

COGNITIVE
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PARTNERSHIP
CENTRE



Health

Southern NSW
Local Health District

STAFF INFLUENCE ON QUALITY OF CARE AND QUALITY OF LIFE IN RESIDENTIAL AGED CARE FACILITIES

DR KATRINA ANDERSON, AGED CARE EVALUATION UNIT

ANNALIESE BLAIR, AGED CARE EVALUATION UNIT

JENNY HENDERSON, MEREDITH GRESHAM, CATH BATEMAN,
MEGAN CORLIS, KATRINA RADFORD, CATRIONA LORANG

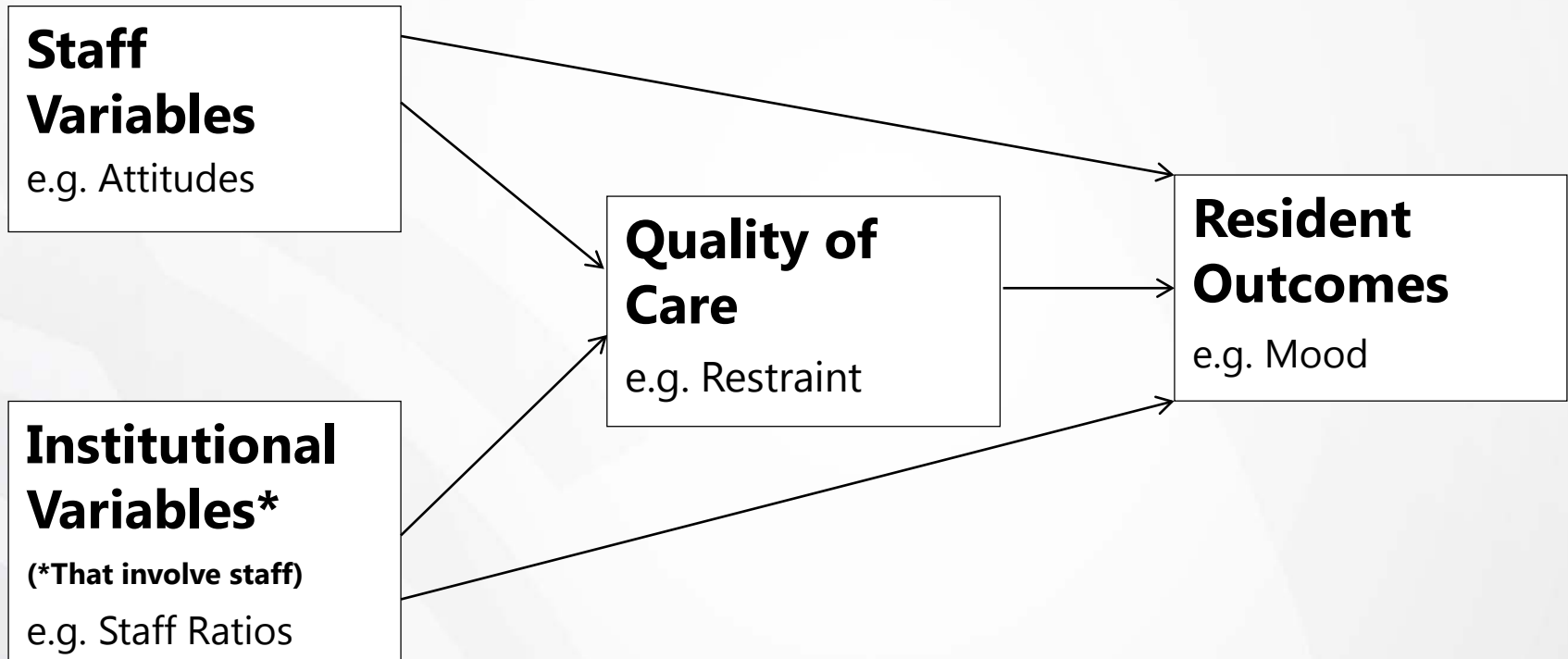
FOR BETTER



**OR
WORSE...**



THE MISSING LINK: WE NEED TO KNOW WHAT GOOD QUALITY CARE LOOKS LIKE

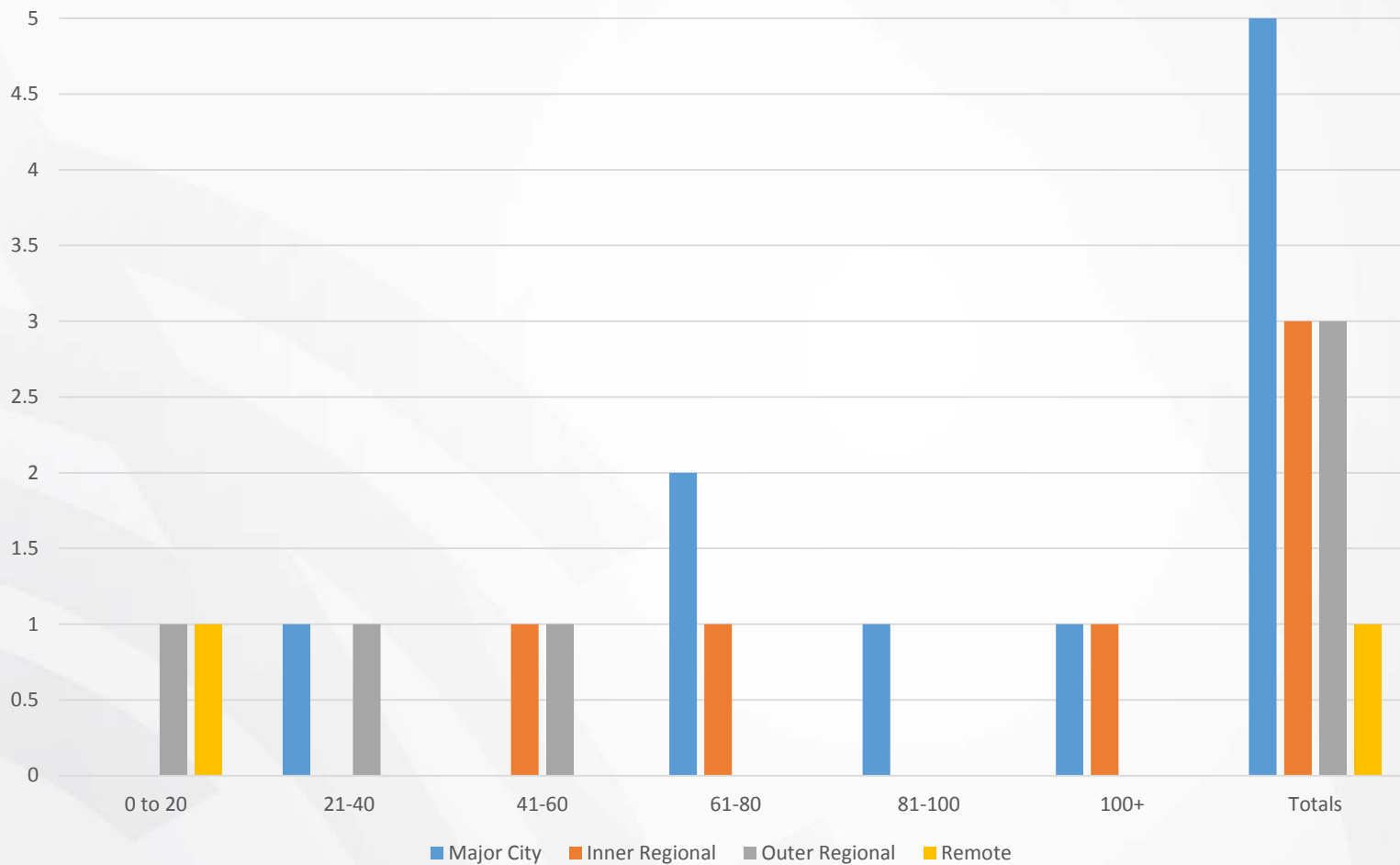


PARTICIPATING FACILITIES



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Location and Size



Residents

Staff members with direct care involvement

File Audit:

Demographics
Diagnoses/co-morbidities
Date of entry to the facility
Weight and approx. height
Assessment and treatment for food and fluid intake
Food and fluid intake measures
Details of medications
Audit of events (e.g. Falls)
Processes for capturing personal info that will impact on care
Signs of excess walking disability
Date and location of death
Palliative care goals

Interview (if appropriate):

Satisfaction with:

