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# Consumer Satisfaction and Quality of Life Survey What's Next?

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## Policy Goals Drive Development

To provide nursing facilities with valid, relevant and reliable results to guide their quality improvement efforts.

Inform consumer decision making – NF report card

Offer financial incentives for better care

# Background

2001 Legislature directed DHS/MDH to publicly disseminate quality profiles

2002 Hired consultants to assist in the design

2005 Began conducting Quality of Life survey

2008 Hired consultant to assist in design of family satisfaction survey

2010 Began conducting annual family survey

## How has the role of NFs changed in the past 15 years?

Significant shift to home and community-based services

Increasing short-term rehabilitation

Long stay residents are very complex w/ multiple chronic conditions

High emphasis on quality improvement

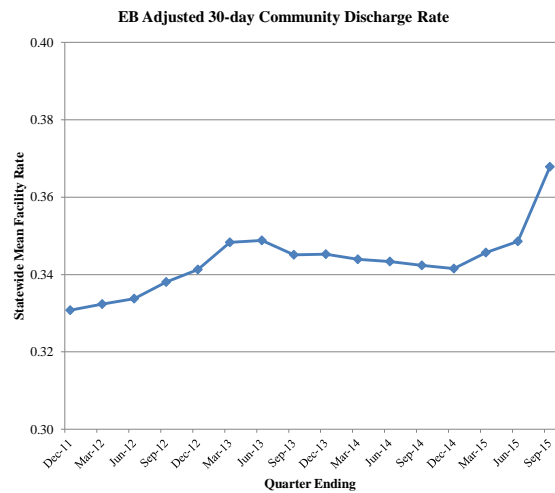
New partnerships across the continuum of care (hospital to home).

## Significant shift to HCBS

- MN participates in the National Core Indicators Project (NCI)
- NCI Primary Aim;
  - To collect and maintain valid and reliable data that gives states a broad view of how publicly-funded services impact the QOL and outcomes of service recipients.
- 2015 NCI Surveys
  - 4800 face-to-face interviews (Aging and Disabled)
    - 4 languages (Hmong, Somali, Spanish, Russian)
  - 400 face-to-face interviews (Developmentally Disabled)
  - 400 completed (family) mail surveys

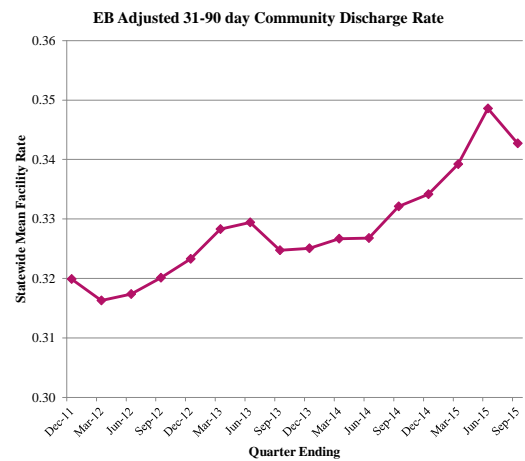
## New Measures – Community Discharge Rates

- This measure is the annual rate of community discharge within 30 days after admission to the facility, divided by each facility's total annual admissions.
- Most people admitted to facilities are discharged in the first 30 days, and this measure is an indicator of how well facilities successfully complete typical post-hospitalization stays.



## New Measures – Community Discharge Rates

- This measure is the annual rate of community discharge 31-90 days
- After 30 days, community discharge sharply declines and if a resident has not discharged after 90 days, their chance of doing so without intervention is small.



## Increasing Short-stay Rehabilitation

- ▶ Short-stay experience of care survey:
  - 2015 DHS conducted a pilot test both a long and short form in 100 NFs
  - May 2016 - Roll out mail survey (short-form, 44 items) to all residents with a stay less than 30 days for admissions in the previous month.
  - Facilities must have 30 or more short-stay admissions in the previous 12 month period to participate.
  - Monthly mailings to continue until a margin of error of 7.5% is achieved for the facility.
  - Phone follow-up interviews as needed to meet the margin of error.



## Long-stay residents increasingly complex with multiple conditions

- Continue with resident QOL interviews annually.
- Review of instrument is currently underway with plans to update for the 2016 survey (based on focus groups conducted in Ohio and local stakeholder input).
- Clinical Qis reviewed and aligned with Federal measures, dropped less relevant measures and consider adding new measures as developed by CMS. (IMPACT ACT).

