Person-Centered Care

Teaming Up to Make the Change

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Sources and disclaimer

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For the complete version of Kansas regulations, see http://www.agingkansas.org/ProviderInfo/regs/reg_index.html

Person-Centered Care

WHY IT MATTERS

Person-Centered Care is an approach to caregiving that research studies have shown result in better functional and behavioral outcomes for individuals and greater satisfaction with care by residents, families and caregivers (Rader & Tornquist, 1995). These positive results were shown even when older adults had complex chronic and acute conditions and resided in a variety of settings, including nursing homes.

Person-Centered Care is an approach that empowers caregivers as well as the person receiving the care. It supports culture change in nursing homes and across long-term care settings. Person-Centered Care is the focus of this booklet.

Life is not over until it is over. We continue to live and breathe and think and feel up until the moment we are no longer here. We continually develop as human beings. This means we still want pleasure each day. We still want to talk to and see those we love as often as we can. We still make new friendships, just as we still mourn losses.

Each day we are living with purpose in our lives and creating the picture of what we want others to remember about us after we are gone. Each day we want to feel alive and that life still holds enough joy, mystery, comfort, love and hope for each of us to continue living it. Person-Centered Care matters because life is meant to be lived, shared with others, felt, challenging and enjoyed.

Person-Centered Care can describe care provided by a nursing home employee and/or delivered by a whole facility. When a nursing home provides Person-Centered Care it requires that individual workers relate to those for whom they care as a special unique person and it means the facility operates in a way that allows residents to choose their daily routine. Person-Centered Care requires teamwork. Members of the TEAM include persons who live at the home, staff who work at the home, family members and friends who have loved ones who live at the home, and members of the civic and faith groups who are involved with residents and who live around the home. Person-Centered Care won’t be as easy, as satisfying, as strong, or as exciting without participation from each person on the TEAM.

Key Components of Person-Centered Care

1. **Treating the person as an individual and respecting her/his personal wishes and needs.**
2. **Providing care that honors a person’s habits, cultural preferences, and values.**
3. **Seeing persons as complete--with thoughts, feelings, physical & spiritual needs.**
4. **Fostering the development of consistent and trusting caregiving relationships.**
5. **Ensuring freedom of choice and reasonable risk-taking by residents.**
6. **Promoting physical and emotional comfort and function with residents.**
7. **Keeping the person involved with family, friends and his/her social network.**

Person-Centered Care

WHAT MAKES CARE PERSON-CENTERED?

- Learning and *remembering* the individual's desires, preferences, likes, and dislikes. And letting that knowledge guide how you care for her/him.
- Recognizing that the person for whom you are caring needs to make or participate in making *all* decisions about her/his life.
- Seeing the person's strengths and how they can assist what you and others do, and seeing the person's limits that offer opportunities for others to assist.
- Respecting the physical privacy of a person and maintaining that person's physical dignity when assisting them with toileting or bathing or feeding or dressing.
- Sharing a person's likes and dislikes with other staff when it is important for them to know as they provide care.
- Respecting the physical property of a person and encouraging her to fill her surroundings with the familiar faces and special treasures that bring her comfort or pleasure.
- Making it possible for each person to go to bed or get up when they want, to eat food that keeps them strong *and* makes them happy, to play gin rummy with pals at the coffee shop, or meditate each morning in quiet before going to breakfast.
- Listening to *AND* sharing stories with the person for whom you are caring.
- "Making things work" for a person instead of making the person work to fit into a preset way of doing things.
- Including the person's family as an active part of the care team, if s/he wants family involved.
- Bringing what is special about you to your professional work and sharing it as you provide care.
- Creating a positive environment that you and the person you care for want to be in every day.
- Recognizing every person's gifts and strengths and acknowledging the value of workers and residents alike.
- Finding the natural supports that maximize a person's independence, creates connection between people and works to accomplish individual dreams.

PERSON-CENTERED CARE INVOLVES

- ♥ Trying out new things, seeing if they work, changing the approach if they don't
- ♥ Knowing that change takes time
- ♥ Noticing what makes the person happy/sad, angry/fearful, calm/agitated
- ♥ Sharing what you learn about a resident with others, in ways that are respectful of the person
- ♥ Making sure that individuals know about all the support, treatment and services in the home
- ♥ Enjoying your work more and the people you work with more

BECOMING A PERSON-CENTERED HOME

It won't happen all at once, but there are concrete steps you can take to make it happen. You can use the resources available by beginning with any one of the areas listed in this booklet. Some changes are easier to make than others because of the number of operations affected by the change. The two areas of change that affect the largest number of operational systems are Dining and Sleeping/Waking. Your TEAM will learn skills and become stronger as you create change. You can use those strengths when you tackle the harder changes in Dining and Sleeping/Waking.

Implementing Person-Centered Care

A: **Individual Choice**. Look at and listen to how your nursing home is run. Start with who makes the decisions that most directly impact the people who live there. Does the Administrator or Director of Nursing or Management Team decide how things will be organized and run? Do persons living in the home make every decision possible about what and when they eat, what music or TV shows they listen to/watch, whether or not they'll have a pet, when someone may enter their room, if they'll bathe every day or once a week, scheduling the common room for a family reunion or gin rummy tournament, when they receive visitors, and whether they have enough privacy to engage in sexual intimacy without interruption?

Care delivered according to the time on the clock helps create order and may be helpful to staff in completing their tasks. But it is not how most of us want to live, and certainly not how we thrive. The result for persons living in nursing facilities is often distress, anger, frustration, feeling helpless and as though s/he doesn't matter. The result for staff is lack of feeling good about caring, being bored by doing the same tasks again and again, and injury or insult that results when there is conflict with a resident who is not willing or ready to receive food or bathing or toileting.

Obstacles for Staff to Individual Choice

- Fear of chaos if we give up the daily routine
- Not wanting to give up what we are familiar with
- Wanting to be in control
- Training that supports a hospital-like model as the right way
- Fear of being cited for regulatory deficiencies

Regulations and Regulatory Guidance that Support Individual Resident Choice

Regulatory Interpretive Guidelines:

- **F240 Quality of Life** "creating and sustaining an environment that humanizes and individualizes each resident."
- **F242 Self-Determination and Participation** "choose activities, schedules and health care consistent with her/his interests…make choices about aspects of life significant to resident."
- **F246 Accommodation of Needs** "adapt such things as schedules, call systems and room arrangements to accommodate residents' preferences, desires and unique needs."
- **F280 Participate in planning care and treatment** "Whenever there appears to be a conflict between a resident's right and resident's health or safety, determine if the facility attempted to accommodate both, including exploration of care alternatives through a care planning process in which the resident may participate."
- **F155 Right to refuse treatment** "assess reasons for resident's refusal, clarify and educate resident as to consequences of refusal, offer alternative treatments and continue to provide all other services."

Implementing Person-Centered Care

Actions that Support Individual Choice

Training

Offer staff training that personalizes life in the nursing home to better understand the effect of institutionalized care, such as:

How would being awakened each day in this way and at this time effect me?
How would I want someone to bathe me if I couldn't bathe myself?
Would it upset me if 5 or 8 different people saw me naked in a month's or year's time?
Would it upset me if I was bathed by someone of the opposite sex?

Activities

- ✫ Ensure at least one **Daily Pleasure** for every resident every day. Find a way to offer things that individual residents enjoyed at home – maybe a roll with coffee and the newspaper in the morning, maybe singing in the shower, maybe talking with a neighbor, maybe going for a walk. With a calendar or something that will prompt remembering, have staff help the resident make a **daily pleasure happen each day**.
- ✫ Decide that the first answer to each request will be "YES WE CAN."
- ✫ Teach, create and communicate with staff, residents and family to identify what works, and what triggers barriers to change.
- ✫ Make certain that residents and family know all the support, treatment and services available in the nursing home where residents live.
- ✫ Put together ways of sharing information that ALWAYS include discussion of resident choices and preferences, such as inter-shift information reports, daily and weekly reports and meetings in each neighborhood.
- ✫ Make space in work schedules for listening to stories, complaints, and things of interest to the people living in your facility.
- ✫ Over and over ask residents and their family members to tell you how they would like things to look, taste, smell, and be arranged in the nursing home.
- ✫ Create Teams of staff, residents, family members, and/or community members to become the people who make change happen. Ask the TEAM what they'd like to participate in, whether to be part of a planning task force, or to help paint, cook, etc.

"Yes and no are very powerful words. Mean them when you say them. Respect them when you hear them."
~ *Michael Josephson*

Implementing Person-Centered Care

B: **Creating Home**. What makes your nursing facility more like a hospital or hotel and less like a home? Nursing homes are home for more than 28,000 Kansans. The goal is to create a setting which feels familiar, welcoming, and like a place where you want to live/ be for residents and staff alike.

What Makes Home? *from author Judith Carboni*

1. **A place we see ourselves reflected in our choices of color, furniture, clothing, etc.**
2. **A place where we are connected to those we love through memory or activity.**
3. **A place where we have privacy and comfort.**
4. **A place where we have power over what it looks like, who is in it, how we share it.**
5. **A place where we feel safe because we decide what, when and how things will happen.**
6. **A place where we experience important life events and relive the memories.**

Obstacles to Creating Home

- Perception that new construction or remodeling must happen to create person-centered homes
- Perception that home is only about the physical space

Regulations and Regulatory Guidance that Support Creating Home

- **F252 Environment** "Provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. Interpretive guidelines define homelike environment as: one that de-emphasizes the institutional character of the setting...and allows the resident to use those personal belongings that support a homelike environment…provides an opportunity for self-expression and encourages links with the past and family members."
- **F 241 Dignity, F242 Self-Determination and Participation** and **F246 Accommodation of Needs** "Create and maintain an environment that supports each resident's individuality and autonomy."

