AN EVALUATION OF THE LIVEWELL METHOD

Evidence from a study by The Institute on Aging at Portland State University indicates that LiveWell learning collaboratives and coaching reduce costs while increasing job satisfaction and employee retention. As this report excerpt also demonstrates, LiveWell helps staff improve resident care and quality of life through a bottom-up and top-enabled approach.

LIVEWELL

Portland State UNIVERSITY

An Evaluation of The LiveWell Method

Excerpted from the final report submitted 08/25/2021

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Executive Summary

Quality of care is important to assisted living and residential care (AL/RC) owners and operators, advocates, and state policy staff, including the licensing and oversight agency. Oregon has several mechanisms for addressing quality in these settings, including administrative rules (OAR 411-054-0025) that require AL/RC to have a quality improvement plan, legislative actions such as HB 3359 that established the quality measurement program (411-054-0320), regulatory oversight activities, and the state's Ombudsman program. Since 2015, the Oregon Department of Human Services (ODHS) has supported a novel quality approach called the LiveWell Method, the focus of this report.

The LiveWell Method uses a practice-based framework to improve the quality of life for people living and working in long-term care settings, including assisted living and memory care. It is designed to improve teamwork, communication, and morale by helping staff organize, track, measure, and improve daily operations. This evaluation is informed by the LiveWell Method's "bottom-up and top enabled" approach, which engages and empowers direct care staff and administrators to create a more democratic and transparent workplace. In addition, the evaluation included questions to assess LiveWell's core values, such as creating care innovations, nurturing dignity, creating community, and honoring elders, as well as organizational frameworks such as "lean thinking" and "human-centered design," and trauma-informed practices.

Between September 2019 and June 2021, 188 staff from 46 AL/RC communities participated in a LiveWell training or in one of three 12-week virtual Learning Collaboratives (referred to as cohorts). Of these 188, staff from at least 23 AL/RC communities attended an in-person LiveWell training held before the COVID pandemic, and staff from 23 AL/RC communities attended an online Learning Collaborative (one community participated twice). A training sessions was held in December 2019 for five for nurse consultants, as well as a "Foundations in QI" training for 26 DHS staff in January 2020. In addition, 61 staff, including administrators and direct care workers, participated in an online LiveWell Meet Up session. Below we summarize key information and findings from this evaluation.

