

Quality Assurance and Quality Improvement in Assisted Living



State of Wisconsin Department of Health Services

Division of Quality Assurance

Bureau of Assisted Living

In collaboration with

Division of Medicaid Services, University of Wisconsin-Madison,

and

Wisconsin Coalition for Collaborative Excellence in Assisted Living

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Overview

The Bureau of Assisted Living (BAL), within the Wisconsin Department of Health Services (DHS) Division of Quality Assurance (DQA), is responsible for protecting and promoting the health, safety, and welfare of residents and tenants living and receiving care in assisted living facilities regulated by BAL. Assisted living facilities regulated by BAL include Adult Day Care Centers (ADCCs), 3-4 bed Adult Family Homes (AFHs), Community-Based Residential Facilities (CBRFs), and Residential Care Apartment Complexes (RCACs). The assisted living providers are responsible for the safety, welfare, and health of their residents and clients.

Across the country and in Wisconsin, the number of assisted living facilities continues to increase. Wisconsin experienced a 9.8% increase in the number of assisted living facilities between the years 2015 (3,881 facilities) and 2020 (4,262 facilities). The resident/client capacity increased 17.2% in the same timeframe: from 54,383 residents/clients in 2015 to 63,723 residents/clients in 2020. Complaints reported to BAL regarding assisted living facilities increased 63%: from 1,117 complaints received in 2015 to 1,820 complaints received in 2020.

Assisted living facilities accept residents with increasingly complex medical and mental health conditions, although not all assisted living facilities are designed to serve individuals with complex needs. BAL seeks to ensure regulatory compliance so residents are safe and properly cared for despite a growing and increasingly complex assisted living landscape.

As the assisted living industry continues to expand in Wisconsin, how do BAL and providers ensure the safety, welfare, and health of the assisted living consumers? In April of 2021, BAL, in collaboration with the Division of Medicaid Services (DMS) and University of Wisconsin-Madison, invited employees of assisted living facilities to participate in a quality assurance (QA) and quality improvement (QI) survey to identify commonly used practices of QA/QI in assisted living facilities. The survey asked respondents to think about quality assurance and improvement efforts in their assisted living facilities (ALFs) and asked for their advice about assisted living quality assurance and improvement for the future. The survey also sought to learn about ALF involvement with the Wisconsin Coalition for Collaborative Excellence in Assisted Living (WCCEAL). WCCEAL is a group of dedicated people organized to improve the outcomes of

individuals living in Wisconsin assisted living facilities. In 2009, WCCEAL was formed to redesign the way quality is ensured and improved for individuals residing in ALFs. This public/private coalition utilizes a collective impact model approach that brings together the state, the industry, the consumer, and academia to identify and implement agreed-upon approaches designed to improve the outcomes of individuals living in Wisconsin ALFs.

The Survey

A DHS webpage was dedicated to contain and share information solely related to the anonymous, online survey. The survey included an assortment of questions ranging from what QA/QI techniques are frequently used by an ALF to questions asking the respondent to describe their ALF's approach to managing grievances or external complaints. The survey included specific multiple-choice questions and open-ended comment boxes, among other survey question formats. Outreach related to the survey was accomplished through a variety of methods including multiple email communications via GovDelivery subscription service, contact with Managed Care Organizations (MCOs) asking them to recruit their provider network, presentations at BAL's assisted living forums, word of mouth by BAL surveyors, an informational paragraph included in BAL staff email communications, WCCEAL advisory group, and WCCEAL and Clinical Resource Center (CRC) webpages.

