

Comparison of two tools developed to assess the needs of older people with complex care needs



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This well-reported study has been carried out methodically and generated some interesting findings about the comparison of two internationally used assessment instruments (MDS-RAI and EASY-Care). However, it raises many interesting issues, some of which are recognised by the researchers and others ignored.

The authors suggest that 'The use of tools should enable older people to discuss their needs with practitioners so that staff caring for them have holistic assessment of the older person's situation'. It is a mute point as to whether such tools really help practitioners to talk with older people about their holistic needs and one might also question whether such data gathering ever really leads to their needs actually being met.

Although it is useful to explore the practicability and validity of these two assessment tools an important question, not addressed by the researchers, is whether either of these tools are compatible with the information technology (IT) systems that might be used to share with others the information that the tools provide. Even if the tools are compatible, a potential problem still lies with whether these IT systems can cross some of the traditional boundaries (public and private, health and social care, hospital and home) that exist for many older people with continuing care needs. Although policy is focusing on meeting the needs of those with complex needs in their own homes for as long as possible, a sizeable proportion are cared for in care homes and many of those with complex needs have acute episodes which require hospitalisation. Thus, any information gathered will ultimately need to be shared across these problematic interfaces; hence, the learning from this study, useful though it is, only addresses one part of a very complex jigsaw puzzle.

Notwithstanding, the finding that both tools were reasonable indicators of activities of daily living (ADL) is encouraging. It is good to know that tools attempting to measure the same thing have consistency. However, this raises other issues of whether consistency around ADLs really matters, when quality of life might be more important to the frail older person than ADLs. To what extent can quality of life really be measured by such tools or should our focus be more on the relationships we have with older people to meet their individual needs? The findings usefully identified the

significance of the invisible skills of nursing and the important interplay of nursing skills and clinical judgement when administering complex paper-based tools with vulnerable older people.

An issue of particular concern is the fact that neither of these tools was able to adequately measure cognitive performance and depression. Given that 700,000 people in the United Kingdom have dementia and over a third of people with dementia (244,000) live in care homes, with two-thirds of care home residents in the United Kingdom suffer from this condition (Alzheimer's Society, 2007); this is very worrying. Prevalence of depression for older people in England and Wales is also high with those living in institutions suffering more (27.1%) compared with those at home (9.3%). Given the high incidence of both dementia and depression, this is indeed a serious limitation.

The aim of the study was to test MDS-RAI and EASY-Care for use by nurses in three settings to establish whether they could be recommended as standardised instruments under Single Assessment Process (SAP) – without addressing some of the wider issues identified above, such a recommendation would be unwise. The authors are to be commended for concluding that the tools used needed further development for use under SAP and that neither tool could be recommended as a substitute for the other to undertake comprehensive assessments of older people. Their recommendation that MDS-RAI should consider strengthening the tool to facilitate person-centred assessment and that developers of both tools should consider further testing of the validity of measurement of depression and cognitive performance is most welcome; as is the acknowledgement that the structure and format of both tools requires further refinement so that emphasis remains on the older person and not the administration of the tool itself. However, in taking this work forward, some of the other issues identified above should also be considered.

Reference

Alzheimer's Society (2007) Home from home. Quality of care for people with dementia living in care homes. London: Alzheimer's Society.

Julienne Meyer is a registered nurse and qualified teacher, who is leading the Older Adult Research and Development Team at City University, London, UK. Over the last eight years, she has developed a substantial portfolio of research focusing on *Care for Older People*. Her current research in the United Kingdom includes a focus on quality of life for those, living, dying, visiting and working in care homes for older people. Julienne has an international reputation for expertise in action research, qualitative methods and care for older people. Throughout her career, she has blurred the boundaries between education, practice and research, working across traditional boundaries (lay and professional, health and social care, theory and practice).
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