

Appendix N

Summary Indicator Document

Note: This document was compiled by Project Staff to answer overall questions about the nursing home based on all the interviews with administrative, nursing, social work, activity, and other personnel. This step was necessary because information came from different sources in different nursing home

Summary Indicator Document

Identifying Information

Facility Name: _____ State: _____

Facility ID: _____

Names & ID #s of Units in Study

Unit	ID#
1.	
2.	
3.	
4.	
5.	

General Descriptors

1. Date data collection began: ____/____/____
Day Month Year

2. Size:

a. Licensed capacity of NH beds: ____

b. Capacity categories:

___ under 80

___ 81-99

___ 100 to 149

___ 150 +

3. # residents in house when we did study: ____

4. % occupancy when we did study: [i.e. ratio of residents (#2) to licensed capacity (#1)]
- ☐ 90% or higher
 - ☐ 80% to 89%
 - ☐ 70% to 79%
 - ☐ 60% to 69%
 - ☐ below 60% occupancy.
4. Location:
- ☐ urban
 - ☐ rural
5. Chain status:
- ☐ yes
 - ☐ no
6. Ownership:
- ☐ for-profit
 - ☐ private nonprofit
 - ☐ public
7. If private nonprofit, is it:
- ☐ Sectarian, Protestant
 - ☐ Sectarian, Catholic
 - ☐ Sectarian, Jewish
 - ☐ nonsectarian philanthropy
8. Payer mix:
- % Medicare _____
 - % Medicaid _____
9. Vertical IntegrationBorganizational complexity:
- yes no
- ☐ ☐ owned and managed by hospital
 - ☐ ☐ assisted living on campus
 - ☐ ☐ retirement housing on campus
 - ☐ ☐ facility has an adult day care program
 - ☐ ☐ facility has a home care program (don >t count the home care program of owner hospital)
10. Unionized:
- yes no
 - ☐ ☐ paraprofessionals
 - ☐ ☐ licensed staff
11. Starting CNA wage: \$_____. _____

Top CNA hourly wage. \$_____. _____

12. Proportion of facility beds certified for Medicare: _____

Administrative items

13. Number of years and/or months as administrator at this facility: _____
Months Years

15. Administrator has been at facility in role for at least 2 years? ____ Yes ____ No

16. Number of changes in administrator in last 2 years: _____

17. Length of time administrator worked in this facility in any capacity: _____
Mos Yrs

18. Number of year serving as administrator of any nursing home: _____
Mos Yrs

19. Owner has remained the same for at least two years? ____yes ____no

20. Quality improvement process in place that includes quality of life? ____yes ____no

21. Resident satisfaction data are routinely collected? ____yes ____no

22. Family satisfaction data are routinely collected? ____yes ____no

23. A staff member designated to do QI (not administrator) with 50% or more for role?

____yes ____no

24. Teaching affiliations:

yes no

____ CNA training on site

____ practicum site for CNA trainingBe.g. community college

____ practicum site for RN training

____ other traineesBe.g. gerontology students

25. Staff development:

Yes No

- ☐ ☐ Employed full-time with no other role?
Staff developer hours per resident _____
- ☐ ☐ Orientation for new staff a week or more before they count in complement of employees?
- ☐ ☐ Staff development education deals explicitly with quality of life (a judgment call)?
- ☐ ☐ Staff development at high frequency Offerings at least every 2 weeks?
- ☐ ☐ Highly individualized staff development?
- ☐ ☐ Mechanism to identify employee educational needs and ad hoc needs based on residents?

Activities-related items

26. Number of months and/or years serving as activities director at this facility. _____
Mos Yrs
27. Activities director has been in place for two years or more? ☐yes ☐no
28. Length of time activities director has been at facility in any capacity. _____
Months Years
29. Length of time serving as an activities director anywhere. _____
Months Years
30. Education of activities director:
☐ high school only
☐ Associate degree
☐ College degree
☐ Graduate degree
☐ CNA with no reference to any education beyond high school
31. Field of activities director Choose dominant or higher training. Note if dually qualified under OTHER.
☐ 01. CNA
☐ 02. COTA (certified OT aide)
☐ 03 therapeutic recreation BBA or Masters
☐ 04. Music/music education
☐ 05 art, art therapy, art education
☐ 06 psychology, counseling
☐ 07 bachelors or higher degree in activities
☐ 08 social work
☐ 09 LPN
☐ 10 nursing
☐ 11 other SPECIFY
32. Activities director has BA level education and formal college degree (BA, MA) in a field related to activities (therapeutic recreation, recreation, music, art, occupational therapy.)?
☐yes ☐no

