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Self Report Quality of Life

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**Key Policy Question:
How can we improve the
lives of persons receiving
services in a program?**



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Keys to Quality Improvement

- Identify what we mean by quality
- Profile program quality distribution from poor to superior
- interRAI has completed self report quality batteries for home care, nursing homes, and other settings
- My talk today will describe results for nursing homes



Defining Quality

- Process standards
 - Tender loving care – a mirror of life at home
 - Adherence to specified care protocols
- Environmental standards
 - Cleanliness, quality of food
 - Caregiver credentials
 - Caregiver staffing levels
 - Physical environment
- Person's status and how it changes over time -
Quality Indicators
- Person's satisfaction with their life in the facility



ALL ARE IMPORTANT!

- Unfortunately, correlation among these measures is low
- This holds for:
 - State survey results
 - Resident satisfaction surveys
 - Staffing levels
 - Resident change measures



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Thus We Have To Make a Decision on How to Assess Quality

- For interRAI and for our team what matters is how the person changes over time
- interRAI has measured this with facility-based Quality Indicators and Resident Satisfaction Survey results



Why is the Person in the Facility?

- For care
- To live as good a life as possible over their remaining life course
- No one came in to experience:
 - Lost autonomy
 - Poor food
 - Social isolation
 - Insecurity
 - Loneliness



Our Goal is Clear

- Once in a long-term care facility the person should expect staff to take every step possible to maximize their quality of life
- Thus, it is important that we provide person's with the opportunity to speak for themselves



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Conceptual Issues Inherent in Having Person Speak for Self

- Determining the questions to ask
- Identifying who is capable of responding within an interview format
- Finding the necessary personnel to interview the persons



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History of Self-Report Surveys for Use in Long-Term Care Facilities

- Development goes back several decades
- Some jurisdictions have mandated surveys
- Maintaining the commitment to this means of person assessment has proven to be difficult



Quality of Life Survey

- Comprehensive assessment of person satisfaction and subjective quality of life
- Based on interRAI's "Self-Report Nursing Home Quality of Life Survey"
 - Persons speak for themselves
- Persons are excluded if severely cognitively challenged -- unable to comprehend the survey questions [a Cognitive Performance Score of 5 or 6, equivalent to Mini Mental Score of 5 or lower]



The Survey Items

- 50 questions – 47 used for reporting purposes
- Issues of: privacy, food and meals, safety and security, comfort, daily decision making, respect, responsive staff, staff-resident bonding, activities, and personal relationships



Nature of the Response Alternatives

- Each item has five response alternatives -- our reporting focuses primarily on the percent scored 3 or 4 [a positive response]
 - 0 – Never
 - 1 – Rarely
 - 2 – Sometimes
 - 3 – Most of the time
 - 4 – Always
- Of the 50 items, only 2 are phrased negatively

Reliability Of Items in Domains

- .48 - Privacy
- .75 - Food/Meals
- .66 - Safety/Security
- .62 - Comfort
- .70 - Autonomy
- .69 - Staff Respect
- .76 - Staff Responsive
- .73 - Staff-Resident Bonding
- .66 - Activity Options
- .75 - Friends
- .91 -Total Self-Report Quality of Life Items



Real World Application

- The Self-Report Quality of Life Survey in Action
- Let us learn by doing
- Setting – 17 long-term care facility units in Massachusetts
- For today, say these are your units, what have you learned from this exercise
 - What are the strengths?
 - What are the challenges?



Participation Rate in Survey

- 84% of eligible residents responded to the survey
- 2% refused
- The following table compares the response rates in 2007 and 2009 in these units



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RESPONSE	% - 2007	% - 2009
Completed	75.6	84.0
Incomplete	0.2	0.0
Refused	6.2	2.3
Too Ill	5.0	3.0
Died	7.1	4.0
Language	0.2	1.2
Advanced Dementia	2.7	2.9
Staff Refusal	0.7	0.2
Discharged	0.7	0.7
Other	1.6	1.7
Total	N = 437	N = 420

Assessors (interviewers) in 2009

- Twenty-two different assessors
 - Range of interviews per assessor: 1 to 63
 - Median number of interviews: 16
- Number interviews completed by type of assessor
 - Number by volunteers: 53 (12.6%)
 - Number by paid assessor: 49 (11.7%)
 - Number by staff: 318 (75.7%)
- Percent of completed interviews requiring two or more visits: 35.1%



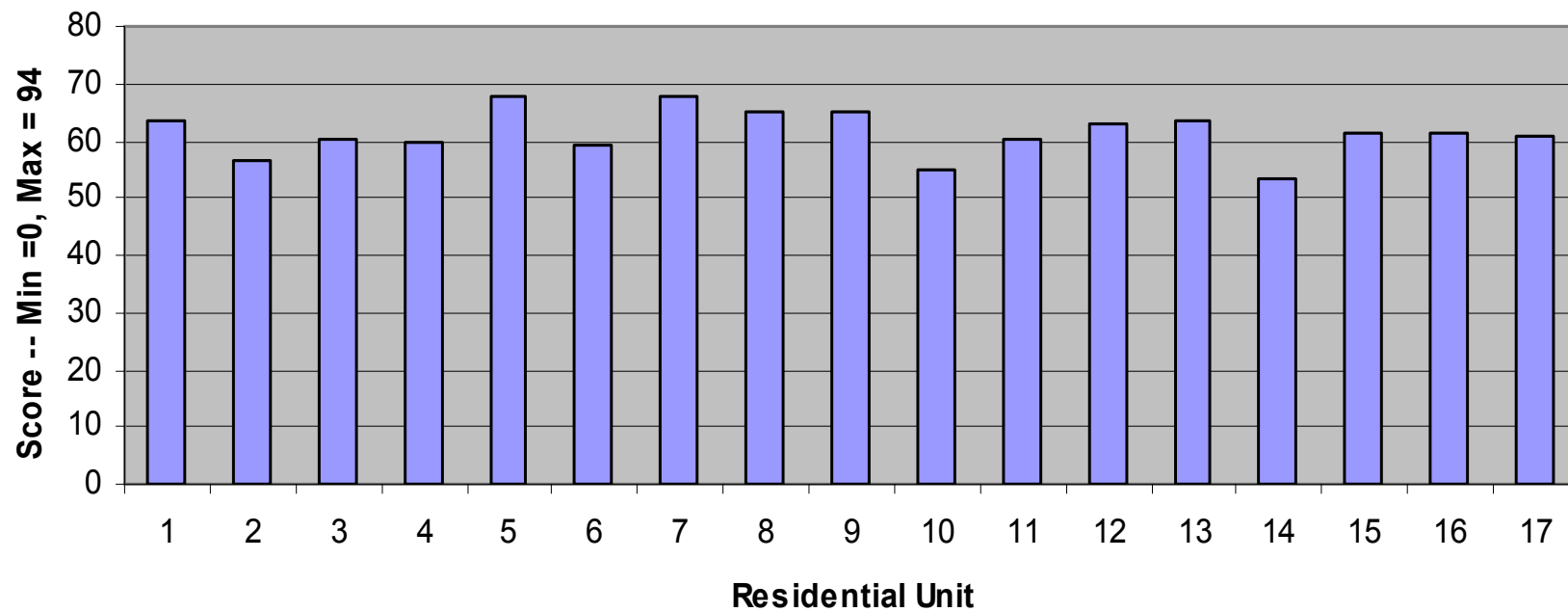
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Overview of Key Findings from 2009 Survey

- Little difference across units in overall Self-Report Quality of Life Summary score
- Correlates with items from interRAI Long-Term Care Survey Form vary by characteristic of the person



Summary Self-Report Quality of Life Score



Correlates

Unrelated

- .01 Age
- -.08 RUG CMI
- -.03 Dementia
- -.02 Pain

Related

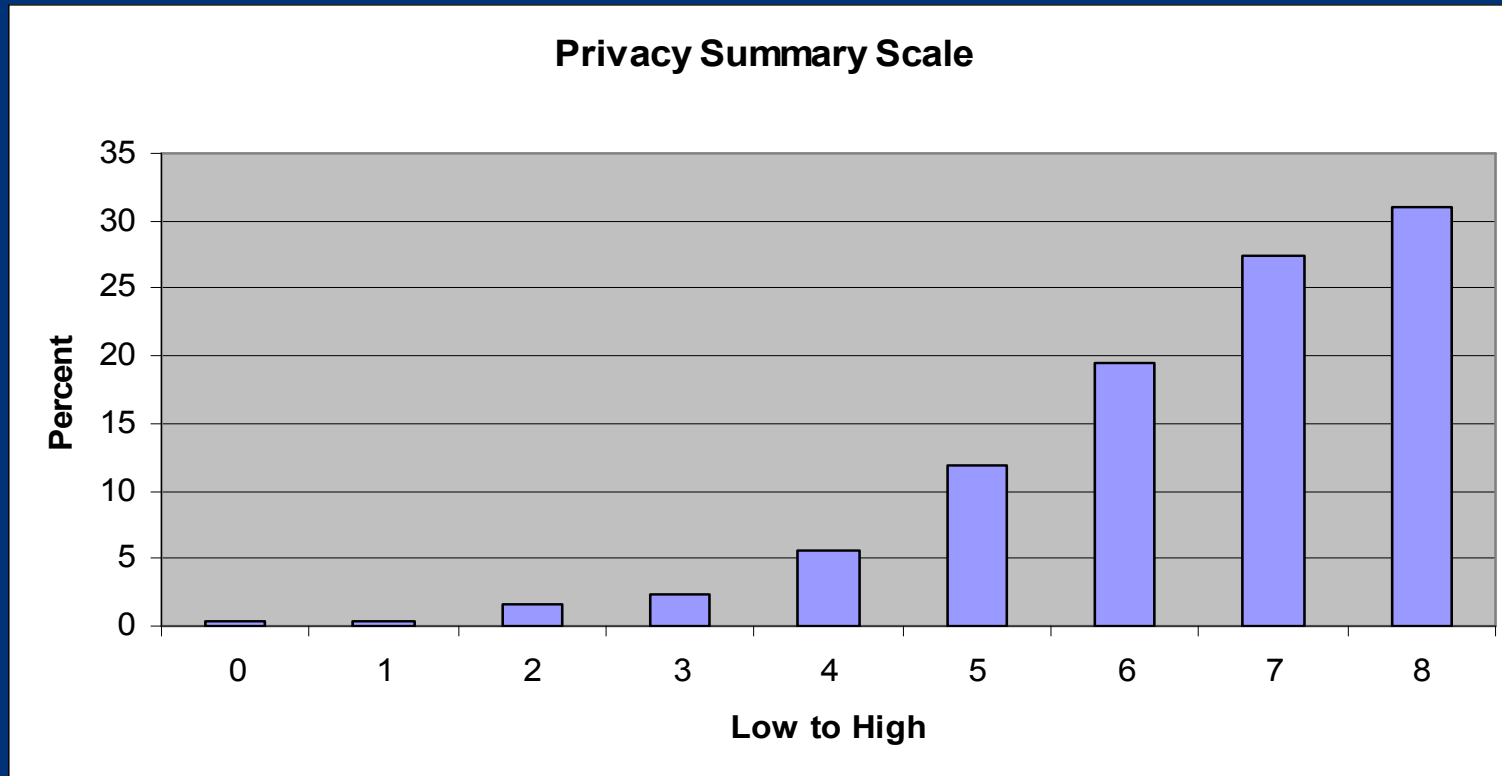
- -.19 CPS
- -.25 ADL Hierarchy
- -.15 DRS
- -.16 Activity time
- -.12 Fell



