

CARES[®] Observational Tool[™]

Presented by: Deborah E. Richman, BS, C.D.S. Director of Education and Client Development HealthCare Interactive, Minneapolis MN

Description and Development



The CARES[®] Observational Tool (or COT[™]) is an easy-to-administer observational tool for assessing staff to resident interactions.



Designed around person-centered care concepts and taught in the CARES® Training Programs.



Developed as part of a grant from the National Institute on Aging.

Technical Research Summary

- Face validity was established through multiple revisions of the COT by a study investigator and clinically-trained research assistant.
- Content validity of the COT was established by piloting the tool on 12 observations across 4 nursing homes and additional review by a panel of scientific experts across the country.



Technical Research Summary

- The final version of the COT was then tested for inter-rater reliability by 5 reviewers across 5 videos of actual caregivers and nursing home residents depicting various dementia care scenarios.
 - An intra-class coefficient (ICC) of all possible Kappa coefficients resulted in an ICC of .77, which is considered substantial agreement.
- Results, based on the development, establishment of face and content validity, and inter-rater reliability of the brief and easy-touse COT emphasize its potential to assess important care interactions between caregivers and residents with dementia.



Publication

- The research findings were published in the Journal of Geriatric Nursing in 2013.
- Gaugler, J. E., Hobday, J. V., & Savik, K. (2013). The CARES[®] Observational Tool: A valid and reliable instrument to assess person-centered dementia care. *Journal of Geriatric Nursing*, *34*(3), 194-98. doi: 10.1016/j.gerinurse.2013.01.002

Benefits and Uses

Benefits

- Ease of Use
- Definitions/Examples
- Staff Training and Evaluation
- Documentation
- Confidential
- Performance Reviews

Recommended Uses

- Staff Training
- Staff Observations
- Verify Skill Competency
- Peer Observations
- Documentation



Let's look at the CARES[®] Observational Tool in more detail.

		٢۵	RES° Observational Tool [™]
Toda	v'e Dato:		
			Person Being Cared For: Person Observing:
		re being done:	
	Score 1	if <u>any</u> bulleted ite	em is observed. Score O if <u>no</u> bulleted item is observed.
1.		Greet	• CNA uses a greeting (hello, good morning, etc.)
2 .		Introduce	CNA introduces himself/herself
3.		Use Name	CNA uses resident's name
4.		Smile/Eye	• CNA smiles and makes eye contact for at least 2 seconds
5.		Physical Contact	• CNA makes physical contact (shake hands, rub on back, hug, etc.)
6.		Approach	• CNA approaches the resident from the front
7.		Eye Level	• CNA crouches down or sits next to resident to be at eye level or below
8.		Calm	• CNA is calm and not rushed in approach
9.		Ask/Discuss/ Assess	• CNA asks/discusses how resident is feeling or doing
10.		15 Seconds	 CNA speaks to resident at least a total of 15 seconds during care interaction
11.		Explain	 CNA explains an activity/care (e.g., "I'm here to pick up your laundry.") and/or CNA proposes an activity (e.g., "Let's go for a walk.")
12.		Involve in Care/ Activity	 CNA involves resident in care appropriately (according to their abilities) and/or CNA tries to involve resident in a care (instead of CNA doing the care for the resident)
13.		Resident's Life	 CNA mentions something specific about resident's life and/or CNA mentions something meaningful in resident's life, personal life story, or history
14.		Comfort	 CNA gets resident into a more comfortable position (i.e., repositions resident) and/or CNA asks if there is anything he/she can bring them or do for them
15.		Share	• CNA shares something verbally about the resident with another team member
16.		Write	 CNA documents/writes something about resident (chart, Post-it[®] Note, communication book)

