

Why we are doing this study



- **Maximizing Quality of Life (QoL) is the one thing we can do for people with dementia** since we have no cure or disease-modifying treatment.
- QoL is a person's ability to live with as much physical, emotional and social well-being as possible; it is the ultimate goal of care in long-term care homes (LTC).
- Nine out of 10 LTC residents have dementia or significant memory problems – and often they have poor QoL.
- Social factors, such as a person's social support, race/ethnicity or financial situation are as critical for an individual's QoL as their health or functional abilities.
- If we do not measure QoL and its reasons for frail, vulnerable, and often disadvantaged people living in LTC, these issues remain invisible and so we cannot improve them. **If we do not measure it, we cannot change it!**

What we are aiming to do



In this study, we will assess QoL of LTC residents with dementia using the DEMQOL-CH. We will **also** assess important resident and facility characteristics that may influence a resident's QoL – such as a resident's health, social support, or financial situation; and a facility's size, ownership, or quality of care provided.

How we would like to collaborate with you



- We know that these are difficult times for you and that your resources are limited. Therefore, we propose an approach that minimizes the time required from managers and care staff. Our approach will use brief telephone or video interviews with care staff about residents' QoL (~5 min/resident)
- We aim to collect data from all eligible residents at each site by interviewing care aides about the resident's QoL. Residents will be included if they have cognitive impairment (CPS score of 1 or higher; >90% of all residents) and have been living in the LTC home for at least 3 months, to ensure that care staff know residents well enough to assess their QoL and social determinants.

1. We will work with managers to identify (a) residents whose QoL will be assessed and (b) care staff who know the resident well enough to help with QoL assessments.

2. We will work with managers to arrange for phone or video calls with care staff. Using a validated QoL questionnaire, we will ask care staff about each selected resident's QoL. The questionnaire can be completed within **~5 min/resident**. Care staff may be able to assess QoL for more than one resident.

3. We will work with the facility to obtain a de-identified copy of residents' RAI assessments. To ensure resident anonymity, care providers will replace residents' personal information with a randomized ID created for the study (**~5-10 min/resident**). With permission, the study team will access the de-identified RAI assessment for each resident via the respective RAI data vendor.

4. We will generate feedback reports and presentations for care units and facilities on their residents' QoL and we will present our findings to health authorities. We will **refund time** of care staff involved in interviews to facilities.



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