

Further development of care quality at the St. Johann care hotel using admissions as an example (Swiss Admission into Nursing Home Study, SANS)

This report documents a funding project of the Age Stiftung – for further information please visit www.age-stiftung.ch. The report is an integral part of the project.

St. Johann care hotel, Basel

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1 From the project idea to its realisation

The St. Johann care hotel regularly compares its performance with other homes through employee questionnaires conducted by QUALIS evaluation GmbH. In 2010, the admission process was seen as a major challenge by employees. Under the new institutional conditions, everyone involved in the process has to find a good balance between functional medical care and quality of life. Focusing only on functional medical care in order to prevent someone from falling, for example, or to avoid decubitus ulcers, is not sufficient to guarantee a humane living environment.

The feedback in the questionnaire led to the idea of a project that focuses on the needs of the residents, relatives and employees and from this point of view tries to further develop the admission process and to make structural long-term improvements possible.

Project managers from the St. Johann care hotel asked several universities to submit their project ideas. The ZHAW staff were very convincing due to their professionalism, established expertise, experience and a good network. Together with the project managers, the ideas were defined more clearly and a project plan was designed.

About the St. Johann care hotel

The St. Johann care hotel is a modern home for older people that is run by the local Baptist church in Basel. It is open to people of all

confessions and ideologies. Approximately 100 employees take care of the 75 residents and external guests. The home's own restaurant, "Café Oldsmobile", is open to the public and is used by many visitors. In addition, the care hotel offers various gastronomy and hotel services.

The institution was built in 1964 and completely renovated between 1996 and 1999. It was formerly known as the St. Johann nursing home, and then renamed the St. Johann care hotel during a restructuring process in 2005. Today, the home offers spacious design with practical furnishing that makes life there more pleasant and simplifies care services.

The care hotel's goal is to make the lives of older people as pleasant as possible without limiting their independence. This is achieved by offering individual professional care suited to the residents' state of health, in an appealing living environment. The care hotel employees are working towards a goal-oriented and economic interplay of the various services. Defined core values provide the framework for future development, as well as for internal and external daily business. These core values are based on respect, esteem and trust. The St. Johann care hotel is a member of the association of nursing homes in Basel (*Verband gemeinnütziger Basler Alters- und Pflegeheime, VAP*).

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2 Initial position

Switzerland, with 1,172 places per 100,000 inhabitants, is – along with Sweden (1,423 places per 100,000 inhabitants) and Belgium (1,207 places per 100,000 inhabitants) – among the countries in Europe proportionally offering the most places in nursing homes.

In Switzerland, the way older people experience admission into a nursing home has not yet been researched. Nor have the needs of older people, relatives and staff been the focus of research until now. However, the only way to properly assess the process of admission into a nursing home is to take all three parties into consideration at the same time.

Admission into a nursing home means a radical break with previous social circumstances for the people affected. This in turn can cause feelings of loneliness, sadness, depression, anxiety and

loss, generically referred to as relocation stress syndrome.

All the changes require adaptability to change both from the people affected and from their relatives. Several factors determine how the process develops and what effect it has. In addition to the individual abilities of the people affected, how the decision to move into a nursing home is made is equally important. The decision to move often comes unexpectedly, thus frequently leaving older people feeling neglected and left out of the decision-making.

The unplanned and sudden admission may cause increased mortality within the following year. Furthermore, increased mortality can also be brought about by health restrictions and when social activities are neglected in the nursing home.

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3 Research questions

The admission process is subject to cultural, social, legal and professional influences. The perspective adopted by older people, their relatives and staff in relation to this issue is examined systematically using the following research questions:

1. How do older people, and their families, experience admission into the St. Johann care hotel in Basel and the resulting social change?
2. What support do older people and their families receive to help cope with admission into the St. Johann care hotel?
3. What individual and environmental triggers play a part in the admission decision?
4. How do the staff assess the quality of care in the St. Johann care hotel?

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4 Method

In order to answer the research questions 1, 2 and 3, the descriptive study analyses how older people, their relatives and staff experience the first three months after the admission (longitudinal design), using the Grounded Theory method. Using the Nursing Home Care Index, the research question number 4 is answered by analysing how the staff assess the quality of care.