Regulatory Interpretive Guidelines:

- **F240 Quality of Life** "Creating and sustaining an environment that humanizes and individualizes each resident."

"Don't dwell on what went wrong. Instead, focus on what to do next. Spend your energies on moving forward toward finding the answer." ~ Denis Waitley

Implementing Person-Centered Care

Actions that Support Creating Home

Training

Identify where you've already created a sense of home and build upon that foundation. Attributes of home are:

- Choice
- Freedom
- Connection
- Personal comfort
- Privacy & safety and
- Identity & predictability

Activities

- ✰ Close your eyes and think about your home. How does it feel? What does it smell like? What do you hear? Now think about the nursing home where you work or live. When you walk in the door, does it feel like a home, a nice hotel, or does it feel like a medical facility? Does it sound like your home or more like the hospital emergency room with lights blinking and bells ringing?
- ✰ Ask residents, family and staff to meet and plan together what would make this nursing home more like home. Paint/brighten areas that seem particularly industrial; enhance places where people now gather; increase personal items surrounding residents; know individual likes and dislikes; offer space and materials for leisure time activities; support spontaneity of residents and staff; offer food and snacks chosen by residents; allow self-determination of daily schedule by residents; and create more opportunities for resident choice.
- ✰ Identify what is least home-like in your facility, such as overhead paging systems, tray-lines, walking into people's rooms unannounced, or herding residents to receive medications, meals, baths.
- ✰ Start with the admissions process. Make sure it is warm, informative, and that potential residents meet staff and existing residents.
- ✰ Ask resident what s/he wants to accomplish while living here.
- ✰ Can you provide refrigerators, offer open visiting hours 24/7, and accommodate pets?

Implementing Person-Centered Care

C: **Consistent Assignment of Staff**. How much more effectively can you care for your own child or parent than you can care for someone else's child or parent, simply because you know more about her/him? The basics of care don't change. How care is delivered is as important as what care is provided. That is why permanent assignment of individual staff to care for individual residents in a nursing home is so important. You learn what makes a person happy, or agitates them, causes them to sleep poorly, brings them real joy, what they look forward to and what they dread. You know how much better or worse they are functioning today than yesterday, and are able to measure appropriate concern for care and to act based upon that knowledge. Consistent assignment is the opposite of rotating staff to a different group of residents after a period of time.

Support for Consistent Assignment of Staff

1. **Caring for the same person builds familiarity. Sharing experiences forms the basis for a relationship that makes it easier for staff to provide care and is less embarrassing and painful for individuals needing assistance, especially for intimate needs.**
2. **Staff that regularly work together create a more effective team. This reduces callouts and turnover and increases staff and resident satisfaction.**
3. **Consistent Assignment is one of the basic building blocks for neighborhood-based living. The changes you'll make in Dining, Bathing, Sleeping/Waking, and Individual Choices, will be less challenging when staff and residents have a base of trust and knowledge to support them.**

Obstacles to Consistent Assignment

- Short staffing – too few workers
- Policies that prevent workers and residents from becoming "too attached" as a means to avoid grief and loss issues
- Policies that discourage the development of staff friendships for fear that workers won't perform as well
- Policies that promote training and rotation of all staff to work on every unit
- Staff fear being "stuck" with residents that are hard to care for due to physical or mental impairment

Implementing Person-Centered Care

Regulations and Regulatory Guidance that Support Consistent Assignment

- **F282 Quality of Care** "Services provided by qualified person in accordance with each resident's written plan of care." *Can result in more consistent implementation of care plan and better resident outcomes.*
- **F280 Comprehensive Care Plan** "must be (iii) Periodically reviewed and revised by a team of qualified persons after each assessment." *Consistent staff more readily identify need for care plan revision based upon resident refusal or preference or decline in condition.*

Regulatory Interpretive Guidelines:

- **F240 Quality of Life** "the facility's responsibilities toward creating and sustaining an environment that humanizes and individualizes each resident."
- **F241 Dignity, F242 Self-Determination and Participation**, and **F246 Accommodation of Needs** all include language about the nursing home's responsibility to create and maintain an environment that supports each resident's individuality.

Actions that Support Consistent Assignment

- ☆ Think about how you would feel if a different person was toileting you each day.
- ☆ Talk with staff in other facilities that have changed to consistent assignment. Learn the positives and the pitfalls from their experiences. Read what others have written.
- ☆ Create a committee within your facility made up of staff, residents and family members who can look at workable possibilities for your facility.
- ☆ Make the change slowly, maybe in stages, and thoughtfully to create the least disruption for staff and for residents. How will you decide if the change you've implemented is an improvement for those concerned?

EXAMPLE: Here's how one facility made Consistent Assignment happen. Bring together CNAs from each shift. Suggest a pilot program to test consistent assignment. Place each resident's name on a post-it note and place all on the wall. Ask the group to rank residents by degree of difficulty (1 low, 5 high) related to time consuming, physically challenging, emotionally difficult, etc. Let group discuss and come to agreement on number assigned to resident care. Allow CNAs to select their assignments. Assignments are fair when the numbers assigned to each resident add up to the other totals of the other CNAs assignments. (CNA 1 has four residents with an overall care difficulty total of 18 – 5,5,4,&4. CNA 2 has 6 residents with an overall care difficulty total of 18 – 3,3,3,3,3,3). Relationships between residents and staff are important and should be part of the decision making process. Whether or not all the resident rooms are in a row is less important. Re-examine assignments every three months to determine if assignments of degree of difficulty are still accurate and fair.

THEN:

- ☆ Ask staff what their preferred schedule and assignments to residents would be.
- ☆ Create staff teams that regularly work together.
- ☆ Ask teams to work with each other to provide back-up and substitutes for needed schedules changes or call in on a scheduled shift.
- ☆ Find out who on staff likes to float or prefers various assignments rather than rotating all staff and making all staff float.
- ☆ Adjust work schedules to create maximum staffing for the busiest times of resident needs.
- ☆ Have the same housekeeping and food-service staff working regularly with each care area/ neighborhood.

Implementing Person-Centered Care

D: **Pleasant Bathing**. Human beings experience a sense of well-being when we feel safe and relaxed. How we experience our world through our senses of sight, sound, touch, taste and hearing creates pleasure or can result in stress for us. When someone moves from the familiar to the new, their experience of that environment and how much they can make it their own, has a great impact on how safe and content they feel. How we bathe is a ritual that each of us has refined over a life-time. There are significant personal and generational differences in how we approach bathing and what we expect from it.

Support for Person-Centered Bathing

1. **Increases sense of well-being, control and pleasure for individual who choose, when, how, and with what supplies s/he bathes.**
2. **Reduces level of anxiety, embarrassment and vulnerability individuals experience in receiving the intimate assistance required for bathing.**

Obstacles to Person-Centered Bathing

- Bathing rooms that are more institutional than homelike
- Preparation for bathing that removes resident clothing in her/his room, and covers them with an unsecured cape or bath towel to travel the public distance to the bathing room
- Creating a bathing schedule that meets staffing or facility needs but doesn't put the desires of residents first
- Rotating staff who bathe the individual

Implementing Person-Centered Care

Regulations and Regulatory Guidance that Support Person-Centered Bathing

Regulatory Interpretive Guidelines:

- **F240 Quality of Life** "the facility's responsibilities toward creating and sustaining an environment that humanizes and individualizes each resident."
- **F242 Self-Determination and Participation** resident has the right to "choose activities, schedules, and health care consistent with his or her interest, assessments and plans of care…" and "make choices about aspects of his or her life in the facility that are significant to the resident."
- **F246 Accommodation of Needs** "the facility should attempt to adapt such things as schedules, call systems, and room arrangements to accommodate residents' preferences, desires, and unique needs."
- **F252 Environment** supports creating an individualized bathing experience "A safe, clean comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible." "Environment" refers to any environment in the facility that is frequented by residents, including resident rooms, bathrooms, hallways, activity areas, and therapy areas." and, "comfortable and homelike should include resident's opinion of the living environment."
- **F272 Resident Assessment** **"**Resident's responses to questions posed on the Minimum Data Set (MDS) and RAI (Resident Assessment Instrument) are "clues to understanding other areas of the resident's function. These clues can be further explored in other sections of the MDS that focus on particular functional domains. Taken in their entirety, the data gathered will be extremely useful in designing an individualized plan of care."

Actions that Support Person-Centered Bathing

- ✰ Consistently assigning the same staff person to care for an individual creates a protection of modesty, and provides strength in knowing what each can expect from the other.
- ✰ "Neighborhood" organization in the facility reduces distance traveled by the resident to the bath.
- ✰ Bring together staff and residents to talk about what would bring pleasure in bathing and work.
- ✰ Choose areas of change that are of highest importance to residents for making change and that are the most doable for staff and the facility.
- ✰ Consider what would make the bathing experience more personal and pleasant – candles, fragrances, warming lights, buffer curtain for privacy, fluffy towels, consistency of staff to assist, and not storing supplies in the bathing room that other staff might need to access.
- ✰ **EXAMPLE** -- Create a work team made up of staff who are directly affected by current bathing practices, along with residents and family members, to discuss what residents would like and a plan for what it would look like and how to make it happen.
- ✰ New construction helps but is not required to make bathing more homelike. A good place to start is in providing adequate supplies and accessories that make bathing more private, warmer and more comfortable, whether in a bathing room or in bed.

