Nursing Home Residents Depression and Anxiety; Quality Indicators and Quality Improvement
Soltun Nursing Home best services & practices

Financial planning according to needs & resources

Nursing & other supplies

Financial management according to plan

Independence of the resident highly respected

Accommodation attractive, “home” atmosphere & modern equipment

Staff contracted according to the ideology

Balanced recruitment

Less absence from work

Staff cooperation & flexibility

Balanced score card

Resident's satisfaction

Well-being

Maintaining Self respect and self care ability

Social active

Security provided

Staff satisfaction

Staff contracted according to the ideology

Privacy respected

Caring, qualified & experienced staff

Job descriptions

Continuous Education & learning

Quality improve team work

Caring, qualified & experienced staff

Training program for new staff

Performance appraisal

Rewards

Job descriptions

Continuous Education & learning

Balanced score card

Well-being

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Balanced score card
The residents are in 90% of the cases discharged directly from the University Hospital to the Soltun Nursing Home.

Average length of stay: 2.86 yrs
Resources Utilization Groups (case-mix)

Soltun is estimated to score between 1.05-1.20 Rug-34 group.
### Basic information

<table>
<thead>
<tr>
<th>Time frame:</th>
<th>01.01.2015 - 31.12.2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>RUG-III:</td>
<td>RUGIII_34M</td>
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#### Sóltún

<table>
<thead>
<tr>
<th>Skilled nursing home:</th>
<th>CMI</th>
<th>N=</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.2213</td>
<td>122</td>
</tr>
</tbody>
</table>

#### Nursing home:

<table>
<thead>
<tr>
<th></th>
<th>CMI</th>
<th>N=</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. floor</td>
<td>1.27</td>
<td>39</td>
</tr>
<tr>
<td>2. floor</td>
<td>1.18</td>
<td>44</td>
</tr>
<tr>
<td>3. floor</td>
<td>1.22</td>
<td>39</td>
</tr>
<tr>
<td>Total:</td>
<td>1.2213</td>
<td>122</td>
</tr>
</tbody>
</table>

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January 20, 2016.
Activities of Daily Living (ADL) Self-Performance

7 ADL; personal hygiene 0-4, locomotion 0-4, eating 0-4, toilet use 0-4, dressing 0-4, transfer 0-4 and bed mobility 0-4

28= totally dependent in all 7 ADLs

0= independent in all 7 ADLs
Medical Diagnosis

2014
• Dementia (other than Alzheimer’s) 44%
• Hypertension 40%
• Arthritis 38%
• Alzheimer 32%
• Stroke 30%
• Cardiac dysrhythmias 30%
• Anxiety disorder 28%
• Osteoporosis 23%
• Congestive heart failure 22%
• Depression 22%
• Chronic lung disease 11%

All residents have multiple diagnoses

2015
• Dementia (other than Alzheimer’s) 43%
• Hypertension 39%
• Alzheimer 36%
• Arthritis 35%
• Stroke 25%
• Cardiac dysrhythmias 25%
• Congestive heart failure 24%
• Anxiety disorder 23%
• Depression 20%
• Osteoporosis 16%
• Chronic lung disease 11%

All residents have multiple diagnoses

The residents are highly dependent on 24 hours skilled nursing care. They have multiple diseases and polypharmacia
Services provided
2015

- All get nursing care 24 hours average time is 5,48 direct nursing hrs
- 70% are active in social programs
- 61% get physiotherapy
- 58% get 9 medications or more
- 58% need help with feeding themselves
- 57% get occupational therapy
- 39% are observed for acute symptoms
- 35% live in dementia special care unit
- 32% need the assistance of two persons to move in bed
- 29 % in hospice care
- 15 % get oxygen treatment
- 7% get i.v.medication
- 1 resident has dialysis treatment
- 1 resident has tracheostomy care

The average age is 85 years, males are 34% and females are 66% of the population
Soltun QI-team policy on prevalence of depression =
lower threshold 12.5% & upper threshold 30%.
The aim is to work towards the lower threshold
Standard of care

The goal is:

**To minimize depression and anxiety among Soltun nursing homes residents as possible**

Upper criteria is 30%, and lower criteria is 12.5%. The aim is to score as close to the lower criteria.

