

Observable Indicators of Nursing Home Care Quality Instrument
Nursing Home Quality Improvement Version

Facility _____ Location _____

Date _____

Time of day (check one): morning afternoon

Observed mealtime (check one): yes no

General Directions for Observation and Instrument Use

The Observable Indicators of Nursing Home Care Quality Instrument is designed to measure the multidimensional concept of nursing home care quality. Consider completing the Instrument quarterly within your quality improvement program. There are ranges provided to assist you to compare your quality scores with those of other nursing homes and to monitor improvements in your facility from one quarter to the next.

Answer the questions after 20 to 30 minutes of walking through your nursing home. Plan the observation time during usual visiting hours, such as 10am to 4pm. Begin by walking outside of the facility. Upon entering the facility, make observations of the facility such as noise level, presence of odors, if residents are calling out, if staff are paying attention to residents who are calling out, if staff stop and speak to residents, if residents are smiling at staff, if staff are ambulating residents, how the home's environment appears, and if staff are focused on caring for residents. Be aware and think about what you see, hear, smell, and feel. Watch for staff helping residents with eating or encouraging them to drink. If possible, conduct the walk through near a mealtime.

Complete the instrument after walking through the general living spaces, hallways, and areas generally available to the public. If you have difficulty scoring a particular item, you may need to walk through some areas a second time to answer all items. For best results, total all the scores on each page and transfer them to page 8 immediately after completing the instrument to be sure all items are scored.

The reliability of the instrument is improved if more than one person completes the instrument. Have another staff member, family member, or resident accompany you during the tour and each person should complete a separate instrument. Do not talk with each other about your answers until you have both answered all the questions.

A note about choosing your answers: Scores for each item from 1 to 5, with 1 being the worst and 5 indicating the best care quality. But the answers themselves vary, so be sure to read them carefully. Some items may require asking staff about the care and services - such as items 7 & 8. IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED FOR THE TOTAL SCORE TO BE OF VALUE.

CIRCLE all the answers on each page, add the scores on each page, and write the total for the page in the box at the bottom of each page. After you have answered all 30 questions, follow the directions on Page 8.

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1. Were the conversations between staff and residents friendly?
- | | | | | |
|---------------|------------|-----------|-----------|-----------|
| 1 | 2 | 3 | 4 | 5 |
| Most were not | A few were | Some were | Many were | Most were |
2. When staff talked to residents, did they call them by name?
- | | | | | |
|--------------|-----------|----------|----------|----------|
| 1 | 2 | 3 | 4 | 5 |
| Most did not | A few did | Some did | Many did | Most did |
3. Did residents and staff acknowledge each other and seem comfortable with each other (for example, smile, eye contact, touch, etc.)?
- | | | | | |
|--------------|-----------|----------|----------|----------|
| 1 | 2 | 3 | 4 | 5 |
| Most did not | A few did | Some did | Many did | Most did |
4. Did residents and staff interact with each other in positive ways (for example, conversation, humor, touch, eye contact, etc.)?
- | | | | | |
|--------------|-----------|----------|----------|----------|
| 1 | 2 | 3 | 4 | 5 |
| Most did not | A few did | Some did | Many did | Most did |
5. Did staff appear caring (compassionate, warm, kind)?
- | | | | | |
|--------------|-----------|----------|----------|----------|
| 1 | 2 | 3 | 4 | 5 |
| Most did not | A few did | Some did | Many did | Most did |
6. Did staff treat residents as individuals with dignity and respect?
- | | | | | |
|--------------|-----------|----------|----------|----------|
| 1 | 2 | 3 | 4 | 5 |
| Most did not | A few did | Some did | Many did | Most did |

PAGE 2 TOTAL
 (Add numbers
 circled & write in box)

7. Were registered nurses (RNs) visible? (Look at name badges of staff to identify RNs. May need to ask staff.)

1	2	3	4	5
Rarely seen	Occasionally	Sometimes	Often	Very Often

8. Did registered nurses (RNs) seem to know the residents so that they are able to direct their care? (May need to ask staff)

1	2	3	4	5
Did not seem to	Occasionally	Sometimes	Often	Very Often

9. Did staff help residents with food or fluids?

1	2	3	4	5
Rarely seen	Occasionally	Sometimes	Often	Very often

10. Were residents walking or independently moving about the facility with or without assistive devices such as canes, walkers, wheelchairs?