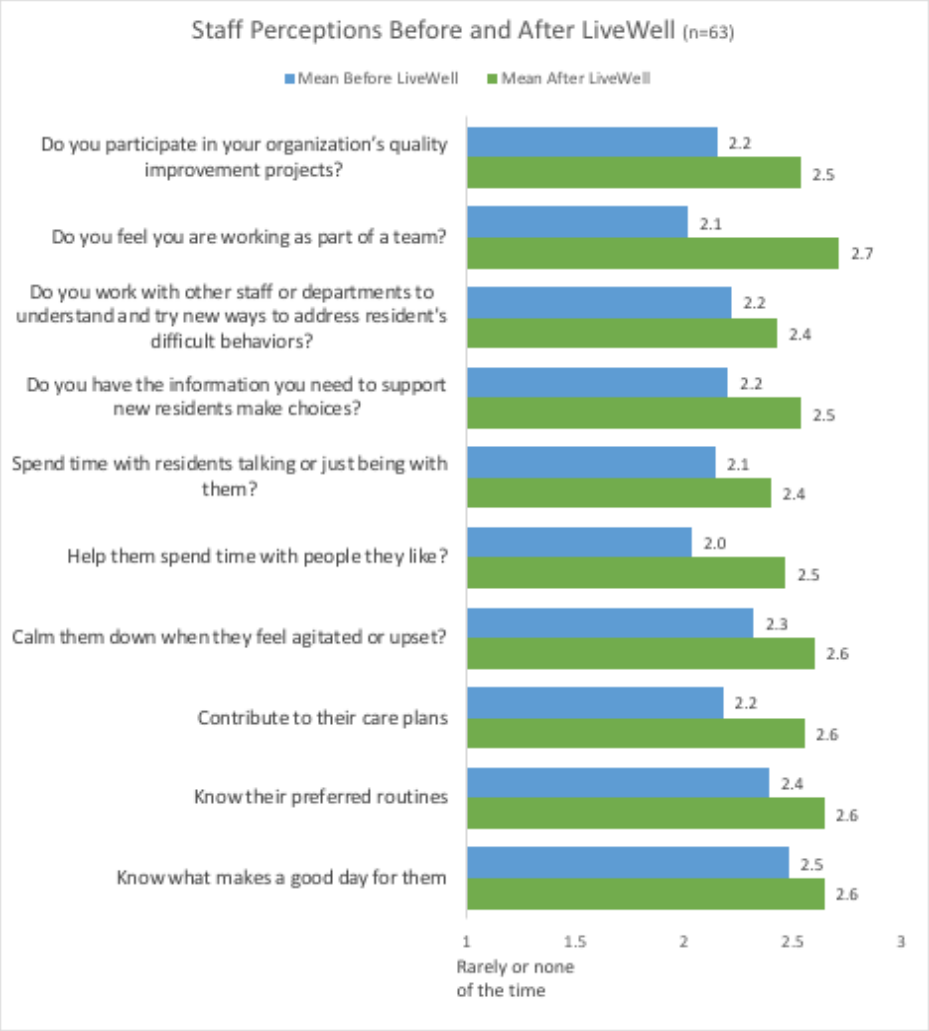
Learning Collaboratives

Of the Learning Collaborative participants (staff and administrators) surveyed, the majority rated the online format, relevance and quality of content, and discussions as "good" or "excellent." Comments from some participants include:

- *We were able to use the clock to identify a time frame when falls were happening and make adjustments to the activities of the day to reduce falls and increase safety checks.*
- *I believe, and am hoping, we will be able to use these tools in the future to improve staff retention and resident care... This program is a must for looking at the long-term gains for our community.*
- *Using the huddle will be a communication tool our community will enjoy. Time to get together [to] talk about what's happened throughout the shift and make sure staff is doing well during our busy day.*
- *LiveWell gave our team skills and learning tools that can be used in the following years.*
- *I believe, and am hoping, we will be able to use these tools in the future to improve staff retention and resident care. There are tools we can use that we did not have a chance to implement fully that I am sure will help to support staff morale and resident care. Combined, the outcome will be very positive. This program is a must for looking at the long-term gains for our community.*

Learning Collaborative participants were asked to complete a survey that included 10 questions about activities related to quality and resident care. Among those who completed the survey, improvements were seen in all 10 topics, as shown below. The largest increases included feeling like part of a team, helping residents spend time with others, and contributing to resident care plans.

Executive Summary Figure 1. Staff Perceptions Before and After LiveWell



*Note: the number of staff who answered each question ranges from 35 – 63 due to skip patterns and some missed questions.

In addition, participants were asked to rate their satisfaction with their job experience before and after the Learning Collaborative. As shown in the below figure, all respondents showed improvements.

Executive Summary Figure 2. Staff Satisfaction Before and After LiveWell

*Note: the number of staff who answered each question ranges from 35 – 63 due to skip patterns and some missed questions.

In sum, these results indicate that during a 12-week Learning Collaborative, participants showed positive changes in all of the quality, job performance, and resident care topics assessed.

Coaching Method

Coaching is the primary way that the LiveWell Method is delivered to participants. The trained coaches described LiveWell tools, including how AL/RC staff could adapt tools to meet their communities' needs, encouraged teamwork and leadership as well as honest communication and shared responsibility, and developed relationships with AL/RC staff. The key tasks of LiveWell coaches included:

- Building the Learning Collaborative curriculum
- Fostering participant engagement with the LiveWell Method
- Teaching with modeling and collaborative problem solving
- Building relationships with and among participants
- Supporting participants and communities

Benefits of LiveWell Participation

All Oregon AL/RC must have a quality improvement program in place. Of the administrators who participated in LiveWell training, 62% believed that LiveWell helped their community create a more robust quality program.

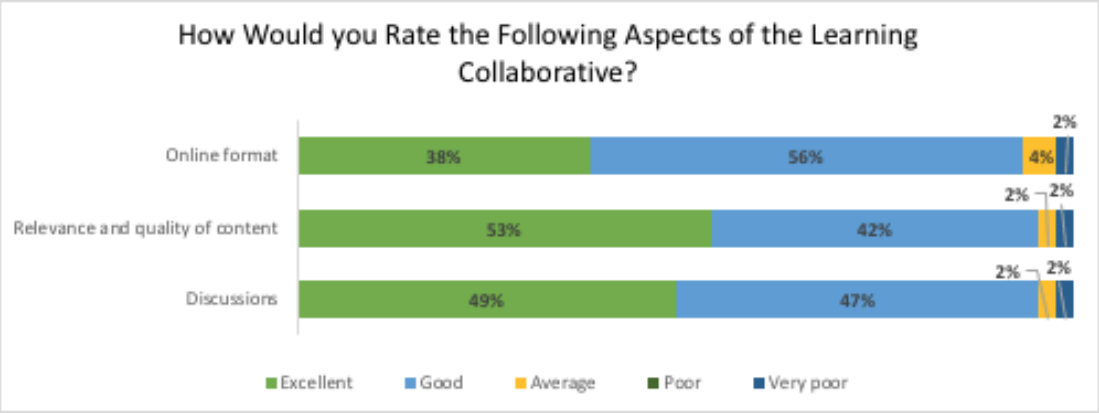
Quality improvement programs can result in cost savings to communities. The participating administrators were asked about the financial costs of medication errors, resident falls, and staffing concerns. Those who responded rated medication errors and resident falls as the least costly and staff turnover and unplanned staff absences the costliest.

