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?
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
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
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
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
### RESPONSE

<table>
<thead>
<tr>
<th>Response</th>
<th>% - 2007</th>
<th>% - 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed</td>
<td>75.6</td>
<td>84.0</td>
</tr>
<tr>
<td>Incomplete</td>
<td>0.2</td>
<td>0.0</td>
</tr>
<tr>
<td>Refused</td>
<td>6.2</td>
<td>2.3</td>
</tr>
<tr>
<td>Too Ill</td>
<td>5.0</td>
<td>3.0</td>
</tr>
<tr>
<td>Died</td>
<td>7.1</td>
<td>4.0</td>
</tr>
<tr>
<td>Language</td>
<td>0.2</td>
<td>1.2</td>
</tr>
<tr>
<td>Advanced Dementia</td>
<td>2.7</td>
<td>2.9</td>
</tr>
<tr>
<td>Staff Refusal</td>
<td>0.7</td>
<td>0.2</td>
</tr>
<tr>
<td>Discharged</td>
<td>0.7</td>
<td>0.7</td>
</tr>
<tr>
<td>Other</td>
<td>1.6</td>
<td>1.7</td>
</tr>
<tr>
<td>Total</td>
<td>N = 437</td>
<td>N = 420</td>
</tr>
</tbody>
</table>
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%
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
Correlates

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

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

- Personal information kept private
- Privacy respected when cared for
- Can visit in private
- Can be alone when wishes

Percent

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal info</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Privacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can be alone</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Food/Meal Summary Scale

Percent

Low to High

0 1 2 3 4 5 6 7 8 9 10

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Food/Meal Items – 2007 vs 2009

- Have enough variety in meals.
- Eat when wants
- Get favorite foods here.
- Enjoy mealtimes
- Like the food here

Percent

2007 2009

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- Feels safe around those who provide support and care
- People ask before using persons's things
- Feels safe when alone
- My possessions are safe here

Chart showing percentages for each statement in 2007 and 2009.
Comfort with Site – 2007 vs 2009

Not bothered by noise here

Place feels like home

Would recommend place to others

Gets services needed

<table>
<thead>
<tr>
<th>Percent</th>
<th>2007</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40-50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60-70</td>
<td></td>
<td></td>
</tr>
<tr>
<td>80-90</td>
<td></td>
<td></td>
</tr>
<tr>
<td>100</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Caring and Decision Making

- Autonomy – there are issues
- Respect – in better shape
- Responsive Staff – in better shape
Autonomy - Making Daily Decisions Scale

Percent

Low to High

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Autonomy – 2007 vs 2009

- Can easily go outdoors if wants
- Decides how own money is spent
- Can have a bath or shower as often as wants
- Controls who comes into bedroom
- Can go where wants on the “spur of the moment”
- Decides how to spend time
- Decides when to go to bed and get up

Percent

0 10 20 30 40 50 60 70 80 90 100

2007
2009
Respect – 2007 vs 2009

- Staff respect resident likes and dislikes
- Treated with dignity by the people involved in support and care
- Can express opinion without fear of consequences
- Staff pay attention to resident

Percent

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Responsive Staff Scale

Low to High

Percent

0 1 2 3 4 5 6 7 8

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Responsive Staff – 2007 vs 2009

- Staff act on resident suggestions
- Care and support helps resident live life the way he/she wants
- Services delivered when residents wants them
- Staff respond quickly when asked for assistance

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Social Interactions and Activities

- Activities – there are issues
- Personal relationships – more pervasive issues
- Staff-resident bonding – more pervasive issues
Activities – 2007 vs 2009

- If wants, can participate in religious activities that have meaning
- Can take part in activities off the unit
- Participated in meaningful activities in the past week
- Do things that keep mentally active
- Enjoyable things to do here on weekends

Percent

0 10 20 30 40 50 60 70 80 90 100

2007 2009
Personal Relationships -- Friends Scale

Low to High

Percent

Low to High

0 1 2 3 4 5 6 7 8 9 10

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Relationships – 2007 vs 2009

- Has opportunities for affection or romance
- Plays an important role in people’s lives
- People ask for resident’s help or advice
- People want to do things together with resident
- Another resident here is close friend

Percent

0 10 20 30 40 50 60 70 80 90 100

2007
2009
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Staff-Resident Bonding Scale

Low to High

Percent

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
Some of the staff know the story of resident's life
Staff take the time to have a friendly conversation with resident
Consider a staff member a friend
Staff talk to resident about how to meet needs
Staff are open and honest with resident
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 Items

- Affection or romance: 60%
- Ask for help or advice: 50%
- Resident is close friend: 45%
- Do things together: 40%
- Role in people's lives: 35%
- Feels like home: 35%
- Bath or shower: 30%

Percent
25% Plus Negative Response Items

- Story of resident's life
- Staff talk about needs
- Eat when wants
- Go on "spur"
- Favorite foods
- Meaningful activities
- To do weekends
- Staff conversation

Percent

0 10 20 30 40 50 60
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