Assisted Living Report Card Advisory Group Meeting

Date: 04/08/2021
Location: Zoom virtual meeting hosted by University of Minnesota

Attendance

Advisory Group Attendee	Organization
Ann Thole	Minnesota Board on Aging
Jeff Bostic	LeadingAge Minnesota
Patti Cullen	Care Providers of Minnesota
Todd Bergstrom	Care Providers of 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

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

Observer	Organization
Linda Gustafson	Community Member
Becky Walsh	Managed Care Organizations (PrimeWest)

Agenda

- Welcome, roll call, introduction of new attendees, and overview of agenda
- Summarize outcomes from December 1, 2020 meeting
- Review existing data sources
- Possible future data sources
- DHS brief update on resident and family survey work

Summary of December 1, 2020 meeting

- Advisory Group members identified the staffing domain as the top choice for future meeting discussions. From the December meeting, members felt that staff retention, staff training, and staff ratios mattered most when measuring staff quality. They identified staff retention, staff training, and staff burnout as short-term priorities for staff domain discussions.
- Upcoming work is focusing on finding or creating data sources to measure staff quality.

Review of existing data sources to measure staff quality

- Staff from The Department of Human Services (DHS) and The University of Minnesota (U of MN) explored a number of existing data sources including information collected by the Office of Ombudsman for Long Term Care, Department of Employment and Economic Development and Department of Labor and Industry and determined that these data sources are not able to provide information to support the types of quality measures discussed by the Advisory Group.
    - One significant concern with data from these sources is protecting consumer and employee privacy and confidentiality. There are laws that limit whether and how data from these sources is shared, and it would not be possible to share it at the facility level.
- Staff from DHS and the U of MN are currently exploring existing data sources from the Department of Health (i.e., Assisted Living Licensing Surveys, Office of Health Facility Complaints) and the Board of Executives for Long term Services and Supports (BELTSS) to determine if any of these sources of data can provide information towards quality measures.

Breakout groups to discuss existing data sources to measure staff quality

Advisory Group members were placed into a breakout group that included 1 moderator and they were asked the following questions: 1) How do group members view the possibilities of these data sources? and, 2) Are there other existing data sources we should consider? Breakout discussions lasted 10 minutes. Appendix A provides discussion summaries for each of the 4 groups.

Possible future data sources to measure staff quality

Advisory Group members were asked about the possibility of using the following future data sources to measure staff quality:

- Provider-report data
- Employee satisfaction / experience survey (conducted by an independent firm)
- Administrator survey
- Other?

A summary of Advisory Group member reactions to possible future data sources can be found in appendix B.

Resident quality of life and family satisfaction survey pilot

- Pilot testing of resident quality of life and family satisfaction survey was conducted between September 2020 and March 2021 in collaboration with 46 facilities across the state.
    - A total of 441 resident surveys were completed by mail or phone call
    - A total of 548 family surveys were completed by mail or on-line
- Plans for additional pilot testing and statewide data collection in 2021 and 2022
    - Pilot test resident surveys in memory care settings through in-person interviews
    - Pilot test data collection methods for facilities with the capacity to serve 7 or fewer residents
    - Statewide implementation of resident and family surveys
- Plans for statewide resident and family survey data
    - The 1st year of statewide resident and family surveys will not support public rating of assisted living facilities.
    - Each facility will receive de identified results and some points of reference to compare their results to aggregated results for other facilities.

Summary of comments and questions raised at the meeting

- A group member commented that since we [Advisory Group] last discussed key areas around staffing quality, the issue of DEI (diversity, equity and inclusion) training has surfaced and many organizations are including this for their companies – should we be considering this?
    - This person further clarified that this type of training is for leaders. It seems that cultural education training should be for all staff, not necessarily leadership staff, and how can facilities implement DEI leadership training for all staff?

