

NURSING HOMES: GETTING GOOD CARE THERE

TEACHING GUIDE

Developed by Sara S. Hunt, Consultant

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Ombudsman Resource Center**

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ABOUT THE TEACHING GUIDE

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Teaching Guide for Nursing Homes: Getting Good Care There

PURPOSE of the BOOK

The book, *Nursing Homes: Getting Good Care There*, was written to empower consumers to advocate for good care for their loved ones living in a nursing home. The book discusses what good care is and how to help an individual receive it. This book has been used by individuals to successfully guide their interactions with residents and staff.

OTHER USES

Long-Term Care Ombudsmen and other advocates are using the book to teach groups of family members of nursing home residents: what to expect, what questions to ask, how to approach staff, and how to be a good advocate for their loved one. The book is also being used in training sessions with guardians of residents, long-term care ombudsmen (LTCO), nursing home staff, board and care home staff, and church groups interested in aging and caregiving.

Your challenge is to think about who needs to know the information contained in the book and to find a way to conduct even a brief educational session for them. Consider using some of the following events as potential opportunities to discuss one or more sections of the book's content, even if you have to be the initiator. The purpose is to empower consumers.

Take the message to:

- Resident councils;
- Family councils;
- Caregiver support groups or organizations;
- Alzheimer's Association meetings or public education events;
- Public guardians, via a conference session or other meeting;
- Care manager or discharge planner associations or meetings;
- Elder law attorney conferences or meetings;
- Other community or religious organizations including ministerial associations;
- The public via a community education seminar on getting good care.

The Ohio Long-Term Care Ombudsman Program placed the book in every public library. When consumers request information on choosing a nursing home via the State of Ohio Long-Term Care Consumer Guide website, <http://www.ltcoho.org/consumer/> they receive a copy of this book.

Several ombudsman programs give the book to new ombudsmen to read. Some programs also use the book in teaching ombudsmen or in discussions about advocacy and empowering consumers. One program shared specific ways the book is helpful in teaching advocates.

“The Nursing Home Ombudsman Agency of the Bluegrass uses the book to help ombudsmen more thoroughly understand how problems that appear unsolvable can actually be worked on and solved. Our ombudsmen read the book after their initial training and testing. The book is very real world. For example on page 15 under the Quality of Life section, the study by nurse Carboni and the natural reactions to losing a sense of self are excellent points an ombudsman can bring up during a care plan meeting or when conducting an in-service staff training session in a nursing facility. It is the kind of supporting information an ombudsman can refer to when it

seems like the entire situation is spinning. The advocate can say, ‘Stop, let’s look at what this person may be experiencing as a new resident.’

“The problem examples in the book are exactly like the problems ombudsmen encounter when advocating for a resident. In Chapter 3 everyone’s role in care planning is made clear. That is very helpful to ombudsmen who are trying to help residents, family and staff better understand good care planning. We’ve used the example at the end of that chapter with families who are lost and unsure of themselves. Facilities do such a good job of convincing families, residents and sometimes even ombudsmen that they are the problem and that they are asking for too much that I like for people to see the big example at the end of Chapter 3. Through this example they can understand what the facility should be doing. The book defines individual care and the steps that can be taken to attain individualized care.”

Sherry Culp, Nursing Home Ombudsman Agency of the Bluegrass, Inc., www.ombuddy.org

Think of this book as a tool for advocacy as well as for education. Let this teaching guide be a springboard for taking the book’s message to different audiences. Please share your experiences with the Resource Center. More examples of how programs have used this content in educating family councils and the public are described in the “Publicity” section and samples of their materials are in Appendix B.

PURPOSE of TEACHING GUIDE

This teaching guide is designed to help you take the book’s message, *You can do it!*, to consumers. It contains resources for conducting a session based on the book’s content. The Teaching Outline contains key speaking points and a few suggestions for engaging the audience. It is not a detailed outline for a presentation. You need to “make it your own” by adding content or exercises and letting your style and knowledge of the audience shape your speaking notes.

The ideas in this guide came from individuals like you who have been teaching from the book. They also came from the authors and their experiences in using the book in making presentations.

PREPARATION

Your Purpose

Although an outline of potential speaking points is included, it assumes you have read the book and are familiar with the content. The outline sections reference the most pertinent chapters in the book. In designing a session, consider the following questions.

- Who is your target audience?
- Of all the topics covered in the book, what is most important to your audience? What will the audience be most interested in discussing?
- How much time will you have during the session?
- How much time do you need to allow for questions and discussion? If your audience is coming with pent-up frustration about the quality of care or about the response they receive when talking with staff, build in extra time to accommodate their concerns.
- What is your target audience’s experience with nursing homes?
- What is the main message you want people to take away from this session?

Use the answers to the preceding questions in selecting your content and methodology. Adapt the outline of speaking points to fit your audience, the message you want to convey, and the methodology you choose.

Content and Resources

The outline does not include all of the book's content. One example is Chapter 2, "Residents' Rights". The Teaching Outline contains little information on residents' rights because so many of you already have your own approaches to teaching this topic. You might gain additional ideas from the "Residents' Rights Curriculum Module, Teaching Notes" of the "Equipping Long-Term Care Ombudsmen for Effective Advocacy: A Basic Curriculum" or other training modules available on the National Long-Term Care Ombudsman Resource Center's website, www.ltombudsman.org. The Residents' Rights Week packets from NCCNHR also have excellent tools for teaching this topic. The 2006 packet focused on care planning and has numerous resources for teaching residents' rights to participate in planning care and treatment.

Use this outline as a beginning point in developing your own teaching notes. There may be additional information you want to convey. The outline topics do not have to be presented in the order in which they appear in the outline. Although there are case examples in the book, you need to be thinking of examples from your work that apply to the topics you will teach. Sample handouts are in Appendix A. A Power Point presentation also accompanies this guide. The Power Point tracks the book's content. You may adapt the slides and add other content to tailor the presentation for your session.

Teaching Time and Order

The length of the session is important. If you plan to teach the information by using examples and having discussion, choose an appropriate amount of content to cover. The Teaching Outline follows the content order in the book. The content sections do not have to be taught in a specific order, they may be taught as stand-alone sections or may be combined in a way that is beneficial to your audience.

Each of the Teaching Outline sections in the following list could easily consume one to two hours or more of session time. They can be taught in a shorter amount of time by having less discussion and by covering a few, key content points. For example, instead of teaching resident assessment and care planning, focus only on explaining a care planning meeting and how to prepare for one. Due to the variability of the teaching time, suggested time frames are not included in the Teaching Outline.

Suggested outline areas for a session are:

- II and III: What Makes a Place Home? and Share Information About Your Relative's Life,
- IV: Participate in Care Planning Meetings,
- V and VI: Standards of Good Care and Good Care Prevents Poor Outcomes,
- VII: Good Care is Restraint Free,
- VIII: Quality of Life and Residents' Rights,
- IX and X: Informal Problem Solving and Going Up the Ladder.

The outline content can be combined in other ways to address the concerns of your audience.


Publicity

Your answers to the questions under “Your Purpose” will also be useful in designing publicity to promote the session. A sample press release for an educational session for families and friends is in Appendix B, courtesy of the Michigan Long-Term Care Ombudsman Program.


Be creative! A Colorado Ombudsman Program used the book for a half day workshop. A flyer showing how they organized the content is included in Appendix B. Different individuals presented the various topics during the morning. A California ombudsman used the book as the basis for three consecutive sessions with family members, including time for much discussion. A speaking outline and a quiz on “The Seven Most Common Problems With Care,” developed by an Ohio Ombudsman Program are also included in Appendix B.