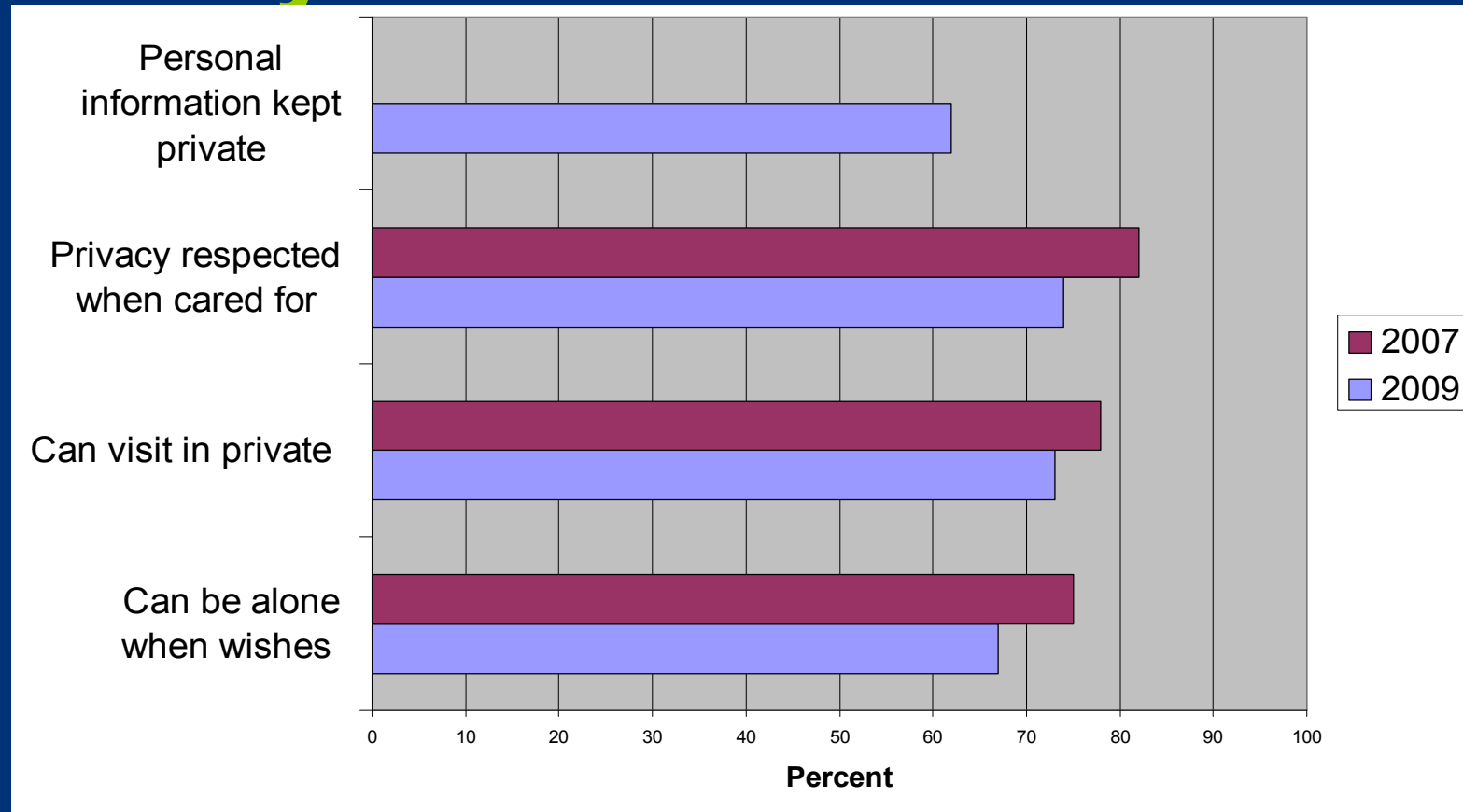
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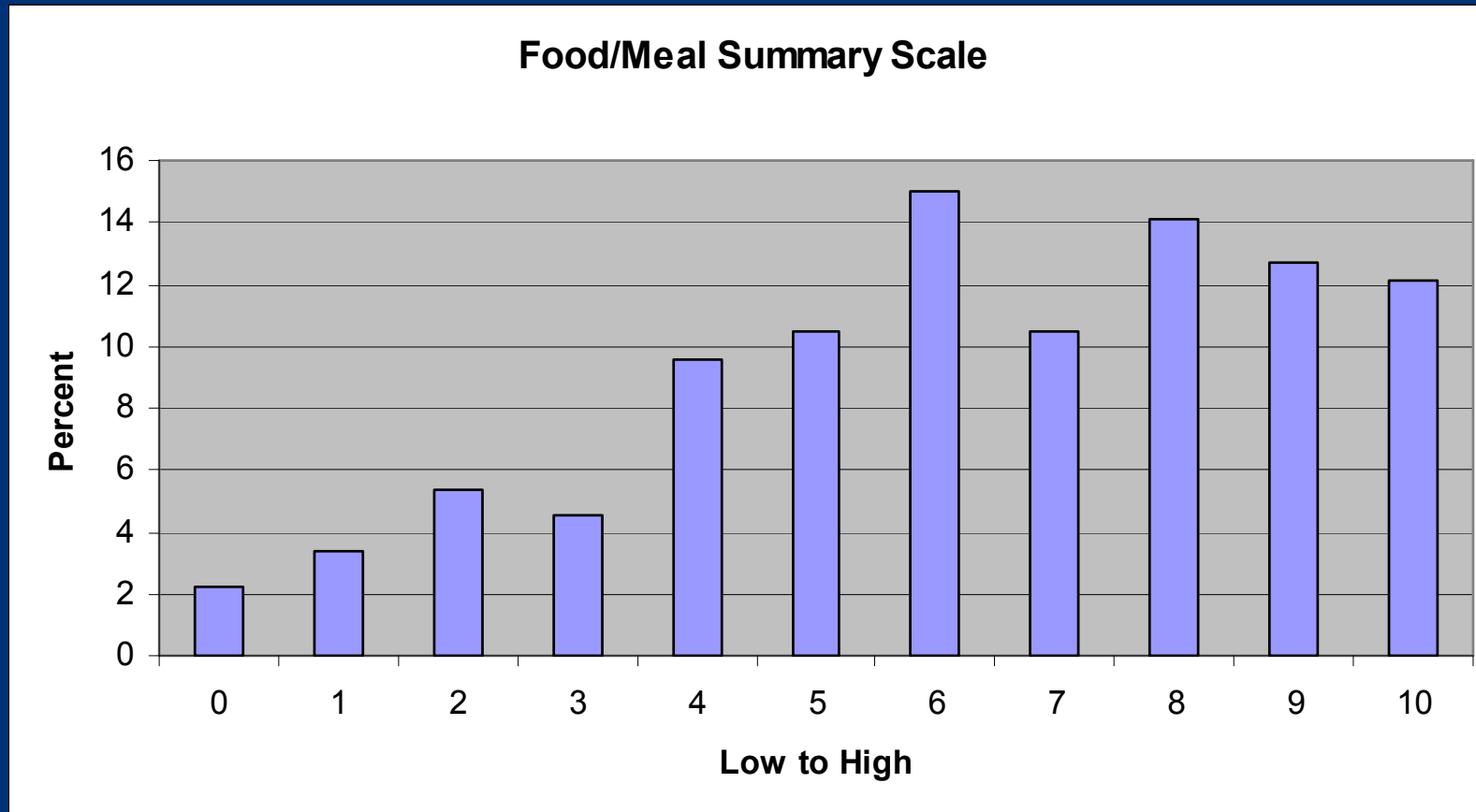
Nature of Residential Site

- Privacy – General positive response
- Food/meals – Very mixed response
- Safety/security – Generally positive, with one exception
- Comfort with site – Very mixed response

