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Appendix 1

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Appendix 2

INFORMATION FOR ALL STAFF OF NURSING HOME

Hello, my name is Mary Courtney and I am a Registered Nurse presently enrolled in a Doctor of Philosophy degree at the University of New England, Armidale. Part of my research project, which is entitled 'Questions of Quality and Policy in Nursing Homes: A Critical Discourse Analysis', is being undertaken in your nursing home.

The aim of this research is to examine the meaning of quality care for elderly people in nursing homes from the resident's viewpoint and to compare the resident's view of quality with that of nursing care providers and policy-makers.

Some residents and nursing staff will be asked if they wish to participate in the research project. If you are asked and agree to participate, you would be asked to share with me your views about providing quality nursing home care for the elderly. The interview, lasting about 45 minutes, will be completely confidential and neither you nor your nursing home will be identified in any way in the results of the study. All interviews will be recorded on audiotape and written transcriptions of these recordings will be made. No names will be attached to the tapes. Only a code number will be used to identify the tapes and any information which could link them to you will be kept in a separate place in case I need to contact you again before the end of the study.

During my visit to your nursing home, I will be observing and participating in the care of some residents. I will always ask permission before doing so. If you do not wish that I be present at any time you are free to ask me to leave, even if you have already agreed to my being present sometime earlier.

Please understand that any information given will remain confidential.

You should note that you are free to withdraw this consent at any time during the study for any reason. If this happens, then any information which has already been collected from you will be destroyed if you so wish.

Any questions concerning the project, which is entitled:

Questions of Quality and Policy in Nursing Homes: A Critical Discourse Analysis,

can be directed to:

Mary Courtney
Postgraduate Student
School of Health
University of New England
Armidale
Phone: (067) 733647

Appendix 3

PLAIN LANGUAGE STATEMENT FOR PARTICIPANTS (NURSING HOME STAFF)

Hello, my name is Mary Courtney and I am a Registered Nurse presently enrolled in a Doctor of Philosophy degree at the University of New England, Armidale. Part of my research project, which is entitled 'Questions of Quality and Policy in Nursing Homes: A Critical Discourse Analysis', is being undertaken in your nursing home.

I would like to invite you to participate in this research study and would be very grateful if you decide to do so.

The aim of this research is to examine the meaning of quality care for elderly people in nursing homes from the resident's viewpoint and to compare the resident's view of quality with that of nursing care providers and policy-makers.

If you agree to participate, you would be asked to share with me your views about providing quality nursing home care for the elderly. The interview, lasting about 45 minutes, will be completely confidential and neither you nor your nursing home will be identified in any way in the results of the study. All interviews will be recorded on audiotape and written transcriptions of these recordings will be made. No names will be attached to the tapes. Only a code number will be used to identify the tapes and any information which could link them to you will be kept in a separate place in case I need to contact you again before the end of the study.

During my visit to your nursing home, I will be observing and participating in the care of some residents. I will always ask permission before doing so. If you do not wish that I be present at any time, you are free to ask me to leave, even if you have already agreed to my being present sometime earlier.

Please understand that any information given will remain confidential.

You should note that you are free to withdraw this consent at any time during the study for any reason. If this happens, then any information which has already been collected from you will be destroyed if you so wish.

Any questions concerning the project, which is entitled *Questions of Quality and Policy in Nursing Homes: A Critical Discourse Analysis*, can be directed to Mary Courtney, Postgraduate Student, School of Health, University of New England, Armidale, phone (067) 733647.

If you decide that you would like to assist me by participating in this research, please read the following statement and sign below.

I, ..., have read the information above and any questions I have asked have been answered to my satisfaction. I agree to participate in this activity, realising that I may withdraw at any time. I agree that research data gathered for the study may be published, provided my name is not used.

....	.....
Participant or Authorised Representative	Date
....	.....
Investigator	Date

Appendix 4

PLAIN LANGUAGE STATEMENT FOR PARTICIPANTS (RESIDENTS AND RELATIVES)

Hello, my name is Mary Courtney and I am a Registered Nurse presently enrolled in a Doctor of Philosophy degree at the University of New England, Armidale. Part of my research project, which is entitled 'Questions of Quality and Policy in Nursing Homes: A Critical Discourse Analysis', is being undertaken in your nursing home.

