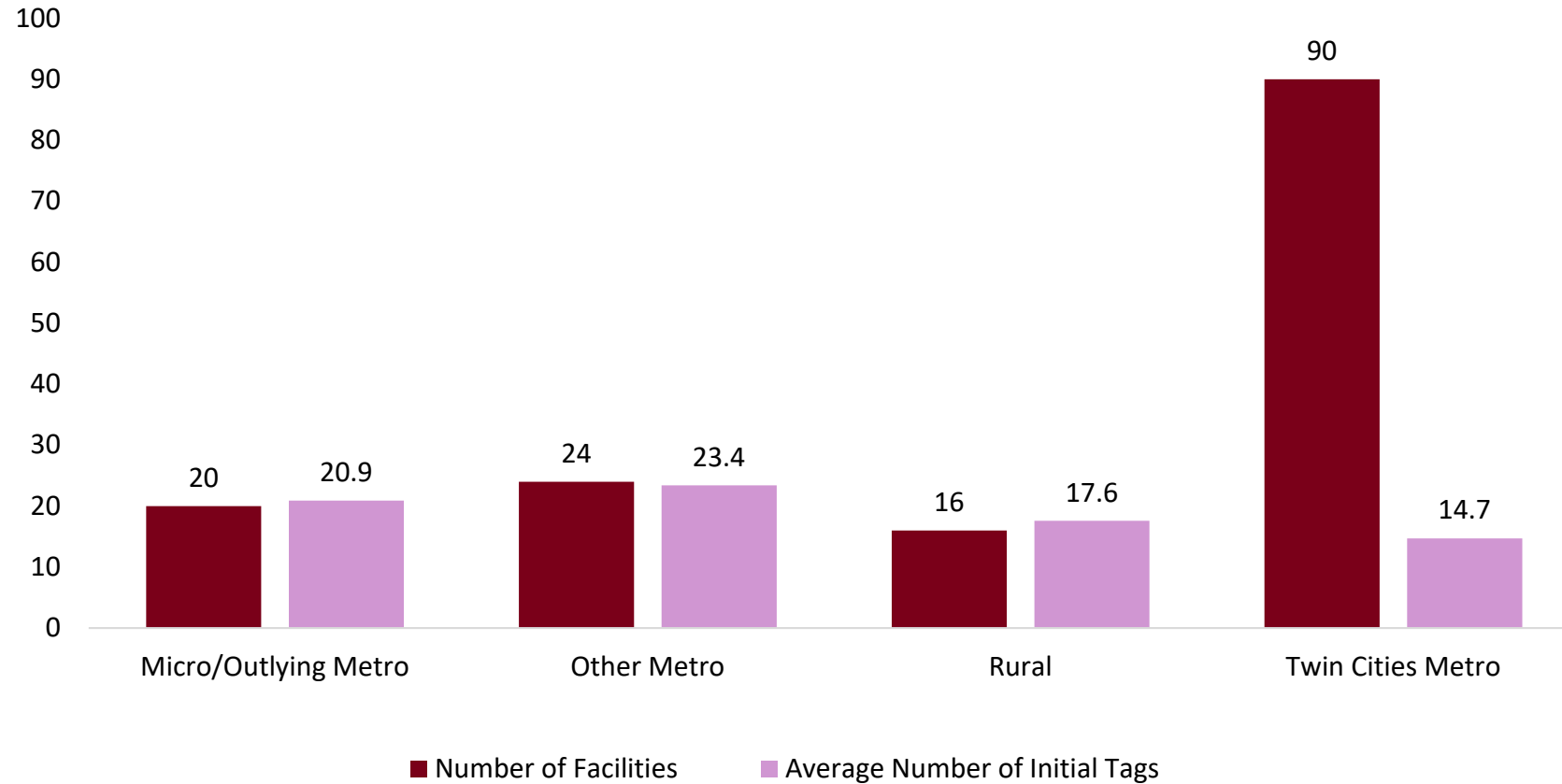
Number of facilities and average number of initial tags by ownership type