1	2	3	4	5
Rarely seen	Occasionally	Sometimes	Often	Very Often

11. Were staff helping some residents walk or move about the facility?

1	2	3	4	5
Rarely seen	Occasionally	Sometimes	Often	Very Often

12. Did staff communicate with confused residents in positive ways (for example, talk, touch, sit with, etc.)?

1	2	3	4	5
Rarely seen	Occasionally	Sometimes	Often	Very Often

PAGE 3 TOTAL
 (Add numbers circled & write in box)

13. Were residents dressed and clean?

1	2	3	4	5
Most were not	Some were	Many were	Most were	All were

14. Were residents well groomed (shaved, hair combed, nails clean and trimmed)?

1	2	3	4	5
Most were not	Some were	Many were	Most were	All were

PAGE 4 SUBTOTAL 1

(Add numbers
circled & write in box)

15. Were odors of urine or feces noticeable in the facility?

1	2	3	4	5
Pervasive throughout	In most areas	Occasionally	Hardly at all	Not at all

16. Were other unpleasant odors noticeable in the facility?

1	2	3	4	5
Pervasive throughout	In most areas	Occasionally	Hardly at all	Not at all

PAGE 4 SUBTOTAL 2

(Add numbers
circled & write in box)

17. Were hallways and common areas uncluttered?

1	2	3	4	5
Very Cluttered	Frequently Cluttered	Somewhat cluttered	Neat and uncluttered	Very neat and uncluttered

18. Were resident rooms, hallways, and common areas clean?

1	2	3	4	5
Dirty	Somewhat dirty	More or less clean	Clean	Very clean

19. Were buildings, grounds, and furniture in good condition?

1	2	3	4	5
Very poor condition	Poor condition	Fairly good condition	Good condition	Very good condition

20. Were the hallways well lighted?

1	2	3	4	5
Poorly lighted	Some light but not enough	Moderately lighted	Well lighted	Exceptionally well lighted

21. Were resident rooms well lighted?

1	2	3	4	5
Poorly lighted	Some light but not enough	Moderately lighted	Well lighted	Exceptionally well lighted

PAGE 5 TOTAL

(Add numbers

circled & write in box)

22. Did confused residents have a safe place to wander indoors? (May need to ask staff.)

1	2	3	4	5
No apparent safe place	Very small	Small	Moderate	Large safe place

23. Did confused residents have a safe place to wander outdoors? (May need to ask staff.)

1	2	3	4	5
No apparent safe place	Very small	Small	Moderate	Large safe place

24. Did confused residents have access to outdoor space? (May need to ask staff.)

1	2	3	4	5
No apparent access	Occasional access with assistance	Some access with assistance	Frequent access	Access any time

25. Did other residents have access to outdoor spaces? (May need to ask staff.)

1	2	3	4	5
No apparent access	Occasional access with assistance	Some access with assistance	Frequent access	Access any time

PAGE 6 TOTAL

(Add numbers circled & write in box)

26. Were residents' rooms personalized with furniture, pictures, and other things from their past?

1	2	3	4	5
Most were not	A few were	Some were	Many were	Most were

27. Were there pets (dogs, cats, birds, etc.) and/or live plants in the facility?

1	2	3	4	5
None or rarely seen	Occasionally	Sometimes	Often	Very often

28. Were the pets and/or live plants in good condition?

1	2	3	4	5
None seen or very poor condition	Fair condition	Average	Good	Very good condition

29. Was there a home-like appearance about the facility?

1	2	3	4	5
Not at all home-like	Somewhat	Moderately	Quite home-like	Very home-like

30. Were visitors visible in the facility (family members, volunteers, community members, etc.)?

1	2	3	4	5
Rarely seen	Occasionally	Sometimes	Often	Very often

PAGE 7 TOTAL

(Add numbers circled & write in box)

SEE NEXT PAGE

TRANSFER THE SCORES FROM PAGES 2 THROUGH PAGE 7 TO THE BOXES BELOW AND ADD THE PAGE SCORES FOR A TOTAL SCORE

(If two persons have completed the instrument, add the scores from each page together and divide them by 2. Insert the average number into the boxes below.)

	SCORES	DOMAIN	BELOW Range	AVERAGE Range	ABOVE Range
PAGE 2 TOTAL		Communication	7-22	23-28	29-30
PAGE 3 TOTAL		Care Delivery	6-17	18-25	26-30
PAGE 4 SUBTOTAL 1		Grooming	2-6	7-8	9-10
PAGE 4 SUBTOTAL 2		Odor	2-6	7-8	9-10
PAGE 5 TOTAL		Environment- Basics	10-18	19-21	22-25
PAGE 6 TOTAL		Environment- Access	4-12	13-16	17-20
PAGE 7 TOTAL		Environment- Homelike	6-14	15-21	22-25
TOTAL SCORE (Add page scores)			56-103	104-127	128-148
Process		Questions 1-14, 22-30	37-76	77-97	98-114
Structure		Questions 15-21	14-26	27-30	31-35

INTERPRETATION:

A SCORE EQUAL TO OR ABOVE 128 SUGGESTS A QUALITY NURSING HOME.

A SCORE EQUAL TO OR BELOW 103 SUGGESTS A NURSING HOME WITH QUALITY ISSUES.

SCORES BETWEEN THESE NUMBERS ARE TYPICAL OF MOST NURSING HOMES.

Note: This Questionnaire is officially titled, "OBSERVABLE INDICATORS OF NURSING HOME CARE QUALITY" VERSION 10 (Revised - February, 2005) MU MDS and Quality Research Team © 1998, 1999, 2000, 2002, 2003, 2004, 2005