Bathing Without A Battle by Joanne Rader, RN, FAAN. *This video was sent to every nursing home in the country by the Centers for Medicare & Medicaid Services, or go to: http://www.bathingwithoutabattle.unc.edu/ to purchase. It provides a great grounding for staff and will leave no one undecided about the need for change.*

Implementing Person-Centered Care

E: **Dining for Pleasure**. Like bathing, eating is an event that can really enrich an individual's day, as well as build or support a sense of community in a nursing home. When living on our own we give great thought to what, where and when we will eat. For many people shopping, cooking and eating are incredibly satisfying and pleasant experiences. Offering residents the chance to visit around a "kitchen table" in their neighborhood or a table in the dining room, brings an important sense of "belonging" and is an opportunity for fun and socializing. As any good restaurant owner knows, it's not just about the food.

What excites you about eating? Key to dining enjoyment is eating favorite foods or trying new foods. For some, it's all in the seasoning, while others avoid strong spices. Some seek pleasure in pretty plates and charming surroundings. It is important for residents to sit at tables small enough to easily hear and see their companions. And most important is being able to choose food that sounds good to us and to eat when we are hungry.

Support for Person-Centered Dining

1. **The increased sense of well-being, created when the individual chooses when, how and what s/he eats.**
2. **Enhanced dining pleasure, along with more access to food for residents is likely to increase positive outcomes in individual satisfaction, weight gain or maintenance.**

Obstacles to Person-Centered Dining

- Changing dining times affects many other care and staffing issues in a facility
- Providing medications to persons needing to take their medicine with food
- Staffing patterns that support scheduled dining times and other care that revolves around food consumption
- Requires very good communication between departments
- Requires commitment and buy-in from staff throughout the facility and at all levels
- Understanding dietary regulations - including food temperature and frequency of meals - is required for transforming this experience

Implementing Person-Centered Care

Regulations and Regulatory Guidance that Support Person-Centered Dining

Regulatory Interpretive Guidelines:

- **F240 Quality of Life** "the facility's responsibilities toward creating and sustaining an environment that humanizes and individualizes each resident."
- **F242 Self-Determination and Participation** resident has the right to "choose activities, schedules, and health care consistent with his or her interest, assessments and plans of care…" and "make choices about aspects of his or her life in the facility that are significant to the resident."
- **F371 – paragraph 483.35 (i) Sanitary Conditions** (food temperature) "Hot foods which are potentially hazardous should **LEAVE** the kitchen (or steam table) above 140 degrees F and cold foods at or below 41 degrees F." The intent being that potentially hazardous foods are served at the proper temperatures to minimize the risk for food borne illness. (Emphasis on LEAVE is by booklet editor)
- **F364 – para. 483.35 (d) food**, (food temperature) "Each resident receives and the facility provides food that is palatable, attractive, and at proper temperature." This should not be confused with holding the temperature achieved in the kitchen or at the food preparation station.
- **F368 – para. 483.35 (f) Frequency of Meals** "Requires at least three meals per day and that there must be no more than 14 hours between a substantial evening meal and breakfast the following day." In 2006 Centers for Medicare & Medicaid Services provided the following clarification: "Regulation language is in place to prevent facilities from offering less than 3 meals per day and prevent facilities from serving supper so early…that a significant period of time elapses until residents receive their next meal. ..Not intended to diminish the right of resident to refuse particular meal or snack or over their sleeping and waking time."
- **F242, Self-Determination and Participation**. "language in F368 means that facility must offer meals and snacks as specified, but resident maintains right to refuse food." Surveyors encountering resident refusal of food/snacks regularly are instructed to ask resident the reason for refusal and continue investigating only if the resident complains about the food provided. And if the resident is sleeping late and misses breakfast, is there something they'd like to eat available for them prior to lunch beginning.

Actions that Support Person-Centered Dining

- ☆ Invite a team of committed staff, elders, and family members to start the conversation to create a vision for the changes needed.
- ☆ Choose one meal—breakfast is often the favorite. Offer flexibility by extending the serving times, offering choices and involving the residents in meal planning.
- ☆ Start small. Make changes that improve residents' nutritional status and satisfaction.
- ☆ Train dining staff in hospitality skills.
- ☆ **EXAMPLE** -- Create menus developed in conjunction with resident advisory councils; include recipes contributed by residents.
- ☆ Move away from using food trucks/carts/trays. Serve and cook in neighborhoods or the dining areas utilizing steam tables and grills. Create a buffet or offer restaurant-style dining.
- ☆ Develop snack pantries where residents can find food 24/7 that they like and that is healthy.
- ☆ Create extended timeframes for dining that supports other areas of resident choice such as sleeping in or eating when they are hungry.
- ☆ Create possibilities for more intimate and pleasurable dining experiences. Use smaller tables of a size that residents can easily hear one another. Allow residents to choose their own eating companions.
- ☆ Have servers offer individualized service and dress in black and white as restaurant wait staff do (either for a special occasion or all the time).
- ☆ Because dining is connected to medication, to sleeping and waking times and so many other operations, it is important that nursing homes have **good teamwork and good communication between departments** before implementing this change.

Implementing Person-Centered Care

F: **Sleeping and Waking**. Interrupting a person's natural sleep patterns or deep sleep states will have negative physical and mental health results. Awareness of this need for sleep is especially critical for staff providing care to individuals who are compromised and require long-term care. Older adults achieve less sleep and less REM (Rapid Eye Movement, dreaming) stage sleep. Sleep interruptions increase because older adults are more easily awakened by noises in the environment.

Sleep is a necessity, not a luxury. It determines the quality of our waking life. Sleep is essential to heal and repair the human body and mind. Sleep is needed for good function during the day. Interrupted sleep does not provide the rest we need. Lack of enough sleep can increase the assistance one needs to perform activities of daily living (ADLs) and can lead to an increase in falls. Persistent lack of sleep can make even the most even-tempered souls cranky and irritable.

5 Major Causes of Interrupted Sleep:

- Poor sleep environment - noise, lights, uncomfortable temperature
- Mental stress - fear, anxiety, unfamiliar surroundings
- Physical stress - pain, waking self to toilet, uncomfortable bedding
- Improper diet and lack of physical and mental activity
- Medications - diuretics, antidepressants, decongestants, bronchodilators, hypertensives, and steroids

Support for Individual Choice in Sleeping and Waking

1. **Allowing personal choice of sleeping hours increases the likelihood the person will function at a higher level mentally and physically.**
2. **Reduce anxiety and depression in residents that results from inadequate amounts of restful sleep.**
3. **Increase personal satisfaction of resident with their care and living environment.**

Obstacles to Person-Centered Sleeping and Waking

- Preset times for waking or putting residents to bed significantly impacts many schedules for staff and residents in a facility
- Some work patterns interrupt restful sleep for persons living in your facility. Some of those are: cleaning and buffing the floors at night; doing nightly skin checks; administration of suppositories and other medications; awakening residents at random times for trips to the bathroom; etc.

Implementing Person-Centered Care

Regulations and Regulatory Guidance that Support Resident Choice in Sleeping and Waking

Regulatory Interpretive Guidelines:

- **F240 Quality of Life** "specifies the facility's responsibilities toward creating and sustaining an environment that humanizes and individualizes each resident."
- **F242 Self-Determination and Participation** gives the resident the right to "choose activities, schedules, and health care consistent with his or her interests, assessments and plans of care. And the right to make choices about aspects of his or her life in the facility that are significant to the resident."
- **F246 Accommodation of Needs** "the facility should attempt to adopt such things as schedules, call systems, and room arrangements to accommodate residents' preferences, desires and unique needs."
- **F272 Resident Assessment** provides support for structuring care giving around the preferences and routines of each individual resident. From the Minimum Data Set (or MDS) there are three areas regarding a resident's sleeping routine that should be part of the care plan: Section AC Customary Routine 1) Stays up late at night (after 9); 2) Naps regularly during the day (at least 1 hour); 3) Wakens to toilet all or most nights. The Resident Assessment Instrument (or RAI) offers this language to explain the intent of gathering the preceding information: "the resident's responses provide the interviewer with clues …and data that will be extremely useful in designing an individualized plan of care."
- **F368 – para. 483.35(f) Frequency of Meals** does not inhibit a facility from honoring person-centered choice in waking and sleeping times. In December 2006 CMS provided clarification on this: "The language was not intended to diminish the right of a resident over their sleeping and waking time."
- **F242 Self-Determination and Participation** – CMS language regarding frequency of meals: "If a resident is sleeping late and misses breakfast, surveyors would want to know if the facility has anything for the resident to eat when s/he awakens if the resident desires it."

Actions that Support Person-Centered Waking & Sleeping

- ✰ Eliminate overhead noise such as call bells. Set phones to vibrate. Eliminate noise of conversation at the nurse's station or among staff members in hallways. Create pleasant "white noise" if needed.
- ✰ Ensure adequate light for safety and adequate darkness for restful sleeping in the resident's room.
- ✰ Help a resident achieve her/his best temperature for sleeping.
- ✰ Allow individuals to maintain their nighttime rituals such as hygiene activities, special pillows, praying, watching TV, reading, listening to favorite music.
- ✰ Make time for quiet conversation with a resident at bedtime, it promotes emotional comfort for the individual and quiets the facility.

EXAMPLE – Pick a group of 5 residents and do a two-week trial. Make sure their mattresses, bed linens and pillows are comfortable. Adjust medication schedule to promote restful sleep and reduce nighttime interruptions. Work to reduce noise and excess light. Figure out how to adjust schedules for staffing, serving food, housekeeping and maintenance. Track what happens for residents and for staff. At the end of two weeks ask staff and residents to give feedback on the trial. Use that information to change and expand the trial to larger areas of the nursing home, until all residents have choice in sleeping/ waking times.

