



ADVANCING INTEGRATED HEALTHCARE

Welcome

NURSE CARE MANAGER/CARE COORDINATOR MEETING

MARCH 16, 2021

Agenda

Topic <i>Presenter(s)</i>	Duration
Welcome & Review of Agenda <i>Susanne Campbell, CTC-RI</i>	5 minutes
Behaviors: The Good, Bad and How to Support Creative Interventions <i>Kelly McCarthy, NHA, BC-DEd, CDP, Author, Corporate Director of Memory Care and Resident Engagement</i>	60 minutes
Alzheimer's Research in Rhode Island <i>Terry Fogerty, Community Outreach Coordinator, Alzheimer's Disease & Memory Disorders Center, Rhode Island Hospital</i> <i>Tara Tang, Outreach Program Manager, Memory & Aging Program, Butler Hospital</i>	30 minutes

Behaviors: The Good, Bad and How to Support Creative Interventions

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*Author, Corporate Director of Memory Care and Resident
Engagement*

This series is supported by the Rhode Island Geriatric Workforce Enhancement Program at
University of Rhode Island.



RIGEC
Rhode Island Geriatric Education Center



BRASS RING
Wellness

Relevant Disclosures and Affiliations

- RIGEC is fully supported by the US Department of Health and Human Services, Health Resources and Services Administration through Grant #UIQHP28737-Geriatrics Workforce Enhancement Program.
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Accreditations/Designation Statements:

A program evaluation must be completed in order to receive CE credit.

Nursing: This continuing education activity was approved by the Northeast Multi-State Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation for 1.0 Contact Hours. Approval valid until April 14, 2022.

Social Work: This activity has been reviewed and approved as Continuing Education for Social Work for 1.0 contact hours (General) by the Rhode Island College, School of Social Work.

Licensed Mental Health Counselors: This continuing education activity was approved by the Rhode Island Mental Health Counselors Association (RIMHCA) for 1.0 CEU.

Requirements for CE

Continuing education credits are available only to individuals who 1) complete the entire activity and 2) complete and return the post training evaluation survey.

Questions? Please contact:



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Age-Friendly Care and Health Systems



Age-Friendly Care is evidence-based, causes no harm, and aligns with What Matters to older adults and their caregivers (IHI, 2019).



The RI-GWEP endorses and supports age-friendly care.

