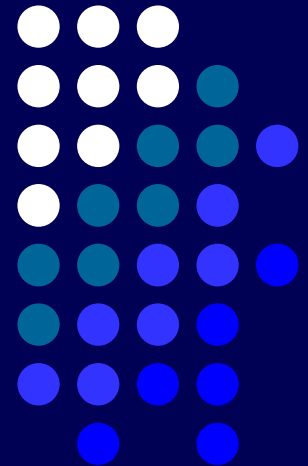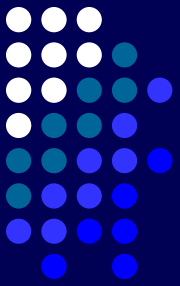# Improving Quality of Life in Nursing Homes Through Structured Resident Interviews: The QOL.SRI Approach

Howard B Degenholtz, PhD
University of Pittsburgh

Gerontological Society of America

November 24, 2008
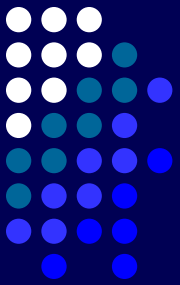
Acknowledgements

- Study Team:
  - Abby Resnick, MS
  - Natalie Bulger, BSW
  - Kathy Ruffel, BSW
  - Carolyn Kobelak, M.S.
  - John Zaharoff, MHA
- Technical Expert Panel:
  - Rosalie Kane, U. MN
  - Lois Cutler, U. MN
  - Debra Saliba, UCLA/VA/RAND
  - Barbara Bowers, U. Wisc.

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  - National Institute on Aging
    - Career Development Award
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    - Contract to Rosalie Kane, Robert Kane, U. MN
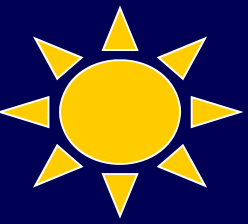
Self-Report QOL Measure for Nursing Home Residents
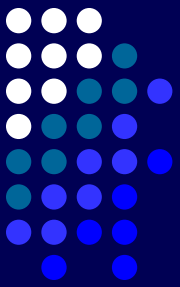
- Priority is given to subjective assessment of QOL
- The impact of the care, services and environment on resident self-appraisal
- Items identified through literature review, expert opinion, focus groups
- Scale scores distinguish facilities
- 95% of variation is between residents

- Domains:
    1. Comfort
    2. Functional Competence
    3. Privacy
    4. Dignity
    5. Autonomy
    6. Relationships
    7. Meaningful Activities
    8. Food Enjoyment
    9. Security
    10. Spiritual Well-Being
    11. Individuality
    12. **Religious Activities**
- Each domain measured with multi-item scale

Kane, R. A., Kling, K. C., Bershadsky, B., Kane, R. L., Giles, K., Degenholtz, H. B., Liu, J., & Cutler, L. J. (2003). Quality of life measures for nursing home residents. *J Gerontol A Biol Sci Med Sci, 58*(3), 240-248.

Minimum Data Set 3.0

- Implementation scheduled for October 2009
- Places priority on 'resident's voice' in assessment process
  - Assessor must document why staff informant was used rather than resident
- Includes 16 items drawn from QOL items:
  - Choice, privacy, security, activities
  - Closed-ended rating of importance
- Does not generate <u>actionable</u> information
  - No information about specific preferences related to items
  - No new 'RAPs' for QOL (as far as I know)

Section F — Preferences for Customary Routine and Activities
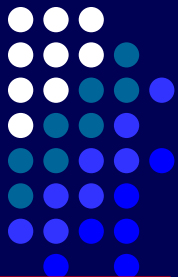
F1. Should Interview for Daily and Activity Preferences be Conducted? — Attempt to interview all residents able to communicate. If resident unable to complete, attempt to complete interview with family member or significant other.