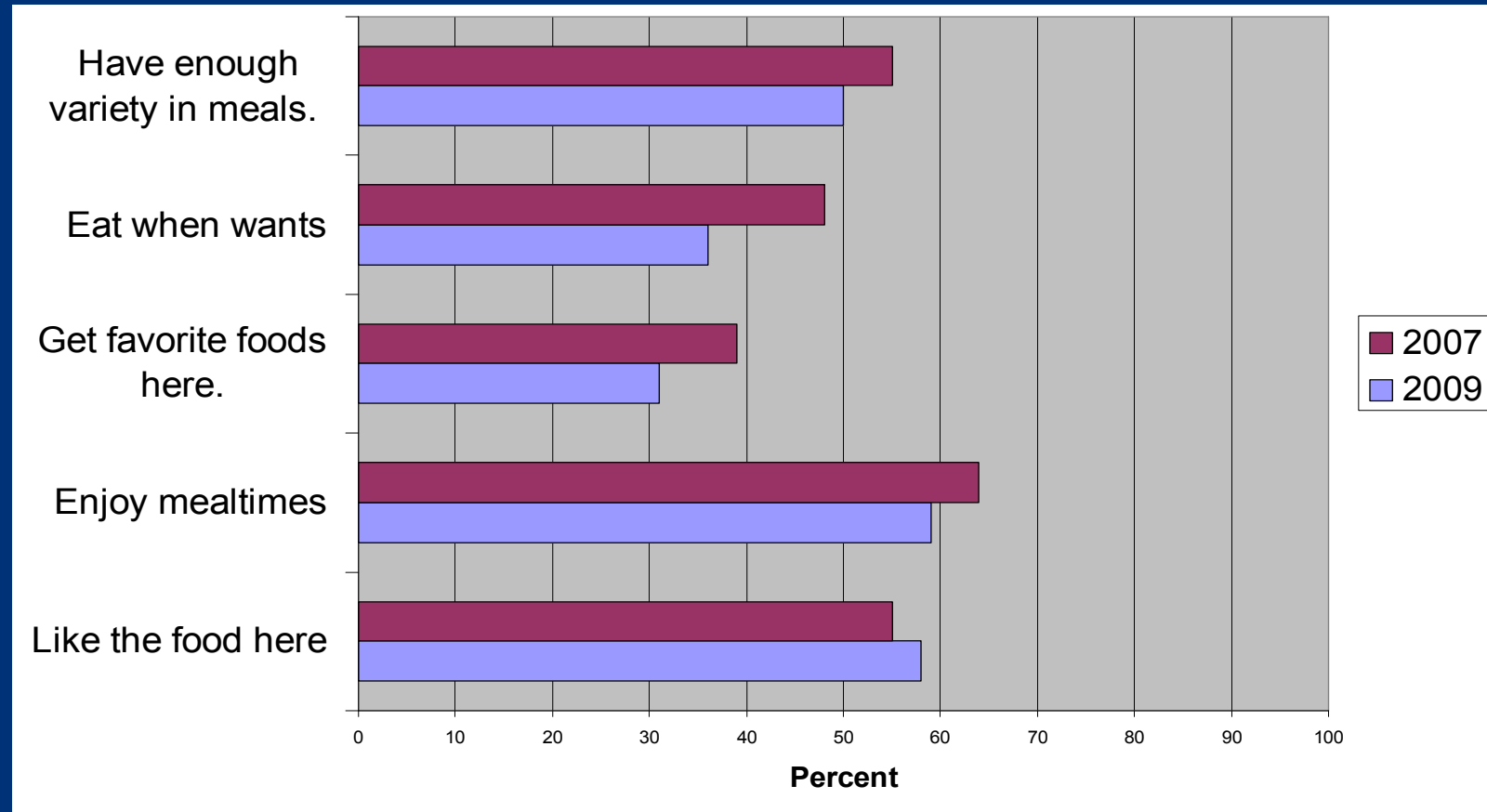


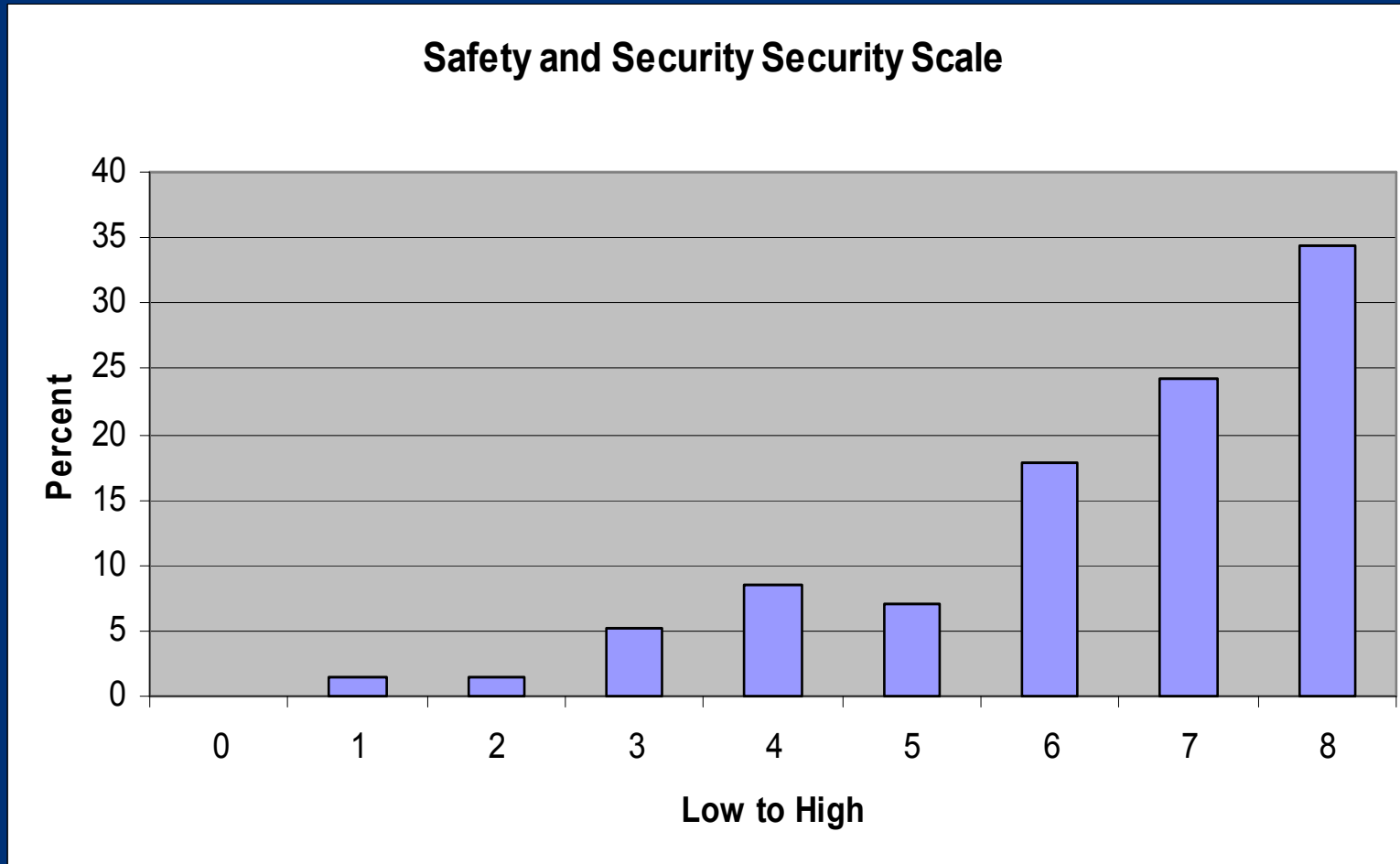
Privacy Items – 2007 vs 2009



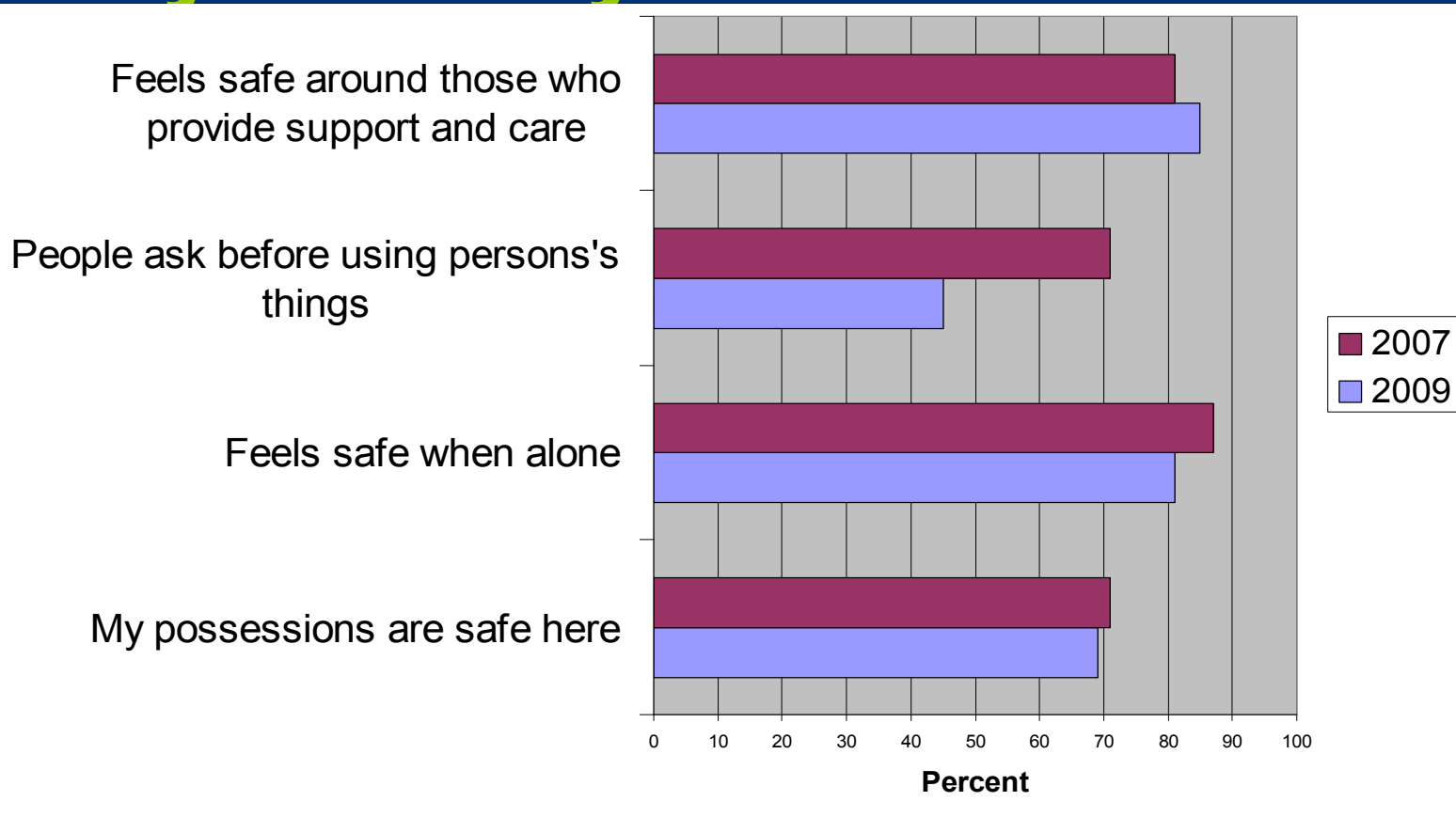


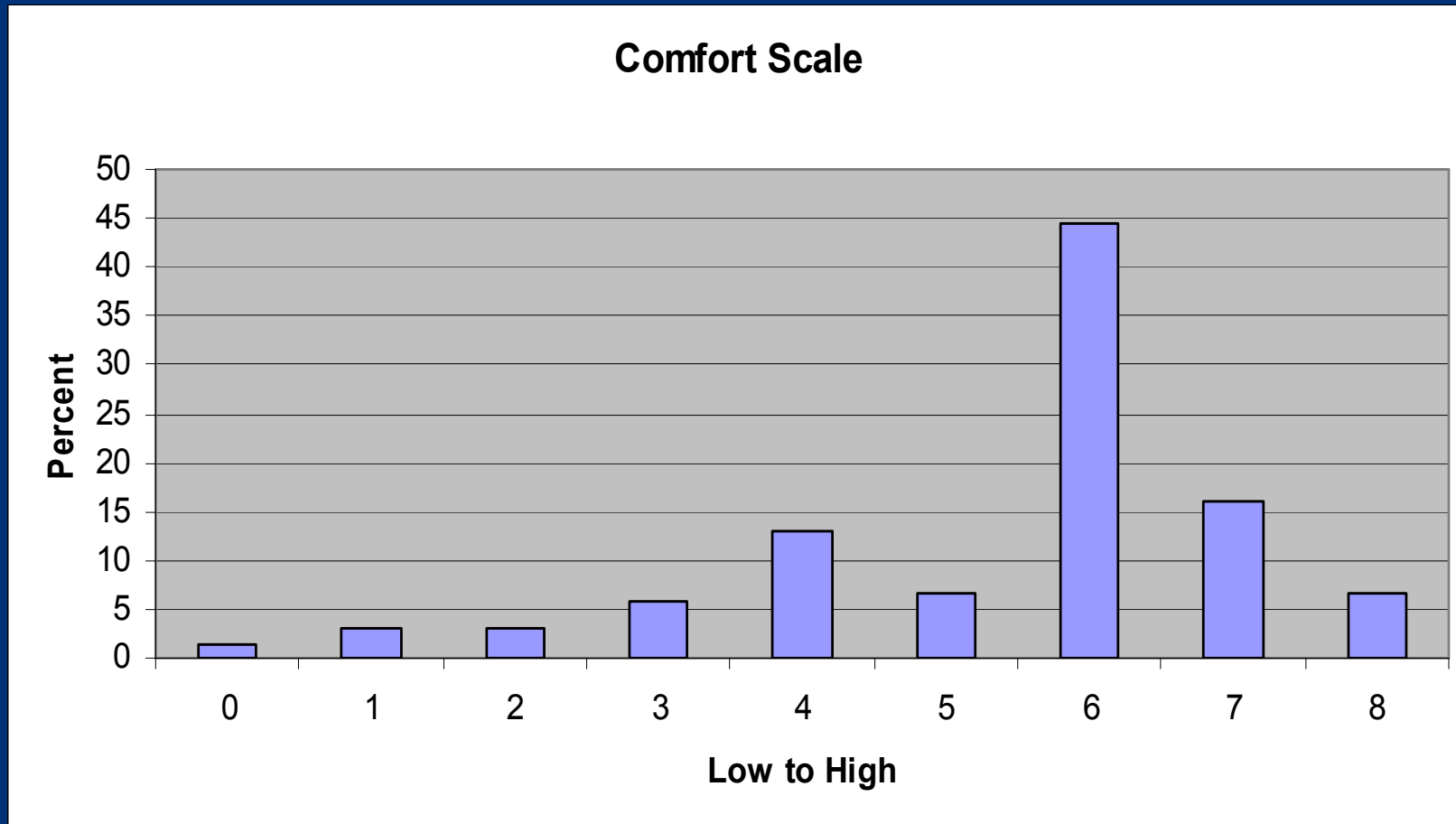
Food/Meal Items – 2007 vs 2009



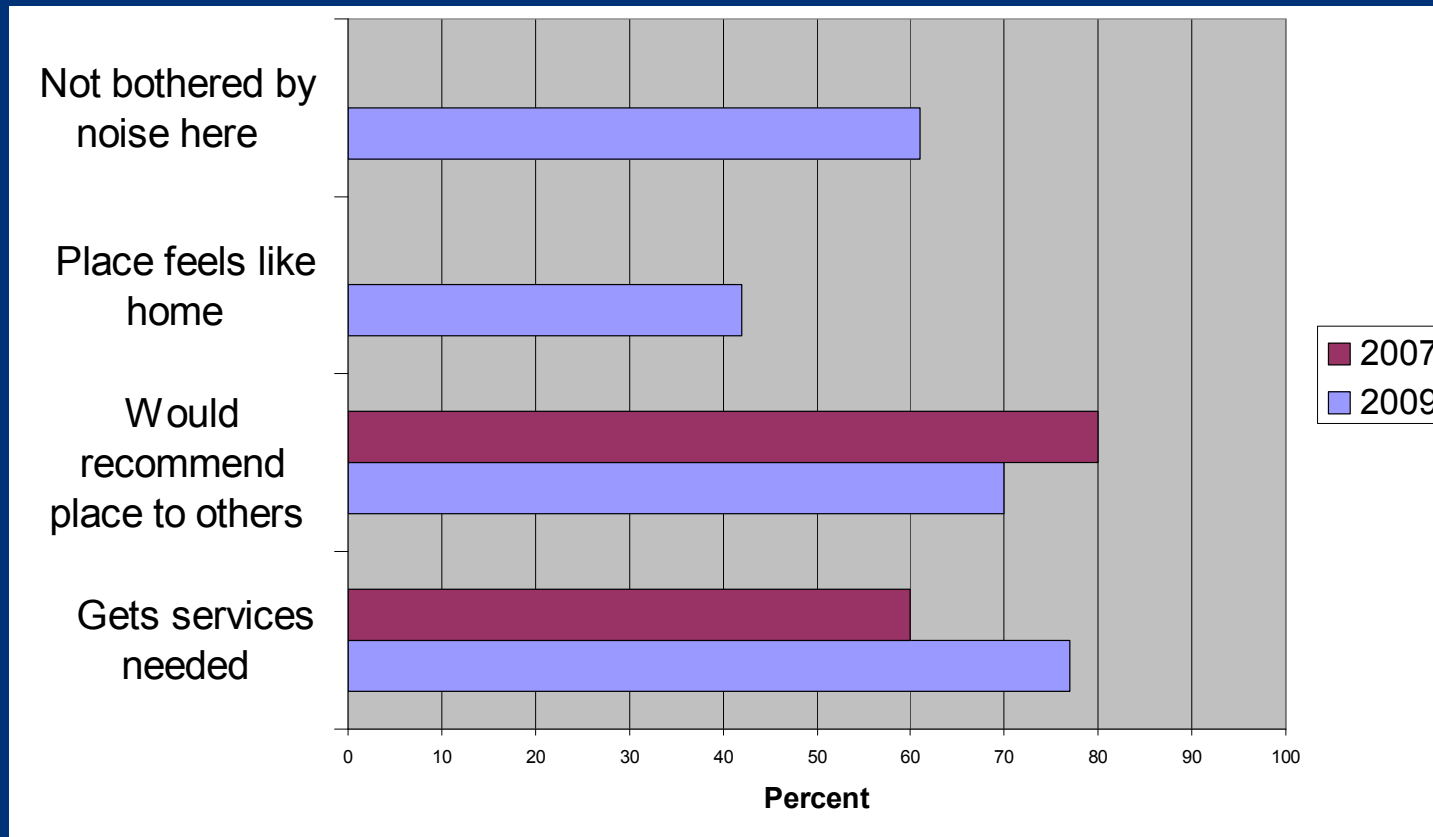


