



Achieving Quality In Assisted Living

LISA GELHAUS

Defining and delivering quality care is no longer just a mission for assisted living providers—it's a mandate. The U.S. Senate Special Committee on Aging, led by Chairman Sen. John Breaux (D-La.), is seeking specific guidelines by which to judge the profession's performance. He has given the assignment to a consortium of consumer and provider groups, known as the Assisted Living Workgroup.

In response, the group is working on a report, due to the committee in April 2003, that involves asking consumers and providers to agree on a set of protocols that would ensure residents' safety and promote their well-being.

Ahead-Of-The-Curve Quality Initiatives

But reputable assisted living providers do not need a Senate committee to remind them that their business revolves around the delivery of quality services and care. Most have already developed their own quality initiatives and continuous quality improvement programs to help administrators track performance and establish safety nets for both the provider and the resident, providers report.

"The main objective of quality assurance is to stop any problems before they come up," says Emily Hankins, wellness director of an independently owned facility in LaConner, Wash.

For example, says Hankins, when a caregiver does not follow protocols in areas such as medication management or proper hand washing, the lapse can adversely affect residents and create dire consequences for the facility. Such lapses in established protocols can, ultimately, diminish the quality of life, health, and safety of residents and even lead to death.

The assisted living business is often dependent upon referrals from current residents, residents' family members, and employees. An adverse incident caused by a lapse in care can become a black mark on a facility's reputation resulting in a slowdown in sales, or even a lawsuit.

Beyond the safety net created by quality assurance programs, providers can also establish their company's style of providing service through programs that train employees or dictate how dining services should be executed.


"The term quality has so many different meanings to so many different people," says Florida-based Mary Sue Patchett, southern division vice president of Alterra Healthcare. It is therefore vital for providers to make sure that administrators and staff are on the same page when it comes to talking about quality, she says.

Quality Starts With People

National, regional, and independent operators alike can cite a variety of quality initiatives. But despite the variety, assisted living quality programs have many common elements. Most, for example, include a management philosophy that respects employees and creates a cohesive work environment. In addition, quality systems are usually flexible so that staff members can respond to residents' care preferences without stepping outside of established protocols, providers say.

"Quality is not just one approach," says Dan Madsen, president and chief executive officer of Seattle-based Leisure Care. Leisure Care, with 34 assisted living communities in nine Western states, conducts the traditional customer satisfaction surveys and continuous quality improve-



 *Well-nurtured staff and carefully thought-out programs and procedures are critical to quality care.* 

ment programs. But quality care often comes down to hiring and nurturing the right people, Madsen says.

“We were looking at why the residents in one of our communities were thrilled, and lonely in another,” says Madsen. “We started observing four to five years ago that employees who were happy and passionate about their work produced happier residents,” he says, noting that that insight sparked a cultural revolution in the company.

Since observing that the employee is the major influence in determining resident satisfaction, Leisure Care focused its efforts on educating supervisors on how to select and train individuals for the best possible effect, Madsen says. Thus, when applicants apply for jobs at Leisure Care these days, the company looks for specific personality traits such as a passion for living and an overall positive attitude.

“You can’t train people to be nice. You have to hire nice people,” Madsen says.

Once the company identified optimal personality traits, managers were

directed to stay focused on preserving that attitude by developing ways to ensure that employees’ basic needs were met.

Supervisors at Leisure Care are encouraged to accommodate the personal needs of valued staff members. If someone needs to take time off to care for a sick child or relative, for example, accommodations will be made—even on short notice, Madsen says.

These types of actions build trust between supervisor and employee in both professional and personal areas. Once that trust is built, employees’ positive attitudes begin to take on a life of their own, Madsen says, and a positive attitude in the workplace becomes a self-perpetuating phenomenon.

Long-time Leisure Care employees preserve the positive environment by sharing experiences with new caregivers. When new employees are introduced, they are assigned a veteran escort who is encouraged to share stories about supervisors, other staff members, and the culture of the facility. This natural and personal form of

communication relieves a new employee’s apprehension and creates the foundation for a friendly attitude.