Findings from the Evaluation

Participant Experience & Attendance

Participants completed online surveys at the end of the Learning Collaborative to provide feedback on their experience and reflect upon the impact that LiveWell had in their community. One hundred and twenty-three staff and administrators signed up to participate in the online Learning Collaborative. Of those, 107 attended at least one session. Across all three Learning Collaboratives, 47 participants completed a post-survey.

Figure 2. Participant Rating of Learning Collaboratives



Participants from at least 23 AL/RC communities attended the in-person LiveWell trainings, and 23 AL/RC communities attended the online Learning Collaboratives (one community participated twice). Staff attendance in the Learning Collaborative sessions is an important marker of community and staff engagement and commitment. If staff do not attend on a consistent basis, they will not be able to learn and use LiveWell concepts. The IOA evaluation team created a participation tracking form that coaches completed each week. The attendance data were compiled to describe LiveWell participants and community attendance over time. Weekly community attendance across all three cohorts can be seen in Figure 1.

Figure 1. Online Collaborative Participant Attendance. *Week 1 was the executive briefing. **Cohort 2 skipped week 11 and resumed week 12.

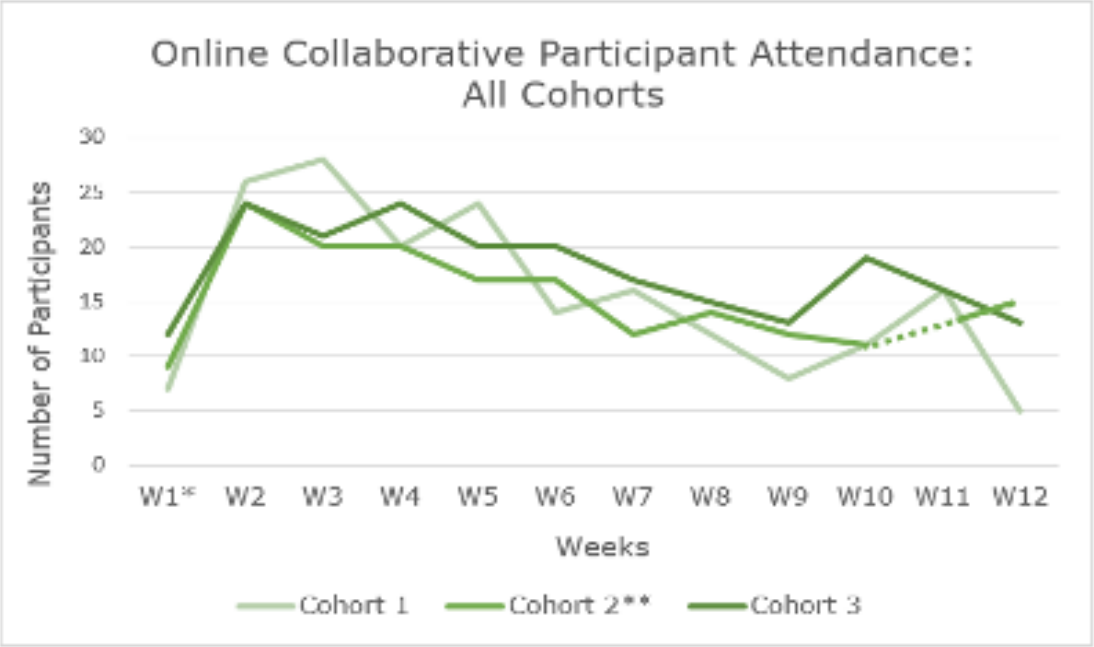
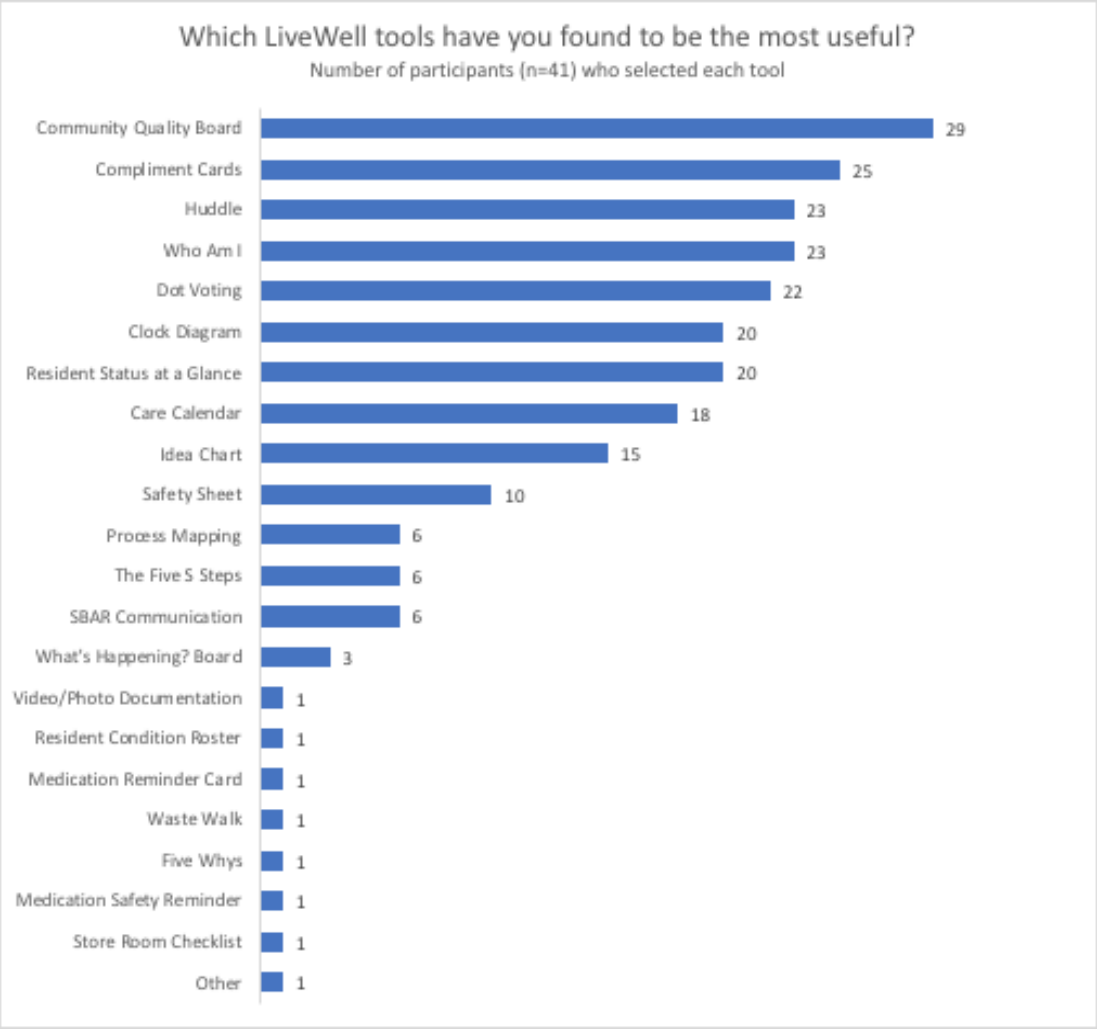


Figure 3. Example of a Community Quality Board

LiveWell coaches emphasized a few key tools in the Learning Collaboratives. The Community Quality Board was the top-rated tool by participants. This was a core focus of the Learning Collaborative, and the central hub of LiveWell activities in the community. These boards included LiveWell tracking tools and served as a place where staff could engage with the quality

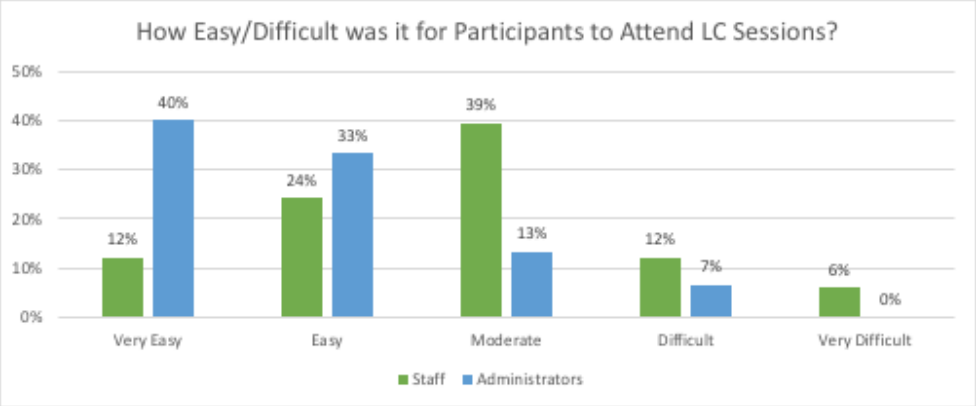
improvement activities the community implemented. Compliment Cards, the "Who Am I?" exercise, and Huddles were also highly rated, as well as the Clock Diagram, Dot Voting, and Resident Status at-a-Glance. These tools were often included as part of the Community Quality Board.

