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EXECUTIVE SUMMARIES

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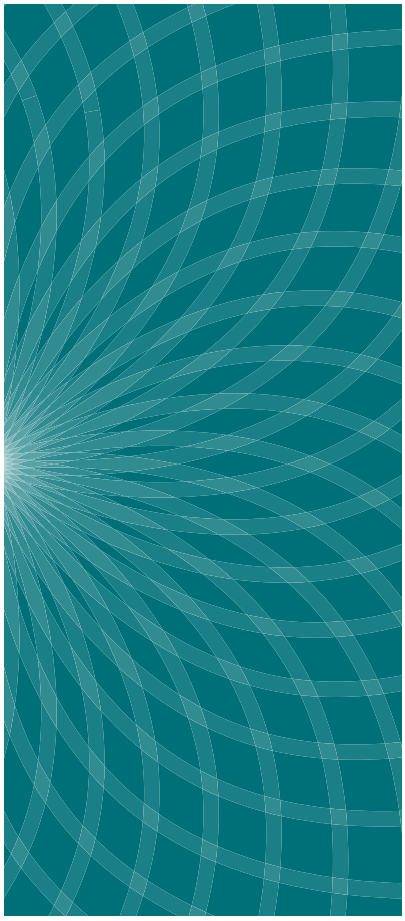

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NIC

The National Investment Center for Seniors Housing & Care (NIC) is a 501(c)(3) organization whose mission is to advance access and choice in seniors housing and care—from independent living (IL), assisted living (AL), and memory care, to skilled nursing and post-acute care. NIC provides research, education, and increased transparency that facilitate informed investment decisions, quality outcomes and leadership development in seniors housing and care.

Since 1991, NIC has been the leading source of research, data, and analytics for owners, operators, developers, capital providers, researchers, academics, public policy analysts, and others interested in meeting the housing and care needs of America's seniors. NIC has proudly sponsored the *Seniors Housing & Care Journal*, a peer-reviewed journal for applied research in the seniors housing and care field, since 1993.

One of NIC's major initiatives to further its mission is the NIC MAP® Data Service (NIC MAP). NIC MAP is a web-based suite of research and analysis tools that track and report seniors housing and care data, enabling users to gain access to more than 14,000 properties within 140 U.S. metropolitan markets and more than 650 counties. Established in 2004, NIC MAP creates transparency for seniors housing and care by offering accurate, unbiased, and actionable market-level data on all of the sector's property types and care segments, including IL, AL, memory care and nursing care, as well as continuing care retirement communities (CCRCs). Our data is updated quarterly, monthly, and weekly, and are inclusive of property-level inventory by unit type, sales transactions, properties under construction and in the planning phase, aggregated occupancy and rent comparables, demographics, and much more.

For more information, visit www.nic.org or call 410-267-0504.

Mather LifeWays

Mather LifeWays is a unique, non-denominational not-for-profit organization based in Evanston, Illinois, founded more than 70 years ago. We are dedicated to developing and implementing Ways to Age Well℠ by creating programs, places, and residences for today's young-at-heart older adults. Staffed by nationally recognized researchers, Mather LifeWays Institute on Aging is an award-winning resource for research and information about wellness, aging, trends in senior living, and successful aging service innovations. The Institute shares its cutting-edge research in order to support senior living communities and others that serve older adults, in areas including effective approaches to brain health, ways to enhance resilience, and successful employee wellness programs. Mather LifeWays Institute on Aging collaborates with NIC to produce the *Seniors Housing & Care Journal*. To learn more about Mather LifeWays Institute on Aging, call 888-722-6468 or visit www.matherlifewaysinstituteonaging.com.

Introduction – *Seniors Housing & Care Journal 2016*

The *Seniors Housing & Care Journal* offers scholarly articles with a strong focus on applied research and best practices in the fields of seniors housing and long-term care. This year the *Journal* adopted a more executive-friendly format, focusing on topics most relevant for seniors housing providers and investors, with emphases on asset transparency, leadership development and talent selection, availability and affordability of seniors housing, and quality outcomes.

Continuing our tradition of recognizing an Outstanding Research Paper, and with the generous support of PGIM Real Estate, the *Journal* editors selected one article for this honor, *What's in Your Bundle: Building a Communication Map of Relational Coordination Practices to Engage Staff in Individualizing Care* by **Amy Elliot and Sonya Barsness**. Presenting results from a process evaluation of 21 nursing homes, **the authors found that four communication practices—consistent assignment, regularly scheduled huddles, quality improvement huddles closest to the resident, and certified nursing assistants' involvement in care plan meetings—were associated with better organizational outcomes**. In addition, the authors provide a Communication Map that can be utilized by senior living communities.

