Caring for our aging population: ensuring quality of life and quality of care in long-term care settings

Tetyana P. Shippee, PhD
Division of Health Policy & Management, School of Public Health
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SCHOOL OF PUBLIC HEALTH
UNIVERSITY OF MINNESOTA

Residents' voices

- "Aging is not easy but what choice do we have? You just have to do your best and take it a day at a time."
- "I am here because I didn't want to be a burden for my children. They have enough going on in their lives already."
- "Do I have any friends here? No, no friends. I don't think of this time in life as making friends. We are all here because we have problems. Staff are friendly and I talk to them."
- "I just want to die…I want to die so I am not living like this. Every day is the same…I know I am just dragging it out and I will die here."
- "There are some people who are so private and shy that they don't participate much, but those of us who do, we do have a family feeling… We have a Wednesday morning Bible study that we enjoy."
- "It's a more limited life there [in NH]. When I go over there and see the people, with an exception of may be less than half a dozen, they spend a lot more time in their rooms than we do [in IL]. They spend less time getting out unless somebody comes and gets them but they spend way too much time … watching TV and sitting in their rooms."

Outline

- What is nursing home quality of life and how is it measured in Minnesota?
- What resident and facility factors influence quality of life (QOL) scores?
- What are the implications for policy and future work?

Nursing Home Care

- Over 1.6 million older adults receive nursing home (NH) care; this is projected to increase to 3 million by 2030.
- 45% percent of Americans over the age of 65 will spend time in a NH.
- 24% will stay a year or more, usually at the end of their lives.
- Public dollars fund the majority of NH care.

QOL matters for NH Quality

- QOL-psychological and social well-being; non-medical aspects of life in the facility
- Reduced QOL in NHs due to:
  - Deteriorated health
  - Changes in living environment
  - Rigid daily routines
  - Disrupted social interaction
- Improving QOL is the focus of person-centered approaches
- QOL has implications for payment and policy initiatives

Question 1:

- How is nursing home quality of life measured in Minnesota?

QOL Assessment Tool

- 52 questions on various aspects of QOL
  - 12 domains: Comfort, Environment, Privacy, Dignity, Activity, Food, Autonomy, Individuality, Security, Relationships, Satisfaction, Mood
  - Random sample of residents in all Medicaid-certified NHs
  - Survey could be administered to respondents with mild to moderate cognitive impairment.

- The tool has been validated and used in Minnesota since 2005.

- http://nhreportcard.dhs.mn.gov/

Question 2: What are key predictors of QOL?

- What are resident and facility factors associated with lower QOL scores?

- What is the relationship between facility characteristics and change in QOL scores over time?

Data Sources

1. Consumer Satisfaction and Quality of Life Survey (2010-2015):
    - Response rate: 85%
    - 356 facilities for 2015
2. Resident clinical data from the Minimum Dataset
3. Facility-level characteristics from facility reports to the DHS

The combined data set consisted of 11,147 residents in 356 Minnesota nursing facilities.

Question 1: Key Findings

- Resident characteristics influence QOL
  - Across multiple domains
  - Limitations in activities of daily living
  - Alzheimer's disease, low cognitive scores
  - Anxiety/mood disorders
  - Diagnoses of mental illness

- Facility characteristics, too
  - Medicaid payment source
  - Staff hours per resident day (especially RN & activity staff)
  - Quality improvement score
  - Administrative turnover

Question 2

- To examine the relationship between NH facility-level characteristics and change in facility QOL over time

Change in quality over time

- *Structural characteristics*
  - Increases in resident acuity and facility size resulted in lower resident quality of life.

- Non-profit status (as compared to for-profit) was positively associated with higher resident QOL.

- *Organizational characteristics* had the most consistent effects across multiple QOL domains.
  - Staff hours of direct care (especially activity staff and RN hours) and improvements in quality of care had positive effects on QOL

New and emerging trends

- Short-stay resident QOL
  - Different priorities for short-stay residents
- Family member satisfaction surveys
  - Different aspects of quality vs residents; cannot serve as resident substitutes
  - Family members are more critical in some areas
- Changing demographics in nursing homes
  - Racial disparities
  - Younger residents
  - Serious mental illness

Summary

- Measures need to evolve to stay relevant for the changing nature of long-term care

- Increasing numbers of older adults needing long-term services and supports=more focus on quality

- Greater need for collaboration
  - acute and post-acute integration
  - researchers, health systems, and state organizations
  - community organizations

Questions & Discussion

Moderated by Jean Abraham, Wegmiller Professor & MHA Program Director

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