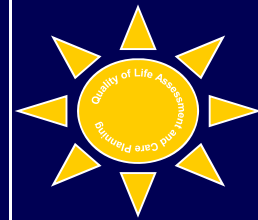# Improving Quality of Life through Structured Resident Interviews: The QOL.SRI and Care Planning (CP) System

National Pioneer Network Conference
Little Rock, AR
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- Team:
  - Abby Resnick, MA
  - Natalie Bulger, BASW
  - Lichun (Rebecca) Chia, PhD
  - Jules Rosen, MD
  - Judy Lave, PhD
- National Technical 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

Overview

- Background and Rationale
- QOL.SRI/CP System
- Audience Participation
- Demonstrate Tablet PC
- Preliminary Findings from RCT
- Dissemination Products
- Next Steps
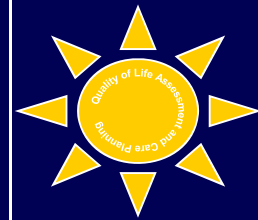
Background

- Quality of Life is acknowledged to be poor at many nursing homes
- MDS 2.0 mainly measures clinical and functional deficits
  - Existing Quality Indicators and Quality Measures (NHCompare) do not address QOL in a meaningful way
- Growing Regulatory Focus
  - MDS 3.0, QIS, QOL FTAG Guidance
- QOL is measureable and quantifiable

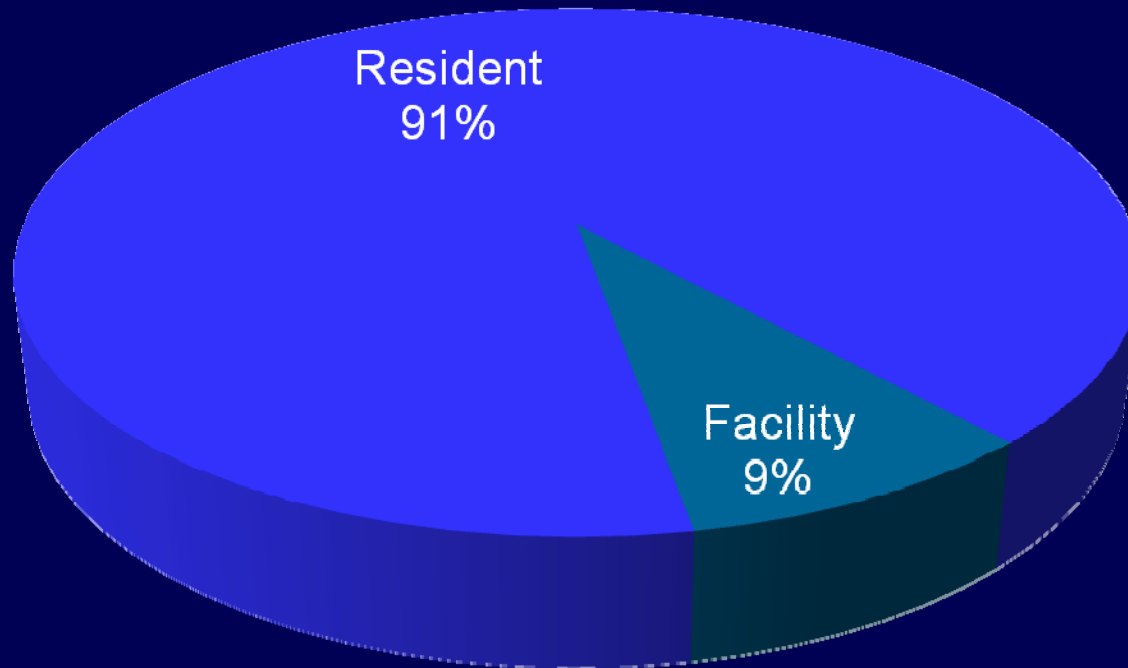# Self-Report QOL Measure for Nursing Home Residents
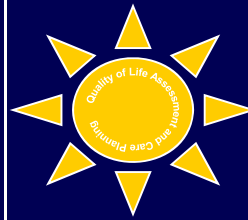
- Priority is given to subjective assessment of QOL
- The impact of the care, services and environment on resident self-appraisal
- Items identified through literature review, expert opinion, focus groups
- Response Set:
  - Often (4),
  - Sometimes (3),
  - Rarely (2),
  - Never (1)
- CMS Data:
  - n~3800, 100 facilities, 6 states
  - Few residents refuse
  - 55% of facility can complete

- 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
- <u>Assessment Separates Religious from Other Activities</u>
- 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.

