

NATIONAL CENTER FOR ASSISTED LIVING

GUIDING
Principles

for Quality in Assisted Living

INTRODUCTION

The National Center for Assisted Living (NCAL) believes in quality improvement programs and performance excellence for the assisted living profession. Performance objectives, data collection, benchmarking, measurement of resident and family satisfaction and workforce development are some of the components of a quality improvement program. These tools may be used by providers, residents, family members and staff in providing quality services and care in assisted living communities (ALC).¹ Quality is unique to each individual and based upon their personal needs being met and supported through positive relationships with leadership and staff.

The assisted living profession continues to grow and evolve. The concepts and terms used in this document may vary from state to state and time to time and are intended to provide an aspirational framework to help promote a general understanding of quality principles in assisted living. The contents of *NCAL's Guiding Principles for Quality in Assisted Living* may represent some preferred practices, but do not represent minimum standards, "standards of care," or industry-wide norms for assisted living communities.

According to the National Center for Health Statistics' 2010 National Survey of Residential Care Facilities, about 750,000 people live in assisted living communities across the nation. Assisted living embraces a philosophy of person-centered care while providing assistance with physical activities and health-related needs. Assisted living communities also strive to meet the social, emotional, cultural, intellectual, and spiritual needs of its residents.

GUIDING PRINCIPLE #1: PERSON-CENTERED CARE

Person-centered caring focuses on meeting the individual resident's needs. Decision-making is directed by the resident to maximize their independence, and staff assistance is not task-oriented. Person-centered caring is based on the concept that the staff and management knows each resident, and understands their medical and personal history, their needs, preferences, and expectations. The staff form meaningful relationships with the residents and their family members.

Some ways to accomplish person-centered caring may include:

- Encouraging the personal development of residents, on an individual basis;
- Maximizing the resident's dignity, autonomy, privacy, socialization, independence, choice, and safety;
- Supporting lifestyles that promote health and fitness;
- Promoting family and community involvement; and
- Developing positive relationships among residents, staff, families, and the community.

Transitioning into Assisted Living

The process of moving into a new assisted living community may be an emotional

^{*} Assisted Living Community (ALC) is used in this document as a way to encompass the various terms identifying assisted living.

experience for some residents and families. How the leadership and staff of the assisted living community respond by assisting the resident and their family members in the transition process can set the stage for the resident's long term experience as a resident of the assisted living community. Caring staff may positively affect residents' adjustment by helping them navigate their new home. Recognizing that each resident has individual tools and methods of adjusting, staff should be educated to the resident during this transition. Staff provide the resident and their family members with a supportive attitude and a willingness to help them adjust to their new home.

GUIDING PRINCIPLE #2: ETHICAL PRACTICES AND FINANCIAL STEWARDSHIP

NCAL believes that all providers should operate their assisted living communities based on a foundation of trust. A foundation of trust includes consumer disclosure, ethical business standards and responsible financial stewardship. Providers should operate their communities and provide service with integrity and transparency.

GUIDING PRINCIPLE #3: COMMUNITY MISSION AND VISION STATEMENTS

Community mission and vision statements are two components of an assisted living quality improvement program. Mission statements are developed jointly by leadership and staff and incorporate a community's purpose and values. A mission statement should clearly define the community's purpose and values while a vision statement provides direction for growth and sustainability. Staff education in both mission and vision statements can positively affect the assisted living community's quality objectives.

GUIDING PRINCIPLE #4: QUALITY IMPROVEMENT

NCAL believes all assisted living communities should develop and implement a quality program that best serves the needs of the community's residents, families, staff, individual community, and the profession. Joining the National Patient Safety Organization for Assisted Living (PSO) supports the quality in our own community as well as the community at large.

