

Welcome  
to Today's Webinar!



CULTURE CHANGE  
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WEBINARS

More About Engaging in  
Person-Centered Care –  
The Path to Regulatory Compliance:

**Activities of Daily Living –  
Supporting Independence  
(Focus on ADL and Rehab  
Restorative CEP)**

JUNE 21, 2018

GUIDE:



**Dr. Kathleen  
Weissberg**  
Select Rehab

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More About Engaging in  
Person-Centered Care – The  
Path to Regulatory Compliance

**Activities of Daily Living –  
Supporting Independence  
(Focus on ADL and Rehab Restorative CEP)**

Disclosure: The presenters have no actual or potential  
conflict of interest in relation to this webinar.

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# Activities of Daily Living

*Supporting Independence: Focus on ADL  
and Rehab Restorative CEP*

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## Critical Element Pathways

- Quality Assurance Tool
  - Did resident receive necessary services
  - Are facility practices are in place to identify, evaluate, and intervene to prevent, maintain, or improve ADL



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## Person-Centered ADL

- Stay connected in the environment
- Sense of purpose
- Promote higher self-esteem



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## Person-Centered Care

- Respects the residents' voices
- Individualized, de-institutionalized care environment
- Change from medical and institutional culture to homelike environment
- Empowering staff to make decisions



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## Person-Centered Care Values

- Choice, dignity, respect, self-determination and purposeful living
- Personal goals and preferences
- Know each person
- Put the person before the task
- Each person makes a difference
- Do unto others ...
- Self-determination



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## Trends in Nursing Care

- Amount of social interaction is limited
- Emphasize a task-based work system despite acceptance of person-centered care
- Most nursing communication focuses on caregiving
- Some patients are more “popular” or well-liked than others
- Engagement is an issue of therapy/activities and not within the role of nursing



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## Nursing Engagement and Support

(Nolan, 1995; Miller, 2007; Lohne et al., 2016)

- When nurses incorporated meaningful activity into their day-to-day role, a hope-fostering environment develops
- Hope-fostering environment: where meaningful and empathic relationships involve active listening, and affirmation of the person’s dignity and self-worth despite functional limitations.



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### Consider for a Moment ...

- How does your site address occupational needs of individuals?
- Do you have a formal philosophy of care?
- Do your schedules for care take precedence over other activities?
- Think about your morning routine ... what do you do?



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### Trends and Themes

- The philosophy of care was not always reflected in the way that activities were completed
- Basic care needs were always addressed before occupations and choice
- The nurse holds the key to how the schedules are structured



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### Activities of Daily Living (ADL)

- Activities such as dressing, undressing, bathing, washing and performing other personal hygiene tasks



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## From the CEP

- Does staff encourage the resident to perform ADLs or participate as much as the resident is able?
- Does staff allow sufficient time for the resident to complete tasks independently?
- Does staff complete tasks for an independent resident?
- Does staff tell the resident what they are doing before proceeding?



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## From the CEP

- Are care-planned interventions in place?
- Did staff provide you with other treatment options or did staff provide you with education on what might happen if you do not follow the treatment plans?
- How were you trained on the resident's restorative program?
- Do you involve the resident/representative in decisions regarding treatments? If so, how?



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## Hierarchy of Needs



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## Introduction

- What is Rehab Restorative Nursing?
- Why is a Rehab Restorative Program important?
- How is it different from rehab (therapy)?



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## Rehab Restorative Nursing Is ...

- Prevention of secondary complications
- Restoration of function
- Helping residents do for themselves
- Developing untapped resources
- Enhancing under-utilized abilities
- Establishing life patterns
- Minimizes degrading features



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## Program Goals

- Focus on abilities
- Make the most of remaining abilities
- Use your team to design programs
- The resident, family and support are the center of all rehabilitation efforts



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## ADL Activities

- Oral care
- Washing hands/face
- Shaving
- Nail care
- Hair care
- Makeup
- Upper/lower body dressing
- Footwear
- Accessories
- Upper/lower body bathing
- Undressing
- Transfer
- Bed mobility
- Ambulation
- Eating
- Communication



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## ADL General Adaptations

- Front opening garments
- Large buttons/zippers or Velcro
- Pants with elastic waists, loops for dressing stick
- Slip-on shoes
- Adaptive equipment (long handle, weighted cuff, suction brush, non-skid mat, built up handle)
- Plan adequate dressing time
- Sit to dress



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## Grooming Adaptations

- Hand held showerhead
- Long handled equipment
- Electric toothbrush
- Short reachers
- Weighted cuffs
- Bath mitt
- Non-skid mats



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## From the CEP

- Did therapy provide assistive devices to the resident to maximize independence?
- What assistive devices are used?
- Are assistive devices used correctly?