THEN identify: What are problems for sleeping overnight at your facility (such as lighting, noise throughout facility, bed & pillow comfort, privacy, clinical care, night housekeeping)? What would each department need to make sleeping through the night functionally possible? What nutrition options could be available for persons who retire late and arise late? How would they get the food upon waking? What would be the benefits for staff and residents from making this change?

Building Care Teams & Shared Leadership

A: **Team Building**. If you work in a nursing home, being part of a care team is not new for you. But there are some things that are different about a team approach to Person-Centered Care.

- Team members include **RESIDENTS, ALL STAFF, FAMILY MEMBERS, FRIENDS** and **COMMUNITY MEMBERS** who are interested.
- The most important individual in Person-Centered Care is the RESIDENT, not the Administrator or Department Director or your immediate supervisor.
- The person who knows what is right for the individual is the resident, him/herself. When s/he can't voice her/his needs and preferences, then it is the family/friend most closely involved with the resident's care who knows what is right.
- Who is "on your team" is defined by who you are assigned to care for, plus the staff routinely assigned to the same residents and neighborhood.

Key Components of TEAM Building for Person-Centered Care

1. **Establish trust with each other; once trust is established start the change process.**
2. **Always keep your word - to residents, family members and fellow workers.**
3. **Catch people doing things right…it builds confidence for staff and residents.**
4. **Praise every small gain made by individuals and the team. Small steps add up to big leaps.**
5. **Give a little more than people expect; it makes them feel so special.**
6. **It is everyone's job to care for everyone else.**

Obstacles to TEAM accomplishments

- Fear of change
- Unwilling to give up personal recognition for TEAM recognition
- Fear of loss of control - of work, of regulatory compliance, of employees
- Fear that information won't get where it needs to be
- Fear TEAM won't deliver product and stay focused on what is important

How will you be able to tell if your TEAM is ready to go forward on Person-Centered Care?

- A high level of trust and comfort is present among residents and staff.
- Staff and residents are confident that the leadership of the nursing home is committed to Person-Centered Care.
- Each resident and staff person is ready to do her/his share.
- Information is shared easily between residents and their assigned staff and among staff of all
- departments.
- Residents and staff know what they are trying to change and why.
- Residents and staff know what role they will play in creating the change.
- Residents and staff are ready to risk change.
- When things go wrong, no one is attacked personally. Everyone participates in creating a workable solution.

Building Care Teams & Shared Leadership

Helping team members understand what each member's strengths are, is key to TEAM Building. Participation in TEAM Building exercises is one way to build trust, observe skills and personalities, and create opportunities to bond with other members of one's team.

Example: EXERCISE FOR TEAM BUILDING:

Tennis Balls: Divide the participants up into small groups of about eight to ten people and have them arrange themselves in a circle. Give a tennis ball to one person and explain the rules of the game:

1. Each group is in competition with the other groups in the room. The group who can complete the most "circuits" in a given time will be the winner.
2. A completed circuit occurs when every person in the group has touched the tennis ball.
3. If the ball ever touches the floor, then production must stop for one-minute.

Have the teams complete a few circuits to get comfortable and begin creating patterns that make them more efficient. The facilitator may want to stop the groups and get feedback as to how they are becoming more efficient and help them understand that this is a natural progression in working together as well. Have the groups continue to complete circuits, but as time progresses, the facilitator will add additional rules to make the process more difficult.

- A Co-Worker calls in Sick - Remove one of the group participants and tell the group that the participant called in sick. After they complete a few circuits, remind them that just because someone calls in sick, doesn't mean that that person's work doesn't need to be completed. (They will probably have just continued to complete the circuit just as they had before the person left.) Remind them that each of their last few circuits have had one fewer touches than before, so they do not count. Someone will have to pick up the slack for the absent person. After a new pattern is established, have the person come back.
- Double Production - Throw a second ball into the mix and tell the group that our client or owner wants us to double our work production. Only one ball can be held by any one person at a time. You can add a third or even fourth ball later.
- Diversity - New federal regulation states that we need to include more residents, family members, friends and interested community members in making our facility more homelike, so every second person who touches the ball must be either a resident, family member, friend or interested community person.

At the end of the game, ask the group "how did the game relate to things they face in the nursing home?"

A TEAM is more than a group of people.

It is people working together to achieve something specific, like making your environment a more satisfying place to live *and* to work.

It is individuals who each contribute to making the whole nursing home work well in a Person-Centered way.

Building your TEAM is way to

- Allow people to move past the barriers to Person-Centered Care
- A proven way to help develop or strengthen your biggest asset – **PEOPLE**
- Create excellence in the nursing home where you live/work

B: **Communication**. Use a compassionate approach to elders. Initiate all interactions from the point of view of the elder. In other words, put yourself in her/his shoes. Does s/he have difficulty hearing? Can s/he see your face and follow your lip movements as you speak? Are you speaking into her/his "good" ear? If s/he is sitting down, are you on her/his level?

Communication Is Key

- Look at the resident. Make eye contact. Block out other distractions.
- Acknowledge what the resident says.
- Focus on the resident's needs, not on your own needs.
- Use a gentle touch to gain the resident's attention or offer support. Accept the same from residents.
- Approach the resident in a slow, non-hurried manner from the front.
- Call residents by names they prefer.
- Encourage movement and non-verbal engagement of residents, even if s/he can't talk.
- Avoid talking over a resident to talk with someone else.
- Be respectful of residents' belongings and space.

Observe Behaviors

If you observe **new onset of behavior or a change in usual behavior**, watch for underlying causes such as:

- Drug toxicity
- Eyes/ears, sensory impairment
- Metabolic disturbance or endocrinopathy
- Emotional disturbances, especially depression or anxiety
- Nutrition deficiency
- Tumors, trauma to the head
- Infection
- Arteriosclerosis, including vascular disease
- Share what you observe with responsible team members.

Notes

C: Shared Leadership.

SHARING THE ROLE OF LEADER

No great thing is ever the result of ONE person's work.

Involving residents, staff, family, and community in the change to person-centered care results in a larger number of people committed to making change, not just being compliant to what someone else has prescribed. It also means that the current leader is willing to share power and responsibility with others. Persons in charge must be comfortable with receiving feedback from employees and residents about what works and doesn't. And everyone must commit to improving communications.

TOOLS FOR CHANGE

- ✰ **Focus Groups –** a small discussion group that helps make change by sharing ideas and identifying problems or barriers to change. The focus groups should be made up of people with different roles in the nursing home: management, care staff, residents, family members and other facility staff. After collecting information it is shared at House Meetings in the nursing home.
- ✰ **House Meetings –** all staff, residents, family members, friends and interested community members are invited to attend. The information and recommendations developed in the focus groups is shared with everyone at the House Meeting. Then attendees at the House Meeting break into smaller groups of 10-12 to review & discuss the recommendations. And they provide feedback to the large group on what was exciting and missing from the recommendations.
- ✰ **Action Teams –** are formed to research or carry out the agreed upon recommendations. The Action Team is a small group, made up of residents, family members, staff at all levels, and interested community participants.

Key Components of Sharing Leadership to Create Person-Centered Care

1. **Power is not only in the hands of the boss and/or the staff, but also with residents.**
2. **Everyone in the nursing home must share a commitment to Person-Centered Care.**
3. **Everyone staff/non-staff has to share in the work for success to happen.**
4. **Every person, staff and resident, has valuable ideas and skills to contribute.**
5. **Everyone "pitches in" to do her/his part.**

Building Care Teams & Shared Leadership

The best way to understand how shared leadership is different from individual leadership is to look at how it works one-on-one, and in a team or in an organization. Shared leadership one-on-one means that two people - a staff person and resident - talk face to face to find out about what the individual resident's preferences, abilities and needs are. Instead of the staff person deciding alone how care will happen, the two people would agree on what works for both the staff person and the resident. They share power and find a relationship-centered solution, a solution that comes from the interaction between them and from both of their abilities.

Shared leadership in a team happens when all team member suggestions are heard and the team decides what ideas to go ahead with, taking into account the resources they have or can secure. Shared leadership is not one person prescribing for a group of people how everything will operate.

Shared leadership means:

- Everyone is responsible for solving "the problem" or creating the solution.
- Everyone's contribution is needed.
- Everyone must continue to learn and develop In order for the team to perform at the highest level.
- Everyone must talk and listen to others effectively.

Teamwork divides the task and multiplies the success. ~ Author Unknown

Staff Assessment Person-Directed Care

Person-Centered Care requires that we shift, the way we think, the way we work, and the way we organize. As we make these shifts in ourselves and our facilities, our reference points on the horizon that tell us where we are, will also change. The following tool - "Staff Assessment Person-Directed Care" - can be helpful to us as we chart our progress. If your job is not working directly with residents (e.g. housekeeping, administration, maintenance, etc.), then think about how things work in your organization and how you perform your job supports a more person-centered care approach.

