Describing Strengths of Elders with Chronic Illness

Catherine E. Vanderboom, PhD, RN, Mayo Clinic, Rochester, MN
Diane E. Holland, PhD, RN, Mayo Clinic, Rochester, MN
Ping W. Fung-Houger, MN, RN, RD University of Minnesota, MN
Karen A. Monsen, PhD, RN, University of Minnesota, Minneapolis, MN

First International Conference on Research Methods for Standardized Terminologies
April 3, 2013

Funding Acknowledgment and Conflict of Interest

• Parent study and data source: Community Connections: Enhanced Nurse Care Coordination with Community Service Partners, funded by the Minnesota Department of Health/Health Care Homes and Mayo Clinic
• Secondary analysis study: funded by Robert and Virginia Melin through the Omaha System Partnership; a practice-based research-network within the University of Minnesota School of Nursing, Center for Nursing Informatics.
• Authors report no conflicts of interest

Background

A strengths-based approach to assessment:
• Recognizes and values the positive aspects of patients’ experiences to empower them to manage their chronic illness by recognizing existing resources and support systems
• Patient strengths are rarely documented in EHRs due to lack of standardized terminologies
• The Omaha System holds promise to document strengths relative to the 42 defined health concepts
  • knowledge (superior knowledge)
  • behavior (consistently appropriate behavior)
  • status (no signs/symptoms)
Study Purpose
Identify Omaha System concepts within existing strengths-assessment narrative data

Methods

• Design: Secondary analysis of existing data
• Sample: narrative data from interviews that included patient-identified strengths
  • 33 older community dwelling adults with multiple chronic conditions
  • Average age 76.9 years
  • Caucasian, non-Hispanic
  • Primarily female
  • 12 to 15 co-morbid conditions
  • Average of 17 daily medications
• Setting: Large Health Care Home in the upper Midwest

Procedures:
Free text mapping process - Existing definitions of Omaha System concepts used to classify strengths phrases
1. Graduate nursing student trained in Omaha System concept definitions created an initial mapping with annotated rationale
2. Researchers from the parent study (CEV and DEH) reviewed and revised the initial mapping
3. The entire research team created a final mapping through consensus.

Data Analysis: Summarized using descriptive statistics
Results

- 411 Strengths phrases mapped to concepts
- 30 strengths phrases mapped to 2 concepts
- 9 strengths phrases mapped to 3 concepts
- 2 strengths phrases mapped to 4 concepts

- Strengths mapped to 18 of 42 possible concepts
- Strengths predominately mapped to concepts in the Psychosocial domain

Examples of Mapping Text to Omaha System Concepts

<table>
<thead>
<tr>
<th>ID</th>
<th>Spirituality</th>
<th>Interpersonal Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>Faith, attends church weekly</td>
<td>Is great support</td>
</tr>
<tr>
<td>E</td>
<td>Spiritually and mentally active</td>
<td>Has a great support</td>
</tr>
<tr>
<td>A</td>
<td>Feels blessed</td>
<td>Is great support</td>
</tr>
<tr>
<td>E</td>
<td>Involved in church</td>
<td>Has a great support</td>
</tr>
<tr>
<td>I</td>
<td>Attends church regularly</td>
<td>Has a great support</td>
</tr>
</tbody>
</table>

- Strengths mapped to 18 of 42 possible concepts
- Strengths predominately mapped to concepts in the Psychosocial domain

Patient Strengths Profiles

- Patients had an average of 7.2 strengths (Range = 4 to 12)
- No two strengths profiles alike
Discussion

• Elders with multiple chronic conditions have numerous strengths, primarily in psychosocial domain
• The Omaha System data architecture can accommodate a strengths based approach
• Interventions can be planned and directed toward patient strengths

Conclusions

• Strengths descriptions should be standardized using defined terms
• Potential to extend use of Omaha System concepts that includes strengths
• Encourage a strengths-based approach

Next Steps

• Standardized descriptors for strengths to allow for a holistic representation of individual’s strengths as well as problems
• Develop and test care plans that incorporate standard language that includes strengths in planning and interventions
Thank you!

Questions?