



Building resilience: Maintaining quality care in nursing homes during COVID



Disclosure

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<https://www.dakotageriatrics.org/great-plains-mountain-consortium>

Recap of Last Week

- Get vaccinated!!!
- Use monoclonals and antivirals (as available and following current recommendations)
- Train staff on atypical presentations of COVID...GI distress, loss of appetite, falls, confusion

Why Words Matter

A Culture Change Moment

Carmen Bowman, Regulator turned Educator

Research regarding older adults, words and memory

Heard positive words about aging

- *wise*
- *alert*
- *sage*
- *learned*

➤ IMPROVED memory performance
(Levy 2002)

Heard negative words about aging

- *decline*
- *senile*
- *decrepit*
- *dementia*
- *confused*

➤ WORSENERD memory performance
➤ Even walked slower - although
denied it.

PRIMARY TOPIC:
**PERSON CENTERED CARE –
 BEHAVIORAL /MENTAL HEALTH**

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OBJECTIVES FOR TODAY...

- Describe the prevalence of mental and behavioral health issues in nursing homes
- Identify behavioral and psychological symptoms of dementia (BPSD) and potential triggers
- Describe the Progressively Lowered Stress Threshold Model (PLST)
- Review non-pharmacological, person-centered care interventions for behavioral expressions in dementia



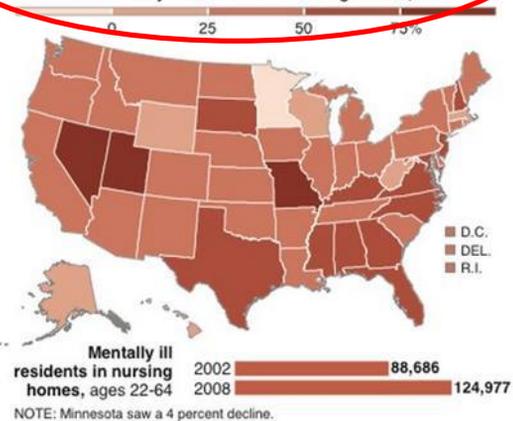
- 65% and 90% of residents have a mental or behavioral health problem
- 20-50% of residents suffer from depression
- Nearly 60% have dementia, many with a high prevalence of BPSD (78%)



More mentally ill living among elderly

Nursing homes have seen a 41 percent increase in young and middle-age residents with mental illness.

Growth of mentally ill residents in nursing homes, 2002-2008



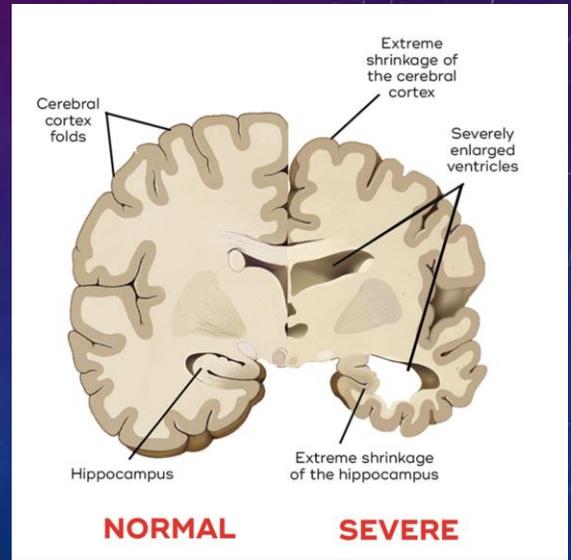
SOURCE: U.S. Centers for Medicare and Medicaid Services

AP

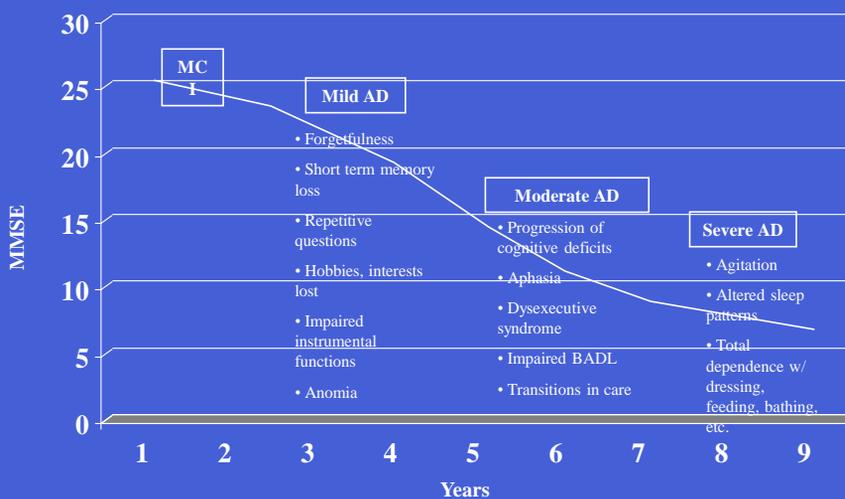
➔ Dementia is caused by **neurodegeneration** – the damage and death of the brain's neurons.