Most Variation in QOL Scores is <u>Within</u> Facilities

Variation in QOL Scores
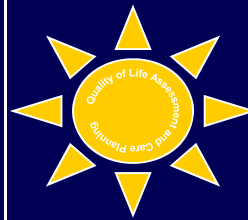
Resident
91%

Facility
9%

N=101 Facilities

RAI/Minimum Data Set 3.0

- Implementation in 2010
- Places priority on 'resident's voice' in assessment process
  - Assessor must document why staff informant was used rather than resident
- Section 'F' includes 16 items drawn from same source:
  - Choice, privacy, security, activities
  - Closed-ended rating of importance
- <u>Limitations:</u>
  - Does not collect information about specific preferences related to items
  - No guidance for staff based on responses
  - RAPs done only if triggered – not clear what threshold will be

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?

F3. Interview for Activity 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 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?

Revised QOL F-TAG Guidance

- Transmittal 48 (6/12/2009) Provides Revised Guidance for Existing Tags
  - Focus throughout on preference and choice
- Specific Tags:
  - Dignity (241)
    - Dignity is global and gives purpose to everything that follows
    - Language, Confidentiality, Grooming & Clothing, Bathing, Dining, Privacy
    - Training staff to have conversations with residents that treat as adults
  - Self-Determination and Participation (F242)
    - Increased emphasis on resident choice and control
    - **"…Actively seeking information from the resident regarding…preferences…"**
  - Homelike Environment (F252)
    - Personalization
  - Environment
    - Accommodation of Needs (F246); Lighting (F256); Sanitary/Food (F371) Rooms (F461); Call Systems (F463)
  - Other Tags:
    - Access and Visitation (F172), Married Couples (F175); Roommate Change (F247)

Revised Survey Approach: Quality Indicator Survey (QIS)

- New national program
  - Currently in 8-10 states
- Surveyors select a random sample of residents to interview
- Topics include:
  - Ability to make decisions about daily care
  - Dignity
  - Activities

Rationale for QOL Assessment and Care Planning System

- Staff need ways to meet expectations related to QOL embodied in new FTAG Guidance, QIS, public report cards
- MDS 3.0 produces an 'importance' rating for a limited number of items
  - Both are useful for tracking individual change and facility level performance
- QOL Measure produces a scaled (1-4) score that tells you the Level of QOL at the individual and facility aggregate
- But: Closed ended questions do not provide caregivers with practical guidance to make meaningful changes for individual residents
  - Assessment is still needed to find out resident preferences in order to make meaningful changes
  - Preferences must inform care plan in order to be acted on
- Project Goal:
  - Produce actionable suggestions for care planning
  - Develop an approach that will generate both quantitative scores to measure individual change and support QI, and
  - Product must be compatible with workflow in typical facility

Quality of Life Assessment and Care Planning: QOL.SRI/CP

- Meets the need for a practical way to ascertain resident preferences and incorporate those preferences into daily routines
- Emphasizes resident autonomy
- Consistent with regulatory requirements
- Compatible with typical workflow
- Track individual and facility level outcomes
- Designed for self-report:
  - Used with all residents who are capable
  - Care Plan written for all residents based on prioritized issue
  - Covers broad range of topics
  - Allows assessor to follow 'leads'

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Implementation is Central to Design of System

- Approach must be compatible with typical workflow
  - 90-day cycle
  - Discuss at care conference with staff, resident and/or family
  - Framed as 'orders' with accountability
- Approach needs to vary based on cognitive function
  - Priority on self-report for residents who are capable
  - Other techniques needed for severely cognitively impaired (beyond scope)
- Different resident populations have distinct needs
  - Long-Stay*
  - Short-stay/Rehab
  - Hospice/End-of-life
- MDS 3.0 resident selection rules can be applied