## Responding to increasing population of minority racial/ethnic groups in NFs

- ▶ *A preliminary data analysis indicates disparities in QOL exists.*
- ▶ *For the 2015 QOL survey, as many interviews as possible were conducted with residents in minority racial/ethnic groups. (4 languages)*
  - ▶ *Spanish, Russian, Hmong, ASL*
- ▶ *A total of 643 interviews were completed with residents in a minority racial/ethnic group across 156 nursing facilities.*
- ▶ *Analysis of this data will begin in May 2016.*
- ▶ *Plans for future on-site data collection via interviews, focus groups and observations to inform development of effective strategies to improve QOL*

## Family Satisfaction Survey

- ▶ Mailed to responsible parties of all long-stay residents annually.
- ▶ Began collecting data in 2010
- ▶ Developed a risk-adjustment approach:
  - ▶ Adjust for **gender, relationship with the resident, frequency of visits, frequency of phone calls, and metro vs. Greater MN NF location**
- ▶ Add risk-adjusted measure beginning with 2015 results (May 2016) to MN Nursing Home Report Card

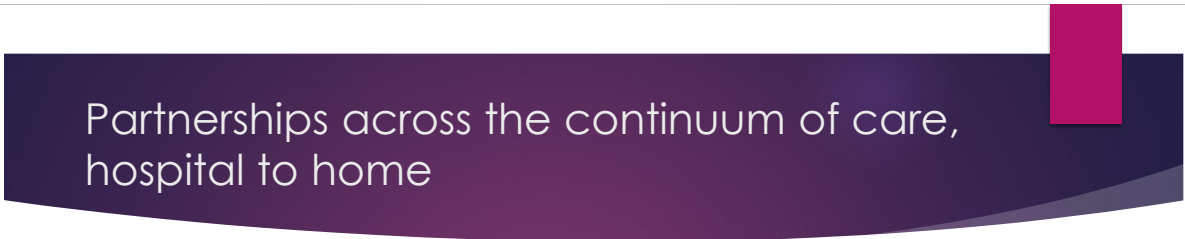
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## High emphasis on quality improvement

- MN's Pay for Performance
  - Performance-based Incentive Payment Program (PIPP)
  - Quality Improvement Incentive Program (QIPP)
  - Value-based Reimbursement (VBR)
- Federal: QAPI
  - QAPI is the merger of two complementary approaches to quality, Quality Assurance (QA) and Performance Improvement (PI).

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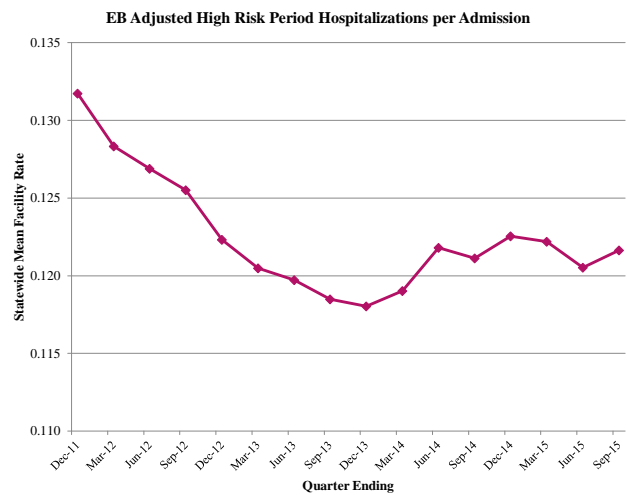


## Partnerships across the continuum of care, hospital to home

- Oct 2018: First skilled nursing facility value-based payment (2% withhold for re-hospitalization rate)
- MN has developed risk-adjusted re-hospitalization rate measures
- Federal demonstrations cover hospital to nursing home to community

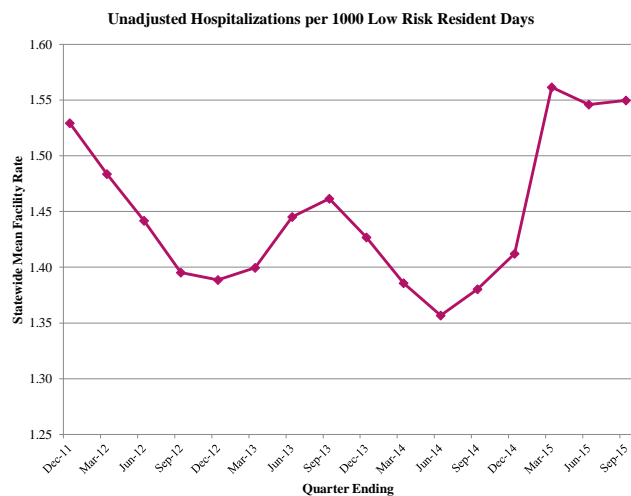
### Hospitalizations 30 Days after Admission (High-Risk Period) for all Facility Annual Admissions

- This measure is the annual rate of hospitalizations within 30 days of admission to the facility
- This period is known as “high risk” as hospitalizations are much more likely during this initial part of the stay.



### Hospitalizations 31-365 Days after Admission (Low-Risk Period) per 1000 Resident Days

- This measure is the number of resident hospitalizations 31-365 days after admission to the facility per 1000 annual resident days,
- This period is known as “low risk” as hospitalizations are less likely after this initial period.



## Summary

- ▶ MN quality measurement system must continue to evolve to stay relevant for consumers, providers and payers of nursing home care.
- ▶ Quality is the focus, quality improvement skills are essential.
- ▶ A data explosion exists, we must all work together to make it useful.
- ▶ All can benefit if MN and Federal initiatives can align as much as practical and feasible.