33. Activities director has been sent to educational program specific to activities in the last 12 months?

____yes ____no

34. A. Number of paid activity staff hours. _____

B. Ratio of activity staff hours to residents. _____

35. Activities department annual budget. \$_____

Activities program has no specific budget. _____⁹⁹⁹⁹

27. Activities has dedicated monthly budget of \$250 or more? ____yes ____no

28. Activities has dedicated monthly budget of \$500 or more? ____yes ____no

29. Paid activities staff are on duty on Saturdays? ____yes ____no

30. Paid activities staff are on duty on Sundays? ____yes ____no

31. Activities are scheduled after dinner on at least 2 evenings a week?

____yes ____no

32. Multiple schedules for 1 or more unitsBe.g. dementia activities specialized?

____yes ____no

33. Activity calendars on weekly basis in addition to or instead of monthly? ____yes ____no.

34. Ten (10) or more active regular volunteers in the activities program? ____yes ____no

35. Fifty (50) or more active volunteers in the activities program? (Note: an active volunteer is one that comes on a regular basis to fulfill a prescribed functionBcall bingo, lead a class, entertain, etcBthis is a bit of a judgment call) . ____yes ____no

36. A paid volunteer coordinator with at least 50% time for that function? ____yes

____no

37. Facility has a van that transports at least 8 residents including at least 1 in a wheelchair?

(Note: Count the van if facility has access to it 50% of the time for activities; sometimes the van belongs to the hospital or is shared with an AL or some such thing and sometimes

it is used for medical appointments too. On rare occasions, facilities have 2 vans for medical appointments and 1 for activities; substantial numbers of the facilities in our study have no van.)

____yes ____no

38. Trips/outings at least monthly? ____yes ____no

39. Trips/outings at least quarterly? ____yes ____no

40. Activities department makes available televisions, radios, and equivalent to residents without family and who are largely confined to their rooms? ____yes ____no

41. Activities department tracks residents without visitors. Can provide the number?
____yes ____no

42. Beauty shop opened 15+ hours per week? ____yes ____no

43. Beauty shop opened at least 3 separate days or more per week? ____yes ____no

44. Beauty shop opened on Thurs, Fri, or Sat? ____yes ____no

45. Examples provided of how the activities department enables a resident to pursue own outside interests in the last 3 months? (Some subjectivity to this one.)
____yes ____no

46. Animals

____yes ____no Evidence of house pets (don't count fish).

____yes ____no A resident has brought own pet.

____yes ____no Edenized.

____yes ____no Regular animal visitation (resident pets, staff pets, and pet therapy programs.)

47. Activities varied. Weekly they include these categories: exercise, discussion groups, music & singing, arts and crafts, movies, bingo/games, socials/parties/coffees.

Activity type	more than weekly	weekly	not weekly but more than monthly	monthly	less than monthly	not at all
Exercise						
Discussion groups						
Musical programs						
Arts/crafts						
Movies						
Bingo/games						
socials/parties						

48. A resident council meets monthly with at least 10 in attendance? ____yes ____no

49. Active food committee apart from resident council? ____yes ____no

50. A family council exists? ____yes ____no

51. A family council meets at least quarterly with at least 5 attending? ____yes ____no

52. A resident=s handbook is given to residents and family that contains clear statements of rules and expectations, fees, key people with phone numbers and so on?
____yes ____no

53. Resident rooms cable ready? ____yes ____no

54. Resident rooms have phone jacks? ____yes ____no

55. Refrigerators permitted in residents' rooms and at least one resident has one? ____yes ____no

56. Intergenerational programming:

yes no

__ __ preschool on site

__ __ affiliation with one or more elementary or secondary school with regular presence in facility (at least monthly)

__ __ 4-H, scouting, or other youth connections

57. One or more residents currently volunteering at facility or elsewhere? This must be a planned recurrent role Be.g. calling bingo, delivering mail, arranging flowers Bnot haphazard helping.

