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A Seat at the Table


A representative from the Assisted Living Federation of America (ALFA) should be among the 1,200 delegates to the October 2005 White House Conference on Aging.

That request was made by ALFA president Richard Grimes in a statement presented to the Conference's Policy Committee at a Dec. 10 "listening session." Conference planners, said Grimes, should "Ensure that assisted living and the continuum of long-term care options are considered as important research and policy agenda items during the conference sessions."

The 2005 White House Conference on Aging will be the fifth such conference held. Previous White House Conferences on Aging were held in 1961, 1971, 1981, and 1995 and contributed to the establishment of many key aging programs such as Medicare and Medicaid, the Older Americans Act, the Supplemental Security Income Program, Social Security reforms, and establishment of the National Institute on Aging. The 2005 White House Conference has a mandate to focus on the needs of individuals born between 1946 and 1964 – the "baby boomers." ■

Norovirus Outbreak Puts Michigan ALF to the Test

The death of an 85-year-old resident followed by a viral outbreak that hospitalized 15 residents with severe flu-like symptoms made December 9 a difficult day for residents and staff at the Troy, Michigan assisted living facility community. But then, tipped-off by their police scanners, the television camera crews arrived. And what was clearly a tragedy quickly morphed into a media feeding frenzy.

"We begin with local breaking news," said  the midday news anchor for Detroit's "Action News" broadcast. "Seniors at a local nursing home [sic] are sick from a mysterious outbreak...and one person has died at that facility overnight." The "team coverage" consisted of one correspondent, Anu Prakash, reporting from outside the Alterra Care Bridge Facility, and another, Kristin Smith, at a local hospital where residents were sent for

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Assessments Can Improve Hiring Practices and Reduce Turnover

Warm Hearth Village in Blacksburg, VA embarked on an ambitious "action plan" two years ago in an attempt to curtail its eighty-five percent staff turnover rate.

"We added a weekend pay premium for our dining services staff and CNAs," recalls Lorraine Wachsman, director of human resources at the continuing care retirement community, which features two independent living facilities, a 60-bed nursing home, as well as nearly 150 assisted living units.

Other steps were taken: Wage surveys are ongoing ("to make sure we're competitive," says Wachsman), employee turnover was added to the agenda of management's monthly quality assurance meetings, incentives for good attendance were provided, and employees are surveyed after three weeks on the job to ensure the mentoring process for new-hires has put them in a position to work independently.

But, says Wachsman, among the most significant steps taken to reduce turnover occurred a year ago, when Warm Hearth Village instituted a pre-hire assessment process. Between Oct. 2003 – Oct. 2004, turnover dropped ten percentage points, Wachsman told *ALD*, "and the assessment was a big

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Assessments

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part of what helped us do that.”

Warm Hearth uses Profiles International’s web-based “Step One Survey II” instrument, which is designed to evaluate job applicants for integrity, substance abuse, reliability, and work ethic. The initial effort was targeted at dining services staff and CNA applicants which, says Wachsman, were Warm Hearth’s “most problematic areas.” The three-part assessment starts with the basics: the applicant’s employment status, potential start date, availability to work, recent salary history, and supervision experience. Questions probed here include “personal admissions” of everything from criminal convictions and substance abuse to theft.

Part two of the assessment focuses on attitudes – and provides numerical ratings on such topics as personal integrity, reliability and work ethic. Part three then suggests interview questions based on an analysis of parts one and two. After a few months of using the tool,

Warm Hearth refined its use of the product. “We started targeting the work ethic and reliability components of the index and decided we would only hire people who scored a six or better” on the 1-9 scale, says Wachsman. “People who score well on these have a better chance of succeeding here.”

That doesn’t surprise W. Ridgely Haines, president of Clarks Summit, PA-based WRH Assessments, who notes that nearly two-thirds of all hiring decisions are made in the first five minutes of an interview. Better hiring methods – improving the applicant pool, better interviewing methods, use of additional resources (such as background checks), and employment assessments – are essential to matching an applicant to a job that suits both their desires and abilities. Simply put, says Haines, companies need to “put more energy into [their] hiring process.”

