A Controlled Trial of an Intervention to Increase Resident Choice in Long Term Care
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BACKGROUND: Federal guidelines identify choice over daily schedule as a resident right. Cultural transformation movement supports resident-directed care. Despite that residents are rarely offered choice in determining their daily schedule. Barriers to this include insufficient staff time, inadequate staff education and poor management structures.

Objective: Evaluate an intervention to improve staff offers of choice to nursing home residents during morning care.

Design: Controlled trial with delayed intervention design.

Setting: 4 community, for-profit nursing homes.

Participants (Table 3): 169 long-stay nursing home residents who required staff assistance with morning care and were able to express their care preferences, average age 80.5, 76% female, 74% white, MMSE 15.4, ADL score 17.

Intervention: Weekly training sessions by research staff with NA’s for 12 weeks focusing on how to offer choice for 4 aspects of AM care: when to get out of bed, when to get dressed/what to wear, incontinence care (changing and/or toileting) and where to dine. Sessions included video vignettes & feedback using bar graphs. (Show video.)

CONCEPTUAL FRAMEWORK: QAPI (see handout). Five Elements: Design & Scope; Governance & Leadership; Feedback, Data Systems & Monitoring; Performance Improvement Projects; Systematic Analysis & Systemic Action. SMART Formula for setting goals: Specific, Measurable, Attainable, Relevant, Time-bound.

Measurements: Standardized observations during a minimum of 4 consecutive morning hours per participant per week for 12 weeks of baseline and 12 weeks of intervention.

Results: Significant increase in frequency that choice was provided for 3/4 targeted areas from baseline to intervention: (1) out of bed, 21% to 33% (P<.001); dressing, 20% to 32% (P<.001); incontinence care, 18% to 23% (P<.014). Dining location was not significant (8% to 13%). There was also a significant increase in the amount of NA staff time to provide care from baseline to intervention (8.01 +/- 9.0 to 9.68 +/- 9.9 minutes per person, P<.001).

Spontaneous requests: 3-9% Care provided w/o observation: 14%
Resident performed task: 6-9% No Care/No Conversation: 38-41%

STRENGTHS: Goals important in the context of Cultural Transformation. Population studied applicable to our practice. Teaching vignettes short & sweet. Would not be too difficult to replicate. Conceptual framework (QAPI) will be required in NH’s in the next few years. Good example of the SMART formula. Facilities had 20-24% turnover.

WEAKNESSES: Some statistics missing that would have been interesting. How much does the observation affect the outcome? What happens after the 12 weeks.