Two data sources were taken into account:

- semi-structured individual and group interviews (n=53) with older people, their relatives and staff;

- the Nursing Home Care Index, NCI (n = 45): a questionnaire consisting of 16 questions addressed to the staff based on the three factors (subscales) "social relationships", "emotional well-being" and "self-determination".

The study has been approved by Swiss cantonal ethics committees [kantonale Ethikkommission Basel (EK 228/12) and kantonale Ethikkommission Zürich (KEK ZH 2012-0467)] and is registered under the study number DRKS 00006278.

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5 Results

The experience of the admission process and the social changes involved

The average age of the residents was 83 years and that of their relatives 61. Five out of these eleven older people had moved into the care hotel directly after their hospital stay. Sons or daughters of the residents were interviewed, with the exception of one relative. The relatives reported that, before the admission, they had spent an average of 66 minutes a day nursing and caring for their parent. The interviewed nursing staff had an average of 16 years of professional experience.

Three key behaviour patterns that help cope with the admission process can be identified: grasping the situation, communication and integration.

“**Grasping the situation**” is characterized by the physical, social and emotional arrival in the new environment. The residents not only set up their living space, but also become aware that the possibilities of social interaction as well as their emotional lives are starting to change.

“**Communication**” is shown in the residents’ need to have a say in their own daily routine at the care home. It is also important that contact with the family is maintained and that a trustful relationship with the nursing staff can be developed.

“**Integration**” is when the older people are able to classify the admission process as a stage in their own life story. Grasping the situation and communication are not only prerequisites for, but also essential parts of successful integration. The residents realise what they must part with and what is important to them in their new environment (see Figure 1).

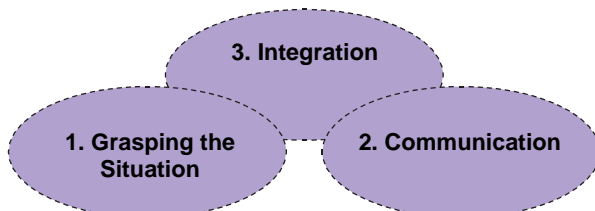


Figure 1: Behaviour patterns for coping with the admission process

Support in coping with and structuring the admission process

“Grasping the situation” is encouraged by diverse measures taken by the nursing staff. The

welcoming ritual, for instance, including a red carpet and an aperitif, is experienced as pleasant by all residents and relatives interviewed. The admission is celebrated, and is recognised and acknowledged as a special occasion by the nursing staff. The older people and their relatives are prepared for the upcoming admission process in advance. Even once the residents have settled into their daily routine, the nursing staff do not limit the nursing care only to routine tasks. Social exchange has a high priority and is greatly valued by the older people. These measures of psychosocial support taken by the nursing staff can alleviate the effects of relocation stress syndrome. The following indications of relocation stress syndrome could be inferred from the interviews: orientation and word-finding difficulties, vomiting, incontinence, anxiety, sorrow, hopelessness, withdrawal, dissatisfaction with the measures taken, pain, insomnia, lack of appetite, mood swings, exhaustion, increasing forgetfulness, aggression, restlessness, falls and a fixation on medication. It is noticeable that the nursing staff interviewed rarely associated these symptoms with relocation stress syndrome.

Trigger for the admission

The decision to move into a care home is influenced by various previous events. In this context, the responses of the interview participants can be divided into three categories:

- the admission to a care home directly after being discharged from the hospital, without a return to the older person’s own home first;
- the older people’s own realisation that living at home is no longer possible due to existing health restrictions;
- a premature and therefore preventative decision, without existing severe health problems.

The slow process of change that comes with age causes the older people (and also their relatives) to think about the housing situation and to decide on admission into a care home. It is also important to some relatives not to have to take on the responsibility of the older person’s personal hygiene. This can also be a contributing factor in the decision to move into a care home.

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Care quality based on the NCI

A total number of 105 questionnaires were sent to the nursing staff and 45 were returned (42.9 percent). The vast majority of the respondents (65.1 percent) have more than nine years of professional experience. On a scale of 1 to 10 (1 = urgent need for improvement, 10 = very good), the nursing staff rate the quality of care during the admission process with an average of almost 7 (6.93). The nursing staff of 25 other care homes that were also researched rate the quality of care in their institutions only slightly better (7.08).