Two hundred miles down the road, the Westminster Canterbury continuing care retirement community in Richmond, VA, took a different approach because it had a dif-

ferent problem it was trying to solve. “We have a very low [staff] turnover, but we are raising the bar on customer service,” says Judy Young, human resources specialist at the 25-acre 600-unit community. “We’re hiring for attitude and we use these tools so that we get the right mix to fit in here.”

“We started off with a profile and assessment of our top management,” recalled Young, “It measures strengths and weaknesses and job-related qualities that make a person productive,” she said. Following that step, the program was introduced to supervisory staff. “Now we use the information we gathered as a benchmark for someone to join that team,” says Young.

Profiles International’s “Team Analysis” product measures 12 personality traits and ranks each staff member on a five-part continuum from “low” to “high” on the degree that they possess the trait. Among the characteristics evaluated:


- Control – “the tendency to take charge, to be assertive, and/or to take control of a situation.”
- Social: “the tendency to be outgoing, people-oriented and extroverted.”
- Patience: “the tendency to be ... tolerant and understanding of others.”
- Precision: “concern for accuracy, details, and exactness.”
- Ambition: “the tendency to be competitive, to have a desire to win, and to be aggressive.
- Positive Expectancy: a positive attitude regarding people and outcomes.

Other areas measured include results orientation, emotions, team player, composure, analytical ability, and quality orientation.

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MN Quality Program to Publish Results

Consumers and others interested in how Minnesota assisted living facilities stack up against each other in terms of customer satisfaction and employee morale will soon be able to compare communities over the Internet. Those rankings, and others, are part of the "Committed to Quality" initiative  launched Dec. 14 by Care Providers of Minnesota, the non-profit association representing nearly 200 assisted living facilities and other long-term care providers in the state.

Committed to Quality requires participating facilities to commit to quality standards in six areas: visionary leadership, mission statement, customer satisfaction, employee satisfaction, resident complaint process, and continuous quality improvement. Its emphasis, though, is on gathering feedback from residents and employees, publishing the results, and identifying specific areas for improvement, said Care Providers president and CEO Rick Carter.

Under the program, Care Provider members feed their electronic responses to the questionnaire di-

rectly to the association's offices in Bloomington, MN. Those responses are reviewed by the group's quality committee. If deemed reliable they are posted at www.carelinkusa.com website, where they can be searched by name, facility type, or county. Data gathering is still ongoing, said Carter, so many facilities have yet to submit their finding.

But some, like the 46-unit Birchwood Arbors assisted living facility in Forest Lake, MN, have already done so. Birchwood Arbors scored a 4.1 on a scale of five in "making available interesting and useful programs and activities" to residents. That compares with a statewide average of 3.9. Meanwhile, in terms of "providing good meals that meet your taste and dietary needs, and ... are served in a pleasant setting" Birchwood Arbors rated a 3.35, just below the average of 3.79.

"More and more of us believe that quality and quality measures are far more important than [state regulatory] surveys," Carter told ALD. "By their nature, surveys are about compliance and never seem

to provide any meaningful information for consumers. We're not trying to replace the survey process for nursing homes and assisted living facilities, but instead to focus our time and attention on the quality process rather than on the compliance process, on outcomes instead of inputs."

"Unlike report cards or other static surveys of regulatory compliance, Committed to Quality is a vehicle to improve care. By sharing information on care and expectations, we will be able to identify specific practices that address individual needs, communicate them to residents and families, and provide support for the staff who will deliver the care."

Couldn't an unscrupulous provider try to game the system by, for example, submitting false data under the self-reporting system?

It's a possibility, both Carter and Pam Guyer, director of Care Givers quality improvement programs, acknowledge. Still, they say, such chicanery is likely to be found out.

Guyer pointed out that the survey questions were developed at the

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Quality Through Accreditation

A third-party seal of approval can be an essential tool in promoting assisted living quality even as it reduces regulatory burdens, representatives from the two national organizations that provide accreditation told the recent Center for Excellence in Assisted Living (CEAL) “Quality Summit.”

Assisted living facilities with third-party accreditation promote “a culture of safety and quality” and improve “the lives of residents served” through “enhanced staff performance,” Marianna Kern Gracheck, executive director for assisted living accreditation at the Joint Commission on Accreditation of Health Care Organizations (JCAHO), told attendees at the Washington, DC gathering. Moreover, said Chris MacDonnell, managing director of the Commission on Accreditation of Rehabilitative Facilities (CARF), while “accreditation systems are not regulators” they can act as “a complement to the statutory and/or regulatory provisions.”

