

## **Appendix K**

### Nursing Interview

Note: This interview was done with the Director of Nurses or a designee from the nursing department. Sometimes more than one nurse was interviewed. It has been reformatted to eliminate spaces for comments.

## Nursing Department Interview

Name and address of facility \_\_\_\_\_

Name of respondent(s) \_\_\_\_\_

Position (s) \_\_\_\_\_

Date of interview \_\_\_\_\_

Interviewer \_\_\_\_\_

1. Please indicate which facility-wide positions you have in nursing.

Yes No

- \_\_\_\_ a. Director of nursing services FTE \_\_\_\_\_
- \_\_\_\_ b. Associate or assistant director FTE \_\_\_\_\_
- \_\_\_\_ c. Education/In-service developer FTE \_\_\_\_\_
- \_\_\_\_ d. Infection control FTE \_\_\_\_\_
- \_\_\_\_ e. Quality assurance FTE \_\_\_\_\_
- \_\_\_\_ f. Restorative/rehab nursing FTE \_\_\_\_\_
- \_\_\_\_ g. DRG coordination. FTE \_\_\_\_\_
- \_\_\_\_ h. Admissions nurse FTE \_\_\_\_\_

NOTE: If various positions are combined or various tasks designated to DON or Asst. DON, explain below.

2. What describes the supervisory structure used for line staff in nursing?

Yes No

- \_\_\_\_ a. All nursing staff report to nursing department
- \_\_\_\_ b. A unit management structure is used and all nursing staff report to unit team leader.
- \_\_\_\_ c. Other. Please describe \_\_\_\_\_

3. What model of nursing is used at the facility?

Yes No

- \_\_\_\_ a. Consistent nursing teams assigned to particular patients with consistent teams across all shifts.
- \_\_\_\_ b. Consistent nursing teams across day and evening shifts.
- \_\_\_\_ c. Primary care model: each patient has one member of nursing staff assigned to know him or her well.

4. What is the approach for completing the MDS at this facility?  
 Yes No  
 \_\_\_ \_\_\_ a. MDS coordinator(s) completes all MDS forms, meeting with residents and staff as needed  
 \_\_\_ \_\_\_ b. MDS coordinator makes sure that need assessment/reassessments are triggered and checks MDS but all staff complete forms.  
 \_\_\_ \_\_\_ c. No MDS coordinator. All staff complete MDS.  
 \_\_\_ \_\_\_ d. Other. Please describe \_\_\_\_\_
5. How are new admission handled in the facility? Check all that apply.  
 \_\_\_ There is a special admissions unit with nursing and social work to workup all new admissions.  
 \_\_\_ There is a special admissions unit with nursing to work up all new admissions.  
 \_\_\_ Most new admissions are visited at home or in the hospital prior to admission.  
 \_\_\_ Newly admitted residents are assigned to a particular unit rather than throughout the facility.  
 \_\_\_ Admissions are handled administratively.
6. a Is there a routine system for gathering information about advance directives handled at facility?  
 \_\_\_ Yes \_\_\_ No  
 b. Who usually discusses the following with residents and families (if resident is not competent)?

| Type of order                 | Doctor | Nurse | Social worker | Other SPECIFY |
|-------------------------------|--------|-------|---------------|---------------|
| DNR orders                    |        |       |               |               |
| DNI orders                    |        |       |               |               |
| Living wills                  |        |       |               |               |
| Choice of proxy decisionmaker |        |       |               |               |

- c. When are advance directives such as in 6b first discussed? (check all that apply)  
 \_\_\_ On the day of admission.  
 \_\_\_ Within a few days of admission.  
 \_\_\_ Within a week of admission.
- d. When are advance directives updated?  
 \_\_\_ On regular schedule  
 \_\_\_ Whenever there is a care plan  
 \_\_\_ Monthly  
 \_\_\_ Every quarter  
 \_\_\_ Twice a year  
 \_\_\_ Annually  
 \_\_\_ Other regular schedule. Please specify \_\_\_\_\_  
 \_\_\_ As needed, no particular schedule.

