

Assisted Living Report Card Advisory Group Meeting

Date: 06/29/2023

Location: Zoom virtual meeting hosted by University of Minnesota

Attendance

Advisory Group Attendee	Organization
Todd Bergstrom	Care Providers of Minnesota
Jeff Bostic	LeadingAge Minnesota
Patti Cullen	Care Providers of Minnesota
Genevieve Gaboriault	OOLTC
Laura Orr	Minnesota Elder Justice Center
Dr. Jane Pederson	Stratis Health
Tom Rinkoski	AARP
Sam Smith	Alzheimer's Association
Kristine Sundberg	Elder Voice Family Advocates
Ann Thole	Minnesota Board on Aging

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

Agenda

- Welcome, roll call, introduction of new attendees, and overview of agenda
- Department of Human Services (DHS) present:
 - Updates on website launch and data collection
 - Review of licensing survey measures
- University of Minnesota Present:
 - Overview of the safety measures
 - Initial findings from analysis of investigations data

Website launch timeline by DHS

- June 2023- Vital Research completes 2022-2023 round of resident and family surveys
- July 2023- AL Report Card website design is finalized.
- September 2023- UMN produces the first round of resident and family ratings to be published on the AL Report Card.
- November 2023- AL Report Card website is released.
- December 2023- DHS announces AL Report Card launch to the public.

Data collection overview by DHS

- Providers with the capacity to serve 20 or more residents (n=785) were invited to participate in the 2022-2023 round of surveys.
- Resident interviews ended in May:
 - Interviews were completed at 464 (59%) of in-scope facilities.
 - Total resident interviews completed = 12,091
- Family surveys ended in June:
 - Family surveys have been completed at 198 (25%) of in-scope facilities.
 - Total family surveys completed = 11,448
- Providers with the capacity to serve 5 or more residents (approx. 1750) will be invited to participate.
- To enhance our capacity to achieve this increased scope of data collection, we are shifting to a rolling data collection model:
 - Data collection will begin in late 2023/early 2024 and last a full year.
 - Interviews will be conducted in one region at a time.
 - AL Report Card resident and family ratings will be updated quarterly.
- To ensure broad participation in the Assisted Living Report Card and to help us understand Assisted Living services from an equity perspective, M.S. 256B.439, subdivision 3 has been amended:
 - Requiring licensed Assisted Living providers to participate in the Assisted Living Report Card resident and family surveys, when requested by DHS
 - Granting authority for DHS to request and receive basic assisted living resident demographic information from Assisted Living providers

Advisory Group questions for DHS

Question: We've previously discussed that small facilities, I think less than 7 residents were not included due to concerns about ensuring the privacy of the individuals. Why in this next stage do you think you can protect the privacy of respondents from small facilities?

Response: We have previously not included facilities under 20 residents due to capacity rather than privacy. In smaller settings we need a higher response rate to protect privacy and to publish results. We are working with the Institutional Review Board at DHS to receive guidance on the minimum number of responses needed to be able to report results while still ensuring confidentiality. The IRB has recommended a 5-person minimum, and in facilities with the minimum, we would need a 100% response rate.

Question: How will facilities that don't have any data, for example if they are too small or don't have enough responses, be portrayed or not portrayed on the report card?

Response: There will be 2 indicators for facilities that don't have ratings for any of the measures. One of them will be "not available". That will be the largest group and will include facilities that are too small to be included or facilities that did not have enough participation. The other indicator will be "facility declined to participate". Explanations of the indicators will be provided in both the FAQ and via a hover over bubble explainer.

Review of licensing survey measures overview by DHS

- UMN has been asked to take the licensing survey and investigations data to build three measures from them: safety, staffing, and resident health. There will be an end result of a 5-star rating for each measure
- UMN reviewed over 200 tags that appear in the survey from MDH and identified which tags correspond to resident health, safety, and staffing.
- The advisory group provided feedback on tags. Feedback ranged from requests that all tags (n=40) be included to requests that a limited number (n=13 to 36) of tags be included.
- DHS will consider this feedback on licensing survey measures and will update the AG on our decisions in the coming months.
- Publication of the ratings is scheduled for early 2024