☐ Enter Code

0. No (resident is rarely/never understood and family not available) → Skip to F6, Staff Assessment of Daily and Activity Preferences
1. Yes → Continue to F2, Interview for Daily Preferences

F2. Interview for Daily Preferences

Say to resident: *"While you are in this facility…"*

Coding:
1. Very important
2. Somewhat important
3. Not very important
4. Not important at all
5. Important but can't do or no choice
9. No response or non-responsive

Enter Codes in Boxes →

a. how important is it to you to choose what clothes to wear?
b. how important is it to you to take care of your personal belongings or things?
c. how important is it to you to choose between a tub bath, shower, bed bath, or sponge bath?
d. how important is it to you to have snacks available between meals?
e. if you could go to bed whenever you wanted, how important would it be to you to stay up past 8:00 p.m.?
f. how important is it to you to have your family or a close friend involved in discussions about your care?
g. how important is it to you to be able to use the phone in private?
h. how important is it to you to have a place to lock your things to keep them safe?

- Choose clothes
- Have snacks available
- Stay up late
- Use phone in private

F3. Interview for Activity Preferences

Say to resident: *"While you are in this facility…"*

Coding:
(important)
(important)
(important)
(at all)
5. Important, but can't do or no Choice
9. No response or non-responsive

Enter Codes in Boxes →

a. how important is it to you to have books, newspapers, and magazines to read?
b. how important is it to you to listen to music you like?
c. how important is it to you to be around animals such as pets?
d. how important is it to you to keep up with the news?
e. how important is it to you to do things with groups of people?
f. how important is it to you to do your favorite activities?
g. how important is it to you to go outside to get fresh air when the weather is good?
h. how important is it to you to participate in religious services or practices?

- Reading material
- Music
- Socialize
- Get outside
- Religious activities/practice
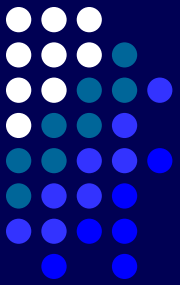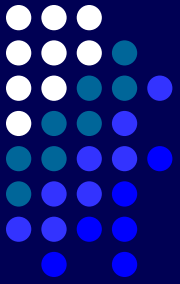
QOL.SRI: Project Goals

- Phase I
  - Develop and pilot test an assessment and care planning system for nursing home staff
    - Actionable information
    - Practical materials
    - Easy to implement
  - Focus attention on resident preferences
- Phase II
  - Evaluate efficacy and effectiveness
    - Within-person pre-post (baseline, 90, 180 day)
    - Control group (assessment only vs. assessment + care plan)
  - Three sites:
    - Small samples at two sites (n=20 at each)
    - Facility-wide implementation at one site (n=60)
- Tablet PC
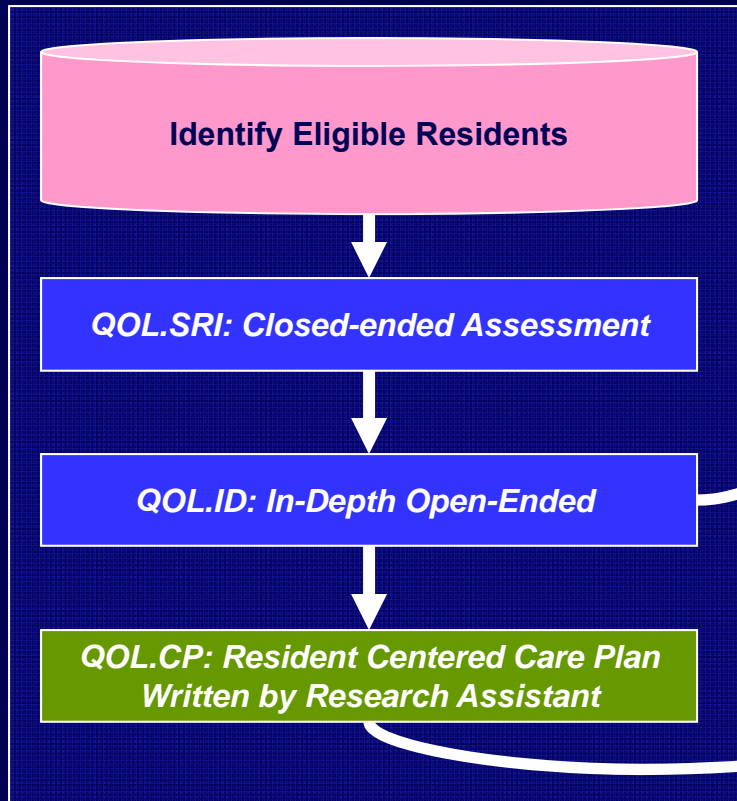- Individual care planning vs. organizational change
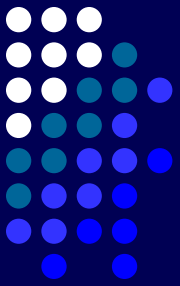
QOL.SRI Project Goals

