Piloting a Supplemental Assessment Tool with Younger Residents of Long-Term Care

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ABSTRACT

Background

Young adults living with disabilities may sometimes end up in long-term care facilities which may not always meet their needs. Our project set out to pilot a supplemental assessment tool, a questionnaire to be used upon admission of younger adults into long-term care. We wanted the opinions of both staff and younger residents on what modifications may be needed in the implementation processes to ensure effectiveness of the tool.

Methods

This project followed a qualitative design, implementing a previously designed supplemental assessment tool with five staff members and seven younger residents of two long-term care homes in Halifax, Nova Scotia. Residents completed the questionnaire with members of staff involved in admissions. Each group participated in follow-up interviews regarding their thoughts on implementation of the tool. Responses were analyzed using the constructs of the Consolidated Framework in Implementation Research following direct content analysis methods.

Results

Feedback from residents and staff suggested that the tool could not be used as a one-size-fits-all solution but that flexibility in the format, content, and structure of the tool would be beneficial to ensure its utility in a variety of settings. Issues raised by staff and residents included, but were not limited to, accessibility of the intervention, the availability of resources, the format of the intervention and topics covered within it, and ensuring that processes for implementation are clearly defined.

Conclusions

Both staff and residents approved of the tool for use in the admissions process and agreed that it would enhance the admissions practices already in place.

Key words: Nursing home, quality of life, questionnaire, preferences, implementation

INTRODUCTION

The care of younger residents in long term residential settings is an issue that has recently been drawing criticism from disability advocates across Canada and globally.[1,2,3] Critics argue that these settings are focused on the care of older people, and not designed with younger populations in mind; they suggest that long-term care (LTC) does not meet their differing physical, social, and emotional needs.[4,5] While this issue has recently been drawing increased media attention, proponents have recognized the challenges associated with younger people living in long-term care for decades.[6] According to the 2016 census, 240 Nova Scotians between 18 and 60 years old live in nursing homes, 4% of the total number of people in nursing homes in that year.[7,8] On a national level, data from Statistics Canada released in 2022 show that 96,860 adults between the ages of 18 and 64 were living in a collective dwelling (includes health care and related facilities, nursing homes, and residences for seniors) in 2021. This is approximately 11% of the overall number of adults living in these settings in this year.[9] Younger adults in LTC are diverse, with health-care needs including chronic and progressive conditions, as well as injuries that cause long-term disability, such as stroke.[10,11,12] While the context of long-term care settings is not ideal for younger residents, their presence in these settings will likely continue for the foreseeable future because there has been minimal engagement on the part of political leaders to advocate for, or participate in, the search for alternatives.[13] Given this reality, it is important to acknowledge the unique needs of younger residents, and explore possibilities for making LTC settings responsive to their needs. Our research team has explored the role of a supplementary assessment tool for use in long-term care settings when a younger person is being admitted, to evaluate their needs and preferences.

The supplemental assessment tool (see Appendix A) that we explored during this project was designed through research by a student at Dalhousie Medical School, Emma Hazelton-Provo, and her mentor Dr. Lori Weeks,[14] and refined through the use of focus groups comprised of younger people living in LTC.

METHODS

This qualitative research project used interviews to explore the implementation of the assessment tool in two LTC facilities in NS. We collaborated with two long-term care organizations in Halifax, Nova Scotia: a large private setting and a large non-profit setting, both in urban areas. Both residents and staff members participated in the project. Ethics approval for the project was obtained from the research ethics board at Dalhousie University (2021-5530), and approval for the project was obtained from each of the participating LTC homes.

A contact person at each institution helped with recruitment of participants as COVID restrictions limited the lead researcher's ability to enter each setting in person. This contact person assisted recruitment by hanging posters asking for interested participants to contact the lead researcher, and by identifying potential eligible candidates who met the inclusion/exclusion criteria and approaching them individually to gauge their interest. Inclusion criteria included: being between the ages of 19 and 65, ability to communicate verbally in English, and agreeing to be audio-recorded for the purposes of the follow-up interviews. Participants also had to be able to provide consent to participate in the project, either individually or through a substitute decision-maker. Audio-recorded verbal informed consent was obtained from each participant.

