Center for Public Service | Mark O. Hatfield School of Government
PORTLAND STATE UNIVERSITY

LIVEWELL™

UNDERSTANDING THE SCALE-UP CONTEXT AND CHALLENGE

STAGE I REPORT – PRE COVID-19

Submitted to:	The Malden Collective, LLC
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Acronyms Used in this Report

ADL	Activities of Daily Living
ALF	Assisted Living Facilities
APD	Aging and People with Disabilities Program, DHS
CBC	Community-based Care
CPS	Center for Public Center, PSU
DHS	Department of Human Services, Oregon
HIPAA	Health Insurance Portability and Accountability Act, 1996
IOA	Institute on Aging, PSU
LeadingAge	LeadingAge Oregon
LTC	Long-Term Care
LW	LiveWell Method™, Oregon
OHCA	Oregon Health Care Association
PSU	Portland State University
RCF	Residential Care Facilities
SNF	Skilled Nursing Facility
TMC	The Malden Collective, LLC

I. Introduction

This is the first of three reports between now and March of 2021 addressing the strategic planning opportunities and action steps for scaling-up the LiveWell Method™ (LW) throughout Oregon's 600+ assisted living and residential care facilities (ALFs and RCFs). The LW website (https://www.livewell-oregon.com/) captures the essence of this innovative, how-to method by stating: "LiveWell™ is about improving life in long term care communities. LiveWell ensures that the culture of the community enhances the dignity of every resident. To do that, LiveWell engages and empowers both staff and residents to improve their lives together."

LW is the State of Oregon's Quality Assurance and Performance Improvement (QAPI) method for long term care, designed to ensure that all Oregonians receive excellent person-centered and person-directed care. LW meets statewide and national requirements and is licensed to The Malden Collective, LLC by CareOregon, Inc. LW's "proof of concept" was successfully developed and piloted in 50 ALFs and RCFs from 2015 to 2018.

In 2019, Oregon's Quality Care Fund in the Aging and People with Disabilities Program (APD), Department of Human Services (DHS) began supporting 2 more years of experimentation and initial scaling of LW in communities across the state, with an additional focus on coaching for 20 residential care facilities. The State of Oregon is committed to the provision of person-centered care for all ALF/RCF residents. The current funding intends to further improve the quality of care that facilities offer to residents through extensive training in LW along with coaching and learning collaboratives. This funding includes a provision for addressing the issue of LW scale-up across Oregon – in the form of a LW Scale-Up Strategy.

What this report is about and why it matters

This report represents the first step in developing a LW Scale-Up Strategy. Scale-up is defined as the intentional replication of a desirable innovation across multiple facilities and sites.[1]

[1]"This definition of scale-up is one of many in the contemporary literature. It accurately captures TMC's strategic scale-up intent. Uvin and Miller (1996) have a taxonomy of scaling up that includes: (1) increasing the size or scope of an organization; (2) adding components to an existing intervention or model (that otherwise continues to operate

In the case of LW, The Malden Collective (TMC) intends to scale-up the LiveWell™ Method from ALFs and RCFs who have piloted and are now using LW to all other residential facilities in Oregon. TMC is collaborating with Center for Public Service (CPS) at Portland State University (PSU) to co-produce a LW scaling-up strategy as documented in this report. This Stage 1 report provides a high-level understanding of the LW scale-up context and the scale-up challenges in the pre COVID-19 time period.

The report's content was developed in co-production with TMC and other LW stakeholders prior to the COVID-19 Shutdown Executive Order of 23 March 2020. This time perspective matters because many of our LW scaling-up considerations from the pre COVID-19 time period should still have relevance, and thus inform the final LW scale-up Strategy presented in the post-COVID "New Normal" era.

Subsequent reports will elaborate on LiveWell Scale-Up Strategy considerations during the COVID-19 pandemic (from April through September 2020) and in the "New Normal" post COVID-19 period (from October 2020 to March 2021). The purpose of the consultancy with the CPS/PSU is to look beyond the current project to explore how best to scale-up LW in Oregon in the future. This may include articulating a vision for DHS and stakeholders. The findings and recommendations from this consultancy will form part of a next-stage grant request to the State of Oregon to be submitted in late 2020.

Methods: How we gathered and analyzed the information in this report

A scale-up strategy is nested in a multi-stakeholder context each with their own scale-up interests, and takes place through time. These stakeholder interests present challenges and opportunities for successful scale-up. This report uses several strategic planning methods to

at a fixed size); (3) increasing the impact of an existing intervention or model (that otherwise continues to operate at a fixed size), such as making an intervention more effective; (4) applying an existing model or technique to a different problem, such as taking the business efficiency approach like Lean and applying it to the long term care sector; or (5) applying an existing fixed intervention at a greater scale. This latter definition applies to the LW scale-up space where greater scale refers to covering a greater geographic area. While not explicit in most of the literature on scaling up, obviously the five definitions are not mutually exclusive. It is possible to scale up simultaneously by adding components to intervention like LW, increasing its impact, and reaching a greater number of facilities.

understand the LW scale-up context, and to identify key scale-up challenges in the pre COVID-19 time period. These methods include a review of LW documents and the scale-up literature, regular co-production sessions with TMC, stakeholder listening sessions resulting in a Stakeholder Analysis for understanding the scale-up context, and a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis for framing the LW scale-up challenge. The report draws on and augments a 2019 PSU graduate student Team Memo focused on LW scale-up (Annex 3).