____yes ____no

Spirituality-related

58. Frequency of Protestant religious services: (check one)

A. Held at least weekly and 1 held on Sunday. ____
B. Held at least weekly. ____
C. Held at least monthly ____
D. Less often than monthly ____

59. Catholic mass/communion and/or rosary at least weekly: (Check 1)

____ Scheduled daily or almost daily
____ Scheduled at least weekly
____ Scheduled monthly

60. Catholic mass/communion scheduled on Sunday ____yes ____no

61. Clergy/pastoral counseling/spiritual well-being employees:

____ 1 or more FTEs
____ .5 or more FTEs
____ less than .5
____ no employed personnel

Social work related

62. Social worker=s education.

____1. high school only
____2 CNA background (with or without high school) but no higher degree
____3. Associate degree
____4. BSW, bachelor=s degree in social work
____5. Any BA/BS degree
____6. MSW, master=s degree in social work
____7. Masters in related field Bcounseling psychology, ed psych
____8. Other SPECIFY

63. Social work director employed as social worker for 2 years or more? ____yes ____no

64. Number of months/and or years as sw director at facility. _____
Months Years

65. Length of time social worker employed at nursing home in any capacity. _____

- | | Months | Years |
|--|--------|-------|
|--|--------|-------|
66. Length of time as social work director in ANY nursing home. _____
Months Years
67. If social worker is a designee (i.e. has no formal sw degree), sw consultation at least 2 a day per month? ____yes ____no ____ n.a., not a designee
68. Psychologist, psychiatrist or other mental health consultation readily available Be.g. weekly rounds, regular time to come? (calls for a judgment)
_____yes ____no
69. A. Total social work hours per week in facility. _____
- B. Ratio of social work hour to residents. _____
70. Therapeutic resident group(s) are taking place? Count if outside program conducts its groups in NF and some NF residents attend. ____yes ____no
71. Therapeutic or support groups for family take place? Count is outside program Be.g. Alzheimer=s Assn runs its group(s) in facility. ____yes ____no
72. Facility strongly recommends residents not bring valuables to facility? (negative indicator)
_____yes ____no
73. Facility policy is to replace items after reasonable search time? ____yes ____no
74. Complaint policy includes visible forms and ways for residents, family, and staff to make complaints and a method and timing for followup? (Note: somewhat a judgment call, but it seems easy enough to tell the real systems from those that are perfunctory.)
_____yes ____no
75. Room changes:
- ____ Number of changes of room or bed within facility
- ____ Number of room changes that required two moves (i.e. involving a roommate rather than an empty bed.
- ____ Number of room changes not sought by resident
- ____ Ratio of room changes in 2 weeks to residents.

Nursing related

76. Highest education of DON:

- ☐ 1. Hospital based degree
- ☐ 2. AA degree
- ☐ 3. BSN
- ☐ 4. MSN

77. Length of time employed as DON at this facility.

Months

Years

78. DON in place for 2 years or more? ☐ yes ☐ no

79. Number of DONs in past 2 years. _____

80. Length of time DON has been employed at this facility in any capacity. _____
Mos Years

81. Number of years DON has been a DON anywhere. _____
Mos Years

82. 50%+ of care conferences in last month attended by a family member. ☐ yes ☐ no

83. 25+% of care conferences in last month attended by a resident. (Count yes if the strategy is to move care conference to bedside if resident doesn't come).
☐ yes ☐ no

84. MDS nursing component is filled out by charge nurses or unit supervisors Bi.e. not filled out largely by dedicated MDS staff? ☐ yes ☐ no

85. Care planning meetings are attended by line nurses Bi.e. not done by dedicated MDS staff with care staff only attending occasionally? ☐ yes ☐ no

86. Permanent assignment of aides to residents? ☐ yes ☐ no

87. Permanent assignment of aides to units? ☐ yes ☐ no

88. Strong unit management ? ☐ yes ☐ no

This will be checked if staffing is done according to unit and there is an overall unit coordinator or manager to whom staff report.