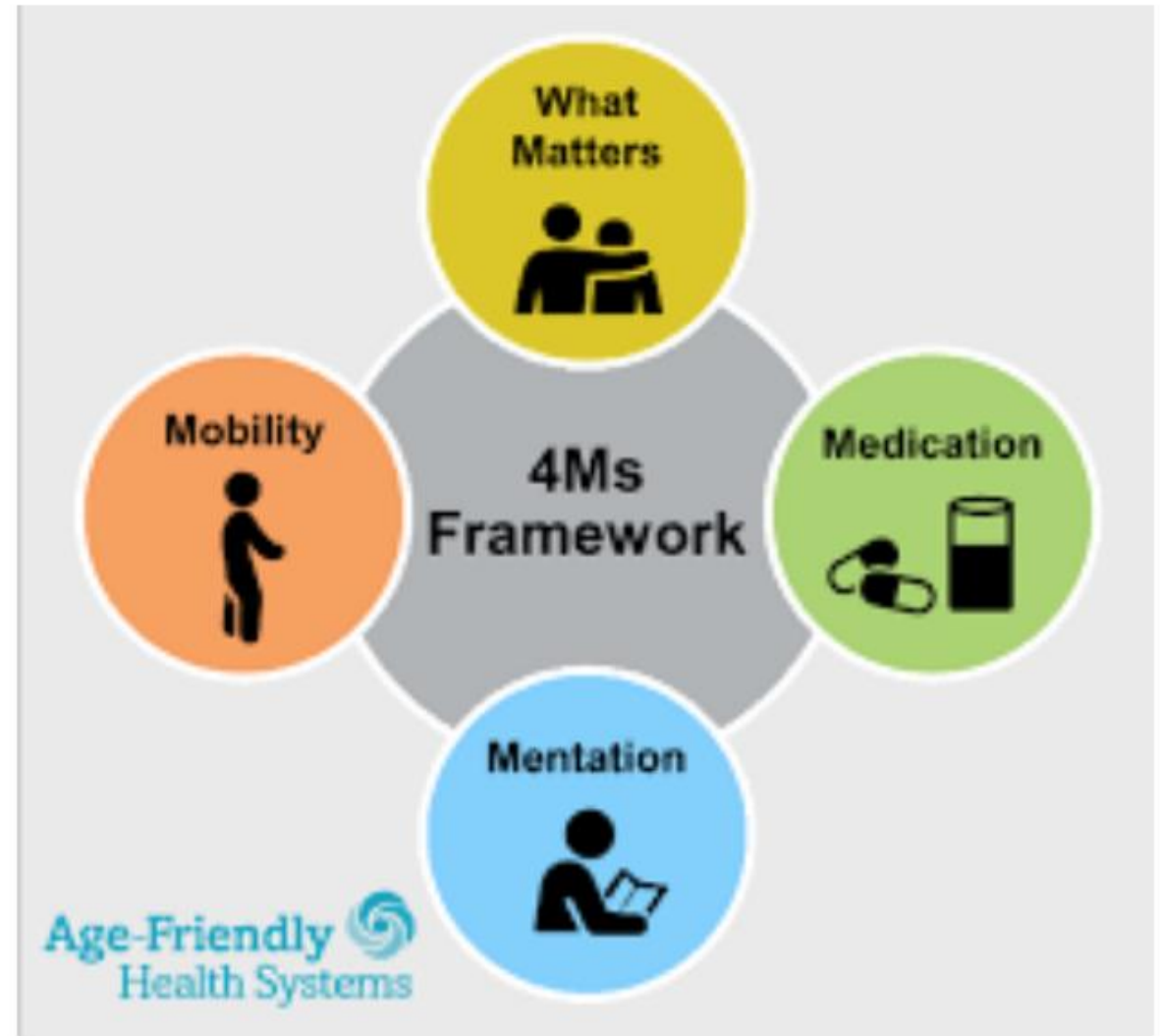


RI-GWEP programs are guided by the '4M Framework'.

The 4M Framework:

- Guided by an essential set of evidence-based practices
- Practice tested
- Causes no harm
- Improves outcomes
- Used reliably across settings
- Able to be adapted locally

- (IHI, Hartford Foundation, American Hospital Assoc., Catholic Health Assoc. US).



Age-Friendly Health Systems

4Ms:
What Matters, Medication,
Mentation, Mobility

Assess

Know about the 4Ms
for each older adult
in your care

Act On

Incorporate the 4Ms into
the plan of care



Learning Objectives

- Identify roles that help support and understand the manifestation of need or distress of someone challenged with memory loss.
- Discuss best practices around supporting and intervening challenging behaviors for patients, and caregivers.
- Practice how to conduct a behavior intervention process using a team approach map.

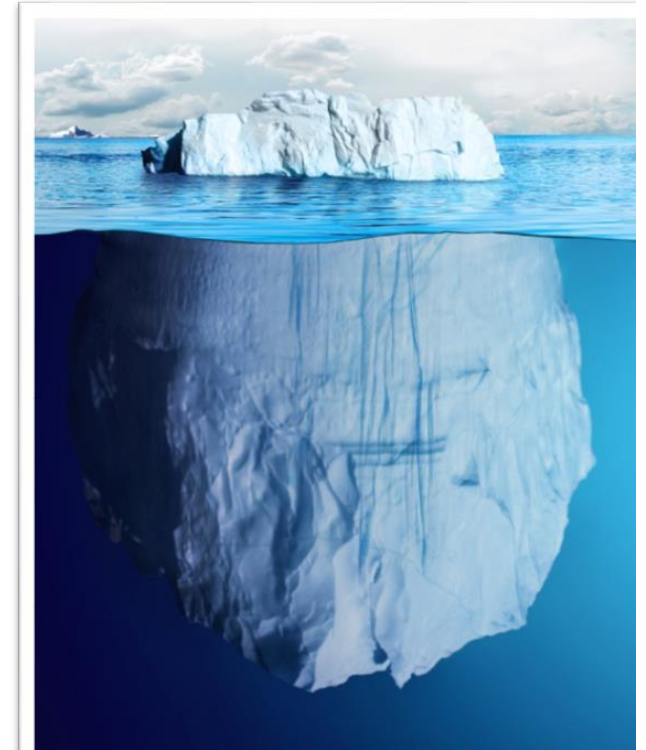
Overview

- ✓ Person centered focus and who makes up a valued team when supporting behaviors
- ✓ Manifestation of need or distress
 - ✓ aka behaviors
- ✓ Introducing new people and places
- ✓ Navigating through behaviors
- ✓ Just a pill or a plan?
- ✓ At the end of the day what are the person's brass rings



Person centered approach

- Medical
 - ✓ Diagnosis, surgeries, restrictions
- Social
 - ✓ Communication
 - ✓ How the person navigates their environment
- Preferences
 - ✓ Day to day routines
- Life story
 - ✓ The good
 - ✓ The bad
 - ✓ and the ...