- **Frontotemporal dementia** mainly affects the frontal and temporal lobes
- **Lewy Body Dementia** affects part of the frontal lobe and the motor cortex
- **Alzheimer's Disease** results in widespread degeneration with damage to the hippocampus

Normal Brain vs. Brain of Severe Alzheimer's Disease



Symptom Progression in Alzheimer's Disease



MCI = mild cognitive impairment; BADL = basic activities of daily living

ZOOM CHAT RESPONSE:

- What are some of the most common behavioral and psychological *expressions* you observe in residents with dementia living in your communities?

Behavioral & Psychiatric Symptom Clusters in Dementia



Tune, AAGP (2005); Mc Shane (2000)

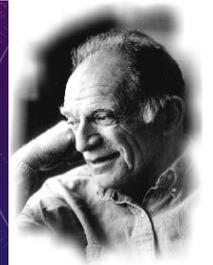
THE PROGRESSIVELY LOWERED STRESS THRESHOLD MODEL (PLST)

- Basic Principles:
 - Dementia leads to impaired ability to receive, process and respond to stimuli
 - Impairments worsen as the illness progresses
 - Stress threshold is lower in dementia >> increased difficulty tolerating stressors >> challenging behaviors
 - Some behaviors result from losses associated with dementia
 - Other behaviors result from environmental stress

Hall & Buckwalter (1987); Warchol et al. (2010)

CASE SCENARIO: MR. JONES

- He is an 84 y/o male with moderate Alzheimer's Disease who ambulates with a fairly steady gait.
- He does not sleep well at night and is often observed wandering in and out of resident rooms during the middle of the night.
- Sometimes he is even found checking windows and standing at the foot of the bed of sleeping residents. This is particularly upsetting to the female residents. The family of one of the female residents has called to complain to the administrator.
- When the staff grab him by the arm to gently escort him out of the room, he gets verbally and physically aggressive.



WHAT STANDS OUT FOR YOU IN THIS CASE? (ZOOM CHAT)

- Mr. Jones is an 84 y/o male with moderate Alzheimer's Disease who ambulates with a fairly steady gait.
- He doesn't sleep well at night and is often observed wandering in and out of resident rooms during the middle of the night.
- Sometimes he is even found checking windows and standing at the foot of the bed of the sleeping residents. This is particularly upsetting to the female residents. The son of one of the female residents has called to complain to the administrator.
- When the staff grabs him by the arm to gently escort him out of the room, he gets verbally and physically aggressive.

Behaviors are NOT PROBLEMS



Behaviors represent UNMET NEEDS

**ALL BEHAVIOR HAS MEANING!!!
IT'S UP TO US TO FIGURE OUT WHAT IT MEANS!!**

**Unmet needs can come from
within the person and/or
stressors in the *external
environment***

Stephens (2005)

ZOOM POLL

- What should the staff do for Mr. Jones?
 - A. Call the PCP for a sleeping pill to help Mr. Jones sleep at night.
 - B. Tell Mr. Jones he cannot go into other people's room at night because it upsets them.
 - C. Put him in a geri-chair so he doesn't wander at night.
 - D. Figure out the agenda or unmet need driving his behavior.
 - E. None of the above.

ZOOM POLL - ANSWER

- What should the staff do?
 - A. Call the PCP for a sleeping pill to help Mr. Jones sleep at night.
 - B. Tell Mr. Jones he cannot go into other people's room at night because it upsets them.
 - C. Put him in a geri-chair so he doesn't wander at night.
 - D. **Figure out the agenda or unmet need driving his behavior.**
 - E. None of the above.



***UNFORTUNATELY,
THAT'S NOT WHAT HAPPENED...***

- The nurse called the on-call doctor who then prescribed risperidone 0.25mg qhs for 'dementia with agitation'

MR. JONES REVISITED



- Over the next few days, Mr. Jones' wandering actually increased both at night and during the day.
- He seemed anxious, irritable, restless and was frequently observed pacing the hallways.
- When staff would try to stop to speak with him, but he had a difficult time standing still and would shift his weight from foot to foot.
- When he tried to sit down to rest, he crossed and uncrossed his legs, seemingly very anxious and unable to settle.

WHAT IS AKATHESIA?