- Phase I
  - Pilot test closed ended instrument
    - Social workers
    - Random sample of residents
  - Pilot test in-depth instrument
  - Write 'practice' care plans
    - Hypothetical cases
    - Real residents
- Phase II
  - Implement care plan
    - Written by social worker
    - Presented at care conference
  - May identify need for organizational change
  - Implement using tablet PC

- Facility-Wide Implementation
  - UPIA Seed Grant
  - RCT
    - 40 Treatment
      - Assessment + Care Plan
    - 20 Comparison
      - Assessment Only
  - Social worker part of research team
    - Conducts assessment
    - Writes Care Plan
    - Provides as 'Recommendation'
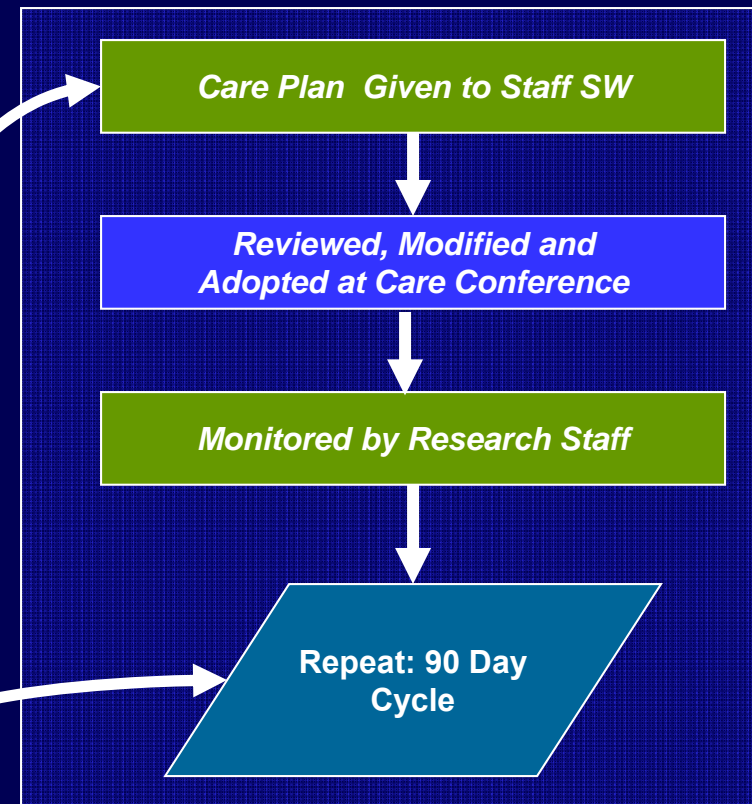 - Follow-up: 90, 180-Day
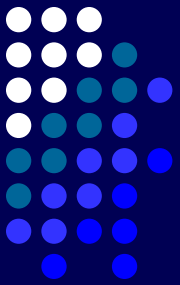
QOL Assessment and Care Planning Process

PHASE I: Development

Identify Eligible Residents

↓

QOL.SRI: Closed-ended Assessment

↓

QOL.ID: In-Depth Open-Ended

↓

QOL.CP: Resident Centered Care Plan Written by Research Assistant

PHASE II: Testing

Care Plan Given to Staff SW

↓

Reviewed, Modified and Adopted at Care Conference

↓

Monitored by Research Staff

↓

Repeat: 90 Day Cycle

Eligible Residents

- Exclusions:
  - Non-English speaking
  - Living in locked AD unit
  - SNF stay
  - Hospice
- Inclusion:
  - During Phase I we selected at random
  - During Phase II we will select based on MDS Q date
- Opt-out for family and residents via pre-notification
- Interview aborted if resident unable to establish rapport or complete 8 consecutive questions
- Verbal consent