Materials Needed

Since every advocate is extremely busy, a list of materials you will need to conduct a session are below. The list is included to help alleviate the nagging question, “What am I forgetting?” as you dash out the door.

- Flipchart, stand/easel, markers, and paper **or** a chalkboard
-  Handouts. Several handouts are in Appendix A.
 - You need to prepare or supply additional handout information as indicated in the Teaching Outline. Examples include literature about your program, contact information for key agencies, and literature on residents’ rights.
 - Consider checking the NCCNHR website, www.nursinghomeaction.org for additional handouts for consumers with content pertinent to your presentation. Look under the “Fact Sheet” menu tab on the home page for handouts on specific care issues and other topics. There are several that are relevant to the topics in the Teaching Outline, such as “Assessment and Care Planning,” “Restraint Use,” and “Malnutrition and Dehydration.”
 - If you use the Power Point presentation, consider printing a handout or outline version of the slides you will use. Adapt the slides and add other slides as appropriate for the content you will teach.
- Equipment for showing the Power Point presentation or any other audiovisual tools you will use. Turn the slides into transparencies if using a computer and projector is not a good option.
- Pencils or pens if you have written exercises, or pre-test, post-test, as part of the session
- Nursing Homes: Getting Good Care There*: at least one copy for display, additional copies if you have some to sell and information on purchasing the book, www.nursinghomeaction.org

In the Teaching Outline:

 indicates a handout

S indicates a Power Point slide

{ } indicates the phrase on the slide

TEACHING OUTLINE FOR CONTENT

Teaching Notes	Your Notes
<p>I. INTRODUCTIONS</p> <ul style="list-style-type: none">A. SpeakerB. ParticipantsC. Session Purpose<ul style="list-style-type: none">1. State the purpose you have determined.2. Be as clear as possible in stating what the session will and will not do.<ul style="list-style-type: none">a) Provide information and tools?b) Provide individual technical assistance to resolve any issues that participants have with care?c) Include time for questions?D. Establish a personal connection with the content you plan to cover during the session. One example follows.<ul style="list-style-type: none">1. Let's take a few minutes to focus on ourselves, to take a break.<ul style="list-style-type: none">a) Find a piece of paper and make two columns. [You do the same on a flip chart page.]b) Think about a time when you've moved.c) When did you begin to feel "at home"?d) What contributed to the feeling of being "at home"?e) List these things (c and d) in your one column.	


¹ For more information about resident assessment and care planning, refer to *Using Resident Assessment and Care Planning As Advocacy Tools: A Guide for Ombudsmen and Other Advocates*. S. Hunt & S. Burger. July 1992, revised Nov.1995. NCCNHR. 1828 L Street, NW, Suite 801, Washington, DC, 20036. www.ltombudsman.org

Teaching Notes	Your Notes
<p>f) In your second column, list what you miss most when you're away from home.</p> <p>2. Briefly discuss the responses, writing some of them on the flip chart, and segue into II.</p> <p>II. WHAT MAKES A PLACE HOME FOR YOU? Chapter 1</p> <p>A. Note: This section sets the context for teaching the other sections of content. It serves to connect the life of each participant with what you will be discussing about residents. You can use fifteen to thirty minutes or longer on this section, depending upon the size of the group and the amount of detail you want to include.</p> <p>The purpose of this section is to prompt the audience to understand the following points.</p> <ol style="list-style-type: none"> 1. Homelike means things like choice, control, privacy, having things that are important to us, comfort items. 2. This is true wherever we live. 3. Therefore a homelike environment in a nursing home is important <u>and</u> attainable. 4. A family member or close friend has a lot to contribute toward making this happen for a loved one living in a nursing home. 5. Residents can be advocates for themselves to gain a more homelike environment and life in a facility. <p>B. Ask, "What makes a place <u>home</u> for you?"</p> <ol style="list-style-type: none"> 1. List the responses on a flip chart and briefly discuss. 2. If you used the exercise included in I.D., avoid duplicating the discussion. You can use this question to push participants to be more specific about what they need in order to have a sense of home. <p>C. "What makes a place <u>home</u> for individuals who live in</p>	

Teaching Notes	Your Notes
<p>nursing homes?”</p> <ol style="list-style-type: none"> 1. Compare these answers to those listed above. 2. What are the common elements? List or mark these as you discuss them. 3. Residents often lose a sense of who they are because no one knows them. S{You Can Make a Difference!} {Trust and act on your instincts.} <p>D. Your first step toward good advocacy is to continue to relate to your family member as you always have. {You are the link to better care.}</p> <p>E. Because you know your relative, your insights are as important as the skills of the staff.</p> <p>F. <u>You</u> can help the nursing home be more homelike for your relative. {Know residents’ rights} {Laws, especially residents’ rights, regulations, and professional standards of good nursing home practice are on your side.}</p> <p>Note: You might use the Quality of Care and Quality of Life Power Point slides at this point to offer encouragement and reinforce the fact that laws are on the side of consumers.</p> <p>G. You might be wondering how you can work with staff, how you can help the home get to know your relative as an individual. <i>Let’s talk about what you can do!</i></p> <p>Note: This section, and the book, is about EMPOWERMENT, guiding participants in self-advocacy.</p> <p>III. SHARE INFORMATION ABOUT YOUR RELATIVE’S LIFE, Appendix 4</p> <p>A. S{Share Information to Individualize Care} <i>I want to tell you about my Mother.....</i> Sharing the story of your relative’s life is one of the most important things you can do. It will make a difference in the staff’s understanding your relative’s actions and responses because they’ll know some of the thoughts, feelings, habits and life experiences that lie behind those actions and responses. Do this by sharing in three major areas.</p> <ol style="list-style-type: none"> 1. {Facts} Ask, “What are some examples of the facts of 	




Teaching Notes	Your Notes
<p>someone's life?"</p> <ul style="list-style-type: none"> a) Quickly list several responses. b) The facts of someone's life include: the date and place of birth, number of siblings, when married, number of children, occupation, religion, etc. <p>2. {Story} "What do you think would be the story of someone's life?"</p> <ul style="list-style-type: none"> a) Quickly list a few responses, add to the list if necessary. b) This includes hopes, aspirations, accomplishments, sources of pride as well as disappointments, losses, and things that did not go well. c) Someone's story includes their characteristic ways of handling the up's and down's of life. <p>3. {What makes a good day} Ask, "What would this include?"</p> <ul style="list-style-type: none"> a) List several responses. b) This information gets at a person's daily schedule and the particular things that give her satisfaction and pleasure. c) Ask, "Why would this information be helpful to staff?" <p>4. If you have ample time, consider one of the following options.</p> <ul style="list-style-type: none"> a) Ask participants to make a few notes about themselves in each of the three areas: facts, story, and what makes a day good. b) Ask participants to make a few notes about their loved one who is living in a facility in each of the three areas: facts, story, and what makes a day good. 	