Organization of the Stage 1 Report

The report includes several major content sections followed by supporting information in the annexes. The "LW Scale-Up Context" section draws on information from the document/literature reviews, the co-production sessions with TMC and the listening sessions to highlight important stakeholder interests in scaling-up LW. A Stakeholder Analysis tool is used to understand which stakeholders are likely to support – or not support – LW scale-up based on their potential benefits and losses during the scale-up process. This analysis also identifies strategic actions that TMC can continue or begin to use to garner support as part of its scale-up strategy. Following that, the "Challenge" section presents an in-depth SWOT analysis that frames the complexity and dynamic nature of the LW scale-up process. The SWOT identifies LW strengths and opportunities that TMC can leverage in its scale-up strategy. Concurrently, the SWOT surfaces existing LW weaknesses and threats that TMC scale-up strategy will need to address. The final section of the report presents the strategic considerations to be addressed in the Stage 2 of this consultancy.

II. The Context for LiveWell™ Method Scale-Up

The "LW Scale-Up Context" section draws on information from the document/literature reviews, the co-production sessions with TMC and the listening sessions to highlight important stakeholder interests in scaling-up LW, and to begin identifying strategic actions for gaining stakeholder scale-up support. The major documents and literature used in this report are referenced in Annex 4. The highlights of the stakeholder listening sessions are presented in Annex 2. The LW Scale-up Stakeholder Analysis is presented in Table 1. The Analysis integrates many LW scale-

up perspectives including legal, regulatory, political, financial, technical, social, structural and leadership/managerial. These perspectives are valuable for guiding the LW scale-up strategy development process in Stages 2 and 3 of this CPS consultancy.

Table 1: LiveWell Scale-up Stakeholder Analysis – Pre COVID-19 Assessment

Stakeholder	Expected Benefits	Possible Losses	Strategic Actions for Gaining Stakeholder Scale-up Support
The Malden Collective, LLC (TMC)	• Sense of satisfaction in doing the right things for Oregon's senior adults • Staying on the cutting edge of innovation in elder care and wellbeing	• There may be a loss in the fidelity (or integrity) of LW if scale-up is not implemented in a disciplined and accountable manner • Financial risk due to unpredictable disruptions	• Develop and implement a robust and disciplined LW scale-up strategy closely aligned with the context and adaptive through time.
LiveWell Leadership Team in TMC	• Recognition for the further piloting and scaling of LW • Enhanced visibility and reputation for teamwork. • Laboratory for innovation on how best to spread LW, and adapt to changes in resident care trends and priorities. • Expansion of LW relationships and partnerships • Satisfaction and joy of seeing quality improvements in LTC facilities with more decency and dignity, and well-being.	• Commitment to & time spent on scale-up could lead to missed opportunities • Returns on financial investments will not materialize leading to debt and insolvency	• Proactively communicate LW scale-up plans and progress to key stakeholders through marketing, social media engagement and annual celebrations
State of Oregon Quality Care Entities	• An increase in % of resident care facilities who meet the state's quality care standards	• Some additional transactions costs in collaborating with TMC across ALFs and RCFs	• The LW strategy should track and report on LW contributions to meeting the state's quality care standards

Stakeholder	Expected Benefits	Possible Losses	Strategic Actions for Gaining Stakeholder Scale-up Support
Potential LW Scale-up Financing Entities in Public, Non-Profit and Private Sectors	• Evidence-based reports that investments contributed to innovations in quality care and resident wellbeing for Oregon's for 600 + ALFs and RCFs	• For Quality Care Fund in APD/DHS, possible reduction in revenues due to reduction in facility fines/citations	• Include ongoing evaluation research into the LW scale-up strategy for showing continuous quantitative and qualitative results

LW Users: ALF & RCF Administrative Staff	• LW is a practical and no cost to a facility method for improving the "culture of quality care"
	• Cost savings through reductions of resident falls, staff recruitment/retention and streamlined/more efficient care processes
	• Administrative staff can readily adapt LW for use in all of a facility's operation
		• Minimal staff time for team training, coaching and LW implementation activities.	• Roll out new LW leadership curriculum for facility administrators
			• Build deeper relationships with facility owners, administrators and staff
			• Demonstrate:
			  • Cost Savings
			  • Improved Employee Morale
			  • Employee Retention
			  • Resident Well Being

LW Users: ALF & RCF Caregiving Staff	• Improved, participatory communications • Improved work environment • Stress reduction • Improved recognition for dedicated service	• Minimal caregiver time for team training, coaching and LW implementation activities.	• Provide caregivers with a variety of non-monetary incentives including teamwork, engagement, and recognition • Advocate for fair caregiver salaries, benefits and advancement opportunities
Beneficiary #1: Residents	• Continuous improvements in facility care • Increased engagement in all facets of facility livability	• No potential losses identified	• Enhance resident involvement LW culture in facility • Periodic LW communications with residents including

Stakeholder	Expected Benefits	Possible Losses	Strategic Actions for Gaining Stakeholder Scale-up Support
	• More decent and dignified relationships with caregivers and administrative staff		evidence of LW care improvements
Beneficiary #2: Family Members of Residents	• Enhanced comfort in knowing loved ones are safe and secure • Enhanced comfort in knowing loved ones are receiving quality care and living with decency and dignity	• No potential losses identified	• Periodic LW communications with resident family members including evidence of LW care improvements
Additional Stakeholders: • Ombudsman • Oregon Health Care Association (OHCA) • LeadingAge Oregon • OR Patient Safety Commission • Institute on Aging, Portland State University			

