

Report Finds More AL Residents Pay For Own Stays

An increasing percentage of residents are paying for their own care, as family support has declined compared to 2006 levels, according to the recently published "2009 Overview of Assisted Living."

In 2009, 66 percent of residents reported being the primary payment source of their assisted living stays, versus 52 percent in 2006.

Conversely, family support seems to have declined greatly. In 2009, family support was cited 10.6 percent of the time, a significant decline from 34 percent in 2006.

"There appears to be a trend toward slightly greater self-reliance (over family support) and a small increase in Medicaid participation," the report says.

Medicaid participation accounts for 12.7 percent, according to the 2009 report, up from 8 percent in 2006.

To compile the report, five industry groups, including the National Center for Assisted Living and the American Health Care Association, distributed online surveys to their members during early 2009.

The latest edition updates data gathered in 2006.

According to the 2009 report, the median occupancy for all assisted living communities was 94.1 percent, while the median age of an assisted living community was nine years.

Since the same communities did not respond, in the best-possible comparison with 2006, "it appears that occupancy rates are about 1 percent lower today than they were three years ago," the report says.

Nearly all assisted living residences conducted a formal functional/physical assessment, while 89 percent reported conducting a formal cognitive assessment prior to a resident move-in.

Ninety-four percent of all survey respondents created a formal written service or care plan for residents.

—Lisa Gelhaus

The QIS Expert

Resident-Centered Quality: Toward A Universal Definition

Andy Kramer, MD, is a long term care researcher and professor of medicine who was instrumental in the design and development of the QIS.



Kramer

A recent experience in Toronto, Canada, has re-affirmed my commitment to the roll-out of the QIS process. I was asked to conduct a feasibility test of Stage 1 of the quality indicator survey (QIS) with nursing facility inspectors following the country's passage of a law that is very similar to the 1987 nursing facility reform law here in the United States.

The Long-Term Care Homes Act of 2007 is a resident-centered law that requires the creation of new compliance and sanction processes, as well as a new inspection process.

The goal of the legislation was to enable the Canadian government to monitor performance, minimize risks to residents, and ensure that residents enjoy the quality of life they deserve.

As part of this activity, they are implementing the minimum data set 2.0 and are considering adapting QIS to their facilities and processes.

To test the feasibility of using QIS methods in Canada, we were asked to train eight inspectors to conduct Stage 1 of the QIS in two facilities using the Abaqis Web-based system, which replicates the QIS logic.

Over the course of a week, the inspectors were trained and supervised as they assessed at least 40 census sample

residents and 15 admission sample residents for each facility.

The reports were reviewed, and each inspector was asked to rate all the questions with respect to their applicability to their residents and facilities.

We learned a great deal from this test. The vast majority of items could be used unchanged from their current wording, according to the inspector ratings.

The residents, staff, and inspectors who were asked to evaluate the process confirmed that the questions addressed

their concerns in relation to the goals of the new law, both in quality of care and quality of life.

All of the findings were reinforced by the enthusiastic support of a stakeholder group that includes provider, resident, and family

representation.

Is it surprising that the resident-centered constructs and questions in QIS are relevant beyond our borders? No and yes.

On a very basic level it makes sense that the concepts of resident-centeredness, quality of care, and quality of life are universal—these are truths about how frail elders deserve to be treated.

At another level, it is reaffirming that the same questions and tools that we use in the QIS are largely applicable to this transformation in Ontario, despite substantial differences in financing and organization of long term care in Canada.

'The concepts of resident-centeredness and quality of life are universal.'