Teaching Notes	Your Notes
<p>(1) Solicit feedback about any insights gained through this exercise.</p> <p>(2) Encourage participants to continue their notes after this session.</p> <p>(3) Encourage participants to talk with their loved one about some of these areas or to talk with other family members regarding the loved ones' story or other details.</p> <p>B. Ask, "How and when could this type of information be shared with nursing home staff?"</p> <ol style="list-style-type: none"> 1. During the admission process 2. At the first care plan conference, preferably giving copies of this information to key department staff before the care plan conference. 3. Make an appointment with the social services person, or facility social worker, and discuss this information and how it can be used. 4. Invite other ideas. <p>C. How can family members encourage staff to use this information? Two examples are:</p> <ol style="list-style-type: none"> 1. Referring to parts of it during care planning meetings, 2. Telling staff pertinent pieces of information when discussing specific care routines or talking about preferences. 3. Ask participants for other ideas and list relevant ones. <p>D. S{Individualized Care is the new standard of care}Individualized care is supported by the law as well as by good care practices. The information we have been discussing is important for staff to know in order to individualize care.</p> <ol style="list-style-type: none"> 1. Introduce the terms "person centered care" and "person directed care" as current terms that could mean 	

Teaching Notes	Your Notes
<p>individualized care.</p> <p>2. Regardless of the term, if any, used by the facility, the law supports adapting facility routines to meet the needs and preferences of each resident.</p> <p>E. <u>You</u> have a role in individualizing the care for your relative. Sometimes you have to be persistent in achieving this.</p> <p>F. You have a ready made avenue for individualizing your relative’s care—care planning.</p> <p>IV. PARTICIPATE IN CARE PLANNING MEETINGS¹</p> <p>Chapter 3</p> <p>A. This is your opportunity to help staff <i>customize, individualize</i> the care for your relative.  Distribute the handout in Appendix A, “Assessment and Care Planning: The Key to Good Care.”</p> <ol style="list-style-type: none"> 1. S{Care Plans} What is a plan of care? <ol style="list-style-type: none"> a) The strategy for how the staff will help a resident. {List the strategies for care” b) It says {what will happen,} {when it will be done,} {how it will be done,} and {who will do it.} 2. Ask a few questions to learn about participants’ experiences. Connect some of their responses to information previously discussed in this session. Comment on points that connect to the content this session will cover. <ol style="list-style-type: none"> a) Who has participated in a care planning meeting? b) What was that like for you? c) If your loved one was present, how was it from his/her perspective?” <p>B. S{Support Residents in Planning Care} Ask, “How can you support a resident in care planning?” Note: As time permits, interject dialogue and specific examples as you discuss the actions listed on the slide.</p>	

Teaching Notes	Your Notes
<p>1. Before the meeting:</p> <ul style="list-style-type: none"> a) {Be informed about the resident’s needs and desires}, care and treatment. b) Ask questions if more information is needed. c) Review personal records and ask for assistance in understanding the information if necessary. d) Ask staff to hold the meeting when you can attend, if it’s OK with your relative. e) Plan a personal agenda for the meeting. <ul style="list-style-type: none"> (1) Make a list of questions to ask and note the help needed. (2) Identify important problems to discuss. <p>2. During the meeting:</p> <ul style="list-style-type: none"> a) {Discuss options} for treatment and for meeting the resident’s needs and preferences. b) Suggest at least a couple of ways the resident’s needs or wishes can be met. c) {Be open to trying new things}, at least on a short-term basis. d) {Ask questions.} <ul style="list-style-type: none"> (1) Ask staff to explore alternate ways to accomplish a goal. (2) Ask questions whenever an explanation of terms or procedures is needed. Remember: no question is too simple! e) {Understand and agree with the care plan before the meeting ends.} 	

Teaching Notes	Your Notes
<p>3. After the meeting:</p> <ul style="list-style-type: none"> a) {Monitor the implementation} of the care plan. <ul style="list-style-type: none"> (1) Are the activities on the care plan done as the resident agreed? (2) Is the plan meeting the resident's needs and the plan's goals? <p>4. Talk with facility staff about the implementation.</p> <ul style="list-style-type: none"> a) If things are going well, let the staff know. b) If there are problems, discuss them with the staff to see what can be done. c) If adjustments aren't satisfactory to the resident or if the resident experiences some major changes, ask for another care plan meeting. <p>5. S{Step Up—and join in planning care. Speak Up—and individualize care. Advocate for Good Care—and monitor the implementation.}</p> <p>C. If applicable, segue into the next topic you will present. An example for Section V is, “You might be wondering how you’ll know what good care is if you don’t have medical expertise. How can you tell whether to ask more questions? Let’s look at standards of care and then at seven common problem areas.”</p> <p>V. STANDARDS OF GOOD CARE, Chapter 4 and Appendix 2</p> <p>You might skip this section unless the audience needs this as background information.</p> <p>A. S{Quality of Care}: Nursing homes must provide care and services to:</p> <ul style="list-style-type: none"> 1. help each resident {maintain everything she is able to do at admission and} 2. {reach a better level if possible.} <p>B. S{Reasons Ability Might Decline after Admission} Refer to Appendix 2, <i>Standard of Nursing Home Care</i>, for a succinct</p>	

Teaching Notes	Your Notes
<p>elaboration of this requirement.</p> <p>There are only 3 reasons for a resident’s ability to decline after admission:</p> <ol style="list-style-type: none"> 1. {Progression of a disease;} 2. {Onset of a new disease or condition;} 3. {Decision to refuse treatment.} <p>VI. GOOD CARE PREVENTS POOR OUTCOMES, Chapter 4</p> <p>This section’s content is useful for ombudsmen to know. It can strengthen their advocacy skills. Teaching this content to family members builds their confidence—it encourages them to act on their instincts. Knowing this information helps to <i>level the playing field</i> for families who feel intimidated by staff or feel they don’t know enough to ask the right questions.</p> <p>A. Introduce the section, “Suppose you’re visiting a resident. What could you observe that would make you wonder about the quality of care the resident receives?”</p> <ol style="list-style-type: none"> 1. List the responses and discuss. 2. Consider using the S, {The 7 Most Common Problems with Care}, to see how many of these issues, the audience identified. 3. Point out that these seven areas are the BASICS of care! <p>B. Distribute the handouts:</p> <ol style="list-style-type: none"> 1.  Good Care Prevents Poor Outcomes, 2.  How Do You Know When Preventive Care is Needed? 3.  Rehabilitative/Restorative Care to Increase Function. <p>C. Walk people through the type of information that is in the handouts, <u>focusing on how they might use the information.</u></p> <p>D. Look at specific sections in the handouts pertinent to some</p>	


Teaching Notes	Your Notes
<p>of the observations the audience just listed.</p> <p>E. Connect the use of this information to the care planning discussion.</p> <p>F. S{Step up—Be observant about your relative’s condition and well-being.} {Speak up—when little things don’t seem right—prevent poor care.} {Advocate for good care—Be sure your relative is toileted, given fluids, assisted with eating, gets good skin care, gets moved, and receives support for remaining independent.}</p> <p>VII. GOOD CARE IS RESTRAINT FREE, Chapter 5</p> <p>Use some of the case examples from Chapter 5, <i>Good Care Is Restraint Free</i>, to generate discussion and demonstrate behavioral symptoms, alternatives, and quality of life. Add your own examples or ask the audience for some.</p> <p>A. What are restraints?</p> <ol style="list-style-type: none"> 1. Physical restraints prevent a person from moving freely. A physical restraint restricts one’s ability to move or reach a part of the body. 2. Chemical restraints are psychoactive or mind-altering drugs used to control a person’s behavioral symptoms (when other forms of care would be more appropriate). Psychoactive drugs act on the chemicals of the brain that affect thinking, feeling, reacting and paying attention. <p>B. What are possible bad effects of physical restraints?</p> <ol style="list-style-type: none"> 1. Incontinence 2. Urinary tract infections 3. Dehydration 4. Contractures 5. Pressure sores 6. Swollen feet and ankles 	