The following questions are about you and the people you care for. In answering these questions, please think about your own job and the clients or residents you are responsible for. If you are a direct care worker, this may be as few as 4 or 5 people. If you are an administrator, this may be all residents/ clients served by your organization. **Circle the number that describes your perceptions.**

Thinking about the people in your care, how many of these residents/clients:	Very Few or None	Some	About 1/2	Most	All or Almost All
1. Spend time with animals as they choose	1	2	3	4	5
2. Decide where they want to eat	1	2	3	4	5
3. Listen to their preferred music	1	2	3	4	5
4. Participate in recreational activities that match their interests	1	2	3	4	5
5. Help develop & update care plans, services plans/task lists	1	2	3	4	5
6. Make the decisions about their personal care routines	1	2	3	4	5
7. Make their own choices even if it puts them at risk (for example, a diabetic eating sweets, someone with emphysema smoking, someone refusing blood pressure medication, and so on)	1	2	3	4	5

Thinking about the people in your care, for **how many** are **you** able to:	Very Few or None	Some	About 1/2	Most	All or Almost All
8. See the experience of living here through their eyes	1	2	3	4	5
9. Help them give back to others	1	2	3	4	5
10. Focus on what they can do, more than what they can't do	1	2	3	4	5
11. Help them accomplish what they want to accomplish	1	2	3	4	5
12. Ask them about their wishes	1	2	3	4	5
13. Have conversations with them about things other than their care	1	2	3	4	5
14. Give opportunities to learn new things	1	2	3	4	5

Staff Assessment Person-Directed Care

Thinking about the people in your care, for **how many** do you:	Very Few or None	Some	About 1/2	Most	All or Almost All
15. Know their fears and worries	1	2	3	4	5
16. Know their feelings about dying	1	2	3	4	5
17. Know what makes a good day for them	1	2	3	4	5
18. Know their preferred routine (*for example* morning, evening, mealtime)	1	2	3	4	5
19. Know their favorite foods	1	2	3	4	5
20. Know what they find irritating	1	2	3	4	5
21. Know their favorite music	1	2	3	4	5
22. Quickly (within 10 min) help to the toilet when they request or need help	1	2	3	4	5

Thinking about the people in your care, for **how many** can you:	Very Few or None	Some	About 1/2	Most	All or Almost All
23. Minimize or ease pain	1	2	3	4	5
24. Individualize wheelchair types/sizes	1	2	3	4	5
25. Know when they need to use the toilet even if they cannot speak	1	2	3	4	5
26. Contribute to care plans (or service plans, task lists)	1	2	3	4	5
27. Provide end-of-life care as they wish	1	2	3	4	5
28. Calm when they feel agitated or upset	1	2	3	4	5
29. Let sleep through the night	1	2	3	4	5

Thinking about the people in your care, **how often** are you able to:	Very Few or None	Some	About 1/2	Most	All or Almost All
30. Keep them connected to their families	1	2	3	4	5
31. Keep them connected to previous associations (for example, church clubs, theater, interests)	1	2	3	4	5
32. Keep family members (and important others) a part of the resident's life	1	2	3	4	5
33. Include family members as part of the care team	1	2	3	4	5
34. Help them spend time with people they like	1	2	3	4	5
35. Spend time with residents/clients just being with them	1	2	3	4	5

Staff Assessment Person-Centered Care Tool Available Thanks to the Oregon Better Jobs Care Project

Staff Assessment Person-Directed Care

Thinking about the people in your care, **how often**:	Very Few or None	Some	About 1/2	Most	All or Almost All
36. Do they have places to walk or wheel for pleasure	1	2	3	4	5
37. Do residents' rooms reflect their lives and personalities	1	2	3	4	5
38. Do they have interesting things to do throughout the day	1	2	3	4	5
39. Are organizational funds available to support resident/client activities	1	2	3	4	5

Thinking about your work:	Rarely or None of the Time	Some of the time	About 1/2 of the time	Most of the time	All or Almost All of the time
40. Do you have the information you need to support new client/resident choices	1	2	3	4	5
41. Are you able to be an advocate for residents/clients	1	2	3	4	5
42. Do you work with other departments to understand and try new ways to address resident/client difficult behaviors	1	2	3	4	5
43. Do you help plan resident activities (in addition to the activity program)	1	2	3	4	5
44. Are you encouraged to work with staff in other departments to solve problems	1	2	3	4	5

Thinking about your work:	Rarely or None of the Time	Some of the time	About 1/2 of the time	Most of the time	All or Almost All of the time
45. Do you have time to provide care the way it should be provided	1	2	3	4	5
46. Does your supervisor respond to your concerns about residents	1	2	3	4	5
47. Do you feel you are working as part of a team	1	2	3	4	5
48. Do you enjoy coming to work	1	2	3	4	5
49. Do you feel that your ongoing training is adequate	1	2	3	4	5
50. Are supervisors evaluated by how well they support direct care workers	1	2	3	4	5

Introduction to Restorative Care

Restorative care does refer to activities that promote older adults' ability to **adapt** and **adjust** to living as independently and safely as possible. Restorative care does not refer to activities carried out by or under the direction of a physical therapist. Restorative care includes walking and mobility exercises, dressing, personal/self care, eating, swallowing, transfer and communications skills. Active or passive movement by a resident that is incidental to dressing, bathing, etc., does not count as part of a formal restorative care program. Restorative care focuses on remaining strengths and abilities, not limitations, creating short-term, moderate and realistic/achievable goals, modifying the environment to enable success (mirrors, set-ups, etc), using assistive devices to enhance self-care abilities (weighted cups, special tooth brushes, suction cup on bottom of cosmetics).

The ultimate goal is to maintain each person at her/his highest level of functional ability. What that level of functional ability is, of course will be different for each older adult. Once a skill is learned the older adult will need to use it or lose it.

All staff can participate in encouraging residents in optimal functioning. Staff will engage with residents based on staff's level of knowledge of each individual. Change begins with you, and what matters is what you do from this moment forward.

Role of caregiver:

- Observe what older adult can do
- Modify environment to enhance older adult's functional abilities
- Provide appropriate assistive devices
- Provide appropriate verbal and physical prompts
- Model or demonstrate self-care activity for older adult with short, clear directions
- Praise attempts and successes
- Be aware of the older adult's level of fatigue (use gait belt, or place wheelchair nearby to avoid falls)

Promote Success

Prepare older adult for activity: minimize distractions, make sure older adult has hearing aid in and glasses on before beginning activity. Restorative activities can be general or task specific. Both are helpful and build confidence and function.

Mobility is critical for all personal care functions. Mobility in the upper body is required to complete ADLs: eating, bathing, grooming, dressing and toileting. Mobility in the lower body is required to complete ADLs: toileting, transfers, walking, dressing and movement. To safely accomplish restorative care, the exercise space should be clear of obstacles, well-lighted (reduce glare), shoes and clothing that assist with stability and flexibility, and assistive devices as needed.

"Our residents don't live in our facility, we work in their homes." *Quote from nursing home staff-person.*

Restorative Care

Maintaining Maximum Function

- Activity each day keeps decline away!
- Residents' well-being is enhanced through the practice of restorative care activities throughout each day.

Restorative care activities

- Can easily be integrated into your regular interactions with individual residents.
- Can easily be done with residents standing, sitting or lying.

Assistive Tools

- Can enhance independence and well-being.
- Special toothbrushes with innovative handles and heads for better grasping & effective teeth cleaning.
- Double-handled cups.
- Eating utensils with broad, shaped handles for easy maneuvering.
- Nerf balls on eating utensils or toothbrushes for grasping.
- Button hookers, lid openers, etc.
- Canes, walkers, wheelchairs, grab bars.

Notes

Don't think "problem", think "opportunity". ~ *Unknown*

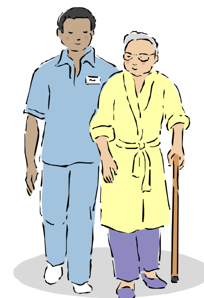
Restorative Care

A: Identification of Decline - mental, physical, emotional.

Maintain Maximum Function - Identifying Decline

Learning to identify when a resident begins to decline - mentally, physically, or emotionally - is critical to maintain his/her well-being. All staff have varying degrees of contact with individual residents. Use the following criteria to guide you in your observations.

- Has she had more difficulty than usual getting dressed in the morning or undressed at night?
- Has he lost strength or range of motion in his upper body (arms, neck, etc.) or lower body (back, legs, feet, knees, etc.)?
- Does she have a hard time getting in and out of her shower or bathtub?
- Is it difficult for him to get in or out of bed, or up or down from a chair?
- Has she not been walking as much or as far as she usually does?
- Does he have a difficult time getting off of or on to the toilet?
- Is it difficult for her to use her hands for tasks such as opening lids, buttoning blouse, writing, cutting food, or picking up things?
- Does he leak urine or frequently not make it to the toilet?
- Are her hands or wrists starting to look deformed?
- Does he often get short of breath or overly exhausted during activities such as walking, cooking, dressing or bathing?
- Does she ever cough when drinking liquid?
- Has his vision become worse, making it more difficult to enjoy the things he likes to do?
- Does she have a new need for any adaptive equipment, such as a walker, wheelchair, grab bars, toilet riser, bath bench, reacher, sock aide, etc.?
- Does he ever have difficulty swallowing pills?



Resource: Modified version of Lawrence Therapy Services Screening Tool.

Restorative Care

B: Appropriate staff response to noticed resident decline.

- **Observe**
- **Engage**
- **Share**
- **Empower**
- **Restore**

Observe Look at the resident's movements, listen to what s/he says to gather information.

Engage Talk with the resident, gently inquire about what you've noticed.

Share Discuss what you've noticed and learned with other team members. Report and record.

Empower the resident to act on his/her own behalf.

Restore maximum functioning, with or without assistive devices.

Encouragement - an important ingredient in success.

- Great job.
- Keep up the good work.
- It's wonderful to see all you've accomplished.
- Look how strong you are getting.
- Wow, you are amazing.
- Look at your steady gains.
- Don't worry - everyone has an off day.
- You're going to give **me** a workout.
- Look at how well you're doing this.
- You've really improved.
- That's a great stretch.
- I bet it feels good to be able to …
- Very impressive!