The original assessment tool (see Appendix A) was intended to be used with younger residents admitted during the time the study was taking place; no younger residents were admitted during this time who wished to participate in the study. Anticipating this possibility, the assessment tool was modified (see Appendix B) to a version more easily understood in the context of residents already living in LTC, by changing the wording to reflect past, rather than present, admission. This modified supplemental assessment tool was implemented with existing residents to get their perspectives on how this intervention could potentially have changed their admission experience, and how they think the implementation process could be altered to achieve maximum benefit and generalizability. Staff members responses were also analyzed in terms of how they were physically completed (writing format, etc.). A copy of these responses was provided to the staff members who were involved in care planning at the participating facilities.

Residents participated in two interviews, each lasting approximately one hour. In the first interview, residents answered questions from the supplemental assessment tool, posed by a member of staff habitually involved in the admissions process. This initial administration of the supplemental assessment tool took place at the participating facilities.

In the second interview, six to 10 weeks later, residents answered questions posed by the lead researcher regarding their experience with the supplemental assessment tool. These follow-up interviews took place using the teleconferencing service Zoom, in locations participants found both comfortable and private. Audio-recorded interviews were then transcribed for the purpose of data analysis.

Resident interviews were semi-structured, using questions from the supplemental assessment tool or the open-ended interview guide, with the potential for follow-up questions/clarification as necessary based on participant responses. Follow-up interviews were audio-recorded, while responses from the supplemental assessment tool were recorded in written format by assisting staff members.

Staff members assisted with the implementation of the supplemental assessment tool at the first time point with participating residents, and then participated in follow-up interviews six to 10 weeks later. The follow-up interview was conducted by the lead researcher, over Zoom, and included questions on staff members' views of the assessment tool and its implementation. These follow-up interviews were audio-recorded. Participating staff members varied in terms of their time/experience in long-term care, as well as in their roles within their respective institutions. Staff members from recreation therapy and social work both participated in the implementation of the project. Timelines for both resident and staff activities are included in Figure 1.

The follow-up interview guides (see Appendices C and D) were different for staff and residents, recognizing each group's unique perspectives. Interview guides asked about topics including changes that participants think should be made to the implementation of the tool, their thoughts on its utility and practicality, as well as how they think the process of using the tool fits into their current living/working environment. All questions were informed by the Consolidated Framework for Implementation Research (CFIR),[15] and assessed aspects such as intervention characteristics, inner and outer environments, personal characteristics, and the implementation process.

Data were analyzed by the lead researcher. First, responses to the supplemental assessment tool—as recorded by staff—were analyzed to determine if there were any patterns as to how staff interacted with the tool, given its current format. Secondly, responses to the follow-up interviews were deductively coded using the constructs of the CFIR framework as themes (see Figure 1).
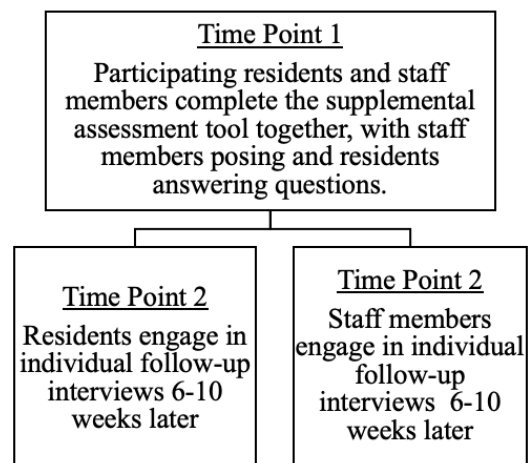

FIGURE 1. Timeline of research activities

RESULTS

Seven residents and five staff members participated in the study. Residents and staff members were both male and female, and ranged in age as well as time in long-term care/job experience. All residents were under age 65, with the youngest resident being in their 30's. One resident (not included in the above total) completed the consent process and ultimately decided not to participate in the project.

Content Analysis

Responses to the follow-up interviews were analyzed using the main constructs of the CFIR framework, and specific sub-constructs as they applied to staff and resident responses. This was achieved using a direct qualitative content analysis approach, using a pre-existing framework as a starting point for theme development.[16] Examples of quotations from participating staff members and residents have been chosen to illustrate each construct (see Figure 2).

Intervention Characteristics

Participant responses touched on four main themes, below.

Accessibility of the Intervention

Several participants mentioned that the format of residents verbally reporting their answers to staff would not work for those residents who were non-verbal. The complexity of the language used was also questioned.