Based on the insights gained from stakeholders about the LW scale-up context as presented in Table 1, the report concludes the following: The strategic context for LW scale-up is very complex, and is constantly changing. Key dimensions of the scale-up landscape include:

- multiple stakeholders (including national or regional chains of affiliated facilities)
- a well-established legal and regulatory framework
- a wide range of human resource administrative and caregiver skills in facilities
- different levels of quality care performance in ALFs and RCFs
- mixes of specialty services (including memory care and Alzheimer's units) in many facilities
- dispersed ALF and RCF facility locations (600+) in urban and rural locations
- different ownership and tax status among facilities (nonprofit/for profit) using different incentive structures
- a wide array of resident care payer mixes ranging from public to private

The Table 1 analysis sheds light on complex array of key LW scale-up stakeholders. Each of these has their own interests that involve tradeoffs between potential benefits and losses during the scale-up process. Understanding these multiple stakeholder perspectives is useful for determining whether and to what extent a particular stakeholder may be a valuable ally for TMC in implementing the LW Scale-up Strategy.

This analysis also identifies strategic actions that TMC can continue or begin to use to garner stakeholder engagement and support as part of its scale-up strategy. These strategic actions will be elaborated and examined for their feasibility as TMC and CPS co-produces the LW Scale-up Strategy.

III. The LiveWell Scale-Up Challenge

With a clear understanding of the LW scale-up context in mind, this section seeks to identify TMC's core scale-up challenge by employing the SWOT analysis tool. The SWOT analysis assists in illustrating the interacting forces at play in the LW scale-up space. Strengths and Opportunities are enabling conditions for successful scale-up. Likewise, Weaknesses and Threats act as neutral or inhibiting/constraining scale-up forces. The analysis assigns a High (H), Medium (M) or Low (L) value to each item to reflect the relative influence that item has in the scale-up process. The SWOT analysis for LW scale-up is presented in Table 2.

Table 2: Strengths, Weaknesses, Opportunities, Threats (SWOTS) Analysis for LiveWell Scale-up – Pre COVID-19 Assessment

Strengths	Importance	Weakness	Importance
- LW has been partially or fully piloted in more than 50 of Oregon's 600 facilities since 2015	H	- LW is voluntary for resident care facilities; there is no legal mandate for participation	H
- LW sponsors and key stakeholders are supportive of scaling-up the method throughout Oregon; this support is linked to the evidence from facilities that LW positively influences the quality of care,	H	- Many LTC facilities in OR, especially small facilities in rural areas, lack human resource capacity to participate in LW service offerings	H

resident engagement, efficiency of operations and team-based participation			
- Evidence-based evaluations indicate that LW is cost-effective in facilitating continuous quality care improvement in Oregon's residential care facilities; TMC has evidence on the incidence of cost-effectiveness for different LW modules and tools	H	- LW service offerings have insufficient incentives for attracting and retaining already overburdened facility staff	H
- LW has a committed sponsor in the Oregon DHS as demonstrated by its Quality Care Fund financing; the Method aligns with the U.S. and Oregon's resident care facility legal framework and regulations	H	- Demand for LW training by facility staff is low because Oregon only mandates 12 hours of training per year for facility staff; Washington state mandates 70 hours by comparison	M
- LW is innovative and unique in the quality care market with no direct competitors; LW users in the piloted facilities throughout Oregon are living examples of LW's social legitimacy that can be readily leveraged for scale-up	H	- There is a limited supply of qualified caregivers to service the growth in ALFs and RCFs due to stressful work settings, low salaries/benefits and minimal advancement opportunities	H
- LW has a robust and diverse Leadership Team grounded in a shared LW vision along with a clear set of resident care and wellbeing values	H	- LW focuses on cultural improvements in facilities (toward of culture of quality care excellence), and this is difficult for facility staff to embrace and sustain in the context of limited human and financial resources combined with high staff turnover, especially in "for-profit" facilities	H
- Many best practices on social program scale-up are available in the literature along with an initial study of LW scale-up completed in 2019 (See Annex C to this report).	M	- LW "value proposition" is promising and requires additional data to become more compelling across many different types, sizes and locations of facilities	H
- LW is the subject of an ongoing two-year impact evaluation being carried out by the Institute	H	- The LW includes a cost-effective team approach within facilities; yet, it is difficult to	M

