

QUALITY OF LIFE - MAKING IT HAPPEN

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Quality of Life

We will discuss "Quality of Life":

- Dignity
- Self-determination and participation
- Accommodation of need
- Activities
- Social work
- Environment
- Related issues
- Implications for assessment and care planning



Federal Regulation

- When did "Culture Change" start & who started it.
- Focus is on residents/family/POA point of view.
- Perception is the reality.
- While F240 to F258 specifically address "Quality of Life", most other regulations impact the quality of the resident's life in some way.



CMS

New Medicare Nursing Home Guidance
Friday, June 19, 2009

"Beginning June 12, 2009, nursing home surveys will be conducted with a sharpened focus on residents rights in key areas such as:

- **Ensuring they live with dignity**
- **Offering choices in care and services**
- **Accommodating the environment to each of their needs and preferences**
- **Creating a more homelike environment – including access for visitors**



CMS

"... makes it clear that residents have the right to choices concerning their schedules – consistent with their interests, assessment and plans of care."

"... provides a substantial roadmap for environmental and culture change in nursing homes"



Culture Change Definition

CULTURE is defined as behavior patterns, arts, beliefs, institutions and all other products of human work and thought,

the predominating **attitudes** and **behavior** that characterize the functioning of a group or organization.



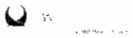
Why Does Our Culture Need to Change?

- We evolved from acute care
- Safety, financial constraints, regulation have limited the life experience in long term care settings (LTC)
- LTC still seen as unattractive, last resort, place to die
- Consumers, in general, have changed
- Residents have changed



Culture Change Elements

- Staff enters into a care giving relationship based upon individualized care needs and personal desires.
- Residents and staff design schedules that reflect the individual's personal needs and desires.
- Work is relationship-centered, and staff have consistent assignments.
- Staff bring their personal knowledge of residents into the care giving process.



Culture Change Elements

- Decision-making is as close to the resident as possible.
- The environment reflects the comforts of home.
- Spontaneous activities are available around the clock.
- There is a sense of community and belonging.



Culture Change Elements

- CMS has indicated a focus on Culture Change

"CMS Artifacts of Culture Change"

Available at www.pioneernetwork.net



Dignity

F241 "The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality"



Dignity

- Grooming
- Dressing
- Attending activity of choice
- Labeling clothing in dignified way
- Avoiding:
 - Plastic cutlery/dishware
 - Standing to feed
 - Personal conversations in presence of residents



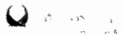
Dignity

- Respect private space and property
 - Knock and ASK PERMISSION before entering
- Speak respectfully (Use proper name, avoid terms like "feeders", keep conversations private)
- Speak TO residents, not about them or over them
- Signage



Dignity

- Privacy of body
 - Also visibility of personal care products
- Ignoring residents, restricting residents
Made to feel unwelcome, or that they are a burden
- Are staff engaged with residents, or distracted?



Self Determination and Participation

- F242 – Self determination varies with the decision and the resident's ability
 - Right to :
 - Choose activities, schedules, and health care
 - Interact with community
 - Make choices about life that are significant to him/her
 - Stakeholders
 - Family/POA/HPOA/FPOA
 - Other Residents
 - CMS
 - DOH
 - Ombudsman



Self Determination and Participation

□ F242

■ Issues:

□ Schedules

- When to get up, bathe, eat, go to bed
- Facility to be PROACTIVE in helping residents fulfill choices
 - Therapy during favorite TV show
 - Room mates (by mutual consent)
 - Type of bath
 - Right to refuse (but must show documented efforts at accommodation)
 - Residents right to choice is not unlimited

F243 & 244 Participation in Resident and Family Groups

- Right to organize resident group
- Families have right to meet in the facility with other families
- Facility must provide space
- Staff, visitors, attend on invitation only
- Designated staff person to provide assistance for such meetings
- Facility must listen to views and ACT on grievances and recommendations

F245 Participate in Other Activities

- Right to participate in religious, community, social activities that do not interfere with rights of other residents

F246 Accommodation of Needs

- Residents have right to:
 - Accommodations of individual needs and preferences except when the health or safety of the resident or other residents is endangered
 - Includes physical environment to maintain or achieve independent functioning, dignity and well-being to the extent possible in accordance with resident's own needs and preferences
 - Such as open close drawers, turn faucets, use mirror, toiletries easily accessible, access to closet, lighting controls, assistive devices as needed to use bathroom independently, use call bell, etc.