I would like to invite you to participate in this research study and would be very grateful if you decide to do so.

The aim of this research is to examine the meaning of quality care for elderly people in nursing homes from the resident's viewpoint and to compare the resident's view of quality with that of nursing care providers and policy-makers.

If you agree to participate, you would be asked to tell me about your experiences of life in a nursing home during an interview lasting about 45 minutes. All interviews will be recorded on audiotape and written transcriptions of these recordings will be made. No names will be attached to the tapes. Only a code number will be used to identify the tapes and any information which could link them to you will be kept in a separate place in case I need to contact you again before the end of the study. You would not be identified in any way in the results of the study.

During my visit to your nursing home, I will be observing and participating in the care of some residents. I will always ask permission before doing so. If you do not wish that I be present at any time, you should feel free to ask me to leave, even if you have already agreed to my being present sometime earlier.

Your care or the care of your friend or relative will not be jeopardised by either agreeing to participate in this study, or by your choosing not to participate.

You are free to withdraw this consent at any time during the study for any reason. If this happens, then any information which has already been collected from you will be destroyed if you so wish.

Any questions concerning the project, which is entitled *Questions of Quality and Policy in Nursing Homes: A Critical Discourse Analysis*, can be directed to Mary Courtney, Postgraduate Student, School of Health, University of New England, Armidale, phone (067) 733647.

If you decide that you would like to assist me by participating in this research, please read the following statement and sign below.

I, ..., have read the information above and any questions I have asked have been answered to my satisfaction. I agree to participate in this activity, realising that I may withdraw at any time. I agree that research data gathered for the study may be published, provided my name is not used.

.....	.....
Participant or Authorised Representative	Date
.....	.....
Investigator	Date

Appendix 5

PROFILE OF RESIDENTS INSTRUMENT

Age: _____

Gender:

- ☐ Female
- ☐ Male

Marital Status:

- ☐ Married
- ☐ Never married
- ☐ Widowed
- ☐ Divorced/Separatec

Location prior to admission:

- ☐ Own home
- ☐ Relative's home
- ☐ Hospital
- ☐ Hostel
- ☐ Other nursing home

Cause of admission:

- ☐ CVA
- ☐
- ☐

Length of Stay: _____

RCI Score on admission: _____

RCI Score at present time: _____

RESIDENT CODE NO. _____

NURSING HOME CODE NO. _____

Appendix 6

PROFILE OF STAFF INSTRUMENT

Age: _____

Gender:
- ☐ Female
- ☐ Male

Marital Status:
- ☐ Married
- ☐ Never married
- ☐ Widowed
- ☐ Divorced/Separated

Qualifications:
- ☐ RN
- ☐ EN
- ☐ AIN
- ☐ Postgraduate certificates
- ☐ Tertiary

Years of experience/preparation for nursing the elderly: _____

Number of years since qualified: _____

Number of hours of inservice attended over last 12 months: _____

Intention to remain working in a nursing home:
- ☐ YES
- ☐ NO

STAFF CODE NO._____

NURSING HOME CODE NO._____

Appendix 7

RESIDENT INTERVIEW SCHEDULE

Q.1 **Decision to enter a nursing home**
Remembering back to the time just before you entered this nursing home, can you tell me how the decision was made that you should move into a nursing home?

Q.2 **Selecting the nursing home**
How is it that you came to select this nursing home?

Q.3 **Previous knowledge of nursing homes**
What did you know about nursing homes before you moved here?

Q.4 **Previous beliefs about nursing home life**
What did you believe life would be like living in a nursing home?

Q.5 **Feelings on arrival**
How did you feel when you first arrived here?

Q.6 **Present experience of life in a nursing home**
Can you tell me about what it is like living in a nursing home?

Q.7 **Typical day**
Can you tell me about what a typical day would be like?

Q.8 **Favourable attributes of nursing home life**
What would you say are the favourable things about living in a nursing home?

Q.9 **Unfavourable attributes of nursing home life**
What would you say are the unfavourable things about living in a nursing home?

Q.10 **Complaints process**
If there was something that you did not like here what would you do?

Q.11 **Changes to improve quality of life**
Can you think of any changes that might improve the quality of life for residents here?