Benefits of a solid team!

- Health and well-being of the person you are caring for
- How about yourself?
- Open-minded to different viewpoints can create success
- Everyone has a point of view that must be respected
- Patience and follow-through with interventions
 - ✓ How many days does it take for us to establish a habit?
 - ✓ How about someone with memory loss?

"I thank God for behaviors, because if we didn't have behaviors, we may not know what the person is trying to tell us."

Sharon Roth Maguire



Behavior

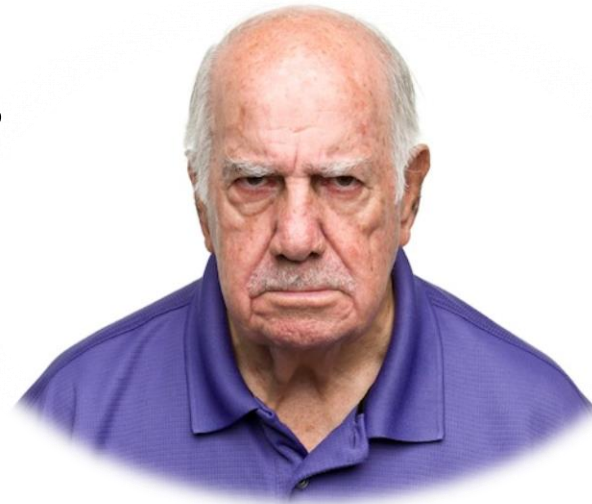
- Whose behavior can we change?
- Is it a problem?
 - ✓ Harm
 - ✓ Unwanted sexual contact
 - ✓ Impede functioning of the day

Do we have anything for this person?

Have you ever heard someone say this when a person with memory loss is

- Wandering
- Causing harmful to self or others
- Exhaustive crying
- Hoarding/shopping
- Having a catastrophic reaction
- Not protecting themselves
- Exhibiting inappropriate sexual behavior

Just to name a few



Instead of a pill think about what is causing the behavior

- Tasks are too demanding or complicated
- Environment is too noisy or too boring
- Person feels frightened
- We try to get them to bend to OUR reality
- Person is tired, hungry, in pain, lonely



Hippocampus
logic/fact/reason

Amygdala
feelings and emotional
memories

Old age

Middle
age

Adult-
hood

Teenage
years

Childhood



Healthy brain

Non-pharmacological approach

- Items



- ✓ Local laminated post cards/pictures
- ✓ Washable playing cards
- ✓ Baby clothes
- ✓ Fishing reel
- ✓ Baby doll
- ✓ Weighted animal or blanket

Think person centered

Feeling of home

“I want this checkered tablecloth when you pass on. It reminds me of home. We have had it forever and I want to remember.”

My son, George Silvia III



Introduction of new caregivers

- Know and speak their name or nick name
- What is and was their brass ring: achievements and goals
- What is under their iceberg: habits, routines, road not taken, and triggers
- What will make them feel proud, beautiful and confident: peacock moments that is specific to the person that conveys you care



Takeaway

For home-based caregivers:

- It is extremely important to share your loved one's social history with each support system you rely on.
- The more information shared that creates an emotional connection may assist your resources in providing familiar and successful redirections.