Figure 4. Participants' Ratings of the Most Useful LiveWell Tools



When asked how easy or difficult it was for participants to attend Learning Collaborative sessions, administrators perceived it to be easier than staff reported. While 73% of administrators (n=14) rated it as "easy" or "very easy" for staff to attend the weekly sessions, only 36% of staff (n=31) reported it as such. A fair share of staff felt it was moderately (39%) or difficult/very difficult (18%) to attend. This suggests that some administrators may have underestimated their staff's ability to balance their regular work duties with the additional time needed for LiveWell.

Figure 5. Administrator (n=14) and Staff (n=31) Rating Ease of Attendance

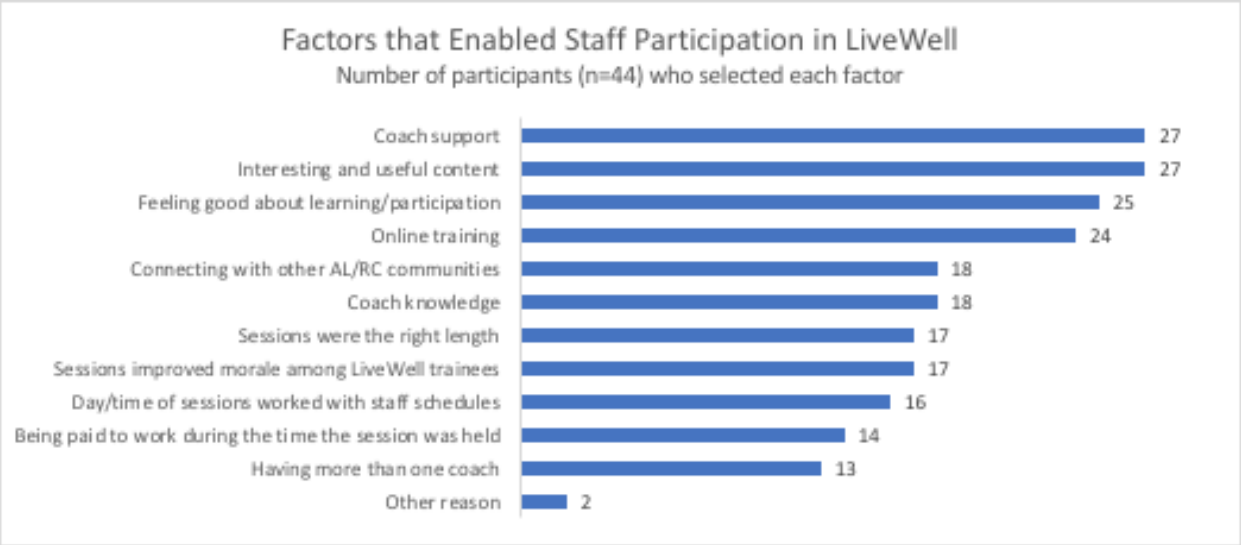


The greatest barriers to participation were related to staffing and staff work demands. Most frequently, staff reported having to respond to resident care needs, filling in for other staff, staff call-outs or missing work, and staff turnover. These issues point to the broader challenge of staffing in assisted living and residential care, highlighting the difficulty of implementing a staff-empowered quality improvement approach if there are insufficient staff to meet the needs of residents. Technology or internet connection problems were less frequently reported, but presented a challenge to some participants.

Figure 6. Barriers to Staff Participation in Learning Collaboratives

Other reasons: "Had other work that needed to be done." "Competing priorities." "Work Noc shift." "Vacation time." "Tours during sessions." "Had an emergency to take time off-Also front reception and interruptions would sometimes prevent me from attending partial session." "Just keep the machines working, laundry room." "conflicting schedules."

