Managing Aging In Place:
Preparing Staff to Respond to Rising Acuity
The materials, comments and other information contained in this presentation are intended to provide general information but not advice about certain regulations and initiatives.

This information is not and not intended as legal or other advice and each situation may vary depending on the particular facts and circumstances.

You should not act upon this information without first consulting with qualified legal counsel.

Thank you.
At the conclusion of this session, the participant will be able to:

1. Discuss the more common changes that occur with aging, associated risks involved with those changes and when the need for additional levels of care and service may be required.

2. Describe strategies for pro-actively evaluating staff readiness to respond to the changing service & care needs for residents as they age in place.

3. Explore effective educational & management strategies to prepare staff to respond to changing service & care needs.
Agenda

Colored Paper for “Ah-ha” moments

1. Introduction
2. Demographics
3. Care Needs and Risks
4. Defining a Framework
5. Implementing Processes
6. Successful Sustainability
1. Introduction

2. Demographics

3. Care Needs and Risks

4. Defining a Framework

5. Implementing Processes

6. Successful Sustainability
What Has Changed In **YOUR** AL World?

- Self-reporting requirements
- Background and fingerprint check
- 1,000,000+ AL Residents
- Assisted Living vs. Hospice
- Staff Training
- Electronic payment
- Culture
- Media-Relations
- Acuity
- Medications
- Threat of litigation
- Regulations – *in 2012, aprx.*
- Family and Resident Expectations
- 120,000 state AL-related bills submitted nation-wide
- osha

*You Still Care About PEOPLE.*
 Agenda

1. Introduction
2. Demographics
3. Care Needs and Risks
4. Defining a Framework
5. Implementing Processes
6. Successful Sustainability
Who Are We Serving?

- 70% are female
- More than half are 85 or older, just 10% are younger than 65
- 74% receive assistance with ADLs, 37% have 3 or more ADL limitations
- 42% have Alzheimer’s or dementia
### Quick Facts: Aides, Orderlies, and Attendants

| **2010 Median Pay** | $24,010 per year  
$11.54 per hour |
<table>
<thead>
<tr>
<th></th>
<th></th>
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<tbody>
<tr>
<td><strong>Entry-Level Education</strong></td>
<td>Postsecondary non-degree award</td>
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<tr>
<td><strong>Work Experience in a Related Occupation</strong></td>
<td>None</td>
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<tr>
<td><strong>On-the-job Training</strong></td>
<td>None</td>
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<tr>
<td><strong>Number of Jobs, 2010</strong></td>
<td>1,505,300</td>
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<tr>
<td><strong>Job Outlook, 2010-20</strong></td>
<td>20% (Faster than average)</td>
</tr>
<tr>
<td><strong>Employment Change, 2010-20</strong></td>
<td>302,000</td>
</tr>
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</table>

Who is Serving Our Residents?

Figure 1. Percentage Breakdown of Total Assisted Living Employees by Job Category

- Nursing: 58%
- Food Services: 19%
- Housekeeping/Maintenance: 10%
- Social Activities: 5%
- Administrative/Management: 9%
Nursing Staff

Figure 2. Percentage Breakdown of Nursing Staff by Job Positions

- Non-Certified Resident Caregiver: 38%
- Certified Nurse Assistant: 29%
- Licensed Practical Nurse: 9%
- Staff Registered Nurse: 3%
- Director of Nursing/Residential Services: 3%
- Other Nursing Staff: 2%
- Medication Aide: 15%

NCAL 2011 Assisted Living Staff Vacancy, Retention, and Turnover Survey, October 2012
Turnover of Nursing Staff

Figure 8. Nursing Staff Turnover Rates by Job Positions

- Director of Nursing/Residential Services: 22.0%
- Staff Registered Nurse: 15.0%
- Licensed Practical Nurse: 18.0%
- Certified Nurse Assistant: 26.0%
- Resident Caregiver: 44.0%
- Medication Aide: 17.0%
- Other Nursing Staff: 14.0%

NCAL 2011 Assisted Living
Staff Vacancy, Retention, and Turnover Survey, October 2012
### Top Deficiencies