F 246 Accommodation of Needs

- Resident have right to:
 - Accommodations (continued)
 - Sufficient electrical outlets
 - Comfortable seating and task lighting
 - Furniture arrangement (with roommate agreement)
 - Common areas accommodate physical limitations (height, depth, firmness, arms of furniture, height of dining table)

F 246 Accommodation of Needs

- Resident have right to:
 - Accommodations (continued)
 - Interact in a way that:
 - Considers physical limitations
 - Assures communications
 - Maintains respect (eye level, speaking to person with hearing limitations and using devices as needed)
 - Assuring assistive devices clean and functional (glasses, hearing aids, etc.)

F247 Notice Before Room or Roommate Change

- Sensitive to trauma of move or change
- Learning and listening to resident preferences
- Notice and information about new roommate
- Support when roommate passes away or leaves, and time to adjust before new roommate (depends on level of connection)



F248 Activities

- Facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interest and the physical, mental and psychosocial well-being of each resident
 - Identify interests and needs
 - Program to appeal to interests and enhance resident's highest practicable level of physical, mental and psychosocial well-being



F248 Activities

F248 (continued)

- Activities are to be person-appropriate
 - Personal identity and history
 - Activities are appropriate when they are meaningful for a person, when they respect the person's age, beliefs, culture, values and life experiences.
 - Quality of Life is difficult to define, so assessment is important!



F248 Activities

F248 (continued)

- Some key words used in F248 "Guidance to Surveyors":
 - Meaningful – reflect interests, enjoyable, make feel useful, sense of belonging
 - Useful
 - Sense of belonging
 - Dignity
 - Positive self-image



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F248 Activities

F248 (continued)

- Key words (continued)
 - Require thinking
 - Gender-specific
 - Produce something useful
 - Relate to previous work
 - Community events
 - Physically active
 - Using skills from former work



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F248 Activities

F248 (continued)

- Key words (continued)
 - Not just "keep busy" or socialize – relevant to resident's life
 - Residents who can and can't be interviewed appeared "less agitated" and "happier" when many activities are available



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F248 Activities - Program Planning from the Resident's Perspective

- What about evenings and weekends?
- Living in our communities is not a 9-5, Monday thru Friday experience!
- Are we very sure that either getting residents up early, or wishing to tuck them in early, is not impacting programming?
- What about the involvement of other staff besides recreation professionals?
- Are residents actively involved and engaged? If not, why not?



F248 Activities - Program Planning from the Resident's Perspective

- Resident involvement in planning activities
 - Document
 - Requires "balance"
 - Some activities may be difficult to accomplish (cost, physical space, only 1 resident interested)



F249 Activities Director

- IS a Qualified Therapeutic Recreations Specialist who is
- Licensed or registered in State
- Eligible for certification by recognized accrediting body
- Has 2 years of experience in social or recreational program within last 5 years (one of which was full time in patient activities program in health care)
- Or is a qualified occupational therapist or OT assistant
- Or has completed a training course approved by the state



F250 Social Services

- Must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident
 - Aggressively identify need
 - Pursue provision of services

F250 Social Services

- Examples of "medically-related"
 - Making arrangements for obtaining adaptive equipment, clothing, personal items
 - Contact with family to update (with resident's permission)
 - Assisting staff to inform residents and designates about health status and care choices and ramifications
 - Service referrals
 - Assisting with financial legal matters, discharge planning
 - Provide or arrange counseling

F250 Social Services

- Examples of "medically-related"
 - Assisting resident to make decision about health care and who else might be involved
 - Finding options that most meet the physical and emotional needs of each resident
 - Providing alternatives to drug therapy or restrains by understanding and communicating to staff why residents do as they do
 - Meeting needs of grieving residents
 - Attempting to obtain services not covered by Medicaid

