WHERE ARE YOU IN THE EVOLVING CULTURE OF LONG TERM CARE?

RELATIONSHIP ISSUES

Past / Present	Present / Future
RELATIONSHIPS BETWEEN RESIDENTS AND STAFF	
Staff encouraged to keep professional distance and not become involved	Staff are encouraged to care about residents and become surrogate family if needed
STNAs and others regularly rotate the group of people they care for / work with	Staff know a great deal about residents' past and present and also help them meet future goals
	Consistent assignments for STNAs, RN's, activities, social workers and housekeepers
ROLE OF STNAs	
STNAs are seen as interchangeable parts, "low man on totem pole"	STNAs are seen and valued as being the key to creating quality of life and care for residents
Input not routinely sought in planning care	Input routinely is sought and STNAs are physically present in care planning conferences
Seen as a dead end job	Incentives and programs developed to advance and reward career STNAs
Work schedule is assigned to them with little input	Create their own schedule for coverage of the unit
Assigned to routinely work with different groups of residents	Are permanently assigned to a group of residents
Discouraged from getting emotionally involved with residents	Are encouraged to be in relationship with and to care about residents in many ways
Have little decision making power over their work	Are encouraged to make decisions, with team input about care
Don't feel accountable or responsible for care of residents	Seen as responsible and accountable for the quality of care their residents receive
	STNA representation on all key committees
	Job seen as being of service to people who need assistance in meeting their individual needs and desires
	Supported in initiating contact with family and other team member

ROLE OF FAMILIES	
Families do not know who will be involved in caring for their loved one	Families know who their loved one's primary aide is and seek him/her out for information
Families are "allowed" to visit	Families are actively engaged and sought out for visits, family councils, etc.
ROLE OF NURSE	
Nurse is seen as the "boss", supervisor, overseer	RN is seen as a consultant to direct care staff, residents and families
Job is to be sure STNAs do their work	Job is to support STNAs in their work
Seen as "the" expert on residents	See STNA as holding unique information about resident
Seen as "the" decision maker	See resident and STNA as co- decision makers, with nurse as consultant, resource person
Pass medications, do treatments, fill out paperwork	Roles include: care role model, clinical gerontology expert, team leader, care team builder (Ortigara, 2002)
RELATED TO DIRECT CARE ISSUES	
Past / Present	**Present / Future**
TOILETING	
"Let us help you"	Do an assessment with focus on facilitating independent toileting
Give call light, put rails up, tell person to call for help	May include but not be limited to: User friendly signs for the toilet A clear path to the bathroom without barriers such as side rails 1/4 side rail at head of bed or bed bar on transfer side to facilitate self-transfer ~ OT or PT consult A bedside commode ~ A urinal (male or female) Bathroom grab bars in right location Raised toilet seat ~ Adapted clothing Medication review to determine appropriateness of diuretic If someone urinates in the wastebasket, be glad it wasn't the floor
NIGHTTIME CARE	
People are to sleep through the night	If people are not sleepy, they need to get up

Staff make rounds and turn and change every 2 hours	If they awaken frequently, need to assess if something is “wrong” Staff ask “Are you in pain? Staff ask “Do you need to go to the bathroom? Staff ask “Is the bed comfortable? Individualized the bed environment for comfort Don’t awaken them for care unless there is a compelling health reason to do so
Tie people in bed if they try to get up	Don’t awaken them for care unless there is a compelling health reason to do so
	Assume side rails are not needed unless resident requests them or the benefits are clear and the potential dangers are explained
	Recognize that if a person is trying to get over a side rail it is a hazard and should not be used
Medicate with sleep medication	More likely to medicate for pain than for sleep
Past / Present	**Present / Future**
UNSAFE MOBILITY	
Situation Viewed From Facility Perspective	Situation Seen From Residents’ Perspective:
Problem:	Strengths:
Resident tries to stand and walk without assistance and balance is poor	“I like to walk but I can get tired and unsteady at times. I like the Ultimate walker sometimes, but I try to climb over it and have fallen. Plus I sometimes bump into people when I am in it.”
Goal:	Goal:
Restrict mobility and keep “safe”	To let me move and use my muscles as much as possible; to decrease my risk of injury r/t falls and also the risk of me injuring others.
Solutions:	
Place "lap buddy" (cushions that prevent rising)	Explore Ways to reduce residents risk factors and maximize abilities:
Remove “lap buddy” every two hours	Explore placing the resident on calcium and Vitamin D supplements
	Encourage participation in resistance, strength exercise group