7. What percent of care planning meetings are attended by residents themselves?

\_\_\_\_\_  
Percent of care planning meetings

8. What percent of care planning meetings are attended by family members?

\_\_\_\_\_  
Percent of care planning meetings

9. Are any care planning meetings held in the evenings or weekends?

\_\_\_ Yes \_\_\_ No

IF YES, are you aware of any meetings held on evenings or weekends in the past 2 months?

\_\_\_ Yes \_\_\_ No

10. Which staff ordinarily participates in a care plan by giving input to it and/or by attending a formal care planning meeting?

| Type of staff                 | Has input to plan | Usually attends formal meeting | Sometimes attends formal meetings |
|-------------------------------|-------------------|--------------------------------|-----------------------------------|
| Unit/charge nurse coordinator |                   |                                |                                   |
| Other RN                      |                   |                                |                                   |
| CNA(s)                        |                   |                                |                                   |
| Housekeepers                  |                   |                                |                                   |
| Social work                   |                   |                                |                                   |
| Activities                    |                   |                                |                                   |
| Dietary                       |                   |                                |                                   |
| Medical director              |                   |                                |                                   |

11. Have you developed any of the following programs for physical rehabilitation and restorative nursing?

Yes No

\_\_\_ a. Mobility programs

If yes: Is it with dedicated staff?

\_\_\_ yes DESCRIBE HOW MANY & WHAT BACKGROUND

\_\_\_ no

\_\_\_ b. Continence programs

If yes: Is it with dedicated staff?

\_\_\_ yes DESCRIBE HOW MANY & WHAT BACKGROUND

\_\_\_ no

\_\_\_ c. Behavioral management programs.

If yes: Is it with dedicated staff?

\_\_\_ yes DESCRIBE HOW MANY & WHAT BACKGROUND

\_\_\_ no

12. How many residents, if any, who are not funded by Medicare currently receive PT, OT, or speech therapy?

Number of non Medicare residents getting therapies \_\_\_\_\_

13. How many residents, if any, are formally on a hospice program?

Number of residents \_\_\_\_\_

14. In addition to formal hospice, does the facility have a palliative care program for residents thought to be in a terminal state?

\_\_\_ Yes

\_\_\_ No

15. Do residents/families have input into any of the following decisions?

| Decision             | Resident always if cognitively intact | Resident usually if cognitively intact | Family whenever possible even if resident is cognitively intact | Family or guardians always if resident cognitively impaired | Family or guardian usually if resident cognitively impaired |
|----------------------|---------------------------------------|--|---|---|---|
| Entering a hospital  |                                       |  |   |   |   |
| Calling a specialist |                                       |  |   |   |   |
| Using hospice        |                                       |  |   |   |   |

16. a. What time do residents usually get up in the morning?

Time range: Between \_\_\_ and \_\_\_

- b. Which is most accurate for rising time?

\_\_\_ Fixed time on each unit

\_\_\_ No fixed time, as long as they don't need help.

\_\_\_ No fixed time, they choose

IF NO FIXED TIME, in the last two months are you aware of any resident who routinely gets up after 10 a.m.?

\_\_\_ Yes

\_\_\_ No

- c. What provisions do you have for breakfast or some food for residents who get up earlier than most residents.

\_\_\_ No provision

\_\_\_ Some provision. Please describe \_\_\_\_\_

- d. What provisions do you have for breakfast or some food for residents who get up later than most residents?

\_\_\_ No provision  
\_\_\_ Some provision. Please describe \_\_\_\_\_

17. a. What time do residents usually go to bed?

Time Range: Between \_\_\_ and \_\_\_

b. Which is most accurate for bedtime?

- \_\_\_ Fixed time on each unit  
\_\_\_ No fixed time, as long as they don't need help.  
\_\_\_ No fixed time, they choose

IF NO FIXED TIME, in the last two months are you aware of any resident who routinely goes to bed after 10 p.m.?

- \_\_\_ Yes  
\_\_\_ No

c. If residents are up late at night, what do they usually do?

