

WHERE ARE YOU IN THE EVOLVING CULTURE OF LONG TERM CARE?

RELATIONSHIP ISSUES

Past / Present

RELATIONSHIPS BETWEEN RESIDENTS AND STAFF

Staff encouraged to keep professional distance and not become involved
DCWs and others regularly rotate the group of people they care for / work with

ROLE OF DCWs (direct care workers)

DCWs are seen as interchangeable parts, “low man on totem pole”

Input not routinely sought in planning care
Seen as a dead end job
Work schedule is assigned to them with little input
Assigned to routinely work with different groups of residents
Discouraged from getting emotionally involved with residents

Have little decision making power over their work
Don't feel accountable or responsible for care of residents
Job seen as completing a series of tasks on a group of bodies

ROLE OF FAMILIES

Families do not know who will be involved in caring or their loved one
Families are “allowed” to visit

Present / Future

Staff are encouraged to care about residents and become surrogate family if needed
Staff know a great deal about residents' past and present and also help them meet future goals
Consistent assignments for DCWs, nurses, activities, social workers and housekeepers

DCWs are seen and valued as being the key to creating quality of life and care for residents

Input routinely is sought and DCWs are physically present in care planning conferences

Incentives and programs developed to advance and reward career DCWs

Create their own schedule for coverage of the unit

Are permanently assigned to a group of residents

Are encouraged to be in relationship with and to care about residents in many ways

Are encouraged to make decisions, with team input about care

Seen as responsible and accountable for the quality of care their residents receive
DCW representation on all key committees

Job seen as being of service to people who need assistance in meeting their individual needs and desires

Supported in initiating contact with family and other team members

Families know who their loved one's primary aide is and seek him/her out for information

Families are actively engaged and sought out for visits, family councils, etc.

Past / Present

ROLE OF NURSE

Nurse is seen as the "boss", supervisor, overseer

Job is to be sure DCWs do their work

Seen as "the" expert on residents

Seen as "the" decision maker

Pass medications, do treatments, fill out paperwork

In charge of scheduling

Present / Future

RN is seen as a partner to direct care staff, residents and families

Job is to support DCWs in their work

See DCW as holding unique information about resident

See resident and DCW as co- decision makers, with nurse as consultant, resource person

Roles include: care role model, clinical gerontology expert, team leader, care team builder, and/or clinical care partner, care role model, gerontological nurse expert, teacher, or mentor (Ortigara, 2002)

RELATED TO DIRECT CARE ISSUES

Past / Present

TOILETING

“Let us help you”

Give call light, put rails up, tell person to call for help

Present / Future

Do an assessment with focus on facilitating independent toileting

May include but not be limited to:

User friendly signs for the toilet

A clear path to the bathroom without barriers such as side rails

1/4 side rail at head of bed or transfer pole on transfer side to

facilitate self-transfer ~ OT or PT consult

A bedside commode ~ A urinal (male or female)

Bathroom grab bars in right location

Raised toilet seat ~ Adapted clothing

Medication review to determine appropriateness of diuretic

If someone urinates in the wastebasket, be glad it wasn't the floor

NIGHTTIME CARE

People are to sleep through the night

Staff make rounds and turn and change every 2 hours

Tie people in bed if they try to get up

Medicate with sleep medication

If people are not sleepy, they need to get up

If they awaken frequently, need to assess if something is “wrong”

Staff ask “Are you in pain?”

Staff ask “Do you need to go to the bathroom?”

Staff ask “Is the bed comfortable?”

Individualized the bed environment for comfort

Don't awaken them for care unless there is a compelling health reason to do so

Assume side rails are not needed unless resident requests them or the benefits are

are clear and the potential dangers are explained

Recognize that if a person is trying to get over a side rail it is a hazard and should

not be used

More likely to medicate for pain than for sleep

Past / Present

UNSAFE MOBILITY

Situation Viewed From Facility Perspective:

Problem:

Resident tries to stand and walk without assistance and

balance is poor. Unsafe in the standing, walking frame with seat, because she tries to climb out and runs into others.

Goal:

Restrict mobility and keep “safe”

Solutions:

Place “lap buddy” (cushions that prevent rising)

Remove “lap buddy” every two hours

Present / Future

Situation Seen From Residents’ Perspective:

Strengths:

“I like to walk but I can get tired and unsteady at times. I like using the standing walker

sometimes, but I try to climb over it and have fallen. Plus I sometimes bump into people when I am in it.”

Goal:

To let me move and use my muscles as much as possible; to decrease my risk of injury r/t falls and also the risk of me injuring others.