Success builds confidence.

Restorative Care

C: <u>**Stress management strategies for residents and caregiving staff.**</u>

Three of the best stress coping techniques are:
- Deep breathing
- Exercise
- Supportive relationships

All three are key parts of a resident-centered and restorative care approach. As you enhance resident well-being, you will also enhance <u>your</u> personal well-being.

Stress management strategies

Life strategies:
- Eat a well-balanced diet; reduce or eliminate caffeine.
- Get enough sleep (6-8 hours); take naps.
- Exercise regularly (1/2 hour, 3-4 times a week).
- Schedule leisure activities; develop a hobby.
- Do not rely on cigarettes, drugs or alcohol.
- Do something to unwind between work and home.
- Learn about meditation and relaxation exercises and build them into your life.
- Seek professional help if your stress-related symptoms just won't go away.

On the job strategies:
- Walk away from the situation (only if the resident is safe).
- Ask a co-worker for help.
- If you see negative or escalating interactions, approach quietly and ask if you can help.
- Count to ten.
- Take three deep, slow breaths.
- Sit down (this is especially helpful if you cannot leave the resident's room).
- Discuss the problem with a co-worker or supervisor.
- Repeat a saying in your mind that helps you to stay calm (a prayer or song).
- Limit overtime.
- Remember, it is often the situation that is the problem. Try not to personalize.
- Work with your supervisor to rotate assignments of residents whose care is difficult.
- Schedule time off.

Special connections-residents and staff

Each of you have worked or will work with older adults with whom you share a special bond. It may be a bond of the heart, a shared interest, humor, or history. Making a point to have regular interaction with her/him will contribute to a positive view of life.

Restorative Care Exercises & Indicators

Maintenance: 15 minutes of the following activities help maintain individual functioning. The total time can be completed in one sitting or in five-minute blocks. The following exercises can help improve upper and lower body strength, mobility and flexibility.

Key for use with exercises

VIP (Very Important for Posture) - This exercise will help maintain or improve posture.

Osteoporosis - this exercise may be helpful in preventing osteoporosis.

ROM (Range of Motion) - This exercise will improve or maintain joint range of motion or flexibility.

Strength - This exercise will help increase or maintain muscle strength. Muscle strength can occur if a ROM exercise is done against gravity, if the muscle is held tightly contracted for six seconds.

Endurance - This exercise helps decrease muscle tension. It’s good to incorporate deep breathing when doing relaxation exercises.

ADL (Activities of Daily Living) - These are sample activities of daily living that may be improved by doing this exercise.

Notes

Upper Body & Trunk

Jaw exercises

Position: Lying, sitting or standing.

<u>Jaw Open Wide</u> (jaw range of motion)

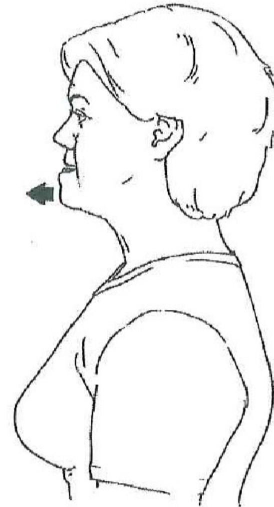
- Open mouth slowly
- Hold three seconds
- (NOTE: A three-finger opening is functional)
- Say out loud: "A E I O U"

Indications

- ADL - eating, yawning, laughing
- Voice and swallowing

Precautions

- Joint surgery



<u>Jaw forward</u> (jaw range of motion)

- Move lower jaw forward (careful not to jut neck out)
- Hold three seconds
- Relax

Indications

- ADL - eating, yawning, laughing

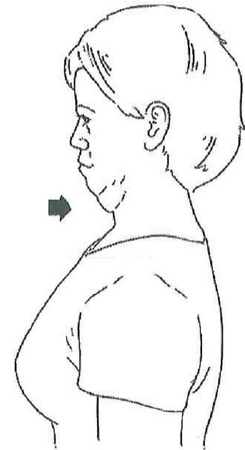
Precautions

- Joint surgery

Upper Body & Trunk

Neck exercises

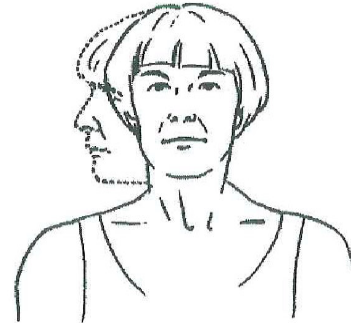
Position: Lying, sitting or standing erect with arms relaxed at sides or in lap.



Chin Tucks (axial extension)
- Look straight ahead
- Glide neck back to make a double chin
- Hold three seconds
- Relax

Indications
- VIP
- Osteoporosis
- ROM

Precautions
- Dizziness
- Neck Pain



Head Turns (rotation)
- Look straight ahead
- Turn head to look over shoulder
- Hold three seconds
- Return to front
- Repeat to other side

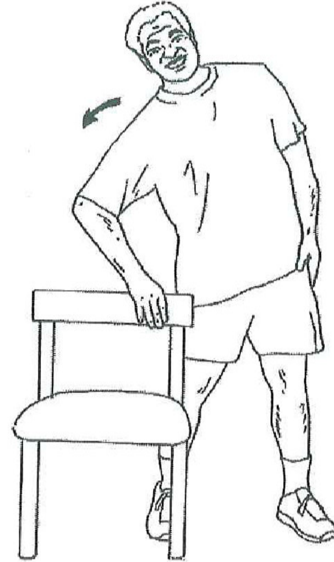
Indications
- ROM
- Relaxation
- ADL-driving, dressing, cleaning

Precautions
- Dizziness
- Neck pain

Upper Body & Trunk

Trunk Exercises

Position: Sitting or standing.



Side Bends (lateral flexion)

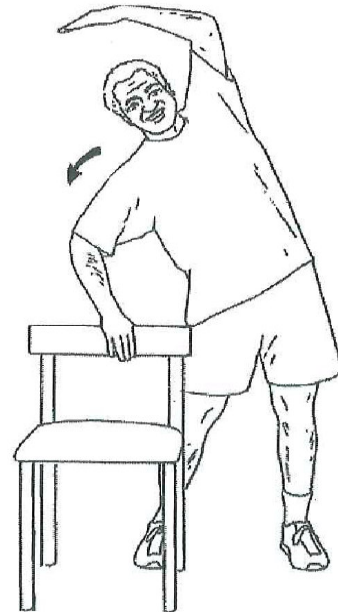
- Hold on to back of chair if standing
- If sitting, hold on to the arm of the chair
- Lean trunk sideways, slowly bending at the waist
- Repeat to other side

Indications

- ROM
- Strength
- ADL - reaching to floor or under table

Precautions

- Osteoporosis
- Balance
- Back pain



Side Bend with Overhead Arm (shoulder flexion/ lateral trunk flexion)
Same as **Side Bend**, except raise one arm overhead as you bend to opposite side.

Indications

- ROM
- Strength

Precautions

- Osteoporosis
- Back pain

Upper Body & Trunk

Position: Lying, sitting or standing.

Shoulder Circles (scapular range of motion)

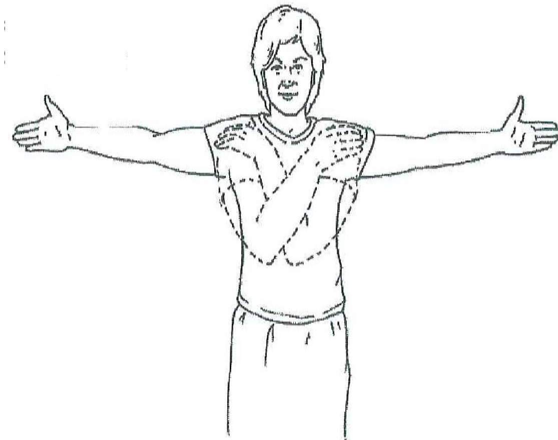
- Move shoulders slowly in a circular motion (forward, up, back and around)
- Arms at sides and facing forward, lift shoulders toward ears with inhale
- Hold for up to five seconds
- Exhale and relax shoulders back down.

Indications

- ROM
- VIP
- Osteoporosis

Precautions

- None



Hug yourself (combination elbow flexion/ shoulder horizontal movements)

- Position arms out as in drawing
- Bring arms together, touching opposite shoulder as a hug
- Repeat with other arm on top

Indications

- ROM
- ADL - Eating, dressing

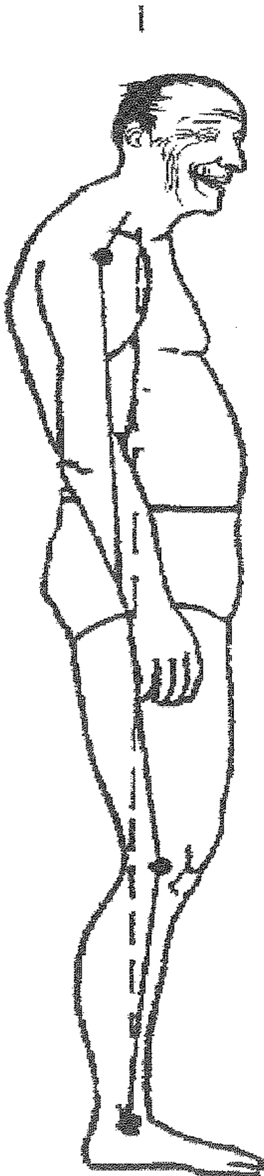
Precautions

- None

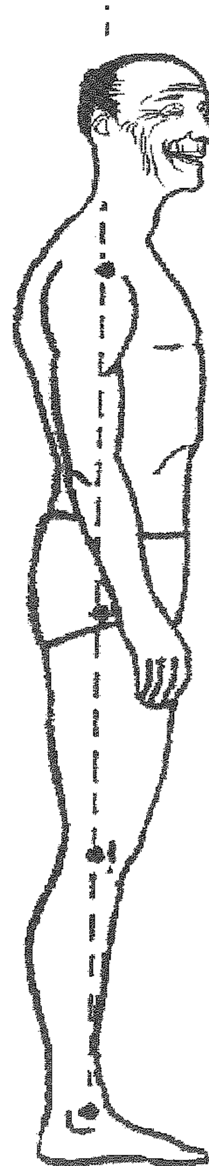
Upper Body & Trunk

Posture Exercise

A good way to practice posture is to position yourself up against a sturdy wall. Follow the guidelines below, while imaging yourself getting taller, as if someone had a string attached to your head and are pulling you upwards.