- A **movement disorder** that can occur as an **adverse effect of antipsychotic** medications
- Usually develops within the **first 2 weeks** of antipsychotic therapy
 - Also more likely if start with high dose, suddenly increase the dose, or stop the medicine abruptly
- Manifests as **psychomotor restlessness or inability to remain still**
 - Feel intense sensation of unease or an inner restlessness that usually involves the lower extremities – results in a compulsion to move
 - Person appears restless – pacing, rocking, marching in place, shifting position, crossing/uncrossing legs, fidgety
 - Person feels an inner sense of restlessness >> extreme anxiety, irritability, panic, discomfort, dysphoria, suicidal thoughts

<https://www.ncbi.nlm.nih.gov/books/NBK519543>

CHANGE LANGUAGE FROM BPSD TO *BEHAVIORAL EXPRESSIONS IN DEMENTIA*

- Usually *expressions* of **unmet needs and frustrations**
- They often have **purpose, function, & meaning** to the person
- **Attempts at communication** to be explored with validation
- **Attempts at gaining control** over unwanted/threatening situation
- **Attempts at preserving dignity, identity, and personhood**

➔ *Barometers for tolerance to stressful stimuli....*

Dementia Behavior Consulting LLC

What Factors Contribute to *Behavioral Expressions*?

Physical

- Disease itself
- Illness/Infections
- Pain
- Hunger/Thirst
- Constipation
- Drug Effects

Emotional

- Depression/Anxiety
- Lost language
- Misinterpretations
- Psychosis
- Response to recent stressor

Environmental

- Over/under-stimulation
- Invasion of personal space
- Change in routine or surroundings
- Complicated demands
- Mirroring

Stephens (2005)

Caregiver Tip Sheets

IDEA! Strategy

- **Identify the behavior**

- What is the behavior that is difficult for you to deal with? Be specific.
- Can you see it? Does it bother others? When does it happen? Who's around when it occurs?

- **Explore what may be causing the behavior – *Understand the cause!!***

- **HEALTH:** Is the person taking a new medication, getting sick, or in pain?
- **ENVIRONMENT:** is it too noisy? Is it too hot? Is the place unfamiliar?
- **TASK:** Is the activity too hard for them now? Are there too many steps? Is something new?
- **COMMUNICATION:** Is it hard for the person to understand what you saying?

- **Adjust what can be done**

- You are the one who will need to change, the person cannot.



<https://www.alzheimersla.org/wp-content/uploads/2020/08/IDEA-Strategy-for-Managing-Challenging-Behavioral-Symptoms.pdf>

GOTTA DO SOME ADJUSTING, BE CREATIVE!

- Address what is causing the behavior

- Keep tasks and activities simple
- Keep the home as calm as possible
- Speak slowly and gently – try not to say too much at once
- Do not argue – agree and comfort the person whether they are right or wrong -**BE PRESENT IN THEIR REALITY**
- Find meaningful, simple activities so the person isn't bored
- If you're having a bad day, check your issues at the door



GOTTA DO SOME ADJUSTING, BE CREATIVE!

- Distract or redirect by:
 - Offering something they like to eat
 - Watching a TV show or listening to music
 - Asking for their help with a simple activity
 - Leading them to a different room
- Accept the behavior
 - Some behaviors you may need to accept rather than change
 - If there are no safety concerns and it doesn't bother the person, you may need to find ways to live with it.



REVISIT MR. JONES – WHAT *IDEAS* DID WE LEARN?

- Turns out he was a night time security guard for over 30 years
- He was used to being up at night
- **Agenda/need-driven behavior:** His 'checking of the windows and rooms' was what he was always used to doing at night
- *Is it fair/appropriate to make him adjust to our 'facility routine' after 30 years of working night shift as a security guard?*



Foster a sense of dignity and personhood

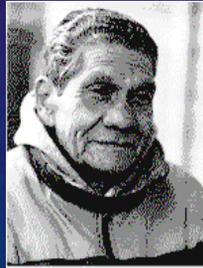


PRINCIPLES GUIDING TREATMENT

- Knowing a person's baseline is essential
- Something can always be done for persons with dementia
- Behaviors represent understandable feelings and/or expression of needs
- Factors which cause excess disability must be identified to improve function and quality of life
- We can't expect the person with dementia to change – *WE* must get creative and come up with **IDEAS!**
- Don't forget to consider impact on caregiver - *both staff & family*

