



Assisted Living Quality Indicator Initiative

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Better health.
Best in health care.

Outline



- Overview of the FHA Assisted Living Program
- Description of Quality Indicators and Process
- 2008 Tenant Satisfaction Survey

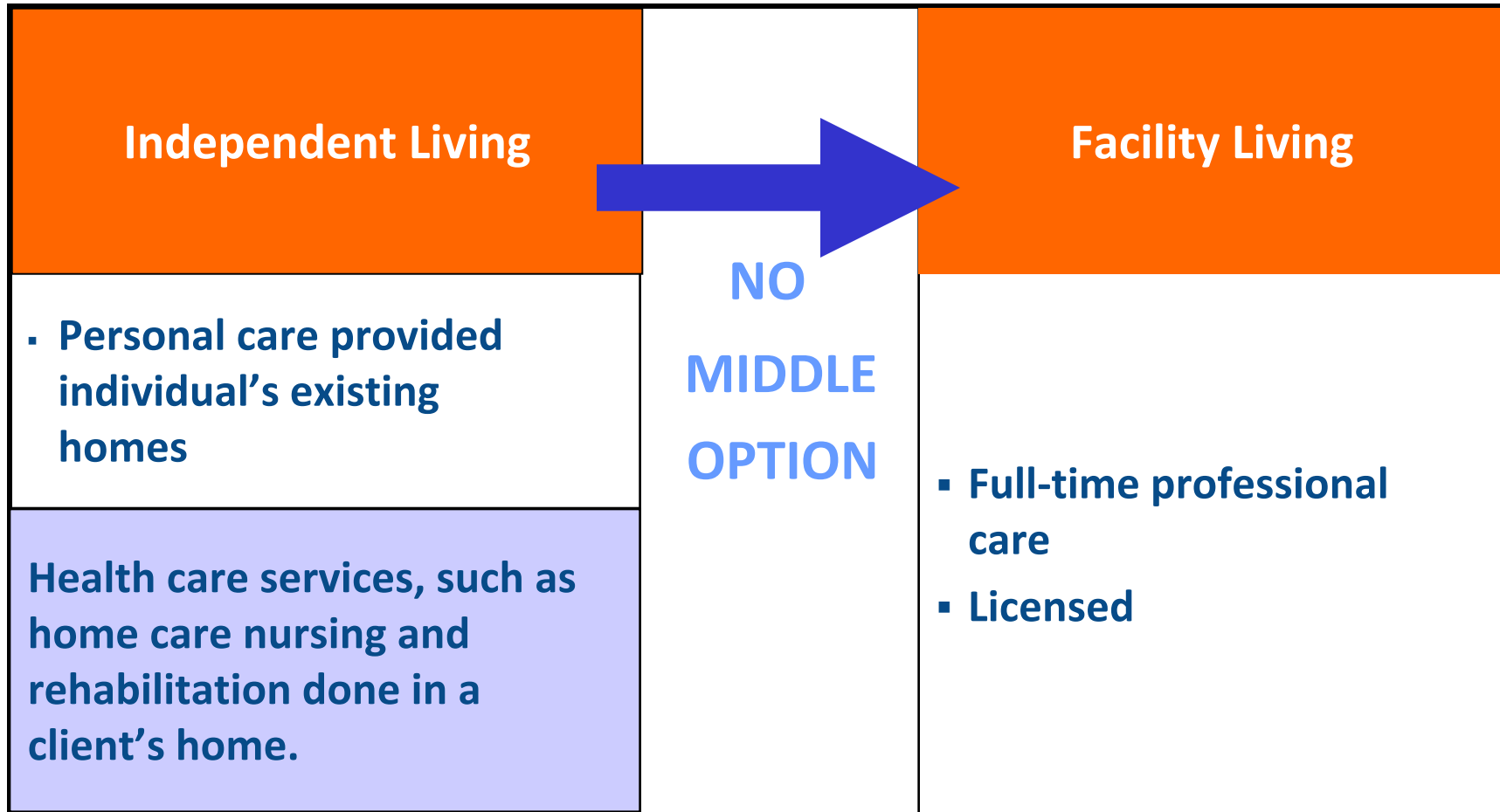
Assisted Living: Evolution



History pre: 2001

- Clients unable to live at home referred to residential care
- “Over care” prevalent in residential care
- Long waitlists for residential care
 - Intermediate Care
 - Extended Care

Care Continuum-Pre 2001



Changes to Home & Community Care Policy



2001

- Eligibility for residential care changed
- Only people with complex care needs eligible
- Old 'intermediate care' level no longer available

Enter Assisted Living



2003: New middle option between home health and residential care

- Clients require personal care and supportive services
- Clients have ability and desire to self direct
- Clients meet provincial eligibility criteria

Assisted Living: Philosophy



- Promotes self-direction & personal decision making
- Emphasis on having choices & continued responsibility
- Supports dignity through privacy, individuality & control
- Supports couples

