



## STAFF REPORT INFORMATION ONLY

### Quality of Life in Late-Stage Dementia (QUALID)

<b>Date:</b>	October 2, 2009
<b>To:</b>	Advisory Committee on Long-Term Care Homes and Services
<b>From:</b>	General Manager, Long-Term Care Homes and Services
<b>Wards:</b>	All
<b>Reference Number:</b>	

#### **SUMMARY**

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Staff recognized an opportunity to improve processes in directly determining resident satisfaction amongst residents with moderate to significant dementia, as none of the other satisfaction tools bridged the communication gap for this group of people. As well, past discussions at the Advisory Committee on Long-Term Care Homes and Services guided staff to consider non-traditional means in capturing resident satisfaction with the care and services offered in relation to dementia care.

The Resident-Client Advocate completed research (including medical, behavioural, scientific, and research data-bases) related to valid, reliable tools for measuring satisfaction amongst individuals with dementia. This research resulted in selection of the Quality of Life in Late-Stage Dementia (QUALID) tool as a possible additional tool to measure resident satisfaction.

Wesburn Manor agreed to pilot use of the new tool and the use of QUALID has been in place in the home since March 2009. Feedback has been positive.

This report responds to the request of the Advisory Committee on Long-Term Care Homes and Services (November 8, 2007) to consider expanded methodologies in measuring satisfaction, when the committee received a report titled "Various Approaches for Monitoring and Improving Resident Satisfaction" and provides a high level overview of the QUALID tool, the experiences at Wesburn Manor and the plan to implement the tool in other homes.

#### **Financial Impact**

There are no financial implications arising from this report.

## **ISSUE BACKGROUND**

The QUALID scale is a research-tested, validated and reliable eleven (11) item instrument and is based on the window of direct observation for each resident over a 7-day period. Each item on the instrument is rated on a scale of 1 to 5 (with a higher score finding on each item based on frequency of the occurring behaviour). Overall, the total scores would range from 11 (up to a maximum of 55). Lower scores in the findings denote and reflect a higher quality of life rating. (Appendix A)

Research regarding the tool confirmed that administration time for use of the QUALID tool was approximately 5 – 7 minutes per observation, for an experienced team. Research verified that one of the significant advantages in using the QUALID tool is that it can be applied independent of the Mini Mental State Examination (MMSE) which has limitations in application (i.e. a score of less than 10 out of the possible 30 does not offer statistical validity or reliability). As a result, there is no interdependence on the findings between the QUALID and MMSE. Research also identified a moderate statistical significance in relationship between QUALID measurements and findings from the Geriatric Depression Scale (GDS). Again, given the presenting limitations inherent with a diagnosis of progressive dementia, both the validity and reliability of the GDS does have recognized limitations as it relies on the cognitive function and high level reasoning of the respondents in its application.

QUALID has been tested and felt to be a valid and reliable instrument (including when administered in different languages) for rating quality of life in persons with late-stage Alzheimer's disease and other dementing illnesses. Research data suggests that the scale is sensitive to change, and as such can be administered at both pre-determined points in the resident's stay in long-term care, as well as at other times when significant events and/or contributing circumstances have changed.

The scale requires the interviewer to make a judgement about the validity of the interview (based on the overall *quality* of the interview which includes the informant's ability to understand the items being measured) and the *effort* put into answering the questions (i.e. the familiarity with the resident). While these items are not included into the actual scoring, they do offer additional information regarding the validity and usefulness of the ratings found in the individual resident's scoring.

## **COMMENTS**

Based on the research, staff determined that the QUALID scale may have valuable application within the division to qualitatively measure the care and services provided for the residents who require dementia care. In February 2009, the division decided to pilot the QUALID tool in one home and then evaluate applicability, effectiveness and ease of use in a long-term care home prior to making a final decision regarding division-wide implementation. Wesburn Manor agreed to conduct a six (6) month pilot of QUALID. The programs and services staff at Wesburn Manor enthusiastically embraced the opportunity to lead in the pilot project. Three (3) team meetings were held throughout the pilot to assess appropriateness of the tool, processes used to administer the tool and the lessons learned that might guide future division-wide implementation.

The pilot verified that QUALID is a simple, easily administered clinical screening tool that often validates what is already known regarding the individual resident's satisfaction with the care and services offered in dementia care. It is non-intrusive and is not time intensive. While research stated that QUALID can be administered in 5 – 7 minutes, staff involved in the pilot project recounted that the time ranged from 3 – 15 minutes, dependent on familiarity with the tool and on how well the individual was known to staff.

Key lessons learned included:

1. Programs and services staff are the right team members to complete QUALID;
2. QUALID results can be interpreted for assessing satisfaction; and
3. Although results were treated solely as satisfaction data to guide quality improvements throughout the pilot, further consideration is needed as to whether any information from the findings might be helpful in guiding care strategies.

As a result of the research and decision-making processes, supported through the lessons learned, insights and validation that the instrument identified through the pilot, initial planning for a phased-approach to division-wide implementation is underway.

With the implementation of the QUALID instrument within the division, it is anticipated that this will provide more complete and robust qualitative data regarding resident satisfaction and more specifically, proven mechanisms to capture resident satisfaction with the care and services for residents requiring dementia care.

## **CONTACT**

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## **SIGNATURE**

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## **ATTACHMENTS**

- (1) QUALID Instrument Scoring Form