89. Baths/or showers routinely offered twice a week or more? ☐ yes ☐ no
Note: They seem to divide into the once a week and twice a week group.

90. Baths and showers occur on more than one shift? ☐ yes ☐ no

91. Nurse gives recent example of a resident who has more baths/showers than norm because of his/her wish (not because of continence or health needs.)? ☐ yes ☐ no

92. Rising time is individualized, with a recent example given of someone who routinely gets up at 10 or after? ____yes ____no
93. Bed time is individualized with a recent example given of someone who routinely goes to bed at 10 or after? ____yes ____no
94. Refrigerators permitted in residents rooms and one or more residents has a refrigerator? ____yes ____no
95. Has a registry (agency, pool) been used for licensed personnel in last 3 months? ____yes ____no
96. Has a registry (agency, pool) been used for CNAs in last 3 months? ____yes ____no
97. Facility employs an ADON? ____yes ____no
98. % CNA staff who have been employed at facility 1 year + : ____
99. CNA staff who have been employed at facility 5 years +: ____

Restorative nursing, therapies, medical direction

100. In-house therapists are employed? ____yes ____no
101. Facility employs a director of rehab or clinical nurse whose job it is to coordinate and work closely with therapies.? ____yes ____no
102. Facility employs Restorative Nursing Adies (RNAs)? ____yes ____no
103. Therapy FTEs (PT, OT, and ST) per resident? ____yes ____no
Note: In this one we would count in house or contracted. A problem is that some have difficulty estimating and say Aas needed@ but there is enormous variation in complement of therapies.
104. Medical director present 4 hours+ per week? ____yes ____no
105. Medical director present at least 8 hours per week? ____yes ____no
106. Percent of residents who use medical director as primary care MD ____ ____%

107. Number of MDs who practice in facility as primary care docs ____ ____

108. GNP, PA or equivalent present 8 hours per week? ____yes ____no

109. Clinics in facility at least quarterly:

dental ____yes ____no

podiatry ____yes ____no

eye ____yes ____no

hearing ____yes ____no

dermatology ____yes ____no

Staffing ratios

110. % to all personnel (payroll + registry) for 2 week windowBInsert Unit # from data base

	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5
CNAs days					
CNAs eves					
CNAs night					
Licensed days					
Licensed eves					
Licensed night					

111. Ration of staff on duty to residents on evening shift in two week period.

CNA	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	All
LPN						
RN						

112. Ratio of staff on duty to residents on weekends in two week period.

CNA	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	All
LPN						

RN						
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Calculations for Questions 111 and 112:

- A. # of names of CNAs employed or from registry any time during 2 week period _____
- B. # of names of LPNs employed or from registry any time during 2 week period _____
- C. # of names of RNs employed or from registry during 2 week period _____
- D. # of names CNAs employed or from registry in 1 week period 3 months earlier _____
- E. # of names LPNs employed or from registry in 1 week period 3 months earlier _____
- F. # of names RNs employed or from registry during 1 week period 3 months earlier _____
- G. CNAs named at both the 2 week and the 3 month=s earlier period _____
- H. LPNs employed at both the 2 week and the 3 month=s earlier period _____
- I. RNs employed at both the 2 weeks and the 3 month=s earlier period _____
- J. # of names of CNAs employed or from registry in 1 week period 6 months earlier _____
- K. # of names LPNs employed or from registry in 1 week period 6 months earlier _____
- L. # of names RNs employed or from registry during 1 week period 6 months earlier _____
- M. CNAs employed at both the 2 week and the 6 month=s earlier period _____
- N. LPNs employed at both the 2 week and the 6 month=s earlier period _____
- O. RNs employed at both the 2 weeks and the 6 month=s earlier period _____

113. Continuity of nursing staff by type over 3 month period (i.e. proportion of all staff working on unit who was also working on unit 3 months before.

	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	All
CNA: G/C						
LPN H/D						
RN I/E						

114. Continuity of nursing staff by type over 6 month period (i.e. proportion of all staff working on unit who was also working on unit 6 months before.

	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	All
CNA: M/J						
LPN N/K						
RN O/L						