Teaching Notes	Your Notes
<p>7. Brittle bones</p> <p>8. Malnutrition</p> <p>9. Dependent on others for food, drink, toileting, and moving</p> <p>10. Risk of death due to compression of the chest or strangulation</p> <p>11. Agitation</p> <p>12. Screaming and yelling</p> <p>13. Depression</p> <p>14. Loneliness</p> <p>15. Withdrawal from other people</p> <p>C. What are the possible bad effects of chemical restraints?</p> <ol style="list-style-type: none"> 1. Immobility 2. Repetitive movements 3. Agitation 4. Too many drugs which is especially dangerous for older people. <p>D. What can be done to avoid restraints?</p> <ol style="list-style-type: none"> 1. Avoiding restraints begins with understanding what an individual is communicating through his or her actions—understanding behavioral symptoms. 2. Take a look at the steps in avoiding restraints. S{Good Care is Restraint-Free} <p>E. {Behavioral symptoms} are actions expressing distress that indicate an unmet need.</p> <ol style="list-style-type: none"> 1. Individuals who are unable to express feelings of pleasure or distress through words—perhaps due to medical conditions such as dementia or stroke—express 	

Teaching Notes	Your Notes
<p>themselves through actions. <u>Understanding and responding to behavioral symptoms is the key to eliminating restraints.</u></p> <p>2. Switch to the S{The environment causes 75-90% of the behavioral symptoms for which restraints are ordered.}</p> <p>a) Briefly give a few examples or</p> <p>b) Ask participants to suggest an example.</p> <p>c) Connect this statement to the explanation about behavioral symptoms. Many “behaviors” are a reaction to an outside stimulus, the behaviors are induced or triggered by something external to the individual.</p> <p>F. Return to S{Good Care is Restraint-Free}. A thorough {assessment} and re-assessment as necessary is an important component of preventing or eliminating the use of restraints.</p> <p>1. Assessment needs to be the type discussed in Chapter 3 of the book, “Assessment and Care Planning: Receiving Individualized Care,” including such information as discussed in <i>I want to tell you about my mother.....</i></p> <p>2. Assessment also includes an objective look at the environment from the perspective of the individual resident. S {The environment causes 75%-80% of the behavioral symptoms for which restraints are used!}</p> <p>G. Return to S{Good Care is Restraint-Free}. {Unmet needs} are often expressed by actions such as pacing, trying to leave, crying out, striking out. The individual’s unmet need must be understood and addressed.</p> <p>H. Always remember to look for {obvious solutions} to unmet needs.</p> <p>1. Is the individual cold? Move him away from the draft; get another blanket for her.</p> <p>2. Is the individual in pain? Give her something to ease the pain; consider massage or other pain intervention.</p> <p>3. Is the individual trying to escape loud noises? Move him</p>	

Teaching Notes	Your Notes
<p>into a quiet area; close the door.</p> <p>I. Eliminating the use of restraints leads to:</p> <ol style="list-style-type: none"> 1. {Freedom} for everyone. The atmosphere within the facility changes to a more positive one. 2. Residents are not constantly trying to get out of restraints, they have freedom of movement. 3. Staff are free to care for and interact with residents instead of focusing on controlling or containing behavioral symptoms. Staff are free to meet the needs of residents. <p>J. Life and work within the nursing home is more satisfying for everyone: residents, staff, and visitors! {satisfaction}</p> <p>K. Restraints are medical treatments and MUST have informed consent to be used except in emergencies!</p> <p>L. There are three rules to guide a decision about a restraint.</p> <ol style="list-style-type: none"> 1. The restraint must do more good than harm. Note: Refer back to the handouts under Section VI on the potential side effects of restraints. 2. If your relative is unable to consent to a restraint, then it's your decision whether to consent to the treatment. You must be informed of all the potential hazards and other ways care can be given. Explore all options! 3. If a restraint is necessary, the least restrictive restraint must be used for the shortest amount of time possible. <p>M. S{Ask These Questions} If staff suggest a restraint, ask these questions:</p> <ol style="list-style-type: none"> 1. {What symptom prompted the suggestion to use a restraint?} 2. {Has the cause of the symptom been assessed?} 3. {What efforts have been made to treat or eliminate the cause?} 	


Teaching Notes	Your Notes
<p>4. S-2{Ask These Questions} {If the cause cannot be found and eliminated, are staff using individualized care practices?} Mention the chart, “Individualized Care for Common Challenges Residents Face,” in Chapter 5.</p> <p>5. {What is the plan for gradually discontinuing the use of physical and/or chemical restraints?}</p> <p>N. S{Step up—observe if people are tied up or if they seemed drugged in your nursing home. Speak out—if physical or chemical restraints are suggested for your relative. Advocate for good care—instead of restraint use.}</p> <p>VIII. QUALITY OF LIFE AND RESIDENTS’ RIGHTS, Chapters 2 and 6</p> <p>This section reiterates to families that it’s OK to tune into the environment and the <u>way</u> things are done. You can connect this content to the initial exercise regarding what makes a place <i>home</i> for you.</p> <p>A. S{Quality of Life} {A nursing facility must care for its residents in such a manner and in such an environment as will promote maintenance or enhancement of the quality of life of each resident.}</p> <p>B. Each individual’s quality of life should be maintained or improved by the way the facility delivers care <u>and</u> the way the environment supports the person.</p> <p>C. Quality of life should not decline for an individual just because he or she now lives in a nursing home.</p> <p>D. S{Quality of Life For Each Resident}</p> <p>E. You (family member) and the staff can determine many of the most important elements of your loved one’s quality of life by talking with her, referring to her life’s “story” mentioned in Section III of this outline, and covered in Appendix 4 of the book, <i>I want to tell you about my mother.....</i></p> <ol style="list-style-type: none"> 1. {What gave meaning to her life?} 2. {What were her sources of pride?} 3. {How did she organize her day?} 	

Teaching Notes	Your Notes
<p>4. {What makes a good day?}</p> <p>5. {What detracts from a good day?}</p> <p>F. Components of quality of life and residents' rights are:</p> <ol style="list-style-type: none"> 1. choice, 2. control, 3. decision-making, and 4. communication. <p>5. A <u>summary</u> of the federal resident's rights is in Appendix 3 of the book.</p> <p>6.  If you have a brochure on residents' rights, give it to participants.</p> <p>7. Summarize this section by:</p> <ol style="list-style-type: none"> a) connecting the content to previous exercises and to the points in the handouts, and b) emphasizing the connection between quality of life and residents' rights. <p>G. S{Step Up—and pay attention to things that make a day good. Speak Up—about important choices and daily routines. Advocate for Good Care—and residents and staff “win”.}</p> <p>H. Note: A slide, Step Up, Speak Up, and Advocate for Good Care, relevant to residents' rights is included in the Power Point presentation, following the preceding slide. The content is, {Step Up—know your rights. Speak Up—residents must be treated with dignity. Advocate for Good Care—participate in care planning.}</p> <p>IX. INFORMAL PROBLEM SOLVING, Chapter 7</p> <p>A. Introduce this section by asking, “What do you do when you suspect there is a problem with your car? Or with something you purchased?”</p> <ol style="list-style-type: none"> 1. List the responses on a flip chart and briefly summarize. 	