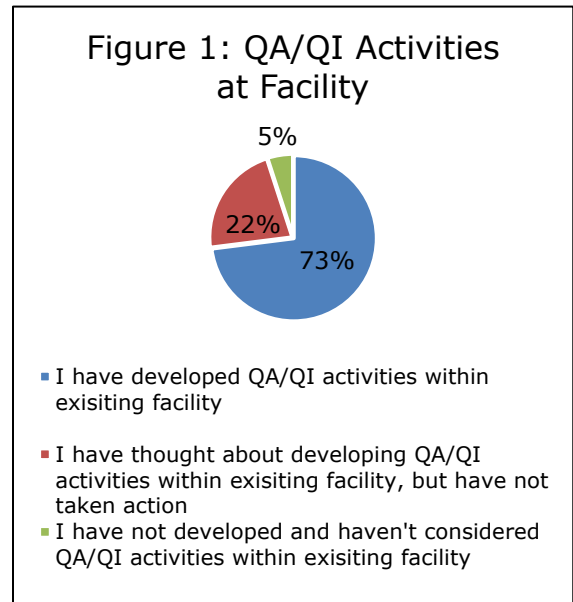
Demographics

Collectively, the survey received responses from all assisted living provider types, though CBRFs (121; 45%) and 3- to 4-bed AFHs (101; 37%) represented the majority of responses. When reviewing the size category (beds, apartments, participants) most representative of the ALF the respondent was affiliated with, responses varied in size with 3-bed to 4-bed AFHs being the largest representation with 87 responses or 33%, followed by 21-50-bed CBRFs (60; 22%), 9-20-bed CBRFs (52; 19%), more than 50-bed CBRFs (37; 14%), and 5-8-bed CBRFs with the smallest representation of 32 responses or 12%. Lastly, participants holding management roles, including administrators (115; 43%), licensees (75; 28%), regional staff (14; 5%), and quality assurance/improvement staff (6; 2%), heavily represented the primary employment category. However, it

is notable that direct care staff (41; 15%), nursing staff (15; 6%), and ancillary staff (4; 2%) represented nearly a quarter of the survey respondents.

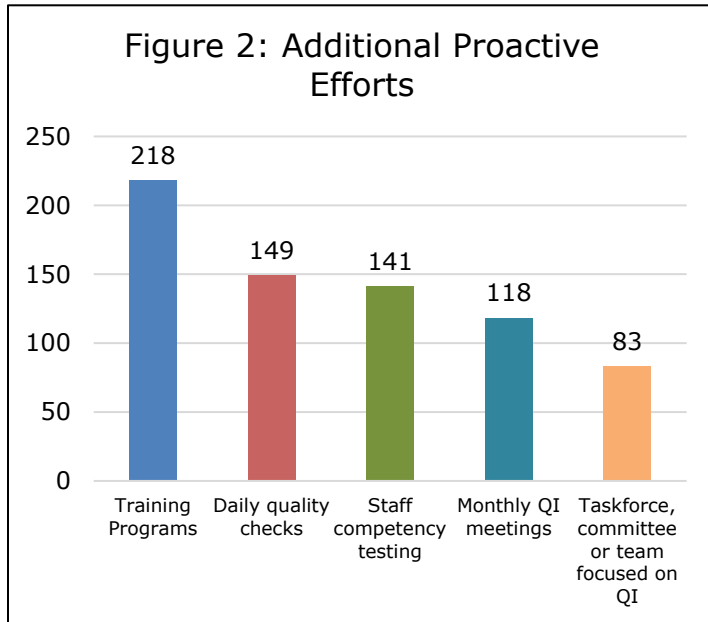
Quality Assurance and Quality Improvement (QA/QI)

When asked to indicate the level of agreement with listed statements regarding the respondents' knowledge and opinions about QA/QI, the overwhelming majority, or 73% of respondents, agree they have developed organized QA/QI activities within their facility (figure 1). 22% of respondents indicate they have thought about developing organized QA/QI activities within their existing facility, but have not taken action yet. The remaining 5% explained they have not developed organized QA/QI activities within their existing facility and, in addition, have not considered it previously.



Summary of open-ended comments in response to a question about prominent monitoring activities used to identify potential regulatory issues:

- Internal or peer compliance audits and inspections (mock surveys, checklists, WCCEAL tools) (96; 35%)
- Health measures and record reviews (falls, weight, infections, changes in condition) (72; 27%)
- Resident/family/employee feedback, complaints, and communications (satisfaction surveys, interviews, meetings) (66; 24%)
- Supervision, oversight, monitoring, and staff rounding (60; 22%)
- Information gathered from DQA and assisted living associations (memos, assisted living forum, GovDelivery communications) (57; 21%)
- Skill checks and training (general, medication administration, infection control) (39; 14%)
- Facility policy, procedure, and regulation review (30; 11%)



