

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

Presentation Panel:

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# Why do people drink alcohol?



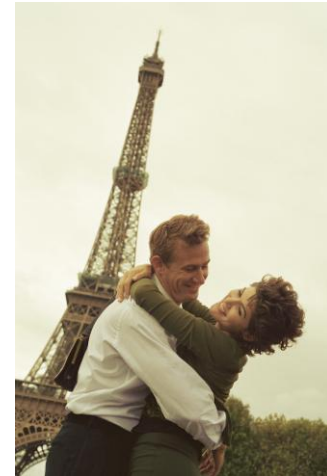
Culture



Lifestyle Choice



Mental Health  
Concerns



Memory of  
Special Time

# 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.

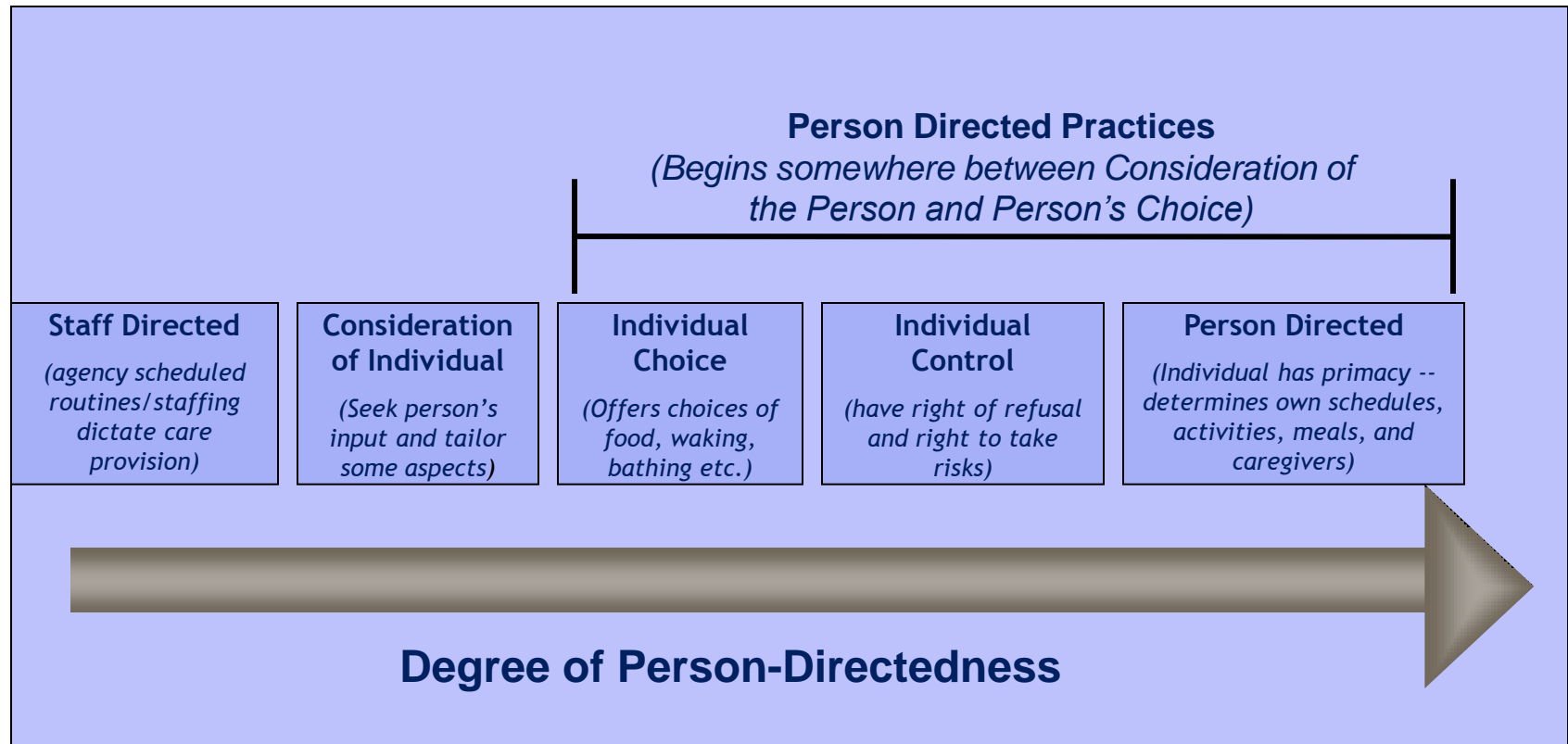


# Bill of Rights Cont. :

## **Nursing Home**

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

# PCC Continuum



Developed by the Lewin Group

[www.theceal.org](http://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."