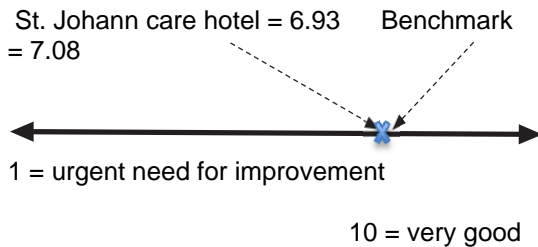


Figure 2: Evaluation of nursing care quality

Out of the three categories used to analyse the quality of care, “self-determination”, “emotional well-being” and “social relationships”, the category “self-determination” receives on average the highest rating (7.25), whereas the category “social relationships” is rated the lowest (5.97). A comparison with the average rating of the 25 other care homes researched shows that the category “social relationships” is rated higher by the nursing staff of the St. Johann care hotel. In the other two categories, the care hotel is slightly below average, as compared with the other 25 care homes.

The questions on whether the residents are allowed to retain certain little “quirks” after their admission (8.1; “self-determination” category) and whether they share their joys and sorrows (8.06; “emotional well-being” category), receive the highest ratings. In contrast, “belonging to the group” (5.64; “social relationships” category) is rated the lowest. The greatest variance in the responses can be seen in the questions regarding support with independent problem-solving and “belonging to the group”.

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6 Discussion of the results

Need for time versus work intensification

The symptoms of relocation can be considerably alleviated by professional support. In order to achieve this goal, it is essential that the employees give the older people and their relatives time to grasp these events. Therefore, the employees should not give all the information at once. Phase-specific information which is tuned to the "grasping the situation", "communication" and "integration" adaptation process as well as to the specific target group (older people or relatives) is crucial to the management process.

The people concerned need to have developed confidence in their own strengths in order to connect their past with their present and their future situation. In this way, they can integrate the admission to the care hotel into their own life story.

Work intensification and work division shape the inpatient long-term care in Switzerland and conflict with the need for time. An example of this is the phenomenon of waiting that confronts older people. For example, they have to wait for somebody to provide them with the necessary help to go to the toilet. More than 80 per cent of the older people interviewed mentioned this experience. Also, Zuniga's study (2013) identifies work intensification as a problem; one third of the interviewed employees said that they made the older people wait. Furthermore, one fifth of the employees talk about a lack of emotional support for residents. Schalock (2008) finds that predictability and control of processes and decisions can have a positive influence on acclimatisation. In contrast, waiting tends to produce a feeling of helplessness.

Competence profile of the employees

The organisation structures in the care hotel do not really help in the competent and timely identification of health effects of the relocation either. A large number of employees with little

professional knowledge care for older people with complex health problems who find themselves in a very difficult phase of their life in our care homes. With these competence profiles, health changes in complex situations, triggered for example by admission into a care home, cannot always be recognised, assessed and treated in time. The big differences in the competence profiles of the employees are possibly also reflected in the care index. The index showed a 9.7 point span on a scale of 1 to 10 in the answers evaluating the older people's skill to autonomously solve problems. Enabling a person to solve problems autonomously requires more than empathy. It takes outstanding professional skill, which is not something all employees have.

The skill to autonomously solve problems and the self-efficacy that can be experienced along with it are crucial for older people. As the results of Jopp (2013) confirm, self-efficacy has, along with the will to live and an optimistic attitude, a significant influence on satisfaction.

Contact with others

When comparing the results of the care index with the interview statements, it stands out that the employees' evaluations correlate positively with the older people's statements. In the care index, group affinity received the lowest rating (5.64 points). Several older people stated how difficult it was to make contact with others. Daily social activity programs do not necessarily help in managing this difficulty. Altherr (2013) finds that participation in group activities does not significantly affect acclimatisation. A considerable positive effect is achieved through contact with individual carers and the possibility to contribute throughout the daily routine. The same phenomenon is presented by Höpflinger (2013) in a different context: When it comes to overcoming the loss of a spouse, individual support is more effective than social support through group activities.

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7 What the St. Johann care hotel already provides

Registration

Older people who are interested in the St. Johann care hotel receive initial oral or written information from the administration. They might have already visited the care hotel's public restaurant prior to making contact.

For binding registration, they will be directed to the long-term care department of Basel-Stadt (ALP). It is responsible for distributing care places, but also offers advice to older people and their relatives on an individual basis. At this stage, the people involved can already ask for a tour of the care hotel. At the same time, they receive further information from the St. Johann care hotel.