Safety measure overview by the U of MN

• Domain	• Sub-Domains	• Indicators
• Safety	<ul style="list-style-type: none"> • Resident empowerment opportunities/perceived safety • Accountability and continuous quality improvement • Policies around resident safety • Elder abuse • Safety culture 	<ul style="list-style-type: none"> • Regulatory compliance • Citations • Substantiated complaints • Safety culture indicators

Safety domain mapped tags overview

- 35 tags were mapped to safety
 - Reporting maltreatment and grievances- 10 tags
 - Emergency preparedness- 8 tags
 - Safety policy- 5 tags
 - Infection and disease management- 3 tags
 - Advocacy services- 2 tags
 - Relocations and transfers- 2 tags
 - Resident records- 2 tags
 - Background check- 1 tag
 - Medication management- 1 tag
 - Electronic monitoring- 1 tag

Safety domain scope and severity data

- Data from the first 150 representative surveys between September 2021 and May 2022
- Most tags were in level 2 meaning no actual harm with potential for more than minimal harm, but not immediate jeopardy
- Most commonly cited tags:
 - Requirement for facilities to have an emergency preparedness plan
 - The physical environment must be in good repair
 - Fire safety and evacuation plans
- New data from August 2021 through April 2023
- The new data is almost identical to the initial 150 surveys

Literature review of safety subdomains

- From the literature, we find a number of items make up safety and we call these subdomains. State statutes measure a few of the subdomain items that measure safety:
 - Policies around resident safety
 - Elder abuse
 - Safety culture
- Possibly supported by tags:
 - Accountability and continuous quality improvement
 - Resident empowerment opportunities/perceived safety

Large group discussion

Advisory group members were asked the following questions:

1. Which tags do belong in this measure? Why?
2. 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 regarding safety domain

Question: How are the safety tags treated when someone needs to apply for a waiver? For some of the life safety code areas, some smaller residential providers have had to apply for waivers, but they have to be cited before they can apply for the waiver. So how will facilities that know they cannot be in compliance with the fire code/building code but have go be cited before applying for a waiver be looked at?

Response: This issue needs to be brought back to MDH because this is a waiver of licensing requirements from MDH.

Follow-up comment: When a facility is cited, a plan of correction will note that they are applying for the waiver and they apply for the waiver simultaneously, but if the survey results only include the initial result and not the results that include the plan of correction, it will show up as a citation without any mention of the waiver.

Follow-up question: Are the providers that will be applying for these waivers going to be large enough to be included on the report card, or will they be too small for sample size and privacy reasons?

Response: The sample size and privacy concerns are only applicable to the resident and family surveys, but for the licensing information, all providers will be included because all facilities will have licensing reviews.

Follow-up question: How widespread is this issue? How many facilities/what percent will be likely to request a waiver?

Comment: At most, 6 out of 35 tags would be related to fire, safety, and physical environment. We can follow-up with MDH. If you submit this in writing, we can look in more detail.

Comment: I am sympathetic to the problem of providers having their report card score bumped due to a convoluted waiver process but want to mention that these areas are relevant for people trying to determine which assisted living provider they want to choose, to know that the buildings are safe and up to code. I would worry about dropping these tags entirely, and just want to reaffirm the importance of this information.

Question: What tags fall under immediate jeopardy (IJ)? There are similar issues with IJ. For example, in the data there were 94 tags issued that are listed as I. What are those? Does that mean something involving a resident? How serious are these violations usually, are they just that a staff member missed filing paperwork, or is it something like medication being stolen? Provider organizations have concerns about the scope being used in the report card because they believe it can make less serious offenses seem more serious if it's 2 staff members instead of 1 for example.

Response: We can bring this back to MDH to discuss. These measures include both scope and severity, and creating a different measurement for the report card from what MDH uses could cause issues. For reference IJ means immediate jeopardy, meaning resident(s) are at immediate risk.

- The top cited I tag was tag 1290 (cited 34 times)-employee background check
- Information for scope and severity:
<https://www.health.state.mn.us/facilities/regulation/assistedliving/faq.html#scope>

Investigations data

- DHS has asked the UMN to explore how MDH's investigations (complaints) data may be used for quality measures on the AL Report Card.

- We will only include substantiated maltreatment findings where the facility is found to be fully or partially responsible.
- DHS is currently considering whether to include investigations data in the safety measure or use this data to build a separate measure.