Core components of a quality improvement program include:

- Data collection should have outcome, process, and structure measures and may include some or all of the following areas:
 - Staff retention and turnover;
 - Hospital readmissions;
 - Off-label use of antipsychotics;
 - In-house acquired pressure ulcers and screening;
 - In-house acquired of UTIs;
 - Vaccination rates for influenza and pneumococcal;
 - Staff and resident incidents;
 - Medication management systems;
 - Resident, family, and employee satisfaction;
 - Resident and family grievances;
 - Hospice utilization;
 - Depression screening and follow-up; and

- Dementia screening/assessment and follow-up.
- Analysis of the community's performance against defined objectives and benchmarks.
- Identification, development, and implementation of process improvements.
- Consistent reassessment for continued effectiveness.

Participation through the PSO allows communities to benchmark to other providers at a state-level and nationally. Benchmarking allows a community to focus on a specific quality improvement area(s) or set and measure goals related to a specific level of performance.

Improved Processes and Plans of Action

Once data has been collected and analyzed, alternative solutions and processes can be created to streamline the specific process for increased efficiency, enhanced quality, and improved customer satisfaction. Key to this step is the input from and brainstorming by all, including staff and leadership. It is important to not only utilize the staff that are closely related to the specific area of review, but also to utilize staff not as familiar with the chosen process for new and perhaps, unbiased perspectives. Once alternative solutions have been created and approved, an action plan for implementation may be created. The action plan could include a task list, who is responsible for each task, defined timeframes for tasks to be completed, and the development of tools for measuring whether the action has achieved the intended outcome.

Reassessment for Continued Success

The key to continuous quality improvement is an ongoing and collaborative process. Community leadership must keep up with ever-changing needs and expectations of residents and their families to be successful.

Customer Satisfaction

Customer satisfaction is an element commonly included in systems designed to measure quality. Customer satisfaction may be broken down into three groups: (1) residents, (2) family members of residents, and (3) employees. Resident and family satisfaction are highly individualized measures of quality. What one resident may be satisfied with may be completely opposite of what another resident or their family member deems important. It is important to measure the degree of satisfaction our residents and families have with the individual services offered in our communities. It is equally important to evaluate common satisfaction measures that communities can benchmark against other ALCs in their larger community and nationwide, such as overall satisfaction with the community and the likelihood of referring an assisted living community to a friend or colleague.

Resident customer satisfaction may include areas such as:

- Satisfaction with ancillary services (e.g., dietary, housekeeping, laundry, maintenance, transportation);

- Satisfaction with nursing or personal care provided to the residents (both scheduled and unscheduled needs);
- Satisfaction with medication management systems;
- Satisfaction with service planning for the resident and the level of participation in the process by the resident and family members;
- Adherence to the resident service plan; and
- Satisfaction with the timeliness of communication with residents and families about issues and concerns.

Accurate and timely resident assessment prior to the resident moving in and consistently thereafter may contribute greatly to resident and family member satisfaction with the community. Matching the needs and expectations of the resident and family member to the services and capabilities of the community are key to high satisfaction ratings.

The measurement of customer satisfaction may include these steps:

- Requesting the resident and/or family member complete a satisfaction survey on a regular basis.
- Allowing the respondent to remain anonymous in their completion of the satisfaction survey.
- Have an unbiased, independent third-party collect the completed tools and compile the data.
- Communicate results and targeted areas of improvement (based on those results) to the residents, family members, and staff in a timely manner.

Grievance Resolution Process

It is important to have a clearly defined process by which residents and families can express their concerns and grievances. The manner in which concerns are received and managed demonstrates an important measure of the assisted living community's commitment to quality of care and resident satisfaction. A structured concerns and grievance policy and process is part of person-centered care. When a community continuously addresses concerns and issues, higher levels of customer satisfaction can be attained.

Measuring Quality of Life

Quality of life encompasses many different aspects of daily life in assisted living. The components that may be measured to assess quality of life include:

- Providing an environment that allows choice and embraces a person-centered approach;
- Facilitating positive relationships and providing personally rewarding activities;
- Promoting the resident's religious and spiritual well-being;
- Respecting resident's privacy, autonomy, and dignity; and
- Supporting a level of independence a resident is able and encouraged to maintain.

NCAL acknowledges these areas as very important for the assisted living community to measure, but it is also aware that these areas are more difficult to benchmark because each resident has different standards that are highly individualized.