QOL.SRI: Closed Ended and In Depth Forms

- Closed-ended Questions
  - 55 items
  - Covers 12 broad domains of QOL
  - Captures level of QOL
  - Prioritizes issues for follow-up in a standardized way
- In-Depth Questions:
  - Set of open-ended probes for each closed-ended question
    - Focus is on actionability
    - Capture what, when, and how
  - Balance of breadth and depth
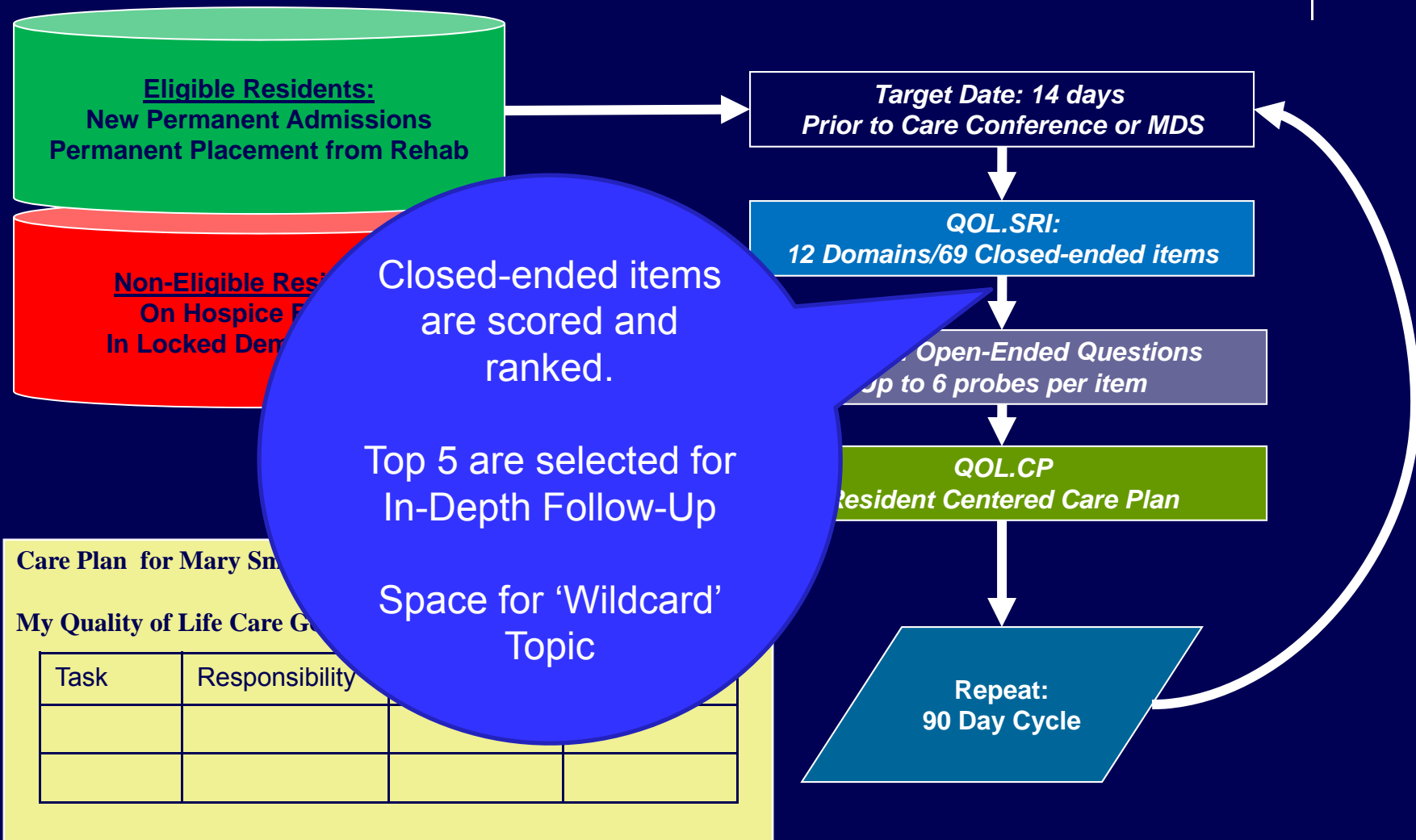 - Training is to follow thread of conversation

One Year of Development (Phase I)