Safety/Security – 2007 vs 2009





Comfort with Site – 2007 vs 2009



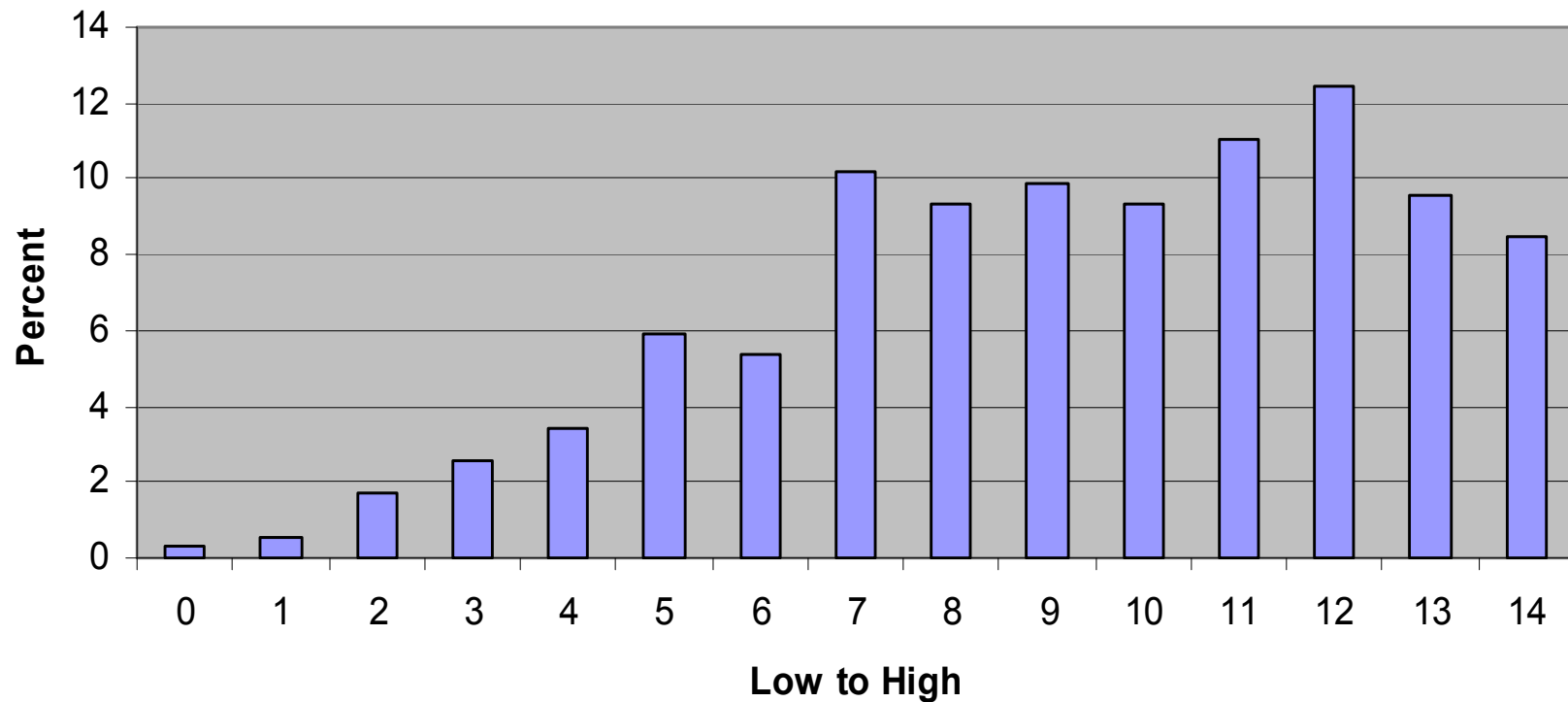


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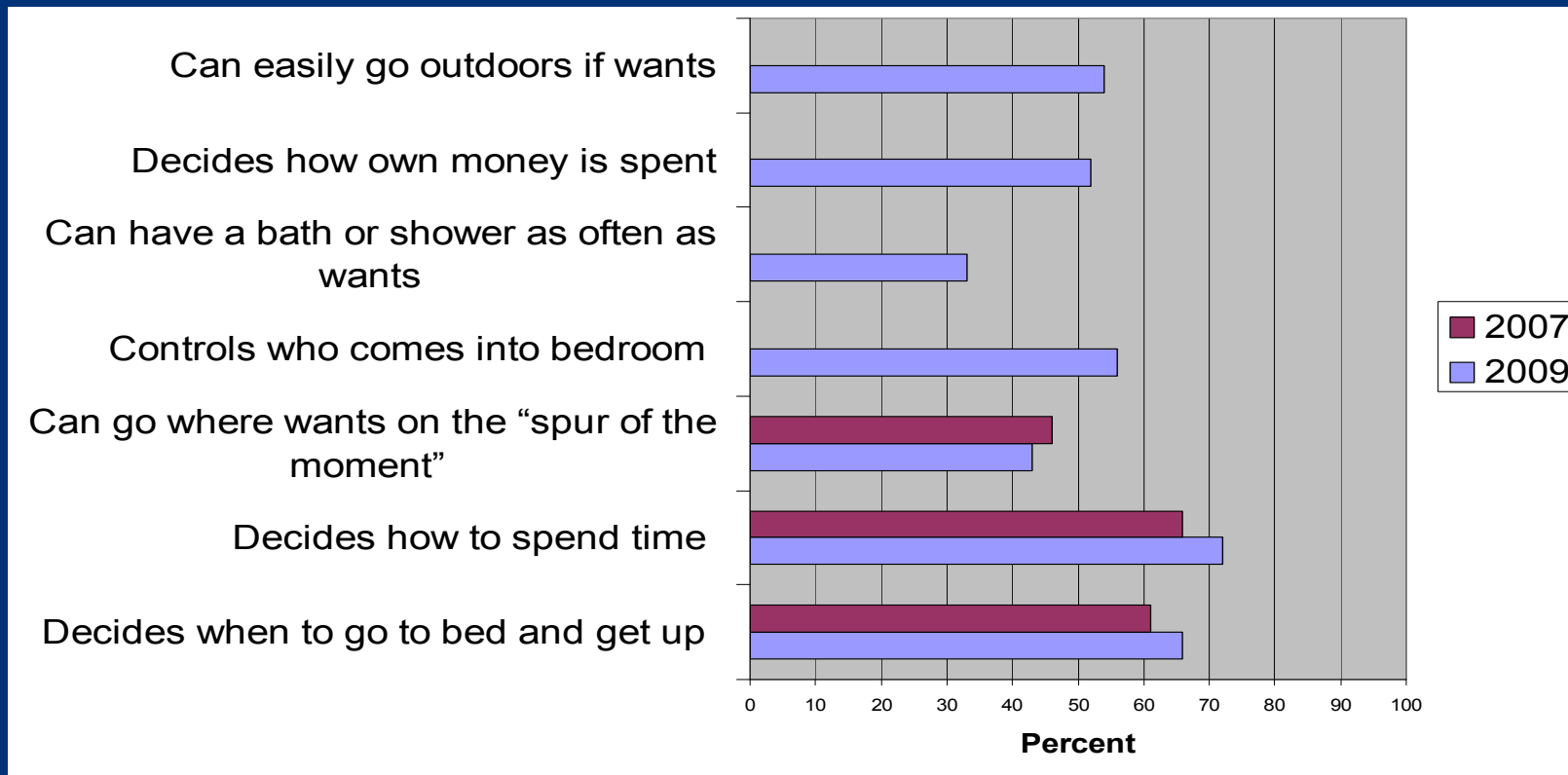
Caring and Decision Making