*Wrinkles should merely indicate
where smiles have been.*

- Mark Twain



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RESOURCES

- Algase et al. (1996). Need-driven dementia-compromised behavior: An alternative view of disruptive behavior. https://deepblue.lib.umich.edu/bitstream/handle/2027.42/66887/10.1177_153331759601100603.pdf?sequence=2
- Alzheimer's Association
 - Caregiver Tip Sheets (English/Spanish). <https://www.alzheimersla.org/wp-content/uploads/2020/08/Caregiver-Tip-Sheets-all-English-Spanish.pdf>
 - Best Practices Care Plans. <https://www.alzheimersla.org/wp-content/uploads/2020/08/Best-Practices-Care-Plans.pdf>
- Grabowski et al. (2009) Mental Illness in Nursing Homes: Variations Across States. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2777514/pdf/nihms148143.pdf>
- Hall, G., Buckwalter K. (1987). Progressively lowered stress threshold: A conceptual model of care of adults with Alzheimer's disease. *Archives of Psychiatric Nursing*, 1, 399–406.
- Nursing Home Toolkit. <http://www.nursinghometoolkit.com/philosophy.html>
- Patel J, Marwaha R. Akathisia. <https://www.ncbi.nlm.nih.gov/books/NBK519543/>

Step 6: Conduct a QAPI Awareness Campaign

Comagine Health
Adrienne Butterwick, MPH, CHES
Jean C. Lyon, PhD, APRN

Recap from last week - Step 5: *Develop Your QAPI Plan*

At the end of last week's session, you were asked to assess the composition of your QAPI team - do you have all the necessary people at the table?

Please share your findings with us, in chat.

QAPI Awareness Campaign

- ▶ Taking time to create a deliberate communication plan about QAPI will help ensure that everyone in your organization is familiar with the plan, the goals and their roles and expectations in the process.
- ▶ Staff are important but also keep in mind caregivers and residents/families.
- ▶ Leadership support and participation is also a key element.

Communicating with Residents, Families and Caregivers

- ▶ Family and resident complaints are often underused, and yet they are a valuable way of identifying more general problems and innovative solutions.
- ▶ Consider ongoing communication (“open door policy”)

Consider this checklist

CHECKLIST

Action Step	Who is responsible?	Date completed
Inform everyone (staff, residents, families, consultants, ancillary service providers, etc.) about QAPI and your organization's QAPI plan.		
Provide training and education on QAPI for all caregivers.		
Develop a strategy for communicating with all caregivers.		
Develop a strategy for communicating with residents and families.		

https://www.hsag.com/contentassets/ad48e6068e6148de909773f9d89892b1/hsag-qapi_companion.pdf

Discussion / Next Week Follow Up

- ▶ Have you conducted a QAPI Awareness Campaign within your organization?
- ▶ Consider ways you can include everyone in your communication: families, residents, caregivers, vendors, leadership, staff and other providers.
- ▶ Come back next week to share your thoughts or actions you took to foster your QAPI Awareness Campaign.

Words Matter

Negative words about being old = walk slower and perform worse on memory test

Language has power

home The Power of Language **hands-on**
 work with **direct care givers** **team members**
 people **person who ... needs help eating**
Elders **community** **neighborhood**
approaches **neighbors** **individual**
move in/here for a stay **nurturing home**
culinary/dining services **life history**
adult education **home to**
team **move out/go home** **120 people**

work The Power of Language **unit**
the floor **front line** **the floor staff**
non-compliant **skilled nursing facility**
feeder **the dementia residents**
acute care **ward** **department** **wanderer**
interventions **patients** **complainer**
nurses' **grievance** **long term care**
station **admitted** **staff** **social history**
dietary **care center** **120 bed**
frequent faller/repeat offender **facility**
discharged **inservice** **hoarder**

Free resource available at
www.edu-catering.com
www.pioneernetwork.net



The SUPERPOWER of Language

YOU and I have a SUPERPOWER

to change institutional culture
to create culture



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BROUGHT TO YOU BY THE
**GREAT PLAINS - MOUNTAIN
GWEP CONSORTIUM**



A live 12 week series on Wednesdays, March 2nd - May 18th, 2022
1-2:00pm (MST)/2-3:00pm (central). Offered over Zoom.

Presenters include regional and national experts in geriatric care. Receive feedback on your QAPI process from quality improvement experts.



Schedule of Events (Steps and Primary Topic Area):

April 13th: Strategy for Collecting and Using QAPI Data. Resident-Centered Case - Social Determinants of Health

April 20th: Identify Your Gaps and Opportunities. Age Friendly Case- What Matters

April 27th: Prioritize Quality Opportunities and Charter PIP. Age Friendly Case- Mentation

May 4th: Plan, Conduct, and Document PIPS. Age Friendly Case - Medications

May 11th: Getting to the "Root" of the Problem. Age Friendly Case - Mobility

May 18th: Take Systemic Action. Principals of Infection and Treatment



Have questions? Contact Peni: peni.rosten@und.edu

Register: [via link](#), or scan the QR Code



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