Four factor to work as a team on



Transition and Intervention Huddle



Transition and Intervention Huddles

- Real-time huddles – time sensitive
- Best practice is to organize within 24 hours of a challenging behaviors or days or even weeks before a transition
- Invite key players and host either internal or external huddle
- The benefit of external huddles – the 10,000 foot advantage rule
- ALWAYS FOLLOW UP i.e. identify timeline to regroup

Transition Intervention Huddle



- Possible huddle pitfalls
 - ✓ Don't feel they have the time to host a real-time huddle
 - ✓ Not inviting key players
 - ✓ Afraid of not recommending the right answers to create successful interventions
 - ✓ Not understanding that it is not about the answers but the questions we are asking the team
- The key is to develop questions around the four factors

Collaborative detective work

Questions involving the four possible underlying factors that may be contributing to the unmet needs

1. **Physical**
1. **Environmental**
2. **Caregiver**
3. **Psychosocial**

Needed for a huddle

- ✓ Chart
- ✓ Behavior log (time specific)
- ✓ Medication
- ✓ Weights and vitals
- ✓ Social history and preference form
- ✓ An open mind

Follow up and regroup

- Give all parties time (how long does it take to create a habit?) to adjust to new interventions and tweak interventions if necessary
- Review for effectiveness after a specific amount of time (to be determined at initial huddle- for example “In a week’s time we will regroup”)

Using a behavior map

- Identifies where you are
- Everyone is on the same route
- Gives you and the team alternative routes for behavioral interventions
- Identifies when you are in need of roadside assistance
- You may give up the fastest route for the more effective route



1

- **Identifying risk scope** - educating the family on what to do in the event of an emergency

2

- **Document** – Once scope is identified document behavior

3

- **Huddle** - host an intervention huddle within the first 24 hour. Using what we know about a person

4

- **Interventions** - questions create interventions

5

- **Set Intervention in place** – All support systems to be informed

6

- **Give time to identify if successful** If interventions work:
 - Update service plan
 - Educating team
 - Update Physician and family

7

- **If unsuccessful-** Identify if person is currently out of scope of care
- **Behavior Log** – tracking tools set specific time and follow up

8

- **Family and Physician-** notification

9

- **Repeat-** process if necessary with additional resources

10

- **Communicate** – Update service plan and associates

Home Safety

- Setting up a Safe Haven
 - Identifying a space in your home
 - Secure
- Items for the space
 - Quick Iceberg review and smile page
 - Flashlight
 - Water
 - Tracfone phone/cell
 - Auto dial
- Support group
 - Teachers and students








Wandering

- With an agenda and without
- Within the home
 - Sharps, toxics and ingestibles
 - If it looks like a beer and seems like a beer...
- Outside of the home
 - Decrease awareness of time, space
 - Uneven pavement
 - Weather



How do colors play a role in communication and behaviors?

- **Green**  Last color we lose the ability to see
- **Black**  Perceived as scary or hard to see
- **Purple**  Color that will go missing most often (hoarding)
- **Red**  Increases appetite and can be an agitator
- **Blue**  Decreases appetite

Case Study

Arthur is a 79-year-old man who lives with his wife Fran and she is having a difficult time getting him to take a shower. When she asks him to take a shower he says, “No I don’t want to, I already took one,” or that he hasn’t done anything to get dirty. Because of his response, Fran gets angry and frustrated with this recent challenge and tries to shame him into taking a shower by telling him he stinks and that he didn’t take one already and that he keeps forgetting. As a result, Arthur becomes agitated and digs his heels in even more, so now Fran comes to us with this behavior.

Breathe

Keep an Open Mind — Is it a behavior we even need to address? Yes, but let's be open-minded. Getting him clean does not mean he has to take an actual shower. That will be our goal, but if we have to figure out an alternative way to wash him, let's consider that a win.

Teamwork/Resources — After speaking with Fran, her resources are: her son, who lives next door; Arthur's physician; their daughter, who lives far away. Fran and her children decide to have a meeting.

Four factor to work as a team on



Four factors to review

Physical

Arthur has arthritis and does not have full range of motion in his legs due to stiffness and pain. He has a difficult time with depth perception especially when colors are similar.

Environmental

The bathroom is cold until the shower is on. There is a small lip when entering the shower. The shower chair and the shower stall are both white.

Caregiver

Fran can become angry and frustrated. There are times when Arthur does not recognize Fran as his wife.

Psychosocial

Arthur is agitated with the way Fran communicates with him. There are times he feels his privacy is being invaded when he does not recognize Fran.



Environmental and Physical Intervention

Getting the space ready - Turn the shower on prior to Arthur entering the bathroom and getting him undressed.

Pain - The doctor ordered arthritis medication to be taken just before Arthur's shower to make it easier for him to step over the shower threshold.

Visual challenges - The family also painted a contrasting stripe on the lip of the shower to create a contrast between the shower and the chair.

They put a bright blue towel on the shower chair, which gave Arthur a clear target for him to sit down on. This will also help as he will not be sitting on a cold, plastic chair.