% States Reporting Common Deficiencies

<table>
<thead>
<tr>
<th>Deficiency</th>
<th>% States in 2011</th>
<th>% States in 2012</th>
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<tbody>
<tr>
<td>Medication Administration</td>
<td>83%</td>
<td>86%</td>
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<tr>
<td>Resident Admission Requirements</td>
<td>71%</td>
<td>76%</td>
</tr>
<tr>
<td>Ongoing Resident Assessment</td>
<td>54%</td>
<td>73%</td>
</tr>
<tr>
<td>Maintenance Building Code</td>
<td>51%</td>
<td>57%</td>
</tr>
<tr>
<td>Staff Training</td>
<td>54%</td>
<td>51%</td>
</tr>
<tr>
<td>Resident Care</td>
<td>20%</td>
<td>41%</td>
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<tr>
<td>Emergency Preparedness</td>
<td>22%</td>
<td>35%</td>
</tr>
<tr>
<td>Food Service</td>
<td>29%</td>
<td>35%</td>
</tr>
<tr>
<td>Staff Health</td>
<td>27%</td>
<td>33%</td>
</tr>
<tr>
<td>Administrative Record Keeping</td>
<td>34%</td>
<td>31%</td>
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ALFA 2012, *Top 10 Deficiencies in Assisted Living*
# Top Deficiencies

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ALFA 2012, Top 10 Deficiencies in Assisted Living
SIDEBAR: A new word – “Heyoka” (Heyókȟa)*

- **Heyókȟa** refers to the Lakota concept of a contrarian …
- Exhibits extreme behaviors
- Teacher … Mirror
- WHY? Force you to examine your doubts, fears, (habits, processes, approaches) … and weaknesses

An **Heyókȟa** is also called a Sacred Clown

From Wikipedia, the free encyclopedia
Agenda

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Age Related Health Changes Can Increase Risk for:

- Arthritis
- Hypertension
- Heart disease
- Diabetes
- Osteoporosis
- Memory loss
- Alzheimer’s & other dementia related disorders
- Vision problems
- Incontinence
- Hearing loss
- Loss of muscle tone, flexibility and mobility
- Decreased strength

## Common Care Needs

<table>
<thead>
<tr>
<th>Activity / Care Need</th>
<th>% Residents needing assistance</th>
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</thead>
<tbody>
<tr>
<td>Bathing</td>
<td>64%</td>
</tr>
<tr>
<td>Dressing</td>
<td>39%</td>
</tr>
<tr>
<td>Toileting</td>
<td>26%</td>
</tr>
<tr>
<td>Transferring</td>
<td>19%</td>
</tr>
<tr>
<td>Eating</td>
<td>12%</td>
</tr>
<tr>
<td>Help with meal preparation</td>
<td>87%</td>
</tr>
<tr>
<td>Assistance with medications</td>
<td>81%</td>
</tr>
</tbody>
</table>

*Data compiled from “2009 Overview of Assisted Living”. Collaborative report of American Association of Homes and Services for the Aging, Assisted Living Federation of America, American Seniors Housing Association, National Center for Assisted Living and the National Investment Center for the Seniors Housing & Care Industry.*
Mental Health Considerations

- Study compared residents residing in a Dementia-specific AL (DSAL) vs. Traditional AL (TAL)
- Similar demographics, frequency of anxiety & depression symptoms
- Lack of documented dementia diagnosis to support level of impairment in both
- DSAL staff were provided more specific dementia care training


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Understanding the Rules

- State regulations & licensure requirements
  - Nursing Services
  - Education requirements
    - Medication Assistance
    - Dementia Care

- State Nurse Practice Acts

- Business or corporation standards

- Scope of Care & Services to be provided
Defining Your Framework

- What is the level of care and service you are providing?

- What are the educational backgrounds, skills and experiences needed to care for your residents?

- What is the availability of the professional nursing and caregiver workforce in your community?
Defining Your Commitment

- How do you define your commitment to staff development?

- Availability of resources to support education
  - NCAL Guiding Principles
  - Online education services
  - Community partners; NPs, Hospitals, SNF
  - Vendor partners
Defining Structures & Processes for Resident Evaluation

- Pre-move in assessment
- Move-in assessment
- Service Plan—initial & ongoing review/updates
- Daily interactions
  - INTERACT “Stop & Watch”
- Wellness checks
EARLY WARNING TOOL
“Stop and Watch”

If you have identified an important change while caring for a resident today, please circle the change and discuss it with the charge nurse before the end of your shift.