**what kind of tea is that??**

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

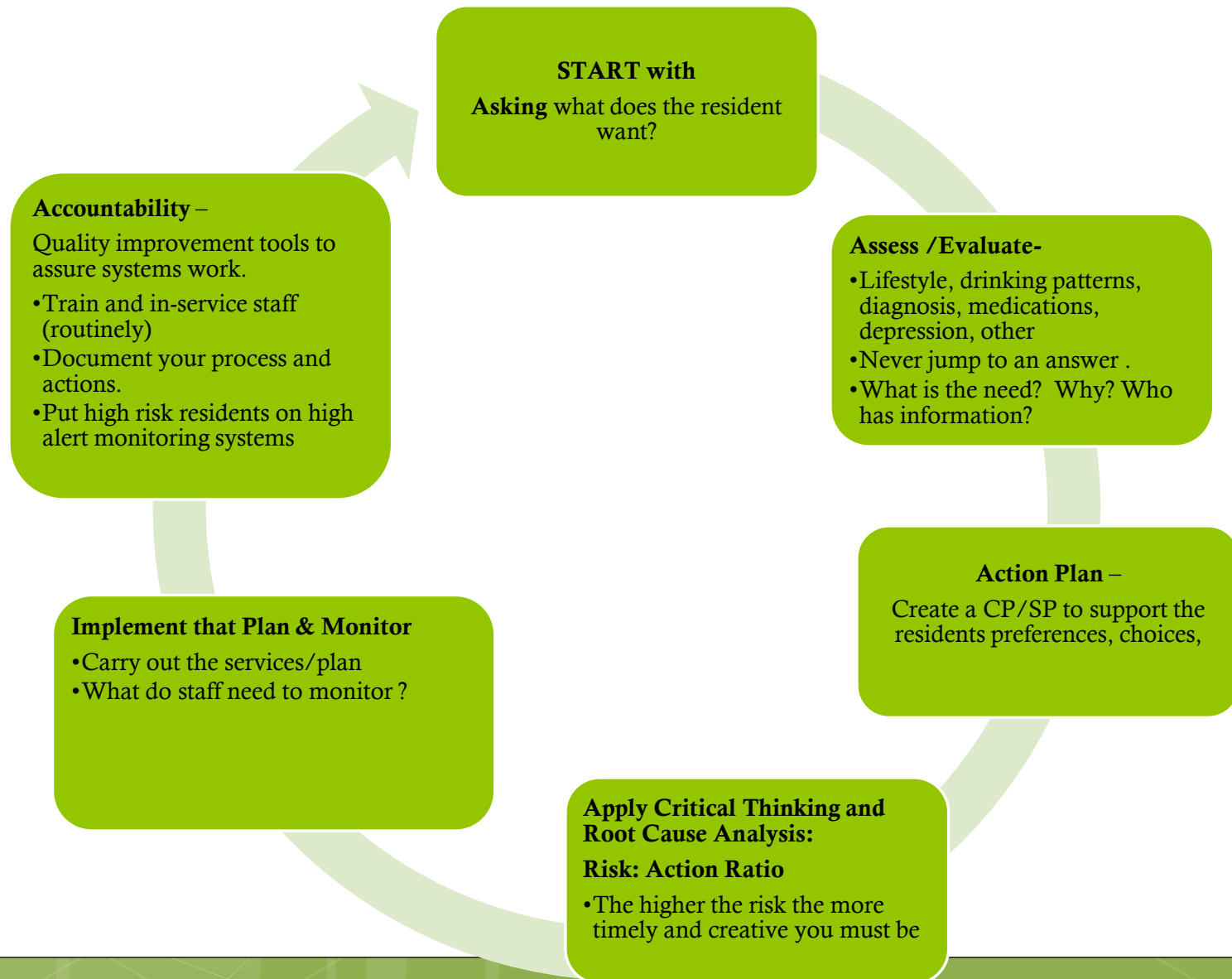
# What is important to know

- 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



# Get the Picture ! Get the Plan !

**Resident  
Evaluation**



**Service Plan**

Preferences

Lifestyle  
Life  
Patterns



Health  
Issues  
Medication

Risk  
Factors

Capabilities



# 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

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

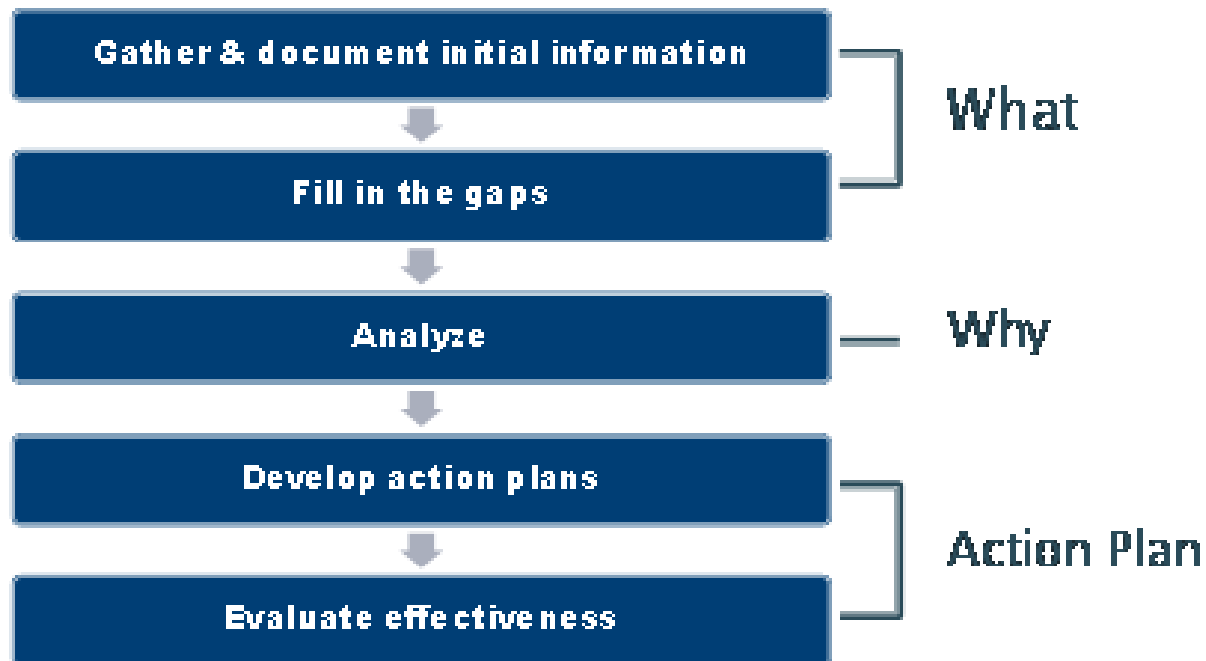
Mike's Drinking

What interventions have been done after discovery of the situation to try and resolve the issue?