1. Stand up tall against the wall.
2. Roll your shoulders slightly backwards.
3. Elevate your chest.
4. Tighten your abdominal muscles.
5. Tighten your buttocks.
6. Keep your knees parallel to each other.
7. Support weight equally on both feet.
8. Stretch trunk upwards.
9. Are you getting any taller?
10. Do several times a day.

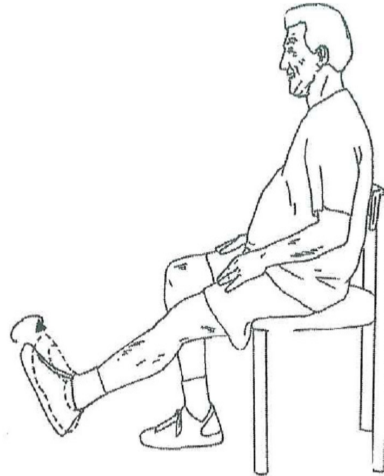


Used with permission from Tauy Creek Publishing, "A Holistic Approach Rehabilitative Aide", pg. 82. Sharon Magee-Minor, OTR/L

Legs, Feet and Hips

Foot/Leg Exercises

Position: Sitting or lying.



<u>Ankle Circles</u>

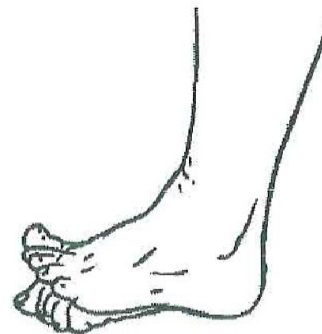
- Sit up straight, one foot extended in front
- Turn sole of foot in and out
- Move foot around in a slow, large circle
- Change directions

Indications

- ROM
- Improves circulation
- ADL - walking, stair climbing, balance.

Precautions

- None



<u>Caterpillar</u> (toe flexation)

- Curl toes down
- Hold three seconds
- Lift toes up
- Hold three seconds
- Variations: gather a towel with your toes or pick up marbles with your toes.

Indications

- ROM
- Strength
- ADL - Walking (helps arch support

Precautions

- Joint surgery

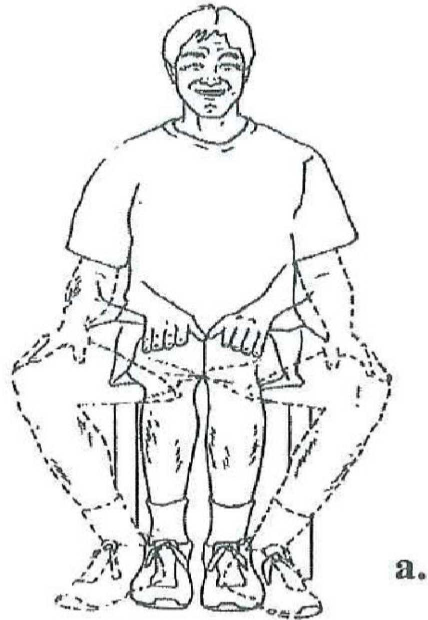
Hip Exercises

Position: Sitting

Spread Eagle (hip abduction)

Version A

- Sit up straight
- Spread knees apart
- Hold three seconds
- Bring knees together



Version B

- Sit up straight
- Lift one foot two inches off floor
- Move that leg slowly out to the side
- Return to center
- Repeat on other leg

Indications

- ROM
- Strength
- ADL - Bathing, in/out of car

Precautions

- Joint surgery

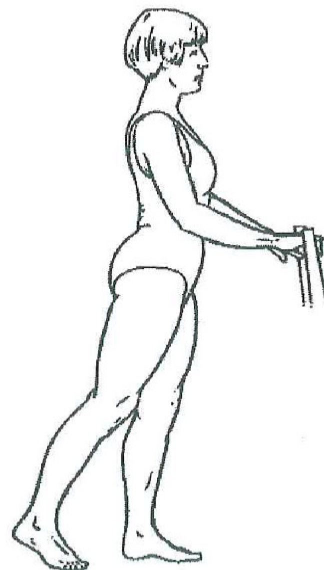
Hips and Legs

Standing Exercises (full weight-bearing)

March (hip/knee flexion)
- Stand holding on to chair
- Alternate lifting knees up and down as if marching in place

Indications
- ROM
- Strength
- Endurance
- ADL - Walking, climbing stairs
- +Weight

Precautions
- Balance
- Joint surgery



Back Leg Lift (hip extension)
- Stand straight, holding on to chair
- Slide one foot back (keeping foot flexed) until only the tip of the toes are on the floor
- Return and repeat with the other leg (motion should occur at the hip, not the low back)

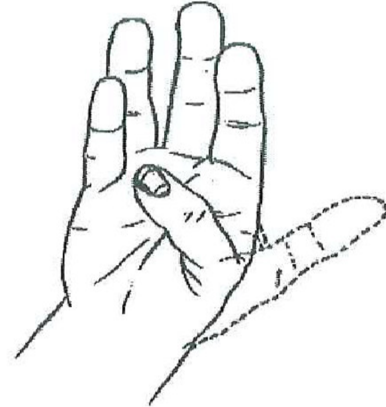
Indications
- ROM
- ADL - Walking
- +Weight

Precautions
- Joint surgery
- Balance

Hand/Finger Exercises

Finger Exercises

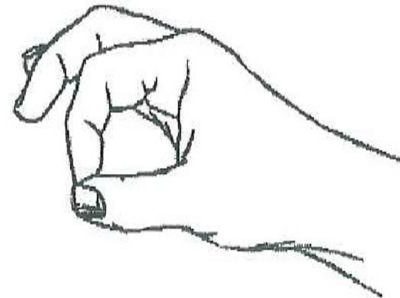
Position: Lying, sitting or standing.



<u>Thumb Bend</u> (thumb flexion)
- Open hands, fingers relaxed
- Reach thumb across palm toward base of little finger
- Hold three seconds
- Stretch thumb out again

Indications
- ROM
- ADL - grasping, picking up objects

Precautions
- None

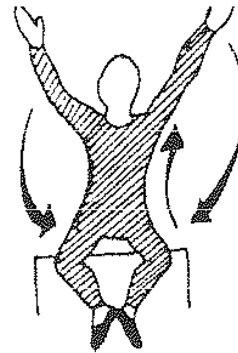


<u>Finger "Os"</u> (opposition)
- Open hand wide, fingers apart
- Touch tip of thumb to tip of index finger (make an "O" shape)
- Repeat with each finger

Indications
- ROM
- ADL - grasping, picking up objects

Precautions
- None

Breathing, Balance & Mobility



Active Breathing

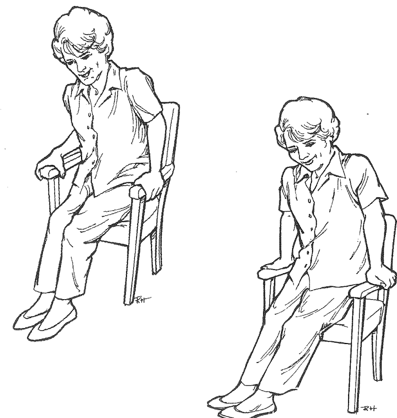
- Lie, sit or stand with feet shoulder width apart, arms at sides
- At inhale, lift arms straight up from sides as high as comfortable
- Hold for up to five seconds
- Exhale, lowering arms to rest at sides
- (Inhale deeply through nose, exhale fully through the mouth)
- Do deep breathing several times a day to improve oxygen level to all cells

Heel Raises (sitting or standing while holding stable object for balance)

- Feet flat on floor, shoulder width apart
- Lift heel from floor, putting foot into tip-toe position
- Hold up to five seconds
- Lower heel to floor
- Repeat with other foot

Knee Slides (sitting or standing while holding stable object for balance)

- Feet flat on floor, shoulder width apart
- Bend knee, lifting foot off floor and knee toward ceiling
- Hold up to five seconds
- Lower foot to floor
- Repeat with other leg



Chair Dips (sitting in weighted stable chair. If using wheelchair, BOTH LOCKS ON)

- Sit in chair facing forward, palms down on chair arm
- Push up with arms, standing only far enough to straighten elbows
- Hold up to five seconds
- Lower to sitting position

Breathing, Balance & Mobility

Mobility and Flexibility

- Scoot to the edge of the chair and push yourself up (if needed) rather than always grabbing a bar and pulling self up.
- Any type of movement - engage in exercise and movement activities, such as dancing, chair dancing, walking, games or projects requiring strategy, planning and concentration.
- Resistive activities, such as kneading clay, hammering, scrubbing, using a punching bag, stretch bands or lifting weights.
- Encourage wheelchair-bound residents to kick their legs out frequently.
- To have good posture, do neck shrugs, twist and turn upper body and head.
- Use small weights and lift arms up and down. Start with arms down, lift up to shoulder height and hold up to count of five.
- While still in bed each morning, bring knee(s) up, grab with arms, and crunch toward chest as much as possible. Hold to count of five, repeat 4-5 times.

