Improving Quality of Life in Nursing Homes: An Innovative Assessment and Care Planning Approach

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1 Abstract

The Quality of Life (QOL) of elderly people living in US nursing homes is widely recognized to be lower than desired. As nursing homes face increased scrutiny and accountability for QOL, there will be a growing need for approaches to assess and improve resident QOL.

We have developed a practical and efficient, easy to implement, method for improving QOL using individualized "QOL Care Plans." QOL Care Plans are written using information gathered during a Structured Resident Interview (QOL.SRI) that uses both closed- and open-ended questions to identify areas for improvement.

The QOL.SRI is based on a validated questionnaire that covers 12 domains: Comfort, Security, Privacy, Food Enjoyment, Meaningful Activities, Religious Practice, Relationships, Functional Competence, Individuality, Autonomy, Dignity, and Spiritual Well-Being.

To evaluate the impact of the QOL Care Plan (QOL.CP), we conducted a randomized trial at three nursing homes. Sixty-Four (64) cognitively intact, long-stay residents have been assessed and randomized to either Care Plan (39) or usual care (25) groups, and will receive 90- and 180-day reassessments. Preliminary results from the first treatment group residents to reach their 90-day follow-up are reported.

The QOL Care Plans target specific QOL domains. All treatment group residents experienced larger improvements (or smaller declines) in the targeted QOL domains compared to the control group. Further analysis will examine the impact of the QOL Care Plan on staff time and other outcomes.

2 National Advisory Panel

- Rosalie Kane, Ph.D., University of Minnesota
- Lois Cutler, Ph.D., University of Minnesota
- M. Debra Saliba, M.D., M.P.H. University of California at Los Angeles
- Barbara Bowers, Ph.D., MSN, University of Wisconsin
- Robert Connolly, MSW, Geriatric and MDS Consultant

3 Significance

Accountability for QOL in nursing homes is becoming a reality:

- MDS 3.0 measures resident "Preferences for Customary Routine and Activities"
  - Limited guidance for how to respond to those preferences
- Revised F-Tag guidance places emphasis on Dignity (241), Self-Determination and Participation (F242), Homelike Environment (F252) among others
  - Facilities are responsible for "Actively seek ing information from the resident regarding…preferences" and using this as part of the care plan
- Revised Survey and Certification process "Quality Indicator Survey (QIS)" requires resident interviews that address autonomy, dignity and activities

➔**Nursing Homes need the technology to meet these expectations.**

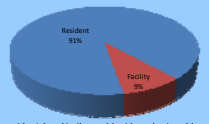
4 Definition of QOL

Quality of Life Assessment is based on validated measure of Resident self-report QOL. Each of the following domains is addressed with multiple closed-ended items:

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 Practice

Source: 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.

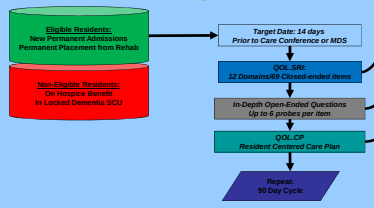
5 Variation in QOL

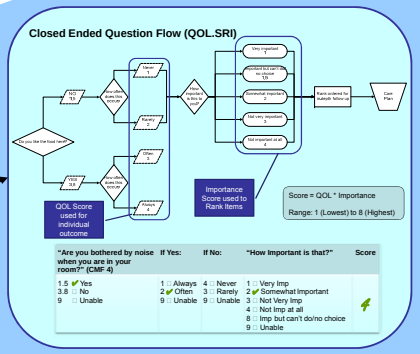


Interventions must be 'close' to the resident in order to address the largest source of variation. (Based on 3,688 interviews in 101 facilities.)

Source: Degenholtz, H. B., Kane, R. A, Kane, R. L., Bershadsky, B., and Kling, K. Predicting Nursing Facility Residents' Quality of Life Using External Indicators. *Health Services Research*. 2006 41(2):335-56.

6 QOL Assessment and Care Planning Process





Open-Ended Question
- Select 5 items with LOWEST Score
- May select a 6th "Wildcard" based on judgment

"Are you bothered by noise when you are in your room?" (CMF 4)
What kind of noise in your room bothers you? *Probe: Television, radio, roommate, sounds from hallway?*
What time of day does it occur?
How can the staff help to reduce the noise level in your room?