Figure 7. Factors that Enabled Staff Participation in LiveWell



Other reason: "Having Director be interested in program"

Support from coaches was the most frequently selected factor that facilitated staff participation in LiveWell, followed by interesting and useful content and feeling good about learning/participation. The shift to an online model also appeared to make it easier for staff to participate, eliminating the need for staff to take a full day off work and travel to an in-person training site. Participants also seemed to appreciate the peer-to-peer learning that was made possible through the structure of the Learning Collaborative. Staff were able to connect with other AL/RC communities, share experiences, and learn from each other in breakout rooms through Zoom. There is evidence from other training programs that peer-based training of care-related staff is effective (Finn & Sturmey, 2009).

Open-Ended Survey Questions

What, if anything, changed after using the LiveWell tools?

- *Using the huddle will be a communication tool our community will enjoy. Time to get together [to] talk about what's happened throughout the shift and make sure staff is doing well during our busy day.*
- *[The LiveWell Method and tools enable] more to have a voice and staff to be more involved in quality improvement.*
- *I think that we ignited some interest in staff that did not have interest at the start of the program*
- *Charting it really makes it clear when there is an issue*

- *We were able to use the clock to identify a time frame when falls were happening and make adjustments to the activities of the day to reduce falls and increase safety checks.*
- *[LiveWell] gave our team skills and learning tools that can be used in the following years.*
- *I believe, and am hoping, we will be able to use these tools in the future to improve staff retention and resident care. There are tools we can use that we did not have a chance to implement fully that I am sure will help to support staff morale and resident care. Combined, the outcome will be very positive. This program is a must for looking at the long-term gains for our community.*

Is there anything about your experience with the LiveWell Learning Collaborative that you think would be useful for other communities, the LiveWell team, or DHS to know?

- *I believe that all communit[ies] should go through the program to help better the resident care*
- *I love the tools and will continue to build off of them. I believe the tools will increase our quality.*
- *The great part is that you can assimilate the experience, take the tools, review the videos and join the groups when finished with the program. I think this is a program that can be introduced over time and be successful.*

What is going well for participants in terms of using LiveWell in their communities?

- *Some communities expressed that just by putting up measures they are seeing activities change… for example, by tracking staff callouts visibly, the callouts have diminished.*
- *Another community that struggled with ensuring that residents received timely showers saw their compliance rate "went from 9.6% in March to 50% in April."*
- *It's very easy for us as managers to tell staff results, but having them actually read and see visuals on the CQB, helps them see how we are trending and take action.*
- *residents often fall there because they reach down to pick up lint. [The administrator] bought a carpet sweeper to put nearby so that it would be easier for staff to clean up. Fewer falls!*
- *[the tools empowered staff to become] more observant about things that are happening around them in caring for their residents.*

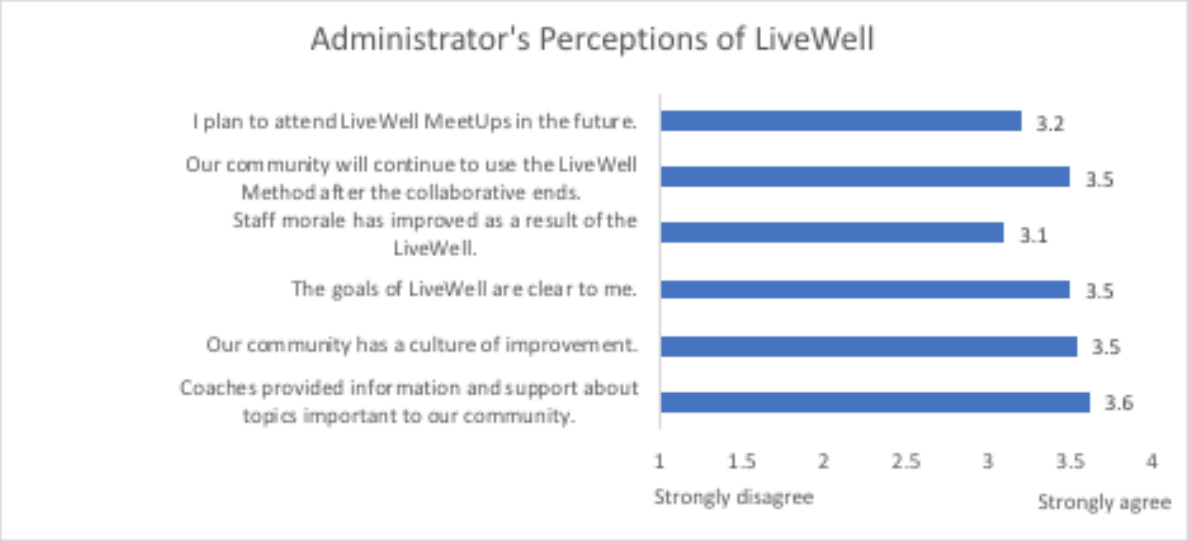
Key Perspectives

Owners & Administrators

Administrators were asked whether they agreed or disagreed with various positive statements about their experience with LiveWell (Figure 13). Generally, administrators either agreed or strongly agreed with all statements. The statement "Staff morale has improved as a result of LW" had the lowest level of agreement, while "Coaches provided information and support about topics important to our community" had the highest level of agreement.

