



Module 2 – Person-Centered Care

October 2018



Objectives

- Hopefully after today you will:
 - Strive to prevent problems and treat them when necessary
 - Have empathy for residents and provide compassionate care
 - Foster relationships with residents
 - Initiate a Learning Circle
 - Understand the CMS definition of abuse
 - Welcome new residents by making them feel at home
 - Understand Behavioral Health in the LTC setting
 - Understand what Dementia/Alzheimer's Disease is

Abuse

“Abuse” means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.

Types of Abuse

- Physical
- Sexual
- Mental
- Involuntary seclusion
- Financial



Physical Abuse means inappropriate physical contact such as:

- Striking
- Pinching
- Kicking
- Shoving
- Bumping
- Sexual molestation

Indicators of Abuse

- Unusual or recurring scratches, bruises
- Injuries caused by biting, cutting, pinching or twisting of limb.
- Fractures or sprains
- Burns
- Signs of excessive drugging
- Intense fear reaction to people in general



Neglect means failure to provide timely, safe, consistent, adequate and appropriate services

These services include:

- Nutrition
- Medication
- Therapies
- Sanitary clothing and surroundings
- Daily living activities

Indicators of Neglect

- Dirty, matted or uncombed hair
- Signs of dehydration, malnutrition or sudden weight loss
- Lack of necessary dentures, hearing aids or eyeglasses
- Neglected bedsores
- Soiled bedding or clothing

Situation 1



A resident spits at a caregiver as she feeds the resident breakfast. In retaliation, the caregiver spits at the resident's face and yells, "Don't you ever spit on me again!"



Situation 2



A resident refuses to get out of bed when encouraged with a gentle approach by the nurse to attend an activity session. The nurse then forcefully pulls the resident from a reclining to an upright position in his bed, wheels him out of his room, as the resident screams and cries to be left alone.



Situation 3



While two nursing assistants are replacing a brain-injured resident's restraint, the resident grabs the shirt of one of the assistants. When the resident refuses to let go, the assistant slaps the resident's hand.





Mandatory Reporting

Who Must Report?

Every nursing home employee must report occurrences of patient physical abuse, mistreatment, or neglect.

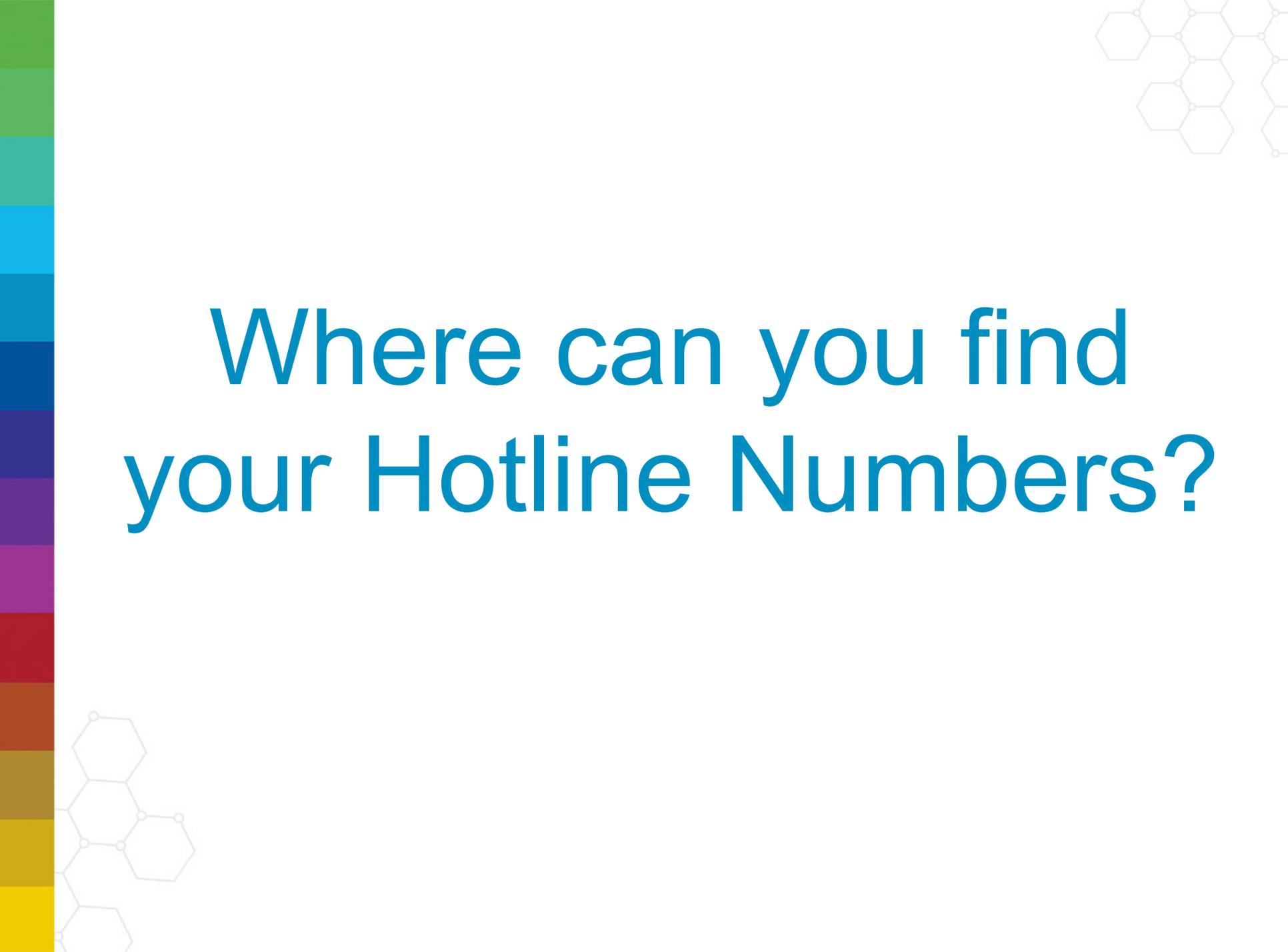
How Do You Report ?