“I can tell from the resident surveys how well we are treating our employees,” says Madsen, noting that more than 80 percent of the resident correspondence he receives is positive. “When you treat employees with respect, they respond with energy. We really push the fact that our supervisors should treat employees with every customer service behavior that a resident is supposed to receive.”

Encouraging Staff Retention

Besides resulting in good marks on resident surveys, a positive work environment also encourages staff members to stay on the job. Overall, Madsen says, Leisure Care enjoys a staff turnover rate of only 19 percent, and few executives have left their positions since he joined the company more than 14 years ago.

Maintaining a stable workforce has the additional advantage of allowing residents to maintain close personal

Work Group Develops Quality Criteria

The Senate Special Committee on Aging, headed by Chairman John Breaux (D-La.), is overseeing the work of a coalition of providers, seniors advocates, and assisted living stakeholders—the Assisted Living Workgroup (ALW)—whose task is to reach consensus on a series of recommendations to ensure quality care in assisted living.

ALW was formed following an Aging Committee hearing in April 2001 in which the profession was challenged to come up with its own quality standards or face the possibility of federal regulation. Most assisted living providers agree that replicating a survey system similar to that for skilled nursing would stifle their ability to care for residents.

But the Aging Committee, noting that federal dollars are being filtered to assisted living via Medicaid waivers, is seeking accountability. And the current system of state-by-state regulation provides no set standards or terms for assisted living quality. Further, seniors advocates complain that the lack of standards means that some assisted living providers are preoccupied with profits over quality of care.

ALW made its initial presentation to the Aging Committee in April 2002. Breaux, while commending the group for its groundbreaking cooperation between consumers and providers, laid down a number of challenges to be met by 2003. Specifically, he called for ALW to develop a workable enforcement mechanism, mandatory staff qualifications, and a standard for staff-to-resident ratios, as well as to consider full disclosure of facilities’ financials to be published on a consumer Web site. He also said that congressional leaders are looking at tax credits for long term care insurance, which would include payments for assisted living services, thus further raising the stakes on accountability to Congress.

ALW is currently working on adopting a series of recommendations that will be included in its upcoming report—“Assuring Quality Care in Assisted Living: Best Practices and Guidelines for State Regulations, Federal Policy, and Operations”—due to the Senate Aging Committee by April 2003.

relationships with staff members, Madsen says.

The company's approach to its work environment is validated by research findings. "Administrators can take practical steps designed to develop a cohesive environment by hiring direct-service staff members who have good interpersonal skills; warm, friendly personalities; and communicate a message that spending time with residents is an important part of a staff member's job," say researchers Judith Mitchell and Byran Kemp, who conducted a study on quality of life in assisted living, published in the *Journal of Gerontology*

Madsen says that it is the work environment rather than the salary that is the key to workforce stability. "We pay [staff] fairly, but survey upon survey shows that salary is not the biggest reason for remaining on the job," he says. "Rather, it's the sense that the workers are comfortable, that they trust their co-workers and supervisors, and that they don't want to risk losing that by switching jobs."

Finding Committed People

Classic Residence by Hyatt, based in Chicago, is another company that believes its quality lies in the hands of its workers. Hyatt's 18 luxury residences in 10 states offer independent living, assisted living, and special care units for people with dementia.

"We work hard to find people who are committed to the elderly," says JoAnne Carlin, the organization's vice president of resident care.

A large part of upholding quality is making sure the right employees are hired to establish good employee-resident relationships, says Carlin. Determining which applicants are appropriate for positions at a Classic

Residence begins during the pre-screening process, when the interviewer asks a series of questions designed to find out how the applicant feels about work in general and, more specifically, about working with seniors. These prescreening interviews also are designed to convey to the applicant the company's culture of care and service, Carlin says.

This message is further conveyed



Leisure Care's Co-Chair and Co-Founder Karen Lytle talks with residents during an arts and crafts session.

once an applicant is brought on board. New hires in all departments—caregiving, accounting, maintenance, house-keeping, or dining services—are put through a "Hyatt Touch" training program, which stresses the importance of paying close attention to every detail so that residents feel they are being served in an exceptional manner.