on Aging at Portland State University; the initial evaluation findings demonstrate high LW value along many deliveries and use dimensions.		bring several team members together at the same time for training and day-to-day use.	
- LW is highly aligned with Oregon's LTC legal and regulatory context	H	- There is no strong coalition for "quality care with decency" and "resident livability with dignity" in Oregon that are advocating for scale-up of LW	H
- LW offers an effective suite of LTC quality improvement services including a professional web portal, materials, training, coaching and peer-to-peer learning collaboratives	H	- LW is grant funded on a temporary basis; there is no secure source for long term financing for scale-up	H
- TMC sponsored an initial LW Scale-up applied research project in 2019 with a graduate student team from PSU; the results of that research provide a strong foundation for the current Scale-up Consultancy by CPS	M	- Many LTC facilities in Oregon are owned and operated by a "chain of facilities". In these cases headquarters' regulatory regime for individual facilities limits the discretion to integrate LW	H
Opportunities	Importance	Threats	Importance
- LW can be readily adapted to fit into a diverse range of resident care facilities	H	- The increasing costs of residential care may reduce the supply of residents leading to financial insolvency for many facilities	H
- There will be increasing demand for higher quality residential care in the next decade as the baby boomer generation retires	M	- TMC may not able to retain key members of LW leadership team needed for scale-up	H
- There is a trend in the breakdown of "in-family care culture" in U.S. that should increase demand for resident care facilities in the future	M	- New competitors to LW with deeper financial pockets and more polished marketing services may enter the quality care improvement market	L
- Rapid development globally of "dignity-embedded elder quality care residential technologies" including robotics and person-centered care models and aids	H	- Unanticipated societal crisis (like a pandemic and/or recession) will disrupt LTC market (both supply and demand)	H

- Many LTC facilities are committed to a "culture of excellence in LTC" but are not confident that more cost-effective, efficient and feasible methods are available	M	- In their role as a facility leader, many administrators do not fully embrace the need for continuous quality and performance improvements; they are driven more to comply with rules and regulations established by facility owners and the state's regulatory environment	H
- LW's innovative coaching program might be scalable with the integration of community volunteers building on best practices from the DHS Ombudsman volunteer network	L	- The future of the state budget for innovations in resident care quality innovations is unpredictable	L
- "Positive behavioral incentives including security, trust, compassion and hope" can be integrated into LW to serve as powerful engagement attractors for RCF administrators, staff, care-givers and residents (For an illustration see: Alimo-Metcalfe & Alban-Metcalfe, 2008; Rath & Conchie, 2008)	H	- Unpredictable shifts in the demographics of elder care and resident/family member preferences may upend the premises of a scale-up strategy	M

The SWOT analysis demonstrates that LW scale-up challenge is multi-faceted and is continuously evolving, thus mirroring the complexity of its context. Specifically, the SWOT provides evidence related to many necessary LW scale-up enablers (in the form of Strengths and Opportunities). These enablers provide a strong foundation for successful scale-up, and can be leveraged in strategy development and implementation. Concurrently, many inhibiting forces are also at play (in the form of Weaknesses and Threats). These inhibitors hold the potential to seriously constrain, if not totally undermine, any scaling-up process.

Based on these SWOT analysis findings, we can frame the strategic challenge that TMC confronts in scaling-up LW as follows:

Given that Oregon has 600 plus dispersed and diverse resident care facilities while TMC as the primary scale-up entity is presently place-based with limited scale-up resources, how

can TMC strategically leverage LiveWell™ Method's robust strengths and opportunities to scale-up in a manner that overcomes existing weaknesses and potential threats?

In addressing this strategic challenge, the scale-up literature offers a series of best practice "strategic considerations" (Horton et.al., 2018; Kohl, 2012; Johnson et.al., 2017; OECD, 2016; Uvin & Miller,1996). These considerations are outlined below.

IV. Strategic Considerations for the Stage 2 LW Scale-Up Consultancy

To successfully navigate the complex LW scale-up context and challenge, TMC needs to develop a robust LW scale-up strategy. A successful strategy will need to skillfully navigate three critical scale-up considerations:

1. What mix of best practice scale-up pathways, e.g. branching, affiliate and/or distribution networks, are most cost-effective for TMC to pursue in scaling-up LW in Oregon (including beneficial and equitable outcomes for older adults)?[2]
2. Within the pathways, what configuration and sequencing of TMC and stakeholder partnerships and collaborations can most feasibly facilitate an adaptive LW scale-up process?
3. How can the fidelity/integrity of the LiveWell™ Method be ensured in both current use and new use facilities as the Method continues to evolve and innovate?

These considerations frame the focus of our Stage 2 and Stage 3 reports over the coming year. And, beginning in March 2020, each of these critical scale-up considerations became more difficult to address due to the disruptions and uncertainties associated with the COVID-19 pandemic.

[2] Branching occurs when a lead organization increases its own capacity to offer the program at multiple sites in new locations or to new target groups. In this type of pathway, the lead organization develops the program, distributes and implements it. Branching allows for considerable control over implementation. Affiliation occurs when implementing organizations in the field buy or license the rights from a lead organization to offer the social program and the infrastructure that goes with it. This strategy is similar to the practice of a corporation offering a franchise to an investor. A distribution network pathway involves a lead organization working with a distribution organization to tap into the latter's existing networks of implementing organizations. Often the distribution partner is a national organization with many local member agencies, such as the YMCA or Boys & Girls Clubs of America. Source: Johnson, R. S., Dearing, J. W., Backer, T. E. (2017). Strategies to Scale-Up Social Programs: Pathways, Partnerships and Fidelity. The Wallace Foundation.)

V. Annexes to Report

Annex 1: Stage #1 Deliverable Description (Period: October 2019 through Marcus 2020)

Stage 1: Understanding the LiveWell Scale-up Context and Challenge

Objectives

- To gain a high-level perspective on the LiveWell Pilot Program implementation context along with implications for scale-up in 2021 throughout Oregon
- To share scale-up perspectives with key stakeholders in Oregon and receive their input on challenges and opportunities (political, financial, technical, social, environmental and leadership/managerial) to guide Stages 2 and 3 of the CPS consultancies

Methods

- Key document reviews with executive summary of important scale-up issues
- Several guided listening sessions with key internal and external stakeholder representatives
- A SWOT Analysis of the enabling environment for LiveWell scale-up in 2021.

