



FLORIDA ASSOCIATION OF HOMES FOR THE AGING
The FAHA Innovation Exchange

Submission Form

Name/Title of Submitter:	Alan D. Sadowsky, Ph.D. Vice President of Research & Training
Facility/Organization Name:	Joseph L. Morse Geriatric Center
Address:	4847 Fred Gladstone Drive West Palm Beach, FL 33417
Phone:	561-687-5745
FAX:	561-683-4556
E-Mail:	Asadowsky@morsegeriatric.org
Date of Submission:	June 11, 2002
Title of Innovation:	Surveying family members at time of admission regarding expectations.
Topic for Submission: (Please choose a topic from the list included in the attached submission guidelines which best describes the innovation you are submitting.)	Topic: Caregiver Expectations in Long Term Care
Audience: (Choose one or more, as appropriate.)	<input type="checkbox"/> HUD Housing Communities <input type="checkbox"/> Retirement Communities (CCRC or fee for Service) <input type="checkbox"/> Assisted Living Facilities <input checked="" type="checkbox"/> Nursing Homes

Consent:

The Florida Association of Homes for the Aging reserves the right to select a submission to *The FAHA Innovation Exchange* based on the needs and mission of its members. By submitting a paper describing an innovation, idea or best practice to *The FAHA Innovation Exchange*, you are giving permission to FAHA to post the paper on the members only web site and to duplicate and distribute it to members upon request. You are also giving us the right to duplicate and distribute your submission at educational seminars and workshops sponsored by the association. By your signature below, you are asserting that you are the author of the paper and that there are no copyright restrictions on its use. You are further acknowledging that acceptance of the innovation you are submitting does not imply endorsement by FAHA. *The FAHA Innovation Exchange* is strictly a service that allows members to share ideas and best practices and to learn from each other's experience.

If you agree with these terms, please sign and date this form:

Name: Alan D. Sadowsky, Ph.D.
Title: Vice President, Research and Training

Date: June 11, 2002

Note: This form must be submitted with your innovation to bsniffen@faha.org. If you have any questions, please contact Mary Ellen Early, FAHA's Senior Vice President of Public Policy by phone (386/738-0503) or E-mail (mearly@totcon.com).



INNOVATION: Caregiver Expectations in Long Term Care

Introduction/Problem Assessment:

Describe why and when the innovation (innovative program or project, creative idea, helpful research, or promising practice) came about and why this issue is important to your organization:

Family members often arrive at long term care facilities with expectations that may be unrealistic regarding how their loved ones will fare. This project is a direct outgrowth of a recommendation from one long-term care facility's Quality Assurance/Risk Management committee (QA/RM) mandated by Senate Bill 1202.

Goal of Innovation:

To capture and delineate caregiver expectations regarding resident progress at the time of admission to a long term care facility.

Innovation Development and Implementation:

A. Development:

Identify who was involved in the idea/best practice development (residents, families, staff, consultants):

This project is an outgrowth of the facility's QA/RM committee, comprised of all major department heads, including the medical director, vice president of nursing and the chief operating officer.

Costs associated with idea / best practice development:

B. Implementation:

Date Program Implemented:

Identify who was involved in the implementation (residents, families, staff, consultants):

Data was collected by the admissions staff, reviewed and analyzed by the Center's Geriatric Institute for Research and Training. The QA/RM committee assisted in drafting and revising the questionnaire.

Describe the process and timeframe for implementing the innovation:

Initial project: 2 months (from November – December 2001 / 25 questionnaires). Current project is on going. Fifty questionnaires completed. Plan is to collect data until December 2002.

Costs associated with innovation implementation:

Staff time: Institute Director – 40 hours / Administrative Assistant (data input) – 100 hours / Admissions Staff – 10 hours¹.

¹ Note time invested in this initial project is substantially more than what will be required in replicating projects. The instrument is now complete, so there is no Director time required. Also, data analysis is relatively quick now that the process has been used. Total staff time approximately 40 hours.