F250 Social Services

- Examples of conditions that social service should respond to:
 - Lack of family/support system
 - Behavioral systems
 - Resident-to-resident abuse
 - Presence of chronic disabling condition
 - Depression, pain, restraints
 - Alcohol or drug abuse
 - Coping skills
 - Changes in family
 - Mental disorders

F251 Social Services

- More than 120 beds, full time
- Qualifications:
 - Bachelor's degree in social work or human services field
 - One year supervised social work experience in health care setting

F252 Environment

- The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible

F252 Environment

- "Homelike" should include the resident's opinion on the living environment
- De-emphasize institutional character
- Recognize individuality and autonomy
- Opportunity for self-expression
- Encourage links with past and family



F252 Environment

- As much like a private home as possible
 - Eliminate institutional odors and practices

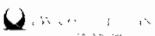
Exercise:

Imagine you are walking through the front door of your community, to the area where you work and residents live. What do you see that you would not see at home? What happens during the day that would not happen at home?



F252 Environment

- As much like a private home as possible
 - Overhead paging
 - Meals served on trays
 - Medication carts, medications administered in public
 - Alarms
 - Few personal items (everything looks the same)
 - Large, dominating "nurses station"



F252 Environment

- As much like a private home as possible
 - Not just the building, but person-centered care
 - Individualized
 - Relationships
 - Welcoming psychosocial environment
 - Lighting, temperature, noise

Related Issues: Dining

- Refer to "Dining Services" rather than "Dietary"
- Generally there is a shift to less restrictive diets
- Raise consciousness on supplements, milkshakes (are they served when they might interfere with a meal?)

Dining

Can residents decide:

- When to eat?
- Where to eat?
- With whom to eat?
- What to eat?
- How much to eat?

Are we very sure meal times don't reflect only staff convenience?

Dining

- Are residents encouraged to sit in normal chairs when possible?
- How does the room look and feel?
- How does the table look?
- Are residents seated in a comfortable position (food easily accessible)?
- If you have several levels of care are ambiance and service similar?



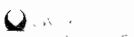
Dining

- How much choice do residents have
- For those who need help
 - Is it done with dignity?
 - Do we avoid giving the "easy" foods first (milkshakes, ice cream and other desserts)?
 - Do mechanically altered foods look appetizing? Taste appetizing?



Related Issues: Bathing and Dressing

- What do we know about the resident's past habits?
 - Bath or shower?
 - Morning, afternoon, evening?
 - Frequency?
 - Favorite soap, shampoo, lotion?



Bathing

- Is it warm enough in the room?
- Is total privacy provided?
- Are we taking the "easy way out", for example bed or chair baths, because it's easier for staff
- Does staff know what the tub feels like?
This could help them to help residents learn to enjoy a whirlpool bath



What do Residents See as Important?

- Choice**
- Autonomy**
- Dignity**
- Environment that is *home***



Keys to Success

- Document, document, document
- Utilize everyone (interdisciplinary)
- Involve the resident over & over
- Involve the Family/POA
- Care Plans are detailed and followed
- Policy & Procedures updated and implemented
- Ask your Solicitor/Counsel for advise



How does this affect the Care Team?

You can...

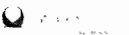
- Re-examine traditional assumptions
- Assume competence, ability, wellness, independence
- Stay focused on being resident-directed – the resident (or family, if resident can not) makes decisions regarding his or her life and care
- Respect the resident's choices



How does this affect the Care Team?

You can.....

- Have empathy – treat residents as a member of your own family
- Resident's needs come first (not staff/organization needs)
- Be a "persuader" not an "enforcer"
- Keep in mind that you are sharing the resident's home



How does this affect the Care Team?

- Encourage relationships among ALL stakeholders – build "community"
- Make new friends and keep the old
- Build relationships based on: respect, trust, kindness, compassion, patience, humor, hope, mutual (not necessarily equal) effort and appreciation