Deliverables

- A Report to the Malden Collective by March 30, 2020 which sizes-up the context of the on-going LiveWell Implementation effort including implementation and scale-up perspectives and issues identified by key internal & external stakeholders
- Several presentations on CPS consultancy approach and the Stage 1 Report to Malden Collective and others as determined appropriate by The Malden Collective

CPS Stage 1 Required Resources

- PSU Costs: $6000
- Key Personnel: Prof. Marcus ingle, Lead Consultant; Ms. Sara Saltzberg, Consultant; Part-time GRA Research Assistant; Part-time CPS Coordinator

Annex 2: Highlights of Scale-up Listening Sessions (Pre-COVID-19 Oregon Governor Shutdown Executive Order of 23 March 2020) with Key LiveWell Stakeholders (All Sessions attended by Prof. Marcus Ingle, CPS/PSU and Barbara Kohnen Adriance, The Malden Collective)

Session Date	LiveWell Scale-up Stakeholders	Key Perspectives and Issues Related to the LiveWell Scale-up Context and Challenge
January 15, 2020	Ann McQueen, Ph.D., APD/DHS	• The demographics of Oregon's aging population combined with the trend of single-family households are contributing to an increase in numbers of seniors who are living in community-based long-term care (LTC) facilities. • Oregonians value taking care of senior citizens who sacrificed to serve America and should live out their lives with quality care and dignity. Currently, there is no powerful coalition to advocate for dignity. Given this, a key question is "How over the long term can Oregon achieve its "mission" of quality care and dignity for long term care residents in the face of "market pressures" for maximizing profits especially in the for-profit LTC sector?" • Oregon Law 3359 passed in 2017 is a step in the right direction for providing quality care with dignity for senior citizens; however, many of its provisions are insufficient. • The percentage of cognitively impaired residents in Oregon's long-term care facilities is estimated at around 70%, and increasing. This is driving up the cost of elder care in many communities. • APD is supporting the piloting of LW in Oregon including TMC's current 2019-2021 "bridge" project that target's LW quality care improvement in "several low performing" senior facilities. In scaling-up LW to facilities across Oregon, a more compelling "business case" is needed that speaks convincingly of LW's benefits for multiple long-term care stakeholders including facility owner/operators, facility staff, residents, state agencies, associations and others.
January 17, 2020	Linda Kirschbaum, OHCA	• OHCA's mission is to support the delivery of community-based elder care including policy advocacy and

		training/communications services primarily but not exclusively for for-profit providers. • The ownership structure of Oregon's for-profit community-based communities is evolving from local ownership of single facilities to national and region chain ownership of multiple facilities (mostly for-profit entities) • There is a shift in for-profit community-based communities from those with a small number of beds to those with a larger number of beds, more care giver staff and more diverse services. • The culture of the long-term care industry is shifting from more informal, relational and collaborative communities to more formal, impersonal and highly regulated communities focused on compliance with regulations. • The challenge for scaling-up LW is to see and understand shifts in the "big picture", and align with emerging opportunities for consistently high-quality resident care. For example, how can communities deal with efficient recruitment and effective retention of caregivers and other staff when salaries/benefits are minimal and the work is intensive and stressful?
January 17, 2020	LW Coaches: Ann Delmar, MS; Cindy Heilman, MS; Laurie Lockert, MS; Lisa McKerlick, MSN - Serena Haworth, Institute on Aging	• LW coaching, a new innovation initiated in 2019, is adding high value to LW in LTC communities. • APD considers many of the communities where coaching is now being offered as "low performers". • LW coaches each serve several communities as determined by TMC. Due to budgetary resource limitations, coaches are only able to make several visits to each community. Follow-up activities are carried out through telephone calls and email/text/video messaging. • The LW coaches all demonstrate passion in improving "cultures of excellence in quality care" in Oregon's LTC facilities. Each of the coaches has extensive elder care experience and is talented in building and maintaining relationships with the LTC communities. • Successful LW coaching is grounded in "relationships in place" with administrative staff, caregivers and residents in LTC communities. • Relationships are best developed in face-to-face personal contacts; they are time intensive to develop and nurture.
February 13, 2020	Jack Honey, MBA, APD/DHS	• The community-based care (CBC) sector in Oregon, including the long-term care (LTC) facilities, is highly