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## ADL Adaptive Equipment

- Button hook
- Zipper pull
- Dressing stick
- Long-handled shoe horn
- Reacher
- Elastic laces
- Sock aid
- Long-handled sponge
- Universal cuff
- Suction denture brush
- Built up handles



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Button Hook



Dressing Stick



Zipper Pull



Long-Handled Shoe Horn



Reacher



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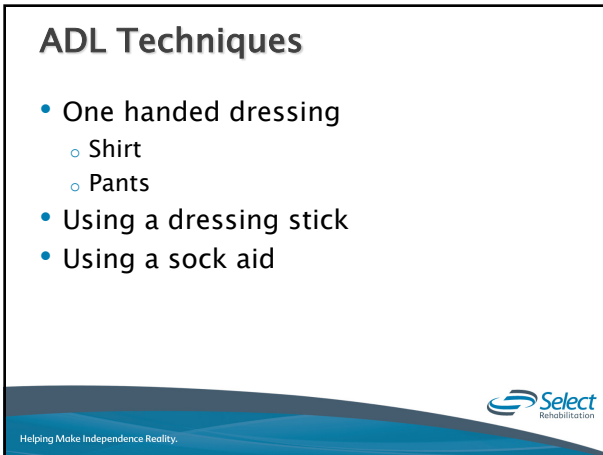
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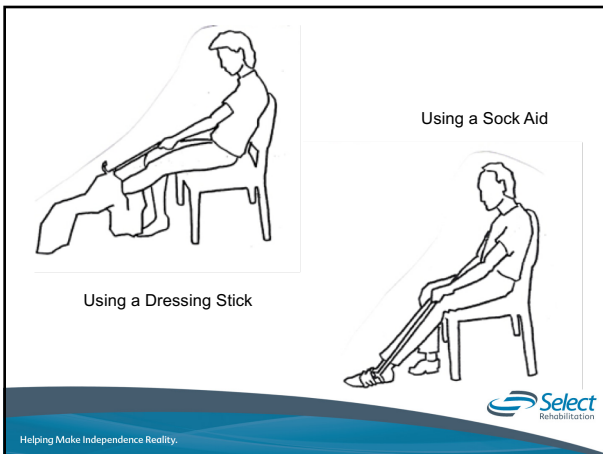
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## Adaptive Equipment for Eating

- Universal Cuff
- Spork
- Sandwich Holder
- Rocker Knife
- Dycem
- Plate Guard
- Weighted utensils
- Large-handled utensils
- Plastic-coated utensils
- Nosey cup
- Spout cup



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Universal Cuff



Dycem



Sandwich Holder



Spork



Rocker Knife



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Plate Guard



Built Up Handles



Nosey Cup



Spout Cup



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## Assistive Devices

- Pick up/standard walker
- Front wheeled walker
- 3 wheeled walker
- Four wheeled walker
- Platform walker
- One-handed walker
- Straight/single point cane
- Hemi-walker
- Quad cane
- Axillary crutches
- Forearm crutches
- Platform crutches



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Standard Walker



Quad Cane



Rolling Walker



Rollator Walker



Straight Cane



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## Adjusting a Walker

- Examine walker for obvious defects
- Resident stands; with relaxed arms, wrist should level with handgrip
- Adjust walker in 1" increments
- Once adjusted ensure all buttons are fully exposed, legs are equal height



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## From the CEP

- Does staff give you enough time to perform rehab or restorative tasks?
- How do you promote the resident's participation in therapy?
- Is the resident encouraged to participate to the extent possible?