- Pilot test assessment forms
  - Closed-ended
  - Open-ended in-depth section
- Pilot test decision rules for selecting items
- Write 'practice' care plans
  - Reviewed with facility staff (SW, DON)
- Hypothetical Case Narratives
- Random samples of residents at two facilities
  - Total of 55 Assessments during Summer 2008
  - 52% completion (of residents approached)
    - 9% family opt out
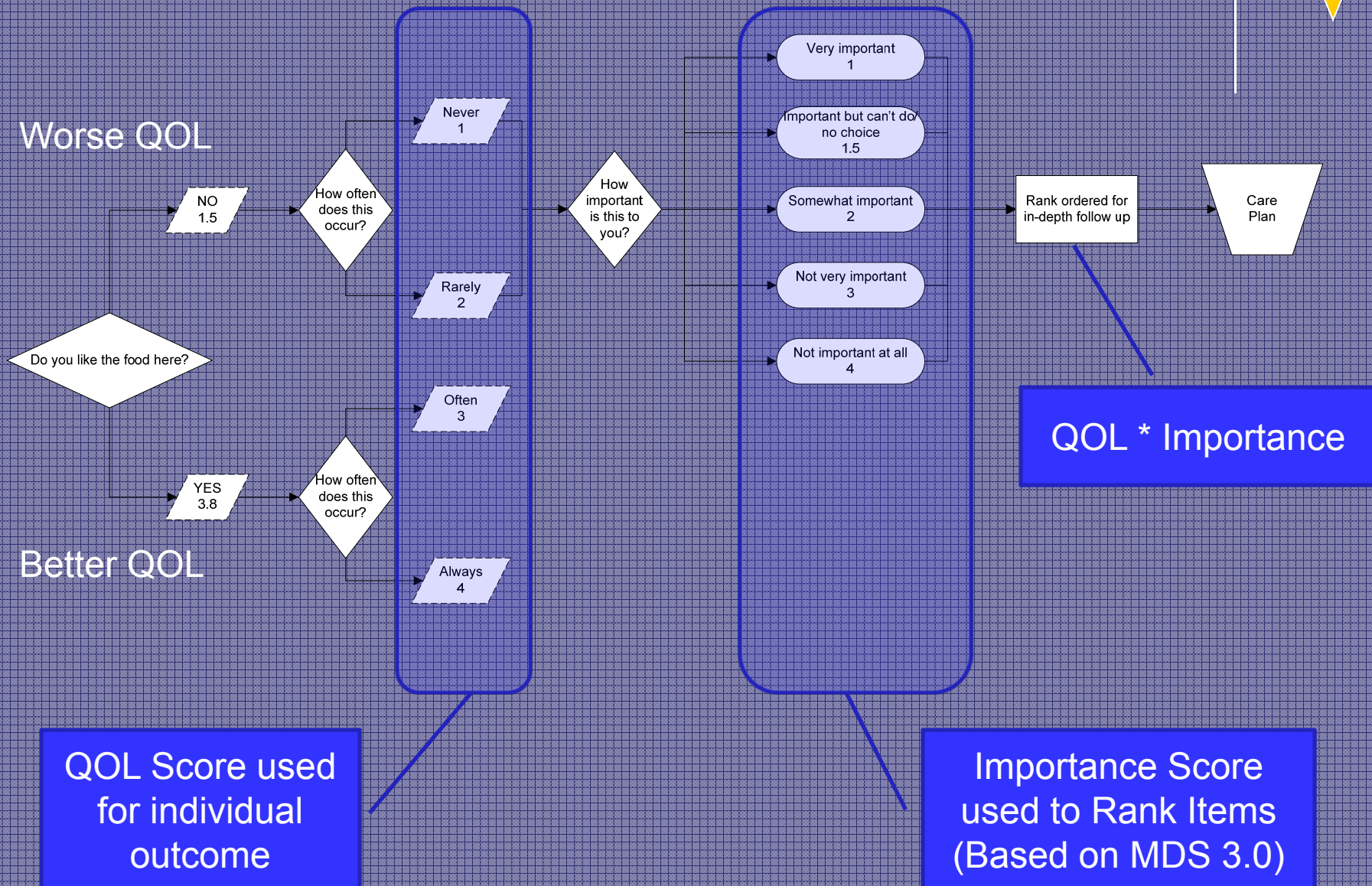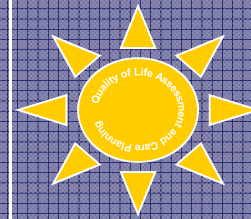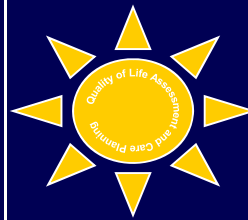   - 8% resident refusal

QOL.SRI/CP Flowchart

Eligible Residents:
New Permanent Admissions
Permanent Placement from Rehab

Non-Eligible Res...
On Hospice ...
In Locked Dem...