Teaching Notes	Your Notes
<p><u>Gather more information</u> usually comes out in the discussion.</p> <ol style="list-style-type: none"> 2. If appropriate based on the listed responses ask, “Which of the actions listed are most productive?” Highlight or indicate the responses by underlining or checking the items on the list. 3. Using the listed responses and preceding dialogue, summarize the primary action steps that lead to productive outcomes. 4. Help participants understand that the process they frequently use to solve problems in daily life is similar to the process they need to follow in the nursing home setting. <p>B. S{Problem Solving & Being Your Own Advocate} Do you know how the facility administration wants residents and families to deal with concerns?</p> <p>C. Have you let complaints accumulate until you are so frustrated you will be unable to state your concerns objectively? {Don’t let complaints or anger pile up.}</p> <p>D. What is the specific complaint? Note: This needs to be more specific than <i>the food is cold, the care is awful</i>, etc. {Be as specific as possible: state the who, what, where and when.}</p> <p>E. Whose problem is it? <u>What is the resident’s position?</u></p> <p>F. Can you prioritize the issues? {Prioritize issues.}</p> <p>G. How does the resident want to approach the problem?</p> <ol style="list-style-type: none"> 1. Does your loved one just need to air feelings rather than confront staff? {Take the lead from the resident when possible.} <p>H. {Request a special meeting} to address the issue instead of trying to get staff’s attention when they are very busy or have their minds on other matters.</p> <p>I. If time permits, ask participants to share a few examples of problem resolution they have experienced.</p>	

Teaching Notes	Your Notes
<ol style="list-style-type: none"> 1. Point out steps that were productive. 2. If a participant has not been successful, ask if they have any additional ideas about approaches to use at this point in time? 3. If appropriate, ask others to suggest ideas. 4. Offer additional ideas and resources to succeed in resolving problems. <p>X. GOING UP THE LADDER, Chapter 7</p> <p>S{Meetings to Resolve Problems} This is a more formal process than the one described in the preceding section of the outline. You might skip this section unless the group needs to improve their skills in this area. Be prepared with examples to illustrate these steps.</p> <p>A. Request a meeting</p> <ol style="list-style-type: none"> 1. {Make an appointment.} Avoid trying to catch the administrator or director of nursing in the hall to have a discussion about problems. 2. Wait until you can have his/her full attention and some privacy or minimal distractions. <ol style="list-style-type: none"> a) “Why is this important?” b) “What type of issues might be particularly important to discuss by making an appointment instead of just dropping in?” <p>B. Before the meeting: {Know the results you are seeking.}</p> <ol style="list-style-type: none"> 1. {Find out if there are others with the same concern.} Are there other people with the same concerns? 2. If you are having a problem, there are likely other families who have similar concerns. 3. The resident council may have discussed the problem in the past. 	

Teaching Notes	Your Notes
<p>4. Have you personally observed the problem?</p> <ul style="list-style-type: none"> a) Have you recorded the times and dates when it occurred? b) Have you recorded the attempts you made to solve the problem? c) Do you have the times, dates and person you spoke to? <p>5. Can you state the problem objectively, focusing on the effect and outcome for the resident?</p> <p>6. Are you familiar with the regulations or residents rights that may apply to this problem? You don't have to quote these specifically but it is helpful to demonstrate your knowledge of the pertinent regulations. {Be familiar with regulations or rights that may apply.}</p> <p>7. Will the people who can solve the problem be at the meeting? {Make sure the people who can solve the problem attend.}</p> <p>C. S {During the meeting}:</p> <ul style="list-style-type: none"> 1. {Establish a sense of cooperation and inclusion.} Assume that staff value satisfied customers and will want to know about, and fix the problem. <ul style="list-style-type: none"> a) "How could you do this?" b) "What are some statements you could make?" c) Refer back to the initial exercise about dealing with car problems or a problem with a purchase as appropriate. 2. {Hear staff out, but remember the goal is the resident's well-being.} 3. {Offer solutions} about the problem's cause and its solution. 4. {Don't leave the meeting without a clear understanding 	

Teaching Notes	Your Notes
<p>of what to expect.}</p> <p>D. S{Where to Turn: Important Support Systems}  Distribute the contact information and official names for the following agencies in your state and/or edit this visual to include your state specific information.</p> <ol style="list-style-type: none"> 1. {Resident and family councils} 2. {The Ombudsman Program} 3. {State licensing and certification office} 4. {Regulatory agencies} 5. {Adult protection agencies} 6. {Law enforcement agencies} 7. {Citizen advocacy groups} 8. {NCCNHR} NCCNHR: The National Consumer Voice for Quality Long-Term Care. Clarify that NCCNHR's name was changed in 2007. Previously the organization was known as the National Citizens' Coalition for Nursing Home Reform, which is the name used in the book. <p>E. S{Remember} to:</p> <ol style="list-style-type: none"> 1. {Know the nursing home's complaint process.} 2. {Determine the specific problem.} 3. {Decide what you outcome want.} 4. {Involve friends and/or family members in the process whenever possible.} 5. {Locate help outside the facility.} <p>F. S{Step up—Know the nursing home complaint process. Speak up—Use effective problem solving skills. Advocate for good care—Locate help outside the nursing home when necessary.}</p>	

Teaching Notes	Your Notes
<p>XI. S {WHAT CAN YOU DO?} SUMMING IT UP, Chapter 8</p> <p>Depending upon the available time and the needs of the participants, discuss in more detail some of the following points, such as G, talking with surveyors. Use this as a time to reinforce content and provide a sense of confidence for participants.</p> <p>A. {Respect the dignity and rights.} of your relative</p> <p>B. {Provide information.} about your relative</p> <p>C. {Ask questions and be involved.} Work with nursing home staff to support good care for the person you love.</p> <p>D. {Seek support from nursing home staff.} A few key staff you might approach, depending upon the issue, are the social worker, the director of nursing, the resident assessment coordinator, the activities professional, and the dietician.</p> <p>E. S 2{WHAT CAN YOU DO?} {Learn about laws, regulations, standards} for good care.</p> <p>F. {Learn about the Ombudsman Program and citizen groups} that can assist you in resolving problems in the nursing home.</p> <p>G. {Tell the surveyors what you've experienced} when they make their annual inspection of the home.</p> <p>H. {Share your experiences and support others} who are working for change.</p> <p>I. S{STEP UP, SPEAK UP, ADVOCATE FOR GOOD CARE}</p>	

APPENDIX A: HANDOUTS

ASSESSMENT AND CARE PLANNING: THE KEY TO GOOD CARE

A Guide for Nursing Home Residents and Their Families

Adapted from *Using Resident Assessment and Care Planning as Advocacy Tools*

Sara S. Hunt & Sarah G. Burger, National Citizens' Coalition for Nursing Home Reform

WHY DO YOU NEED TO KNOW ABOUT ASSESSMENT AND CARE PLANNING?

Every person in a nursing home has a right to good care, under the law. The law says the home must help people “attain or maintain” their highest level of well-being - physically, mentally and emotionally. To give good care staff must assess each resident and plan care to support each person's life-long patterns, and current interests, strengths and needs. Resident and family involvement in care planning give staff information they need to make sure residents get good care.

WHAT IS A RESIDENT ASSESSMENT?

Assessments gather information about how well residents can take care of yourselves and when you need help in “functional abilities”—how well you can walk, talk, eat, dress, bathe, see, hear, communicate, understand and remember. Staff also ask about residents' habits, activities and relationships so they can help residents live more comfortably and feel more at home.

The assessment helps staff look for what is causing a problem. For instance, poor balance could be caused by medications, sitting too much, weak muscles, poor fitting shoes, a urinary infection or an ear ache. Staff must know the cause in order to give treatment.

WHAT IS A PLAN OF CARE?

A plan of care is a strategy for how the staff will help a resident. It says what each staff person will do and when it will happen (for instance —The nursing assistant will help Mrs. Jones walk to each meal to build her strength.) Care plans must be reviewed regularly to make sure they work and must be revised as needed. For care plans to work, residents must feel like they meet your needs and must be comfortable with them. Care plans can address any medical or non-medical problem (example: incompatibility with a roommate).

WHAT IS A CARE PLANNING CONFERENCE?

A care planning conference is a meeting where staff and residents/families talk about life in the facility—meals, activities, therapies, personal schedule, medical and nursing care, and emotional needs. Residents/families can bring up problems, ask questions, or offer information to help staff provide care. All staff who work with a resident should be involved—nursing assistants, nurse, physician, social worker, activities staff, dietician, occupational and physical therapists.

WHEN ARE CARE PLANNING CONFERENCES HELD?