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## Staff Approach

- Staff may trigger reactions
- Reaction to actions
  - Are you impatient?
  - Rushing around?
  - Can the resident sense your frustration?
  - Are you allowing the person his/her independence or are you doing "for" the person



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## Eating

- Improved consumption when:
  - CNA allows resident to control more of the eating process (Amella, 1999)
  - Verbal prompts and positive reinforcement (Coyne and Hoskins, 1997)
  - Listening to music while eating (Ragneskog et al., 1996)
  - Small dining rooms next to living space (Day et al., 2000)
  - Consistency of caregivers and increased nutritional value of foods (Burgener and Twigg, 2002)



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## Toileting/Continence

- Improved continence when:
  - Toilets are visibly accessible to residents (Day et al., 2000)
  - Prompted voiding, behavior modification, and scheduled toileting (Doody et al., 2001)



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## Sleep Behavior (Graessel et al., 2011)

- Bright light therapy to improve circadian rhythms and increase time sleeping at night
- Higher doses of melatonin
  - Neither has solid conclusive evidence
- Environmental modification may help to improve sleep behavior
  - E.g., less noise, light, interruptions
- Strong evidence for exercise based interventions
- Engagement in daytime activities and social activity help with night time sleep



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## Bathing and Dressing

- Improved independence when:
  - Listening to favorite music (Clark et al., 1998)
  - Environment with nature sounds, large, bright pictures, sweet food (Whall, 1997)
  - Tailor care to capabilities of the individual resident (Beck et al., 1997)
  - Verbal prompts and physical assists (Rogers et al., 1999)
  - Present clothing in sequential order (Day et al., 2000)
  - Personalized bathing protocols (Zimmerman et al., 2013)



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## Routines

- To maintain occupational performance (Nygård & Öhman, 2002)
- To address wandering, aggression, or to prevent catastrophic reactions (Corcoran, 2001; Lewis, 2003; Ward, 2003)
- Routines must be flexible to meet the resident's needs, not staff (Skovdahl, Kihlgren, & Kihlgren, 2003)
- Residents should follow preferred routines (Donovan & Dupuis, 2000)



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## My Way Advanced Directive

<b>1. Sleep/Wake Cycle. I maintain the following overall schedule:</b>	
Time I usually arise:	
Nap times:	
Time I usually go to bed:	
Rely on my clock to wake up:	<input type="radio"/> YES <input type="radio"/> NO
My side of the bed is:	<input type="radio"/> Right <input type="radio"/> Left
<b>2. Self-care routines. I am accustomed to doing the following activities in the order indicated (1 = the first activity I do upon arising 2 = the second, etc.)</b>	
Bathe	Brush my teeth
Comb my hair	Apply make-up
Dress	Eat breakfast
Make/drink cup of coffee	Read the paper
Shave	Use the toilet
Feed the pets/animals	Take medication(s)
Watch TV news/weather/sports	



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## Interdisciplinary Treatment Techniques

- Establish simple routine
  - Short simple phrases for instruction
  - Concrete, not abstract
  - Consistent with sequence of tasks/instruction
  - Predictable routine



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## Interdisciplinary Treatment Techniques

- Task segmentation
  - Simplify tasks
  - One-step commands
  - Hand-over-hand guidance
  - Familiar area
  - Allow for slower reaction time
  - Repeat commands
  - Limit adaptive equipment



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## Interdisciplinary Treatment Techniques

- Keep tasks simple
- Be flexible
- Use meaningful and purposeful activity
- Use routines, keep environment and approach consistent and familiar
- Tell the person what comes next
- Provide one-step commands
- Eye contact
- Demonstrate the activity



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## Cueing Strategies

- Cues should be short and provide clear direction (Padilla, 2011)
- Verbal prompts along with positive reinforcement improve performance (Coyne & Hoskins, 1997)
- Demonstrate the activity
- Series of pictures that symbolize activity
- Provide tactile stimulation along with verbal instruction



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## Cueing Strategies

- Use hand signals, pictures, facial expressions
- Provide familiar visual and auditory stimuli
- Provide cues when changing topic
- Use of redirections
- Hand-over-hand technique
- Utilize multi-modality cueing



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## From the CEP

- How often and how is the resident assessed for a change in function and where is it documented?
- Who was notified of the decline and when were they notified?
- Were there any therapy or restorative interventions in place before the decline developed?
- How did you train staff to perform the restorative program?
- Is there documentation that nursing staff were trained?