Toileting - maintaining function

- Double voiding
- Positioning while on toilet
- Kegel exercises

Notes

Courtesy of Lydia Neu, Physical Therapist, Lawrence KS

Abuse, Neglect & Exploitation

Abuse, neglect and exploitation (ANE) of frail and older adults can occur in many ways. It is important to know the legal definition of what constitutes ANE to gain a better understanding of how to prevent and avoid situations in which ANE could occur.

This section outlines Kansas regulations that describe adult abuse, neglect and exploitation. It is also important to know that many nursing home employees are required to report incidents or suspicion of ANE to the Kansas Department on Aging (KDOA) toll-free, 800-842-0078, or call local law enforcement.

The following text is taken directly from State regulations KAR 28-39-150:

Staff treatment of resident. Each facility shall develop and implement written policies and procedures that prohibit abuse, neglect, and exploitation of residents. The facility shall:

(1) not use verbal, mental, sexual or physical abuse, including corporal punishment or seclusion;
(2) not employ any individual who has been identified on the state nurse aide registry as having abused, neglected or exploited residents in an adult care home in the past;
(3) ensure that all allegations of abuse, neglect or exploitation are investigated and reported immediately to the administrator of the facility and to the Kansas Department on Aging;
(4) have evidence that all alleged violations are thoroughly investigated, and shall take measures to prevent further potential abuse, neglect and exploitation while the investigation is in progress;
(5) report the results of all facility investigations to the administrator or the designated representative;
(6) maintain a written record of all investigations of reported abuse, neglect and exploitation;
(7) take appropriate corrective action if the alleged violation is verified.

Notes

Resources

Who to Contact

Kansas Department on Aging Hotline: (Toll-free) 800-842-0078
To report suspected abuse, neglect and exploitation of residents in adult care homes.
http://www.agingkansas.org

State Long-Term Care Ombudsman: (Toll-free) 877-662-8362
Resident assistance with concerns/problems in adult care homes.
http://www.kansasombudsman.ks.gov ltco@da.ks.gov <ltco@da.ks.gov

Kansas Advocates for Better Care: (Toll-free) 800-525-1782
Assistance for resident's or on behalf of resident's receiving long-term care in Kansas.
http://www.kabc.org Info@kabc.org

Promoting **E**xcellent **A**lternatives in **K**ansas nursing homes (**PEAK**) **785-532-5945**
www.agingkansas.org/CultureChange/PEAK/peak.htm
http://www.k-state.edu/peak/
Gayle Doll, Director gdoll@ksu.edu

Person-Centered Care Movements

Wellspring Model at http://www.wellspringis.org/
Wellspring believes the key to an improved resident experience and success is collaboration and cooperation among facilities, staff empowerment, database decision-making and accountability between partner organizations for improved resident outcomes. The core charter group of 11 non-profit organizations located throughout eastern Wisconsin. Skilled nursing facilities ranged from 63 to 415 beds; in urban as well as rural areas.

The Pioneer Network at http://www.pioneernetwork.net/
We recognize our need to create ways of living and working together different from the traditional models. The Pioneer Network supports models where elders live in open, diverse, caring communities. Pioneers are working toward transformational system change by both evolutionary and revolutionary means, using Pioneer values and principles as the foundations for change.

The Pioneer Exchange at http://www.pioneerexchange.org/
Growing the grassroots culture change movement depends on the energy and input of everyday leaders in aging services. Actively participating on the Pioneer Exchange is a key way to contribute.

The Green House Project at http://thegreenhouseproject.com/
The Green House is intended to de-institutionalize long-term care by eliminating large nursing facilities and creating habilitative, social settings. Its primary purpose is to serve as a place where elders can receive assistance and support with activities of daily living and clinical care, without the assistance and care becoming the focus of their existence.

The Eden Alternative at http://www.edenalt.com/welcome.htm
Living environments as habitats for human beings rather than facilities for the frail and elderly.

Resources

General Person-Centered Care Informational Websites, Books, Case Studies etc.

Advancing Excellence at http://www.nhqualitycampaign.org
A new coalition of groups representing healthcare providers, caregivers, medical and quality improvement experts, government agencies, consumers and others have joined together to launch a new two-year Advancing Excellence in Americas Nursing Homes campaign. This national campaign seeks excellence in the quality of life and quality of care for the more than 1.5 million American nursing home residents by enhancing choice, strengthening workforce, and improving clinical outcomes. The campaign supporters believe that quality nursing home care should be an automatic expectation for everyone, nothing less, and are committed to working together to engage nursing homes in the goals of this campaign in order to achieve real progress in quality of care. Advancing Excellence in Americas Nursing Homes builds on the work and goals of other initiatives such as the Nursing Home Quality Initiative (NHQI), Quality First, and the culture change movement, bringing these initiatives (and their supporters) together to help foster continued quality improvement in nursing homes.

The Institute for Caregiver Education at http://www.caregivereducation.org/services.htm
The Institute for Caregiver Education offers a variety of educational products designed to support and enhance cultural transformation in eldercare settings while meeting a range of professional development needs.

National Long Term Care Ombudsmen Resource Center at http://www.ltcombudsman.org/ombpublic/49_352_3505.cfm
A collaboration of Long Term Care Initiatives from many different states that Nebraska has put together to work on their state Resident Centered Care Projects. Includes a library, quick search and index.

Almost Home at http://www.almosthomedoc.org/
Almost Home- the documentary of a nursing home culture change. Includes information on the film, essays and definitions related to Person-Centered Care.

Haleigh's Almanac at http://www.edenalt.com
Eden Alternative Associate Training Manual. Comprehensive information on all aspects of culture change.

F-Tag Crosswalk to Culture Change
This volume of the Crosswalk Series examines each of the selected F-Tags, identifies a link between a primary Culture Change Principle and the regulatory language, and weaves an action-based connection between Culture Change Values and Guidance to surveyors for each regulation. F-Tags are presented in a standardized format that is easy to understand by all levels of nursing home team members, and serves as a valuable tool for achieving meaningful in-service education as well as regulatory compliance.
http://www.caregivereducation.org/features/f-tag_crosswalk.htm

Acknowledgments

We gratefully acknowledge the following businesses for providing information for this publication:

Lawrence Therapy Services, Laura Bennetts & Kim Hoffman 785-842-0656
2200 Harvard, Suite 101, Lawrence, KS 66049
http://www.lawrencetherapyservices.com/home.htm

Neu Physical Therapy Services, Lydia Neu 785-842-3444
1305 Wakarusa Dr, Lawrence, KS 66049

Tauy Creek Publishing, Sharon Magee-Minor OTR/L 785-594-3454
tauycreek@netks.net

Pioneer Network in Culture Change 585-271-7570
FAX: (585) 244-9114
P.O. Box 18648, Rochester, New York 14618
http://www.pioneernetwork.org/ info@pioneernetwork.net

HATCh Holistic Approaches to Transformational Change
Adapted from: Quality Partners of Rhode Island designed material through contract with Centers for Medicare & Medicaid Services, 2007.
Quality Partners of Rhode Island 401-528-3200
235 Promenade Street
Suite 500, Box 18
Providence, RI 02908
http://riqualitypartners.org/

Staff Assessment Person-Directed Care Tool
Diana White, Linda Newton-Curtis, Karen Lyons
Oregon Health & Science University
The John A. Hartford Foundation
Center of Geriatric Nursing Excellence
HGNI – A program of the Hartford Geriatric Nursing Initiative
Developed for the Oregon Better Jobs Better Care Project
October 2006

Anna “Petey” Cerf

Kansas Advocates for Better Care

- Provides training and education to nursing home staff on topics like:
  - Resident Rights
  - Restorative Care
  - How to identify and avoid Abuse Neglect & Exploitation
  - Providing Compassionate Care for Residents
  - Person-Centered Care

- Provides guidance and support for persons seeking information to make informed choices about Kansas Long-Term Care facilities, options, and care

- Advocates with legislators and regulators to promote health and safety for citizens receiving long-term care in Kansas

Kansas Advocates for Better Care is a not-for-profit, membership organization whose services are free to all Kansas Citizens and persons caring for Kansas Citizens. Our organization formed in 1975, thanks to the dedicated and compassionate leadership of Anna “Petey” Ballard Cerf. Petey volunteered in nursing homes and was deeply concerned about the quality of care provided to residents. At its beginning, our organization was known as *“Kansans for the Improvement of Nursing Homes.”* In the mid 1990’s as options for where and how to receive long-term care expanded, our mission expanded to address resident & recipient long-term care concerns.

Petey and others dedicated to reform were the force behind many improvements for residents living in nursing facilities. One notable reform was the 90 hour training program for Certified Nursing Assistants, providing basic knowledge for CNAs undertaking the important care of elders in nursing homes.

We invite you to call us at any time to share concerns that you have about resident care or ideas for training that would be helpful as you care for elders.

913 Tennessee, Suite 2
Lawrence, Kansas 66044
Lawrence phone: 785-842-3088 Toll-free: 800-525-1782
info@kabc.org http://www.kabc.org