Target Date: 14 days
Prior to Care Conference or MDS

QOL.SRI:
12 Domains/69 Closed-ended items

...Open-Ended Questions
...Up to 6 probes per item

QOL.CP
...Resident Centered Care Plan

Repeat:
90 Day Cycle

Closed-ended items are scored and ranked.

Top 5 are selected for In-Depth Follow-Up

Space for 'Wildcard' Topic

Care Plan for Mary Sm...

My Quality of Life Care G...

Task	Responsibility		

Sample Question Flow

Worse QOL

Better QOL

Do you like the food here?

NO
1.5

YES
3.8

How often does this occur?

How often does this occur?

Never
1

Rarely
2

Often
3

Always
4

How important is this to you?

Very important
1

Important but can't do/ no choice
1.5

Somewhat important
2

Not very important
3

Not important at all
4

Rank ordered for in-depth follow up

Care Plan

QOL * Importance

QOL Score used for individual outcome

Importance Score used to Rank Items (Based on MDS 3.0)

Quality of Life Assessment and Care Planning

Scoring the Closed-Ended Assessment Form (QOL.SRI.CE)

SCORE = QOL * Importance

Range: 1 (Lowest) to 8 (Highest)

	If Yes	If No	How Important?	Score
CMF_4 Are you bothered by noise when you are in your room? 1.5 ✓ Yes 3.8 No 999 Unable	1 Always 2 ✓ Often 999 Unable	4 Never 3 Rarely 999 Unable	1 Very Imp 2 ✓ Somewhat Important 3 Not Very Imp 4 Not imp at all 1.5 Imp can't do/no choice 999 Unable	**4**

Using the In Depth Assessment Form (QoI.SRI.ID)

- Select 5 items with LOWEST SCORE
  - Low QOL and HIGH Importance
- Optional: May select a 6th 'wildcard' topic based on judgment

CMF 4	*Are you ever bothered by noise when you are in your room?*

What kind of noise in your room bothers you? Television, radio, roommate, sounds outside of your room?

What time of the day does it occur?

How can the staff help to reduce the noise level in your room?

Care Planning (QOL.SRI.CP)

- Problem statement
- Goal/Preference statement
- Written in 1st person
- Single, discrete task
  - Focus on feasibility, practicality
- Assign responsibility
- Seek consensus regarding problem, goal and task
- Accountability for process of care
- Can be implemented using paper or electronically

Example QOL.CP Task Implementation in Accunurse (A/C)

- Wireless headset with voice recognition
  - Appointment function
  - Prompts staff with task
  - Time and frequency can be set
- Example
  - "Ask resident if she would like window shades adjusted."
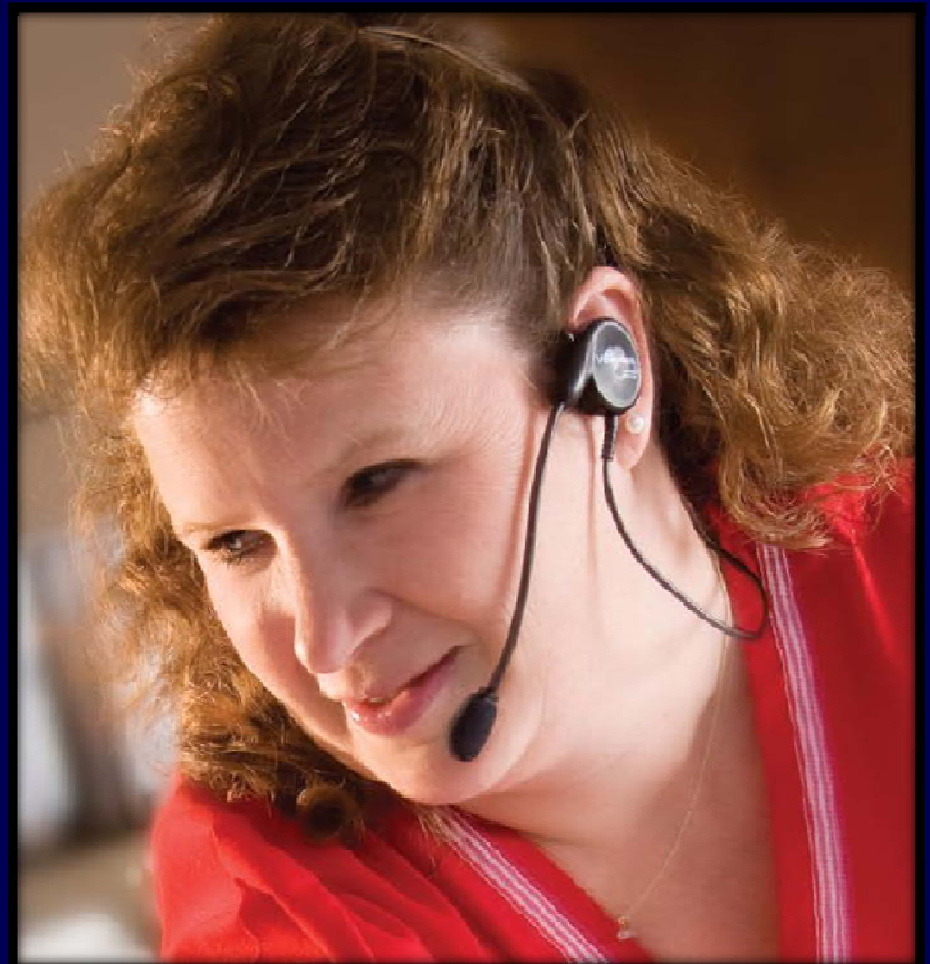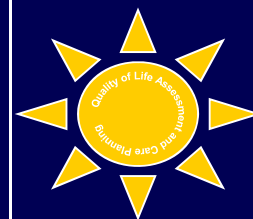
CareTracker Screenshot