Figure 12. Administrators' Perception of Staff Confidence Before and After LiveWell

Figure 13. AL/RC Administrator Perceptions of LiveWell as a Quality Improvement Program



We interviewed four executive leaders whose AL communities took part in the Cohort 2 Learning Collaborative (the interview guide can be found in Appendix C). These individuals included two owners/administrators who each owned one AL, the regional director of two AL residences, the regional director of a company that owns three ALs in Oregon as well as residences in two other states. All were located in rural communities or small towns and operated as for-profit organizations. Based on these interviews, we noted six common themes.

Theme 1. Before LiveWell, communities had QAPI systems that varied in their scope and methods.

Theme 2. The LiveWell approach complemented communities' QAPI systems by providing a shared language and tools that formalized and expanded existing quality programming. For example, an owner/administrator said,

- *We had goals, knew what we wanted to do, but LiveWell gives a process to achieve goals. Like map charting falls. We did our instant reports of falls, as required by the state. But the map tells us who, when and where falls take place, and lets us identify the repeat fallers. It was an enhancement of our prior process.*
- *Everyone participates and all the staff are part of the team. Not just the managers. Every team member brings something.*

Theme 3. Corporate leaders have an important role in the QAPI process.

- *At first, it was a struggle to get people to participate. I had to really drive it home at a couple of meetings that we needed people to participate. But as soon as they started, they loved it. One day I had to arrive late and missed the beginning of the session. When I got to work, they were all in their offices, plugged in, glued to the screen.*

Theme 4. Tracking quality measures can save AL/RC communities money.

Theme 5. Executive leaders appreciate the LiveWell Method.

- *The state makes things too complicated. LiveWell makes it simple—I'm overwhelmed and amazed by how they take things that are so complicated and make them simple. People can just walk by the board and see how we are doing. You look at them [the tools] and think, that's so simple I could have made that. But LiveWell did all that thinking for you.*

Theme 6. Differences between small and large companies matter.

In sum, leadership is a core concept for The Malden Collective and LiveWell. Future phases of the LiveWell program will include a leadership module designed to empower administrators as leaders, provide administrators with new ways to reduce their day-to-day burdens and their stress, to use practical concepts and skills for lifting a community's morale and retaining staff and residents, and to improve the likelihood of successful quality and performance outcomes. In 2020, Oregon DHS funded the Institute on Aging to conduct research on AL/RC administrator tenure and turnover. The findings from that study will be shared with The Malden Collective.

LiveWell Coaches

As described, the role of the LiveWell coach has changed dramatically over time. A member of the PSU evaluation team reviewed weekly coaching summaries, timing templates and slides, and several of the recorded Learning Collaborative sessions. From these observations, five key LiveWell coach tasks were identified.

Building the Learning Collaborative curriculum

- Fostering participant engagement with LiveWell
- Teaching with modeling and collaborative problem solving
- Building relationships with and among participants
- Supporting participants and communities

Supporting participants and communities. During and between the Learning Collaborative sessions, coaches provided multiple types of support to participants and their communities. From problem solving and brainstorming, to homework reminders and emotional support, coaches not only made themselves available to participants, but proactively reached out to offer encouragement. “I sent 4 texts to encourage LiveWell activity and encourage all during these difficult times with words about caring for self,” a coach recorded. Another coach documented connecting with a participant outside of the Learning Collaborative sessions to help with a specific issue: the community was struggling with staff members feeling jealous of the person who had been chosen to be the LiveWell team lead, and therefore rejected the LiveWell team’s efforts. “I suggested they invite all naysayers to participate as well!” the coach recorded.

Facilitators and barriers to success. We asked coaches to reflect upon the aspects of communities who were able to make progress implementing LiveWell and those who were less successful. The most prominent factors of success included:

- Executive leadership support of the AL/RC administrator from the company owner, regional operations staff, and boards of directors.
- AL/RC administrator commitment to implementing LiveWell, and clear communication of goals and expectations to staff participants.
- AL/RC administrator support for staff to commit the time necessary to participate in weekly sessions.
- Administrator and staff willingness to make changes, including breaking old habits and creating new processes.
- Coaches and administrators recognize staff participant successes from the beginning.
- Involvement of one or two motivated, experienced, and enthusiastic staff participants to encourage others to get on board.

