THINKING OUTSIDE THE BOX (of Wine): Alcohol Use in Long-Term Care Facilities.

Presentation Panel:

Ana Potter
Joan Morris
Linda Kirschbaum
Why do people drink alcohol?

- Culture
- Lifestyle Choice
- Memory of Special Time
- Mental Health Concerns
Consumption of alcohol in long-term care facilities.

Today’s presentation will provide you with information about:

- Resident rights surrounding resident alcohol use;
- Risk considerations related to alcohol use;
- Using the evaluation and care plan process to drive solutions to challenges with alcohol; and
- Use of root-cause analysis principles to problem solve.
Resident’s Rights
Resident’s Bill of Rights

Residential and Assisted Living Facilities

Residents have the right:

- (b) to be given informed choice and opportunity to select or refuse service and to accept responsibility for the consequences;

- (e) to exercise individual rights that do not infringe upon the rights or safety of others;
Bill of Rights Cont. :

Residential and Assisted Living Facilities

- (n) to be encouraged and assisted to exercise rights as a citizen;
- (r) to have a safe and homelike environment;

(OAR 411-054-0027)
Bill of Rights Cont. :

Nursing Home

(1) Be encouraged and assisted while in the facility to exercise rights as a citizen or resident of Oregon and of the US.
Bill of Rights Cont.:

Nursing Home

(4) … The facility staff must encourage the resident to exercise the right to make his/her own decisions and fully participate in care and care planning unless the resident has been found legally incapable of doing so.
Bill of Rights Cont. :

Nursing Home

(5) Refuse any medication, treatment, care … unless found legally incapable of doing so.
PCC Continuum

Person Directed Practices
(Begins somewhere between Consideration of the Person and Person’s Choice)

Staff Directed
(agency scheduled routines/staffing dictate care provision)

Consideration of Individual
(Seek person’s input and tailor some aspects)

Individual Choice
(Offers choices of food, waking, bathing etc.)

Individual Control
(have right of refusal and right to take risks)

Person Directed
(Individual has primacy -- determines own schedules, activities, meals, and caregivers)

Degree of Person-Directedness

Developed by the Lewin Group
www.theceal.org for PCC in Assisted Living: An informational Guide
CMS and Culture Change

- Suggests that facilities establish clear guidelines that define an elder’s right to make an unpopular or ill-advised decision in view of all available information about the impact of the decision.

- Their recommended course of action when dealing with these types of situation is that “All decisions default to the person.”
Residents have the same right to drink alcohol as you do.
Framework for balancing all the pieces

- Obtaining a complete life history
- Systematic, Accurate Evaluations/Assessments
- Individualized, Person Centered Service Plans
- Mechanisms for Promoting Choice and Informing about Risk
- System for Monitoring
- Evaluating Outcomes
- Managing Expectations
- Measuring Satisfaction
- Communication, Communication
Communication is Key

Establishing mutual expectations
- Talk about it!
- Marketing material
- Disclosure and admission documents
- Community rules, guideline, codes of conduct

Strategies
- Review P&P’s
- Translate policies into marketing, disclosure and admission documents
- Review preprinted physician orders
- Be specific in resident handbooks
“It pays to boil down your strategy down to one simple promise, then go whole hog in delivering that promise. “  David Ogilvy

We are here to help a person have a life, their life, in a setting where we:

- are alert to risks,
- make recommendations to help them stay well, and
- take action based on plans they help us develop.
Meet Mr. John Johnson “JJ”

- Retired dentist, age 85
- Married to the love of his life for 60 years
- Travelled the world together
- Widowed one year ago
- Kids live out of area
- Plays poker with “good ole boys” and enjoys beer & wine
- JJ is very healthy, walks daily, alert and oriented,
- JJ has moderately high BP controlled by medication and has severe allergies in spring and summer.
Fiction/Fact/Action

**Fiction:** In order for a resident to drink alcohol, they must have a doctor’s order.

**Fact is:** Resident’s do not need a doctor’s order for them to drink alcohol.

**Action/Consideration:** Facility needs to assess and care plan regarding JJ’s alcohol use.
Evaluation & Assessment
What is important to know

- Initial inquiry and evaluations should address lifestyle and alcohol preferences, history.

- NIAAA recommends alcohol consumption for adults 65+:
  - 1 standard drink/day or
  - 7 standard drinks per week
  - not to exceed more than 3 drinks on one occasion.