Q.12 **Recommendations to others moving to a nursing home**
What do you think you would recommend to someone who is about to move into a nursing home?

Q.13 **Contentment**
Taking all things into consideration, how content are you? If so, why? If not, why not?

Thankyou.
I have really enjoyed our discussions and I appreciate the fact that you agreed to participate in this study.

Appendix 8

STAFF INTERVIEW SCHEDULE

Q.1 **Reasons for working in a nursing home**
What made you decide to work in a nursing home?

Q.2 **Duties and responsibilities**
What are your major duties and responsibilities here?

Q.3 **Beliefs about meaning of providing quality nursing care**
Can you tell me what you believe providing quality care to nursing home residents means?

Q.4 **How to provide quality nursing care**
Can you tell me how you provide quality nursing care to residents in a nursing home?

Q.5 **Major strategies to ensure quality nursing care**
What major strategies do you use to ensure quality nursing care is provided to residents?

Q.6 **Major difficulties**
What are the major difficulties that prevent you from ensuring quality nursing care is provided to residents?

Q.7 **Knowledge of Outcome Standards**
Tell me what you know about the current outcome standards for nursing homes.

Q.8 **Improvement since Outcome Standards introduced**
Do you think the quality of care of residents has improved since the introduction of the outcome standards? If so, how?

Q.9 **Satisfaction with work**
What are the best things about working in a nurisng home?

Q.10 **Dissatisfaction with work**
What are the worst things about working in a nursing home?

Q.11 **Contentment**
Taking all things into consideration, how content are you? If so, why? If not, why not?

Q.12 **Future work plans**
Do you have any career plans for the future? If so, what are they?

Q.13 **Staff Profile Form**
Finally, would you be able to complete the staff profile form.

Thankyou.
I have really enjoyed our discussions and I appreciate the fact that you agreed to participate in this study.

Appendix 9

COMMONWEALTH DEPARTMENT OF HUMAN SERVICES AND HEALTH

NH4

Application for Resident Classification

About this form ....

The Application for Resident Classification contains questions about a resident's ability to perform various functions and about major areas of nursing and personal care (NPC) need. This information is used to predict whether the resident's overall level of NPC needs will be, on average, higher or lower than those of other residents.

On the basis of the information provided, residents will be assigned to one of five NPC need categories for the purpose of funding. Category 1 residents will have, on average, the highest level of service need compared to residents in other categories. Category 5 is the lowest service need category.

The Application for Resident Classification is designed purely as a means by which resources for nursing and personal care can be provided fairly and according to assessed need, on a uniform national basis. The questions were chosen after national trials because they were found to be the most reliable indicators of residents' overall care needs. For this reason, they do not request information about all care which may be provided to a resident.

Please Note: You should complete this form when applying for a classification:

- for a newly admitted resident
- for a resident whose current classification expires within one month of the date of the application, or who has recently returned from hospital leave and whose previous classification has expired;
- to increase a resident's existing classification by two or more categories. This option is only available for a resident whose current classification:
  - was determined on or after 1 April 1992; and
  - was in force for at least 28 days, and expires more than 90 days after the date on which the application was made.

Benefit Respite Care ....

Benefit Respite Care Residents admitted on or after 1 April 1992 will automatically be funded at Category 3 level, unless the nursing home applies for a higher classification. To receive Category 3 funding, you only need to complete Sections 2 and 3. If you believe a higher classification is appropriate you must also complete Section 1.

How to complete this form ....

The application should be prepared in accordance with the Department's Handbook for Directors of Nursing on the Classification of Nursing Home Residents. It should be supported by care plans relevant to the assessment period, progress notes and other normal nursing documentation, as required by the Department's current guidelines.

To help us process this form quickly, **please ensure** that:

- all questions are answered clearly - unanswered questions will result in the return of the form for completion. This may delay the payment of benefits; and
- you use a pen, not a pencil, and press firmly.

If you need any help with this form, please contact your nearest Department of Human Services and Health office.

When completed, send the lift out page to the State or Regional Manager of the Department of Human Services and Health in the capital city of your State or Territory. Addresses and telephone numbers are listed on the back cover of this form.

Keep the duplicate copy (cover) for your records.

Important Note ....

Section 62 (1) of the *National Health Act 1953* provides penalties for the provision of false or misleading information on this form.