QOL.SRI: Closed Ended Questions
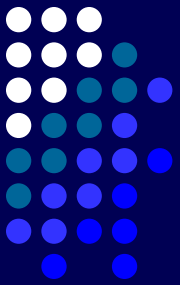
- **55 closed ended questions**
  - 12 domains
  - Form is ordered from concrete to abstract; roughly follows hierarchy of needs
- **Response set**
  - Always/Often/Rarely/Never
  - If unable to use 4 categories:
    - Yes → Always/Often
    - No → Rarely/Never
- **Answers indicating 'poor' QOL trigger importance rating**
 - Very/Somewhat/Not Very/Not At All/Important but Can't Do
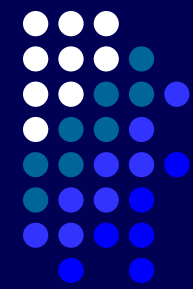
CMF *The first questions are about how comfortable you are and the help you get to make you more comfortable.*

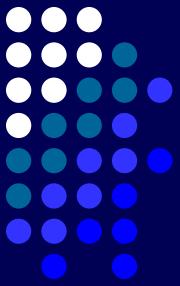|	**Y**	A	O	**N**	R	N
1. *Are you too cold here?*						
2. *Are you ever in the same position so long that it hurts?*						
3. *Are you ever in physical pain?*						
4. *Are you bothered by noise when you are in your room?*						
5. *Are you bothered by noise in other parts of the nursing home, for example the dining room?*						
6. *Do you get a good night's sleep here?*						
7. *Considering your overall quality of life here, do you feel physically comfortable?*						

How Important is this to you?
- Very Important
- Somewhat Important
- Not Very Important
- Not Important at All

QOL.ID: In Depth Follow-Up Questions
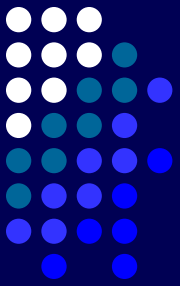
- Five target areas selected from in-depth
  - Poor QOL <u>and</u> high importance
  - Ties are settled by ordering in the instrument
- One open space for assessor's choice "Wildcard" topic
- Implemented as free text capture

QOL.ID: Examples of In Depth Probes

CMF1	How often are you too cold here?

When are you cold? During the day, at night?
Are you too cold during bathing or when you use the toilet?
What would help you avoid being too cold?
What do you do when you are too cold?

CMF2	*Are you often in the same position so long that it hurts?*

Does this occur in bed? When sitting? In a wheelchair? During
  meals?
What position is uncomfortable?
What position is more comfortable for you?