Outcomes and Evaluation:

Describe positive results from the innovation:

Incongruity between caregiver expectations and actual case presentations are immediately sent to medical director and vice president of nursing. A meeting with the caregiver family is scheduled to discuss apparent inconsistencies.

Describe the tools/process for evaluating the innovation:

Data compiled on a software program titled: **Statistical Programming for the Social Sciences (SPSS)** Information could be compiled on an excel spreadsheet.

Describe any negative outcomes and how you overcame them:

Preliminary questionnaire yielded some results that were difficult to analyze and presented validity issues. The committee and an outside consultant helped revise and strengthen the instrument.

Identify and describe cost savings resulting from the innovation:

Undetermined at this time. A review is planned to determine if there is a decrease in litigation as a result of discussing family expectations with families that have unrealistic expectations at the time of admission.

Is this innovation currently used in your facility/organization?

If yes, how long?

Morse has used this questionnaire (version #1 or #2) since November 5, 2001.

Sustainability:

Was the innovation time-limited? (Yes/No) NO

If the innovation ongoing, describe how it is maintained?

Now that the process is established, filling out the expectations form is part of the admissions procedure. Data analysis is performed periodically as questionnaires are completed.

Replication:

Detail the process to be used for replication at another site:

- a. Include questionnaire in admissions packet
- b. Assign someone to collect and analyze data
- c.
- d.

Please feel free to expand the space allowed for each component of the submission. We anticipate that most submissions will be 5 or 6 pages.



JOSEPH L. MORSE GERIATRIC CENTER
4847 FRED GLADSTONE DRIVE
WEST PALM BEACH, FL 33417
561-471-5111 X5755
FAX 561-615-0949

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1. What times would be most convenient for you to meet with the Staff?
Anytime Morning Afternoon Phone only Unable

 2. How often has your family member routinely seen a Physician in the last year?
Daily Weekly Monthly Every other month Annually

 3. How often do you expect a Physician to see your family member at the Center?
Daily Weekly Monthly Every other month As needed

 4. Does your family member have a diagnosis of Dementia? Yes No Unsure

 5. If yes, please indicate the level. Mild Moderate Severe

 6. If yes, has a Physician formally educated you on the disease process? Yes No

 7. Please check or list all other diagnosis related to your family member's condition.
Parkinson Stroke Heart condition Arthritis Fracture
Renal disease Respiratory None Other (please list)

Morse has a tradition of providing excellent care for our residents. As part of our continuing efforts to ensure that our care meets the needs of our residents and their family members we are asking you to please take a few minutes to complete this survey.



8. Indicate any changes in your family member's weight during the last 90 days?

Lost weight No change Gained weight

9. How many times has your family member fallen in the last 90 days?

0 1 2 3 +

10. Please check the box that described your feelings about the likelihood that your family member will fall in the first 90 days after he or she is admitted to the Center?

Very likely Somewhat likely Somewhat unlikely Very unlikely

11. How many days a week does he or she take a shower/bath? _____

12. How many days a week do you expect your family member to have a shower/bath at the Center? _____

13. How has your family member's general condition changed in the last 90 days?

Improved greatly Improved slightly No change Declined slightly

Declined greatly

14. What are your expectations for your family member's general condition 90 days after admission to the Center?

Improve greatly Improve slightly No change Decline slightly

Decline greatly

RESIDENT NAME: _____

MEDICAL RECORD NUMBER: _____

AGE: _____

ROOM NUMBER: _____

DATE OF ADMISSION: _____

ADMITTED FROM: _____

DIAGNOSIS: _____

COMPLETED BY: _____

~ For Administration Office Use Only ~

Diagnosis Consistency Analysis: **1-Very consistent**

(Please check all that apply)

2-Somewhat consistent

3-Somewhat inconsistent

4-Very inconsistent

Additional comments: _____