> "Because not everybody can read that paper, they have to have people read it to them, but they still don't understand it. So basically…make it as easy as possible." – Resident 1

> "It would fit…but it really pertained to those who were verbal." - Staff 1

Breadth of Topics Covered

Many residents and staff members were satisfied with the breadth of topics covered on the assessment tool and felt that it explored topics which were not incorporated on their own admission assessments.

> "Yeah…I don't know that any of our assessments specifically ask about like technology or about programs in the community that someone may have been attending and want to attend… - Staff 2

Format of the Intervention

There was some concern about how the format of the tool, being a paper assessment, may hinder its implementation.

> "I would say it should be put on our electronic system instead of on paper… Writing down is kinda hard…" – Staff 2

The responses from the supplemental assessment tools were analyzed to determine how the format of the tool influenced the manner in which answers were recorded; responses suggested the need for a change in format.

Several staff members went outside of the dedicated space when filling in the tool, suggesting that either the format of the tool should be changed (an electronic version), or the space provided for responses should be expanded.

Some staff members wrote abbreviated responses (incomplete sentences, abbreviated words) when filling in the tool, suggesting it may have been difficult to write responses as they were spoken. Some abbreviations were difficult to interpret, and some staff members ultimately chose to type responses when there were concerns regarding legibility. If responses were not legible, it would be difficult to use them to make relevant changes to care plans. A different format
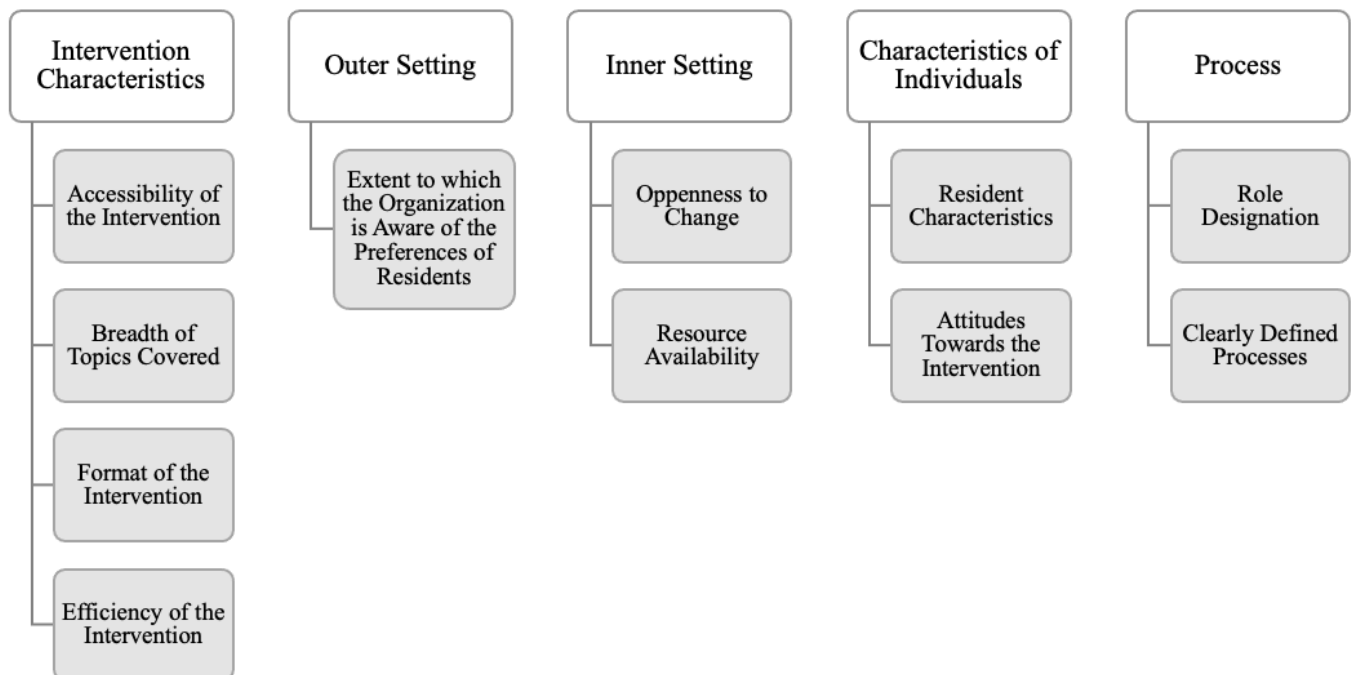

FIGURE 2. Constructs of the CFIR framework and themes elicited in interviews

(e.g., electronic) would be helpful in fully capturing resident responses and facilitating legibility.