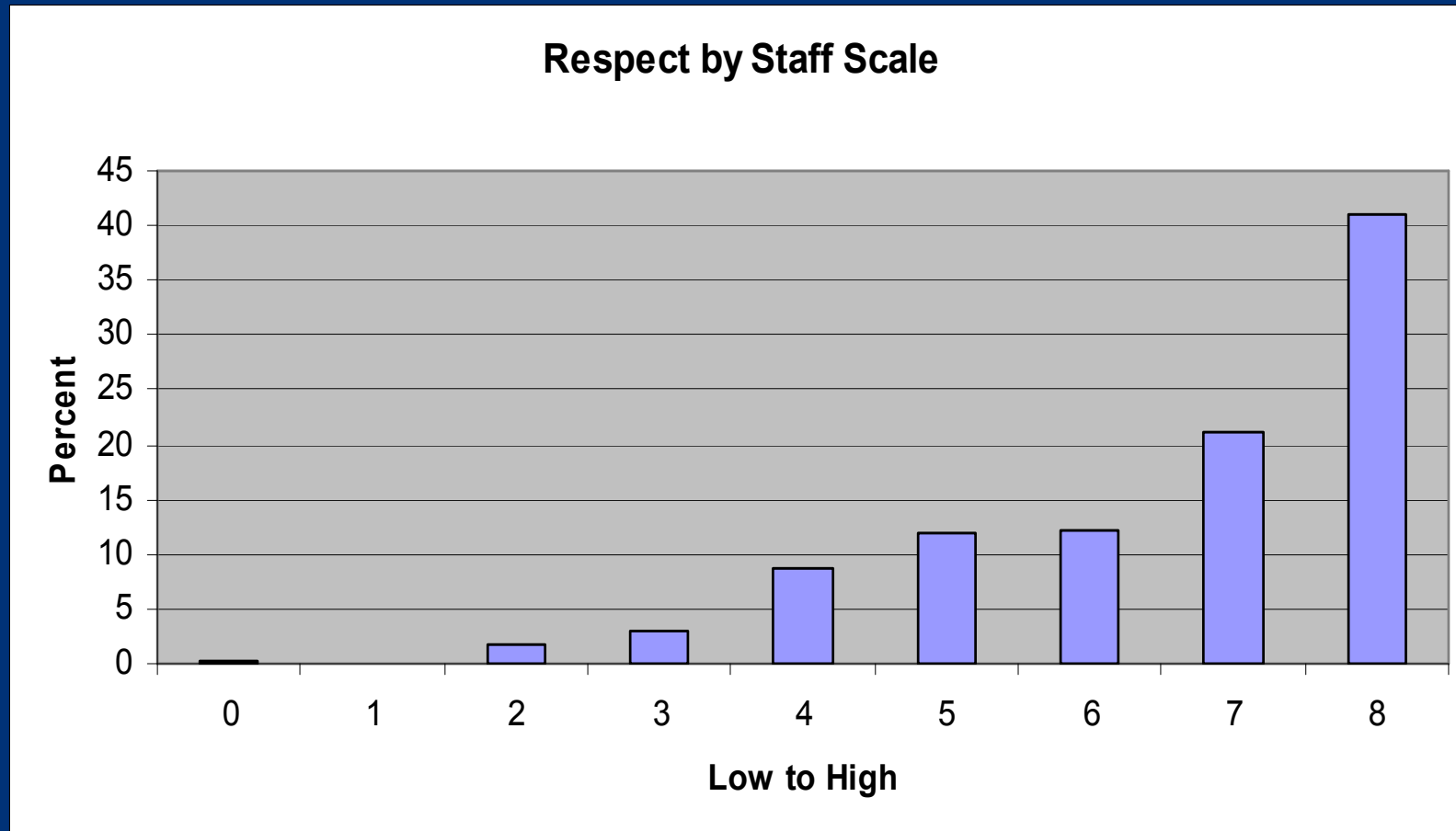
- Autonomy – there are issues
- Respect – in better shape
- Responsive Staff – in better shape