Gracheck and MacDonnell spoke on different panels at the two day meeting – the former addressing “How to Measure Quality,” while the latter spoke to third party accreditation and “Working with State Quality Initiatives.” Despite their different venues, similar themes emerged.

Gracheck said the accreditation process:

- promotes safety and quality for residents;
- examines the competency of staff;
- requires continuous monitoring of key resident care indicators;
- emphasizes the importance of resident/family education;
- offers a blueprint for effective coordination of resident care and ethical decision making; and
- provides educational benefit for

the organization.

The actual JCAHO survey process, explained Gracheck, involves “few formal interviews – more attention is paid to actual individuals receiving care.” Said Gracheck: “Surveyors use pre-survey information such as demographics from [the] application, previous recommendations and information for pre-survey information to select residents to trace.” Among the focus areas: consumer protection, rights, and ethics; continuity of services; assessment and reassessment; resident services; resident education; and health and wellness promotion.

Further, said Gracheck, external
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Assessments

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More recently, Westminster Canterbury expanded its use of assessments to include Profiles’ “Customer Services Perspective,” a tool that identifies eight behavioral characteristics and two proficiencies considered essential to extraordinary customer service. “We’re very pleased with it,” says Young. The CNAs brought in after taking the assessment, said Young, “have turned out to be the best we have ever hired – people are just raving about them.” And it’s more than a pre-hiring tool, said Young. “We also use it for coaching – if someone is having a problem in a particular area we can pull their profile when we’re talking to that person” and, for example, identify training needs that will assist the employee.

Next up: Westminster Canterbury will begin use of the “Step One Survey II” instrument in 2005.

Assessments are not a magic bullet, cautions Haines, whose

company is an “authorized partner” of Profiles International. While they can be valuable tools, he says, no more than a third of the hiring decision should be based on an evaluation of a pre-hire assessment.

And there are pitfalls. Under employment discrimination law, he notes, assessments must be “job related,” “must measure consistently,” and “must be unbiased and fair.” The assessment tools need to be age, gender and ethnicity blind, he added.

Cost, however, should not be a prohibitive factor. Haines markets Profiles International’s “Step One Survey II” product for \$24 per use; the price is reduced to \$15 for purchases of 100 or more assessments. “In terms of return on investment,” he says, “it’s kind of a no-brainer.” Warm Hearth Village’s Wachsman agrees. “Whenever we can lower our percentage of turnover, we know we’re saving money,” she says. ■

MN Quality

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University of Wisconsin and field tested by the Gallop polling corporation. Plus, she said, the responses are reviewed by experts prior to placement on the website. “There is an evaluation process,” said Guyer. Further, she said, the association is planning to have a third-party vendor conduct the next round of resident and employee satisfaction surveys.

Committed to Quality builds on standards set by the American Health Care Association, the National Center for Assisted Living, the Baldrige National Quality Award, and other programs that promote excellence in health care and other fields. ■

Total Marketing, Step Two: Getting on The Short-List of Qualified Prospects

Not every prospective resident is right for your community. Experts agree that your marketing should target those who are most qualified and should present the benefits that appeal most to them. This is the essence of brand marketing. The ultimate objective is to become the preferred assisted living provider – but just in your segment of the market. Your marketing should drive inquiries from qualified prospects. It sounds straightforward, but it requires a combination of insight and analysis, imagination and discipline.

The best marketers understand instinctively that *everything* related to the product – from the font used for the name to the tone of voice of the receptionist – is marketing. The hotel or hospitality industry is a useful model, up to a point. For example, everything about a Four Seasons hotel is designed to reinforce the image of luxury while everything about a Red Roof Inn says affordable. And you find the top models of Mercedes Benz in every Four Season's garage but not in Red Roof Inn parking lots. The product and the customer match. "Facilities need to know their niche in the marketplace and assure that their distinctive advantage is being promoted effectively," says Fred W. Tanner of Senior Living Solutions, Inc.