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	Categories	Definitions/Examples	Your Additions
1.	Greet	 Hello. Hey. Good morning. How are you today? 	
2.	Introduce	 My name is John (orMaryanne, Ms. Smith, Sister Betty, etc.). I'm the housekeeper (orCNA, administrator, nurse, etc.). 	
3.	Use Name	 Hi, Ellen (or Mark, Dr. Miller, Miss Debbie, etc., or other name). Hi, Grandpa (doc, JJ, etc., or other nick name). Honey, Dear, Sweetie **only if regionally appropriate** 	
4.	Smile/Eye	 Smiles and Makes eye contact (or attempts to make eye contact) for at least 2 seconds 	
5.	Physical Contact	 Shakes resident's hand Rubs resident's back Gives a hug Touches resident's face, leg, arm, shoulder, etc. (appropriately) 	
6.	Approach	 Approaches from front Makes attempt to get in front of resident Moves resident's chair or wheelchair back, and <i>then</i> gets in front of them Moves to the side of the resident if approaching from front not possible 	
7.	Eye Level	 Crouches (bends, stoops, squats, etc.) to eye level or below Stands next to resident (if resident is standing) Knee on the floor Sit next to resident on chair, couch, bed, etc., to eye level 	
8.	Calm	 Relaxed tone of voice Voice pitch not too high Voice not too loud (unless resident is hard of hearing) Appears not to be rushed Not pushy, aggressive, or insistent 	
9.	Ask/Discuss/ Assess	 Asks/discusses how resident is doing Asks/discusses how resident is feeling Asks how a task is going How's that leg today? Are you feeling better today? Are you tred? Are you tred? Do you need to go to the bathroom? 	
10.	15 Seconds	 Talks to resident at least 15 seconds total time (not just to another person in the room) 	
11.	Explain (continued on next page)	 Explains task at hand. Examples: I'm going to turn you now. We're going to brush your teeth today. I'm here to pick up your laundry. It's time to go to dinner. States one task/step at a time Now I'm going to button your shirt. Can you hold your glass to your mouth? 	

	Categories	Definitions/Examples	Your Additions
11.	Explain (<i>continued</i>)	 Asks resident to do an activity Let's go for a walk. Would you like to go and listen to some music with me? Should we go outside to listen to the birds? Could I sit and visit with you? Time reality It's 8 a.m. It's morning. Did you know today is Thanksgiving? 	
12.	Involve in Care/ Activity	 Involves or attempts to involve resident in some way with a personal care or activity Can you hold the toothbrush for me? Hold this. Please stand up. Now, put your arm in your sleeve. Can you put your foot up here so I can tie your shoe? Asks resident to be involved in an activity. Can you help me with this puzzle? Look at the nice dog. Can you help me give him some food? I'm folding towels today. I'd appreciate your helping me. We have a real mess over here. Can you help me clean it up? 	
13.	Resident's Life	 Mentions something about resident's life Where were you born? Where do you live? What was your mother's name? What is your profession? What do you like to do? How many sisters and brothers do you have? Engages resident about aspects of the resident's life So I hear you were an attorney. Tell me about your favorite case. You told me you used to run. Did you do any marathons? I see you have your dress on. Are you going out? What a beautiful tie. Where did you get it? I think I'd like one. Your hair looks beautiful. Did you go to the beauty shop today? 	
14.	Comfort	 Repositions resident in wheelchair, chair, bed, etc. Fluffs or props up with pillows Offers or tucks in blanket Brings a sweater, etc., to make resident more comfortable Brings a drink or food item Brings a personal item Asks if he/she can bring resident anything Asks if he/she can do anything for the resident Sits with resident Helps with a personal care such as teeth or hair 	
15.	Share	 Shares verbally – something that worked or didn't work with resident Tells another staff member Tells a family member Tells a friend of the resident Tells nurse to record something in the resident's chart 	
16.	Write	 Writes a note on white board, by bed, in bathroom, etc. Writes something in the 24-hour report Writes something in the assignment sheet Writes something in the communication book Writes on something that may become part of the resident's chart Writes in behavior tracking document (or other similar document) 	
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Scoring

- Uses a simple scale for scoring.
 - 1 for observed and 0 for not observed.
- Can add site specific additions to scoring matrix.
- Observations can be interpreted differently depending on who is observing.

COT in Practice

Print out 2 copies of the COT before continuing.