Autonomy- Making Daily Decisions Scale

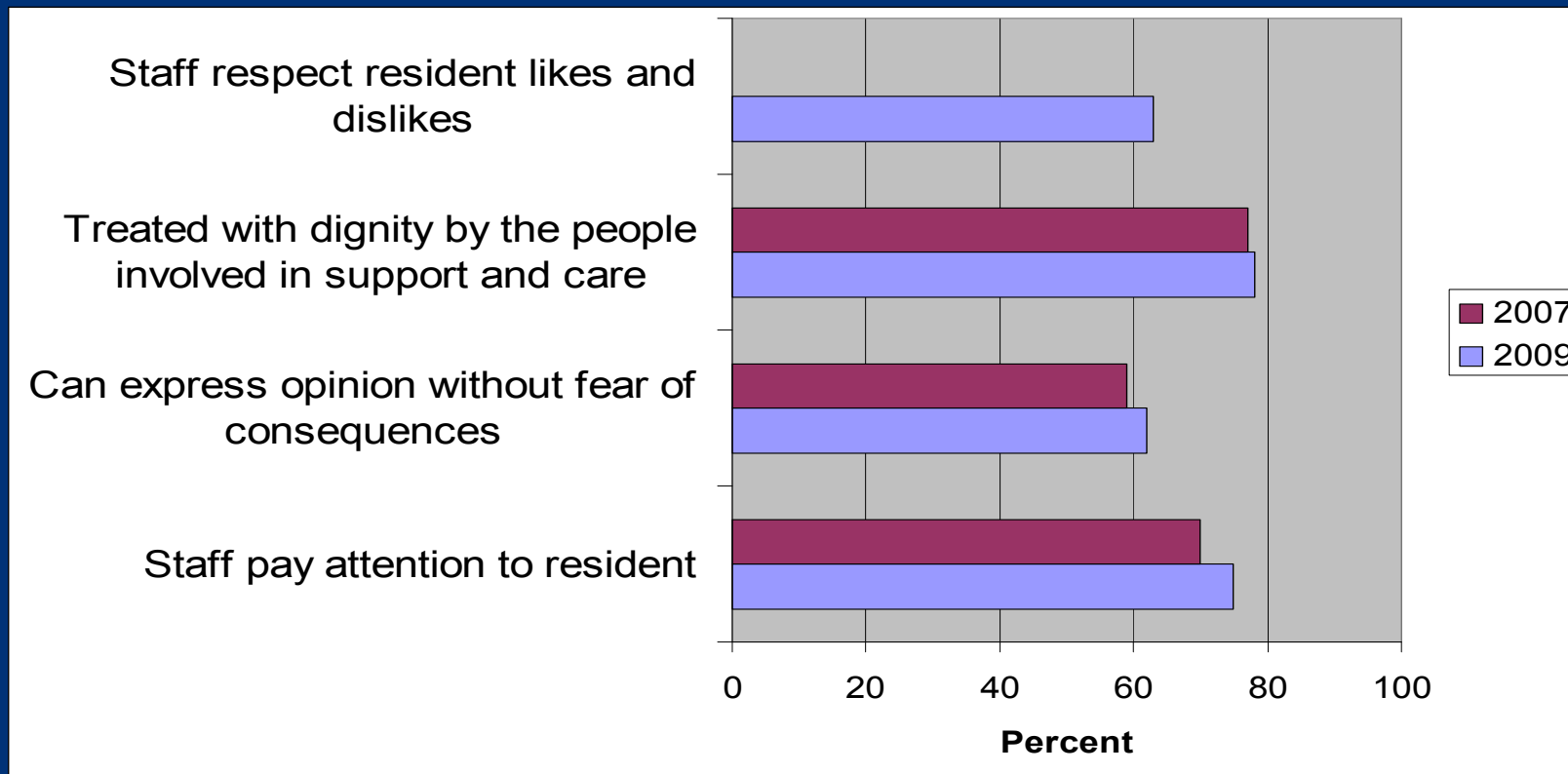


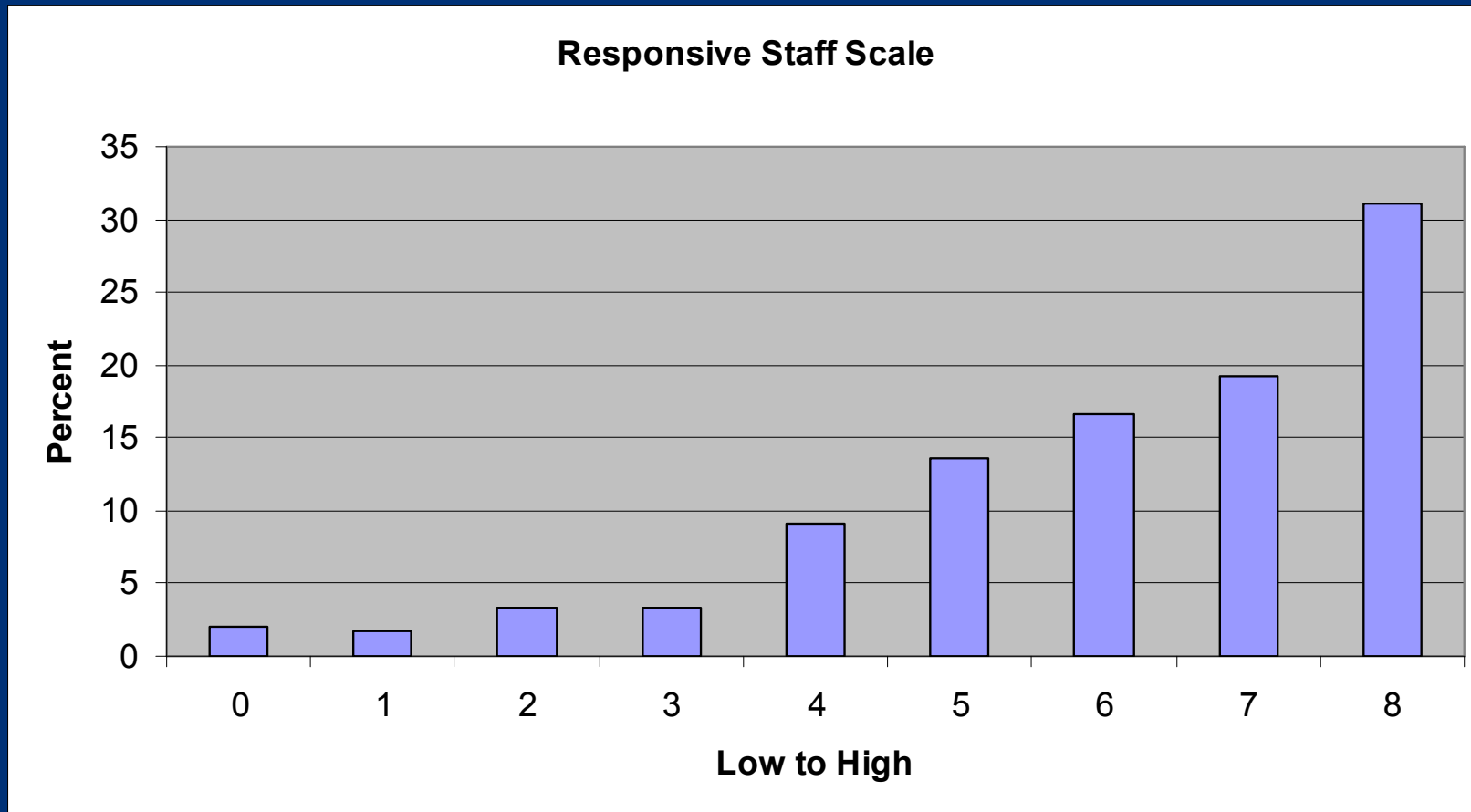
Autonomy – 2007 vs 2009



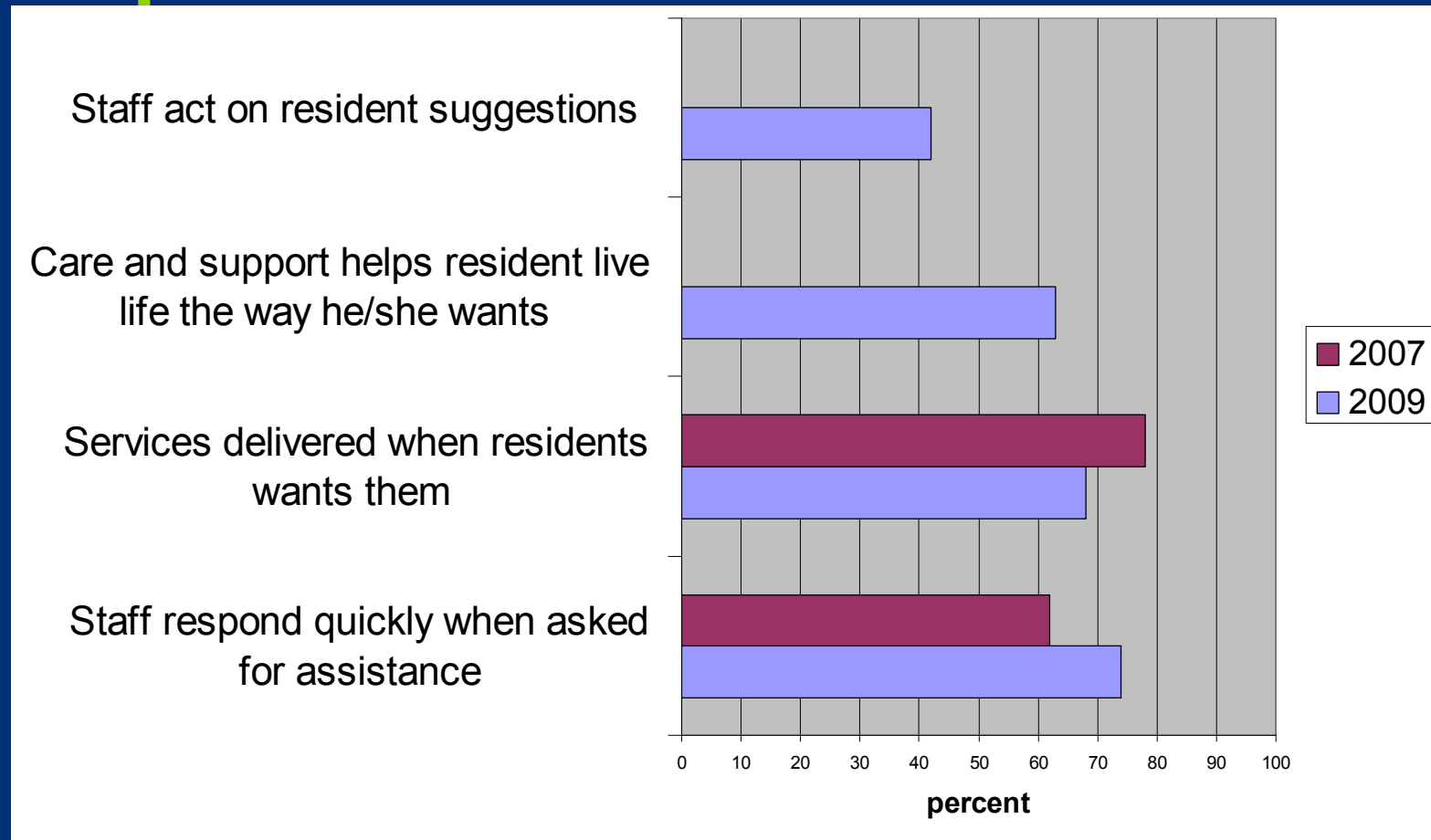


Respect – 2007 vs 2009





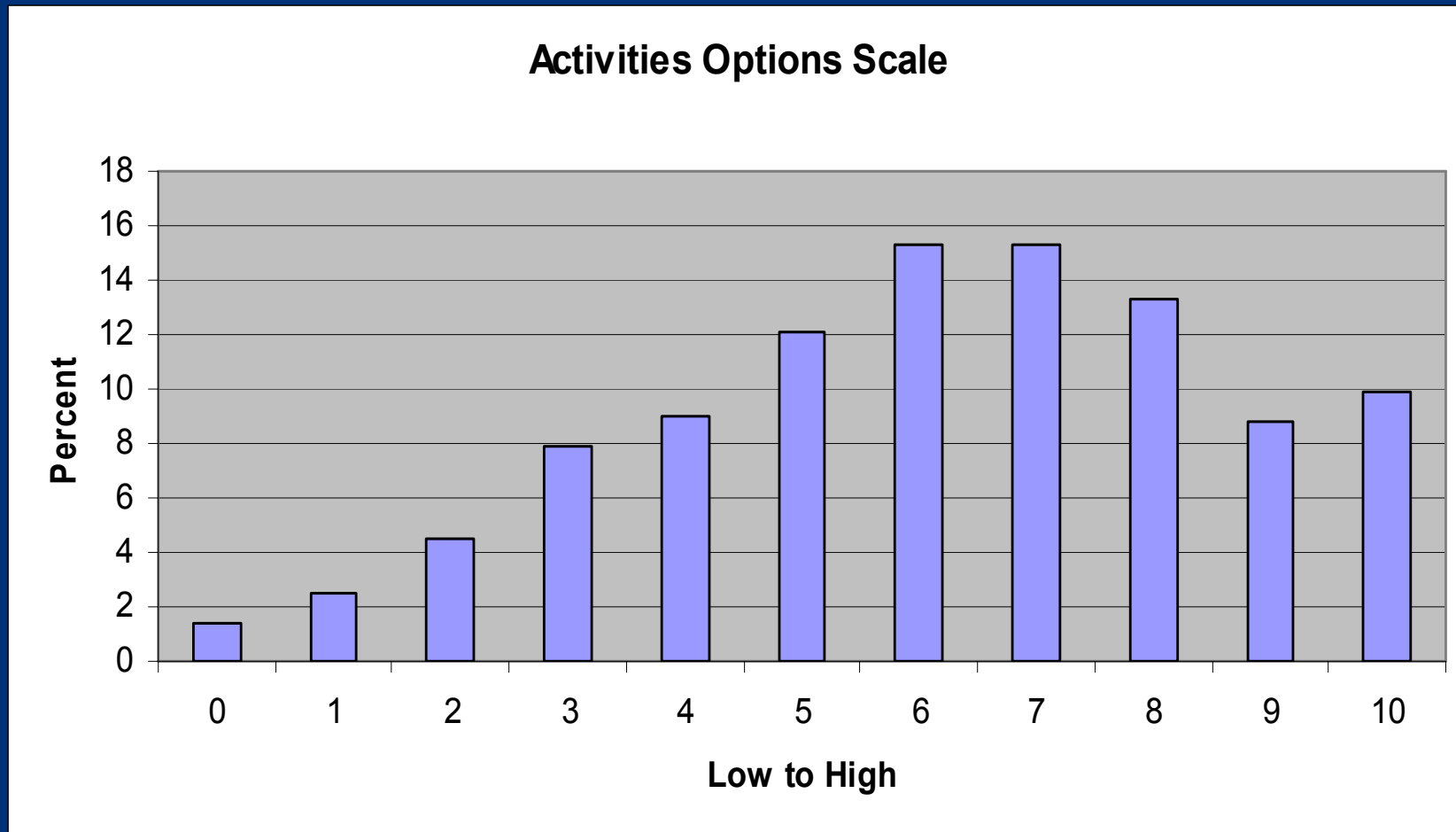