	Play games with resident that involves resistance and strength training if resident doesn't like group activities
	Consult with pharmacist about reducing number of medications
	Ask resident to pedal on exercise machine when seated in chair
	Use Ultimate Walker for periods and places during days and evenings when there is less traffic; have resident accompany staff down the hall when returning meal trays
	Have PT or OT assess to see if walker set at right height; explore possibility of adding weight to walker to prevent tipping and to slow resident down
	When resident begins to try to climb out of walker, offer to take resident to the bathroom
	Seat resident in comfortable glide rocking chair near nurses' station for rest periods
	Offer to walk with resident if he/she stands and refuses the Ultimate Walker, reintroduce 3 minutes
	Encourage and train family to walk with resident with and without the walker when they visit
	Educate family about the importance of using muscles and the continued risk of falls and injury to help them balance benefit and burden of situation
	Ask family to purchase new shoes with no heels and better ankle support
Past / Present	**Present / Future**
PAIN MANAGEMENT	
Avoid overuse of pain medications	Assess for possible sources of pain in all residents and especially in persons with dementia
Fear people will get addicted or build tolerance to pain medications	Treat pain aggressively (non-pharmacological as well as pharmacologic)
If person with dementia doesn't ask for or refuses pain medications, assume they are not in pain	Look for pain related behaviors in persons with dementia
Treat pain conservatively with PRN medication	Medicate routinely for chronic pain

FEEDING	DINING
Strict, imposed dietary restrictions	Liberalized diets
Tray service	Family style dining; breakfast buffet taken to rooms; or steam tables
Staff “feed” residents	Staff dine with residents
Staff talking to each other	Staff talking to residents
Residents wheeled into dining room and sit in wheelchair	Those who are able are assisted with walking to the table and sit in regular chair
Nursing staff only assist with meals	Numerous staff are trained to assist
Snacks are only available through staff	Residents have access to snacks when they want them
Snacks are usually crackers and juice	Snacks can be whatever residents wish, such as candy, homemade cakes, popcorn, fresh fruit
Breakfast must be eaten at set hours	There is flexibility about when residents can eat
Hours of meals are set and all residents must eat within established meal times	Staff can make breakfast on demand
Plates and cups are plastic	Plates and cups are china

PHYSICAL ENVIRONMENT ISSUES	
SEATING	
Staff use sling back, sling seat wheelchair and geri-chairs without regard to individual resident needs	Staff assess for seating needs through RN, OT or PT consult
If person falls or slides out of chair, tie him/her in or place “lap buddy” into the ill-fitting chair	Look for reasons why residents are sliding or falling out of chair Provide a variety of seating options
People sit in same chair or wheelchair most of the day	Staff routinely use numerous seating options daily for a resident
Attitude is that there is no funding for better chairs	Attitude is to pursue creative funding for meeting seating needs (friends/family may be willing to purchase)
FLOORS	
Floors kept with high gloss so they look clean and impress visitors	Floor covering and floor care chosen in relationship to how it effects the residents; for example, vinyl floors have a low shine finish to reduce glare and slipperiness
Type of floor coverings are chosen for how they will “look” to prospective customers	
NOISE	
Overhead pages used because they are convenient for staff	Staff use personal pagers or phones to communicate so the noise is decreased for residents

SURVEYOR APPROACH TO FACILITY	
Their job is to look for what is wrong in this facility according to established rules and regulations	A surveyor's job is to think beyond the boundaries of the job to see the "bigger picture" / the societal/culture issues and try to create the change(s) needed to promote quality of life
Their job is not to consider the "bigger picture"	
Facilities should keep people safe at all times	Risk is a part of life Nobody could or should have all the answers
As long as someone is still falling, the facility is not done with their job	If a thoughtful process has been done, even if there is a negative outcome, the facility has done their job
If a resident has a fall-related fracture, someone did not do their job	Sometimes a person is still falling, but the facility has done all that would be expected of them in creating a safety plan
	Sometimes a person is still falling, but the facility has done all that would be expected of them in creating a safety plan
Facilities should be able to get around the larger societal values that limit care options such as lack of funding for individualized seating, physician reluctance to prescribe pain meds, family's fears and anger to provide good care	Recognize that facilities work against societal and financial pressures and values that limit care options and work to help overcome them
FACILITY APPROACH TO THE SURVEY PROCESS	
Follow OBRA rules to pass survey	Use OBRA rules to benefit the resident (maximizing independence/autonomy etc.)
Do whatever surveyors want, even if you disagree or find it counter productive	Challenge surveyor's view if it seems to be counter productive
Good care is demonstrated by passing a survey and having few or no deficiencies	Good care is based on good clinical practice & consumer and family satisfaction surveys as well as survey results
Practice updates are often driven only by the survey process	Facilities stay on cutting edge of practice issues
Thee is a reactive approach to the survey process	There is a proactive approach taken in the survey process, which includes learning about expectations and changes in the survey process
	A proactive, positive approach is taken to clarify issues and work with surveyors prior to surveys

ADVOCATES APPROACH TO FACILITY	
My job is to see that residents in this home are receiving good care. If they are not, then the facility alone is at fault.	Many of the problems that exist in residential settings are complex and require comprehensive, continuous, sustained solutions. It takes a long time for people to open up to new ways of thinking; we must encourage innovation and change.
It is good to get publicity to expose the “wrongs” in nursing homes	Part of the job is to look at the system level solutions and work on that level for change as well as at the resident / facility level. Part of the job is to educate the community as well as the facility. Try to get media attention for the positive, creative approaches and care found in nursing homes. Avoid “nursing home bashing”

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