Assisted Living Residence (Liberty Place-Young Adults)



Assisted Living Residence



Bedroom

Suite



Assisted Living Today



- 30 Assisted Living sites in FHA
- 1314 Assisted Living units
- Target communities for Japanese Canadians, South Asians, First Nations, and Young Adults
- Statistics 2008
 - Age range 24 to 101 years
 - Average age – 84 years

Fraser Health Authority

Average Length of Stay (ALOS) *



Stay Period	Resident Status	Number of Days	Average Years
ALOS	Current Residents	705.15	1.93 years
ALOS	Upon Discharge	541.85	1.48 years
Maximum ALOS	Current Residents	1087.0	2.97 years
Minimum ALOS	Current Residents	412.3	1.13 years
Median ALOS	Current Residents	681.9	1.86 years

* For those sites open for at least 2 years as of January 2008

Assisted Living FHA 2007 Turnover – All Sites



		Percentage (%) of Movements
Deaths	76	27%
Transfer – AL to Res. Care	108	38%
Transfer – AL to Hospital	63	22%
-Died in Hospital	12 (19%)	
-Transfer – Hospital to Res. Care	40 (64%)	
-Transfer – Hospital to “Other”	11 (17%)	
Other (Hospice/Community/Other AL)	37	13%
TOTAL	284	

Assisted Living PERFORMANCE MEASUREMENT



Just measuring our performance...

Performance Measurement



Purpose: To develop Quality Indicators for Publicly Funded Assisted Living in Fraser Health

Task Group Representation from:

- Assisted Living Providers
- Assisted Living Case Management
- Better Care Assisted Living (BCAL) Software
- Consultant for Tenant Satisfaction
- Fraser Health Falls and Injury Prevention
- Fraser Health Decision Support Services
- Fraser Health Assisted Living Management

Assisted Living

Goals



- Delay admission to higher levels of care and reduce length of stay at such care levels
- Reduce health care utilization costs while optimizing cost efficient health care
- Improve illness prevention and health promotion activities
- Optimize healthy outcomes and quality of life
- Optimize tenant satisfaction
- Optimize autonomy and independence

Adapted from Assisted Living Goals draft prepared by Dr. J. Kozak and the BC Home & Community Care Research network (BC HCCRN)

PERFORMANCE MEASUREMENT

Background Information



- Health System Performance Measurement endorsed by provincial and federal governments and international organizations (e.g., WHO)
- Health system performance is a concern of governments and the public, driven by factors such as:
 - Rising costs
 - Increasing demands
 - Aging populations
 - Variations in quality of practice
- FHA performance indicator development ties into the provincial Assisted Living performance management initiative

QUALITY INDICATORS

Requirements



Selected Indicators:

- Be accepted and meaningful to the key stakeholders
- Be simple, logical and repeatable
- Be feasible and economical to collect
- Produce meaningful results
- Be timely and available for decision making
- Facilitate/drive appropriate action

QUALITY INDICATORS

Process



- Literature review
- Performance frameworks developed by FHA Residential Care and FHA Mental Health and Addictions Services
- Performance indicators developed by the Provincial Assisted Living Standing Committee
- Input from members of the Task Group

Assisted Living

5 Quality Indicators



1. Tenant length of stay & reasons for exit
2. Incidents of medication assistance/administration errors
3. Tenant Falls
4. Total care staff hours per tenant day
5. Tenant satisfaction

Quality Indicators

Data Collection



- Data first 4 indicators collected quarterly – started Q4 2008
- BCAL built Quality Indicators into the software program
- Assisted Living staff input data using BCAL software
- Satisfaction survey data collected every other year – 1st survey August 2008 (pilot June 2008)
- Data transferred to FHA Decision Support Service for analysis and production of the Balanced Score Card

Challenges Development Process



- Assisted Living Provider apprehension re: evaluation (use of data, confidentiality)
- Assisted Living Provider uncertainty/skepticism re: value of data
- Time investment during indicator development phase

Strengths



- Expert knowledge of task group members
- In-house decision support to collate data for distribution
- Availability of funding
- Indicators meet provincial performance management requirements

Implications for Policy and Practice



- Identify areas of strength in program
- Identify gaps in program delivery
- Determine appropriate resource allocation (human and financial)
- Assist to determine if FHA is meeting AL service provision mandate

Assisted Living QUALITY INDICATORS Tenant Satisfaction



SETTING TARGETS

2008 FHA Assisted Living Tenant Satisfaction Survey



Overview of Process

- March 2008
 - Review of existing instruments by task group
 - Decision to adapt Ohio Department of Aging Resident Satisfaction Survey
- June 2008
 - Survey pilot at 5 sites
- August 2008
 - Survey mailed to tenants at remaining 26 sites

2008 Survey Instrument



- 42 questions in 10 domains
 - Activities
 - Choice
 - Care/Service
 - Staff Relations
 - Staff Responsiveness
 - Communications
 - Meals/Dining
 - Laundry
 - Building Environment
 - Resident Environment

2008 Survey (cont.)



- Space provided for comments
- Included demographic questions
 - Gender
 - Age
 - Education
 - Assistance with ADLs
 - Self-rated health
 - Length of stay

Survey Process



- Survey packages mailed directly to all FHA funded Assisted Living tenants
- Each package contained:
 - Cover letter
 - Survey instructions and 10 page survey
 - Postage-paid return envelop
- Reminder postcard mailed to all tenants two weeks after mail-out of package

Survey Process (cont.)