Responsive Staff – 2007 vs 2009



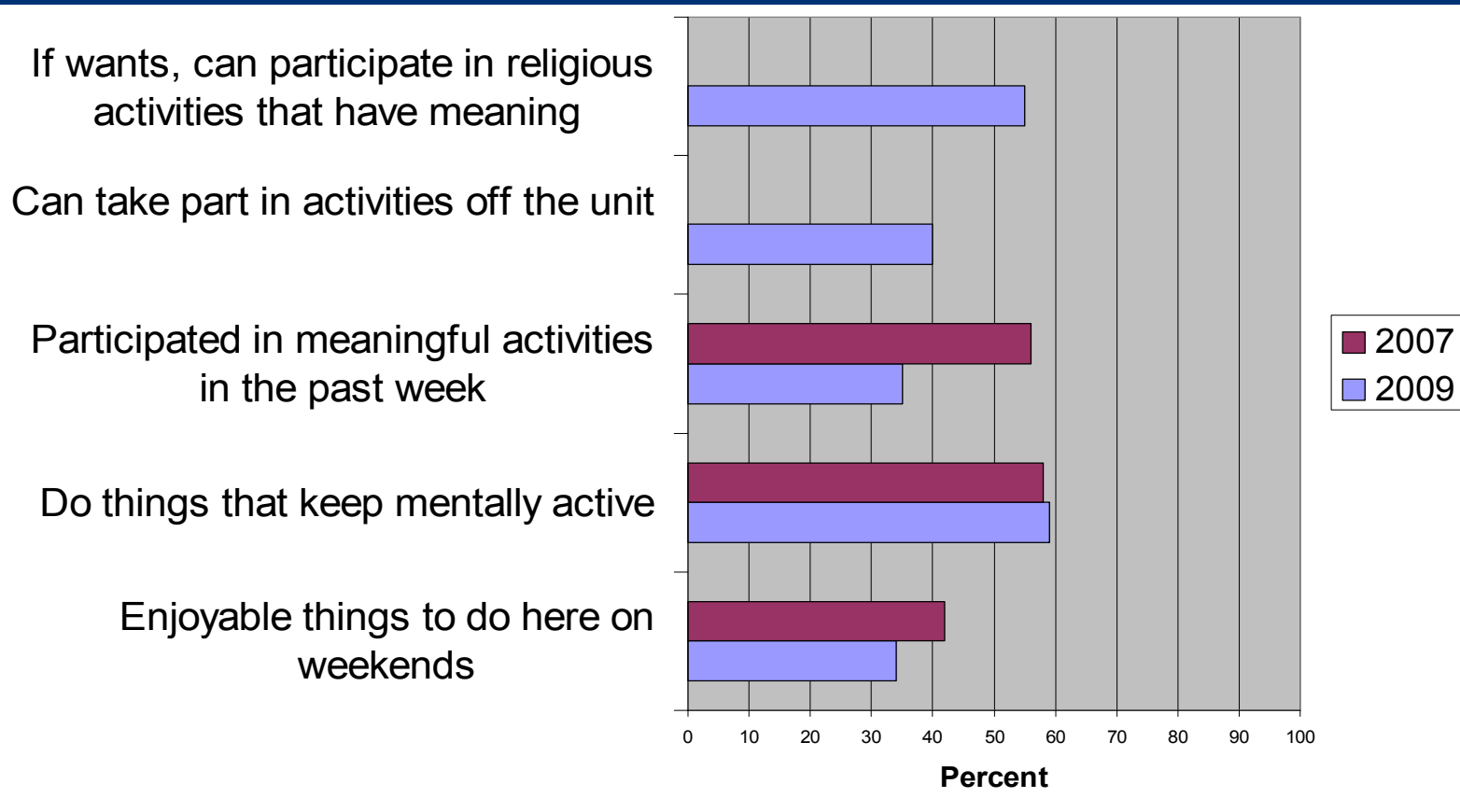


Social Interactions and Activities

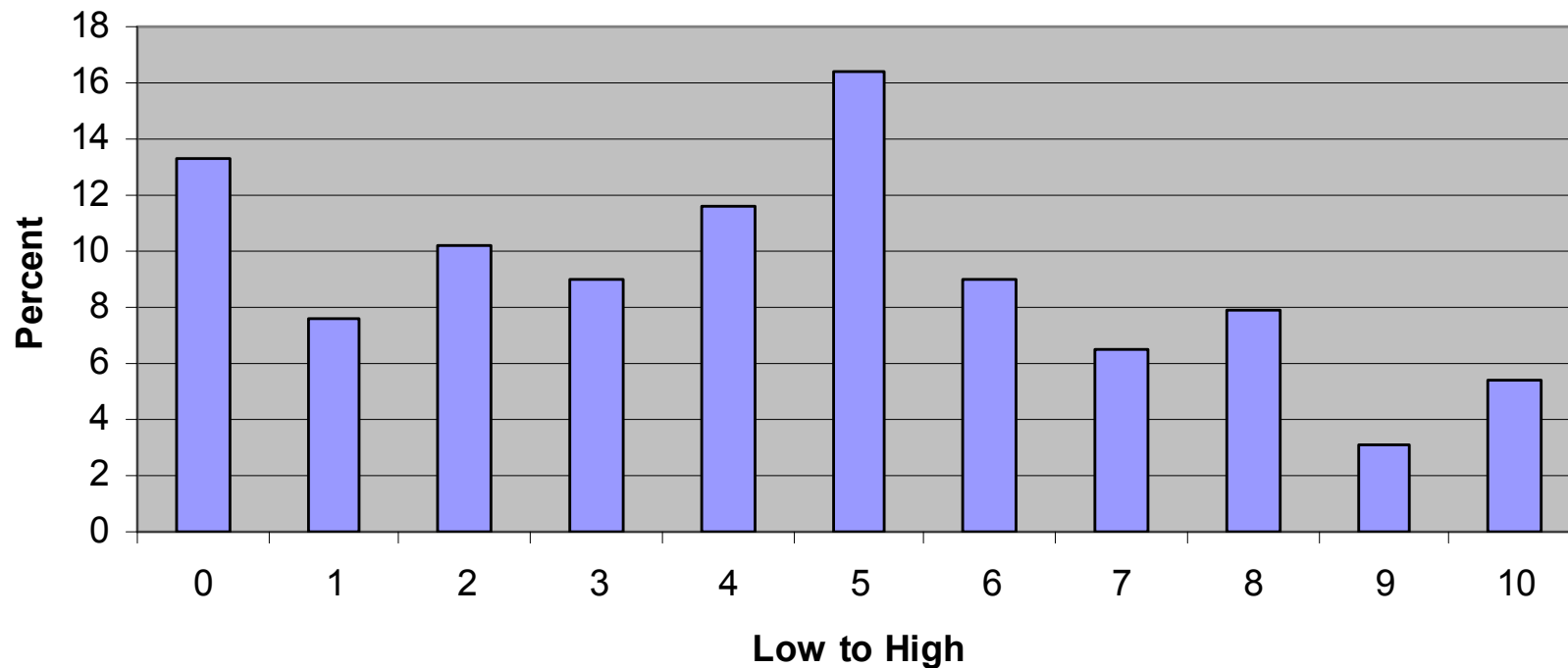
- Activities – there are issues
- Personal relationships – more pervasive issues
- Staff-resident bonding – more pervasive issues