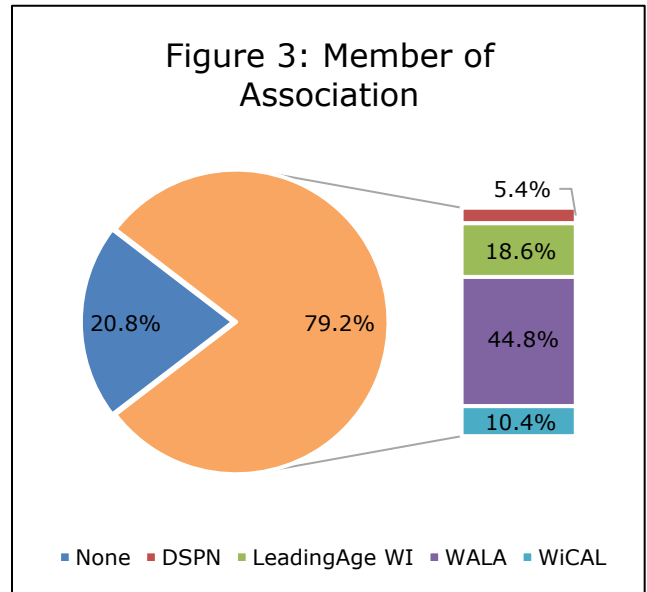
The top five additional proactive efforts respondents communicated to assure and improve quality included training programs (218; 80%), daily quality checks (149; 55%), staff competency testing (141; 52%), monthly QI meetings (118; 44%), and a taskforce, committee or team focused on QI (83; 31%) (figure 2).

Respondents reported the following approaches to managing grievances or external complaints:

- Open door policies with accessible methods for residents, family, or employees to communicate concerns via a complaint form or contact information.
- Responding quickly to grievances received by interviewing the complainant to listen and understand the reason for the complaint from his/her point of view, as well as, complainant's expectations of possible resolutions.
- Gather involved parties and investigate thoroughly.
- Discuss the findings and document all efforts related to the complaint.
- Follow-up after the complaint is resolved and reevaluate solution as needed.
- Involve the local ombudsman, grievance agent for county, or Aging and Disability Resource Center (ADRC) contact as a resource.

Assisted Living Associations

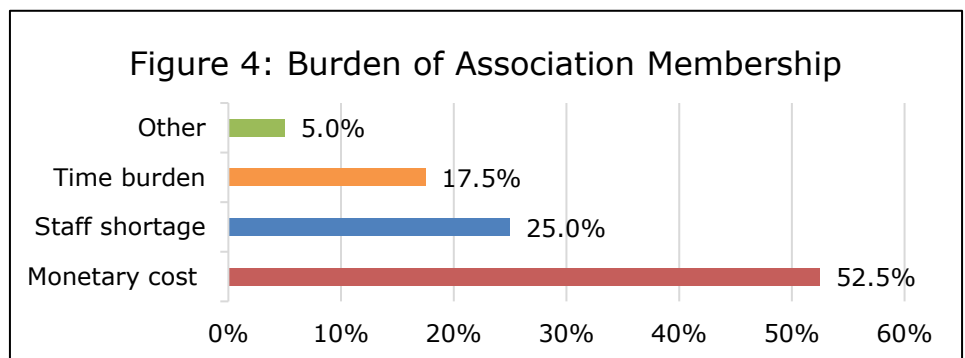
The majority of respondents, were affiliated with an ALF that was a member of a Wisconsin assisted living provider association (figure 3). Associations included Disability Service Provider Network (DSPN), LeadingAge Wisconsin, Wisconsin Assisted Living Association (WALA), and Wisconsin Center for Assisted Living (WiCAL). For respondents affiliated with an ALF that was a member of an association, an additional question was asked to determine if the ALF



participated in the association’s QI program. Of these responses, 43.3% reported their ALF was not involved in the association’s QI program. The leading reasons were due to not having enough information (42; 35.9%), the burden being too high (cost, time, resources) (38; 32.5%), or the respondent reported having their own QI program (25; 21.4%).

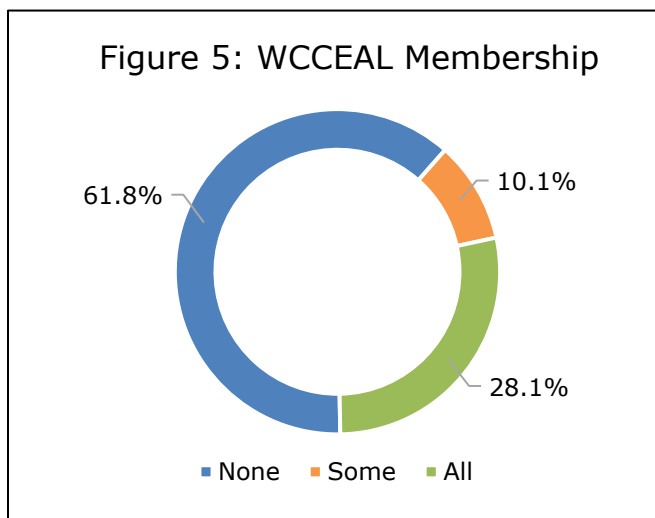
For the 20.8% of respondents who explained they were not a member of an association, additional questions were asked to determine the reason. The top two reasons reported were the burden being too high (cost, time, resources) at 26 votes and not having enough information at 25 votes, with the remaining options of being part of another local/state/national association at 12 votes and not seeing the benefits of being a member of an association at 7 votes.