		regulated through Oregon Laws including 3359 of 2017 and 4129 of 2018. • The community-based care (CBC) sector is expanding in Oregon. To keep up with the oversight and safety demands in the sector, he is hiring 20 additional surveyors for his office. • Mr. Honey directs the Office of Safety, Oversight and Quality for Oregon's community-based care facilities. He also oversees the Quality Care Fund (QCF) that is funding TMC's 2019-2021 LW program together with Ann McQueen. • Mr. Honey has not seen any substantial improvements in quality metrics around resident falls, medication errors and adequate staffing in the CBC facilities. Mr. Honey believes that everyone in the CBC sector cares about quality elderly care. Yet "caring" is not sufficient! Communities require a shift in culture that incentivizes efficiencies throughout the care system including the incorporation of "person-based technology innovations." These could include person-based care innovations, highly select applications of social robotics and the gradual integration of artificial intelligence (AI) for facility cost savings in administrative processes and procedures. • Mr. Honey believes that LW is valuable in that it can support the CBC facilities to shift from a "culture of compliance with the regulations" to one of a "culture of preventative excellence". Right now, most facilities are motivated to comply with the regulations through the "fear of indictment" stemming from APD citations and penalty fees. He would like to shift the culture to one of "being rewarded for innovations in preventive elder care" aligned with the regulatory regimes. This would include shifts in "resident care plans" based on the risk level of residents. For example, after a resident falls the first time, this should trigger a shift in the resident's care plan so as to pro-actively prevent the resident from falling again. • One of the systemic challenges of improving the quality of CBC care is a typical "compartmentalization of roles" in the CBC facilities; there is insufficient administrative and caregiving staff in most facilities to allow for cross training and cross coverage of residents. In addition, the

		low caregiver salary structure and high stress work settings, contribute to high rates of turnover. • With regards to resources for "LiveWell Method state-wide scaling" following the current 2019-2021 bridge program, the Quality Care Fund would consider a one-time proposal demonstrating a high return on CBC quality care investment. Mr. Honey believes that the "LiveWell in-facility team component integrated with coaching" holds the most potential for yielding long term measurable improvements in quality care.
February 14, 2020	Fred Steele, MPH, Ombudsman, Oregon	• The Office of the Long-Term Care Ombudsman is established by Oregon Law (see 2017 ORS 441.406 as amended). The Oregon Law is aligned with the U.S. Congress Health Insurance Portability and Accountability Act (HIPAA) of 1996. • Mr. Steele is Oregon's Long-Term Care Ombudsman. The primary duty of this Office is to investigate and resolve complaints made by or for residents of long-term care facilities about administrative actions that may adversely affect their health, safety, welfare or rights. • The Ombudsman's Office contracts with a network of unpaid ombudsman volunteers to carry out these duties. The work of the volunteers is "resident-driven". The volunteers give voice to residents when "something is not right" within the confines of their facility. The nature of resident concerns and complaints is "highly variable", and most can be settled by the volunteer. When that is not possible, the volunteer communicates the concern to higher levels of the Office. • Mr. Steele notes that volunteerism is recently decreasing in Oregon, and that it is getting more and more difficult to find and retain the Ombudsman volunteer network. He believes this is partially due to the increasing complexity of LTC work in facilities due to shifting demographics including the increasing percentage of cognitively impaired residents, many with a history of trauma. • Mr. Steele believes that most LTC facility administrators do not have a strong skill set in leadership and management. This is especially noticeable in Oregon's rural communities where there is a severe shortage of caregivers, He is pleased that House Bill 4129 of 2018 will require administrators to be Certified.

February 14, 2020	Paula Carder, Ph.D., Director, Institute on Aging, PSU	• The Institute on Aging (IOA) is dedicated to enhancing understanding of aging and facilitating opportunities for elders, families, and communities to thrive. • Prof. Carder directs IOA and also heads up the Evaluation study for TMC under the 2019-2021 bridge LiveWell program funded by the Oregon Quality Care Fund. • In her contacts with Oregon's LTC facilities, Prof. Carder finds that everyone "throughout the long-term care system" seems to be overburdened with work. As such it is difficult for the staff of LTC facilities to take on additional LW responsibilities, even when the responsibilities are valuable and enjoyable. • Yet, Prof. Carder finds many LTC facilities adopting elements of LW and integrating new processes and procedures into their care regimes. This is promising for scaling LW in the future. • One of the scaling challenges for LW is related to the ownership and management structure of many LTC facilities. Many of the facilities are part of a "national or regional chain of facilities". In the "chain of facilities" context, many of the care-related Standard Operation Procedures (SOP's) in these facilities are imposed by the chain owner, and the local administrator has limited discretion in integrating new quality care innovations like those offered by LW. In these cases, the facility administrators typically "take their marching orders" for quality improvements from the chain central headquarters and not from the state. One of the implications for scaling LW is to find ways to influence quality both at the central headquarters level and the individual facility level.

Annex 3: PA 558 Class, 2019 Project Team LiveWell Scale-Up Memo

LIVEWELL™ Project Team Memo

From:	**Project Team: Cody Field, Theresa Huang, Shreya Jain, Kyle Lovell, Katie Wallace**
To:	Barbara Kohnen Adriance, LiveWell Executive Director and Dr. Marcus Ingle, PSU
Date:	Tuesday, June 4, 2019
Subject:	LiveWell Program Scale-Up Recommendations

Project Background

The LiveWell program is a methodology developed for assisted living facilities (ALFs) and residential care facilities (RCFs) for quality assurance and performance improvement. In previous pilots, LiveWell has proven successful in improving employee performance, including performance reporting, resident and staff wellbeing, and quality of care. With the increase in aging population nationwide, 1 in 5 people will be of retirement age by 2030, which means long-term care facilities will experience a large influx of residents in the coming years. The State of Oregon and LiveWell recognize the importance of improving the quality of care at these facilities and that benefits cross social and financial realms.

