

Enhancing Well-Being II
Transforming the Care Environment



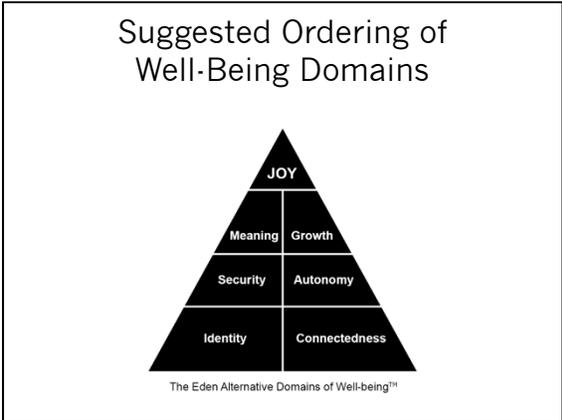
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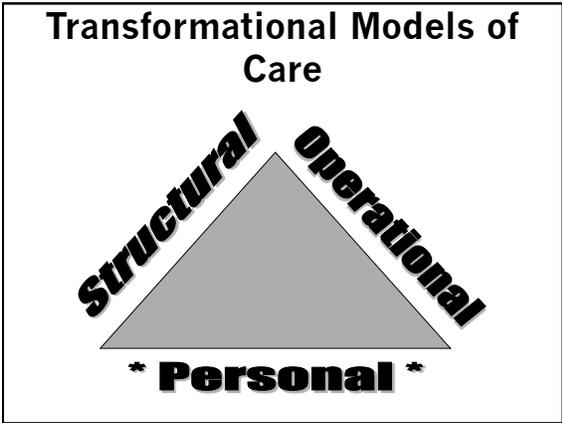
Outline

- Review experiential and well-being models
- Look at three types of transformation in more detail
- Operationalizing well-being: some simple and not-so-simple examples
- Discussion

“DEMENTIA IS A SHIFT IN THE WAY A PERSON EXPERIENCES THE WORLD AROUND HER/HIM.”







- Personal Transformation
- Positive view of aging
 - Valuing elders
 - Valuing relationships
 - Experiential learning about nursing home life
 - Education - leadership and others
 - "Soil warming"
 - Mission, vision, values
 - Enlightened communication, facilitation techniques

Visualization



Caution... Words Make Worlds!



Physical Transformation

- Creating living environments that reflect the values of home, rather than institutions
- Attention to lighting, color and contrast
- Attention to acoustic environment
- Maximizing familiarity, accessibility, comfort and meaning
- How do we reinforce the "sick role"??

Lighting

- How much light does a person need at age 65? At age 85?
- Natural light and biorhythms
- Glare
- Ambient light vs. targeted light
- Flooring, colors and patterns



Sound

- Visualization exercise: What do you hear? What does a person with dementia hear?
- Normal sounds: Good or bad?
 - TV/radio
 - Voices
 - Emotions
 - Music



Operational Transformation

- "Flattening" hierarchy
- Involving elders
- Teams that reach across departments and levels
- Operations that reinforce relationship-centered care
- Honoring each person's knowledge and expertise
- Supporting the domains of well-being

Critical Role of the Nurse in the New Paradigm

- Nurses are ideally positioned to recognize needs and create the proper response
- Nurses can set the tone of the living environment
- Nurses control the use or avoidance of medication!
- Nurse assessments can identify potential medical illness
- Nurses can advocate positively with medical staff
- Nurses can take the lead in educating staff, families and other elders

Role of the Nurse – Personal Transformation

- Model ideal interpersonal approach and communication skills
- Teach a holistic, person-first view of people who live with dementia
- Use person-directed approaches to care
- Model relationship-based care
- Model individualized approaches
- Set up outcomes measurements for improved well-being, medication reduction, etc.

Role of the Nurse- Operational Transformation

- Change care plans to “I” plans
- Look at wellness in CCPs, not just illness
- Empower hands-on staff to respond to elders’ needs “in the moment”
- Empower elders to direct their care (*caregiver vs. care partner*)
- Convene meetings to investigate distress and brainstorm new approaches
- Encourage interdisciplinary solutions
- Introduce well-being domains into daily operations

Role of the Nurse – Physical Transformation

- Give input into renovation decisions
 - Furniture placement
 - Fixtures
 - Beds and chairs
 - Room and household layouts
 - Lighting and acoustic environment

to maximize comfort, functional independence, familiarity and accessibility

Role of the Medical Director

- 2010 – AMDA white paper on Person-Directed Care, added as “Function 9” for Medical Direction in Long Term Care
- Six task statements developed for support of individualized, person-directed care

Operationalizing Domains of Well-Being:

A few simple (and not-so-simple)
examples...