When being a member of an association was indicated as burdensome, the main cause was due to monetary cost (for example, fees) followed by staff shortage and time burden (figure 4).



WCCEAL

ALFs interested in joining WCCEAL are required to comply with membership conditions and duties as explained in [WCCEAL’s membership rules](#). Membership conditions state the ALF must have an assisted living license, be a member of an association, and participate in the association’s quality improvement program. In addition, the ALF must not have any extreme regulatory action issued by BAL.

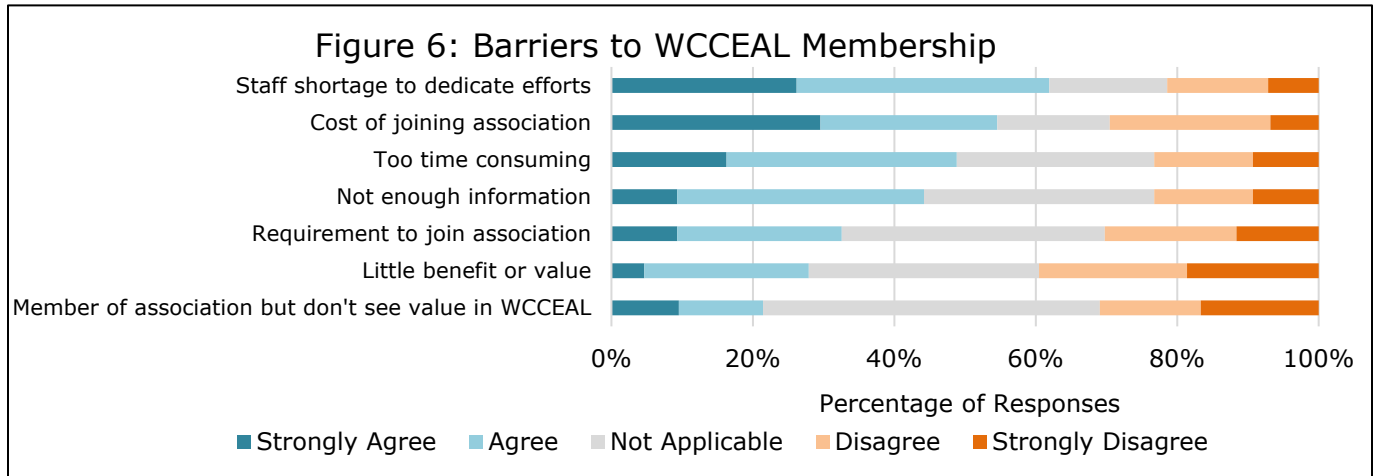


Respondents were asked if one or more of the ALFs with which they were affiliated was a member or former member of WCCEAL. The majority, 61.8% or 165 respondents, explained none of the ALFs with which they were affiliated were members or former members of WCCEAL while 28.1% indicated “Yes, all of them” and 10.1% designated “Yes, some of them” (figure 5).

Of the 102 respondents who were affiliated with an ALF that is a member or former member of WCCEAL, satisfaction of overall experience with WCCEAL remained high with 38% being very satisfied, 37% satisfied, 23% neutral, and 2% dissatisfied.

Of the 165 respondents whose ALF with which they were affiliated was not a member or former member of WCCEAL, 72.6% explained they had not heard of WCCEAL. For the 27.4% of respondents who had heard of WCCEAL, the primary methods were from assisted living associations, assisted living forum or consumer town hall, and word of mouth.

Similar themes were recognized in barriers to becoming a member of WCCEAL as burdens to joining an assisted living association and participating in the association’s quality improvement program. Barriers to WCCEAL membership included insufficient staff, association dues, and time commitment. (figure 6)



Survey Considerations

It is important to recognize the weaknesses of the survey and survey results when considering how the results may influence decision making. The survey captured data from only a small fraction of state licensed ALFs. With around 4,200 regulated facilities during the time of the survey, only 271 total responses by individual assisted living employees were received and 26 of those surveys were only partially completed. By being aware of the lack of inclusion of all providers throughout Wisconsin, it is well noted that the true awareness and involvement related to QA/QI programs may differ greatly from the sample included in the survey.