Workforce

Operational leadership is key to meeting the needs of our residents through the development and support of the workforce. An enhanced work environment leads to increased staff satisfaction, increased staff retention, and decreased staff accidents and incidents. Staffing related data may be collected on and analyzed on a regular basis. The following components, among others, may contribute to an enhanced work environment for all staff:

- Organizational commitment to staff;
- Training and education for all levels of staff;
- Career ladders and lattices that provide advancement;
- Recognition and rewards program;
- Resources needed to complete job available on a timely basis;
- Management training for all supervisory level staff;
- Timely and concise communication from the ALC's leadership; and
- Employee satisfaction surveys.

GUIDING PRINCIPLE #5: IMPLEMENTING THE QUALITY INITIATIVE

The Quality Initiative is an effort that builds upon existing work in the long term and post-acute care field by setting specific, measurable targets to further improve quality of care in America's skilled nursing centers and assisted living communities. NCAL members are encouraged to reach defined, concrete goals, in four core areas:

Safely Reducing Hospital Readmissions

Hospitalization is disruptive to elderly individuals and puts them at greater risk for complications and infections. Hospitalization also increases the likelihood of reduced functioning on return to the assisted living community. Hospital readmissions not only have the potential for negative physical, emotional and psychological impacts on assisted living residents, but also cost the Medicare program billions of dollars, in the aggregate. Preventing these events, when appropriate, is always beneficial to patients and has been identified by policymakers and providers as an opportunity to reduce overall health care system costs through improvements in quality.

Improving Staff Stability

Those who work most closely with residents are at the core of providing quality care. With a more satisfied, well-trained, and committed staff, providers see increased retention rates and fewer work-related incidents and injuries occurring in the workforce, all of which contribute to better overall performance of the community. The more consistent and dedicated the staff is, the more they understand and are able to effectively respond to each person's needs – reinforcing the long term care profession's commitment to delivering person-centered care.

Improving Customer Satisfaction

Just like any other business, assisted living communities must ensure that the customer is king. In long term care, the question that best captures the quality experienced by customers is their “willingness to recommend their assisted living to others as a good place to receive care.” Customer satisfaction ratings provide a rich source of information for people seeking long term care services for themselves or for a loved one. Many consumers already ask prospective communities for their customer ratings, and the trend is moving toward greater public reporting of resident and family community satisfaction.

Safely Reducing Off-label Use of Antipsychotics

A large number of the individuals in assisted living communities are living with some type of dementia. As dementia progresses for these individuals, behavior often becomes a key form of communication. This can be challenging for families and staff, and too often, antipsychotic medication is used in an attempt to modify behavior. The use of antipsychotic medication to treat behavior associated with dementia is not supported clinically and is considered off-label by the U.S. Food and Drug Administration (FDA), which issued a “black box” warning for the elderly with dementia. Antipsychotic drugs are expensive, costing hundreds of millions of Medicare dollars in the aggregate. They also increase the risk of death, falls with fractures, hospitalizations and other complications resulting in poor health and high costs.

The intent of the AHCA/NCAL Quality Initiative goal to safely reduce the off-label use of antipsychotics is to encourage alternative strategies for responding to challenging behavioral expressions in persons living with dementia before considering medications and to ensure that antipsychotic medications, when used, are as appropriate and safe as possible. To find more detailed information on dementia care, please see the *NCAL Guiding Principles of Dementia Care*.

CONCLUSION

Quality improvement in assisted living is an ongoing effort based on the needs and expectations of residents, family members, and staff. Long range success will occur when the assisted living community leadership recognizes that those needs and expectations change over time. Community operations, systems, and processes must also change and improve as customer needs and expectations change.

Note: The assisted living profession continues to grow and evolve as does NCAL’s perspectives on our changing profession. The contents of this document may represent some preferred practices, but do not represent minimum standards, “standards of care,” or industry-wide norms for assisted living communities. As always, an assisted living community is responsible for making clinical decisions and providing care and services that are best for each individual person. In addition, the contents of this document are for general informational purposes only and may not be substituted for legal advice.

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