Report any suspected abuse, mistreatment, or neglect to your immediate supervisor.



However, This Does Not Relieve You of Responsibility!

You are responsible to see that the allegation gets investigated and reported.



Where can you find
your Hotline Numbers?

Behavioral Health in Long Term Care

- What is behavior?
- Human behavior is the response of an individual to a wide variety of factors. Behavior is generated through the brain function, which is in turn influenced by input from the rest of the body.

Behavioral Health in LTC

- Specific behavioral responses depend on many factors, including personal experience and past learning, inborn tendencies and genetic traits, the environment and response to the actions and reactions of other people. A condition (such as dementia) that affects the brain and the body may affect behavior.

What is Dementia?

- Dementia is not a specific disease. It is a descriptive term for a collection of symptoms that can be caused by a number of disorders that affect the brain.
- People with dementia have significantly impaired intellectual functioning that interferes with normal activities and relationships.

What is Dementia?

- They also lose the ability to solve problems and maintain emotional control, and they experience personality changes and behavioral problems such as agitation, delusions, and hallucinations.

What is Dementia?

- While memory loss is a common symptom of dementia, memory loss by itself does not mean that a person has dementia. Doctors diagnose dementia only if two or more brain functions- such as memory and language skills—are significantly impaired without loss of consciousness.

What is Dementia?

Types of dementias:

- Alzheimer's disease
- Vascular dementia
- Lewy body dementia
- Fronto-temporal dementia
- Huntington's disease
- Creutzfeldt-Jakob disease

Causes of Dementia

- Doctors have identified conditions that can cause dementia or dementia-like symptoms including:
 - Reactions to medications
 - Metabolic and Endocrine problems
 - Nutritional deficiencies
 - Infections
 - Poisoning

Causes of Dementia

- Brain tumors
- Anoxia or hypoxia (conditions in which the brain's oxygen supply is either reduced or cut off entirely)
- Heart and lung problems

Dementia is not a normal part of aging.

Coexisting Symptoms

- Some individuals with dementia may have coexisting symptoms or psychiatric conditions such as:
- Depression
- Bipolar Affective Disorder
- Paranoia
- Delusions or Hallucinations.

Progressive dementia may intensify these and other symptoms.

What is Delirium?

- The diagnostic criteria for delirium include a fluctuating course throughout the day, inattention as evidenced by being easily distracted, cognitive changes, perceptual disturbances.
- Delirium develops rapidly over a short time period, such as hours or days, and associated with an altered level of consciousness.

Therapeutic Interventions or Approaches

- Identifying the frequency, intensity, duration and impact of behaviors, as well as the location, surroundings or situation in which they occur may help staff and practitioners identify individualized interventions or approaches to prevent or address the behaviors.

Therapeutic Interventions or Approaches

- Individualized, person-centered interventions must be implemented to address behavioral expressions of distress. In many situations, medications may not be necessary; staff/practitioners should not automatically assume that medications are an appropriate treatment without a systematic evaluation of the resident.

Examples of Techniques or Environmental Modifications

- Arranging staffing to improve familiarity with the resident (consistent caregiver assignment)
- Identifying, to the extent possible, factors that may underlie the resident's expressions of distress
- Understanding the resident with dementia may be responding based on a misunderstanding of a situation and/or surroundings
- Matching activities for a resident with dementia to his/her individual cognitive and other abilities and the specific behaviors in that individual based on the assessment

Resident and/or Family Representative Involvement

- CMS expects that the resident, family, representatives, to the extent possible, are involved in helping staff to understand the potential underlying causes of behavioral distress and to participate in the development and implementation of the resident's care plan.

Resource

Source: The Long Term Care Survey July 2014 edition

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