- A group member wondered about the concept of clinical training for assisted living staff. It seems it may be helpful to have an understanding of what we are expecting since many residents have a complex medical history. When compared to a nurse who works on an intensive care unit in a hospital, who has detailed clinical information readily available (labs, specialists, etc.), long-term care nurses usually work

with medically complex patients without the same resources and in many ways, they have a much broader skillset.
    - This person further commented that we need to put more thought into the training piece since it can be more complex than it looks. For example, it is not just sitting through a webinar on the most common clinical conditions you see in assisted living.
    - Another group member commented that not all assisted living facilities serve the same population and provide the same services.
        - A response comment was made that even those facilities who serve people that are considered less complex can actually have residents with a very complex combination of chronic conditions.

- A group member asked if DHS and U of MN have discussed that assisted living rules are still being considered, especially when it comes to staffing. Individual assisted living facilities offer a variety of services and staffing needs to support or match the types of services being offered. There are so many more questions about what is going to be expected from providers as a base minimum for staffing before we can even look at adequate staff to match services provided and training of these staff. How is DHS and U of MN going to look at or handle this conundrum?
    - DHS and U of MN acknowledge that new licensure details are still in the works, but there is a need to move forward to start exploring options. We are asking others what they currently have or would be willing to add to support quality measures. What are their processes set up for? What is the opportunity for sharing? How are you developing surveys and can we participate in the process at all? We may circle back with some of the data sources that have been ruled out once the new rules are decided. Right now we are just trying to investigate and understand the potential data sources.

- A group member wondered: Do all clinical services need to be supplied by facility staff? For example, people do self-administer IV medications – some assisted living residents can do it themselves or with the help of a caregiver of their choice. If we limit our thinking to facility staff needing to do everything, we may be too restrictive and no longer meet what people value about assisted living.
    - This group member encouraged creative thinking so that not everything and not every service has to be something that staff provide and how can we meet people's needs without creating huge staffing issues. We don't want to box ourselves in and become a different version of a nursing home.

- A group member commented that the individual needs of people served in assisted living and assisted living memory care are dynamic. Facilities market that a person can age in place. This requires the need to respond to the changing needs of the individual or entire person. How can this be measured?
    - After the resident quality of life and family satisfaction surveys, staffing was voted as the third priority to focus on, hence the ongoing discussions to measure staff quality. The next highly rated domain is resident health outcomes followed by safety. Resident health outcomes and changing care needs is an important quality metric and this comment highlights the importance of next steps for this group.

- A group member thought an issue to keep in mind is that the definition of what an assisted living facility "is", is still before the legislature and the current house version would expand the population significantly. The wording seems to state that independent living could be included and required to be measured with the same population that we presently think of as "assisted living".
    - DHS and U of MN will try to get clarification on the definition of assisted living and continue to bring this issue to meetings. If other group members find out more information on this topic, please reach out to the group.

- A group member offered a comment regarding the possible use of the Board of Executives for Long term Services and Supports (BELTSS) administrator license to support staff quality measures. The concept of administrator turnover is important, however it should be noted that in some facilities, it may look like there are several administrators or frequent changes in administrators when in reality, it may be that new staff are training under the current administrator. There should be a flag to look at the circumstances surrounding this if it is going to be measured.
    - The U of MN commented that it is good to work through how items are measured and what is a meaningful way to measure data - this will be shared with group.

- A group member commented that data from the assisted living licensure will most likely be useful 4-5 years from now given the complexity of implementing this and the ability to have a universal assisted living survey population in the near future.
    - U of MN commented that we have not specifically began discussing timelines yet.

Appendix A: Advisory Group member breakout discussion notes on existing data sources

Advisory Group members were asked to discuss the identified existing data sources that could measure staff quality. The questions were: 1) How do group members view the possibilities of these data sources? and 2) Are there other existing data sources we should consider?

