Validating the *Resident VIEW*
Resident Perspectives about Person-Directed Care in Nursing Homes

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Introduction

Person-directed care (PDC) presumes individuals are the primary decision makers for all aspects of their lives, regardless of their living situations and abilities. Knowing what is important to a resident is essential for providing PDC support.

The *Resident VIEW* (Voicing Importance, Experience, and Well-being) is a measure to learn directly from residents what is important to them and what they actually experience.

Estimation steps

Procedure: Estimate 1-factor CFA model iteratively and eliminate item with the lowest factor loading until all factor loadings are higher than .40.

Motivation: To ensure that all items load onto one broad PDC construct

Result: 18 items removed

Procedure: Check if item is linearly correlated with at least two of the following: Quality of Life-AD, PHQ-9, and measures of satisfaction

Motivation: To ensure all items have meaningful predictive validity

Result: 3 items removed

Procedure: Estimate EFA model with the remaining items

Motivation: To check if there are underlying subdomains

Result: Two factors are retained based on eigenvalues. Nine items that loaded onto neither factor or multiple factors removed.

Procedure: Estimate 2-factor CFA model iteratively and eliminate items with highest item-rest correlations (> .70)

Motivation: To find the most parsimonious model with good fit to the data

Result: The resulting model and fit statistics are presented below.

Background

Phase 1: Cognitive interviewing
Cognitive interviews were conducted with 48 residents of nursing homes, assisted living, and adult foster homes, resulting in language revisions, eliminating, refining, and adding items.

Phase 2: Feasibility test
A feasibility test was conducted of the Resident VIEW and research protocol. Poorly performing items were eliminated; moved to 3-point response categories.

Phase 3: Validation
Received funding from Civil Money Penalties to validate the tool in nursing homes. Conducted interviews with 253 residents in 32 randomly selected Oregon nursing homes.

Sample

	ResVIEW Sample	Oregon NH 2016[1]
Female	59%	58%
Non-Hispanic White	93%	87%
75+	47%	57%
Long-stay	69%	-
Private rooms	42%	-
Medicaid[2]	61%	59%

[1]CA Mendez-Luck, J Luck, AE Larson, GB Dyer. *The State of Nursing Facilities in Oregon*, 2016. Corvallis, OR: OSU College of Public Health and Human Sciences, 2017.
[2]Medicaid percentage from the Oregon NH 2016 report is based on resident days, rather than number of residents. Residents who use Medicaid as primary payer stay at these facilities longer compared to private pay and/or Medicare.

Measures

- Resident VIEW (How important is . . . ? Do you receive . . . ?)
- PHQ-9
- Quality of Life-Alzheimer's Disease
- Katz functional assessment
- Montreal Cognitive Assessment
- General satisfaction questions
- Staff assessment of person-directed care
- Staff satisfaction
- Organizational belonging
- Resident data including age, length of stay, payment source
- Interviews with administrators and directors of nursing
- Interviewer perceptions of nursing home

Results

	Factor 1	Factor 2	Very Important	Received Yes	QoL-AD	PHQ-9
Resident in Community (alpha=.85)					R2=.19	n/s
Does it feel like home to you here?	0.62		47%	26%	+++	n/s
Do you do things just for fun?	0.62		51%	56%	+++	n/s
How you like to have things done	0.66		68%	60%	+++	n/s
The kinds of things you are interested in	0.81		39%	46%	+++	n/s
How you like to spend your time	0.86		45%	53%	+++	n/s
Who is important to you	0.70		64%	67%	+++	n/s
Do you have a say in how this place works?	0.48		39%	17%	+++	n/s
Do you feel free to express your opinions about things you do not like here?	0.73		74%	74%	+++	n/s
Talk to you about things you are interested in?	0.83		39%	44%	+++	n/s
Spend time with you just talking or being with you?	0.68		38%	30%	+++	n/s
Have things in common with you?	0.64		21%	21%	+++	n/s
Support with Dignity (alpha=.92)					R2=.20	R2=.06
Is it peaceful here?		0.62	77%	66%	+++	n/s
Take into account your health needs		0.79	92%	81%	+++	--
Respond quickly to your requests		0.78	78%	53%	+++	--
Tell you how long you have to wait if they can't help you right away		0.56	65%	47%	+++	n/s
Take the time with you that you need		0.81	80%	68%	+++	---
Make you feel comfortable asking for help		0.82	81%	78%	+++	-
Make sure that you can hear what they say		0.61	86%	81%	+++	---
Are the people who work here gentle when they are helping you or doing things for you?		0.76	87%	76%	+++	n/s
Do you have privacy when you want it?		0.61	80%	72%	+++	--
Pay attention to your opinions?		0.81	70%	58%	+++	n/s
Show that they are interested in you as a person?		0.79	69%	62%	+++	-
Listen to you without interrupting?		0.71	68%	69%	+++	--
Understand what it is like for you to live here?		0.78	69%	46%	+++	-
Treat you with respect?		0.90	93%	82%	+++	---
Treat you with kindness?		0.90	90%	84%	++	n/s
Do the people who work here have time to help you when you need it?		0.72	82%	59%	+++	--
Do the people who work here have a good attitude?		0.77	91%	74%	+++	---
Do you feel this place is run well?		0.71	92%	65%	+++	--

CFA fit statistics: RMSEA=.049 [.042, .056], CFI=.959, TLI=.956, WRMR=1.079, inter-factor correlation=.65

Next steps

- Continue to analyze nursing home data and refine the Resident VIEW tool
- Replicate the validation study in assisted living communities and adult foster homes (in process)
- Assess the congruence or incongruence of importance and experience and satisfaction, quality of life, staff attitudes, and various organizational characteristics
- Develop a short tool for use in quality improvement assessments
- Select items for the final Resident VIEW measure – identify items that work across long-term care settings and those that are unique to each setting

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