Efficiency of the Intervention
Given the breadth of the topics covered on the assessment, and the overlap with existing admissions processes, it was suggested that the tool may need to be shortened to keep it efficient.

> "Well, some of the information…maybe felt a little bit repetitive because the answers kind of came up in answering another portion of the questionnaire."- Staff 4

Outer Setting

Regarding the outer setting, one main theme emerged.

Extent to which the Organization is Aware of the Preferences of Residents
The majority of residents felt that staff were well-informed about their preferences. One resident felt that due to the similarity in age, there were no issues connecting to staff.

> "…a lot of the staff are pretty much the same age of the younger people here, you know, so they kind of stay in touch quite well." – Resident 2

Inner Setting

Regarding the inner setting, two main themes emerged.

Openness to Change
Most participants, both staff members and residents, felt that they were living and working in an environment that was open to change.

> "…we incorporate a lot of change on a regular basis, so we're pretty used to it, and I think mostly people embrace change especially if it's part of making life better for our residents." – Staff 4

Resource Availability
There were concerns about the limitations imposed by resources, particularly during the pandemic, including the time and personnel it would take to implement this assessment.

> "I think if we had more resources, it would make it a lot easier…it's a bit of a challenge adding more upfront paperwork for people given the current complement of folks that we have." – Staff 4

Characteristics of Individuals

Regarding the characteristics of individuals involved in the implementation of the intervention, two main themes emerged.

Resident Characteristics
Overall, most participants felt that people would be open to participating in an assessment like this one, and that it would present a valuable opportunity for communication. A staff member expressed the idea that the utility of the assessment may be impacted by resident communication styles.

> "[The questions] were very open-ended, and the resident I had was not really an open end[ed] answering person. So… it would just depend on the person." – Staff 3

Attitudes Towards the Intervention
Most participants had a positive attitude towards the assessment and felt that it would set a good foundation for communication. One resident felt that an assessment would not change the fact that it takes time to get to know people.

> "I think that once they get in here, with or without an assessment, the people that are here presently the staff has had time to work with them, and them to work with the staff as well." – Resident 2

Process

Regarding the process of implementing the intervention, two main themes emerged.

Role Designation
Many staff members expressed the idea that, while the tool incorporated aspects of many different disciplines within health care, the process of implementation should be designated to a particular professional/role to generate consistency.

> "And sometimes it's also information that's really appropriate for the whole care team to have and social work maybe more specifically, so there might even be portions of it that could be divided up and be engaged with by different disciplines..." – Staff 4

Clearly Defined Processes
One of the main concerns raised by staff members during this project was to have clearly defined processes for what to do with the information collected using the tool.

> "…some of the things that came up … were very personal and very difficult times that they shared… and so wanting to be sure that when you're opening a door, what the purpose or benefit is to the person; are you able to provide the support that they might need going forward as a result of you engaging in the questionnaire with them." – Staff 4

DISCUSSION

Overall, staff and residents appreciated the opportunity to discuss the needs and preferences of younger residents and approved of the tool for use in the admission process. Responses suggested that the tool would enhance the admissions processes already in place, but that flexibility in the format, content, and structure of the tool would be beneficial to support the success of implementation and ensure that the tool is accessible. Some of the recommendations from staff and residents on modifications to the implementation process include changing the format of the tool to electronic, avoiding the use of abbreviations when filling out resident responses, ensuring there are processes in place to be able to respond to resident concerns as they are expressed, ensuring accessible language on the tool, and tailoring the tool to individual settings to ensure minimal redundancy in admissions processes.

New research supports what many critics have known for years: younger people in LTC represent a distinct population from other LTC residents, with different health issues, support systems, and ultimately care needs.[17,18] This emphasizes the need for further research into this population, such as how to best support their needs and preferences, and demonstrates why an assessment tool like the one piloted in this project has the potential to be useful to younger people living in LTC and those that care for them.