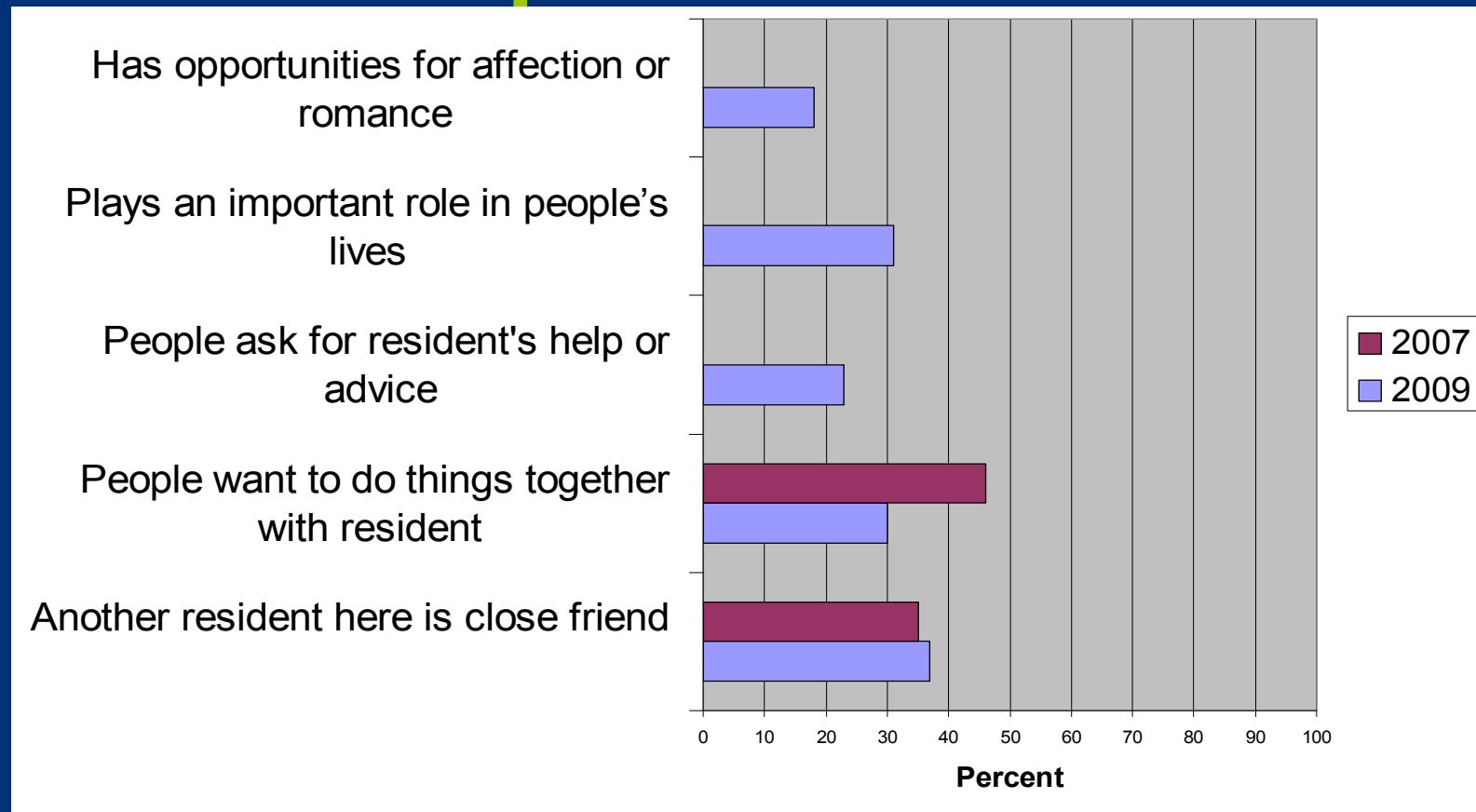
Activities – 2007 vs 2009



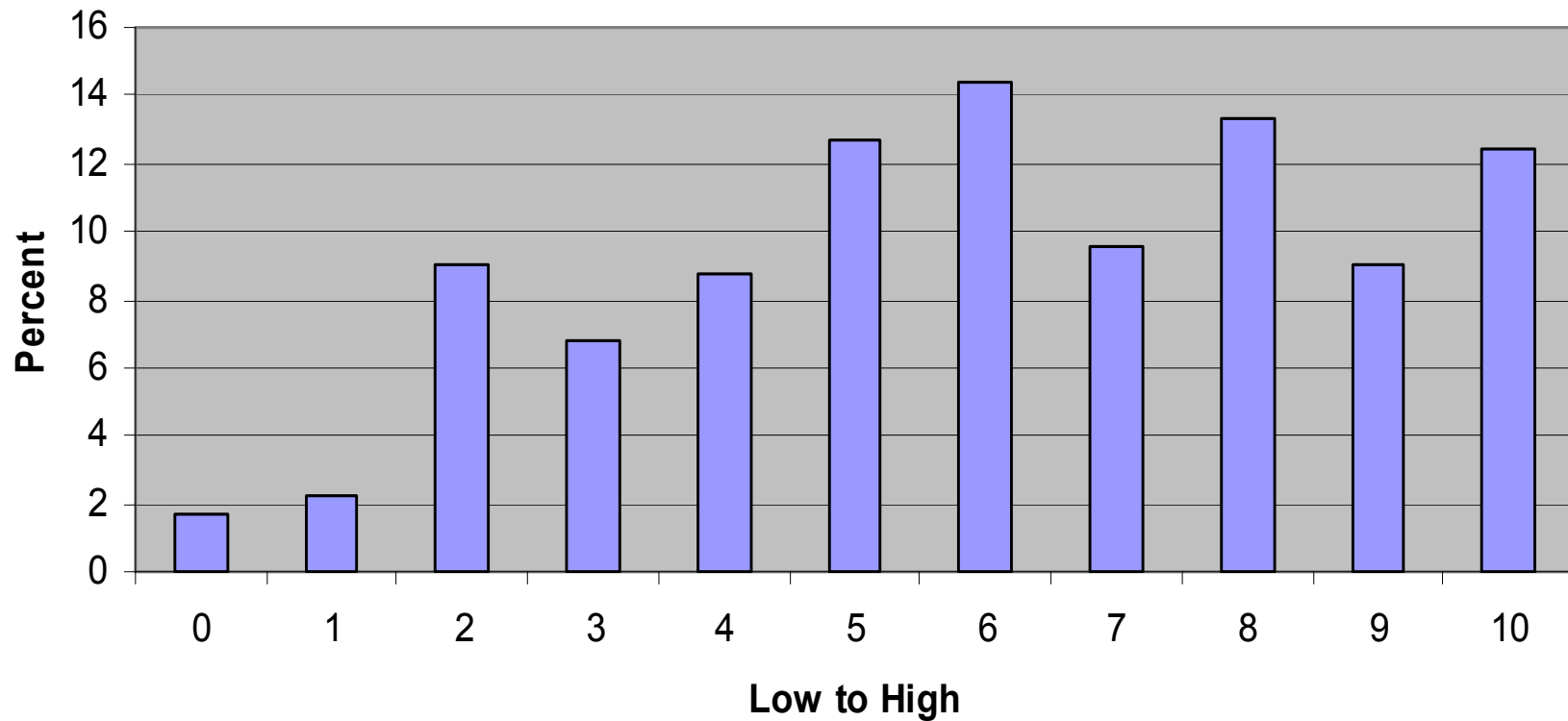
Personal Relationships -- Friends Scale



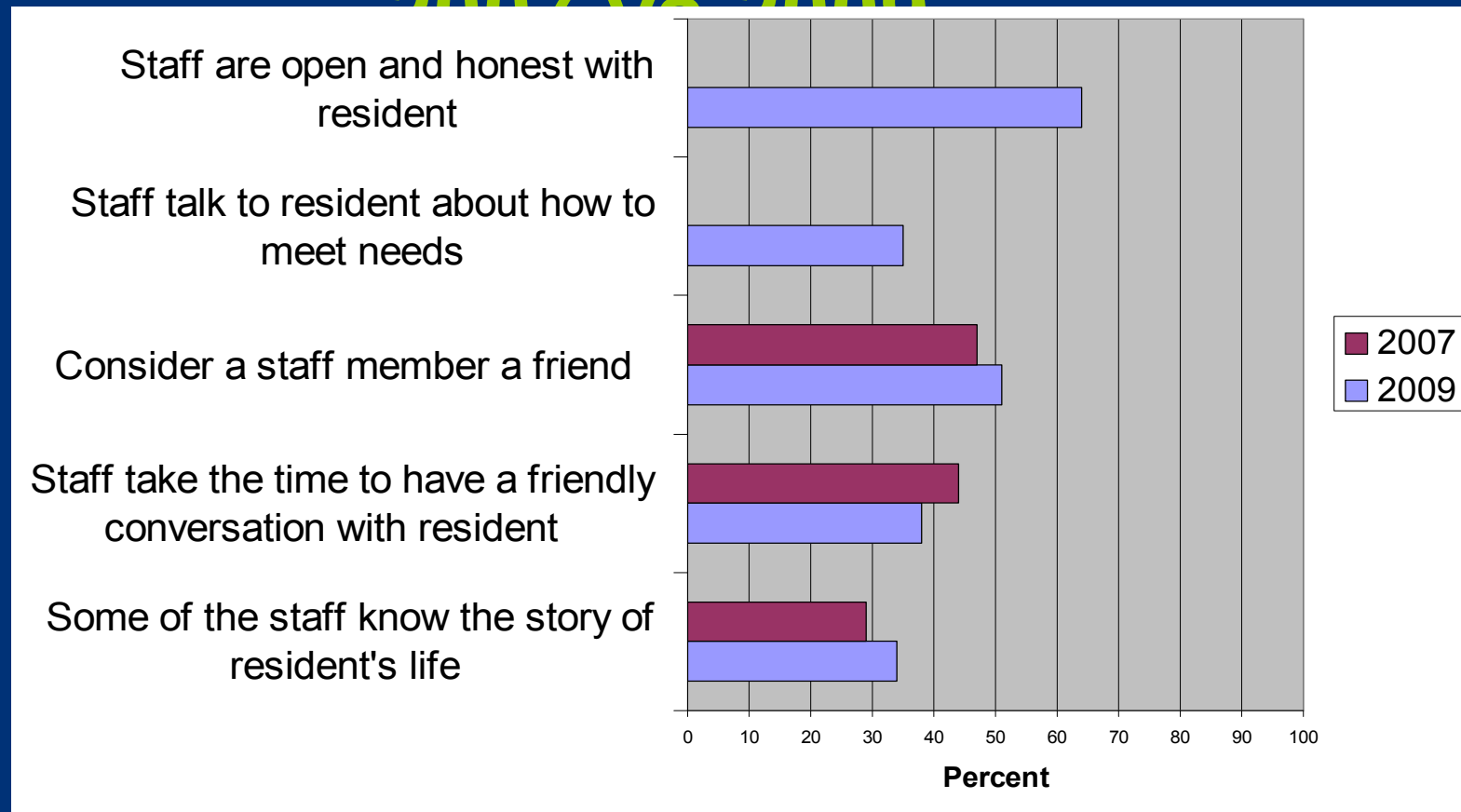
Relationships – 2007 vs 2009



Staff-Resident Bonding Scale



Staff-Resident Bonding – 2007 vs 2009





Survey Items With High Negative Response

- Negative = person said they never or rarely engaged in the activity [or were satisfied with their situation]
- To be discussed, 25% or more of the persons had to respond negatively
- 15 of the 47 survey items met this criterion

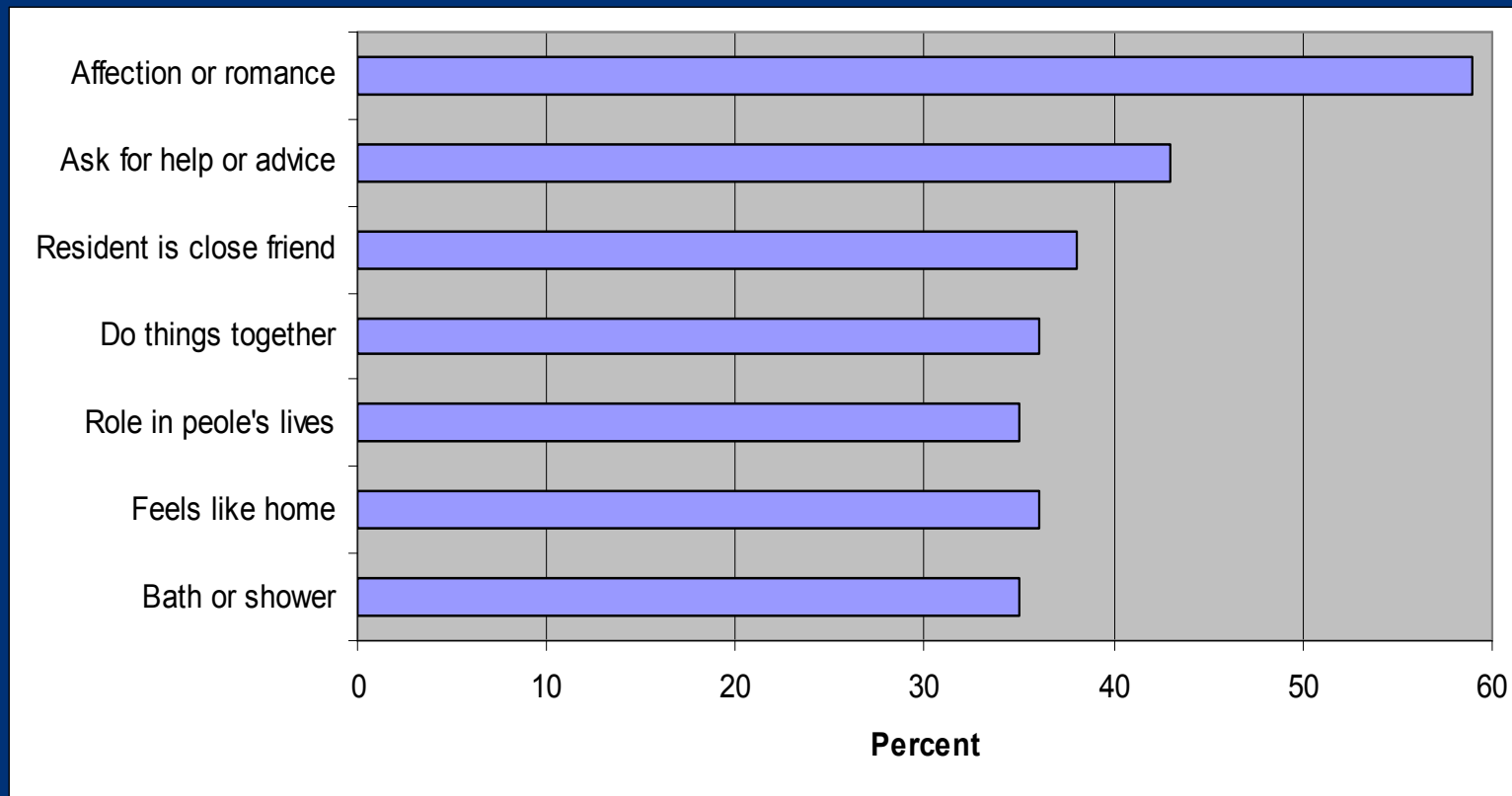


Number of Negative Items By Area

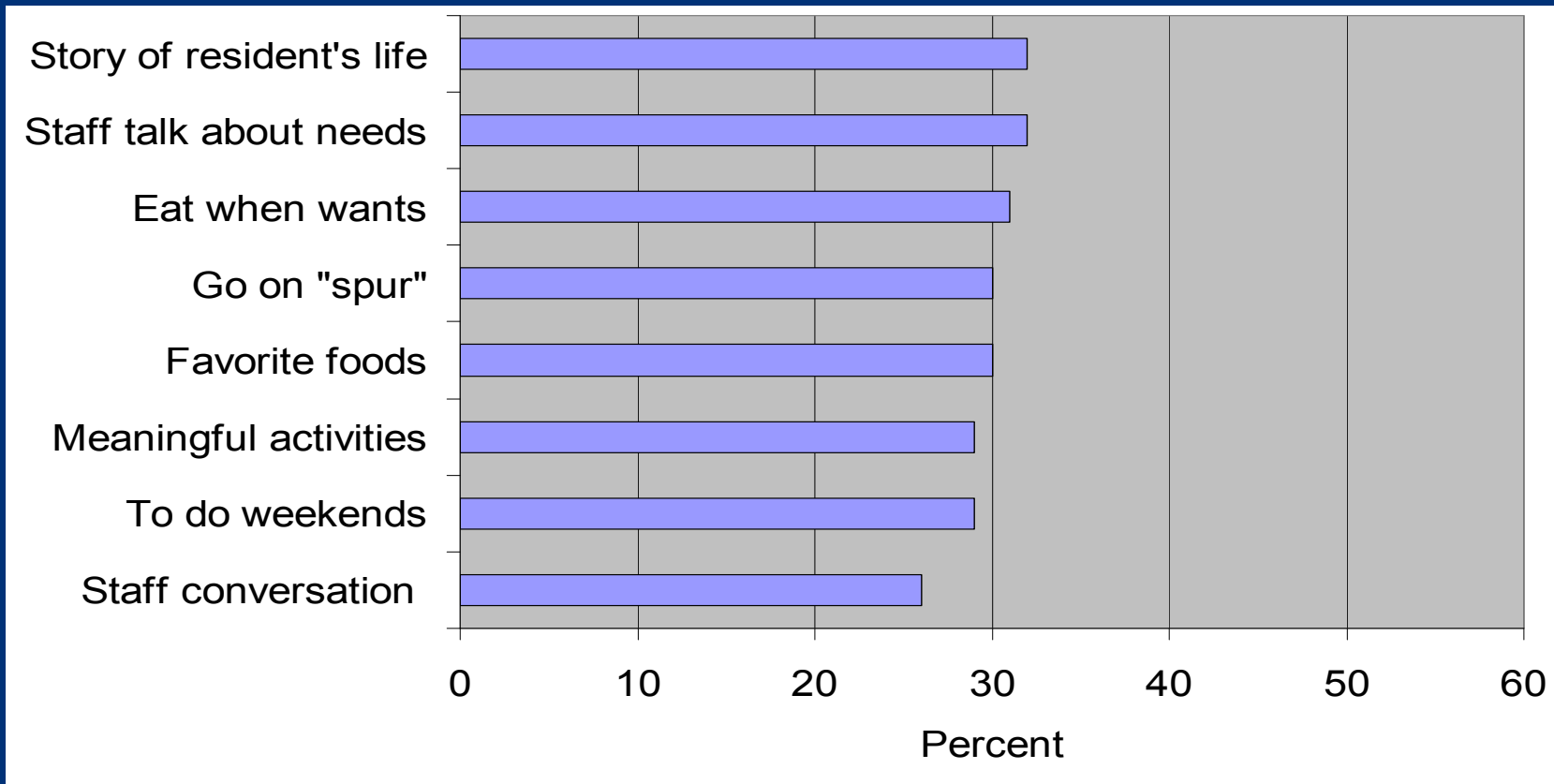
- Privacy – None
- Food/meal – 2 of 5
- Safety/security – 0
- Comfort – 1 of 4
- Autonomy – 2 of 4
- Respect – 0
- Responsive staff – 0
- Activities – 2 of 5
- Relationships – 5 of 5
- Staff-resident bonding – 3 of 5



25% Plus Negative Response Items¹ of 2



25% Plus Negative Response Items 2 of 2



Review – 1 of 3

- If these were your units, what did you learn
- Strengths –
 - privacy respected
 - feels safe
 - would recommend the place to others, but it does not feel like home
 - Decides how to spend time, but does not control bath schedule
 - Staff pay attention, respond quickly, treat with dignity



Review – 2 of 3

- Challenges
 - Activity options limited – weekends inactive, activities off unit limited, activities with meaning limited
 - Social relationships are a particular challenge – lack opportunities for affection, no role in others lives, no close friend in facility
 - While staff are open and honest – few are friends, few enter into conversations, few know the story of the resident's life



Review – 3 of 3

- Well – Is this the life the person expected, or should expect, in a long-term care facility?
- Can we do better?
- interRAI has created these assessment tools to answer these questions
 - Our items are sensitive, they tap into key aspects of persons' lives
 - We have these tools for a variety of settings – e.g., LTCF, home care, housing; and will soon have for AC and MH