Additional articles similarly provided relevant and actionable information for the seniors housing industry. In *Increasing Satisfaction in Age-Qualified, Service-Enriched Communities: How to Focus on What's Really Important*, **Edie Smith, Kristen Paris, Andrea Webster**, and **Karen Sullivan provide clear and concrete steps for utilizing customer satisfaction surveys to develop an action plan and improve areas that have the strongest impact on satisfaction**. *In Interpersonal Care Processes, Falls, and Hospitalizations in Green House and Other Nursing Homes*, **Susan Horn, Sandra Hudak, Ryan Barrett, Lauren Cohen, David Reed, and Sheryl Zimmerman found that direct communication between dietary staff and certified nursing assistants about resident weight, a consistent process for root cause analysis, and higher staffing ratios were associated with fewer falls and/or hospitalizations. Conversely, lack of consistent nursing assistant assignment was associated with more adverse outcomes**.

Relating to the area of availability and affordability, **Bill Gullege, Bryon Cohron, and Margaret Wylde**, in their article, *Lower-Middle Income Market Purchase Decisions and Likelihood of Moving to Age-Qualified Apartment Communities with Convenience Services*, **found that lower-middle income market households are likely to move to an age-qualified, service-enriched community at the same rate as the upper-middle income (UMI) market, but the product must be lower in price**.

Lastly, **Manisha Sengupta, Farida Ejaz, and Lauren Harris-Kojetin** shed further light on the critical role of personal care aides in their article, *Personal Care Aides in Assisted Living and Similar Residential Care Communities: An Overview from the 2010 National Survey of Residential Care Facilities (NSRCF)*. Among their findings was that low wages and lack of benefits are related with the personal care aides' intent to leave the job.

In addition to the five research articles, three commentaries reveal new insights into important issues in our field. *In Preparing for the Passing of the Baton: Leadership Programs in Senior Living Organizations*, **Sue Murty, Betsie Sassen, and Mark Kammerdiener** describe how the LeadingAge Leadership Academy helped inspire St. Ann's Community and Mather LifeWays to develop in-house leadership programs and identify strategies that other organizations seeking to do the same can replicate. A second commentary, *Can Quality in Assisted Living Be Measured? One County's Approach*, by **C. M. Murphy and Christina Selder**, suggests that a new rating system for assisted living communities provides an important means for assessing facility performance in a uniform manner. Lastly, in *Housing and Assisted Living Issues for Non-Medicaid Nursing Home Residents Returning to the Community*, **Heather Davila, Rosalie Kane, Tetyana Shippee**, and **Kathleen Abrahamson** identify challenges for non-Medicaid nursing home residents seeking to return to or find housing-with-services settings.

For the second consecutive year, the *Journal* concludes with an *Executive Roundtable* facilitated by Jane Adler. In this discussion, **industry executives (Doug Korey, LTC Properties; Joseph McCarron, Capital Care Associates; John Moore, Atria Senior Living; Kurt Read, RSF Partners) offer their thoughts relative to the benefits, opportunities, and challenges of transparency in the seniors housing and care sector**.

We would like to recognize the *Journal's* Editorial Board members, whose efforts and time spent reviewing submissions and providing feedback ensure the quality and relevance of the *Journal*. In addition, we appreciate the vital contributions of Technical Editor F. Gill and Associate Managing Editor Jennifer Smith, who have guided the process of review and publication.

The *Journal* continues to publish research that contributes to the senior living field and has direct application for day-to-day operations. If you would like to submit an article for publication in the 2017 edition, please direct your e-mail to Associate Managing Editor Jennifer Smith, jsmith@matherlifeways.com.

Sincerely,

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What's in Your Bundle? Building a Communication Map of Relational Coordination Practices to Engage Staff in Individualizing Care

Amy E. Elliot, PhD; Sonya Barsness, MSG

The purpose of this article is to present the results of a process evaluation of 21 nursing homes engaged in implementing a framework of communication practices through the National Learning Collaborative for Engaging Staff in High Quality Individualized Care. The four foundational communication practices include: 1) consistent assignment; 2) regularly scheduled huddles; 3) quality improvement huddles closest to the resident; and 4) certified nursing assistants' (CNAs) involvement in care plan meetings. Used together, these four practices are theorized to create a system to design and use effective highly individualized approaches that improve quality of care and life, and ultimately result in better organizational outcomes.

