



*Draft*

## **SEE recommended standards for nursing care institutions and homes for the elderly**

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1. Prospective residents get the necessary information to make an informed choice of their residential home!
  
2. Everybody has a written contract as a resident of the home. This shall include information on personal rights, the usual practice within the institution as well as information on the right for participation and the possibilities for complaint.
  
3. The needs of a prospective resident must be assessed in advance!
  - Assessment of needs includes (Normality principle):
    - What aid and assistance they actually expect
    - How he/she handled the own limitations until now
    - Physical well-being
    - Dietary preferences
    - Nutritional Screening
    - Sight, hearing and communication
    - Oral/dental health

- Swallowing problems – dysphagia screening
- Mobility
- Sleep
- History of falls
- Pain assessment
- Continence
- Medication (present and past)
- Mental health/cognition
- Gain more inside of the biography of each patient (Investigation of important events, special skills and talents, rituals, aversions, losses, fears, traumas)
- Need for closeness and distance, sense of shame, social, practical and musical preferences
- Language
- Family involvement and other social contacts
- Sexual needs
- Advance directives – “living will” (patient’s provision)
- End of Life preferences

**4. Right to receive services in the facility with reasonable accommodation of individual needs and preferences, which include:**

- Privacy and dignity
- Comfort and physical, psychological/emotional well-being
- Individual plan of care and social needs, respecting individual wishes
- Appropriate pain relief
- Involving family and friends, especially in case of terminal illness
- Spending time in their own rooms, surrounded by their belongings, especially in their final days
  - Palliative care, control of pain and distress, respect for dying in dignity
  - Opportunity for meditation and reflection and contact with spiritual counsels
  - Possibility for a nonverbal communication (pictograms, emotion cards,..)
- Supporting the residents’ own capacity for self-care
- Maintaining the personal and oral hygiene
- Preventing of pressure sores and appropriate intervention after developing pressure sores
- Psychological health is monitored regularly

- Appropriate physical activity
- Nutritional screening, weight gain/loss
- GP of their choice – preferably with competence / qualification in geriatric medicine
- Enabling access to specialist medical care
- Residents are responsible for their own medication, if they wish and are capable of handling it
- Controlled drugs are administered by trained staff
- Incontinence is often reversible. Many times it is due to side effects of medications or treatable health conditions. Catheters cannot be used without valid medical justification.
- Feeding tubes – if medically indicated - should only be used in exceptional individual situations. This is true particularly in cases of advanced dementia. They can lead to a loss of functioning and can cause serious medical and psychological problems. All possible oral nutrition alternatives should be explored first.
- Toilet training

## 5. Consent

Residents and their legal representatives must have the right to consent to or to refuse any treatment, including use of medications. But consent should be examined in relation with the admission whether it was the free will of the client.

6. Inappropriate – prescribing of medications leading to polypharmacy and a high risk for adverse drug events is a common problem in nursing homes, it is defined as any drug given:

- in an excessive dose;
- for an excessive period of time;
- without adequate monitoring;
- without adequate indication for the particular age group and in the individual case;
- in the presence of adverse consequences which indicate the dose should be reduced or discontinued.

7. Sedatives, tranquilizers and similar drugs can only be used if the medical indication and target symptoms are clearly documented.

7a) Drug use to treat behavioral symptoms is highly restricted. Except in an emergency, it is generally illegal to chemically restrain a resident, which means to control a resident's behavior through drug use when other forms of care and treatment would be more appropriate.

7b) Nursing homes cannot sedate residents to cover-up behavioral symptoms caused by:

- (1) environmental conditions such as excessive heat, noise, and overcrowding;
- (2) psychosocial problems such as abuse, taunting, or ignoring a resident's customary routine; or
- (3) treatable medical conditions such as heart disease or diabetes and pain

**8. Who can administer?** Generally, medications must be administered by licensed nurses or medical personnel upon precise medical orders / prescription. Unlicensed staff may administer certain laxatives, non-prescription lotions, medicinal shampoos and baths.