The information provided may also be used by the Department of Human Services and Health to check that the funding provided in response to this application is being, or has been, used in accordance with:

- the requirements of the *National Health Act*, and:
- any further requirements determined by the Minister, or the Secretary of the Department of Human Services and Health.

1244 (9402)

Section 1. Resident classification

- This section is to be completed by Director of Nursing or Registered Nurse in Charge, Assessment Service or Commonwealth Medical Officer or Nurse Officer.
- Based on your knowledge of the person, select the response that most accurately describes his/her average nursing and personal care requirements, and

Clinical Care	1. **Continence** - includes maintenance of continence or management of incontinence of both urine and/or faeces. EXCLUDE prompting/assistance to go to the lavatory (Q10), assistance with toileting (Q11), and care to maintain skin integrity (Q2).	➪ A	Requires minimal or no continence care.	B Requires continence care 1 - 3 times per 24 hours.
	2. **Maintenance of skin integrity** - refers to frequency of attention required to maintain skin integrity. Includes changes of position, groin skin care, and protective bandaging. EXCLUDE cosmetic skin care (Q12).	➪ A	Requires infrequent or no attention.	B Requires attention 1 - 3 times per 24 hours.
	3. **Specialised nursing procedures** - includes colostomy/catheter care; insertion, care and maintenance of tubes, including intravenous and nasogastric tubes; more complex administration of medications such as insulin etc. EXCLUDE therapy services (Q14) and routine nursing procedures.	➪ A	Requires no specialised nursing procedures.	B Requires less than 1 hour of specialised nursing procedures per 24 hours.
Social and Emotional Support	4. **Physical Aggression** - refers to physical aggression requiring individual attention and/or planned intervention (eg. therapy to prevent disruption). EXCLUDE routine activity programs.	➪ A	Requires minimal or no attention/ intervention.	B Requires attention/ intervention on the majority of days.
	5. **Verbal disruption** - refers to verbal disruption requiring individual attention and/or planned intervention (eg. therapy to prevent disruption). EXCLUDE routine activity programs.	➪ A	Requires minimal or no attention/ intervention.	B Requires attention/ intervention 1 - 3 times daily.
	6. **Behaviour** - refers to behaviour NOT INCLUDED ELSEWHERE requiring individual attention and/or planned intervention. EXCLUDE routine activity programs and normal levels of social and emotional support. EXCLUDE verbal disruption (Q5) and physical aggression (Q4).	➪ A	Requires minimal or no attention/ intervention.	B Requires attention/ intervention 1 - 3 times daily.
Communication and Sensory Processes	7. **Vision** - refers to the resident's ability to perceive objects.	➪ A	Has no difficulty.	B Has difficulty seeing and identifying small objects.
	8. **Hearing** - refers to the resident's ability to hear sound.	➪ A	Has no difficulty.	B Has difficulty with normal conversation.
	9. **Speech/Comprehension** - refers to the frequency and degree of speech and/or comprehension impairment requiring staff to give individual attention. Include lack of a common language ONLY where this directly contributes to the speech/comprehension difficulty. EXCLUDE vision (Q7) and hearing (Q8).	➪ A	Requires no individual attention or planned intervention.	B Requires individual attention or planned intervention for some activities.
Activities of Daily Living	10. **Mobility** - refers to the degree and frequency of a resident's daily need for assistance with mobility and transfers. EXCLUDE positioning to maintain skin integrity (Q2).	➪ A	Requires no assistance or requires observation only; may use assistive devices.	B Requires individual supervision and/or physical assistance on some occasions.
	11. **Toilet** - refers to the degree and frequency of a resident's usual need for assistance with toileting. EXCLUDE colostomy/catheter care (Q3), assistance with mobility (Q10), washing and changes of clothing etc. following incontinence (Q), and care to maintain skin integrity (Q2).	➪ A	Requires no assistance or requires observation only.	B Requires individual supervision and/or physical assistance for some activities.
	12. **Washing and dressing** - refers to the degree of assistance a resident usually requires to bathe/shower, dress and groom. EXCLUDE need for assistance with mobility (Q10), washing and dressing following incontinence (Q1), and dressing of a resident who has removed their clothes (Q6).	➪ A	Requires no assistance or requires observation only.	B Requires individual supervision and/or physical assistance for some activities.
	13. **Eating** - refers to the degree of assistance a resident usually requires in eating and drinking. EXCLUDE food preparation in the kitchen (eg. vitamising or provision of special diets).	➪ A	Requires no assistance or requires observation only.	B Requires individual supervision and/or physical assistance for some activities.
	14. **Therapy** - refers to therapy NOT INCLUDED ELSEWHERE which is aimed at encouraging the resident's independence (eg. physiotherapy). Therapy should be carried out by, or under the direction of, health professionals such as therapists or RNs.	➪ A	Requires no additional attention.	B Requires less than 1 hour of individual attention per 24 hours.