In addition, it is worthwhile to comment on the perspectives reflected in the survey responses based on employment category. As mentioned previously, the majority of responses received were from provider employees holding management positions. QA/QI programs are intended to involve all roles within a facility. The lack of balanced responses from all employment categories results in incomplete data describing perceptions of QA/QI programs in facilities.

The Solution

Traditionally, when a facility would receive a Statement of Deficiency (SOD) from BAL, the provider was required to complete and submit a Plan of Correction (POC). The POC would describe the corrective action the provider would take to address the cited violation or deficiency. On October 1, 2020, BAL implemented a No Plan of Correction initiative. This initiative transitioned BAL from routinely requiring providers to submit a POC for SODs. Instead, the provider is ordered to comply with the requirements and correct the violation within 45 days.

The health, safety, and welfare of Wisconsin consumers are top priorities for BAL. By identifying violations of state law, BAL ensures providers adhere to the rules and requirements.

Internal quality assurance and improvement involve continuous activities that promote the model of plan, do, check, and act (PDCA). As part of the Bureau's focus on quality improvement in assisted living, the provider is encouraged to formalize an internal system to respond to a statement of deficiency.



It is recommended the provider implement an internal system that contains all of the following:

- What corrective action and system changes will be made to ensure insufficient services are corrected and regulatory compliance is maintained?
- Who is responsible for monitoring for continued regulatory compliance?
- Date of completion for each corrective action
- Collect and analyze data (consumer/legal representative satisfaction, mock surveys, tracking/trending of quality metrics such as admission processes, falls, staff retention, caregiver misconduct, etc.)
- Detect and respond to violations of state licensing/certification surveys of assisted living regulations
- Continuous evaluation of assisted living facility systems, processes, and policies

Provider Barriers

The lack of an internal QA/QI program as a barrier was common theme among respondents. Primary reasons for not having an internal QA/QI program involved cost and insufficient time and/or staff. Other reasons reported included statements such as “usually receive deficiency free BAL surveys” or “already doing well.”

Provider Motivators

Survey respondents were asked to rank what dimensions of quality were the most important. The highest rankings included: 1. Safety, 2. Resident and family satisfaction, and 3. Resident health outcomes/adverse incidents/mental health/psychosocial well-being. In addition, the top five motivators to implement a QA/QI program from respondents revolved around one key term – *satisfaction*.

1. High resident satisfaction
2. Fewer negative outcomes with residents, families and/or operations
3. High family satisfaction
4. High staff satisfaction
5. High staff retention

Compared to other motivator options to implement a QA/QI program that were ranked the lowest, such as insurance discounts (#11), lower overall costs (#10), and higher census (#9). QA/QI programs fully support better-quality satisfaction by identifying gaps or opportunities for improvement in services offered.

Getting Started

Providers shared their commonly used practices related to their QA/QI programs' success and the necessary steps to get started. They explain a successful QA/QI program requires a resilient focus, continuous commitment to improvement, ongoing effective and open communication, a consistent team-wide approach, collaboration and networking with peers or partners, and access to valuable resources including education and training.

Recommendations

Quality assurance and quality improvement are terms that will continue to be used in discussions among BAL, providers, and stakeholders. Encouraging providers to become familiar with QA/QI and assisting providers to access

information regarding QA/QI are goals of the Bureau. BAL should consider the following recommendations when looking to encourage providers to explore options to formalize an internal QA/QI program within their facilities.

Recommendation 1: Develop a DHS webpage dedicated to QA/QI for assisted living providers.

Wisconsin assisted living regulations do not include the requirement for facilities to develop and maintain an internal QA/QI program. A DHS webpage focused on QA/QI content for assisted living providers would supply a place for BAL to encourage providers to formalize an internal QA/QI program. The webpage would include links to the BAL Assisted Living Forum, RESOLVE Forum, Wisconsin assisted living associations, WCCEAL, as well as other resources as appropriate.

Recommendation 2: Resume the RESOLVE Forum or Modify the BAL Assisted Living Forum.