- The person who administers the drug or treatment must record the date, time, and dosage in the resident's individual medication record.
- Medication errors: Nursing homes must keep medication error rates under 5 %

**9. Special and regular attention to:** swallowing problems, vision, dental (annual exam) and hearing care.

**10. Daily life and social activities**

- Right of self-determination
- Different expectations and lifestyle preferences
- Well organised social life vs. privacy and independence
- Monitoring food intake
- Quality of food
- Social aspects of food
- Cooking activities if wished
- Cultural food preferences
- Varied nutritious diet
- 3x meals, at least one cooked
- Hot/cold drinks, snacks at all time
- Maintaining contact with family/friends and the local community
- Personal autonomy and choice
- Handling of own financial affairs as they wish

### Nutrition

- Nursing homes must provide each resident a nourishing, palatable, well-balanced diet that meets daily nutritional and special dietary needs.

- Essential is also the indication of the amount of food energy.
- Serve at least three meals daily, at regular times, with not more than a 14-hour span between the evening meal and breakfast;
- Offer snacks at bedtime
- Residents and their relatives are confident that their complaints will be listened to and acted upon.

**11. Residents legal rights must be protected and be visible hanged on the wall.**

- Availability of the representative of the patient on a regular basis

**12. Residents are protected from abuse.**

- Documentation of abuses

**13. Housing**

- Single room > 10-12m<sup>2</sup> floor space
- Shared rooms = 2 individuals of their choice > 16 m<sup>2</sup>
- The home is clean and pleasant
- Personal arrangements and furniture as well as flowers and eventually pets are allowed
- Systems are in place to control the spread of infections, in accordance with relevant regulations and legislation
  - Require staff members to wash and/or disinfect their hands after each direct contact with a resident
- Washing machines meet disinfection standards

**14. Care of patients with dementia**

- Maintenance of independence and existing abilities
- But special groups if needed
- Reduction of accidents/hazards
- Promotion of well-being
- Improving behavioral problems
- Safeguards for eventual need of isolation and confinement
- Cognitive assessment (with standardized, validated dementia assessment tools, f.e. MMSE): first assessment in the first 24h after admission!

- Depression assessment (geriatric depression scale)
- Monitoring for delirium
- Appropriate, dementia sensitive pain assessment
- Methodological concepts of care: biography, Kitwood care, Böhm modell, basal stimulation, Validation etc.

#### 15. Preventive measures and pain – to be documented

- Skin integrity
- Fall prophylaxis
- (In-)continence management
- Nutritional/liquid management
- Mobility management
- Dysphagia management
- Delirium management
- Restrictive measures
- Softer measures and a more lenient approach
- Evaluation in intervals

#### 16. Staffing

- Staff numbers and skill mix of qualified/unqualified staff are appropriate to the needs of residents, purpose/size of the home as recommended by the local Department of Health
- At least 50% trained, qualified staff, including social pedagogues and psychologist
- The Gender balance of the staff must be taken into consideration
- A minimum of 3.2 hours of nursing care per resident per day.
- (Background check for staff and volunteers ?)
- Minimum of 3 paid days of training, continuous professional education (CPE)/y
- Staff is appropriately supervised
- Residents' financial interest is safeguarded (open for inspection, reviewed annually)?
- Physician in charge
- Staff member qualified for hygiene issues, coping with pain/trauma, delirmanagement
- Staff member for safety issues (emergency situations, fire protection, medical devices..)
- Supervision for the staff
- Survey of satisfaction of staff, residents and their relatives

## 17. Documentation

- Name of institution
- Personal data of the resident
- Name of next relative (confident person, procurator)
- Date of admission
- Name of Nurse in charge
- Information about general status, daily activities, nutrition, mobility
- Biographical data
- Social aspects
- spirituality
- Medical history, diagnosis and therapy
- Goals at admission
- Nursing measures to achieve the goals
- Any restrictive measures
- Classification due to care law
- Any restrictive measure
- Confidentiality
- Storing of data for 10 years