Pause this video until you have the 2 printed copies

We will view a staff to resident interaction using a "Common Approach" as well as with the "CARES® 5-Step Method".

Fill out one copy of the COT for each video.

We will then compare how I scored each video with your copies.

The Common Approach



The CARES® Approach





COT Scoring Review

CARES[®] Observational Tool[™]

Common Approach Scoring

cares				
CARES [®] Observational Tool [®]				
Perso	n Being O		Start Time: End Time: Total:6	
	Score 1	l if <u>any</u> bulleted ite	em is observed. Score O if <u>no</u> bulleted item is observed.	
1.)	Greet	• CNA uses a greeting (hello, good morning, etc.)	
2.	٥	Introduce	CNA introduces himself/herself	
3.		Use Name	CNA uses resident's name	
4.)	Smile/Eye	• CNA smiles and makes eye contact for at least 2 seconds	
5.	0	Physical Contact	• CNA makes physical contact (shake hands, rub on back, hug, etc.)	
6.		Approach	• CNA approaches the resident from the front	
7.	0	Eye Level	• CNA crouches down or sits next to resident to be at eye level or below	
8.	_0	Calm	• CNA is calm and not rushed in approach	
9.	٥	Ask/Discuss/ Assess	• CNA asks/discusses how resident is feeling or doing	
10.)	15 Seconds	CNA speaks to resident at least a total of 15 seconds during care interaction	
11.)	Explain	 CNA explains an activity/care (e.g., "I'm here to pick up your laundry.") and/or CNA proposes an activity (e.g., "Let's go for a walk.") 	
12.	٥	Involve in Care/ Activity	 CNA involves resident in care appropriately (according to their abilities and/or CNA tries to involve resident in a care (instead of CNA doing the care for the resident) 	
13.	٥	Resident's Life	 CNA mentions something specific about resident's life and/or CNA mentions something meaningful in resident's life, personal life story, or history 	
14.	٥	Comfort	 CNA gets resident into a more comfortable position (i.e., repositions resident) and/or CNA asks if there is anything he/she can bring them or do for them 	
15.	٥	Share	• CNA shares something verbally about the resident with another team member	
16.	6	Write	\bullet CNA documents/writes something about resident (chart, Post-it^ Note, communication book)	
	6	Total Score		

CARES® Approach Scoring

cařes					
CARES [®] Observational Tool [®]					
Today's Date: Start Time: End Time: Total:					
Person Being Observed: Person Being Cared For: Person Observing: Describe the care being done:					
Score 1	if <u>any</u> bulleted ite	m is observed. Score 0 if <u>no</u> bulleted item is observed.			
1	Greet	• CNA uses a greeting (hello, good morning, etc.)			
2/	Introduce	CNA introduces himself/herself			
3/	Use Name	CNA uses resident's name			
4	Smile/Eye	• CNA smiles and makes eye contact for at least 2 seconds			
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14.)	Comfort	 CNA gets resident into a more comfortable position (i.e., repositions resident) and/or CNA asks if there is anything he/she can bring them or do for them 			
15. d	Share	• CNA shares something verbally about the resident with another team member			
16. 	Write	• CNA documents/writes something about resident (chart, Post-it® Note, communication book)			
	Total Score				
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COT and Supervising Staff

Observe your staff member using the COT form at least twice before they begin the CARES[®] Training programs.

• Keep the "before" COT forms for your staff member.

Discuss the results of both observations with your staff member.

• Talk about any suggestions you might have to help them improve their regular care interactions with residents.

Let them know that the CARES training will help develop these skills.

Tell them that they will be observed again after completing CARES.

After your staff member completes CARES observe them at least twice more using the COT.

• Compare the two observations you do "after" they complete CARES to the two "before" COT forms.

Summary



We hope you enjoy using the COT. We are confident it will be very helpful to verify skill competency and provide a greater understanding of person-centered care for you and your staff.

If you have any questions, please get in touch and we will be happy to assist in any way we can.



Deborah Richman, BS, C.D.S.

Director of Education and Client Development HealthCare Interactive, Minneapolis MN drichman@hcinteractive.com (952) 767-4099