write the appropriate letter in the space provided.

- Day or Daily refers to a 24 hour period.

		Score
C Requires continence care 4 - 6 times per 24 hours.	D Requires continence care more than 6 times per 24 hours.	1
C Requires attention 4 - 6 times per 24 hours.	D Requires attention more than 6 times per 24 hours.	2
C Requires 1 - 2 hours of specialised nursing procedures per 24 hours.	D Requires more than 2 hours of specialised nursing procedures per 24 hours.	3
C Requires attention/ intervention 2 - 3 times daily.	D Requires attention/ intervention 4 or more times daily.	4
C Requires attention/ intervention 4 - 6 times daily.	D Requires attention/ intervention more than 6 times daily.	5
C Requires attention/ intervention 4 - 6 times daily.	D Requires attention/ intervention more than 6 times daily.	6
C Has difficulty seeing and identifying large objects.	D Has no useful vision.	7
C Hears loud sounds and voices only.	D Has no useful hearing.	8
C Requires individual attention or planned intervention for the majority of activities.	D Requires individual attention or planned intervention for all activities.	9
C Requires individual supervision and/or physical assistance on the majority of occasions.	D Requires total physical assistance on all occasions.	10
C Requires individual supervision and/or physical assistance for the majority of activities.	D Requires total assistance for all activities.	11
C Requires individual supervision and/or physical assistance for the majority of activities.	D Requires total assistance for all activities.	12
C Requires individual supervision and/or physical assistance for the majority of activities.	D Requires total assistance for all activities.	13
C Requires 1 - 2 hours of individual attention per 24 hours.	D Requires more than 2 hours of individual attention per 24 hours.	14

Section 2. Particulars of person being assessed and declaration

- Please print clearly in BLOCK LETTERS.

Surname

Given names

Date of birth / / **Sex:** Male ☐ Female ☐

Reason for this application: Date of admission

Pre-admission assessment ☐ New admission ☐ / / Annual re-assessment ☐ Review ☐ Date of admission / /

Increase by 2 or more categories ☐ Re-assessment 6 months after 2 category increase ☐ Re-assessment after return from hospital leave ☐ Nursing Home initiated ☐ State Office initiated ☐

Is this resident a Benefit Respite Care resident? yes ☐ no ☐

Has the resident received, is the resident receiving, or can the resident claim:

- a Veterans' Affairs Pension yes ☐ no ☐
- a Third Party Insurance settlement yes ☐ no ☐
- a Workers' Compensation settlement yes ☐ no ☐
- other forms of compensation yes ☐ no ☐

Address to which notification of category should be sent *(please include postcode)*:

Declaration - I certify that the particulars given in this application are true and correct.

Name *(block letters)*

Signature / /

Position held

Section 3. Application for classification

- **If a person has already been admitted to a Nursing Home**

Name of Nursing Home

Signature of proprietor / /

- **If admission will be arranged by an Assessment Service on behalf of the persc**

Name of Assessment Service

Signature of Assessment Service member / /

This section to be completed by the Delegate

Application for review is:

Approved ☐ Not approved ☐ Delegate ID. No.

Signature / /

This section is for office use only

SCCHM Key

NH Appr. No. ☐ AS Id. No.