- Visits from relatives/friends, incl. staff assistance with visits
- Level of personal attention provided by staff
- Level of personal physical care
- Recreational and social activities
- Quality of staff
- Number of nurses available
- Number of doctors available

Frequency:

- Treated with respect by staff
- Treated with kindness by staff

Measure of Quality of Life (QOL)

Depression

Social Skills

Cognitive Status

Observation:

Frequency of verbal and physical behaviours
Frequency of signs of pain
Details of restraint use (if applicable)
Details of any activities the resident was engaged with
Location of observation
Resident well-being during the observation period
Resident ease and engagement with the staff member
Relevance of activities offered
Resident engagement with what they themselves were doing
Pain Assessment
Affect
Activities of Daily Living
Level of Consciousness
Number of residents in bed at 10am/4pm

For meal observation:

Signs of difficulties feeding or drinking
Resident/staff ratio
Amount of food and fluid consumed

Questionnaire:

Demographics
Experience, training and qualifications in nursing, dementia and aged care
Time at the facility
Breakdown of work time: time spent on essential physical care for residents, time spent with residents on things other than essential physical care, time spent on duties not involving residents
Availability of opportunities to discuss work difficulties
Frequency of communication about work with other staff, to establishment extent of communication networks
Strains in Dementia Care Scale
Job Satisfaction
Perceptions of Restraint Use
Efficacy with setting-up and helping people with dementia with activities
Dementia Knowledge
Person Centred Care Assessment Tool
Self-efficacy in Working with Dementia
Job-Related Emotional Exhaustion
Quality of Work – Decision Authority and Task Control

Observation:

Frequency of staff behaviours towards residents
Treated resident with dignity, respect and kindness
The degree to which the interaction was socially-oriented
Staff responding to resident's needs, using their position of power with the resident, seeming at ease with the resident, respecting the resident's privacy.
Level of personalised care
Level of flexibility of care
Sufficiency of time taken with the resident.
Time spent interacting
Location of the observation
Quality of Care
Activities integrated in to day-to-day care
Staff instructions on activation techniques.

Questionnaire about Residents:

Use of admission info in care
Use of knowledge about resident that helps staff to care for the resident
Knowledge and use of care plans
Frailty
Attitudes about Falling and Pain
Quality of Life Scale
Depression Scale
Agitated Behaviours

Family/Friends

Phone interview/survey:

Satisfaction with:

- Visits with their relatives/friends, including staff assistance with visits
- Level of personal attention provided by staff
- Level of personal physical care
- Recreational and social activities
- Quality of staff
- Their involvement in the care of their friend/relative
- Number of registered nurses available
- Number of doctors available

Frequency:

- Resident treated with respect by staff*
- Resident treated with kindness by staff*
- Relative/friend treated with respect by staff*
- Relative/friend treated with kindness by staff*

Measure of Quality of Life (QOL)

Depression Scale

Satisfaction with care at the end of life

'he/she appeared to be at peace'

Religious affiliation reflected in end-of-life decisions

Management

Interview with Director of Nursing or Equivalent

Information about the DON:

Demographics

Education and experience in nursing, aged care and management

Professional background

Information about the facility:

Organisation of shifts

Access and use of doctors, other clinicians and specialist dementia services

Delivery of and attendance at staff training

Policy around physical restraint use

Phase in accreditation cycle

Activities coordinator on staff?

Availability of opportunities for staff to discuss work difficulties.