Example:
Connectedness - 1



Outside agency care is
not the best care!

- The *people* may be bright and caring, but
- They do not know the elders
 - They do not know their co-workers
 - They do not provide close and continuous contact
 - They are less able to understand those who live with dementia, or have trouble communicating their needs

St. John's Home, 2002

- 475 elders, all skilled level of care
- Hundreds of shifts of contracted agency nurses and aides per month
- Many rotating and floating staff
- Annual agency budget: \$3.5 million
- Annual full-time staff turnover: 35%
- Deficiencies related to agency staff

Agency Reduction Initiative

Evaluation:

- Focus groups - CEO, CAO and DON visited with all nursing staff
- Interviews with “regular” agency staff
- Benchmarking salaries, benefits, and shift differentials

**Agency Reduction Initiative -
2**

Process:

- Workflow chart for gradual agency reduction
- Increased flexibility with hours and shifts
- Nursing co-opted parts of hiring process from HR
- Agency staff given a deadline for elimination, encouraged to work for SJH
- More “hoops” for supervisors to jump through before calling in agency staff
- Pay incentives to staff for filling in

**Agency Reduction Initiative -
3**

“Soil warming” / Staff-friendly initiatives:

- On-site child care
- Semi-annual “Chats with Charlie & Veronica”
- New employee welcome
- Eden education initiatives
- St. John’ s Bucks
- Resource Assistance Program
- Etc., etc.

St. John's 10 years after

- No agency CNAs x 9 years
- No agency nurses x 8 years
- Permanent assignments for most full-time staff
- Annual agency budget \$3.5 million → \$0
- Full-time staff turnover 35% → 7% in 2010 and 2011
- Nursing staff turnover <9% in 2010 and 2011
- 5-year staff retention > 75%
- Better surveys, elder/staff/family satisfaction

Cost of Turnover

- To interview, hire and train a CNA - \$5000+
- To interview, hire and train a nurse - \$10000+
- "Learning curve" of new staff
- Est. savings for St. John's with decreased turnover:
\$600,000 - \$1,000,000 per year
(Operating budget ~\$60m/yr.)

Connectedness - 2 Dedicated Staff Assignments

"It Takes A Community - A relationship-centred approach to celebrating and supporting old age"

(<https://www.youtube.com/watch?v=IUJFWXz-wY>)



Daniella Greenwood
Strategy and Innovation Manager

Arcare Aged Care

- 22 residential care homes in Victoria and Queensland
- “Sensitive care” areas for people living with dementia
- Daniella Greenwood (dementia strategy and innovations manager) – appreciative inquiry survey of 80 elders, staff and family members
- Identified four main categories, including “connections”
- Many comments highlighted the importance of continuous relationships
- Began to formulate pathway for dedicated staff assignments in all sensitive care areas

Arcare (cont.)

- Staff education sessions
- Re-application process for all hands-on staff
- Positive feedback from most staff and managers
- Within 6 weeks, staff spending more time with elders, without sacrificing task completion
- One early-adopting community:
 - 70% decrease in chest infections
 - 100% decrease in pressure sores
 - 100% decrease in formal complaints from families
 - Decrease in staff in one area from 48 → 26
 - Decrease in avg. day/evening care partners in a month from 26 → 4!!

Two recent studies

(Kunik, et al. 2010; Morgan, et al. 2013)

- Factors leading to “aggressive behavior”
- Both studies found a major factor to be a decrease in consistency and quality of staff-elder relationships

Operationalizing Well-Being A Few More Examples

- Preferred name, Evolving and bridging identity, Move-in process (Identity)
- "Sundowning" (Identity)
- Alarm removal (Security)
- Continual consent (Autonomy)
- Rituals (Meaning, Growth, and Joy)
- Opportunities to care and share wisdom (Meaning, Growth)
- Simple Pleasures (Joy)

Thank you!
Questions?



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