- Survey process
 - completely anonymous
 - surveys identified by a number only
- Tenants had two weeks to complete & return survey
- Surveys returned directly to consultant

Survey Response Rate



- Total of 1,150 surveys distributed
- 798 returned (overall RR = 69.4%)
 - Pilot: 279 surveys distributed, 204 returned (RR=73.1%); range 55.6%-82.9%
 - August wave: 871 surveys distributed, 594 returned (RR=68.2%); range 51.3%-82.9%

Tenant Demographics (n=794)



- **Gender**
 - Male – 20.3%, Female – 77.7%
- **Mean age**
 - 83.3 years
- **Highest level of schooling**
 - < Gr.8 – 11.8%
 - Gr. 8 to 11 – 19.4%
 - Gr. 12 – 37.9%
 - Technical/Trade – 12.3%
 - College/University – 12.8%
- **ADL assistance required**
 - Bathing – 62.2%
 - Medication admin/assist – 37.9%
 - Dressing – 18.4%

* Percentages do not necessarily total 100% due to missing data

Tenant Demographics (cont.)



- **Self-rated health**
 - Very Good – 5.5%, Good – 35.9%, Fair – 44.3%, Poor – 6.2%, Very Poor – 0.8%
- **Length of time in building**
 - 1.5 years
- **Completed survey**
 - By self – 51.9%, Help from family/friend – 39.3%, Help from staff – 4.3%

Mean Domain Scores (26 Sites)



Domain	Mean	SD	Range		Threshold	
			Min	Max	Min	Max
Activities	89.2	5.1	77.0	96.3	84.1	94.3
Choice	97.9	1.4	93.4	100.0	96.5	99.3
Care/Services	90.0	3.8	84.7	97.8	86.2	93.8
Staff Relations	96.8	1.6	94.1	99.2	95.2	98.4
Staff Responsiveness	93.1	3.9	85.0	98.8	89.2	97.0
Communications	91.7	3.2	84.4	96.9	88.5	94.9
Meals/Dining	85.5	4.8	76.9	94.7	80.7	90.3
Laundry	97.2	2.0	92.6	100.0	95.2	99.2
Building Environment	96.0	3.2	85.5	99.5	92.8	99.2
Resident Environment	97.0	2.0	92.8	100.0	95.0	99.0
Overall Satisfaction*	93.3	2.2	89.6	96.9	91.1	95.5

* Average of all survey items

Question Scores



- Majority of questions received satisfaction scores >90%
- Provincial indicator
 - “Overall satisfaction with quality of care” = 94.7%
 - “Overall satisfaction with hospitality services” = 96.2%

Survey Comments



- More than 2/3 of respondents provided written comments
- **Activities**
 - Importance of advanced notification
 - Programs of sufficient variety & interest (especially for visually impaired)
- **Staff Relations & Responsiveness**
 - Highlighted kind, compassionate & professional nature of staff
 - Difficulties understanding softly &/or quick spoken staff & those for whom English is not a first language

Survey Comments (cont.)



- **Meals & Dining**
 - Importance of plain, home-style cooking
 - More fruit & vegetables
 - More frequent menu rotation
- **Building Environment**
 - Issues of accessibility
 - Proximity to shops & services
 - Guest suite for out-of-town guests
- **Resident Environment**
 - Secure spot in which to store valuables
 - Staff entering suite unannounced
 - Apprehension regarding fire risk & safety procedures

Feedback from Tenants



- 10% of respondents commented on survey itself
- Majority found it easy to read/understand/complete
 - Visually impaired found it more difficult
 - Some struggled with response categories
- Expressed appreciation for the opportunity to provide feedback – optimistic that feedback would be incorporated
- Importance of anonymity of survey

Conclusions



- Mail-out survey is a practical & affordable option for soliciting tenant feedback
- Scores & comments provide timely & relevant information regarding quality improvement
- Survey frequency best every 2 years:
 - Avoids tenant survey fatigue
 - Allows sites enough time to develop and implement quality improvement strategies

“If I cannot live in my own home, this is the best alternative ... I’m very happy here; it’s as good as it gets!” – AL Tenant



THANK YOU

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