The purpose of the RESOLVE Forum was to create opportunities for DQA-BAL, DMS-Bureau of Programs and Policy, assisted living associations, and the provider community to share information, address regulatory and funding issues, and to provide the opportunity to engage in interactive, productive, and meaningful dialogue. The RESOLVE Forums were held in 2018. Previous presentations and information are available on the [RESOLVE Forum webpage](#). By resuming the RESOLVE Forum, involved participants demonstrate their commitment to sustainable QA/QI efforts.

As an alternative to resuming the RESOLVE Forum, another recommendation is to modify the BAL Assisted Living Forum. This would include inviting the participants from the RESOLVE Forum to the BAL Assisted Living Forum to host educational sessions regarding QA/QI topics.

Possible topics include the following:

- Plan, Do, Check, Act (PDCA) model
- Root cause analysis
- Essential components of a grievance procedure
- Staff participation and coaching in QA/QI
- QA/QI programs such as WCCEAL

Recommendation 3: Enhance the Department-Approved Assisted Living Administrator's Training Course requirements related to QA/QI.

The University of Wisconsin-Green Bay is authorized through an interagency agreement to approve the curricula for the Department-Approved Assisted Living Administrator's Training courses. Quality assurance and quality improvement are topics to be covered within the leadership and management skills core area. The recommendation is to review the currently approved curriculum, identify opportunities for improvement, define the specific QA/QI components to be covered, and within the training provide descriptions of existing QA/QI resources available, including assisted living associations and WCCEAL.

Recommendation 4: Revise the Community Based Residential Facility (CBRF) Resident Satisfaction Evaluation Department Form [F-62372](#) with consideration of the WCCEAL Satisfaction Form and input from providers. In addition, remove the term "CBRF" from the form title so all assisted living provider types may be encouraged to use the satisfaction evaluation form.

The form was last updated in November 2012 and is specific to CBRFs, as CBRFs are the only Wisconsin administrative code at this time to include the requirement for providers to provide the resident and the resident's legal representative the opportunity to complete an evaluation of the resident's level of satisfaction with the CBRF's services ([DHS 83.34\(4\)](#)). With resident satisfaction being the highest ranked motivator to implementing a QA/QI program, revising the form with provider involvement will ensure the form continues to be a useful method for residents to communicate satisfaction.

By revising the form to remove the term "CBRF" from the form title, BAL is able to encourage the remaining assisted living provider types, including ADCCs, AFHs, and RCACs, to use the form within their facilities to collect resident satisfaction data.

In addition, having a BAL Resident Evaluation Department Form and already existing WCCEAL Satisfaction Form could provide for comparison between providers who participate in WCCEAL and those who do not. The BAL Resident Evaluation Department Form could allow providers the ability to compare their facilities with WCCEAL providers.

Recommendation 5: Improve the information available for consumers on the DHS webpage related to complaints.

ALF Complaint reporting information is available on the DHS webpage [Complaints Concerning Health or Residential Care in Wisconsin](#). Referring to the accordion titled "**Alternatives to filing a complaint with DQA**", consumers of assisted living facilities are encouraged to contact the provider if the complaint can be resolved by immediate action of the provider. The other alternative listed is to contact the Ombudsman Program. As a recommendation to improve this information, the language should be revised to encourage the consumer to contact the provider initially, as well as, include information that speaks to the requirement for providers to have established grievance procedures. Further, additional organizations to be listed on the alternatives accordion include resident's case manager (if applicable), Disability Rights Wisconsin, Inc., or any other organization providing advocacy assistance.

Recommendation 6: Increase provider awareness and participation in WCCEAL.

Accomplish increased provider awareness and participation in WCCEAL by providing current WCCEAL members a method to encourage and communicate the value and benefits of being a member of WCCEAL. In an effort to ease non-participating providers to seek information from current WCCEAL members and showcase the WCCEAL member's commitment to quality, make the WCCEAL website and availability of the WCCEAL member list more widely known. In addition, recommend BAL share information regarding QA/QI resources and WCCEAL in communications to providers.

Recommendation 7: Collaborate with stakeholders, including assisted living associations, to share survey results and seek their input for possible recommendations.

BAL will plan to provide an overview of the survey results and recommendations at upcoming assisted living forums. The Division of Medicaid is planning to share results of the survey at an upcoming Summit Conference.

Summary

This report assesses the current implementation of QA/QI programs in assisted living facilities throughout Wisconsin and captures best practice and advice from assisted living employees about QA/QI programs for the future. Included in the report are seven recommendations to be considered in order to support BAL in its efforts to encourage providers to implement an internal QA/QI program.