- Profile your prospects. Start with your last ten or twenty admissions. Not long ago they were prospects who found your community attractive. Who are they? How do they define themselves? What clubs or affinity groups do they belong to (e.g. veterans, Elks members)? Where did they live before they moved in? What were they looking for most in an assisted living community? How

did they learn about their new residence? What other communities did they visit? Why did they select yours? Did a family member make the selection? Where does the family member live? Finally, ask your newer residents what they like most *and least* about the community?

- Analyze your product. Begin by shopping the competition. Then compare your community to its two or three chief competitors. Do you have a feature or characteristic or service that represents a real competitive advantage? If not, create one – one that appeals to your best prospects. The investment may be substantial – around-the-clock RN availability – or marginal – morning wake-up calls or evening bed-checks – but it should be considered from the perspective of creating a differential marketing advantage.

- Develop a brand identity that conveys the community image – quality, independence, support, family, exclusive, friendly, safe and secure, fun, sophisticated, quiet, comfortable, luxurious, modest – with which your current and prospective residents connect, and that reflects reality.

- Build a marketing communications plan around the benefits that are consistent with your brand and that features the one or two competitive advantages your community enjoys. "Millions of marketing dollars are wasted annually on unfocused advertising. A marketing plan should be a part of every assisted-living project," says Tanner.

Your communications plan should encompass the four top lead sources for assisted living communities: site signage, yellow pages, your

web site, and referrals.

"It is important to understand that most people do not pay attention to advertising and/or promotional messages about assisted living until they need it," says Scott MacLean, president of SeniorLife Solutions, Inc. in Indianapolis. Then they want information fast and look for it on the signs they pass every day, in the yellow pages, on the internet and from friends. Increase your communities' visibility in the local market with consistent branding. And connect the dots: "Be sure to post your web site address on all your marketing and promotional material, including your community vehicle which also serves as a rolling advertisement," says McLean. "You may not need to have the largest (yellow pages) ad but you should have one that catches the eye and communicates something unique about your residence."

As for referrals, MacLean recommends a program of "Inside Out Marketing" in which you "start marketing from within your residence and work your way out into the community through...your residents, families, staff and vendors." (ALD, Dec. 6.)

And take advantage of every opportunity for free *positive* publicity. "Get to know the (local media) players and find out what type of info and stories they are looking for... then give 'em what they want," suggests McLean. "Human interest stories about some of your residents who have had a unique life experience can usually get some air time or print space. Any new program or service can be publicized as well." In other words, let no good deed go

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DIRECTOR

ALF put to Norovirus Test

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treatment.

Behind Prakash as she did her midday standup were ambulances – seven such vehicles would occupy the facility’s circular driveway at different points in the day – and emergency medical technicians (EMTs) dressed like spacemen. They were wearing the full-body protective gear that is now part of their standard post 9-11 anti-biological weapon protocol – and not the unobtrusive face masks and rubber gloves they would have previously donned.

Other local news outlets featured similar coverage.

“You would have thought an alien ship had landed,” said Alterra communications director Nancy Wier. From her Milwaukee, WI office Wier would field “a deluge” of media inquiries that day – 14 in all.

Amidst the concern for residents and staff, confusion was the order of the day at the facility, which is licensed to house 52 residents. At one point, someone ordered the building “quarantined” – except that order didn’t come from the local Health Department, the only agency authorized to make such a determination. “There was a period of over-reaction,” Wier told *ALD*.

Oakland County health officer George Miller agreed. “This was an overzealous response to a situation that is common” in nursing homes and assisted living facilities, Miller told *ALD*. “This was not a problem with the facility,” said Miller, who said it is “unfortunate” that “such a well-established organization is feeling the brunt of this because the media hyped it so big.” The print press, said Miller, was generally responsible in its coverage. But the television media exploited the crisis.

“If it bleeds, it leads,” concluded Miller.

Miller’s staff determined that the norovirus outbreak did not result from faulty food preparation procedures. Two other buildings on the Alterra site, both of which use the same kitchen to prepare meals, were unaffected by the outbreak, said Miller. “We’re probably never going to know the source,” said Miller. The norovirus is easily transmitted by person-to-person contact and could have been spread by any number of sources, including visitors to the building, he said.

It is unclear if the death of the 85-year-old resident was related to the norovirus outbreak. The resident suffered a heart attack.