Preparation for admission

When an older person moves up the waiting list, the care hotel's administration will intensify the contact. If the decision to move in is taken, the older person is usually visited at home or in hospital. Two people, one from the administration and one from the care staff, answer questions, give information about admission preparation, and collect the most important data. If there has not been a care hotel tour during the registration process, it will again be offered as preparation to moving in.

When there is a change in occupancy, an admission date can be arranged within a few days.

In this context, the care hotel gathers current personal and medical information from the older person, arranges the admission details and takes internal preparatory measures.

Admission

The residents' own furniture is arranged in the room before they arrive. St. Johann's technical service will support relatives and moving companies if required. The care hotel will provide basic furniture if it is not possible for residents to bring their own.

On arrival, it is an established ritual to unroll a long red carpet saying "Welcome". The staff on duty will greet the newcomer with a round of applause and a little welcome party. A small carpet of the same style marks the newcomer's room.

Residence

The admission is followed by an intensive phase of orientation, in which every St. Johann care hotel department offers personal as well as professional support according to the residents' needs. How they and their relatives adapt to the new situation is the subject of both the daily report and the semi-standardised conversation with the care hotel's management. In the first weeks and months, visits from relatives and friends contribute significantly to the residents' well-being.

Everyday life is characterised by encounters in the public restaurant, communal meals, social activity programmes, events and excursions, as well as individual visits from volunteers. Regular meetings, in which staff from the different departments participate as well, support the residents' involvement.

The residents have the possibility to either combine different dishes from the menu or choose a fixed meal. In addition, they can also eat à la carte. On their birthday, residents can choose a lunch menu, which will also be offered to internal and external guests.

Staff from different departments ensure the continuity of relationships, whereby carers play a central role. Both basic and treatment care are provided in close coordination with representatives from the medical care, physiotherapy and pharmacy sectors. Close cooperation is crucial for the quality of care and treatment, especially at the time of moving in, but also later on.

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8 The project's significance

Perspective of the St. Johann care hotel

Inclusion of the groups concerned: The three groups that work together every day in the St. Johann care hotel, namely residents, relatives and employees, were included in the study design. Interaction effects could thus be taken into account.

Methodical design: From the St. Johann care hotel's perspective, the study design was skilfully chosen (methods of collecting and evaluating data, comparative studies, etc.). This clearly increases the significance in comparison with purely quantitative procedures. Certain results can question or complement existing, mostly theoretical assumptions.

Value and goal-orientation: The collaboration between the ZHAW and St. Johann care hotel was valued and goal-oriented. Among the people involved, this led to a good basis to accomplish additional motivation.

Different adaptation methods: The admission into a nursing home will continue to be a crucial life transition for older people in the future. Through this study, the management of St. Johann care hotel became aware that the adaptation processes can be of

varying duration and can be organized differently by the residents, the relatives and the employees. In order to understand the behaviour and the well-being of the people involved, these processes need to be taken into account together as interacting influence factors.

Perspective of the ZHAW

Making quality understandable: The quality indicators that were developed for the NCI enable care quality to be measurable and transparent. Furthermore, the comparison with other institutions is made possible. In addition, actions and processes can be examined and developed further on a professional basis.

Developing intervention: The mutual and interdisciplinary collaboration with older people, relatives, employees of the St. Johann care hotel and the researchers creates a valuable basis for the intervention development.

Benefits in education: Everyday caring and nursing issues in long-term care institutions can be reflected on an empirical basis in training and further education with the newly developed application-oriented tools. Moreover, professionals can be filled with enthusiasm for long-term care.

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9 Summary

Within the framework of this investigation, a phase model for the successful management of admission was developed: It comprises the three steps of grasping the situation, communication and integration. The St. Johann care hotel offers a range of support measures, particularly at the stage when residents are grasping the situation. With the care index, a practical instrument is available as a quality indicator. Three triggers for the admission into the care hotel can be identified: admission directly from hospital; personal

understanding that living at home is no longer possible, and an early, preventative decision on admission into a care home without existing severe health problems.

After completion of this project, realistic and practically oriented information is available to the nursing homes in German-speaking Switzerland so that they can compare their activities with those of the St. Johann care hotel.

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10 Outlook

The admission process of the St. Johann care hotel is well-established. The study results must now be used to discuss how they differ from the needs of the residents and their relatives. Is the right step taken at the right time, by the right people and in the right way? And does this ensure the individual life quality of the residents?