There has been previous research in developing tools to assess the quality of life and experiences of older adults living in LTC;[19,20,21,22] and there has been research examining the quality of life of younger residents living in long-term care,[23,24] as well as looking at how quality of life differs between older and younger residents of long-term care.[11] This project has a particular focus on younger residents in long-term care, and on developing an assessment tool specifically for use in this population with a focus on improving their quality of life; a literature search using key phrases such as "young* residents", "long term care", "quality of life", and "assessment OR tool OR survey OR intervention OR instrument" has found no other comparable assessment, either previously developed or in development. Thus, this tool represents a novel development in the care of younger people in LTC facilities, as discussed in the article detailing its development,[14] and this project an initial exploration into how to optimize this tool for practical use with younger residents in a wider variety of long-term care settings.

This assessment tool presents a challenge as well as an opportunity, to recognize that not all of the activities/changes elicited in implementing the assessment can be accommodated in every facility, but to consider the assessment as a tool for gathering data to support future changes and opportunities for improving care.

Limitations

Limitations of the research project include using a single coder to analyze the participants' transcribed interviews, a small sample size, and administration of the tool with residents currently admitted to long-term care. The single coder used the constructs of the CFIR framework to complete their coding, with sub-themes emerging from participant responses. They did not have any special training before completing this project; given these facts, it is unclear if results would be replicable if completed by another coder. This also introduces the opportunity for bias in the interpretation of participant responses. In terms of sample size, the number of residents and staff participants was limited by the size of the organizations in question, with only a relatively small proportion of each of these populations meeting the inclusion criteria for participation in the project; thus, it is unclear if saturation was achieved in the interview responses. Completing the assessment tool within a larger organization or with a larger number of organizations would provide a clearer sense of whether there are still more sub-themes to be elicited.

CONCLUSIONS

The implementation process needs to be refined based on the needs of each facility and its residents, and well-defined processes should be in place before implementation to ensure that the information collected using the assessment tool can be utilized in a way that is effective and efficient.

Next steps for this project may include designing and piloting an electronic version of the tool, in addition to considering a longer-term pilot project, using the tool only with newly admitted residents across a larger variety of settings.

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CONFLICT OF INTEREST DISCLOSURES

We have read and understood the *Canadian Geriatrics Journal*'s policy on disclosing conflicts of interest and declare that we have none.

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APPENDIX A. Supplemental assessment tool for younger residents entering LTC

1. Are there any activities that take place in the external community that you participate in regularly and would like to continue to participate in?
   a) Are there any ways we can help you to participate? (example: help scheduling access-a-bus, etc.)
   b) Before moving into LTC, what types of activities did you enjoy participating in?
   c) If we were to run these activities, what time of day would you be most likely to participate in them?

2. Do you currently use mobility aids such as a wheelchair or walker?
   a) Are there any ways in which we could help you in meeting your mobility goals?

3. Do you have any family (including children), friends, or a partner who would visit regularly?
   a) Would you be in need of uninterrupted time for their visits?
   b) How could we best support you in receiving visitors?

4. Do you currently have access to a computer or other device to use the internet?
   a) What kinds of support could the facility provide to help you utilize this technology?

5. Would you be interested in pursuing further education after you moved in?
   a) If so, is there any way we could help you in participating in opportunities to further your education?

6. Are you interested in volunteer opportunities within the facility?
   a) What areas would you be interested in volunteering?
   b) How much time are you willing to commit to volunteering?

7. Do you currently volunteer or work in the community?
   a) Do you think you would like to, and are able to continue this after you move into the facility?
   b) If so, is there any way we could help you maintain this part of your routine?

8. If you practice a religious or spiritual belief, are there any ways in which we could help you to continue this belief once you move in?
   a) Do you currently attend religious/spiritual services in the community?
   b) Are there ways in which you think we can support you in continuing to do so?

9. Do you currently have supports who are able to help you during your transition in to LTC?
   a) Are there any ways in which we could help with this transition?
   b) Do you currently utilize the mental health system (ex. Seeing a therapist, psychiatrist, social worker)?
   c) If so, are there any ways in which we can support you in continuing to use the system while transitioning to LTC?

10. What do you see as your ideal living situation within the facility?

11. Are there any other concerns you have about LTC that you would like to address?

12. Is there any other information about the facility you would like to have before moving in?

APPENDIX B. Modified supplemental assessment tool for younger residents entering LTC

Reflect on your experiences transitioning into long-term care…

1. At that time, were there any activities taking place in the external community that you participated in regularly and wanted to continue to participate in?
    a) Were there any ways we could have or did help you to participate? (example: help scheduling access-a-bus, etc.)
    b) Before moving into LTC, what types of activities did you enjoy participating in?
    c) If we were to run these activities, what time of day would you be most likely to participate in them?