- Touch screen computer mounted in corridor

- Aides receive orders and chart vitals and ADLs

- Can be customized by unit manager

http://www.seecaretracker.com
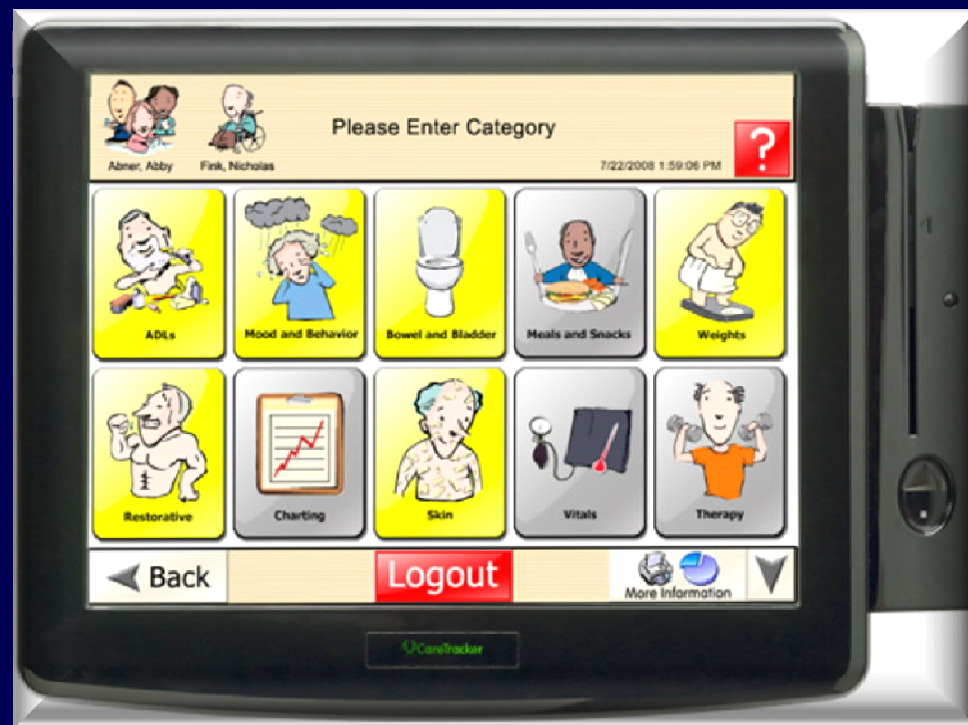
Example QOL.CP Task Implemented in CareTracker (B)
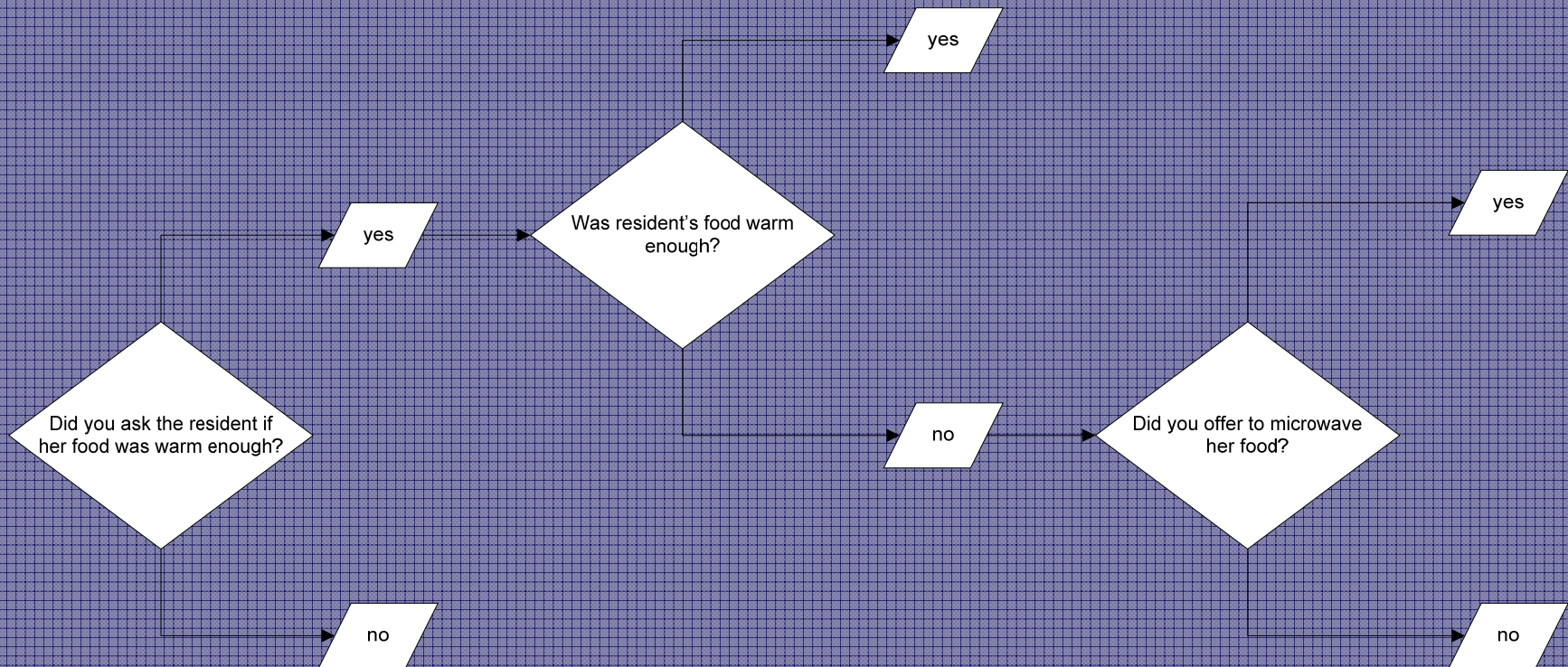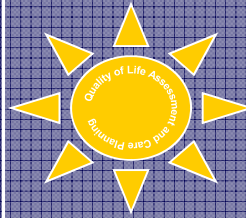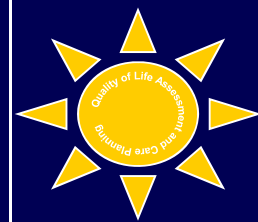
yes

Was resident's food warm enough?

yes

Did you ask the resident if her food was warm enough?

Did you offer to microwave her food?

no

no

no

Overview

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Hands-On with Assessment

- Each person assess your neighbor
  - Choose a section (don't all choose Comfort!)
  - Ask closed ended questions
  - Score each question
- Select 'lowest' scoring item
  - Ask one open-ended question
- Each table come up with one QOL care plan task idea

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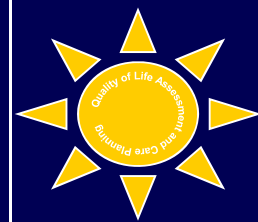
Tablet PC Version

- Scheduling Assessments
- Interview Guide
- Automatically selects in-depth topics
- Captures free text
- Generates reports
- Review Sample Care Plans (Handout)