Care planning meetings must occur every three months, and whenever there is a big change in a resident's physical or mental health that might require a change in care. The care plan must be done within 7 days after an assessment. Assessments must be done within 14 days of admission and at least once a year, with reviews every three months and when there is a significant change in a resident's condition.

WHAT SHOULD YOU TALK ABOUT AT THE MEETING?

Talk about what you need, how you feel; ask questions about care and the daily routine, about food, activities, interests, staff, personal care, medications, how well you get around. Staff must talk to you about treatment decisions, such as medications and restraints, and can only do what you agree to. You may have to be persistent about your concerns and choices. For help with problems, contact your local long-term care ombudsman, advocacy group or others listed on the next page.

HOW RESIDENTS AND THEIR FAMILIES CAN PARTICIPATE IN CARE PLANNING

Residents have the right to make choices about care, services, daily schedule and life in the facility, and to be involved in the care planning meeting. Participating is the only way to be heard.

Before the meeting:

- * Tell staff how you feel, your concerns, what help you need or questions you have; plan your agenda of questions, needs, problems and goals for yourself and your care.
- * Know, or ask your doctor or the staff, about your condition, care and treatment.
- * Ask staff to hold the meeting when your family can come, if you want them there.

During the meeting:

- * Discuss options for treatment and for meeting your needs and preferences. Ask questions if you need terms or procedures explained to you.
- * Be sure you understand and agree with the care plan and feel it meets your needs. Ask for a copy of your care plan; ask with whom to talk to if you need changes in it.

After the meeting:

- * See how your care plan is followed; talk with nurse aides, other staff or the doctor about it.

FAMILIES:

- * Support your relative's agenda, choices and participation in the meeting.
- * Even if your relative has dementia, involve her/him in care planning as much as possible. Always assume that she/he may understand and communicate at some level. Help the staff find ways to communicate with and work with your relative.
- * Help watch how the care plan is working and talk with staff if questions arise.

A Good Care Plan Should:

- * Be specific, individualized and written in common language that everyone can understand;
- * Reflect residents' concerns and support residents' well-being, functioning and rights; Not label residents' choices or needs as "problem behaviors";
- * Use a multi-disciplinary team approach and use outside referrals as needed;
- * Be re-evaluated and revised routinely —Watch for care plans that never change.

**Prepared by the National Citizens' Coalition for Nursing Home Reform
1828 L Street N.W., Suite 801, Washington, DC, 20036; (202) 332-2275 July, 1992**

GOOD CARE PREVENTS POOR OUTCOMES

From: *Nursing Homes: Getting Good Care There*, Appendix 6

Preventable Poor Outcomes

Bladder or bowel incontinence due to immobility or poor memory

Use of urinary catheter due to inadequate toileting

Malnutrition/dehydration due to immobility, inability to understand or remember

Tube feedings because staff is too busy to help residents feed themselves

Resident poorly dressed and groomed. Mouth and foot care poor due to busy staff, poorly trained staff, or poor staff supervision

Pressure sores due to: immobility; poor nutrition; poor fluid intake; incontinence

Preventive Care

Nursing home staff must take resident to toilet, according to individualized care plan and upon resident's request

Toilet as noted above. Use of restorative care. Use adult incontinent brief only as adjunct to toileting. Residents shouldn't be told to relieve themselves in their clothing because incontinent brief is on. Catheters can be used appropriately **only** when: obtaining sterile urine specimen; removing urine from bladder in the event of nerve damage; and trying to heal a skin wound

Provide nourishing food that resident enjoys. Assist with eating, per care plan. Family and friends can help, especially if resident takes a long time to eat.

Same as above. Never accept "she takes too long to eat" as adequate reason for tube feedings. Inserting a tube through the nose into the stomach, or directly into the stomach, is an uncomfortable invasive procedure that seriously diminishes quality of life. You should ask, *Would I want to endure that?*

Staff should help resident to groom and dress as needed. Clothes should be clean, though spills can occur during meals and activities. Staff should help keep mouth clean, free from food. Feet should be kept clean and dry; use lotion to soften skin; toenails should be filed.

See that staff change position **at least** every two hours; two people should move heavy, immobile resident to avoid friction against body sheets. Prevention equipment includes: sheepskin booties on heels and elbows; special mattresses; special cushions in wheelchairs. Encourage resident to eat and drink; toilet as needed, keeping skin clean and dry; place pillows between knees, ankles, arms and body; help residents out of bed daily.

Preventable Poor Outcomes

Contractures due to immobility

Decreased independence; loss of ability to dress, groom, eat, toilet, etc. Caused by lack of restorative services, treatments.

Drug interaction due to: too many drugs, wrong types of drugs, and too high dosage.

Inability to see or hear due to: lost/broken hearing aids or lost/dirty/broken eyeglasses.

Preventive Care

Staff should perform range-of-motion exercises for each joint from neck to toes at least daily. Help residents out of bed daily. Position resident in bed or chair with pillows/foam rolls between knees, ankles, arms and body. Residents should not be tilted to one side in a chair.

Staff should provide assistance to promote independence. If resident can eat alone, but takes a long time, staff should not try to feed the resident to save time.

Staff should reassess drugs to see why they are administered and how they affect residents. Look for: drop in blood pressure that causes residents to fall when they try to stand; dry mouth or skin; poor appetite; upset stomach; vision change; excess urination; restlessness; personality change.

Staff should ensure hearing aids/eyeglasses are operating and kept in safe place.

How Do You Know When Preventive Care is Needed?

From: *Nursing Homes: Getting Good Care There*, Appendix 6

At-Risk Residents Are:

Immobile (unable to move without help) due to: injury, disease, drugs' or restraints

Non-communicative or unable to be understood due to injury or disease

Demented or unable to remember due to injury, disease drugs

Preventable Poor Outcome

Pressures on coccyx (small triangular bone near end of spine), hips, heels, shoulders. Contractures forcing resident into fetal position, curled up with rounded back and bent knees. Bladder and bowel incontinence and possible use of catheter. Malnutrition or poor diet. Dehydration or insufficient fluids.

Bladder or bowel incontinence and possible use of catheter. Also can result in malnutrition, dehydration and decreased ability to eat, dress, walk and perform other activities of daily living.

Same as above. Also, decreased mobility unrelated to disease, plus increased risk of accidents.

Rehabilitative/Restorative Care to Increase Function

From: *Nursing Homes: Getting Good Care There*, Appendix 6

Care Problem	Rehabilitative/Restorative Care	Who Requires Care?
Incontinence	Bowel and bladder training. Staff should visit with resident every two hours to check whether resident is clean/dry, or needs to go to the toilet. Staff also monitor frequency/amount bladder and bowels excrete. Food and fluid intake also measured.	Residents who can regain control of bladder and bowels, but do not have a bladder infection, severe memory loss, nerve damage to bladder, or bowel disease.
Immobility	Physical therapy (PT) department schedules regular sessions until no further improvement possible. Resident then transfers to preventive maintenance program. Resident learns to stand; pivot; transfer from bed to chair; walk; and use canes, crutches, walkers and wheelchairs.	Residents who lost movement due to falls, broken hip, stroke, improper restraint use, or accidents.
	Restorative range of motion exercises: Over time range of motion may increase	Resident who has start of contracture due to poor care in past
Unable to dress and groom oneself	Occupational therapist (OT) suggest changes in clothes, grooming equipment such as Velcro closures if resident can't button clothes. Breaks down each task so it can be relearned step by step—teaches nurse how to follow through with program	Residents whose loss of function is due to injury or poor care.
Unable to eat or drink independently	Occupational therapy: Same as above but emphasis on special equipment such as plates with high rim, tableware with built up handles. Dietary: providing appropriate foods: a thickener in liquids if unable to swallow, finger foods for those unable to remember how to use a fork and knife. Teaches staff how to follow through. Speech therapist: assesses swallowing ability and suggests changes in foods, positioning for eating and drinking.	Resident who has lost function due to injury, disease, poor care.