Facility

Interview with Human Resources

Overall staff numbers

Job status for all staff

Staff Turnover

Absenteeism

RN/resident ratio

Care assistant /resident ratio

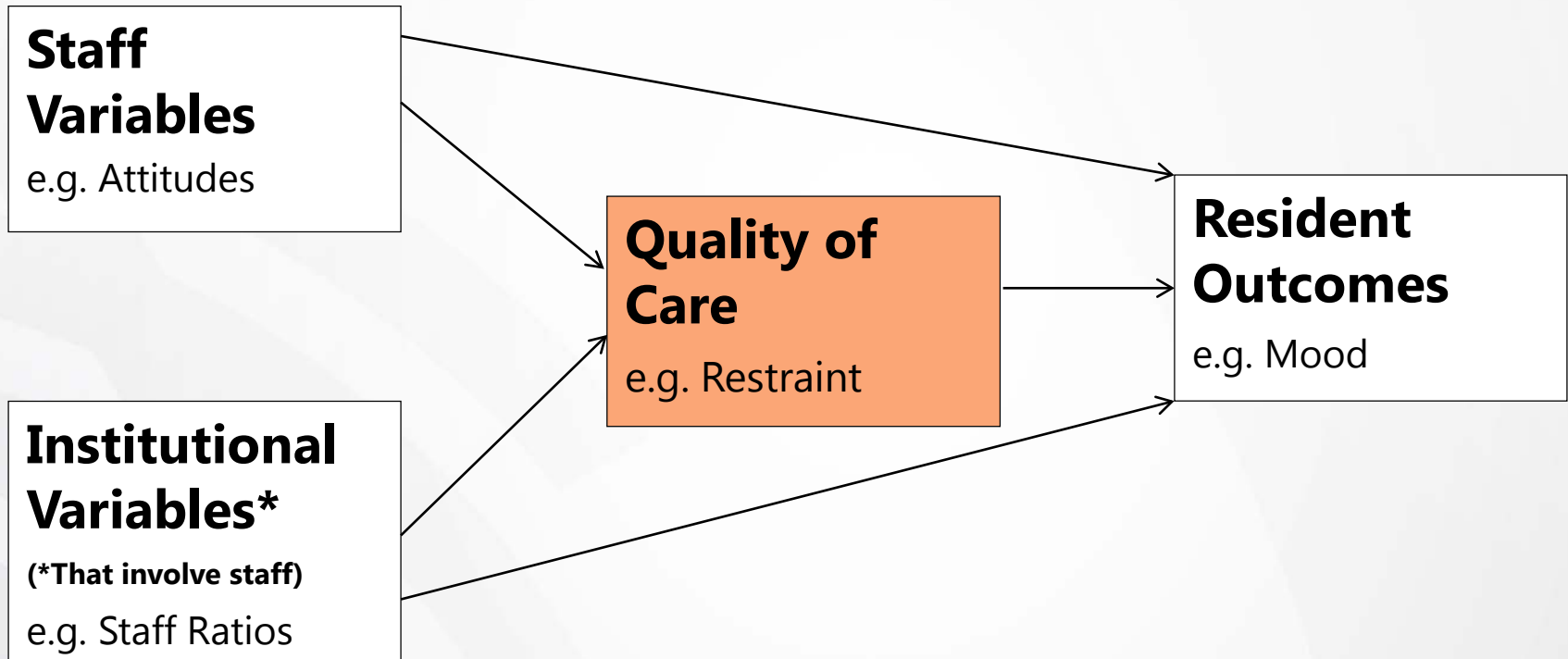
Activity staff/resident ratio.