Name of Resident ________________________________

S eems different than usual
T alks or communicates less than usual
O verall needs more help than usual
P articipated in activities less than usual

A te less than usual (Not because of dislike of food)
N
D rank less than usual

W eight change
A gitated or nervous more than usual
T ired, weak, confused, or drowsy
C hange in skin color or condition
H elp with walking, transferring, toileting more than usual

Staff ________________________________

Reported to ________________________________

Date _____ / _____ / ______ Time ____________
Agenda

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Supervision Expectations: Authority v. Familiarity

Staff dynamics

Level of authority ➝ Degree of familiarity

Respect levels of authority when seeking permissions

Respect degrees of familiarity when gathering information

Staff dynamics

Level of authority
- Administrator
- RN
- Therapies
- CNAs

Respect levels of authority when seeking permissions
Defining Staff Education & Development Model

- Hiring
  - Defined job descriptions, roles & responsibilities

- Orientation
  - Defined training for high risk, problem prone issues
  - Medication Administration
  - Accidents/Incidents—Drills
  - Clues & Cues / Change in Condition

- Mentoring

- Check-in

- Annual review
Models for Education Delivery

- Live
  - In-house
  - Local or National opportunities

- Online
  - Self-paced
  - Assigned courses

- Blended

- Workshops

Who is Your Education Coordinator?
Enhancing Education Planning

- Evaluate established educational calendars for opportunities to enhance learning

- Partnership ideas
  - Nurse Practitioners
  - Hospital Nurse Educators
  - Local University—Student led sessions

- Certification / Specialty programs
Medication Assistance

- Understand state rules and regulations

- Educational preparation:
  - Follow state mandated training, as applicable
  - Include observation and competency demonstration by a nurse
  - Include scenarios and problem solving opportunities. Focus on high risk medication issues
  - Expectations for documentation and communication of variances

- Focus on medication safety
SIDEBAR: Clues & Cues – “Itchy Vigilance”

Opportunity to identify a change early and respond

- Less visible in the community
- Check for changes in meds
- Recent trip to the physician
- Off patterns or habits
- Change in routines
- Posture change
- “Color” change
- New cough
- Pain
Let’s Apply It: Mrs. M

Moved In December 2011

- 85 years old, widowed
- Teacher, mother of 5, grandmother of 17
- Arthritis, osteoporosis
- History of heart failure
- Episodes of confusion
- Takes 4 medications
- Requires assistance with
  - Bathing
  - Dressing
  - Medication management

January 2013

- 87 years old
- Fell when getting out of bed to go to the bathroom. Fractured her hip
- Plans to return to AL
Opportunity for Staff Learning

- “Learning Circles” – ask staff involved in Mrs. M’s care to meet and discuss what they observed about her over the past year.

- Consider creating a timeline from “Move-In” until the fall occurred.

- Discuss opportunities for improvement
  - Staff communication
  - Nursing & Physician notification
  - Recognition of changes in Mrs. M’s condition
Mrs. M

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Root Cause Analysis

- Physician had increased her dose of diuretic medication
- Daughters had made comments to staff that she seemed “more confused that usual”
- Last service plan was reviewed in December 2012
- Communication gap between staff
1. WHY?

2. What Areas Do You Focus On?
   a. People
   b. P&P&P
   c. Training
   d. Equipment
   e. Environment
   f. Management

3. Who should participate?
“Daily Contracting” with Residents

1. Verbal contracting with Residents (each shift):
   - Example: “Good Morning Mrs. Smith. I don’t want you fall, OK. Will you be sure to put on your slippers ...”

2. Tips to share with Family Members:
   - Example: “Do you understand that your Mom is at higher risk for falling? Will you reminder to her always wear her slippers?”
“Daily Contracting” with Residents

Sample tips:

1. **Ask** for help! It is OK. *(weak or dizzy)*
2. Wear glasses or hearing **aids, use them**.
3. **Sit** at the bed side for a few minutes **before** you stand up.
4. Use your **walker/cane/WC**.
5. Wear **shoes** or non-skid **slippers**.
6. Make sure your **pathway** is clear.
7. Tell us about puddles/piles/pieces.
8. Use the **handrails**!
9. Keep important things **within easy reach**.