Care Problem	Rehabilitative/Restorative Care	Who Requires Care?
Ability to communicate	<p>Speech therapist evaluates problem and does exercises to improve speech. When speech cannot be regained suggests other communication devices: pencil, paper, electronic devices. Teaches staff to follow through when therapist not there.</p> <p>Audiology services evaluates residents hearing and prescribes appropriate devices-staff must keep devices in good working order and be sure it is not lost.</p> <p>Optometrist prescribes glasses. Staff must help to keep devices in good working order and be sure they are not lost.</p>	Residents who have lost hearing or speaking ability due to injury disease or lost equipment

APPENDIX B: EXAMPLES from PROGRAMS

Sponsored by :

*Larimer County LTC
Ombudsman Program,
Larimer County Dept. of
Human Development;
Office on Aging*



*and the Weld County LTC
Ombudsman Program*



*Questions?
Call: (970) 353-3800 x3324*

*Larimer County
Office on Aging
Larimer County Dept. of Human Development
525 Blue Spruce Drive
Fort Collins, CO 80524*

Positive Problem Solving in Nursing Homes

Saturday, October 5, 1996

*Registration
8:00 to 8:30 AM*

*Conference
8:30 to 12:00 NOON*

*Bethel Lutheran Church
328 Walnut St.
Windsor, Colorado*

Registration at the door.

*There is no charge for this
conference.*



AGENDA:

8:00 to 8:30AM: Registration and Continental Breakfast

8:30 to 8:45 AM: Welcome, Background, Objectives

8:45 to 9:45 AM: What You Need to Know To Get Good Care


- ◆ *Resident Rights - Whose Rights?*
- ◆ *Physical and Chemical Restraints - "I'm Afraid She'll Fall."*
- ◆ *Care Planning - Being There, Asking Questions, and Follow Through*
- ◆ *Dementia - "Why Won't He Take a Bath?"*

9:45 to 10:00 AM: Break

10:00 to 11:30 AM: When Problems Arise, Who Do I Go To?"

- ◆ *Inside the Nursing Home*
- ◆ *Outside the Nursing Home*
- ◆ *Family Councils - How They Can Help?*


11:30 to 12:00 AM: Questions - Where Do We Go From Here?



Common Factors for Quality Nursing Homes -

- ◆ *consistent and responsive ownership*
- ◆ *stable, well-trained staff*
- ◆ *community interaction*
- ◆ *a philosophy of resident-centered care*
- ◆ *a mission to eliminate restraints or to use them only when no individualized care plan works*
- ◆ *teamwork between management and staff*
- ◆ *respect and advocacy for residents' rights*

from NURSING HOMES, getting good care there, by Sarah Greene Burger, Virginia Fraser, Sara Hunt, Barbara Frank



OBJECTIVES:

- ◆ **To educate families about resident care and rights**
- ◆ **To examine effective problem solving techniques**
- ◆ **To promote positive family involvement in the life of the nursing home**
- ◆ **To identify places to turn for help**



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For Immediate Release
January 17, 1997

Contact: Jane Smith
(313) 332-4545

**NURSING HOMES
GETTING GOOD CARE THERE**

Training for families and friends: what it takes to expect-and receive-good nursing home care for the person they love

"Relatives of nursing home residents often fell helpless, uncertain about what questions to ask, or how to participate in their loved ones care," according to Sara Hunt, Michigan co-author of the new book Nursing homes getting good care there.

Jane Smith, local long term care ombudsman, will be the guest speaker at the Country Side Nursing Home Family Council Meeting on Wednesday, February 5, at 7:00 pm. Her presentation is entitled: "Getting Good Care in a Nursing Home: The Seven Most Common Problems--How You Can Help."

Drawing from her experience as long term care ombudsman and from information included in the book, she will explain how families and friends can use common-sense approaches and work with nursing home staff to achieve high quality care that respects a relative or friend's choices, dignity and individuality.

Nursing Homes are a fact of life for more than 1.5 million people in the United States. Stories about the trauma and stress that often come with adapting to life in a nursing home are commonplace.

The presentation will show how to make a difference -- how to improve the care -- by speaking out, asking the right questions, and offering staff vital information:

- ◆ How to help retain a resident's individuality within an institutional routine.
- ◆ How to help protect a resident's right to continue making choices about his or her life, and continue exercising control over care and treatment.
- ◆ How to help safeguard a resident who is agitated or wanders against the dangers of physical and chemical restraints.

Finally, information on how to help resolve the seven most common problems will be shared. Those problems include: not being taken to the bathroom when needed, not getting enough fluids or food, not getting proper grooming, skin problems, losing range of motion due to lack of exercise and increasing dependency.

Detroit • Grand Rapids • Lansing • Saginaw • Traverse City • Iron Mountain

Citizens for Better Care receives funding from individuals and the following organizations: The Michigan Office of Services to the Aging; Detroit Area Agency on Aging; The Senior Alliance; Area Agency on Aging 1B; Region II Commission on Aging; Region IV Area Agency on Aging; Valley Area Agency on Aging; Tri-County Office on Aging; Region VII Area Agency on Aging; Area Agency on Aging of Western Michigan; Area Agency on Aging of Northwest Michigan; Upper Peninsula Commission for Area Progress; Region 14 Area Agency on Aging through the Older Americans' Act and the Older Michiganians' Act; Kent County Social Services Board; the City of Grand Rapids; Capital Area United Way; United Way of Jackson County, and other local United Ways through the United Way of Michigan.



Participants will learn the many ways that family and friends can join the nursing home staff in addressing the needs of an individual resident.

The meeting will be held at Countryside Nursing Home, 1300 Leppard (between First and Second) at 7:00pm on Wednesday, February 5th. All are welcome

Speaking Outline: The Seven Most Common Problems in Care

Based on Chapter 4, in *Nursing Homes: Getting Good Care There*

Developed by: Kaye Mason-Elswick, Regional Long-Term Care Ombudsman
Area Agency on Aging, District Seven, Inc., Rio Grande, Ohio (888)841-2227

1. Not Being Taken To The BR Leads To Incontinence.

- Bowel or Bladder Incontinence due to immobility or poor memory is a preventable poor outcome.
- Use of a urinary catheter due to inadequate toileting is also a preventable poor outcome.

PREVENTION:

A. Residents should be toileted according to their individual needs rather than the home's schedule.

-Can your resident toilet her/himself or do they need help?

-Does your resident know when they need to go to the BR? If not, is the staff reminding them?

-What was their life-long pattern of going to the BR? Are you following their life-long schedule?

-When do you usually find the resident wet?

B. Diapers should only be used as adjunct to toileting.

-Residents should not be told to relieve themselves in their diapers.

***Catheters are only appropriate when:**

-obtaining a sterile urine specimen

-removing urine from the bladder in the event of nerve damage

-trying to heal a skin wound

***Some residents may benefit from bowel and bladder training**

2. Not Getting Enough Fluids To Drink Leads To Dehydration

---- Dehydration due to immobility or inability to understand or remember is a preventable poor outcome.

SIGNS OF DEHYDRATION:

- Dry mouth
- Tongue sticks to inside of mouth
- Lips appear dry, peeling
- Skin looks or feels drier
- Poor skin turgor
- Eyes look sunken
- Poor output/urine concentrated and strong
- Confusion

PREVENTION:

A. Residents should receive 8-10 cups of fluids per day.

- Is your resident drinking?
- Does your resident remember to drink? If not, do you remind them.
- Is your resident able to drink without help? If not, are they receiving help.
- Are fluids available and within their reach?
- What do they like to drink? Do you have it on hand for them?