The large and diverse group of nursing homes participating in the National Learning Collaborative afforded an opportunity to study the implementation process through post-Collaborative site visits. Data collection tools, including interview guides and observation tools, were developed and pilot-tested to support the process. To conduct a more rigorous analysis of the site visit findings, the authors used the Consolidated Framework for Implementation Research (CFIR) to analyze the content, evaluate implementation progress and contextual factors, and identify core components.

The authors' findings indicate that homes with all four practices in place (high-implementation homes) experienced more rapid and substantial development of the communication infrastructure than homes that had not fully implemented the relational coordination system of individualized care practices. In addition, high-implementation homes continually reported the ability to "plug into" the system of relational coordination practices for localized and individual needs, as well as organization-wide performance improvement projects, such as reducing the use of antipsychotic medications or preventing avoidable hospitalizations. These findings also informed the development of a Communication Map for Engaging Staff in Individualizing Care. The Communication Map represents the full delivery system that evolved from the interconnectedness of the practices and resulting communication conduits.

There is growing tension in long-term care based on an increasing focus on quality of life and resident experience juxtaposed with reimbursement models shifting to an emphasis on quality of care and measurable outcomes. "What's in your bundle?" is a simple statement recognizing that organizational systems can positively or negatively affect these outcomes. This study highlights that communication delivery systems can be dynamic, valuable components in complex, long-term care environments and should be strongly considered as a tool for improving quality and efficiency in tandem with regulatory and reimbursement initiatives.

Increasing Satisfaction in Age-Qualified, Service-Enriched Communities: How to Focus on What's Really Important

Edie R. Smith; Kristen V. Paris, PhD; Andrea K. Webster, MSc; Karen Sullivan

Quality improvement (satisfaction) surveys are vital in tracking and improving satisfaction among residents and family members of age-qualified, service-enriched communities. Most service-enriched communities have a survey in place, but often the management is not instructed on what their results mean or how to use them. This article illustrates the importance of identifying the service areas or functions within a community that are having the greatest impact on overall customer satisfaction so that management can develop an action plan that focuses on improving those areas, thus increasing overall customer satisfaction.

Over the past two years, Chartwell Retirement Communities has conducted a quality improvement program across their 167 age-qualified, service-enriched communities. The survey is conducted annually with residents of their independent living and long-term care residences. The survey results for each community are provided in a report that includes their scores for each service area, their scores for overall satisfaction, and an analysis showing the areas of the community that are having the greatest impact on overall resident satisfaction.

By focusing on the specific areas that have the greatest impact on overall satisfaction, Chartwell was able to achieve significantly higher satisfaction scores companywide in 2015 than in 2014. One specific community with particularly significant improvement from 2014 to 2015 explains how they used their survey results to formulate a plan for improvement. Based on their drivers of satisfaction, the onsite management team accomplished three primary goals: better communication between the team of administrators and staff, encouraging the staff to feel empowered and able to make their own decisions, and better communication between the community and residents regarding their concerns and actions the community is making to address those concerns. As a result, this community raised overall satisfaction quite significantly in just one year's time.

Once a community understands their quality improvement results and what service areas or functions need the most attention, they are then charged with developing a solid action plan. The onsite management team, along with the frontline personnel responsible for day-to-day interaction with residents, should identify the specific areas for improvement, the necessary steps required to achieve the desired change, the deadlines for making those changes, and a plan for communicating the results back to their customers. Letting residents know their input is appreciated and that the community is making the improvements they requested is one of the most important pieces of the quality improvement process.

Interpersonal Care Processes, Falls, and Hospitalizations in Green House and Other Nursing Homes

Susan D. Horn, PhD; Sandra L. Hudak, MSN, RN; Ryan S. Barrett, MS; Lauren W. Cohen, MA; David A. Reed, PhD; Sheryl Zimmerman, PhD

Interpersonal aspects of nursing home care processes have rarely been examined, including how resident risk is identified, if and how multidisciplinary communication and collaboration occur, and what other preventive practices are in place. This study examined select nursing home structures and interpersonal care processes and identified those associated with falls and hospitalizations, controlling for resident differences, to help inform care practices. Outcomes were also examined related to two types of nursing homes: traditional nursing homes and those that have undergone broad "culture change" as evidenced in Green House nursing homes.