Sample tips:

1. Before you leave, make sure the call light and the bed stand is within reach. *(Phone, Kleenex, etc.)*

2. Some medications may produce weakness or dizziness.

3. Consider staying with Mom if they are at a high risk for falling or are confused.

4. Notify staff before leaving if you notice confusion or disorientation in your Dad.

5. Remind Mom to ask for help when getting up.
1. Introduction
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   a. Change Management
   b. Mentoring
Performance Improvement
1. How many of you are “change managers”?

2. Have you ever thought about how you “manage change”?

3. What if I said to you that there are both “good ways” and “bad ways” of managing change?

4. **Strategies for Managing Change in Nursing** By Ngozi Oguejiofo, eHow Contributor, December 12, 2012

   a. Choose your “Change Theory” . . .

(Read more: *Strategies for Managing Change in Nursing* | eHow.com http://www.ehow.com/way_5870000_strategies-managing-change-nursing.html#ixzz2Oy1UeTQN)
### 400+ Available Theories of Change Management

<table>
<thead>
<tr>
<th>A-Q</th>
<th>D-</th>
<th>H-</th>
<th>L-</th>
<th>N-</th>
<th>Q-</th>
<th>U-</th>
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</thead>
<tbody>
<tr>
<td>Acquiescence Effect</td>
<td>Immunity</td>
<td>Incongruence</td>
<td>Intolerance</td>
<td>Invariance</td>
<td>Intervention</td>
<td>Valence</td>
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<td>Acquiescent Bias</td>
<td>Intention</td>
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<td>Instrumental</td>
<td>Inference</td>
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<td>Velocity</td>
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<td>Judgment</td>
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<td>Inference</td>
<td>Inference</td>
<td>Inference</td>
<td>Valence</td>
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<td>Acceptance</td>
<td>Responsiveness</td>
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**Notes:**
- The abbreviations A-Q to U-Z represent different categories or themes in the field of change management.
- Each category contains specific theories and concepts related to change management.
So Which One?

UNFREEZE = Decide, Plan, Strategize, use data, ENGAGE; let go of old patterns

CHANGE = Engage and Communicate; Implement Your Plan:
           = Create AWARENESS and BUY-IN

RE-FREEZE = Manage Resistance
           = Beat the Drum
           = Monitor and Modify the “Changing” Environment
           = Without refreezing, it is easy to backslide into the old ways.


Strategies for Managing Change in Nursing By Ngozi Oguejiofo, eHow Contributor
Who is the “Change Leader”?

The Change Leader incorporates each step of the “chosen” change theory to bring about planned change.

How can you apply this to today’s discussion?

Strategies for Managing Change in Nursing By Ngozi Oguejiofo, eHow Contributor
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   a. Change Management
   b. Mentoring
VISIT & LISTEN

EDUCATE & DEVELOP

ENGAGE & HARVEST

MENTORING
VISIT ↔ LISTEN

EDUCATE ↔ DEVELOP

ENGAGE ↔ HARVEST

1. Relationship questions
2. Round with them
3. What went well?
4. What didn’t go well?

1. Do you have the tools, training and resources to do your job?
2. What is working well?

1. How can we “fix” “this”?
2. Who is doing a good job?
3. What systems can work better? HOW?
SIDEBAR: WHY do we “mentor” others? *

Sow a thought, reap an action.
Sow an action, reap a habit.
Sow a habit, reap a character.
Sow a character, reap a destiny.

Here is my belief --

If you want to make QAPI, Care, Choice, Compassion or ANY OTHER important principle strong in your community, then “make” your Staff strong in those same things.

(In Bill Sands, The Seventh Step (1967), 9)
“Take-Away” Ideas

- Be clear on what you can and can’t provide
- Dedicated educator or education coordinator for staff
- Defined curriculum for all staff with an emphasis on identifying common changes in resident condition and expectations for communication
- Health & Wellness programs for residents with emphasis on “early identification and action”
“Take Away” Ideas

- Consider establishing an “Advisory Board” to discuss policies, procedures and practices to address the health and wellness needs of your residents & provide recommendations to community leadership
  - Nurse
  - Physician
  - Nurse Practitioner
  - Nurse Aides/Care Assistants
  - Pharmacist
Agenda In Review – Did We Hit Them?

1. Introduction
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5. Implementing Processes
6. Successful Sustainability

Any “AH-HA’s”? 

Thank You.