- Risks
  - Falls
  - Drug: Alcohol Interactions
  - Depression
  - High Blood Pressure
  - Behaviors

- Benefits
  - Enjoyment Quality of Life
  - Can Stimulate Appetite
  - Support Lifestyle (PCC)
Assessment & Service Planning

- Assessment, Service Planning and Monitoring are core functions of successful resident services and satisfied customers.
- Systems need to be fine tuned to assure evaluations, assessment and service plans are comprehensive and current.
- Create and review them as an interdisciplinary team.
- Easily understood by all
Successful, Person Centered Operations

**START with Asking** what does the resident want?

**Assess /Evaluate**
- Lifestyle, drinking patterns, diagnosis, medications, depression, other
- Never jump to an answer. What is the need? Why? Who has information?

**Accountability**
- Quality improvement tools to assure systems work.
  - Train and in-service staff (routinely)
  - Document your process and actions.
  - Put high risk residents on high alert monitoring systems

**Implement that Plan & Monitor**
- Carry out the services/plan
- What do staff need to monitor?

**Action Plan**
- Create a CP/SP to support the residents preferences, choices,

**Apply Critical Thinking and Root Cause Analysis:**
**Risk: Action Ratio**
- The higher the risk the more timely and creative you must be
Get the Picture! Get the Plan!

- Resident Evaluation
- Preferences
- Lifestyle Life Patterns
- Health Issues Medication
- Risk Factors
- Capabilities

Service Plan
Avoidable event/decline in health status:

Avoidable means the community failed:

- To recognize **risk factors** and/or **changes** in the resident’s **condition**

And

- To take **reasonable measures** to assist the resident in obtaining needed services.
Care Planning/Monitoring
## Sample Care Plan for JJ

<table>
<thead>
<tr>
<th>Resident Need</th>
<th>Reason for service</th>
<th>When and how often will service be provided</th>
<th>How will it be provided</th>
<th>Who will provide the service</th>
</tr>
</thead>
<tbody>
<tr>
<td>JJ enjoys poker game with friends. He serves Coors Light &amp; Ruffles</td>
<td>Life long life enrichment activity</td>
<td>Tues each week at 6 pm after dinner in game room.</td>
<td>JJ organizes the game with his friends. He needs staff to help him bring beer &amp; chips to game room.</td>
<td>Staff will assist guests to game room and bring beer and chips from JJ's room.</td>
</tr>
<tr>
<td>On Tue poker nights JJ needs his allergy medication held.</td>
<td>Avoid Interaction with beer JJ enjoys at his poker games. He</td>
<td>One time week. Tuesday</td>
<td>CMA will review follow MAR</td>
<td>Licensed staff will review MAR and physician order monthly to assure documentation supports holding the medication.</td>
</tr>
</tbody>
</table>

**WHAT ELSE SHOULD BE ON HIS PLAN?**
Meet Mike Jones

- 74 year old retired cattle rancher.
- A veteran of the Vietnam War.
- Divorcee from two marriages.
- Likes to drink Jack Daniels to excess.
- Mike often falls after he’s been drinking.
Mike’s Care Plan Failed

• “Don’t drink to intoxication” “Press call light when need assistance to keep from falling.”

• Mike continued to drink excessively and community issued move-out notice.
**Fiction/Fact/Action**

**Fiction**: You must issue a move-out notice to a resident who gets drunk and has falls because the resident is a danger to self.

**Fact is**: Drunkenness is not a valid reason to issue a move-out notice.

**Action/Consideration**: The facility needs to evaluate the issues and look at root cause analysis.
Is a Move-out Notice Appropriate?

There are two types of move-out notices for Residential and Assisted Living Facilities –

- **30 Day Move-Out Notice**
  This is the default notice

- **Less than 30 Day Move-Out Notice**
  Can only be issued for one of two reasons:
  - Resident left the facility to receive urgent medical or psychiatric care and facility can no longer meeting needs, or
  - Resident or other residents health and safety is in jeopardy and undue delay increases the risk.
Move-out Requirements:

- Mike’s Drinking
- What interventions have been done after discovery of the situation to try and resolve the issue?
- Can facility issue Move-Out Notice
Root Cause Analysis Steps

1. Gather & document initial information
2. Fill in the gaps
3. Analyze
4. Develop action plans
5. Evaluate effectiveness

What
Why
Action Plan
Evaluate Situation

What does Mike want?