The study population included residents and staff from 11 Green House organizations and eight comparison nursing homes across 11 states. Minimum Data Set 3.0 resident data and structured interviews were used to gather information about residents and interpersonal care processes used in these sites from January 1, 2011, through June 30, 2012. Resident characteristics, nursing home structures (e.g., consistent staffing), and interpersonal care processes, including processes to identify risk (e.g., obtaining resident weights weekly), prevention strategies (e.g., conducting root cause analysis), and communication and collaboration processes, among disciplines about resident status (e.g., communicating about resident status), were measured to determine those that were significantly associated with outcomes of falls and hospitalizations.

Findings indicate the importance of direct communication between dietary staff and certified nursing assistants (CNAs) about weight loss and nutrition risk, obtaining weekly weights, more staff hours/resident day, and staff conducting root cause analysis when trying to reduce resident falls or hospitalizations. Practices to be avoided include frequent CNA assignment changes and the omission of formal shift report from nurses to CNAs, because these were associated with more falls and/or hospitalizations.

Certain modifiable nursing home structures and interpersonal care process factors, the latter of which have not been examined in other research projects and are not unique to any given model of nursing home care, are associated with fewer falls and hospitalizations; they suggest potential targets to improve quality of care and health outcomes of nursing home residents, regardless of setting.

Lower-Middle Income Market Purchase Decisions and Likelihood of Moving to Age-Qualified Apartment Communities with Convenience Services

Bill Gulledge, MBA; Bryon Cohron; Margaret Wylde, PhD

Approximately 65% of the age 75+ market ineligible for subsidized housing (those with incomes above $30,000 to $35,000, depending on the market area and household size) are likely to be priced out of the market for a residence in an independent living, assisted living, or memory care community. As the 75+ population increases over the next three decades, the numbers within the low-middle income sector will increase. The average monthly fee for an independent living residence was $2,974 in the second quarter of 2016 (NIC MAP®, 2016). The average monthly fee of $2,974 would consume 89% of the income of a household with an annual income of $40,000, and 59% of the income of a household with $60,000.

This pilot study surveyed households in the 70+ group with low-middle annual household incomes to learn the proportion who would move to an age-qualified apartment community with convenience services (dining, housekeeping, and transportation), the type and size of apartments, services, and amenities they want, the price they would pay, and the likelihood they would move to a community.

The survey was fielded among age- and income-qualified households via the Internet that are among the research panel of Research Now, a vendor that maintains a panel of several million households that have opted into their panel and are invited to complete surveys. All respondents were screened for age and income criteria.

Surveys were completed by 344 individuals living in Baltimore, Chicago, Houston, or Los Angeles. Nineteen percent of the respondents were very likely or likely to rent (Renters) a residence in the communities described, and 41% were unsure if they would rent. The primary determinants of their decisions to rent were the floor plan, meal programs, payment method (rental or entrance fee and reduced rent), and the outdoor space options.

The proportions of the low-middle income market likely or unsure if they would rent a residence in the communities were identical to those measured for communities for the upper-middle income market. Many in the lower-middle income market are willing to trade off size, features, services, and amenities to obtain a lower price, but there were substantive differences among respondents in what they wanted or were willing to give up. One size and design does not fit all, but opportunities may abound in this market that is 3.2 times the size of the upper-middle income market.

Personal Care Aides in Assisted Living and Similar Residential Care Communities: An Overview from the 2010 National Survey of Residential Care Facilities (NSRCF)

Manisha Sengupta, PhD; Farida K. Ejaz, PhD, LISW-S; Lauren D. Harris-Kojetin, PhD

Personal care aides, along with other direct care workers, provide the majority of hands-on care, including helping with activities of daily living, for individuals living in assisted living facilities and similar residential care communities. Yet, little is known about personal care aides working in residential care settings.

Using data from the Department of Health and Human Services' National Survey of Residential Care Facilities (NSRCF) (n=2302), this descriptive study estimates 1) the number of personal care aides employed by residential care communities in the U.S.; and (2) the distribution of personal care aides by residential care communities' operating, geographic and resident acuity characteristics. It examines personal care aide staffing levels (mean hours per resident day), the types of tasks routinely performed by personal care aides beyond activities of daily living assistance, and the employment benefits residential care communities offer personal care aides.

Results indicated that personal care aide staffing levels, tasks performed by aides, and job benefits offered to aides varied by residential care community characteristics. Compared to other residential care communities, a higher percentage of small, non-chain, and for-profit communities had their personal care aides routinely perform a variety of tasks beyond assistance with activities of daily living, yet a lower percentage of these communities offered the aides selected job benefits.