Environmental Audit

The Environmental Audit Tool to assess the physical environment of the facility



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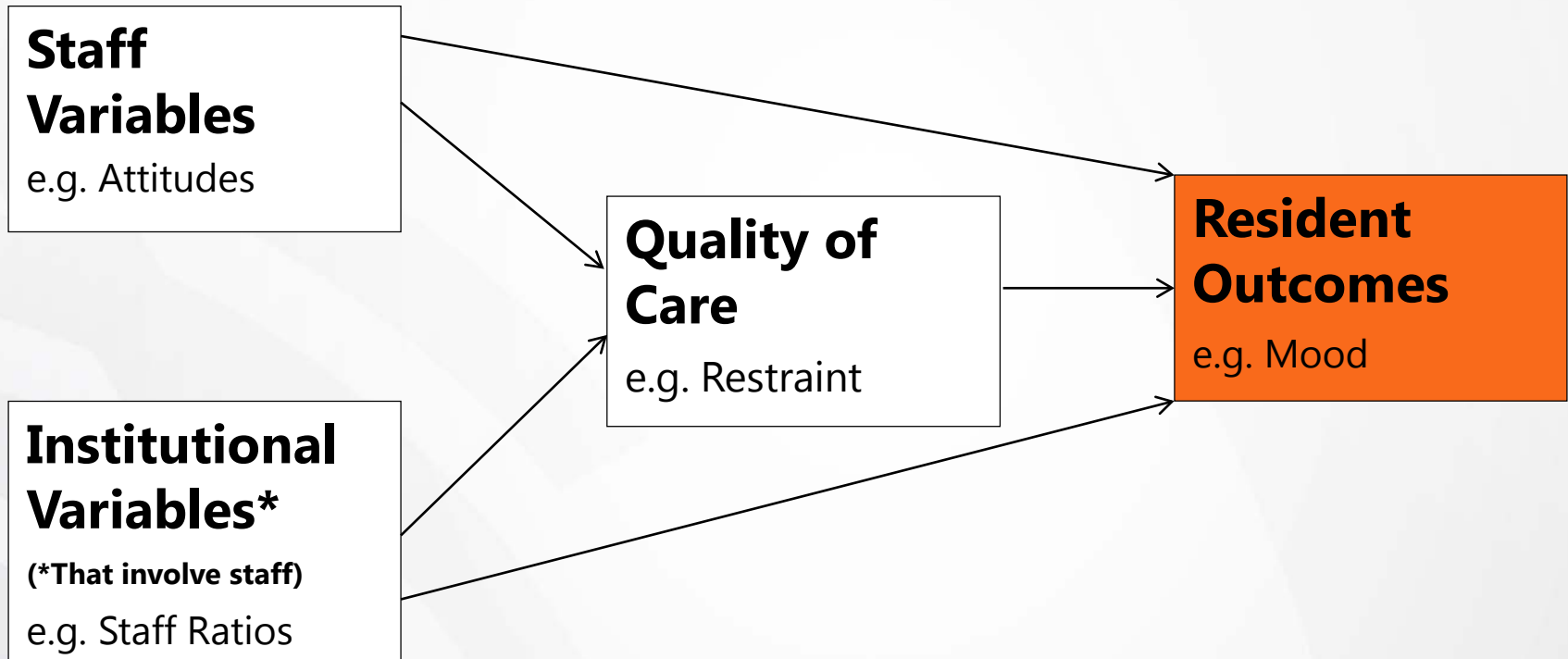


QUALITY OF CARE OUTCOMES

Primary	Secondary
Psychotropic medication use	Spiritual care provided at end of life
Physical restraint use	Analgesic use
Food and Fluid intake assistance	
End of Life care (family satisfaction)	
Positive staff behaviours in care interactions (Person Centred Care)	
Levels of activities	
Global Quality of Care Measure	
Availability of therapists and physicians	



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QUALITY OF LIFE OUTCOMES

Primary Quality of Life Outcomes	Secondary Quality of Life outcomes
Mortality	Activity involvement
Falls	Cognitive decline
Physical health	Dying peacefully
Functional Status	
Changed Behaviours	
Mood	
Psychiatric Symptoms	
Pain	
Global Quality of Life measure	



PARTICIPANTS

Residents	Family/Friends	Staff	Managers
n=255	n=236 (T1 n=207, 87.7% response rate)	n=244 (T1 respondents:130, 54.1% response rate)	n=12
M Age=85.9 (SD=10.1) 66% female	Relationship: (Child 64.2%, Spouse/partner 19.3%, Other 16.4%)	M Age=45.78 (SD=13.9, Range 17-78) 87.7% female Cultural background: Australian 56.9%, Filipino 8.5%, Aboriginal 3%)	M Age=50.50 (SD=9.8, Range 30-64) 66.6% female
M yrs in facility=2.8 (SD= 3.1, Range .03 to 19.9)	Frequency of visits %: (Daily 31.4, Wkly 52.7, Mthly 7.7, 2-3 Mths 7.2, Yrly or less .9)	M yrs at current facility=6.12 (SD=7.3, Range 0 to 40) M yrs in nursing= 17.5 (SD=15.7, Range 0 to 44) M yrs in aged care=9.06 (SD=8.4, Range 0 to 40)	M yrs at current facility=5.4 (SD=5.4, Range 2 to 21) M yrs in nursing=22.91 (SD=13.8, Range 10 to 37) M yrs in aged care=12.33 (SD=7.2, Range 5 to 28)
M No. Meds= 8.9 (SD=4.1, Range 1 to 23)		Quals %: Less than Cert 3 8.7, Cert 3 35.4, Cert 4 30.7, Diploma 9.4, Uni 15.7	Education: TAFE 25%, Uni 75%,
		Positions %: PCA 49.2, RN 16.7, Other (eg. activities) 34.1	Prof Background: Nursing/care 83.3%, Business/Finance 16.6%

MANDATORY STAFF RATIOS OR NOT?