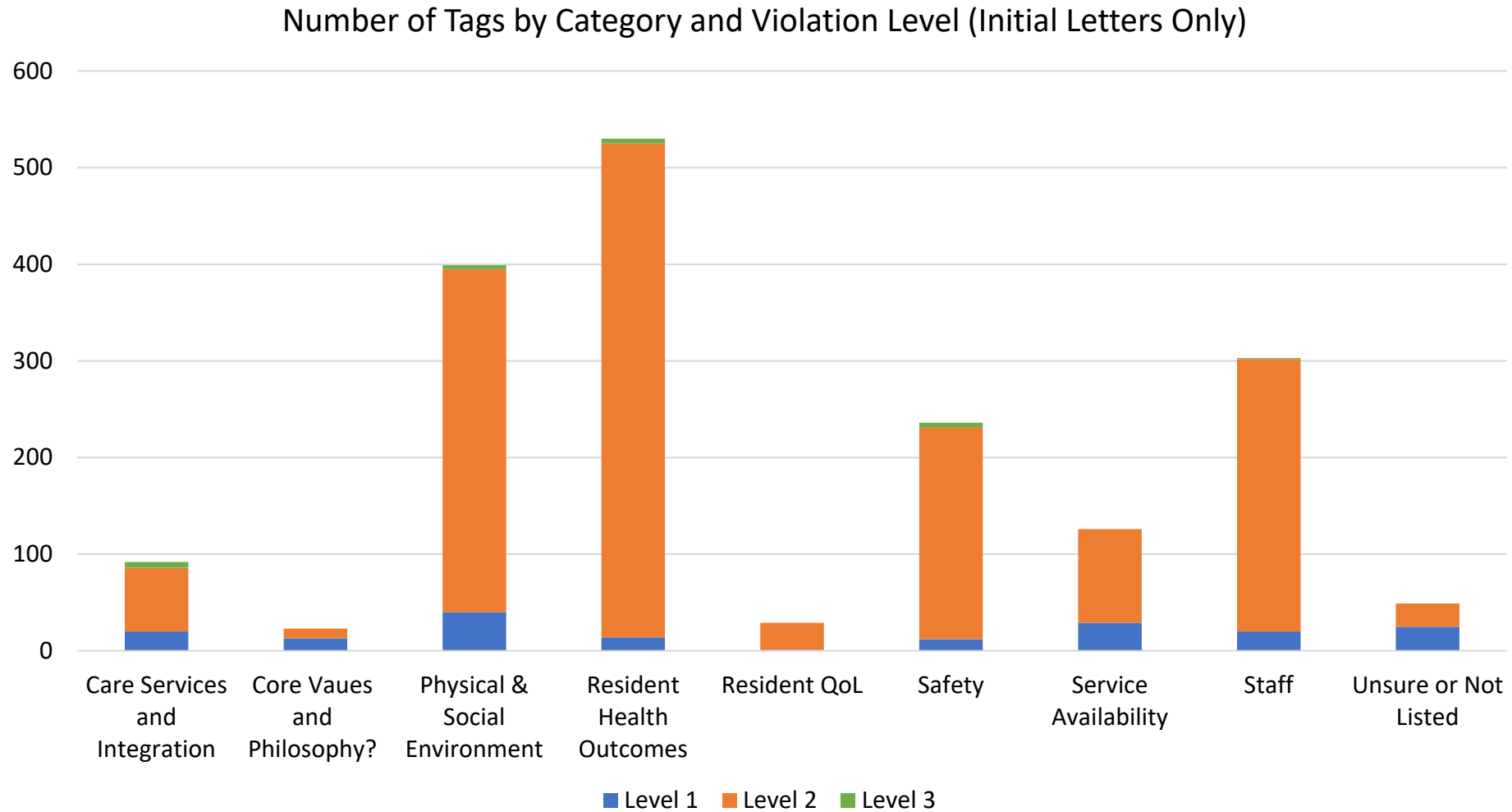
Number of facilities and average number of initial tags by facility size