- \_\_\_ remain in their rooms, encouraged to stay in bed  
\_\_\_ remain in their rooms, out of bed  
\_\_\_ leave their rooms and sit in day rooms  
\_\_\_ talk to staff out of their rooms  
\_\_\_ no pattern

d. What are staff expected to do when residents want to be up late or get up at night?

- \_\_\_ encourage them to rest comfortably, help them sleep  
\_\_\_ engage them in activity or conversation

18. a. How many meals and snacks are served at this facility and at what times?

WRITE DOWN. IF SOME UNITS HAVE DIFFERENT PATTERNS WRITE THOSE DOWN.

Breakfast \_\_\_\_\_

Lunch \_\_\_\_\_

Dinner \_\_\_\_\_

Snack 1 \_\_\_\_\_

Snack 2 \_\_\_\_\_

Other \_\_\_\_\_

Total # of meals and snacks \_\_\_\_\_

b. Are refrigerators allowed in resident's rooms and do any have refrigerators in their rooms? Which is most accurate?

- \_\_\_ No, not allowed.

- ☐ Allowed but none have at present.
- ☐ A few residents have.
- ☐ Any residents have
- ☐ All residents have--e.g. supplied or encouraged.

c. What describes how residents can get food and drinks apart from mealtimes?

(Check all that apply).

- ☐ a. There is a refrigerator, kitchenette or snack area on the unit where residents can help themselves to food and drink 24 hours a day.
- ☐ b. There is a refrigerator, kitchenette or snack area where residents can help themselves to food and drink during the daytime.
- ☐ c. There are vending machines and/or snack shop/restuarant where residents can purchase food in the day time
- ☐ d. Residents may request beverages or snacks at any time and staff brings them.

19. a. What is your policy about residents eating meals in their rooms?

- ☐ Only permitted if residents are ill or unable to come to the dining room
- ☐ It is a resident's choice, but we try to minimize tray service
- ☐ It is completely up to the resident

b. About how many residents take their meals in their rooms?

\_\_\_\_\_

20. What is your usual practice for people who need to be fed?

- ☐ They tend to be assigned to a separate dining time or dining room
- ☐ They are grouped at the same ables as much as possible
- ☐ They are fed in their rooms

21. a.What is the usual practice for assisting residents with meals?CHECK ALL THAT APPLY

- ☐ a. We assign specific dietary aides to wait on tables and assist residents.
- ☐ b. CNAs come to meals and assist with feeding and mealtime help.
- ☐ c. Administrative and supervisory staff & noncare supervisors rotate to help with feeding.
- ☐ d. Housekeepers help with feeding.
- ☐ e. Volunteers or family members help with feeding.

IF C, D, OR E CHECKED, do you have a specific training program about how to help people eat before any staff or volunteers help with feeding?

- ☐ Yes
- ☐ No

b.Do you have a special waiter staff to serve at meals?

- ☐ yes
- ☐ no

22. What is your policy about use of alcoholic beverages by residents?

- ☐ a. Never allowed. Facility is "dry."
- ☐ b. Sometimes served on special occasions.

- \_\_\_ c. Residents may have cocktails, wine, & beer in room with medical permission:  
must ask for it to be served by staff.
- \_\_\_ d. Resident may have cocktails, wine & beer in room with medical permission and  
may keep it in room themselves if capable.
23. a. Who makes the specific bath schedule for each resident?
- \_\_\_ Charge nurse, unit coordinator  
\_\_\_ CNA's  
\_\_\_ Resident as much as possible  
\_\_\_ Other SPECIFY
- b. What time of day are baths or showers?
- \_\_\_ Mornings  
\_\_\_ Afternoons—before dinner  
\_\_\_ Evenings—after dinner  
\_\_\_ Both mornings and afternoons  
\_\_\_ Mornings, afternoons, and evenings
- c. How frequently do residents have baths or showers?
- \_\_\_ Usually once a week  
\_\_\_ Usually twice a week.  
\_\_\_ Usually 3 times a week or more  
\_\_\_ Individualized, depending on care needs  
\_\_\_ Individualized depending on resident preferences and care needs
24. Are you aware of any resident in the past two months who has a shower or bath almost every  
day because of his/her preference?
- \_\_\_ Yes  
\_\_\_ No
25. Are you aware of any resident in the past two months who has a bath less than once a week  
because his/her preference is to use other methods to stay clean—e.g. bedbath.
- \_\_\_ Yes  
\_\_\_ No
26. Are residents able to request exceptions to timing of routines to accommodate their own  
schedules?
- \_\_\_ Yes  
\_\_\_ Yes, and they are explicitly informed of this verbally and in manual.  
\_\_\_ No
- IF YES, to your knowledge has any resident received a bath or shower at an unusual hour to  
accommodate a personal schedule in the past 2 months.
- \_\_\_ Yes  
\_\_\_ No  
\_\_\_ No, usually residents follow fixed schedules.