The project team developed strategies and recommendations for expanding the pilot to a full-scale program that serves the 500+ facilities throughout Oregon. We conducted extensive research, literature review and stakeholder interviews to develop the tools needed for the LiveWell Program to scale-up. Literature reviews included social program scale-up and employee retention strategies, and we researched operating costs at ALFs and RCFs for context. Using these resources, we created 15 program and project development tools that LiveWell can use as aids in scaling up. Please see Appendix I for snapshots of each tool as reference. Original files were provided in digital format on a USB drive to allow full functionality.

The team also conducted interviews with the following key stakeholders: Ann McQueen from the Department of Human Services; Lisa McKerlick from Clackamas Community College; Fred Steele from Oregon Long-Term Care Ombudsman and Agency, and Paula Carder from PSU's Institute on Aging. Full interview notes are included in Appendix II.

Current Challenges and Opportunities

Though LiveWell has delivered positive results in previous pilots, the project team identified several challenges that must be addressed in order to successfully scale. These challenges occur at both at the program level (internal) and at the facility level (external).

Internal Challenges

The first key challenge involves the travel required to successfully implement LiveWell statewide. Current LiveWell staff lack the capacity to deliver training to each and every community across the state. Many of the rural or remote communities would require time and resources beyond the means of the current management team. Second, LiveWell has never had a marketing plan or strategy, and the program currently lacks both a website and social media presence. These components will play a crucial role in providing exposure for LiveWell as it strives to reach a higher number of facilities during scale-up. Third, management must address the low program participation rate among communities in Oregon. This particular challenge includes two specific focus areas: the communities that have adopted LiveWell so far, compared with the over 500 potential communities in Oregon; and the percentage of participating facilities that have struggled to stay consistently engaged.

External Challenges

Looking specifically at the Phase II facilities, three additional challenges are worth highlighting. First, this participant group is comprised of low-performing facilities; these facilities will require additional attention beyond the basic program materials. The project team anticipates that this challenge will continue into the next phase and could present a long-term consideration for the management team. Second, statistics recorded during the early pilots showed that facilities did not consistently report data. In order to track the effectiveness of LiveWell and identify areas in need of improvement, accurate data collection is critical. Many direct care providers are unfamiliar with the process of reporting data. Additionally, staff had difficulty using the survey tool provided for capturing data, especially in the early stages of participation. Finally, a handful of the communities that applied to participate in the initial pilot dropped out of the program for a variety of reasons,

including a lack of preparedness and/or disruptive leadership transitions. These considerations will be crucial to address in order to expand the program.

Recommendations

Our team has developed a number of short-term, mid-term and long-term recommendations to help LiveWell scale-up by maximizing new opportunities and minimizing constraints arising from the internal and external challenges mentioned above. Our strategy has three distinct phases, seen in the LiveWell Logical Framework, and should be approached as a gradual roll out. There are key milestones for participation percentage rates that will trigger the next steps in the strategy. It is essential to ensure that the program adopts regular monitoring to aid decision making and uses evaluation results to inform and adjust the strategy as scaling up proceeds.

Short-term: 2019 - 2020

After assessing the current plan for Phase II and reviewing the results from previous pilots, our team has many recommendations for immediate implementation.

Website Development and Lead Generation

There is a line item in the existing Phase II budget for a website to be built in 2019. Our first recommendation is not only to launch this website, but to incorporate a lead generation component. Consider including a form where interested facility owners can enter their email address to indicate their interest in participation; this allows the program to capture information and creates a database of prospective participants. If possible, consider adding an online evaluation where a user could answer some questions about what's happening in their facility and the site could provide recommendations for them.[3] This kind of "LiveWell Quiz" would provide facilities with a no-risk entry to the program. A second step after an online evaluation could then be a phone consultation or other connection with a LiveWell staff person.

3 Interview with Ann McQueen

Marketing and PR

Another key recommendation is around marketing and public relations. There is no marketing strategy currently in place to promote LiveWell, and without marketing and communications, there is little chance of a successful large-scale expansion. Please see the 2019-2020 Marketing Plan for all strategy and deployment details, including budgets for the next 18 months. Marketing, communications, social media, public relations, outreach and advertising are all critical tools to support a successful scale-up.[4]

Standardize Ongoing Facility Feedback

As a tool to support ongoing monitoring and evaluation, we recommend creating a standardized mechanism to receive facility feedback for both Phase II and future phases. To encourage strong engagement, we recommend a bi-monthly survey that includes 3-5 preset questions about the facility's challenges, successes and overall satisfaction with the program to create a baseline against which a formal evaluation conducted by the Institute on Aging can measure.

Data Collection and Data Platform

In the 2018 report, the number of facilities that reported monthly data 90-100% of the time was only 63% and 40% for Cohorts 1 and 2, respectively.[5] Survey Monkey was used to collect data and facilities reported being frustrated that the tool has no "save" feature and that they didn't have time to fill out the data as it felt duplicative with their other efforts. With the new mandatory reporting requirements for assisted living facilities, we recommend LiveWell explore a data sharing agreement to support an automatic data transfer for the data facilities are now required to report through the Residential Care Quality Measurement program.[6] The required program metrics overlap with some of LiveWell metrics including staff retention, number of resident falls with injury and incidence of use of antipsychotic medications for non-standard purposes.