Group 1 responses:

- Participants discussed the timeline for getting consistent and valid data from assessments which, due to the roll out process and the time needed to get through all the facilities, could be 4-5 years.
- Group members discussed using "staff retention" vs. "staff turnover" measures and the need to at least think through how these two things are different and which is more meaningful based on the purposes of the data DHS is trying to collect.
- We should think through concerns and considerations for the capacity of state agencies (MDH/DHS) to be able to efficiently collect, clean, and report data vs. going through a third party such as a consumer surveyor vendor- the latter would need more administrative support that may not be available/feasible. On the other hand, it seems the assisted living licensing process has some technical/technology-related challenges with regards to collecting and managing data in the system.
- There are limited opportunities to collect data outside of the sources discussed and there needs to be consideration that the data being collected represents one point in time.

Group 2 responses:

- Group members felt that there is still so much to learn from the Minnesota Department of Health (MDH) regulatory data and we need to see what this actually looks like. The first challenge will be to actually implement the license, then we can explore the survey data.
    - Board of Executes for Long Term Services and Supports (BELTSS) survey is similar. Many measures will be problematic until we sort through the first couple of years of implementation.
- Staff retention and training: Are there things within the MDH process that would capture information about this? Or could these be added?
- What's the outcome measure on workforce that people can respond to, and that's simple enough for various provider types to understand what we are asking without the need for MDH or DHS to follow-up or verify? Sometimes, providers can have a hard time understanding what we are asking.

Group 3 responses:

It is not clear how well assisted living license survey data or Office of Health Facility Complaints data will be able to support staffing related measures.

- Regardless of the quality domain, Office of Health Facility Complaints data will have to be used carefully. Many complaints are not substantiated and the weight and gravity of the complaints varies a lot. We also do not want to discourage providers from self-reporting complaints.

- Even if Office of Health Facility Complaints data does not support a report card measure, this information should be as accessible as possible for consumers. Consumers should be able to review complaints information and decide for themselves whether and how much the complaints matter to them.
- Concerns were expressed about the timeline for using licensing survey data. In general, stakeholders suggested that the first round of statewide licensing surveys should not be used for quality ratings, to allow everyone to get used to the new regulations.
- Achieving fewer staffing measures that really matter would be better than achieving other measures just because there is data available to support them. For example, if staff retention matters most we should identify/develop data to support that measure.

Group 4 responses:

- Licensing surveys may be a good source of data but we need to remember that less is more. Let's focus on 3-4 key measures and not too many measures that don't really matter.
- There is a lot of variation in assisted living facilities and we will need to develop a meaningful comparison. One may want to develop a "base" comparison that includes basic services as a metric.
- Measures chosen will impact the industry and you want to avoid the potential unintended consequences of measures - so choose ones that matter.
- We have too many publicly-reported measures that don't actually capture individual needs. We need to appreciate how measures will shape the field.
- Staffing is important as there are many residents that require "soft" staff skills. Some assisted living facilities are charging people to ask for help with phones or other non-clinical things because they are short-staffed. We need to develop a measure of overall staffing and we should continue to think about data collected by the Department of Employment and Economic Development (DEED) as their aggregate data may be helpful for overall staffing.

Appendix B: Advisory Group member discussion on additional data sources

- A group member wondered how to collect information without causing undo financial burden to small assisted living providers. Specifically, many larger organizations use a learning management system which can collect all staff training automatically, and many have third party organizations to conduct employee surveys. Many smaller or newer assisted living facilities do not have these resources. Can surveys and other collection methods be funded by other sources, especially for the smaller providers?
    - U of MN answered that bringing in an independent firm, so that sites do not need to do or pay for any data collection, has been discussed.
- Building off of the previous comments, another group member wanted to recognize that culturally specific older adult services tend to be smaller providers without infrastructure to collect data reporting measures and we need to think about and be mindful of how this impact is not equitable for communities of color.
- A group member commented that potentially using annual license renewal is a chance to get more data, but being mindful of not making it too burdensome is important too.