Caregivers will aim at the target by working proactive

- Use all opportunities available
- Being together
- Outdoor activities in open air, close to nature and garden
- Training and exercises
- Spiritual care
- Club activities; singing, dance, music, theather etc
- Continuing education
- Behavior program
- Family program
- Medication
- Entertainment

**Upper threshold (poor)** is the score derived from MDS that is flagging potential problem areas in nursing homes care that needs further attention.

**Lower threshold (good)** is the core derived from the MDS that indicates excellent performance in nursing home care.

The quality improvement work follows the methodology of Dr. Alison Kitson RN and Dr. Avedis Donabedian. (bottom up)
Outdoor activities increases wellbeing


### Staff in Soltun for 92 residents

#### 7000 m² Soltun building

<table>
<thead>
<tr>
<th>Position</th>
<th>Full time position</th>
<th>Nursing hours/residents (other nursing homes in Reykjavik)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses RN</td>
<td>15,8</td>
<td>1,07 (1,02)</td>
</tr>
<tr>
<td>LPN nurses</td>
<td>30</td>
<td>2,00 (0,95)</td>
</tr>
<tr>
<td>Aids (*health care students) + helpers at meal time</td>
<td>28 +7*</td>
<td>2,41 (3,63)</td>
</tr>
<tr>
<td><strong>Carers total</strong></td>
<td><strong>80,8</strong></td>
<td></td>
</tr>
<tr>
<td>Specialists</td>
<td>5,5</td>
<td>physiotherapy, occupational therapy, diacon, social educator, practical nurse</td>
</tr>
<tr>
<td>Director &amp; office staff</td>
<td>3,0</td>
<td>management, salary, book-keeping, secretary, phone</td>
</tr>
<tr>
<td>Other staff</td>
<td>7,0 17,3**</td>
<td>dietician and kitchen, laundry, household &amp; maintainance, housekeeping</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>113,8</strong></td>
<td><strong>2002 this part was outsourced, but since May 2003 arranged by Soltun</strong></td>
</tr>
</tbody>
</table>

**+ 0,60 geriatrician (and 24 / 7 on call)**
Based on 3.351
RAI-assessment from
Soltun nursing home

Time frame: 01.01.2005 - 31.12.2015

Prevalence of depression

Soltun = All units

Poor threshold

Good threshold
The scale is as valid and reliable as the Hamilton Depression rating scale and the Cornell Scale for Depression.
Based on 3,351 RAI-assessment from Soltun nursing home

Time frame: 01.01.2005 - 31.12.2015

Prevalence of behavioral problems towards others

Soltun = All units

Poor threshold

Good threshold

Years

0%
20%
40%
60%
80%
100%

Soltún NURSING HOME
Time frame: 01.01.2005 - 31.12.2015
Based on 3,345
RAI-assessment from
Soltun nursing home

Prevalence of little or no activity

Soltun = All units

Poor threshold

Good threshold

Years
Nurses with geriatric expertise

Evidence-based nursing practices results in outcomes that are consistent with greater quality of care and life:

- early detection of potential or actual illnesses,
- reduced poly-pharmacy,
- fewer hospitalizations and emergency room visits

- skin integrity
- nutrition
- continence
- mobility
- sleep
- self-care in activities of daily living
- physical, psychological, and spiritual comfort
- enhanced safety
- family involvement
- social engagement
- positive mood
- control of decisions about care and life

Staff turnover rate

Benchmarking
- Magnet hospitals
- Sóltún
Results

• Soltun is one of the most popular choices of nursing home among the elderly, who need nursing home placement in the capital area of Reykjavik.

• Environment that focuses on quality improvement work attracts excellent personnel, resulting in low turn over rate, that certainly improves the quality of life of the residents and is cost effective.
SÓLTÚNSGENGJÓD
gönguhópur íbúa og aðstandenda beirra

LÉTTUR GÖNGUTÚR
sunnudaginn 13. október

GENGIÐ VERÐUR
um nágranni Sóltúnns

MÆTING
í anddyrinu kl. 14.00

Næsæti upplýsingar veitir Olaf Árnadóttir,
dóttir Olafur Guðjúars. Geirslóður á 39a hæðinni.
Télma 587-9999

Sóltún
NURSING HOME
The women's run in Soltun

https://www.youtube.com/watch?v=IaaZGSXonkI