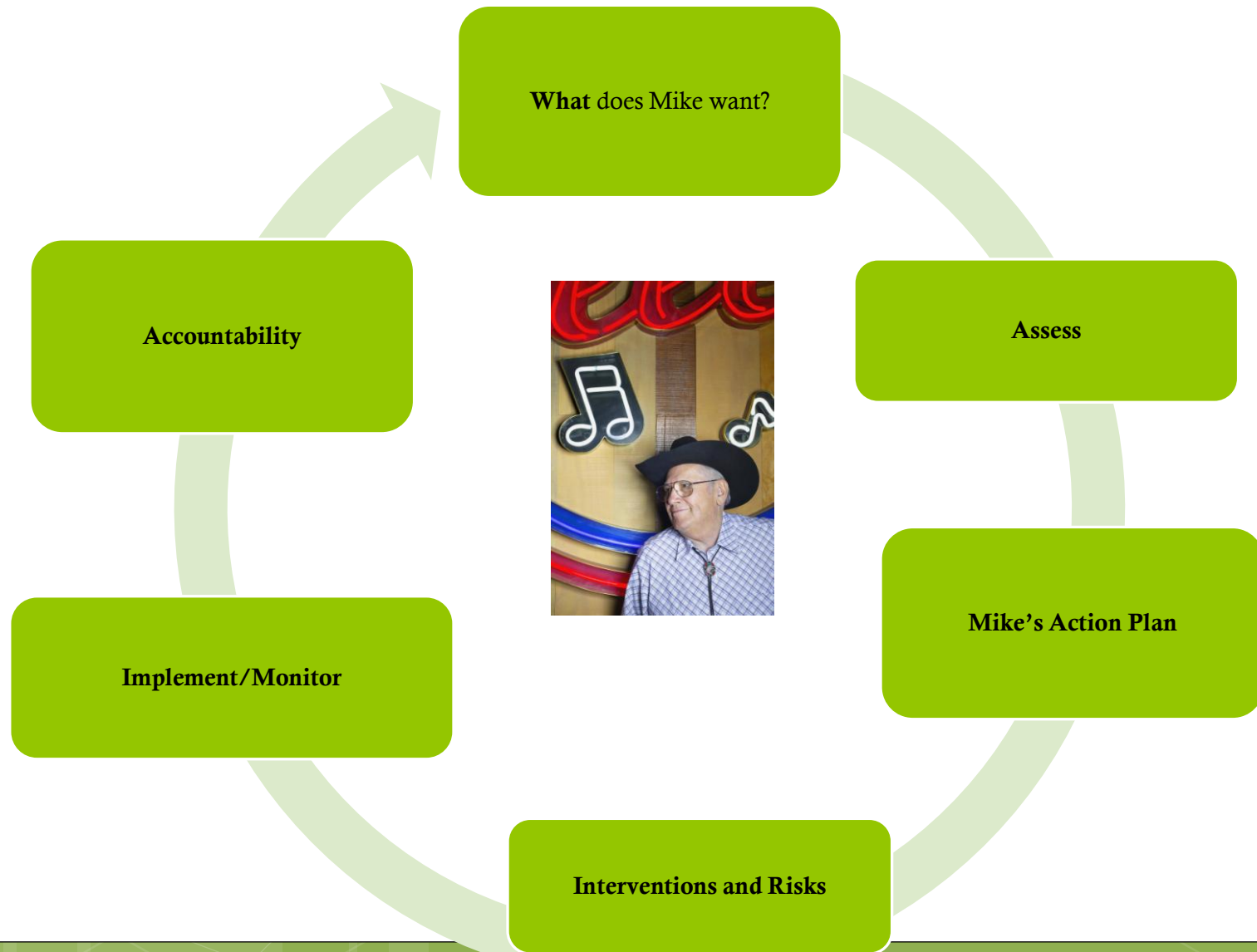
Can facility issue Move-Out Notice



# Root Cause Analysis Steps



# Evaluate Situation





# 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.