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**RUBY'S NURSE
HAS 95
RESIDENTS TO
CARE FOR**



Australian
Nursing &
Midwifery
Federation

**RATIOS FOR AGED CARE
MAKE THEM LAW NOW**



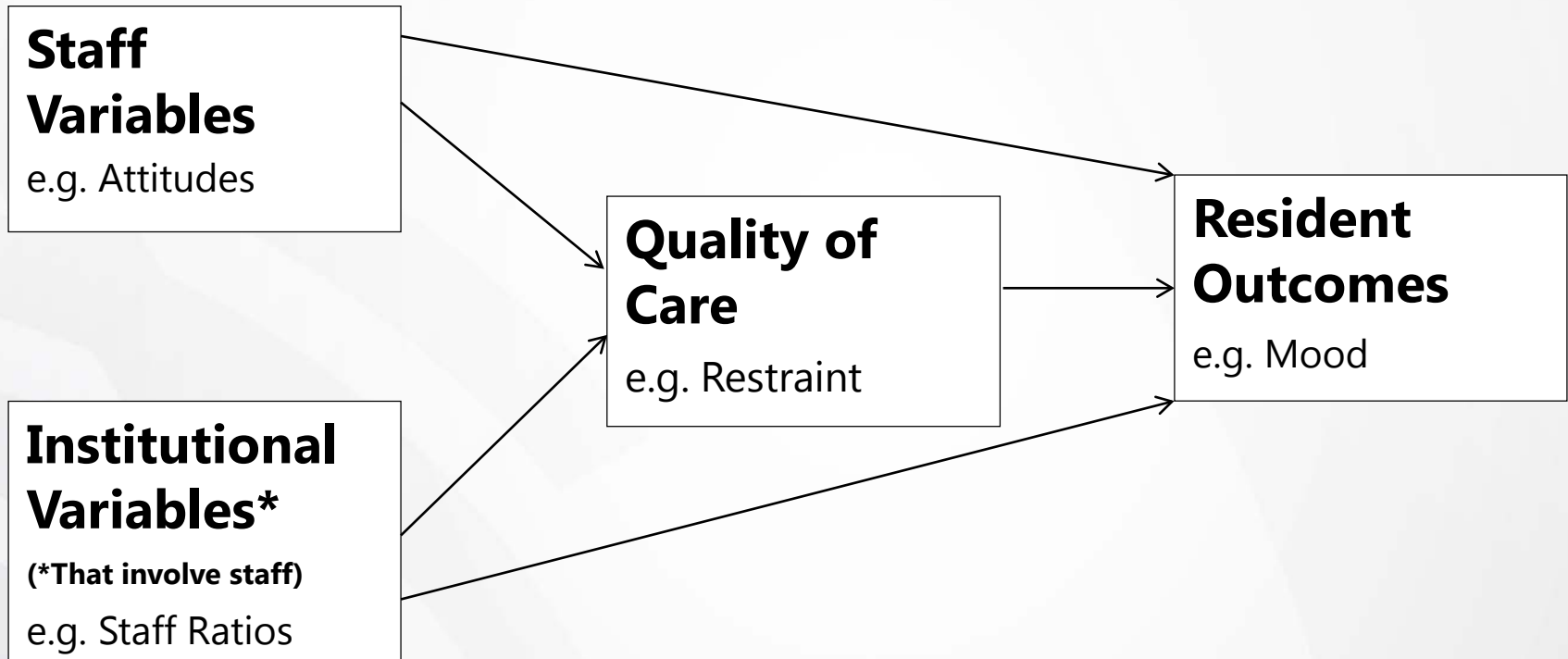
STAFFING HOURS PER RESIDENT

	RN	EN & PCA	Total
% skill mix	30%	70%	100
Recommended Minimum (h:mm)	1:17	3:00	4:18
Current study			
Minimum	0:05	1:12	1:50
Maximum	0:29	3:10	3:28

Willis, E., Price, K., Bonner, R., Henderson, J., Gibson, T., Hurley, J., Blackman, I., Toffoli, L and Currie, T. (2016) Meeting residents' care needs: A study of the requirement for nursing and personal care staff. Australian Nursing and Midwifery Federation



WHERE TO NOW?



THE PARTNERSHIP MODEL



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Thank you