The training includes scripted ways for interacting with residents, from the greeting by the concierge to how to hold the doors while providing transportation, and covers generational issues by showing employees how their actions will likely be interpreted by seniors—using Mr. or Mrs., for example, instead of first names.

Once the training session is completed, each new employee is teamed with an experienced staff member, who models how to deliver the Hyatt Touch to residents. Employing experienced

staffers to model service and care protocols for new hires is a fairly typical technique in assisted living.

"Random acts of kindness are part of what we define as the Hyatt Touch—the little personal things that we do every day to make a difference in a resident's, family member's, or employee's life," says Randy Richardson, president of Classic Residence by Hyatt. "They are part of what makes the experience of growing older and working in a retirement community setting enjoyable."

Choice For Residents

Hyatt's style of care and services delivery also caters to residents' preferences. "We let the residents be more directive, and it's all the little things that matter," Carlin says. Plans of care are directed by what the resident desires. If the resident does not want her hair washed in the shower and

prefers having it done in the salon every day, that is noted in the plan and executed by staff.

Other areas of resident-directed service include such things as letting the residents choose their own meal-times and food selections and where they prefer to eat their meals. Residents also choose preferences for activities and sleep times. These are some of the areas that are identified in the care plan to allow residents to be more directive in controlling their own lives.

The results can be seen in the everyday interactions between staff and residents, says Carlin, recalling a college student who was reluctant to leave his job as a valet to pursue his career. He hated to leave because he enjoyed interacting with the residents and listening to their stories, says Carlin, adding that such genuine and friendly interaction between residents and

employees is an essential aspect of quality care. “That’s the moment of truth,” she says.

Staffing, Nursing Levels

Maintaining consistent staffing levels is another essential ingredient in providing quality resident care, providers say.

Sunwest Management Co., in Salem, Ore., has a unique mechanism to ensure a proper staffing level in each of the 75 facilities it manages nationwide. Sunwest employs a worker full-time to work nights and monitor the online payroll system to determine which of its facilities are going to need additional staff to fill in.

“As soon as a shift shows up—day or night—that is less than optimal or less than what a state would require, immediately a call is put in to the facility supervisor and the regional administrator to have them correct that situation,” says Deana Altman Nelson, Sunwest’s director of health services.

Sunwest also believes that each facility should have strong nurse involvement and typically budgets for a full-time nurse in addition to resident assistants. But during times when a full-time nurse is not available, Sunwest will assign a nurse to work part-time in two neighboring facilities or find other ways to maintain nurse involvement in each community.

Standardized Guidelines

Another aspect of Sunwest’s quality program involves a standardized form that provides guidelines that nurses use when checking on residents’ care. With facilities located in 13 states, Altman Nelson says that the simplicity of its guidelines and the guidelines’ forms makes them easy for nurses to follow from facility to facility.

The standardized, easy-to-read forms provide caregivers a list of guidelines for various health services rather than a checklist that dictates how the guidelines should be carried out. Each form has a quality policy

stated at the top. For example, the pain control policy is to maintain quality assurance for residents who reside within the facility.

Following the policy statement is a list of policy-goal indicators, including how often the quality review should be conducted. The pain management quality indicators include:

- Discontinue all analgesics left over for more than 60 days, as indicated on physicians’ orders;



Maintaining quality requires finding a method to motivate staff to continuously strive for excellence.



- Discontinue analgesics used for an acute condition that has since been resolved; and

- Review for polypharmacy—use of several pain medications or narcotics—and a change in the resident’s function and/or ability, alertness, and stability.

“The systems work better than task orientation where nurses have to check task boxes. Instead, a nurse can individualize for each resident, while maintaining the basic principles,” says Altman Nelson, explaining that the system gives nurses the freedom to develop their own methods of executing the guidelines.

Altman Nelson found this especially helpful to a number of Sunwest nurses who had come from hospitals or skilled nursing facilities. In those settings, nurses were charged with many tasks and numerous forms to complete.

Since assisted living residents require less medical attention than those in more acute settings do, nurses must adjust to fewer mandated tasks and use more individual judgment in determining care, Altman Nelson says. At first,

nurses from skilled settings are uncomfortable with this autonomy. But by using the guidelines in a standardized form, Sunwest helps nurses from acute settings make the transition to assisted living more quickly, while carrying out the quality initiatives.