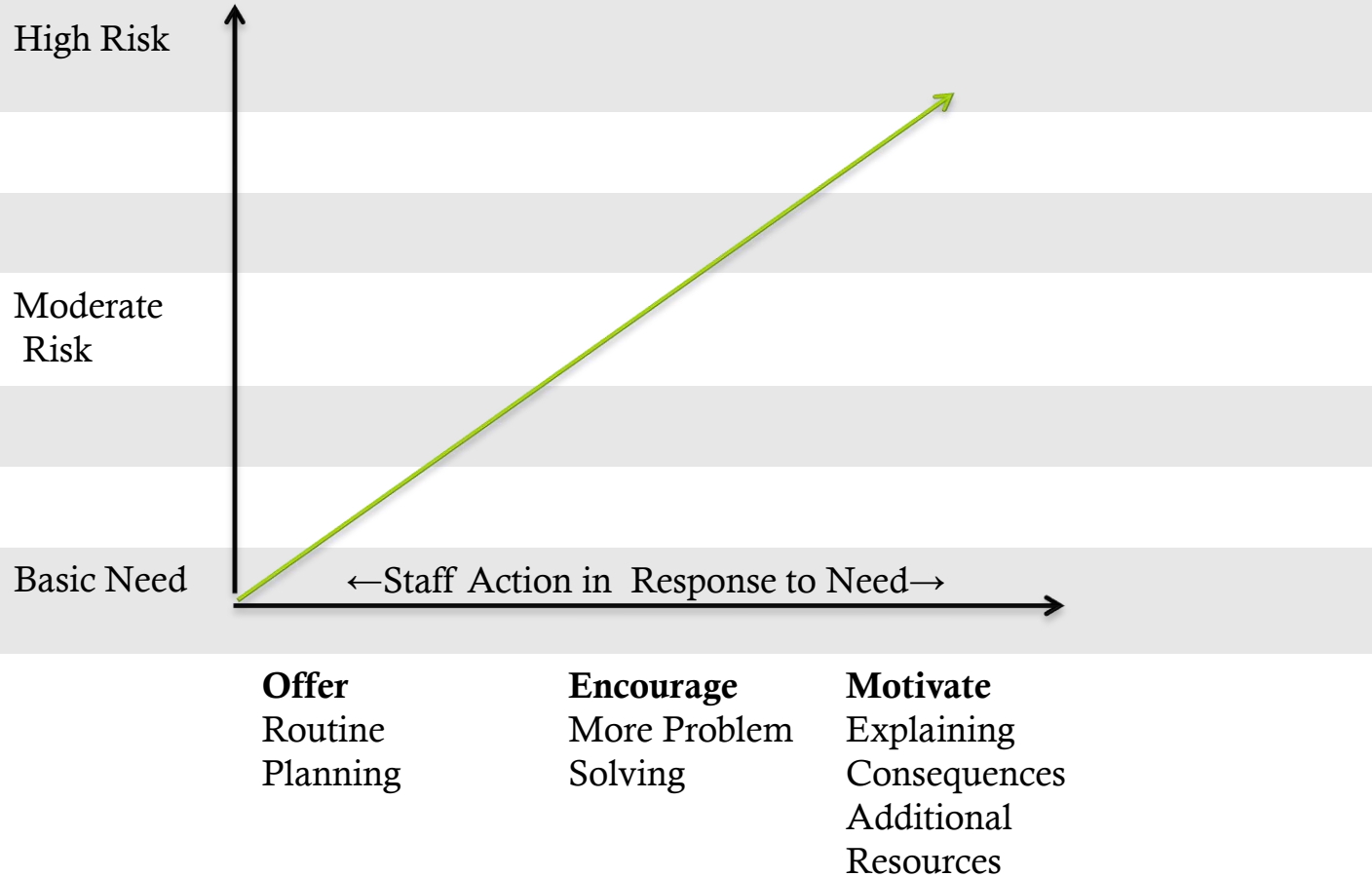
It was reported on 2/20/13, the intervention continues to be successful and usually one shot is satisfactory.