CMF3	*Are you ever in physical pain?*

When does this occur?
Do you notify staff?
What is done to manage it?
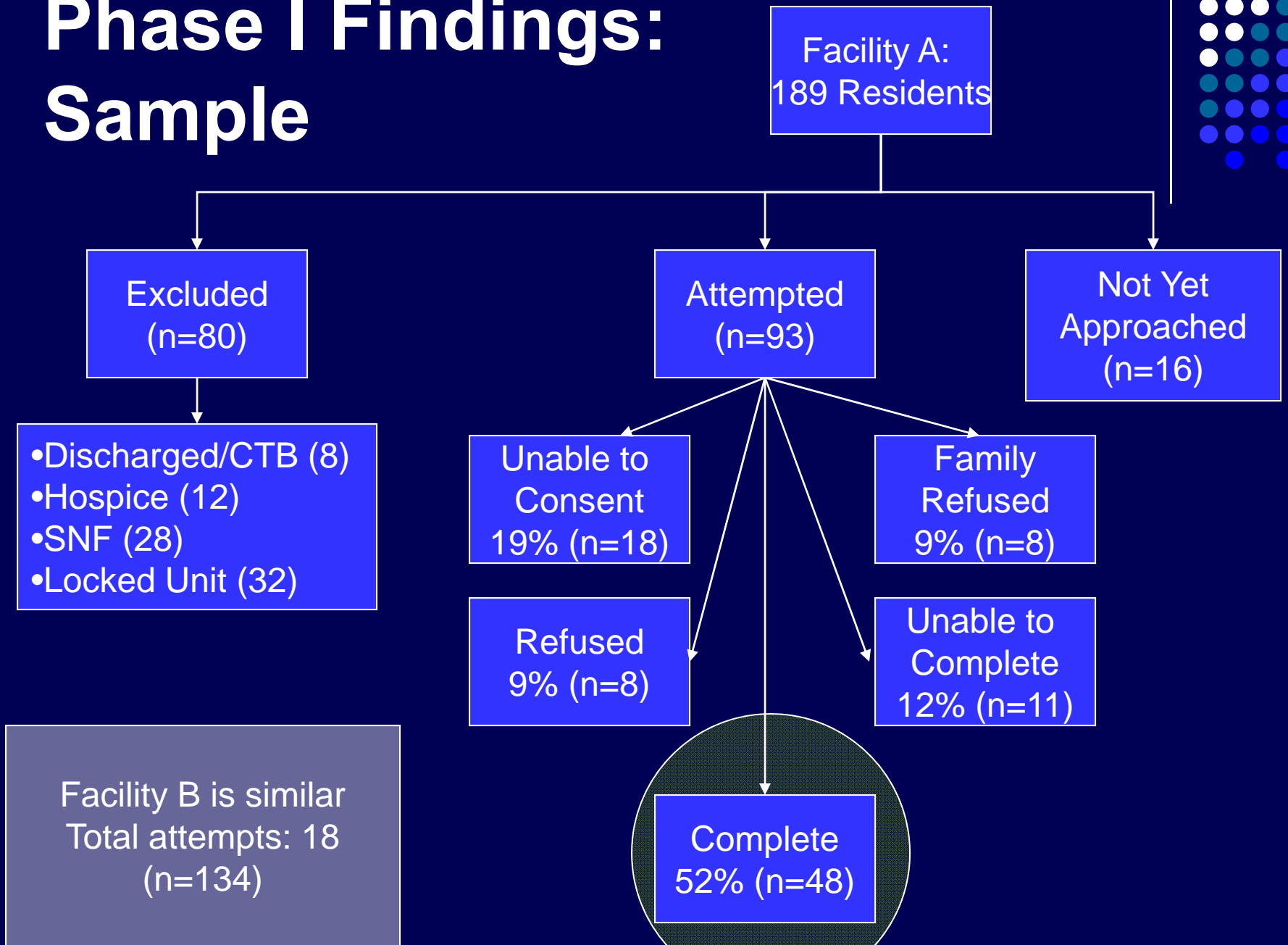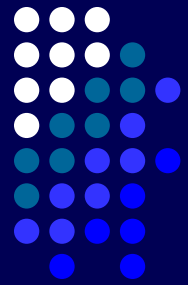
QOL.ID: Instructions on form
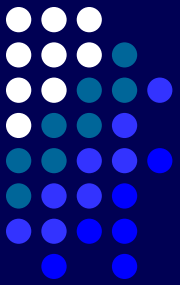
- The next questions are about Comfort. This means being comfortable in your room or any place in the facility, both during the day and at night.

- I will ask you several questions. You are not limited to Yes or No. You can tell me whatever you think. (probe, wait, transcribe, probe problems further, transcribe)

- Generic prompts: Tell me more about... What can be done differently about... Who could... When would....
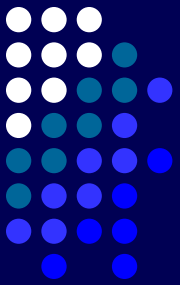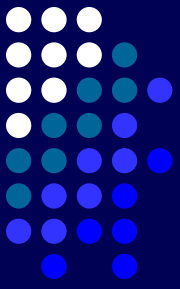
QOL.CP: Care Planning

- Developed draft care plans for real residents
- Reviewed with social workers for feasibility
- Adjusted forms to meet their requirements
- Developed case studies for training
  - Narrative history
  - Scored assessment
  - Care plan examples

Phase I Findings: Sample

Facility A:
189 Residents

Excluded (n=80)

