

Syllabus – Module 2

Person-Centered Care

Introductions – Explain the QIO program, the SIP program, our relationship with the State Survey Agency, and the objectives of the module.

At the end of this education, attendees 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

Provide attendees with the Pre-test.

Reiterate that they are not expected to know all of the answers, yet.

Begin the Gerontology Sensitivity Activity:

Using the Gerontology Sensitivity Kit, ask for volunteers or draw random people from the crowd and ask them to participate in a quick activity. Have someone sit on the bag of birdseed, someone else wear blurry goggles, someone else wear garden gloves, etc. Have the rest of the room get as comfortable as they can and ask them to sit still without moving for five minutes. No moving, shifting, or scratching itchy noses. Move on to the talking points, but come back to this activity soon.

Talking points:

The goals of today are to put each of you into the mindset of one of your residents. This may be a job for you, but it is home for each of your residents. Each day when you come to work, you walk into their homes. Imagine for a moment you're at home, enjoying your evening TV shows, and someone you don't know walks into your living room, tells you it's time to go to the bathroom, brush your teeth, and go to bed. Imagine they demand they help you with all of those activities. Imagine only showering once or twice a week and when you do, someone is there to supervise you.

Complete the Gerontology Sensitivity Activity:

Imagine what it would be like to be put in a chair with an alarm and told not to move. Imagine not being able to express your needs and each time you need help, someone simply tells you to calm down or sit still or wait just one more minute.

Talking points:

Who has heard of the Hand in Hand program? It's a toolkit developed by CMS (Medicare) as a training guide for nursing homes. If you don't have Hand in Hand in your facility, I highly recommend getting a copy. Today we'll talk briefly about a couple of the modules in the training. What do you think of when you hear the word abuse? Take a moment to discuss this topic with the group.

Examples of Abuse: Willful infliction of injury, unreasonable confinement, intimidation, punishment, depriving residents of necessary goods and services

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Types of Abuse: Verbal, Mental, Physical, Sexual, Neglect, Seclusion, Misuse of resident property

Signs of Abuse: Bruises, scratches, pain, trembling, cowering, acting submissive, talking less, loss of eye contact, changes in behavior, depression, aggressiveness

Reporting abuse: Please understand you are required to report abuse by state and federal laws. Nurse aides are most likely to notice something is wrong. Abuse must be reported immediately to the Administrator. (Depending on the state, abuse also can be reported to the ombudsman, local police, **Adult Protective Services, or the State Survey Agency.**) Upon suspicion of serious bodily injury, it must be reported within 2 hours. All other abuse should be reported no later than 24 hours after discovery. Nursing homes cannot retaliate against the person making the report. If you suspect this has happened, report it to the State Survey Agency.

How to report abuse: Four Ws – Who, What, When, Where? Provide only facts. Don't try to speculate *WHY* the abuse happened.

What challenges do you see in reporting abuse? What if your loved ones were here? What if s/he were being abused? Now that you know what abuse is, how can you prevent it from ever happening?

Preventing Abuse: Put yourselves in their shoes, look at your own actions, know the person, and know yourself. If a resident is resisting your help, you can take a breath and try later, try to understand their perspective, have someone else try to help.

Behavioral Health in the LTC Setting:

Behavioral or Psychological Symptoms of Dementia (BPSD) is a term used to describe behavior and other symptoms individuals with dementia that cannot be attributed to a specific medical or psychiatric cause. The term “behaviors” is more general and may encompass BPSD or responses by individuals to a situation, the environment or efforts to communicate an unmet need. This module is designed to assist staff with a better understanding of the root cause of some “behaviors” and how to address them.

Understand what Dementia/Alzheimer's Disease is:

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. Upon the completion of this module all staff should have a better understanding of dementia and how to care for the resident affected by this disease.

Making Residents Feel at Home:

As I mentioned earlier, residents in your nursing home are living here. They are home. Welcome new residents by gathering pertinent clinical information, but also personal history, preferences, etc. Try doing so in a way that is more of a welcome than a clinical encounter. Engage family or other caregivers to learn more about the resident. Provide opportunities for residents and staff to get to know each other. Learn their wake times, food preferences, activities, bathing and sleeping times. Celebrate birthdays and other special days (anniversaries, holidays, etc.). Create ice-breaker activities so residents can learn more about each other (and staff can learn about residents as well).

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Learning Circles:

Go through a quick Learning Circle exercise. Explain briefly what will be happening, then ask for volunteers (or have the Administrator assign roles). The exercise can be something previously discussed with the Administrator or a completely fictional scenario, such as creating a more efficient meal time experience. Involve at least one nurse, at least one CNA, and at least one person from whatever unit or department you may be speaking about.

Group Discussion –What other thoughts, questions, or concerns do you have? Do you have a better perspective on the lives of your residents? Do you have any ideas for learning circle topics (and you don't have to share them openly if you don't want)?

Watch the video on *What is Alzheimer's Disease?* And identify ways you can assist residents differ after watching the video.

Sit with a family member/caregiver to learn about the resident's life before Dementia. Use the information you learn to understand the resident's behaviors and to address uncommunicated needs.

Discuss ways to provide meaningful and engaging activities for all residents especially those with Dementia.

Action Item:

Share this experience with your coworkers who were unable to be here today. Share the experience with residents and their family members. Get to know your residents and imagine their perspective the next time you speak with them or help them with any of their daily tasks.

Provide attendees with the Post-test & Survey.