NH4 checked *(initials)* Rejection code Category

Keyed *(initials)* Date / / Advice despatched *(initials)* Date / /

State addresses and telephone numbers of the Commonwealth Department of Human Services and Health

New South Wales

GPO Box 9848
Sydney NSW 2001
Telephone: (02) 225 3555

Victoria

GPO Box 9848
Melbourne VIC 3001
Telephone: (03) 285 8888

Queensland

GPO Box 9848
Brisbane QLD 4001
Telephone: (07) 360 2555

Western Australia

GPO Box 9848
Perth WA 6001
Telephone: (09) 426 3444

South Australia

GPO Box 9848
Adelaide SA 5001
Telephone: (08) 237 6111

North Queensland

PO Box 206
Aitkenvale QLD 4814
Telephone: (077) 27 2211

Northern Territory

GPO Box 9848
Darwin NT 0801
Telephone: (089) 46 3444

A.C.T. Office

GPO Box 9889
Canberra ACT 2601
Telephone: (06) 274 5111

Tasmania

GPO Box 9848
Hobart TAS 7001
Telephone: (002) 21 1411

National Health Act 1953

Section 40AFA - Classification of certain patients

(1) Nursing home patients to whom this section applies shall be classified according to the degree of their need of nursing and personal care.
(2) Commonwealth benefit is not payable in respect of a nursing home patient to whom this section applies who does not have a classification.

Section 40AFB - Patients to whom classification system to apply (excerpt)

(1) Section 40AFA applies to the following approved nursing home patients and repatriation nursing home patients (not being patients in Government nursing homes or nursing homes for disabled people):

(a) patients admitted to an approved nursing home on or after 1 July 1988, including patients who were so admitted without approval under section 40AB but who, because of subsection 40AA(9), are to be regarded as having been admitted with such approval;
(b) patients in nursing homes first approved on or after 1 July 1988;
(c) patients in a class of patients determined by the Minister to be patients to whom section 40AFA applies.

(2) Paragraph (1) (a) does not apply to a patient if:

(a) the patient is admitted to an approved nursing home within 90 days after being discharged from an approved nursing home, other than a Government nursing home or a nursing home for disabled people; and
(b) immediately before being discharged, the patient was not a patient to whom subsection (1) applied.

Section 40AFC - Classification on application made before admission to home (excerpt)

(1) A person seeking admission to an approved nursing home or another person on behalf of the first-mentioned person may apply to the Secretary for classification in advance of admission to a home.
(2) An application under this section may only be made if:

(a) the person's admission to an approved nursing home has been approved under subsection 40AB(3); and
(b) the approval has not expired.

(3) An application shall be in writing in accordance with the authorised form.
(4) On the application of a person under this section, the Secretary may classify the person as if the person were a nursing home patient to whom section 40AFA applies, but the classification of the person does not take effect except as mentioned in subsection (5).
(5) If the person to whom a classification under subsection (4) relates becomes a nursing home patient to whom section 40AFA applies before the approval under subsection 40AB(3) expires, the classification takes effect as if it were made at the time the person becomes such a patient.

Section 40AFD - Application by a proprietor of home for patient classification (excerpt)

(1) When:

(a) a person already a patient in an approved nursing home becomes a patient to whom section 40AFA applies; or
(b) a person in respect of whom no application has been made under section 40AFC is admitted to an approved nursing home and becomes, or is to be regarded as having become, on admission, a patient to whom section 40AFA applies;

the proprietor of the nursing home shall apply to the Secretary for classification of the patient.
(2) The proprietor of an approved nursing home shall apply to the Secretary for the further classification of each patient in the home whose classification is about to expire.
(3) An application under subsection (2) may not be made earlier than one month before the classification (in this section called the 'previous classification') of the patient expires.
(4) An application shall be made in writing in accordance with the authorised form.

Section 40AFE - Review by the Secretary of classification (excerpt)

(1) The Secretary may, at any time, review the classification of a nursing home patient.
(2) After reviewing the classification of a patient, the Secretary may:

(a) confirm the classification; or
(b) revoke the classification and substitute another classification.

Section 40AFF - Review by Minister of classification (excerpt)

(1) A nursing home proprietor dissatisfied with a decision of the Secretary under section 40AFE may request the Minister to review the decision.
(2) The request shall be in writing in accordance with the authorised form and shall be made within 28 days after the day on which notice of the Secretary's decision was given to the nursing home proprietor.
(3) The Minister shall review the decision and may:

(a) confirm the decision; or
(b) set aside the decision and substitute the decision the Minister thinks appropriate.

Section 49AA

Admission to respite care is subject to the Regulations made pursuant to this section of the Act.