“In acute and skilled nursing, it is black and white. In the assisted living setting, there is more room for judgment and critical thinking,” says Altman Nelson. “A good quality assurance program helps [employees] understand the breadth and the level to which they must go. It works as a job description.”

Recognition And Rewards

Maintaining quality requires finding a method to motivate staff to continuously strive for excellence, some providers say. Companies often use rewards and recognition programs for this purpose. Some assisted living companies have set up programs that encourage entire facilities to strive for quality.


Sterling House of Tavares, located in Tavares, Fla., recently earned learning-center status from parent company Alterra Healthcare, Milwaukee. This special recognition is awarded by Alterra to facilities that excel in the company’s quality initiatives. It also qualifies the facility to be a teaching center for other facilities’ new employees.

The Tavares facility, one of 45 designated learning centers out of Alterra’s 430 facilities, is also one of eight learning-center facilities in Florida that are used to teach new employees about the company’s quality practices and protocols.

“The whole point of being a learning center is to be the best example of customer satisfaction, teamwork, and individual staff effort,” says Alterra’s Patchett.

Learning-center status is not permanent, however. It is an award that must be maintained.

The award motivates the entire facil-



ity to continue to work together to obtain high customer satisfaction surveys, meet financial goals, maintain low staff turnover and stable resident occupancy, and lower workers' compensation claims, Patchett says. "There is built-in incentive to continue to be the best."

Ensuring Accountability

Audits are another handy tool used by assisted living facilities. At LaConner Retirement Inn, LaConner, Wash., Emily Hankins developed her own quality assurance procedures to prevent the potential for misadministering medications to the facility's residents or missing dosages altogether.

Hankins developed a multitiered approach under the Inn's continuous quality improvement program to make medication management accountable. Washington state allows nurse assis-

tants to help residents with their medications. Hankins employs a widely used assisted living tool called the Medication Administration Report, which is a grid used to track who administered a particular medication to a particular resident. Hankins says the grid helps staff identify a missed round of medication. It also helps avoid confusion among staff working on the same shift because a simple check of the grid indicates whether a medication for a particular resident has already been administered by a co-worker.


Another benefit of the grid, Hankins says, is that it prompts staff members to administer the medicines exactly as prescribed.

"If we're not giving the medicines as the doctor prescribes, they become less effective," says Hankins. Staff members are required to sign the chart.

Once a week, Hankins reviews the chart for irregularities.

Another quality assurance program Hankins employs is the Med Pass Evaluation. Every six months, she observes how staff members are preparing medications and how a staff member actually assists the resident. The Med Pass Evaluation is a checklist of 15 items that a supervisor must watch for, including whether or not caregivers sanitize their hands before, during, and after providing medication assistance; offer the resident an adequate amount of fluid; the resident is properly identified; the resident is positioned to avoid choking; and the medication is being administered using the "five rights"—right medication, right time, right dose, right route, right resident.

Hankins then calculates the rate of



medication error—the number of errors observed divided by the number of medications assisted with and multiplied by 100. Any number over 3 percent constitutes a failing grade, Hankins says.

Hankins developed the program with the support of LaConner’s department heads, who meet once a month to identify areas that need improvement.

LaConner’s continuous quality improvement team’s tools include mechanisms for monitoring and evaluating the use and delivery of resident services and determining appropriate responses to any negative findings.

A team of department heads is formed as a committee to monitor and oversee a particular continuous quality improvement program and assist individual departments with the identification, analysis, and resolution of problems that affect residents. The department heads’ support helps Hankins achieve the wellness department’s goal of providing services and assistance that ensures residents’ rights and quality of life, she says.

Quality Alzheimer’s Care

Ensuring quality care for residents with Alzheimer’s disease or other related dementia calls for special and continuous attention to residents’ cognitive, physical, and psychosocial needs. For Hershey, Pa.-based Country Meadows, one of the provider’s quality programs includes a set of daily activity guidelines.

“Our goal is to have small groups for more personal interaction with the residents,” says Rita Altman, director of the Meadows program designed for Country Meadows’ residents with dementia.