Complaints data and facility characteristics

- Based on preliminary results of survey deficiencies for staffing. This data is not finalized for resident health outcomes or safety yet.
 - Only substantiated maltreatment complaints over an 18 month look back period were included
 - Assessed correlations between facility characteristics and complaints data related to staffing
- There are 2,066 total licensed facilities, and they were classified by size, ownership type, geographical location, and if dementia care is provided (see slides)
- Total complaints received = 147 across 117 facilities
 - Small facilities are underrepresented with 52% of the total licensed facilities but made up only 20% of complaints, while very large facilities are only 7% of the total but made up 23% of complaints
 - About 80% of complaints are from for profit facilities, similar to the overall ownership numbers
 - Micropolitan and other metro areas were somewhat overrepresented while the Twin Cities metro was slightly underrepresented
 - Facilities with dementia care are very overrepresented, making up 66% of complaints but only 28% of the facilities

Staffing domain scope and severity tags

- Staffing tags were used for this presentation because they have already been created and discussed with the advisory group
- Comparing the scope and severity of tags between facilities that did receive a substantiated complaint to those that did not
 - No major differences found
- Future work will analyze correlations of safety and resident health outcomes tags with complaints data

Advisory Group questions for U of MN regarding complaints data

Question: I would expect some disparities based on facility size because larger facilities are serving more residents than smaller facilities. If the metric is just the number of complaints, then larger facilities will be likely to have more complaints simply due to their size. How can that be corrected for in the data?

Response: We run this data in a couple of ways. One method is just; have they received a complaint, yes or no. We can also adjust for factors such as size. Currently it is just yes, no, but we can look into other ways to break the data down.

Comment: I assume that the complaints include both self-reported issues and external issues. If MDH has a breakdown, that could be interesting because we want to encourage self-reporting.

Response: We have discussed how to handle this, and we obviously want to encourage self-reporting and the point of the report card is to incentivize better performance. One way we can address this is to only look at substantiated maltreatment complaints.

Comment: Some smaller facilities have a high percentage of residents on the CADI program. They are serving people under the age of 65 whose primary reasons for being in the facility are mental health issues. If a breakdown could be done by payer source, it could be interesting. It seems possible that a higher percentage of complaints will come from the younger residents.

Response: This data has been requested, we don't currently have access to payer sources, and we are showing all of the data we have.

Comment: The data on disparities by facility type related to dementia care is not surprising given that there are more challenges serving residents with dementia. We don't want to create an environment where specialized providers get bad marks on the assessment because they are trying to serve the hardest clients.

Response: We have retained a consultant with expertise in this area. We will continue this conversation as we get the data for the other areas because we currently only have staffing.

Comment: Perhaps as we review the information, the weighting of the measures might be an option

Comment: Agree that adjusting for size makes sense, both for complaints and also for survey tags generally. More clients means more chance of getting cited.

Comment: This is a complex issue, and I understand where the providers are coming from. A lot of the problems can be traced back to poor training of staff in memory care.

Question: There are some ALs with cycles of non-compliance, with both "regular" survey and complaint investigation findings--some of them are under directed plans as a result. Will there be a way in the report card to note those with non-compliance cycles/conditional licensure?

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: August 22nd, 2023 from 10:30am-12:00 pm

Appendix A: Advisory Group member large group discussion – safety domain

U of MN large group questions and Advisory Group responses

Safety tags, Question 1: What tags belong in the safety domain?

- How will we handle Life Safety Code related tags, where small providers will be seeking a waiver for this compliance, but they must be cited first? – Patti
- Tag 780 - fire code & Tag 850 - Life safety code are examples of this
- Fire code, etc. are important to resident safety and do seem meaningful to include. Take a nuanced approach to this, but would not recommend excluding altogether - Sam
- I am pondering the contents of the resident record tag and whether it is "process as imagined" vs. "process that achievable". In LTC and especially in AL, we struggle with what is the "source of truth" when it comes to medical/resident records. Ideally, it would be the chart closest to the person, however that is not how our state works as we do not have effective information exchange. In reality, a resident record may have all the boxes checked but the information in the boxes is not correct - not because of a failure of the AL staff, but due to a larger system failure that the AL does not have control over. - Jane