Miller said the Health Department’s “critical incident stress management team” will be discussing the incident with staff, family members, and residents. “Much to their credit the staff there really believes in what they are doing for the residents and now they’ve got this poor publicity, which makes it sound like they did a bad job. We’re going in and trying to help alleviate some of those concerns.”

Lessons learned?

Miller advises EDs and administrators to get to know their local emergency medical technician department *before* some incident brings them face-to-face. “Get an understanding of your EMT facilities and how they operate in your community,” he advises.

Next, “realize that it is your facility – that you still have control regardless of whether the police or the EMT roll onto the scene.” He recommends that ALFs reach “mutual aid agreements” with local law en-

forcement and health officials.

Wier said that Alterra’s crisis communications plan was put into effect early that day. “First and foremost, we remove our resident director from dealing with the press so they can focus their attention on care of the residents and members of the community who may be affected,” said Wier. Media inquiries were relayed to Wier’s office and a response was faxed to reporters toward the close of the day. “Everybody got a consistent message so there was no misconstruing of information,” said Wier.

Miller offered a final suggestion. “You have to know who the incident commander is” – the person responsible for interacting, or directing the communication, with all the significant players (residents, family members, public safety professionals, staff) during a crisis.

“And I’d make sure it was someone who has had some experience with the media,” said Miller. ■

Total Marketing

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unpublicized.

In the end, assisted living is all about trust. And people trust people. Successful marketing drives inquiries, and then the interpersonal sales process takes over. This is the point of differentiation between the hospitality industry and the assisted living industry.

But the best marketing material also has a personal component – pictures of residents, the name of the executive director. People connect with people.

Total Marketing is a four-part series examining specific stages in the AL marketing and sales process. Next issue: Step 3: Keys to Successful Web Sites. ■

States Look to Expand Medicaid Waivers

Burdened by growing costs to pay for high-cost nursing home placements, states are increasingly looking to assisted living facilities to “fill the gap” between home-based independent living and skilled nursing facilities for low-income seniors who do not require the care provided by a skilled nursing facility.

Currently, forty-one states have been granted waivers by federal regulators that allow them to use Medicaid funds to pay for at least some of the health-related services provided in assisted living facilities. Ohio and Tennessee are among the jurisdictions considering expansions to their programs in this area over the next year. New Hampshire officials, meanwhile, hope that their efforts will result in a thirty percent reduction in the number of government-supported nursing home residents in favor of home-based and assisted living based care.

Medicaid, the 40-year-old health care program in which the federal and state governments share the cost of care for the poor, was created prior to the advent of assisted living or home-based care. The program has been slow to keep pace with the changing marketplace and as a result, say proponents of expanded care options, its payment formulas frequently force seniors into expensive and inappropriate level of care. According to MetLife’s Mature Market Institute, the annual cost for a semi-private room in a nursing home is nearly \$62,000, while the typical assisted living is about half that. Government subsidies account for about forty percent of nursing home costs, up from twenty-nine percent in 1990, according to the Government Accountability Office (GAO).

“The current long term care

Medicaid continuum in Ohio jumps from home care to nursing home care, leaving out a step in the middle of the continuum,” Jan B. Thompson, executive director of the Ohio Assisted Living Association told the state’s Commission to Reform Medicaid earlier this year. The Commission was receptive to Thompson’s argument: among the recommendations it issued Dec. 13 was to “offer assisted living as a Medicaid option.”

Tennessee, meanwhile, “is among the last states to provide alternatives to nursing home care through the Medicaid system,” says AARP lobbyist Brian McGuire. The association is urging Gov. Phil Bredesen to ask federal regulators to expand the state’s Medicaid waiver to allow for “placements in less restrictive environment that are also less expensive than nursing home care.”

The nursing home industry is among those opposing the initiative in Tennessee, McGuire told *ALD*. “We fought very hard [four years ago], as did a lot of groups, to have a more expansive set of services and the nursing home industry very strongly opposed that.”

But today is different than four years ago, said McGuire, and both the fiscal and policy imperatives will force a change in how the state treats assisted living facilities. The number of low-income elderly eligible for such services is expected to double over the next 30 years in the state and policy makers understand the need to “get out in front of the baby boomer generation’s need for long-term care.” Currently, said McGuire, the state spends \$930 million annually for nursing home placements, but only \$33 million for other forms of long-term care assistance.