Accountability

Assess

Implement/Monitor

Mike’s Action Plan

Interventions and Risks
Mike’s New Care Plan

Resolution to this situation:

- Resident to have up to two shots of Jack Daniels per day, in the late afternoon, provided by a Med Aide.

- The med cart was draped and set up to resemble a portable bar. On it were a very nice glass (with ice), shot glass and bottle of Jack Daniels. The MA would come to the resident’s room and pour one shot, remove the drape and wipe down the top of the med cart/bar with a wet towel and chat the resident up a bit. If the resident requested a second shot, the same routine was followed by the MA. This was charted in the MAR for tracking purposes and for updating the FNP.

It was reported on 2/20/13, the intervention continues to be successful and usually one shot is satisfactory.
Meet Rose Wilson

- Married her high school sweetheart right after high school and was married for 35 years.
- Husband died in a car accident.
- Has 3 children, 14 grandchildren, and 1 great-grandchild on the way.
- After death of her husband, she completed nursing school and is a retired RN.
- Rose lives in an assisted living facility.
- History of depression
Risk : Responsibility ~ The Escalating Line

High Risk

Moderate Risk

Basic Need

←Staff Action in Response to Need→

Offer
Routine Planning

Encourage
More Problem Solving

Motivate
Explaining Consequences
Additional Resources
Root Cause Analysis Steps

1. Gather & document initial information
2. Fill in the gaps
3. Analyze
4. Develop action plans
5. Evaluate effectiveness

What
Why
Action Plan
Evaluate Situation

- What does Rose want?
- Assess
- Rose’s Action Plan
- Interventions and Risks
- Monitor
- Accountability
Managed Risk 411-054-0036

Used when
- Harm is likely
- Harm is substantial
- Parties disagree about service plan

What it’s not
- A contract
- A waiver of liability
- A legal defense tool
- It is not a tool to get the provider off the hook!
Negotiated/Managed Risk Agreements

Social Ethics

✓ Communication
✓ Clarification
✓ Resident centered
✓ Consensus

Formal Process

- Explain cause/s of concern
- Describe probable negative outcome
- Describe what resident wants
- List alternatives to minimize risk
- Describe what facility and others will do
- Describe final agreement
Valid Managed Risk Agreement

- Residents preferences take precedence over family members
- Invalid if resident cannot understand consequences
- Reviewed at least quarterly. More often as situation dictates.
Move-out Requirements:

- Rose's drinking and aggression
- What interventions have been done after discovery of the situation to try and resolve the issue?
Interventions attempted:

- Discussed situation with resident/family/Dr.
- Additional training for staff
- Care plan/Service plan modification
- Managed Risk
Move-out Requirements:

- Rose’s drinking and aggression
- Issue Move-Out Notice
- What interventions have been done after discovery of the situation to try and resolve the issue?
- Documentation: have all interventions been documented?
Short Michigan Alcoholism Screening Test–Geriatric Version (SMAST-G)

© The Regents of the University of Michigan, 1991.
Source: University of Michigan Alcohol Research Center. Reprinted with permission.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. When talking with others, do you ever underestimate how much you drink?</td>
<td>Yes (1)</td>
<td>No (0)</td>
</tr>
<tr>
<td>2. After a few drinks, have you sometimes not eaten or been able to skip a meal because you didn’t feel hungry?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Does having a few drinks help decrease your shakiness or tremors?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Does alcohol sometimes make it hard for you to remember parts of the day or night?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Do you usually take a drink to relax or calm your nerves?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Do you drink to take your mind off your problems?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Have you ever increased your drinking after experiencing a loss in your life?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Has a doctor or nurse ever said they were worried or concerned about your drinking?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Have you ever made rules to manage your drinking?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. When you feel lonely, does having a drink help?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL SMAST-G-SCORE (0-10) ____________

SCORING: 2 OR MORE “YES” RESPONSES IS INDICATIVE OF AN ALCOHOL PROBLEM.

For further information, contact Frederic C. Blow, PhD, Director, Serious Mental Illness Treatment Research and Evaluation Center (SMITREC), Department of Veterans Affairs, Senior Associate Research Scientist, Associate Professor, Department of Psychiatry, University of Michigan.
Alcohol use in a nutshell:

Resident’s right to drink.

Facility’s responsibility to provide a safe environment.
Take away’s……

- Yes, older adult drink ~ Person Centered Care
- Understand the “why” of the behavior or need
- What are three other specific ideas/tools you heard today?

QUESTIONS?  

THANK YOU!!