

Connecticut Nursing Home Behavioral Health Care Unit Study

The following survey seeks to identify specific characteristics of behavioral health care/psychiatric units located in Connecticut nursing facilities. While we do not know of a specific definition of a behavioral health care/psychiatric unit, from our experience, such a unit is separated from the rest of the facility and generally cares for individuals with psychiatric diagnoses who may or may not display problem or challenging behaviors. We do know that such a unit IS NOT a dementia or Alzheimer's unit.

- (1) In your facility, do you have a behavioral health care/psychiatric unit that is physically separated from the rest of your facility?

yes no

IF YOU DO NOT HAVE A BEHAVIORAL HEALTH CARE/PSYCHIATRIC UNIT, YOU HAVE FINISHED THIS QUESTIONNAIRE. THANK YOU IN ADVANCE FOR RETURNING IT IN THE STAMPED ENVELOPE PROVIDED.

- (2) Is your behavioral health care/psychiatric unit locked or unlocked? If locked, do you open it with a keypad, a swipe card, or a traditionally keyed lock?

unlocked locked with a key pad
locked with a swipe card locked with a traditional
Key lock
other: please specify_____

- (3) How many beds are in your facility and how many beds are in your behavioral health care/psychiatric unit?

beds in facility #beds in behavioral health care unit

- (4) How many residents occupy your rooms on the behavioral health care/psychiatric unit? Please check all that apply.

single occupancy triple occupancy
double occupancy four or more residents in a room

- (5) What are the criteria for admission to the behavioral health care/psychiatric unit? Please check all that apply.

psychiatric diagnosis or psychiatric symptoms
substance abuse problems

___dementia diagnosis

___current or history of legal problems

___history of acute inpatient psychiatric admission

___resident MUST display behaviors that are considered a problem or challenging

___other: please specify_____

(6) Approximately what percentage of the residents in your behavioral health care/psychiatric unit:

	None	<10%	25%	50%	75%	100%
Have diagnoses of mental illnesses						
Have diagnoses of dementia						
Have substance abuse problems						
Have problem/challenging behaviors						
Would be described as behaviorally "heavy care"						
Have co-morbid medical conditions						

(7) Do residents in your behavioral health care/psychiatric unit have opportunities to earn privilege levels that lead to more independence?

___yes ___no

(8) Which of the following do you utilize in making an admissions decision for placement in the behavioral health care/psychiatric unit? Please check all that apply.

___previous medical records

___your own assessment tool

___assessment by an M.D.

___PASRR evaluation

___assessment by a psychiatrist

___other: please specify_____

(9) What staff is involved in the admissions assessment? Check all that apply.

___Registered nurses

___Recreation therapist

___Licensed practical nurses

___Medical Director

___Social workers

___other: please specify_____

(10) From where do the majority of residents in your behavioral health care/psychiatric unit come?

___New admissions from the community

___New admissions from PRIVATE hospitals/health care centers

___New admissions from STATE psychiatric hospitals/health care centers

___Returning admissions from hospitals/health care centers

___From within your own facility

(11) On average, approximately how long do residents remain in your behavioral health care/psychiatric unit?

___months

(12) What is the usual discharge plan for residents of your behavioral health care/psychiatric unit?

___integration into main facility ___living in the community with supports

___transfer to a hospital ___other: please specify_____

___no discharge plan

(13) What are the qualifications of your behavioral health care/psychiatric unit administrator?

___RN ___Social worker: please specify ___MSW ___LCSW ___BSW

___LPN ___Psychologist: please specify ___MA ___PhD

___Recreation therapist

___other: please specify_____

(14) Does your behavioral health care/psychiatric unit administrator have responsibilities other than those for the behavioral health care/psychiatric unit?

___yes ___no

(15) Are psychiatric services provided by an "in-house" psychiatrist or by an outside psychiatric consultant?

___"in-house" psychiatrist: ___hours per week

___outside psychiatric consultant: ___hours per week

(16) What other psychiatric services are provided?