# Meet Rose Wilson

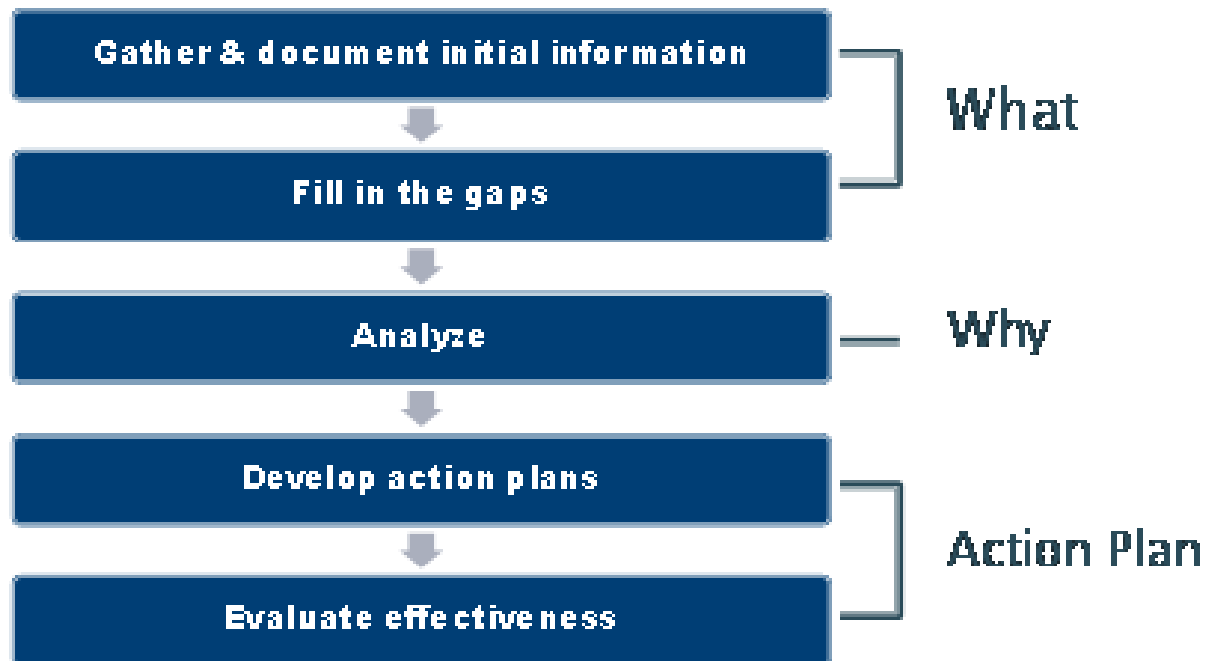


- Married her high school sweetheart right after high school and was married for 35 years.
- Husband died in a car accident.
- Has 3 children, 14 grandchildren, and 1 great-grandchild on the way.