An important finding of the study is that the objective description and the subjective impression of care quality are both the result of trans-sectoral cooperation. How this care quality is being achieved has little relevance for the residents and their relatives. But it is crucial that the service providers consider themselves to be a quality-relevant part of the procedure. Based on this principle, the St. Johann care hotel wants to develop further and it wants to focus on the individual needs of the residents and their relatives more consistently. However, it is not possible for the St. Johann care hotel to adapt their services only to their residents' needs. Such an organisation also has to operate cost-effectively. In this area of tension, it will be a challenge to the management to choose an effective and economic strategy, which takes into consideration both standardised and individual service provision.

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Appendix

Nursing Home Care Index (=NCI)

The quality of care can be evaluated using the “Nursing Home Care Index”, NCI¹ instrument (Koppitz et al. 2013).

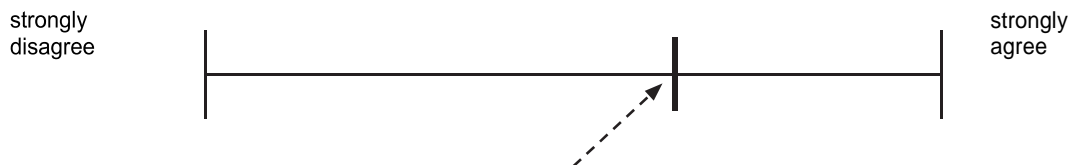
The 16 questions of the NCI

1. Many of our residents have made friends at our nursing home.
2. Each resident has a group to which he/she feels he/she belongs.
3. Each resident has a person with whom he/she can discuss intimate matters.
4. If a resident feels discontented, we know the reason.
5. Each resident has as many contact opportunities as he/she wishes.
6. Our residents feel at home with us.
7. Our residents are able to retain their individualities and little quirks.
8. Our daily routine gives our residents a sense of security.
9. Our residents have a say in our daily routine.
10. Our residents are given support so that they can solve their problems independently.
11. Our residents can make their own decisions.
12. Our residents can do the things they like doing.
13. Our residents can pursue their own goals.
14. Our residents can share their joys and sorrows with us.
15. Our residents know who they can turn to when they are feeling depressed.
16. I am able to respond to unexpected wishes expressed by our residents at all times.

The answer options are identical. You are free to choose where to put your answer between “strongly disagree” and “strongly agree”. The question could be for example: “Our residents have someone who takes time for them”.

The answer could be the following:

If you are sure that the resident at your station has such a person (within or outside the nursing home), mark the position on the line at “strongly agree”.



Indicate the position on the line which, in your opinion, corresponds best to the situation in your work area.

¹ The ZHAW Institute of Nursing holds the rights to this.

Adaptation measurement with the GPAS-D

The degree of adaptation can be measured using the Geriatric Psychosocial Adaptation Scale, GPAS-D² (J. Altherr, 2013). The questions are translated into English below:

The 18 questions of the GPAS

1. I feel that I have grown old, but I don't mind.
2. In my life, I have achieved nearly everything I wanted to achieve.
3. At the moment, I am feeling more optimistic than usual.
4. I think that I am just as valuable as other people.
5. When I do something, I do it just as well as other people.
6. Generally, I am happy with myself.
7. I notice that my life in old age is better than I used to imagine it would be.
8. When I am with other people, I feel accepted by most of them.
9. There are enough people who care about my feelings.
10. When I am with other people, I usually feel alone and lonely.
11. I have enough friends.
12. When I need help and support from my friends, they are there for me.
13. If somebody needs my help, I would be willing to offer it as best I can.
14. I am able to achieve most of my objectives in life.
15. If I experience difficulties, I have enough confidence to overcome them.
16. I am one of those people who live a relatively good life.
17. My life experience is helpful in my current life situation.
18. It is less important whether something turns out to be good or bad, the main thing is to be involved.

The 5-option scale measures the degree of agreement with 18 statements and is subdivided as follows: "I strongly agree" (5 points), "I agree" (4 points), "I neither agree nor disagree" (3 points), "I disagree" (2 points), "I strongly disagree" (1 point).

²Jeanine Altherr (jeanine.altherr@gmail.com) owns the rights to this survey (in German).

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