Studies in nursing homes have shown that high staff turnover is associated with poorer quality of care and a higher economic burden on providers. These studies also identified that low wages and lack of benefits, particularly health insurance, are related to aides' intent to leave the job. Personal care aides are an integral part of residential care communities, and it is critical to better understand the tasks performed and benefits received by personal care aides working in these settings, and to identify community characteristics that may be related to fewer benefits offered to aides. Therefore, findings from this study are likely to fill current gaps in understanding the role of personal care aides as a type of direct service workforce. With the growth in aging and disabled populations, there will be a greater need for personal care aides in general, and in residential care communities in particular, as they are increasingly becoming an important source of care for these populations.

Preparing for the Passing of the Baton: Leadership Programs in Senior Living Organizations

Sue Murty, MSW; Betsie Sassen, MSN; Mark Kammerdiener, MS

According to Bob Morrow from Clifton Larson Allen, an accountancy firm with offices throughout the U.S., the aging industry "faces a serious shortage of new talent, and accelerated turnover, among its leaders. A significant percentage of executive leadership entered the field at the same time, and as many as 40% are approaching retirement in the next three to four years. At the same time, we've not been building our bench strength" (Sherwin, 2016). LeadingAge, a national association of nonprofit organizations serving older adults, addressed these concerns by developing a premier leadership program in 2006 known as LeadingAge Leadership Academy.

The domino effect from the LeadingAge program has been impressive, with many graduates assisting LeadingAge state affiliates in developing their own versions of leadership programs and more recently, assisting their own organizations in developing them. This article focuses on how the LeadingAge Leadership Academy helped inspire two member organizations, St. Ann's Community and Mather LifeWays, in developing in-house leadership programs. Each program is described in detail, including the implementation process for each program and the resources required. While both programs are in their infancies, preliminary evaluations are shared as well as anecdotes. It is hoped that other senior living organizations will realize how "doable" having a leadership development program is.

Both St. Ann's and Mather LifeWays report that employees who have gone through the programs have taken advantage of the growth opportunities afforded them. Some have enrolled in continuing education opportunities and some have been promoted. Silos between departments and areas of the organization have been reduced after participants had an opportunity to really get to know each other on a personal and profound level through this intensive group experience. All who engaged in these programs have improved their knowledge and understanding of different roles and functions in their organizations, and this has been extremely beneficial in improving each organization's ability to work more effectively and employee engagement.

Senior living organizations that wish to implement their own leadership programs can utilize the structure and ideas from either or both of the programs outlined, drawing on the skills and knowledge of their own leaders, including LeadingAge Leadership Academy graduates, graduates from other leadership programs, and board members, for program content and execution.

Can Quality in Assisted Living Be Measured? One County's Approach

C. M. Murphy, MS; Christina Selder, MS

Rating systems are ubiquitous in today's culture: Look only to Yelp, Angie's List, Consumer Reports, or the Centers for Medicare and Medicaid Services' 5-star rating system, which is featured on the Nursing Home Compare website. Despite the explosive growth of assisted living facilities, there remains no similar indicator for consumers searching for assisted living services in California. California is currently home to the largest number of assisted living facilities, or Residential Care Facilities for the Elderly (RCFEs), in the nation. However, California's Department of Social Services has no formal plans for the creation or implementation of a rating system. One California county recently took steps to address this absence by funding a pilot to create an RCFE rating system for local facilities. San Diego County developed a prototype rating system and offers a potential model for replication in other states or municipalities that wish to do the same.

The framework for the rating system was stipulated by the county and was to include a set of quality measures, public records data, and secondary input from customer and peer-review surveys. The methodology used to develop the rating system combined focus group feedback and the statistical analyses of facility compliance data taken from state public records. In the absence of state-established, quality care measures, the county's quality measures served as proxies for care. Focus group feedback was used to map and weigh relevant state regulations into these quality measures. All iterations of the scoring device were tested against the blind public records of 68 local RCFEs.

The most noteworthy finding of the pilot was that one rating system could uniformly rate both large and small residential care facilities for the elderly. Additional findings characterized provider skepticism for a rating system and ways to minimize it.

While the proliferation of assisted living rating systems has yet to be seen due to both real and perceived challenges, consumer demand for reliable indicator tools will only continue to increase as a greater number of seniors consider assisted living. The issue then becomes how can state regulations be translated into meaningful measures and how can provider buy-in be achieved. San Diego County's RCFE rating system pilot offers a model for potential replication in other states seeking to narrow the informational gap between consumers and facilities.