- After death of her husband, she completed nursing school and is a retired RN.
- Rose lives in an assisted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

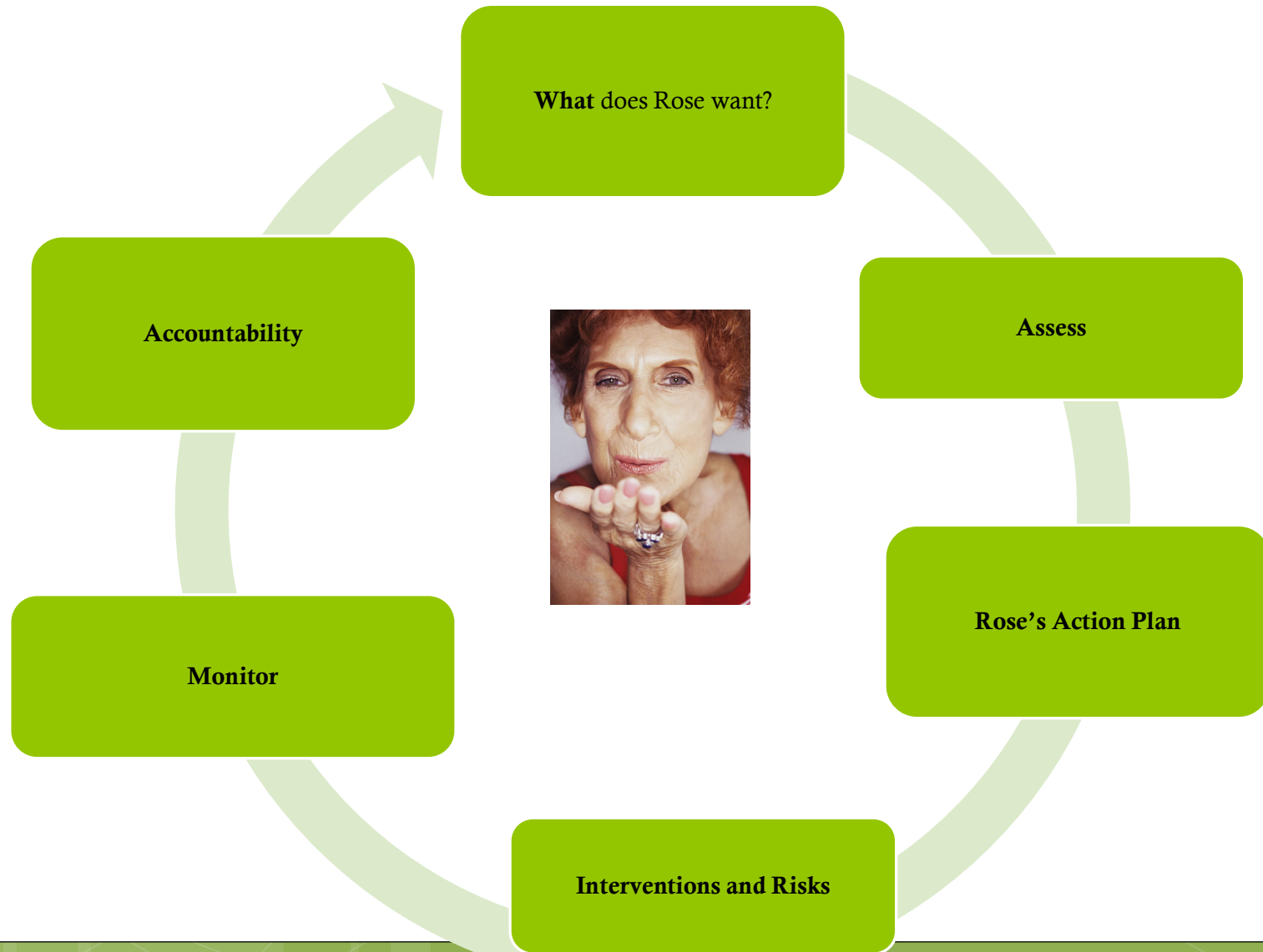
## Risk : Responsibility ~ The Escalating Line