- Discharged/CTB (8)
- Hospice (12)
- SNF (28)
- Locked Unit (32)

Attempted (n=93)

Unable to Consent 19% (n=18)

Refused 9% (n=8)

Family Refused 9% (n=8)

Unable to Complete 12% (n=11)

Complete 52% (n=48)

Not Yet Approached (n=16)

Facility B is similar
Total attempts: 18
(n=134)

Phase I Findings: Process

- Residents can do the assessment in a reasonable amount of time (mean 28 minutes)
- Residents <u>can</u> answer importance questions
  - Answering at the end of each section works
  - Answering one by one (ie switching from QOL to importance) can be confusing
- Residents <u>cannot</u> answer a general "what would like to improve" or any variant
- Residents <u>can</u> switch to open-ended section
  - In-depth section is brief (mean 7 minutes)
- Open ended probes yield actionable suggestions
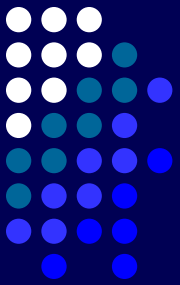
Phase I Findings: Care Plan Examples
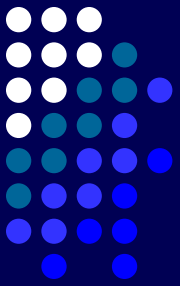
- **Quality of Life Domain: Religious Practice (REP)**
- **My Quality of Life Care Goal:**
  - "I no longer am able to read the Bible, but I would like to. I can't always attend the services here."
- **Specific Care Tasks/Responsible Party:**
  1. Ask Mrs. Jones if she wishes to attend weekly Bible Study sessions/CNA/Activities Dept
  2. Provide Mrs. Jones with Audio tapes weekly from local church service/Pastoral Care
  3. Provide Mrs. Jones with Bible audio tapes in house or order from library/Activities Dept
  4. Set up tape playback for Mrs. Jones daily/CAN
  5. Coordinate a volunteer to read Mrs. Jones requested Bible passages to her weekly/Social Service/Activities Dept._

Phase I Findings: Care Plan Examples
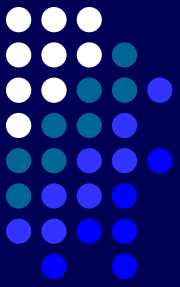
- **Target Domain: <u>Functional Competence</u>**
- **Problem:**
  - I am not asked if I would like to sit in my recliner or my wheelchair. When I am in my recliner I have difficulty reaching for things. It is difficult to get to the bathroom when I am in my recliner
- **My Quality of Life Care Goal:**
  - I would like to sit in my recliner as often as I want
- **Specific Care Tasks:**
  1. In the morning, ask resident if she would like to sit in her wheel chair on in her recliner
  2. In the afternoon, ask resident if she would like to sit in her wheel chair or in her recliner
  3. When resident is seated in her recliner, place TV remotes, call bell, drink and tissue within resident's reach
  4. When resident is seated in her recliner, check every two hours to see if resident needs toileted

Phase II Goals

- Resident outcomes:
  - Re-assessment of residents to measure change
  - Comparison group
- Process:
  - Feasibility of implementing a QOL care plan
  - Observe care conference
  - Track task completion (compliance)
  - Track additional time (cost)
  - Key informants (DON, SW, Aide)
- Pre- and post- implementation staff surveys
  - Perceptions of resident QOL
  - Perceptions of resident ability to make decisions
  - Self-efficacy regarding improving QOL
  - Satisfaction
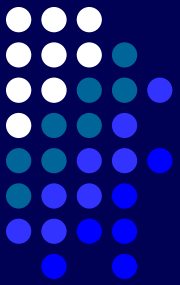
Conclusions

- Intervention is based on research
- Person/Resident centered ethic
  - Emphasis on discrete tasks related to QOL
- Planning for Adoption
  - Hook into existing workflow
  - Assigning accountability for tasks; auditing performance
  - Integrating with existing systems
    - Caretracker
    - Accunurse
    - Paper
- Phase I:
  - Assessment materials are acceptable to residents
  - Care plan materials are acceptable to staff
- Phase II Starts in January!