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## Nursing Documentation to Support Medical Necessity

- Must reflect a coordination of efforts between nursing and rehab
- Vocabulary can impact a billing claim if reviewed
- Supportive nursing documentation is essential for anyone referred to therapy for a decline in function



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## Referral to Therapy

### Grooming/Dressing

- Does the resident express desire to participate but cannot?
- Does it take more effort from nursing staff than in recent past?
- Are assistive devices used?
- Are gestures, verbal or visual cues used?
- Can the resident complete ADL tasks?



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## Referral to Therapy

### Oral Hygiene

- Is the resident performing activities in bed vs. at the sink?
- Are noticeable odors present even though resident performs oral hygiene?
- Are cues or gestures needed?
- Can the resident complete oral hygiene?



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## Referral to Therapy

### Bathing

- Does it take more nursing staff to perform?
- Does it take a long time?
- Is cleaning is not thorough?
- Does resident exhibit frustration?
- Are assistive devices used?
- Are gestures or cues needed?
- Are there safety concerns?
- Can the resident complete the transfer and bath?



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## Referral to Therapy

### Toilet Hygiene

- Does the resident require extra assistance?
- Is there loss of balance?
- Can resident sequence steps to complete task?
- Is the resident as clean as he used to be?
- Are there safety concerns?



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## Referral to Therapy

### Feeding and Eating

- Are cues or gestures needed?
- How much food actually gets in to the mouth?
- Coughing during or after meals?
- Is the vocal quality wet and gurgly?
- Can the resident sit up straight to eat?
- Is an altered diet consumed?
- Any pocketing?



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## Referral to Therapy

### Functional Communication

- Can a listener understand the resident's words? Gestures?
- Is there a change from normal communication?
- Are any devices used?
- Are wants and needs known?
- Can the resident follow directions?
- Is the resident oriented?



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## Referral to Therapy

### Bed Mobility/Transfers

- How much assistance to sit up in bed?  
Roll? Scoot?
- How much assistance for transfers?
- Is assistance more or less than usual?
- Is there loss of balance?
- Are there safety concerns?
- Any assistive devices used?



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## Referral to Therapy

### Functional Mobility

- How much assistance to walk to the bathroom?
- If you left the resident's side, would he fall?
- Any assistive devices needed?
- How far can the resident walk?
- Is this distance more or less than usual?
- Is assistance more or less than usual?
- Are there safety concerns?



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## Referral to Therapy

### Positioning

- Less comfortable than before?
- Leaning?
- Sliding?
- Falls?
- Safety concerns?



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## Referral to Therapy

### Range of Motion

- Joints tighter than usual?
- Range of motion less than normal?
- Do splints or positioning devices fit?



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*More About Engaging in  
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**Activities of Daily Living –  
Supporting Independence**  
*(Focus on ADL and Rehab Restorative CEP)*

## Questions

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*Our Next Webinar in the Hot Topics Series*  
**THURSDAY, JULY 19, 2018**  
*The Basics and Beyond*  
**Story Sharing: Connecting with Residents and their Families – Toward Person-Centered Meaningful Care**  
 Guide:  
**Diane Heliker, RN, PhD**

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New Webinars for a New Year

<b>JANUARY, FEBRUARY, MARCH:</b> Engaging in Person-Centered Care – The Path to Regulatory Compliance	<b>APRIL, MAY, JUNE:</b> More about Engaging in Person-Centered Care – The Path to Regulatory Compliance	<b>JULY, AUGUST, SEPTEMBER:</b> Person-Centered Care: The Basics and Beyond	<b>OCTOBER, NOVEMBER, DECEMBER:</b> Phase 3 – It's Here, Are You Ready?
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<b>1 WEBINAR OPTION:</b> <b>\$59</b>	<b>3 WEBINAR OPTION:</b> <b>\$150</b>	<b>12 WEBINAR OPTION:</b> <b>\$550</b>
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**2018 Webinars**

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**Pioneering a New Culture of Aging Conference**

*Keynote Speaker*  
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