4 https://www.oecd.org/employment/leed/Policy-brief-Scaling-up-social-enterprises-EN.pdf

5 Final Report for Grant #150473, The LiveWell Method, Quality Assurance and Performance Improvement (QAPI) Long-Term Care Project, funded by Oregon's Quality Care Fund June 30, 2018

6 https://www.oregon.gov/DHS/PROVIDERS-PARTNERS/LICENSING/CBC/Pages/Quality-Metrics.aspx

Facility Cohort Recruitment

For facility recruitment, we recommend formalizing a new cohort recruitment strategy that helps streamline participation and reduce administrative burden. We recommend future facilities be recruited in cohorts only when they are geographically clustered within 1-2-hour drive from one another.[7] We recommend avoiding grouping facilities from Pendleton and Portland in the same cohort; they should be regionally connected.

Ongoing Stakeholder Analysis

Finally, our team recommends completing regular stakeholder analysis as the program continues to scale—we recommend a minimum schedule of 6 months to review and update the tool in order to stay agile and adjust course as needed.

Mid-term: 2020 - 2023

After short-term recommendations have been implemented, the following mid-term recommendations should be considered during the Phase III scale-up design process.

Website Development and Reporting Dashboard

We recommend enhancing the website by adding additional features, such as log-in for each participating facility so they can track progress and monitor changes in metrics in their account. The website could even integrate some of the curriculum tools with data visualization software such as PowerBI, to create a visual reporting dashboard.[8] This would provide a self-serve portal for facilities and would also make it easier for the Institute on Aging and LiveWell to view facility data in a centralized location.

Regional Staff

Related to the facility cohort recruitment, as LiveWell continues to grow and regional groupings are identified, there will be a need for regional staff members to provide in-person support,

7 https://cascadeenergy.com/wp-content/uploads/2015/05/1_Overview-of-SEM-Cohorts1.pdf

8 https://powerbi.microsoft.com/en-us/compare-power-bi-tableau-qlik/

especially to the more remote facilities in Oregon. This will reduce staff travel times between facilities across the state and create a stronger relationship between the LiveWell staff and the facilities. Regional staff should be added as needed to support increasing participation.

Community Partnerships

Volunteers and interns could assist with program support as LiveWell grows. Community colleges, universities, and high school students are often required to fulfill a volunteer/internship position in order to graduate, which they could potentially do with the LiveWell program. Many universities have been able to develop successful partnership programs with assisted living facilities.[9] We recommend hiring an intern to assist in data collection and reporting while LiveWell transitions to a more permanent data collection method.

Grant Applications and Funding Sources

LiveWell is currently funded by the State of Oregon. As the program grows and evolves, additional funding sources should be considered to help support its expansion. We recommend conducting more research into outside funding sources, such as federal grants,[10] to assist during the scale-up and expansion of LiveWell. Federal agencies have many resources that provide funding for programs that support aging populations, especially in rural areas.[11]

Potential Participation Incentive

Currently, staff members of participating facilities do not have receive incentives to participate in the program. While there are many proven benefits to LiveWell for both administrators and staff members, it may be important to provide an additional incentive for staff as their workload may increase after implementation. We recommend that LiveWell staff encourage participating facilities to develop incentives for their staff members, in whatever form fits the facility's culture. Rewarding staff may help get them on board and act as ongoing encouragement for them to

9 http://www.cambridgecap.com/blog/senior-living-university-partnerships-may-way-future-says-cambridge-founder-davis/

10 https://www.grants.gov/learn-grants/grant-making-agencies/department-of-health-and-human-services.html

11 https://www.rd.usda.gov/newsroom/news-release/usda-rural-development-provides-funding-new-assisted-living-community

continue using the LiveWell curriculum and techniques to provide better resident care.

Long-term: 2024 – 2030

The long-term recommendations below support a large future expansion. While some are loftier than others, all of these recommendations are important to consider as the program evolves.

Public-facing Certification

As LiveWell grows, a public-facing certification should be developed. This type of merit can help boost professional credibility of participating ALFs and RCFs and set them apart from competing facilities.[12] A certification also gives the public essential knowledge that they can trust in the facility caring for themselves or their family members. A LiveWell certification should be promoted as a badge of honor, similar to buildings that tout a LEED® Certification.

Annual Capstone Celebration

Stakeholder engagement is an ongoing process that can be aided by an annual capstone celebration. It is one of many channels for advocacy that will demonstrate the value of the LiveWell innovation. Acknowledging successes can guide future endeavors and helps to re-energize and inspire.[13]

Equitable Program Delivery Strategy

LiveWell will need to develop an equitable program delivery strategy. The strategy will be designed to reach high, sustained, and equitable coverage, at adequate levels of quality, for all who need the interventions. Oregon has an extensive rural population and an increasing need for elder care in all types of communities. LiveWell must prepare for both the increased costs and diversifying of delivery methods this expansion will entail.

12 https://www.nonprofitsfirst.org/page/Accreditation

13 https://www.nonprofitadvancement.org/competition-events/annual-celebration/

Expansion to Other Facility Types

To date, LiveWell has only been delivered in assisted living and residential care facilities. With the scale-up of the program, expanding delivery to other settings including skilled nursing facilities and memory care communities should be considered to raise the standard of care across all long-term care facility types.

Expansion to Regional or National Scale

Once a successful scale-up of LiveWell is completed in Oregon, LiveWell may want to consider a regional roll-out to the broader Pacific Northwest. If a regional expansion is successful, a national expansion could follow, if adequate funding and resources allowed

Annex 4: References for Key Documents

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