27. What is your usual policy regarding physical restraints?

| Type of restraints       | Does not use—free of this restraint | Will use only with agreement of resident or, when applicable guardian | Will use if medically indicated | Use routinely (50% or more res.) |
|--------------------------|-------------------------------------|---|---------------------------------|----------------------------------|
| Chest/trunk restraints   |                                     |   |                                 |                                  |
| Chairs preventing rising |                                     |   |                                 |                                  |
| Limb restraints          |                                     |   |                                 |                                  |
| Waist restraints/belts   |                                     |   |                                 |                                  |
| Bedrails                 |                                     |   |                                 |                                  |

28. Do you have a policy for resolving disagreements among resident, family, and/or staff of use of restraints?

- ☐ Yes. Please describe process \_\_\_\_\_
- ☐ No

29. What sort of orientation do you have for new nursing staff? All that apply.

- ☐ Formal classroom training  
     IF YES, how many hours. \_\_\_\_\_
- ☐ On the job-training, tracking an experienced worker  
     IF YES, for how many hours. \_\_\_\_\_

30. Do you have any of the following incentives for nursing staff?

- ☐ Signing bonuses for those who locate new staff
- ☐ Training programs
- ☐ Higher pay classification on completion of training
- ☐ Recognition program—employee of the month, etc
- ☐ Other staff incentives SPECIFY \_\_\_\_\_

31. a. Which of the following in-service training topics have been conducted in the last six

months?

| Topic in last 6 mos   | No | Yes | IF YES, # participants | List types of personnel—RN/LPN, CNA, housekeeping, dietary, other |
|---|----|-----|------------------------|---|
| Alzheimer's care  |    |     |                        |   |
| End-of-life care  |    |     |                        |   |
| Physical restraints   |    |     |                        |   |
| Care planning   |    |     |                        |   |
| Individualizing care/getting to know residents                              |    |     |                        |   |
| Helping residents be more independent in self-care—e.g. toileting, dressing |    |     |                        |   |
| Observing dignity of residents  |    |     |                        |   |
| Sexual expression/intimacy  |    |     |                        |   |
| Communication with residents  |    |     |                        |   |
| Other for quality of life: Specify  |    |     |                        |   |
| Other for quality if life: Specify  |    |     |                        |   |

b. Do staff have the opportunity to go off site for training?

\_\_\_ Yes

\_\_\_ No, not often

c. Nurses aides and other paraprofessional line personnel have the opportunity to attend off-site training?

\_\_\_ Yes

\_\_\_ No

d. Estimated hours of off-site training last year?

\_\_\_\_\_ Total person hours

\_\_\_\_\_ Person-hours for line paraprofessionals

32. a. Approximately what proportion of your direct care staff cannot communicate verbally in English? \_\_\_\_\_
- b. What, if any, steps are you taking to improve the ability of staff with language barriers to understand residents and make themselves understood by residents? Please describe \_\_\_\_\_
33. a. Approximately how many residents do not speak a language that is shared with at least some direct care staff on all shifts? \_\_\_\_\_
- b. What, if any, steps are taken to assist the resident who has a language barrier to communicate with staff? Please describe \_\_\_\_\_
34. What is it about the nursing program about which you are proudest . . . that you think makes the greatest contribution to a good resident quality of life?