# Root Cause Analysis Steps



# Evaluate Situation



# 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

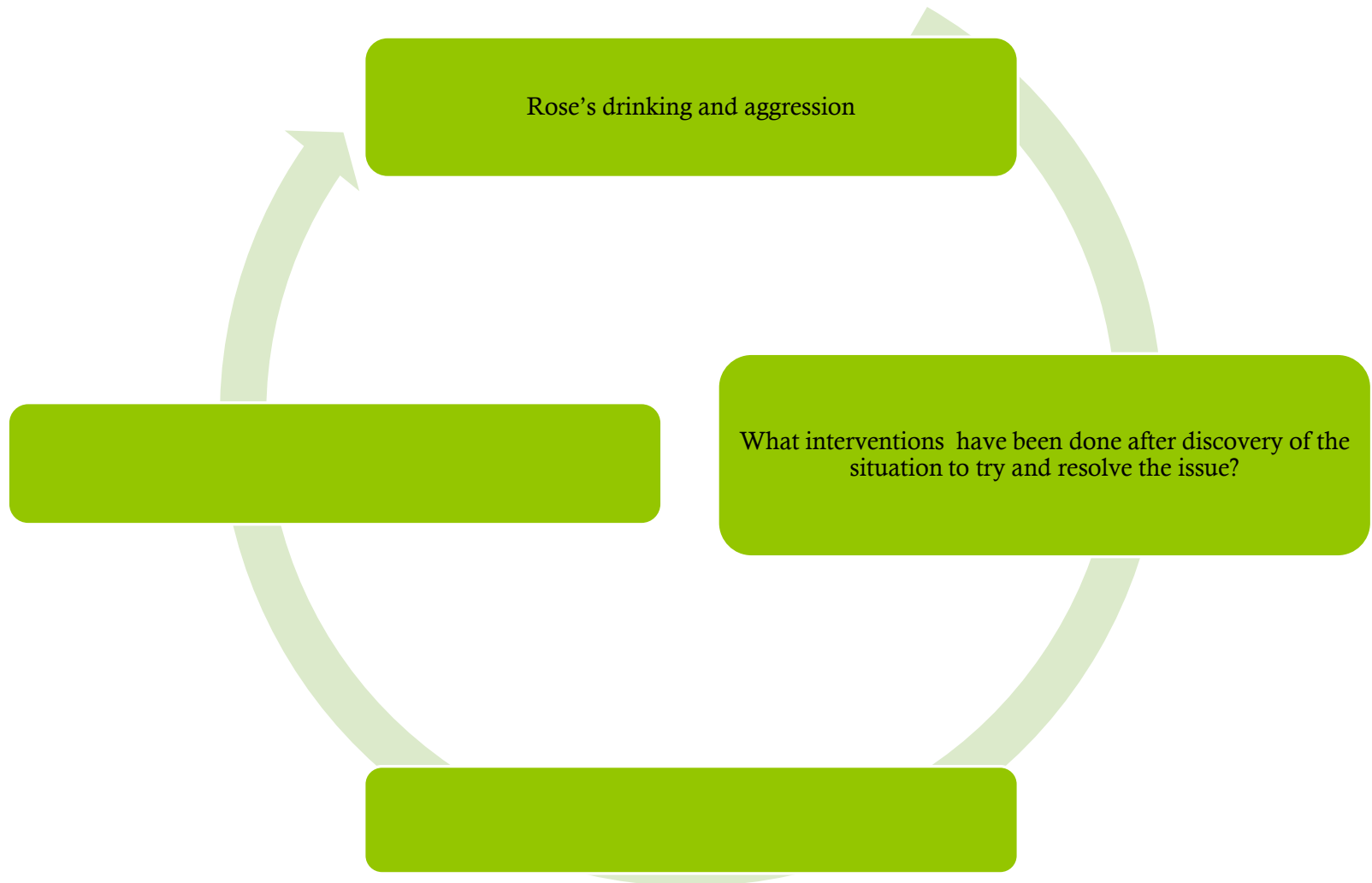
# Valid Managed Risk Agreement

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





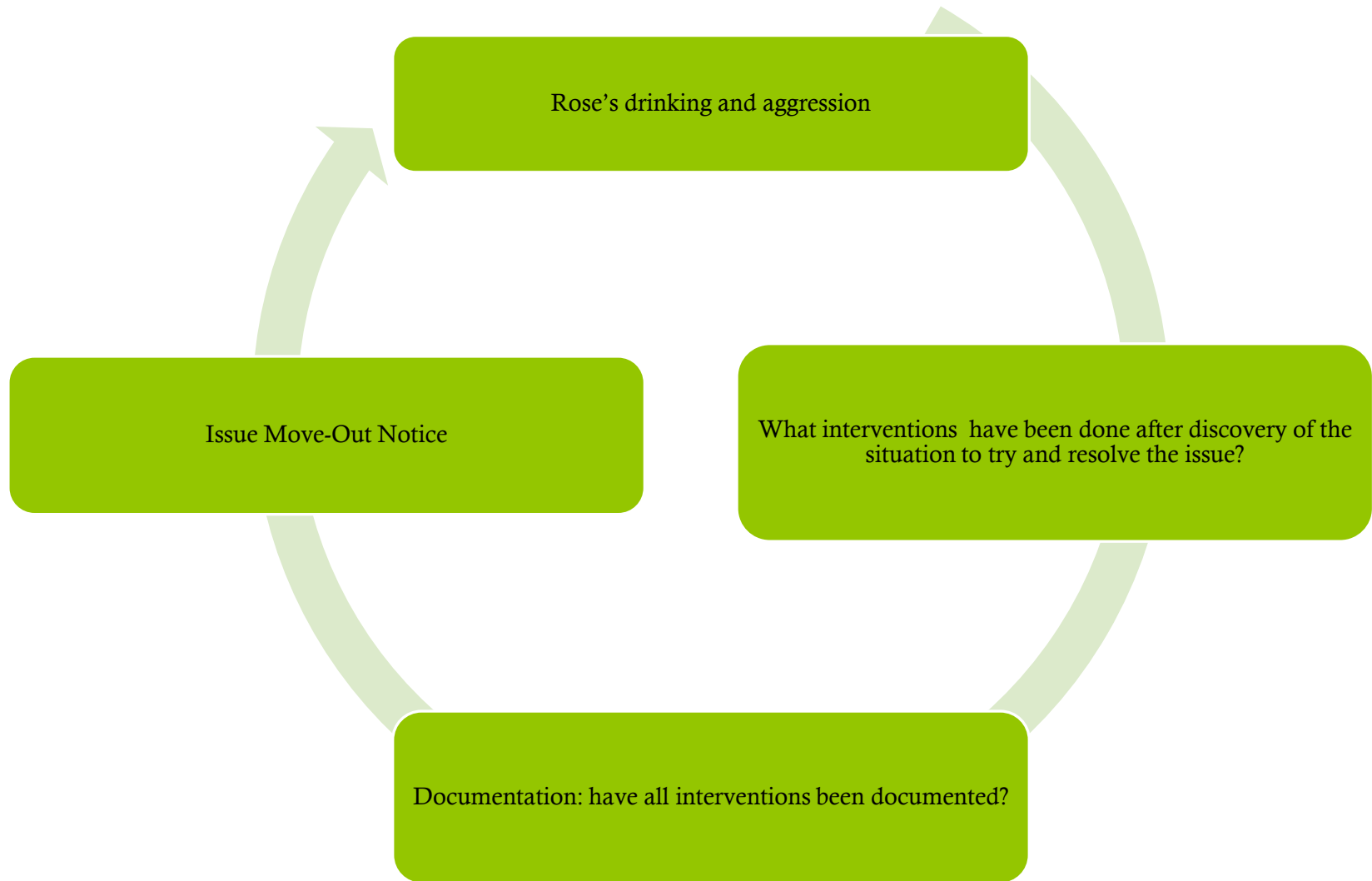
# Move-out Requirements:



# Interventions attempted:

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

# Move-out Requirements:



## Short Michigan Alcoholism Screening Test–Geriatric Version (SMAST-G)

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**Source:** University of Michigan Alcohol Research Center. Reprinted with permission.

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

**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!!