Number of facilities and average number of initial tags by geographic location

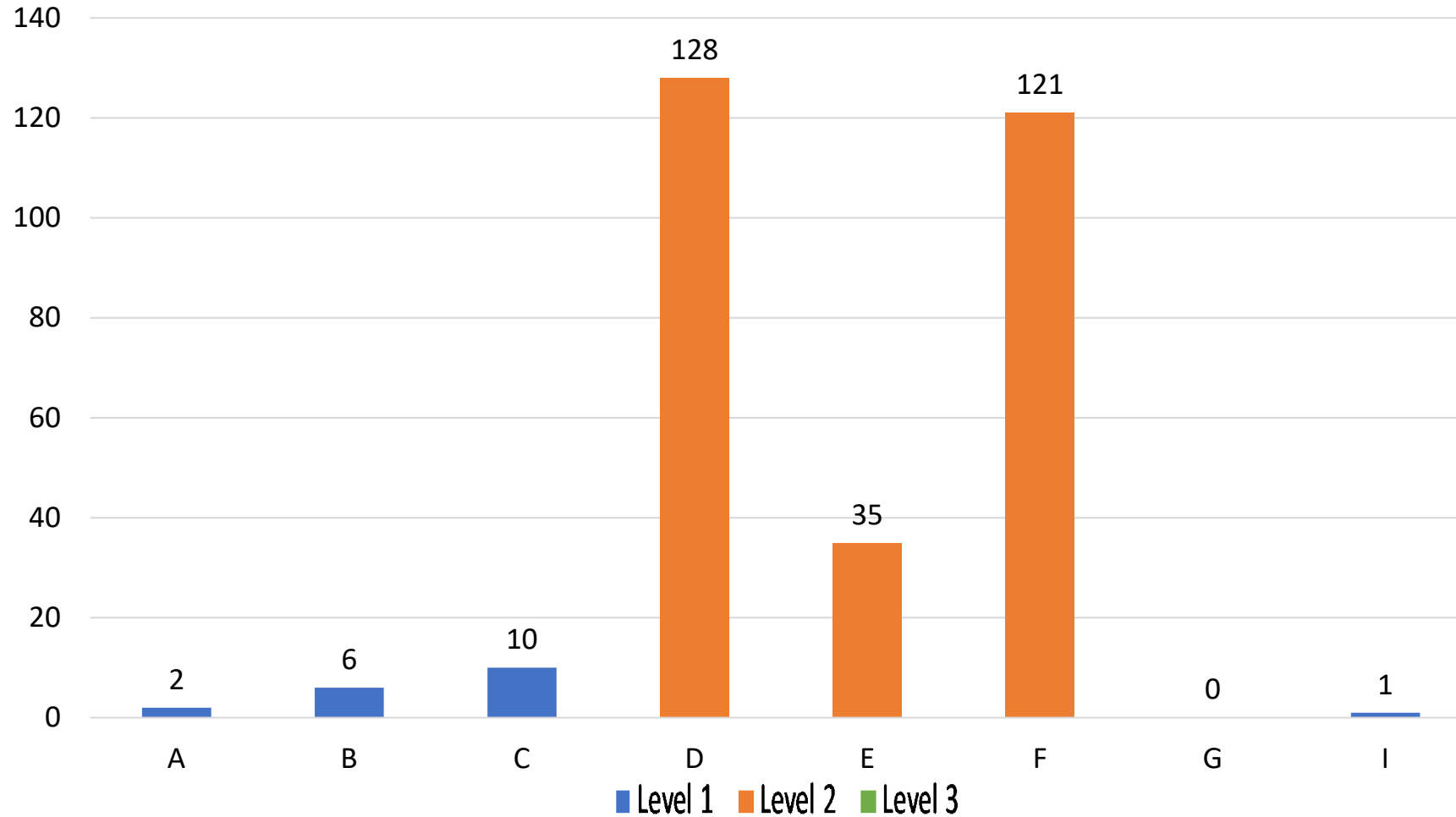


Number of tags by QoL domain



Tags by QoL domain: Staffing

Number of Staffing Tags by Scope and Severity



D= isolated, E=pattern, F=widespread

Mapping of tags to staffing domain

A total of 41 unique tags mapped to staffing

Top cited tags

- The U of MN reviewed 277 tags and using the quality domains from the literature review as a guide, mapped each tag to a quality domain.
- Next, each quality domain mapping was presented to DHS/MDH for review and discussion.
- We have mapped the staffing domain and are close to completing resident health outcomes

Share example

Questions and discussion

Breakout groups





VITAL
RESEARCH



Minnesota Assisted Living Report Card

Resident Quality of Life + Family Satisfaction

Recap

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 concluded 6/2022

Initial Goals

1. Collect data **in-person** at all Assisted Living facilities in Minnesota starting in the fall of 2021
2. Report facility level results:
 - ≥ 11 Respondents: Item-level report
 - 5-10 Respondents: Results by domains
 - < 5 Respondents: No results provided at individual facility level



Revised Goals Due to Covid-19 Challenges

1. Learn about large-scale data collection using **mail, phone and video** survey administration for resident QOL; continue family satisfaction
2. Assess results to see if they vary based on mode of survey administration
3. Explore data collection using multiple modes in smaller facilities



Data Collection Timeline

Phase 1	In-person only	September 2021-early March 2022
Phase 2	Mail and phone administration + Video feasibility test	March 2022-June 2022
Small Facility Pilot	In-person, mail, and phone administration	March 2022-June 2022