Caregiver Intervention

The family decided to have the son assist with the shower as Arthur seems to be more comfortable and less agitated

With Arthur's favorite soap, Irish Spring, his son came to the house to assist dad with a shower



Psychosocial Intervention

Arthur's son has volunteered to routinely give his dad a shower. When his son gives him a shower, he begins the process with singing Arthur's favorite songs.

Because the son has been successful, this eliminates Fran's stress of completing the task.

Arthur's psychosocial needs are being supported by the son in maintaining his father's dignity and bringing back his familiar routine.

Follow-up and Regroup

This is where the family will talk about the interventions they have put in place.

What worked and what didn't work?

What needs to be tweaked?

What are the brass rings?

- Feeling of home
- Piece of mind
- Relief
- Fulfillment
- Contentment
- Forgiveness
- Collaboration
- Appreciation



References

- McCarthy, Kelly M. Brass Ring Memoirs - Encouraging Stories Using Practical Methodologies to Help Caregivers Reach for Their Goals in Alzheimer's and Dementia Care. Vol. I, Create Space, 2017.
- Power, G.Allen. Dementia beyond Drugs: Changing the Culture of Care. Health Professions Press, Inc., 2017.
- <https://www.alz.org/care/alzheimers-dementia-stages-behaviors.asp>

Reminders

- After you close out of this webinar, please complete the evaluation by going to the link on the next slide in order to receive continuing education credit.
- RIGEC will email certificates within 1 business day upon completion of the evaluation link.

Thank you!



Survey Link

<https://www.surveymonkey.com/r/chlgbhveval72920>

Thank you!



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Non-Profit Research Centers in Rhode Island



Butler Hospital Memory and Aging Program (MAP)



**Alzheimer's Disease and Memory Disorders
Center (ADMDC) at Rhode Island Hospital**



What we do

- Provide community education on brain health, Alzheimer's disease and related dementias, advances in Alzheimer's research, and clinical trial participation
- Advocate in Rhode Island and surrounding communities to end Alzheimer's disease through research participation
- Recruit and match interested individuals to enrolling research study
- Provide a message of hope to those at risk for and living with Alzheimer's disease and related dementias



Advantages of Clinical Trial Participation

- Active role in one's own healthcare
- Better understanding of Alzheimer's disease and related dementias
- Access to new medications and treatments before the general public
- Excellent medical care and more frequent oversight at facilities with experienced, knowledgeable staff members
- Contribute to help future generations lead healthier lives.

Enrolling Clinical Research in Rhode Island



Prevention



Investigational Treatment



Observational



Independent Projects



Registries

Recent Advances in Alzheimer's

FDA ACCEPTS BIOGEN'S ADUCANUMAB BIOLOGICS LICENSE APPLICATION FOR ALZHEIMER'S DISEASE WITH PRIORITY REVIEW

August 7, 2020 at 7:30 AM EDT

First Alzheimer's Blood Test Rolled Out for Clinical Use in US

The test will be a cheaper and more accessible alternative to currently available diagnostic tools, researchers say.

FIVE HEALTHY LIFESTYLE FACTORS ASSOCIATED WITH REDUCED ALZHEIMER'S RISK

June 19, 2020 | [Yuko Hara, PhD](#)



Highlights

- Golden age of Alzheimer's research
- Research to slow, stop, prevent Alzheimer's disease
- Need to educate the general population and medical professionals
- Part of a comprehensive care and treatment plan
- Focus on brain health across the lifespan to end Alzheimer's disease

HOW CAN WE PARTNER
TO ACHIEVE MUTUAL GOALS?

RESOURCES

COVID 19 Communication tool kit

- *COVID-19 Vaccination Communication Toolkit for Medical Centers, Pharmacies, and Clinicians*
- *Recipient Education Toolkit for Healthcare Professionals and Pharmacists*
- *Long-Term Care Facility (LTCF) Toolkit for LTCF Administrators and Leadership*
- *Essential Worker Vaccination Toolkit for Employers of Essential Workers*
- *Community-Based Organization (CBO) Vaccination Toolkit for Staff of Organizations Serving Communities*

COVID 19 Homebound Test Request Form

Be Kind RI: opportunity to link need with volunteer request process

Participants needed: Building Socially Integrated Communities



ADVANCING INTEGRATED HEALTHCARE

Stay Healthy