2. At that time, did you use mobility aids such as a wheelchair or walker?
    a) Are there any ways we could have helped you in meeting your mobility goals?

3. At that time, did you have any family (including children), friends, or a partner who would visit regularly?
    a) Would you have been in need of uninterrupted time for their visits?
    b) How could we have best supported you in receiving visitors?

4. At that time, did you have access to a computer or other device to use the internet?
    a) What kinds of support could the facility have provided to help you utilize this technology?

5. Did you have plans to pursue further education after you moved in?
    a) If so, is there any way we could have helped you to participate in opportunities to further your education?

6. At that time, were you interested in volunteer opportunities within the facility?
    a) What areas would you have been interested in volunteering in?
    b) How much time would you have committed to volunteering?

7. At that time, did you volunteer or work in the community?
    a) Did you plan on continuing this after you moved into the facility?
    b) If so, is there any way we could have helped you maintain this part of your routine?

8. If you practiced a religious or spiritual belief, are there any ways in which we could have helped you to continue this belief once you moved in?
    a) Did you attend religious/spiritual services in the community at that time?
    b) Are there ways in which you think we could have supported you in continuing to do so?

9. At that time, did you have supports who were able to help you during your transition in to LTC?
    a) Are there any ways in which we could have helped with this transition?
    b) At that time, did you utilize the mental health system (ex. Seeing a therapist, psychiatrist, social worker)?
    c) If so, were there any ways in which we could have supported you in continuing to use the system while transitioning to LTC?

10. What did you see as your ideal living situation within the facility?

11. Were there any concerns that you had about LTC that weren't addressed?

12. Was there any other information about the facility you would like to have had before moving in?

APPENDIX C. Questionnaire for staff follow-up interview

1. What kinds of changes do you think will need to be made to the assessment so it will work effectively in your workplace?
   a) Are there any parts of the assessment that should not be changed?
   b) Which ones?

2. How well does the assessment fit with existing work processes and practices in your workplace?
   a) What are likely issues that you think might arise from trying to incorporate this assessment into your routine?

3. Do you think this tool helped you to identify information that you wouldn't have otherwise asked/known about?
   a) Do you feel as though you can do anything with this new information, or have you done anything with this new information?

4. How well do you think the assessment will help meet the needs of the younger residents living in Northwood/Shannex?
   a) In what ways will the assessment help to meet their needs?

5. How important is this assessment to meet the needs of the younger residents living in Northwood/Shannex?
   a) Do you think this assessment adds anything important to the processes already in place?

6. Do you think people in your workplace (administrators, staff, residents) would be open to using an assessment tool like this?
   a) What would be the most challenging aspect for people to incorporate this tool into your workplace?

7. Do you expect to have sufficient resources (time, personnel) to implement and administer the intake assessment?
   a) [If no] What resources will not be available, and how do you think this could this be changed?

8. Would you say that new ideas are embraced and used to make improvements in your workplace?
   a) Can you describe a recent example of how new ideas are welcomed/used, or are not welcomed/used?

APPENDIX D. Questionnaire for residents' follow-up interview

1. What kinds of changes do you think will need to be made to the assessment so that it will work well for younger residents?
   a) What do you think should not be changed about the assessment?

2. To what extent is staff aware of the needs and preferences of younger residents living in Northwood/Shannex?
   a) How "in touch" are staff and management with the younger residents living in Northwood/Shannex?

3. How well do you think this assessment will meet the needs of the younger residents living in long term care?
   a) In what ways will the assessment meet their needs?

4. Based on your own personal experiences in long-term care (Northwood/Shannex), do you think this assessment will be used? If it is, do you think it will make a difference?
   a) Can you describe an example of an experience that helps explain your answer?

5. To what extent are new ideas embraced and used to make improvements where you live?
   a) Can you describe a recent example?

6. What is something that you wish staff had known about you when you moved into LTC?
   a) Do you think this would have made a difference in your adjustment to living in LTC?

7. Is there a strong need for this assessment?
   a) Why or why not?
   b) Do you think others (other residents, staff) would see a need for using this assessment?

8. Do you think that using this tool now has made a difference in your quality of life here?
   a) If so, how?
   b) Do you think it could? (given more time, different questions, more resources, etc.)