B. Factors which could Increase risk for Dehydration:

- Is your resident taking medication such as a diuretic (Lasix, Dyazide) that makes them urinate often causing dehydration?

-Have they been vomiting, had a fever, or experiencing diarrhea?

***If you notice signs of dehydration, notify their physician.**

3. Not Getting Enough To Eat Leads To Malnutrition.

---- Malnutrition due to immobility, inability to remember, or inability to feed yourself is a preventable poor outcome.

SIGNS OF WEIGHT LOSS/MALNUTRITION

- Clothes are too big/fit loosely
- Cracks around the mouth
- Lips and mouth look pale
- False teeth no longer fit
- Confusion
- Skin breakdown

PREVENTION:

A. Feeding the resident.

- Can your resident feed his/herself? If not, does staff help them?
- Does your resident remember to eat? If not, do you remind them?
- What is their favorite meal of the day? When and where does she prefer to have it?
- Does it take them a long time to eat? Do you rush them through their meals?
- Have they lost their appetite? Have you tried to find out why?

-Do they like the food?

-Do you give them choices?

-Do you prepare foods they will eat?

-Do they need special eating equipment? (OT)

B. Monitor weight on a regular schedule such as weekly or monthly.

***Notify doctor of a persistent poor appetite or weight loss.**

***Loss of appetite and weight loss can indicate depression.**

4. No Proper Grooming Care Leads To Poor Hygiene.

---- Residents poorly dressed and groomed due to busy staff, poorly trained staff or poor staff supervision is a preventable poor outcome.

---- Poor Mouth and Foot Care due to busy staff, poorly trained staff, or poor staff supervision is a preventable poor outcome.

PREVENTION:

A. Help and Encourage residents to groom and dress as needed.

-Clothes should be clean.

-Hair and Beards should be clean and neat.

-Remind or help residents brush their teeth or dentures may need cleaned.

-Feet should be kept clean and dry.

-Residents should be encouraged to bathe daily.

-Nails should be kept clean.

- Beauty Shop Day.
- Reward System
- Classes

- B. Assist residents in obtaining dental and podiatry appointments as necessary.**

5. No Preventive Skin Care Leads To Pressure Sores

***Show Film**

***Pressure Sores are usually preventable**

***Found Most Commonly on the coccyx, hips, heels, elbows, shoulders, and ears.**

FACTORS WHICH MAY LEAD TO DEVELOPMENT OF PRESSURE SORES.

- Poor nutrition
- Insufficient fluids
- Unclean/wet skin
- Immobility
- Certain disease processes such as diabetes

PREVENTION:

- A. Change Resident's Position at least every 2 hours.**
- B. Two people should move heavy immobile residents to avoid friction.**
- C. *Use prevention equipment such as special air mattresses, devices that totally relieve pressure on the heels, etc.**
- D. Get resident OOB everyday.**

- E. Keep resident clean and dry - toilet as needed.**
- F. Encourage residents to eat and drink.**
- G. Place pillows between knees, ankles, arms, and body. Keep boney prominence from direct contact.**
- H. For chair-bound residents; reposition every hour and have resident shift weight every 15 minutes if available.**
- I. DO NOT USE DONUT-TYPE DEVICES.**
- J. Inspect skin daily.**
- K. Proper positioning.**

***Contact physician with 1st sign of a area.**

6. No Range of Motion Exercises Leads to Contractures.

- Contracture: Temporary or Permanent Shortening of muscles; left untreated, can cause a resident's body to curl up.
- Contractures due to Immobility is a preventable poor outcome.
- Intensive physical therapy may help but Irreversible harm has occurred.
- Severe contractures are the consequences of serious unacceptable neglect.

A. Keeping the Resident Mobile

- Getting Resident OOB in chair and assisting with ambulation.
- ROM
- P.T.
- Proper positioning/proper alignment of body.

7. No Encouragement To Retain Independence Leads To Loss Of Ability To Eat, Dress, Walk, Bathe, and Get In and Out Of Bed.

---- Decreased Independence, with loss of ability to dress, groom, eat, toilet, etc., caused by lack of encouragement and lack of restorative services is a preventable poor outcome.

PREVENTION:

A. Promote Independence

-Are you doing things for your residents that they can do for themselves?

-Are you able to communicate with your resident? (ST)

-Ensure residents have hearing aids, dentures, and eyeglasses as needed. Assist with obtaining appointments.

-If unable to dress, may need to consult with an O.T.

-Give them choices.

-Allow resident to go at their own pace. Don't try to hurry them or take over the task.

BAD THINGS HAPPEN WITHOUT GOOD CARE
SEPTEMBER 1997

Multiple Choice Quiz: Circle the Best Answer

1. **Residents should be toileted:**
 - a. at least three to four times per day.
 - b. every two hours.
 - c. according to their individual needs.

2. **An appropriate reason to use a urinary catheter would be when:**
 - a. trying to heal a skin wound.
 - b. residents forget to toilet on their own and are continually incontinent.
 - c. residents become immobile.

3. **A sign/symptom of dehydration is:**
 - a. dry mouth.
 - b. poor skin turgor.
 - c. both a and b.

4. **A factor that can lead to dehydration is:**
 - a. vomiting.
 - b. unavailability of fluids.
 - c. diuretics.
 - d. all of the above.

Post Test, "The Seven Most Common Problems in Care," based on Chapter 4, in *Nursing Homes: Getting Good Care There*, developed by: Kaye Mason-Elswick, Regional Long-Term Care Ombudsman, Area Agency on Aging, District Seven, Inc., Rio Grande, Ohio (888)841-2227

5. **Pressure sores are:**
 - a. most usually preventable.
 - b. inevitable in bed-bound residents.
 - c. neither a or b.

6. **A factor which can lead to the development of pressure sores is:**
 - a. poor nutrition.
 - b. moisture/wet linens.
 - c. both a and b.

7. **To prevent the development of pressure sores nursing home staff should:**
 - a. make residents sit up in chairs at least eight to ten hours per day.
 - b. inspect at-risk residents' skin at least monthly.
 - c. reposition residents at least every two hours.
 - d. both b and c.

8. **Residents at risk for pressure sore development would include:**
 - a. bed or chair bound residents.
 - b. diabetics.
 - c. schizophrenics.
 - d. both a and b.
 - e. both a and c.

9. **Contractures - muscles that have become contracted - are:**
- a. almost always preventable.
 - b. a part of the normal aging process.
 - c. a sign of bad care.
 - d. both a and c.
10. **Contractures are:**
- a. easily reversed.
 - b. always reversible.
 - c. very difficult to impossible to reverse.
 - d. both a and b.

TRUE OR FALSE

1. Adult incontinent briefs should not be used in place of toileting residents according to their individualized needs.

TRUE **or** **FALSE**

2. Residents should be forced to dress and bathe themselves because it promotes their independence.

TRUE **or** **FALSE**

3. Residents have a right to choose what they want to eat and nursing homes should have food reasonably available to meet the individual needs of the residents.

TRUE **or** **FALSE**

4. Bowel or Bladder Incontinence caused by immobility or poor memory is considered a preventable poor outcome.

TRUE **or** **FALSE**

5. Nursing Homes are not required to help residents keep their hair and beards clean and neat.

TRUE **or** **FALSE**

6. Good standards of care for residents are common sense.

TRUE **or** **FALSE**

7. Immobility may lead to depression, pressure sores, and contractures.

TRUE **or** **FALSE**

8. A resident's condition may decline with inability to see or hear due to lost/broken hearing aids or lost/broken eyeglasses.

TRUE **or** **FALSE**