

ASSISTED
LIVING
PROVIDER
RESOURCE

GUIDING PRINCIPLES

QUALITY UPDATE



NCAL[®]
NATIONAL CENTER FOR ASSISTED LIVING



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INTRODUCTION

According to the National Center for Health Statistics' [2020 National Survey of Residential Care Facilities](#), over 800,000 people live in assisted living communities (ALCs)¹ across the nation. Assisted living embraces a philosophy of person-centered care while supporting physical activities and health-related needs. Assisted living communities strive to meet the social, emotional, cultural, intellectual, nutritional, and spiritual needs of its residents.

The National Center for Assisted Living (NCAL) developed these Guiding Principles as an informational resource to generally describe what assisted living is and highlight how the profession is striving to continually develop and improve services. The contents of *Guiding Principles for Assisted Living* may represent some preferred practices but do not represent minimum standards, "standards of care," or profession-wide norms for assisted living communities.

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 ALCs.* Quality is defined by each individual and is 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 are intended to provide an aspirational framework to help promote a general understanding of quality principles in assisted living. The concepts are not to be utilized as standards of care.

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¹ Assisted Living Community (ALC) is used in this document as a way to encompass the various terms identifying assisted living. The assisted living model is built on the concept of delivering person-centered services (e.g., personal care) and supports (e.g., housing) that meet each resident's specific needs and preferences. In addition to supporting residents in completing activities of daily living (e.g., bathing, dressing, managing medications), assisted living provides a variety of specialized services, including social work, mental health or counseling, or therapies.

GUIDING PRINCIPLE #1: Person-centered & Person-directed Care

Person-centered and person-directed care focuses on meeting the individual resident's needs while honoring an individual's preferences, desires, interests, and goals. Decision-making is directed by the resident to maximize their independence, and staff assistance is not task oriented. Person-centered care is based on the concept that the staff and management know each resident, their history, their needs, preferences, and expectations. The staff form meaningful relationships with their coworkers, the residents, and their family members.

Some ways to accomplish person-centered care 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 healthy living, and fitness (inclusive of mental, cognitive, and physical health and wellness);
- 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 ALC may be an emotional experience for some residents and families. How the leadership and staff of the ALC respond by assisting the resident and their family members in the transition process can set the stage for the resident's long term experience. Caring staff may positively affect residents' adjustment by helping them navigate their new home. Recognizing that each resident has individual ways of adjusting or varying life skills, staff should be educated to the resident during this transition. Staff should provide residents 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 ALCs 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, Vision and Value Statements

Community mission, vision, and value statements are 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. A community's core values are the principles that create and guide a community's culture. Staff education in mission, vision, and value statements can positively affect the ALC's quality objectives.

GUIDING PRINCIPLE #4: Quality Assurance and Performance Improvement

NCAL believes all ALCs should develop and implement a quality improvement program that best serves the needs of the residents, families, staff, individual community, and the profession. Participation in [AHCA/NCAL LTC Trend Tracker](#) or other quality metrics programs provides a platform to aid ALCs in data collection and benchmark comparisons.

Core components of quality improvement include:

- Utilization of a quality assurance and performance improvement model, such as PDSA/PDCA.
- Data collection should have structure, process, and outcome measures, and may include some or all the following areas:
 - Community resident wellness programming related health outcomes;
 - Staff retention and turnover;
 - Falls;
 - Hospitalizations and hospital readmissions;
 - Off-label use of antipsychotics;
 - In-house acquired pressure ulcers and screening;
 - Infection prevention and control;
 - Vaccination rates for COVID-19, influenza, and pneumococcal;
 - Staff and resident incidents;
 - Medication management systems;
 - Resident, family, and employee satisfaction and engagement;
 - Resident and family grievances;
 - Hospice and/or palliative care utilization;
 - Third party care partnerships to promote timely access to health resources;
 - Depression screening and follow-up;
 - Dementia screening/assessment and follow-up; and,
 - Financial and budget measures.
- Analysis of the community's performance against defined objectives and benchmarks.
- Identification, development, and implementation of process improvements.
- Consistent reassessment for continued effectiveness.

Participation in LTC Trend Tracker or other quality metrics programs allows communities to benchmark against other providers at a state and national levels. Benchmarking allows a community to focus on a specific quality improvement area or on 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, improved quality, and customer satisfaction. Key to this step is the input from and brainstorming by all. 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 the task list, who is responsible for each task, defined timeframes for tasks to be completed, and tools for measuring whether the action 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 to be successful. There should be a cycle that reviews items which did not meet goals, to create new goals, and monitor progress, including all departments.

Customer Satisfaction

Customer satisfaction is an element commonly included in systems designed to measure quality. Customer satisfaction may be broken down into three groups: residents, family, and staff. 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 your residents and families have with the individual services offered in your communities. It is equally important to evaluate common satisfaction measures that providers can benchmark against other providers in their larger community and nationwide, such as overall satisfaction with the community and the likelihood of referring an ALC 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 will contribute greatly to the level of satisfaction a resident and family member may have with the facility. Matching the needs and expectations of the resident and family member to the services and capabilities of the facility and ensuring there is follow through to ensure the needs are aligned and expectations are met 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 ALC's commitment to quality of care and resident satisfaction. A structured concerns and grievance policy and process is part of person-centered care. When concerns and issues are continuously addressed and resolved, 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 and person-directed approach;
- Facilitating positive relationships and providing personally rewarding, and engaging, activities;
- Meeting of the resident's religious and spiritual well-being;
- Respecting one's privacy, autonomy, and dignity;
- Ensuring equality and equity; and,
- Encouraging a level of independence a resident is able and encouraged to maintain.

NCAL acknowledges these areas as very important for the ALC 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 and analyzed, including trends and areas of opportunity, on a regular basis. The following components that may contribute to an enhanced work environment for all staff include:

- 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, and accessible, on a timely basis;
- Management training for all supervisory level staff;
- Timely and concise communication from facility leadership;
- Employee satisfaction surveys; and,
- Collaboration with schools, colleges, and universities to encourage a continued stream of new qualified and passionate staff.

GUIDING PRINCIPLE #5: Implementing a Quality Focus

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

1. 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 ALC.

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.

Preventing these events whenever possible is always beneficial to residents and has been identified by policymakers and providers as an opportunity to reduce overall health care system costs through improvements in quality.

Hospitals appreciate partnerships to prevent readmissions as it can affect their reimbursement from the Medicare program. Forging relationships and creating paths to care within the community can be beneficial to not only residents but also the hospitals.

2. 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 to 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 and proactively respond to each person's needs - reinforcing the long term care profession's commitment to delivering person-centered care.

3. Improving Customer Satisfaction: Just like any other business, ALCs must ensure that the customer is the focus. 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.

4. Safely Reducing Off-label use of Antipsychotics: Many individuals in ALCs are living with some type of dementia. For these individuals and as illness progresses, 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 FDA, which issued a "black box" warning for the elderly with dementia.

Antipsychotic drugs are expensive, costing hundreds of millions of Medicare dollars. They also increase the risk of death, falls with fractures, hospitalizations and other complications resulting in poor health and high costs.

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 program based on the needs and expectations of residents, family members, and staff. Long range success will occur when the ALC 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 concepts and terms used in this document may vary from state to state and are provided as a framework to help promote a general understanding of dementia care in assisted living. The guiding principles and content in this document are not "standards of care."