Housing and Assisted Living Issues for Non-Medicaid Nursing Home Residents Returning to the Community

Heather Davila, MPA; Rosalie A. Kane, PhD; Tetyana Shippee, PhD; Kathleen Abrahamson, PhD, RN

Since 2010, Minnesota's statewide Return to the Community Initiative (RTCI) has provided transition services to non-Medicaid nursing home residents, about 20% of whom were discharged to an assisted living setting. This article reflects on experiences and challenges of private-pay consumers during and after a nursing home stay insofar as they intersect with assisted living and other seniors housing providers.

Qualitative data on RTCI, collected over three years, had three components: 1) interviews of RTCI program staff; 2) interviews with nursing home discharge personnel; and 3) case studies. The latter include 30 memorable cases described by RTCI's community living specialists and 24 multiperspective case studies for which the authors interviewed consumers, family members, community living specialists, and others integral to a specific consumer discharge. Interviews were taped and transcribed, and multiple coders identified themes. For this article, the authors analyzed qualitative data from all data sources to identify themes regarding the seniors housing experiences of non-Medicaid seniors and their families. This analysis identifies issues raised by community living specialists but is not an evaluation of RTCI activities or outcomes.

Searches for group residential settings were labor intensive and stressful, and exploring options was arduous. Information about this sector, especially small family homes, changes rapidly. Seniors and their families misunderstand the various service levels—even those where they were living—and could conclude, wrongly, that independent living or assisted living was inappropriate and unsafe for them. Professional advisors in nursing homes and family doctors similarly conveyed erroneous information. Professionals often invoked vaguely worded but intensely-felt safety concerns as reasons not to try assisted living or deem an assisted living setting no longer workable. Information supplied by the nursing home was often incorrect or outdated. A subset of the consumers experienced many moves among assisted living settings within periods of a year or two, sometimes punctuated by hospitalizations and additional nursing home stays.

The authors identify practice implications for transition advisors and seniors housing providers of many types: nursing homes, assisted living, independent living, and multilevel. They offer provider tips related to clarifying information about their settings, communication with nursing homes, and move-in practices. Also, local collaborative groups of housing providers and other stakeholders (e.g., consumer groups, home care providers, advocates, physicians, municipal officials) could examine gaps, barriers, and possible solutions, and together get beyond vague terms like "need for 24-hour care," to develop a fresh and shared understanding of consumer safety, risk-taking, and choice.

2016 Executive Roundtable: The Role of Transparency in the Seniors Housing and Care Sector

Industry leaders discuss the benefits, opportunities, and challenges of transparency

A panel discussion conducted by Jane Adler

While seniors housing and care is a relatively young industry, it is nonetheless impacted, like all enterprises, by the drive for increased transparency. Consumers and investors alike want to know what services are provided by senior living communities and at what cost. Stakeholders also want to be able to compare communities based on similar measures, and though property and performance data are becoming more available, significant information gaps still exist.

In an effort to encourage further transparency, the *Seniors Housing & Care Journal* recently brought together a handful of top industry leaders for a panel discussion on the topic. The executives discussed the role of transparency in the seniors housing and care sector, addressing the benefits, opportunities, and challenges that result from an open and efficient marketplace.

The panel found consensus on a number of points. Consumers seek transparent pricing, though a number of industry forces are holding back efforts to create easy-to-understand cost estimates. Panelists believed that access to real-time rent information would make providers more competitive. The complexity of the business makes it difficult to produce standard quality metrics, though efforts are underway to track resident outcomes. For investors, the panelists agreed, the creation of a standard chart of accounts for the industry would be a good first step toward uniformity. The senior living industry can look at models in other real estate asset classes, such as the hospitality sector, for examples of how to create clear, repeatable data sets that can be analyzed over time.

Looking ahead, panelists observed that the industry would be better served to improve transparency on its own, rather than to have the free flow of information imposed by regulators. Panelists also agreed that the need to address transparency is urgent, especially considering recent changes in the health care system that are just beginning to impact the entire seniors housing and care sector.

Other conclusions the panel came to include:

- Information gaps persist.
- Industry leaders see a growing role for transparency.
- Quality measures and standard accounting practices are key.
- A proactive approach will help forestall more regulation.

To read, download, copy, print, search, or link to the full texts of the articles without charge, please visit: http://www.nic.org/SHCJ/2016

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For more information, visit www.matherlifeways.com/shcj.asp.

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