Explore Ways to reduce residents risk factors and maximize abilities:

Explore placing the resident on calcium and Vitamin D supplements

Encourage participation in resistance, strength exercise group

Play games with resident that involves resistance and strength training if resident doesn’t like group activities

Consult with pharmacist about reducing number of medications

Ask resident to pedal on exercise machine when seated in chair

Use standing walker for periods and places during days and evenings when there is less traffic; have resident accompany staff down the hall when returning meal trays

Have PT or OT assess to see if walker set at right height; explore possibility of adding weight to walker to prevent tipping and to slow resident down

When resident begins to try to climb out of walker, offer to take resident to the bathroom

Seat resident in comfortable glide rocking chair near nurses’ station for rest periods

Offer to walk with resident if he/she stands and refuses the standing walker, reintroduce it after 2-3 minutes

Encourage and train family to walk with resident with and without the walker when they visit

Educate family about the importance of using muscles and the continued risk of falls and injury to help them balance benefit and burden of situation

Ask family to purchase new shoes with no heels and better ankle support

Past / Present

PAIN MANAGEMENT

Avoid overuse of pain medications

Fear people will get addicted or build tolerance to pain medications

If person with dementia doesn't ask for or refuses pain medications, assume they are not in pain

Treat pain conservatively with PRN medication

FEEDING

Strict, imposed dietary restrictions

Tray service

Staff "feed" residents

Staff talking to each other

Residents wheeled into dining room and sit in wheelchair

Nursing staff only assist with meals

Snacks are only available through staff

Snacks are usually crackers and juice

Breakfast must be eaten at set hours

Hours of meals are set and all residents must eat within established meal times

Plates and cups are plastic

Present / Future

Assess for possible sources of pain in all residents and especially in persons with dementia

Look for pain related behaviors in persons with dementia

Treat pain aggressively (non-pharmacological as well as pharmacologic)

Use tools for assessing person's pain level and pain relief

Medicate routinely around-the-clock for chronic pain

DINING

Liberalized diets

Family style dining; breakfast buffet taken to rooms; or steam tables

Staff dine with residents

Staff talking to residents

Those who are able are assisted with walking to the table and sit in regular chair

Numerous staff are trained to assist with meals

Residents have access to snacks when they want them

Snacks can be whatever residents wish, such as candy, homemade cakes, popcorn, fresh fruit, peanut butter sandwiches

There is flexibility about when residents can eat

Staff can make breakfast on demand and have access in the household to food

Plates and cups are china

PHYSICAL ENVIRONMENT ISSUES

Past / Present

SEATING

Staff use sling back, sling seat wheelchair and geri-chairs without regard to individual resident needs

If person falls or slides out of chair, tie him/her in or place “lap buddy” into the ill-fitting chair

People sit in same chair or wheelchair most of the day

Attitude is that there is no funding for better chairs

FLOORS

Floors kept with high gloss so they look clean and impress visitors.

Type of floor coverings are chosen for how they will “look” to prospective families

NOISE

Overhead pages used because they are convenient for staff

Present / Future

Staff assess for seating needs through RN, OT or PT consult

Look for reasons why residents are sliding or falling out of chair

Provide a variety of seating options

Staff routinely use numerous seating options daily for a resident

Attitude is to pursue creative funding for meeting seating needs (friends/family may be willing to purchase)

Floor covering and floor care chosen in relationship to how it effects the residents; for example, vinyl floors have a low shine finish to reduce glare and slipperiness

Staff use personal pagers or phones to communicate so the noise is decreased for residents

REGULATORY / ADVOCACY ISSUES

SURVEYOR APPROACH TO FACILITY

Their job is to look for what is wrong in this facility according to established rules and regulations

Their job is not to consider the “bigger picture”

Facilities should keep people safe at all times

As long as someone is still falling, the facility is not done with their job

If a resident has a fall-related fracture, someone did not do their job

Facilities should be able to get around the larger societal values that limit care options such as lack of funding for individualized seating, physician reluctance to prescribe pain meds, family’s fears and anger to provide good care

A surveyor’s job is to think beyond the boundaries of the job to see the “bigger picture” / the societal/culture issues and try to create the change(s) needed to promote quality of life

Risk is a part of life

Nobody could or should have all the answers

Sometimes a person is still falling, but the facility has done all that would be expected of them in creating a safety plan

If a thoughtful process has been done, even if there is a negative outcome, the facility has done their job

Recognize that facilities work against societal and financial pressures and values that limit care options and work to help overcome them

Past / Present

FACILITY APPROACH TO THE SURVEY PROCESS

Follow OBRA rules to pass survey

Do whatever surveyors want, even if you disagree or find it counter productive

Good care is demonstrated by passing a survey and having few or no deficiencies

Practice updates are often driven only by the survey process

There is a reactive approach to the survey process

ADVOCATES APPROACH TO FACILITY

My job is to see that residents in this home are receiving good care. If they are not, then the facility alone is at fault.

It is good to get publicity to expose the “wrongs” in nursing homes

Present / Future

Use OBRA rules to benefit the resident (maximizing independence/autonomy etc.)

Challenge surveyor’s view if it seems to be counter productive

Good care is based on good clinical practice & consumer and family satisfaction surveys as well as survey results

Facilities stay on cutting edge of practice issues

There is a proactive approach taken in the survey process, which includes learning about expectations and changes in the survey process

A proactive, positive approach is taken to clarify issues and work with surveyors prior to Surveys

Many of the problems that exist in residential settings are complex and require comprehensive, continuous, sustained solutions

It takes a long time for people to open up to new ways of thinking; we must encourage innovation and change.

Part of the job is to look at the system level solutions and work on that level for change as well as at the resident / facility level

Part of the job is to educate the community as well as the facility

Try to get media attention for the positive, creative approaches and care found in nursing homes

Avoid “nursing home bashing”

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