Facility Participation

	In-person	Phone	Mail
0-7 beds	27 (22%)	39 (49%)	35 (40%)
8-25 beds	32 (26%)	15 (19%)	21 (24%)
26-50 beds	29 (23%)	16 (20%)	17 (20%)
51-75 beds	15 (12%)	7 (9%)	5 (6%)
76+ beds	21 (17%)	2 (3%)	9 (10%)
Total Facilities	124 (100%)	79 (100%)	87 (100%)

Resident Participation

	Phase 1	Phase II*	Phase II*
	In-person	Phone	Mail
Residents Approached/Called or Surveys Mailed	1,765	1,198	2,629
Surveys Completed	1,636	487	517
Surveys Partially Completed	56	30	0
Response Rate	93%	41%	20%

*Note that phase 2 data includes results from facilities with a capacity of <8 residents

Resident Demographics

	Phase 1 In-person	Phase II* Phone	Phase II* Mail
Average Age	85	79	83
Age Max. – Min.	20-103	22-81	23-105
%Male	453 (28%)	168 (35%)	148 (29%)
% Female	1,144 (70%)	317 (65%)	353 (68%)
% White	1,325 (81%)	397 (82%)	468 (91%)
% Black	9 (1%)	27 (6%)	16 (3%)
% Lived in facility for <1 year	586 (36%)	157 (32%)	173 (35%)

Additionally, 2% or less answered that they identified as Hispanic / Latino/a, Middle Eastern/North African, Asian, American Indian/Alaskan Native, or another race/ethnicity for each mode.

Family Survey Responses



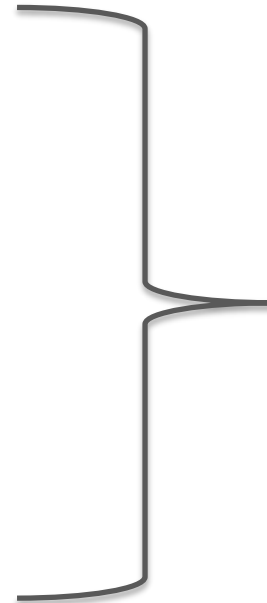
1,925 Completed



340 Completed



134 Completed



2,399 Total Completed Surveys
(64% Response Rate)

Family Demographics

	Responses
Average Age	63
Age Max. – Min.	25-102
Male	34%
Female	62%
White	93%
Spouse/Partner	77%
Child or Son/Daughter In-Law	18%
Another Relative	3%
Sibling	1%
Guardians/Conservators/Case Managers/Power of Attorney	<1%

Additionally, less than 1% answered that they identified as each of the following; Black, Hispanic/Latino/a, Asian, American Indian/Alaskan Native.

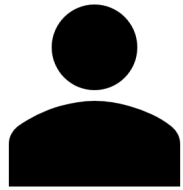
101 Small Facilities Participated

Challenges:

- Language barriers with on-site staff
- Disinterest in participation
- Lack of overall project knowledge for administrators
- Inability to provide item-level reports



Analysis of Resident Survey Modes



- 74 facility refusals (17% refusal rate)
- 93% resident response rate
- Most inclusive for residents



- 23 facility refusals (31% refusal rate)
- 20% resident response rate
- No memory care facilities
- Least amount of burden on facility staff



- 37 facility refusals (49% refusal rate)
- 41% resident response rate
- No memory care facilities
- Hard to reach residents



- 24 interviews conducted
- Not enough data collected for mode comparison
- Could enhance resident access, cost a factor with two interviewers

Analysis of Resident Survey Modes Continued

- Results obtained via phone administration tended to be slightly higher than those obtained via in-person interviewing/mailed surveys
- Practically, the differences between in-person/mailed results were minor
- Looking at all factors, Vital recommends collecting data via in-person administration as much as possible moving forward

Analysis of Family Survey Modes

- Fewer differences by mode
- Suggest continuing data collection primarily via mail/phone moving forward
- The on-line option can be maintained to offer convenience for those who prefer to fill out the survey on-line



Proposed Resident Instrument Changes

- Reliability and validity of the two surveys was confirmed
- The structure of each survey largely relates to the domains in the survey
- Items that conceptually fit together are statistically linked
- Questions 8 and 34 may be considered for removal on the resident QOL survey given high rates of missingness or *Not Applicable/Don't Know/Non response*

8. How often are you satisfied with how your medications are managed?

34. How often are the people who work here respectful of your culture?

Limitations

Participation was voluntary at the facility level. As such:

