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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.

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

Person-Centered ADL

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

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

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

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

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.

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?

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

Activities of Daily Living (ADL)

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

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?

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?

Hierarchy of Needs



Introduction

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

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

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

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

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

Grooming Adaptations

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

From the CEP

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

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



Button Hook



Dressing Stick



Zipper Pull



Long-Handled
Shoe Horn



Reacher



Sock Aid



Universal Cuff



Long Handled
Sponge



Denture Brush



Built Up Handle

ADL Techniques

- One handed dressing
 - Shirt
 - Pants
- Using a dressing stick
- Using a sock aid



Using a Dressing Stick

Using a Sock Aid



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



Universal Cuff



Dycem



Sandwich Holder



Spork



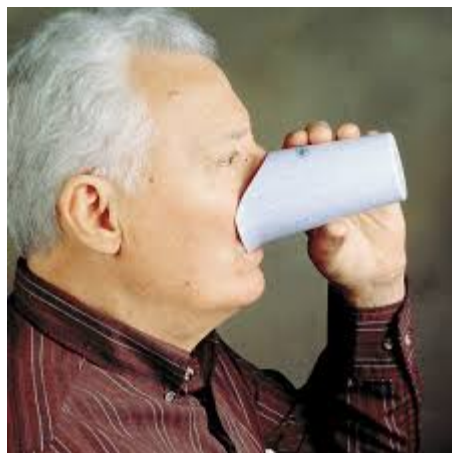
Rocker Knife



Plate Guard



Built Up Handles



Nosey Cup



Spout Cup

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



Standard Walker



Quad Cane



Rolling Walker



Rollator Walker



Straight Cane

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

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?

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

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)

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)

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

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)

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)

My Way Advanced Directive

1. Sleep/Wake Cycle. I maintain the following overall schedule:	
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

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.)			
	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		

Interdisciplinary Treatment Techniques

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

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

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

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

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

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?

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



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?

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?

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?

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?

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?

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?

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?

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?

Referral to Therapy

Positioning

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

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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Questions



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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



2018 Webinars

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Engaging in
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**APRIL, MAY,
JUNE:**
More about
Engaging in
Person-
Centered Care –
The Path to
Regulatory
Compliance

**JULY,
AUGUST,
SEPTEMBER**
Person-
Centered Care:
The Basics
and Beyond

**OCTOBER,
NOVEMBER,
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**1 WEBINAR
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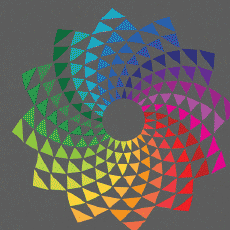
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