Care Planning Process
- Draws on resident's preferences elicited during the assessment
- Includes a "Problem" statement and a "Goal/Preference" statement
- Written in 1st person: "I prefer to have my bible within reach."
- Single, discrete task
  - Focus on feasibility, practicality
- Assigns responsibility
- Seek consensus regarding problem, goal and task
- Can be implemented using paper or electronically
- Emphasizes resident autonomy in the definition of the task

Sample Care Plan Tasks (QOL.CP)

Domain	Task	Staff
Food Enjoyment	Ask resident if her food is warm enough, offer to microwave if cold	CNA/ Dietary
Comfort	Ask resident if she would like her pillows or bed height adjusted	CNA
Comfort	When assisting resident with getting dressed, ask resident if she would like to have any extra layers on or near by.	CNA
Comfort	Each night ask resident if the temperature of her room is acceptable.	CNA
Functional Competence	Ask resident if she would like her bathroom straightened up	CNA/Housekeeping
Functional Competence	When in resident's room at same time as resident, ask her if she would like anything moved within her reach	CNA/Nursing

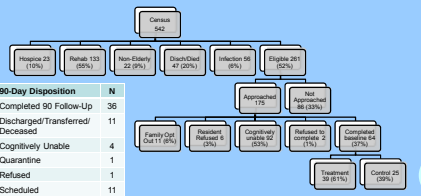
7 Evaluation Design

Randomized trial of feasibility, outcomes and costs of implementing an individually tailored QOL care plan
- Hybrid Consultative Model for this pilot project
  - Assessment conducted by Research SW rather than facility staff
  - Care plan 'recommendation' reviewed and approved by facility staff
  - Care plan implemented by staff
  - Comparison group will receive care plan after trial
- Process Measures
  - Ability to elicit actionable QOL goals
  - Track care plan tasks for completion
  - Debrief staff about incremental time
- Outcomes
  - 90-day and 180-day reassessment to measure change
  - Staff surveys before and after program

8 Study Sites

Factor:	Facility A	Facility B	Facility C
Location	Urban	Suburban	Suburban
Tax Status	Non-Profit Chain	Faith-Based Chain	Non-Profit Chain
Residents	137	182	164
Electronic Order System	Accunurse	CareTracker	Accunurse
Sample	5 Tx/5 Ctrl	5 Tx/5 Ctrl	34 Tx/17 Ctrl

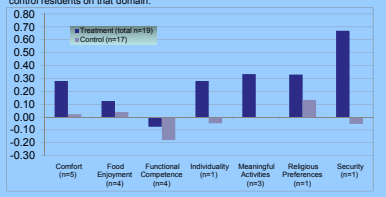
9 Recruitment and Disposition



90-Day Disposition	N
Completed 90 Follow-Up	36
Discharged/Transferred/ Deceased	11
Cognitively Unable	4
Quarantine	1
Refused	1
Scheduled	11
Total	64

10 90-Day QOL Outcomes

Change in QOL from baseline to 90-day follow-up in targeted domain.
Treatment residents are grouped by target QOL domain and compared to all control residents on that domain.



11 Observations

Most residents are engaged, willing to talk
Assessment takes an average of 40 minutes
- Approximately 10 minutes for consent script
- Re-Assessments take about 20 minutes

Staff are enthusiastic and receptive
- Allows them to break the monotony of 'autopilot conversations'

Leadership is supportive and engaged
Focus on care conference has been relaxed due to logistics

12 Barriers

Residents vary in how talkative they are
- Reluctant to 'complain' even to outsider

Multiple perspectives on 'what' is the problem
- Issues identified by residents are different than family or staff (e.g., bereavement; complaints; visits)
- Gaining input from multiple parties raises question of what is 'best': resident nominated problem or consensus?

Facilities have limited degrees of freedom
- Some tasks require 'systemic' changes
- Redirect to individual, person-centered changes

13 Next Steps

Examine other resident outcomes:
- Positive and Negative Affect
- Pain

Important Covariates:
- Cognitive function
- Physical function
- Private room
- Depression/Depression treatment

Staff Surveys
- Perception of Resident QOL
- Self-Efficacy with respect to improving QOL
- Perception f resident's ability to make decisions

Examine staff time spent on tasks

14 Conclusions

The QOL.SRI/CP approach yields actionable, discrete care plan tasks that are tailored to the individual resident.

Care plans have been successfully implemented using paper based forms as well as with two different electronic order systems used by aides.

When comparing residents with a tailored care plan that targets a particular QOL domain to a control group, their QOL scores increase over a 90-day period.

Although the sample size is too small for inferential statistics, the direction of this pilot study is promising.

Further research with a larger sample should investigate the best ways to train staff can be trained to conduct assessments and develop care plans.

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