1. It is possible that facilities that opted in are different from those who did not – potential for bias
2. Facilities with lower staffing rates may have participated at lower rates than other facilities due to the ongoing staffing shortages

Additionally, different modes were tested at different time points throughout the COVID-19 pandemic – potential for bias

Proposed Covid-19 Strategies

Vital suggests a tiered plan for data collection if a facility has multiple new resident Covid-19 cases within 5 days of their interview date:

- Facility will attempt to be rescheduled 1-2 times in a 4-week period (memory care facilities prioritized)
- If unable to reschedule, facilities without memory care would be moved to the mailed mode of survey administration
- In facilities where the target number of interviews is not met through mailed surveys, phone call follow-up would be used to reach targets (minimizing phone administration overall)



Remaining Questions

1. How well do the surveys work for different segments of the population?
2. How do survey results relate to facility characteristics such as size and geographic location?
3. Explore additional relations among domains and items such as overall quality life, resident health, etc.
4. Additional analyses to confirm survey structures.
5. Analyze how domains should be reported for the report card.

In break-out groups...

- 1) What are your reactions to the resident and family survey results?
- 2) How do you feel about the proposed instrument changes? Do you have any additional suggestions?
- 3) What are your thoughts on the mode comparisons? Would you support a future Covid-19 plan that utilizes different modes, on an as needed basis?

Next Steps

State wide data collection will begin again for the 2022-2023 cycle this fall.

- 01 | Update instruments
- 02 | Finalize new Covid-19 plan
- 03 | Recruit and train interviewers
- 04 | Notify administrators
- 05 | Begin state wide data collection Fall 2022



Team

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



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Project plans for 2022-2023

- Scope of 2022-2023 resident and family survey data collection
- Increasing participation in resident and family survey data collection
- Quality measure development beyond resident and family survey results
- Developing a research plan to explore equity and assisted living services
- Possible policy proposals for 2023 legislative session
- Public launch of the Assisted Living Report Card website

Scope of 2022-2023 resident and family survey data collection

- In 2022-2023 we plan to collect data at facilities with a capacity to serve 20 or more people
 - Based on recent Department of Health data, that is about 780 facilities
- Throughout 2022-2023 we will consider our best options for increasing the scope of data collection in 2023-2024

Increasing participation in resident and family survey data collection

- Our goal is to launch a public report card website by the fall of 2023
 - Facilities that participate will be able to promote and share their public resident and family survey results/ratings with others
 - If a facility declines to participate in data collection, this will be listed on the report card website in place of a result/rating
- To increase participation, we will also:
 - Increase emails from DHS to providers, alongside formal DHS letters
 - Prepare and distribute timely facility-level reports, to get providers their results more quickly

Quality measure development beyond resident and family survey results

- Our goal is to define and design two or three quality measures based on Department of Health licensing survey and complaints data.
 - These first measures will likely focus on the quality domains of staffing, resident health outcomes, and/or safety
- Our goal is begin reporting results on these measures on the report card website during calendar year 2024
- Upcoming Advisory Group meetings will focus a lot on these goals.

Developing a research plan to explore equity and assisted living services

- Conduct a literature review and focus groups on equity and assisted living services
- Identify key research questions
- Identify data and information that will be needed to answer our questions, and avenues for obtaining the needed data and information

Possible policy proposals for 2023 legislative session

- To ensure broad participation in the Assisted Living Report Card and to help us understand Assisted Living services from an equity perspective, we are exploring two possible policy proposals for the 2023 legislative session
 1. Requiring licensed Assisted Living providers to participate in the Assisted Living Report Card resident and family surveys, when requested by DHS
 2. Seeking authority for DHS to request and receive basic assisted living resident demographic information from Assisted Living providers

Public launch of the Assisted Living Report Card website

- If we are able to collect data at 50% of in-scope facilities in 2022-2023, we plan to launch Assisted Living Report Card website
 - We would populate the website with facilities that have results/ratings
 - More discussion is needed about whether the website would include all providers or just the in-scope facilities
- At our next Advisory Group meeting, we plan to demo the draft website for you, to gather your feedback.

Next steps for the Advisory Group

- Meeting materials and meeting notes will be posted to the project webpage: www.mn.gov/dhs/assisted-living-report-card
- Advisory Group will be notified when 2022 reports are published
- Next meeting: this fall – to be determined
- Meeting topics:
 - Demo of the draft Assisted Living Report Card website
 - Further discussion on licensing survey quality measures
 - Progress report on resident and family survey data collection



Questions?

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