___APRN: ___hours per week

___LCSW: ___hours per week

___psychologist: ___hours per week

___occupational therapist: ___hours per week

___recreational therapist: ___hours per week

___other: please specify_____

(17) What kind of programming is provided on your behavioral health care/psychiatric unit?

___Ongoing evaluation of the effectiveness of current psychotropic medications on target symptoms

___Education regarding medication compliance and/or side-effects

___Individual psychotherapy with a licensed psychotherapist

___Group therapy with a therapist trained in group work

___Family therapy with a therapist trained in family work

___Supportive counseling from nursing facility staff

___Structured day programming (i.e., a major portion of the day consists of programs/activities/treatment)

___Behaviorally-based treatment plans for problem/challenging behaviors

___Training in: ___ADLs
 ___community living skills
 ___self-health care management

___Rehabilitation services: ___PT ___Speech therapy
 ___OT ___Vocational therapy

___Leisure/recreation services

___Family involvement

___Other: please specify_____

(18) How would you describe the treatment model in your behavioral health care/psychiatric unit?

___person-centered recovery model with goal of transferring resident to less restrictive environment

___long-term nursing home care

___both, depending on residents' needs

(19) Do leisure/recreational activities in your behavioral health care/psychiatric unit tend to be planned for groups of residents or for individual residents?

___groups

___individual

___both

(20) Do residents have access to being outdoors, and if so, how often?

___yes: ___hours per week

___no

(21) Do residents have access to activities outside the facility's grounds (i.e., the community)?

___yes

___no

(22) Does recreation in your behavioral health care/psychiatric unit differ from that in the rest of the facility?

___yes

___no

(23) Are there opportunities for family involvement that are unique to the behavioral health care/psychiatric unit?

___yes

___no

(23) Is programming available over the weekend? If so, to what extent?

___yes: please describe_____

___no

(24) Approximately what percentage of time do residents spend in their own rooms each day?

____%

(25)What are the staffing ratios for your behavioral health care unit?

INSERT TABLE

(26)Do the staffing ratios in your behavioral health care/psychiatric unit differ from the rest of the facility?

yes no

(27)Is the staff in your behavioral health care/psychiatric unit regularly assigned to work on that unit or do they rotate among other units in the facility?

regularly assigned to the behavioral health care unit

rotate among multiple units

(28)How frequently do you use "pool" staff in your behavioral health care/psychiatric program?

several times a week or more

one or two shifts a week

less than weekly

(29)How would you describe the level of staff turnover in the behavioral health care/psychiatric unit?

high medium low

(30)Does staff working in your behavioral health care/psychiatric unit receive specialized training in caring for residents with behavioral health needs including problem/challenging behaviors? If yes, which staff receive training?

all staff is involved Approximately ___ hours per year

CNAs Approximately ___ hours per year

RNs/LPNs Approximately ___ hours per year

Recreation Approximately ___ hours per year

Social work Approximately ___ hours per year

Dietary Approximately ___ hours per year

Housekeeping Approximately ___ hours per year

(31) If staff receives training, please indicate how thoroughly each of the following topic areas is covered by placing a number on the line preceding each topic.

1= lightly covered
2=moderately covered
3=thoroughly covered

- ___ understanding mental illness
- ___ understanding dementia
- ___ understanding side-effects of medications
- ___ communication skills
- ___ conflict resolution
- ___ risk management (identifying & preventing triggers for challenging behaviors)
- ___ managing aggressive behavior
- ___ managing withdrawn behavior
- ___ managing staff burnout

(32) Is there specific funding available in your budget for training in behavioral health care?

___yes ___no

(33) Do you have a behavior health team/committee in your facility? (see note below)

___yes : please specify how often it meets _____

___no

Note: A behavior health team/committee analyses problem or challenging behaviors in the facility to help staff assess reasons for the behavior and develop appropriate responses to the behavior.

(34) What is your position in your nursing facility?

- ___ Administrator
- ___ Behavioral/Psychiatric Unit Administrator
- ___ Director of Nursing
- ___ Other: Please specify _____
- ___ Director of Social Services

DRAFT 7/5/05