A statewide summit on long-term care policy will be held in Tennessee in early February.

In Ohio, meanwhile, the upcoming state legislative session will determine if long-term care alternatives will be enacted, said Thompson. The devil, she said, is in the details. The assisted living industry supports the concept of expanding Medicaid reimbursement to assisted living facilities, said Thompson, provided “it is voluntary and it offers adequate levels of reimbursement.”

In any case, said Thompson, such an expansion “would not be a panacea” because the “size [of the payments] would be controlled by the legislature” whose primary motivation is to control costs. Still, she said, the initiative has the backing of Governor Bob Taft and “the fact that the commission has suggested it certainly beefs up the governor’s position.”

And there is some sense of urgency. Citing increased caseloads and “exploding costs” – the state Medicaid budget grew by forty percent between 2001-2003 – the commission warns that “the current system threaten[s] to bankrupt the state, unless reforms are enacted now to restrain the rate of growth.” ■

Drugcard Deadline Approaching

Seniors with Medicare-approved drug discount cards who wish to switch to another provider have until Dec. 31 to do so. For more information, call 1-800-medicare. When calling, the Department of Health and Human Services suggests that seniors be able to provide their zip code, medicines and doses, and their total monthly income. ■

DIRECTOR

Accreditation Encouraged

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accreditation “can reduce organizational risk and liability exposure” and promote self-improvement, which, in turn, “reduces errors and omissions overall.”

A small number of states, said MacDonnell, have worked with both JCAHO and CARF to develop arrangements whereby accreditation acts as a substitute for state licensing or inspections. Such programs begin, said MacDonnell, where state regulators know they are “in need of a partner to better serve consumers,” where the state is experiencing a budget crisis, or where current regulatory oversight is determined to be inadequate.

Third-party accreditation standards, said MacDonnell, “frequently exceed issues that are addressed in regulation” and can provide state regulators with “more ... information on a variety of topic areas (performance improvement, disclosure, etc.)” then they would receive through the normal procedures. “Partnership,” she said, is the correct word to describe such arrangements, because accreditation is no substitute for regulation. “Regulators still need to hold the ‘enforcement’ component,” said MacDonnell.

MacDonnell encouraged assisted living providers to work with state, consumer and provider groups to develop partnerships where accreditation enhances regulation. Such arrangements typically involve a

“memorandum of understanding” describing precisely what the “nationally recognized accreditation system” will examine and the benefit to assisted living providers, such as relief from licensing procedures.

A credible accreditation process, said MacDonnell, involves a peer review process that addresses business practices, performance, and performance improvement.

Meanwhile, Gracheck outlined JCAHO’s 2005 “national patient safety goals” for assisted living. Under those goals, facilities must “develop a process for obtaining and documenting a complete list of the resident’s current medications upon the resident’s admission to the organization and with the involvement of the resident” and “provide “a complete list of the resident’s medications ... to the next provider of service when it refers or transfers a resident to another setting, service, practitioner or level of care within or outside the organization.”

When it comes to fall mitigation, JCAHO wants facilities to “assess and

periodically reassess each resident’s risk for falling, including the potential risk associated with the resident’s medication regimen, and take action to address any identified risks.”

In addition, communication among staff will be enhanced if the use of abbreviations, acronyms and symbols are standardized throughout the organization, according to the goals. Further, facilities should verify the orders and test results by having the person receiving the order or test result “read-back” the complete order or test result when telephonic reporting is necessary.

The two-day CEAL conference was sponsored by the 11 organizations that make up the organization – including AARP, American Assisted Living Nurses Association, American Association of Homes and Services for the Aging, American Senior Housing Association, Assisted Living Federation of America, and the National Center for Assisted Living. CEAL was created in 2003 as a follow-up to the work of the Assisted Living Working Group. ■

Save This Date

Assisted Living Director will kick-off its first in a series of 90-minute **Expert-on-Call** audio conferences beginning Feb. 24, 2005. The topic: Effective Fall Prevention. 2:00-3:30 pm/EST.

Gather your entire team for this informative, interactive audio conference. Bring your toughest questions. Rein Tideiksaar, Ph.D., president of fallPREVENT LLC, will guide you through a step-by-step process in which you learn how to implement a fall prevention program tailored for your community.

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