The guidelines are designed to assist caregivers, known as personal care assistants, to help residents participate in activities that stimulate their senses, their minds, and their physical functioning. The caregiving team consists of four or five personal care assistants who concentrate on working with about 20 residents.

“We offer caregivers guidelines for a structured program, but we allow them to make changes based on what the resident prefers,” says Altman.

Country Meadows designed a daily activity form, which the personal assistants fill out for each resident. When the resident completes a task, the caregiver initials the task and earns a point toward the daily goal. Altman says the form is important because it puts the quality assurance component into the caregivers’ hands.

“There is more ownership of the program from the caregivers,” says Altman, adding that the system allows the caregivers to track which activities have been accomplished.

“This ensures that residents are getting the full daily program,” she says.

Caregiver supervisors can use the activity form to track the progress of both residents and caregivers.



Each team must provide residents with at least three sensory, three tactile, and three cognitive activities every day. The sensory activities may include making cookies, getting a hand massage, or petting a visiting dog. Tactile, or physical, activities include outdoor walks or a game of lawn darts. Social activities, meant to stimulate cognitive thinking, may include playing cards, looking at old photographs, or participating in a discussion on the articles in the daily newspaper.

On a weekly basis, activities should include a ride in the country, a dinner out, and attendance at religious services three times a week and Sunday. Pet therapy and intergenerational and family activities are planned on a monthly basis.

According to Altman, caregivers are attuned to resident dislikes. If a resi-

dent does not like a particular activity, then the caregiver can offer an alternative activity that the caregiver knows the individual will enjoy more.

“The best component of this program is the empowerment” given to the caregivers, says Abbey Luterick, communications director for Country Meadows. “We are constantly monitoring ourselves,” she adds, noting that the company strives for a corporate culture in which senior executives share information with caregivers and support them in reaching quality goals.

Training With Games

Humor and playfulness is


another way for providers to keep staff vested in upholding quality standards.

When the Logan, Utah-based Terrace Grove staff members see the illustrated caricature of Britain’s fictional detective Sherlock Holmes posted on a bulletin board, they know it signals the start of another round of “Who Dunnit.”

The game, which was designed to help staff focus on quality issues, was created by Terrace Grove’s Director Alyce Bosch and Assistant Director Jo Ciaraldi.

“People really know the basics, but this is a way to call people’s attention to the subject and to make it fun,” says Bosch.

Staff members don their detective caps



when Bosch begins posting a week's worth of daily one-word clues that refer to an area of quality care.

The one-word clues for one particular week are clean, scrub, exam, adhesive, and cavity. The staff must submit their answers at the nurses' station by Friday, when Bosch posts the answer and announces the winner.

The answer to the clues this week is oral hygiene. When the answer is announced, Bosch posts a caricature that illustrates the antithesis of good oral hygiene—Butch Cavity. Butch represents what happens when staff fail to tend to residents' oral care.

Posted beside Butch is the following rhyme:

“This villain's a mean one—a cold-hearted brute. We don't like him around, so let's tell him to SCOOT! He's one of the worst, and that isn't a

joke. Let's kick him out fast so he don't hurt our folk.”

The following week, Bosch circulates a light-hearted newsletter focusing on oral care as a training tool for that month's follow-up inservices, which focus on the topic. Reminders, called “wisecracks,” are posted in public bathrooms or distributed in employees' mailboxes.

Simultaneously, Bosch begins to collect data on oral care in order to determine if staff are improving the levels of care. Other topics the facility has addressed include residents' rights, infection control, activities, dress code, and nutrition.

Providers agree that a commitment to quality is essential, not only for

resident satisfaction and safety but to stave off the possibility of federal regulation.

“Quality is absolutely key. It is a part of everything that you do in every thing and in every way,” says Sunwest's Altman Nelson. “There is so much expectation and scrutiny placed on assisted living today. We have got to continue to improve in how we approach quality.”

Hyatt's Carlin adds, “Quality is the environment, plus the employees, plus the technical resources, framed around our mission and core values of integrity, compassion, and excellence. All of this makes up quality. If we provide the services and the care in the right way, then the business will take care of itself.” ■