- Availability of additional staff to cover resident care so that the LiveWell team can step away from work to participate in the virtual collaborative sessions.
- Emphasize open communication channels between staff and administrators.

Values in Action

Co-enabling values: dignity, community, and innovation. While reviewing these materials, a key finding was that these three values are often interrelated and co-enabling. To the LiveWell coaches, promoting dignity enabled building community, and a greater sense of community enhanced the power of innovations. A LiveWell coach explained this best in a coaching template for week six:

- *...the tools are simple, lean management tools intended to reduce the time it takes for [staff] to complete specific tasks. They are effective because they support improved communication and the participation of all staff and residents...the deeper value they offer when implemented in [the] LiveWell model is that they are intended to reveal the natural leadership skills of each person. They build leaders into positive teams when slowly and incrementally implemented.*

Here, the coach explains how the success of the LiveWell tools rests upon the cohesion of the community, which rests upon the leadership of each individual. Participants expressed this interconnectedness as well. Paradoxically, for others, the time and clarity provided by LiveWell tools enabled them to be more person-centered and community-oriented in their leadership. When asked what had changed for participants on a personal level because of LiveWell, one participant shared,

- *I think I became a lot more organized. Before I felt a little scrambled. Now I think I'm more patient. I like to get everyone's input. I have learned that a lot of us need visuals instead of just telling someone to go do this or that.*

Which value sinks in first for participants ultimately may not matter. What seems apparent is that these values are mutually affirming within the LiveWell curriculum.

Equity, Diversity, and Inclusion

EDI material was incorporated into the weekly sessions primarily through three methods: starting the session with a land acknowledgement, a brief discussion at the beginning of the session about a specific EDI topic, and a homework assignment connected to EDI at the end. Coaches discussed the following EDI topics:

- Honoring "all voices past, present, and future," especially indigenous communities, through land acknowledgement.
- Incorporating diverse individual and cultural perspectives of quality improvement; challenging participants to connect with other staff from different cultural backgrounds.

- Acknowledging that staff inhabit an environment and culture in which they are devalued and often subjected to racist and sexist remarks; coaches facilitated a discussion about how to potentially handle these types of remarks.
- Challenging participants to advance EDI in their own communities.
- Using the Flame Model, a LiveWell Tool, to reflect upon how participants' communities do or do not embody the principles of EDI.
- Discussion of how ageism impacts older adults, and how participants might reduce the impact of ageism and become better advocates of inclusion for older adults and the value of Elderhood.

The EDI content integrated well into many of LiveWell's existing principles and materials, such as incorporating all voices and valuing the dignity of the individual, and shifting from a "consumer/worker to citizen/community participant" perspective.

Evaluation Recommendations

Based on the evaluation and time spent with the LiveWell team during the past two years, the IOA team has the following recommendations for scale up of this novel quality program.

1. Seek buy-in from partners within ODHS, including policy analysts, survey team members, and leadership. These partners can support recruitment and retention of AL/RC communities into the LiveWell program.

2. Advocate for state-level policy changes that support a formal quality assurance and program improvement (QAPI) process.

3. Work with AL/RC innovators and "early adopters" who have implemented LiveWell and culture change methods, because these thought leaders may encourage other AL/RC owners to participate in LiveWell.

4. Build on the success of the multiple training, coaching, and peer networking opportunities tested during the 2019-2021 LiveWell project period by continuing to offer them in a structured way. The ongoing support provided through in person training, followed by coaching over a 12-week period, and twice monthly Meet Ups proved to be a powerful way to connect over time with many staff.

5. Continue to collaborate with the IOA team to include evidence based on current research on AL/RC administrator job stressors and supports, regulatory deficiencies, and hospice use among AL/RC residents.

6. Develop outreach materials to inform AL/RC owner/operators how LiveWell can complement and strengthen their existing policies and practices, including quality

assurance program, person-centered care, and tracking and reporting quality metrics (e.g., staff training and turnover, resident falls). For example, explain how LiveWell tools like the care calendar support tracking resident falls, a metric that AL/RC communities are required to report annually to Oregon DHS.

7. Continue supporting diversity, equity, and inclusion principles, as Oregon's senior population and the long-term care workforce becomes increasingly diverse across several social and demographic characteristics.