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Phase II: Evaluation

- Randomized trial of feasibility, outcomes and costs of implementing a QOL care plan
- Hybrid Consultative Model for Intervention
  - Assessment conducted by Research SW
  - Care plan 'recommendation' drafted and reviewed with Staff
  - Care plan implemented by staff
  - Comparison group will receive care plan after trial
- Process
  - Ability to elicit actionable QOL goals
  - Observe care conference
  - 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

Research vs. Operational Program

- In Services for all staff; attended care conferences, scheduled meetings and shift change
- Family notification with opt-out (3-4%)
- Verbal Consent script (1-2% refusal)
- Approval from State Department of Health
- External staff conducting assessment
- Broader changes are outside scope
  - Food service
  - New programming
  - Bereavement
  - Mental health
  - Behavior management
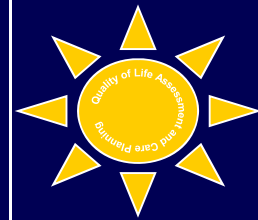
Study Sites

- Facility A
  - Urban, Non-Profit Chain
  - 137 Residents
  - Target: 5 care plan/5 comparison
  - Accunurse
- Facility B:
  - Suburban, Faith-Based Chain
  - 182 Residents
  - Target: 5 care plan/5 comparison
  - Caretracker
- Facility C
  - Suburban, Non-Profit Chain (multilevel campus)
  - 164 Residents
  - Target: 34 care plan/17 Comparison
  - Accunurse

Initial Findings: Resident Recruitment

- Started in February
- Baseline completed in July
- 90 Day Follow-Up is in process
- 180 Day Follow-Up completed in November

	A	B	C
Start Date	February 4, 2009	March 9, 2009	March 2, 2009
Treatment	5	5	28
Comparison	5	5	14
Total	10	10	42
Discharged	1	0	0
Dead	0	0	2

QOL Improvement Stories

- I'd like to have a "Reacher" to help me get dressed in the mornings. I have never been offered one.

- I would like to have a Catholic Bible to read and study in room because I cannot go to mass.

- Resident was observed to be in more positive spirits when neatly groomed (esp. hair)

- Would like to talk with someone about wartime experiences; no one seems interested
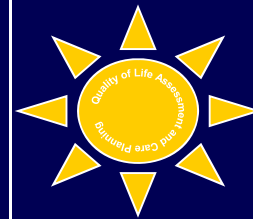
Summary of Care Plan Tasks

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
Meaningful Activities	During one-on-one visits with resident ask if she would like materials for her in-room activities	Activities

Summary of Care Plan Tasks

Domain	Task	Staff
Individuality	Once a week, visit with resident to talk about prior life experiences such as military service	Social Services
Individuality	When giving care to resident take an extra five minutes to engage resident in a conversation about talking points in his room	CNA/Nursing
Meaningful Activities	Ask resident about current reading material and if she would like new books or other reading material	Activities
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
Meaningful Activities	When there is an activity involving cards (blackjack etc) invite resident to join	Activities/CNA
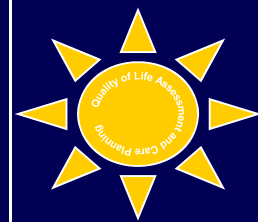
Findings

- Most residents are engaged, willing to talk
- Assessment takes an average of 40 minutes
  - Approximately 10 minutes for consent script
- Staff are enthusiastic and receptive
  - Allows them to break the monotony of 'autopilot conversations'
- Leadership is supportive and engaged
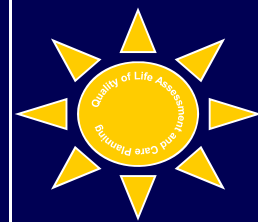
Barriers

- 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 (bereavement; complaints; visits)
  - Gaining input from multiple parties raises question of what is 'best': resident nominated problem or consensus?
- Limited Degrees of Freedom
  - Some tasks require 'systemic' changes
  - Redirect to individual, person-centered changes

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Dissemination Products

- Project materials available online:
  - www.improvingqol.pitt.edu
  - Current Version of QOL.SRI/CP
  - Facility Implementation Guide
- New version will integrate MDS 3.0 Items
  - Will add ~10 items
  - Users of QOL.SRI will exceed requirement
- Invitation to join a QOL Consortium for benchmarking and sharing best practices
  - Data Capture form

http://www.improvingqol.pitt.edu

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Next Steps…

- Develop Assisted Living Version

- Work more closely with point-of-care HIT providers

- Large Randomized Trial at facility level:
  - QOL.SRI/CP System vs. Usual Care