

**LESSONS LEARNED IN
DEVELOPING A HOUSEHOLD
MODEL FOR INDIVIDUALS WITH
DEMENTIA ON A SHOESTRING
BUDGET**



Staff Introductions

- Direct Care Staff
- Recreation Therapy Manager
- Director of Nursing

Lakeview Health Center

- Located in West Salem, WI within La Crosse County
- County Nursing Home Facility with primary revenue coming from Medical Assistance.
- Specialize in challenging behaviors relating to persistent mental illness and dementia.
- Typically the last resort before hospitalization. (State or Local Hospital)
- **Challenge:** MDS does not cover (or capture) the time needed for the support of challenging behaviors. LOS, 1:1, psychiatry services
- **Medical Assistance/MVHS Consortium covers: 87% of the cost**
- **Private Pay covers: 13% of the cost.**

Lakeview Health Center

- **Living areas**
 - **Populations**
 - **6 different living areas**
 - **Census**
 - **Who do we take? What do we do?**

Lakeview Campus by the numbers



- Total number of residents: 90

- Number on psychotropic medications: 90%

Back in the Day.....

- Medical model
- How behaviors were handled
- Reactive Vs. Proactive



Now: A process of change

- Social model
- Silos
- Direct care staff

Why we began

- Administrative support
- Household Training (March 2014)
 - ▣ Other agencies/facilities who had experience with household model
 - ▣ Resources
- Champion
 - ▣ Erasers group



Steering Team (Person Directed Care Team)

- Members
- Reasons
- Timeframe
- Experts

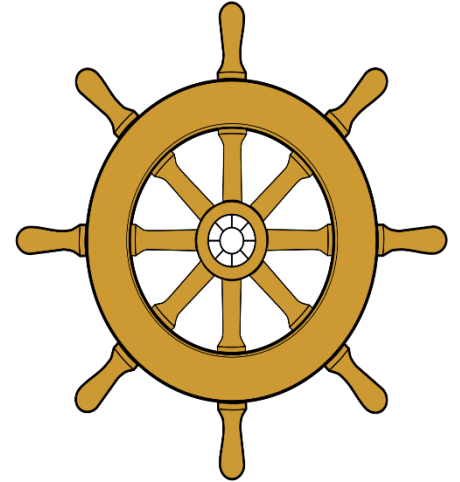
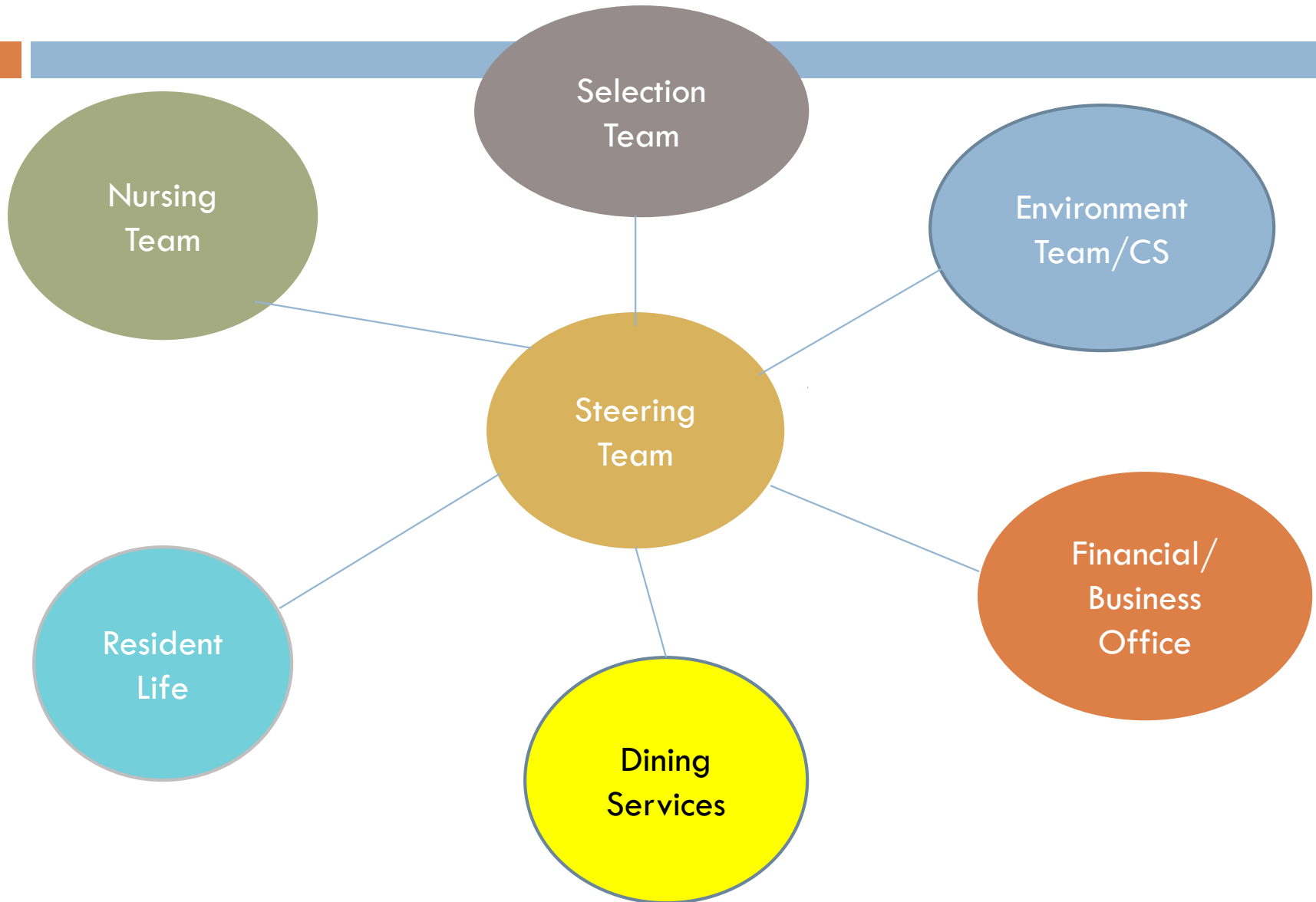


Diagram for Change



SELECTION TEAM



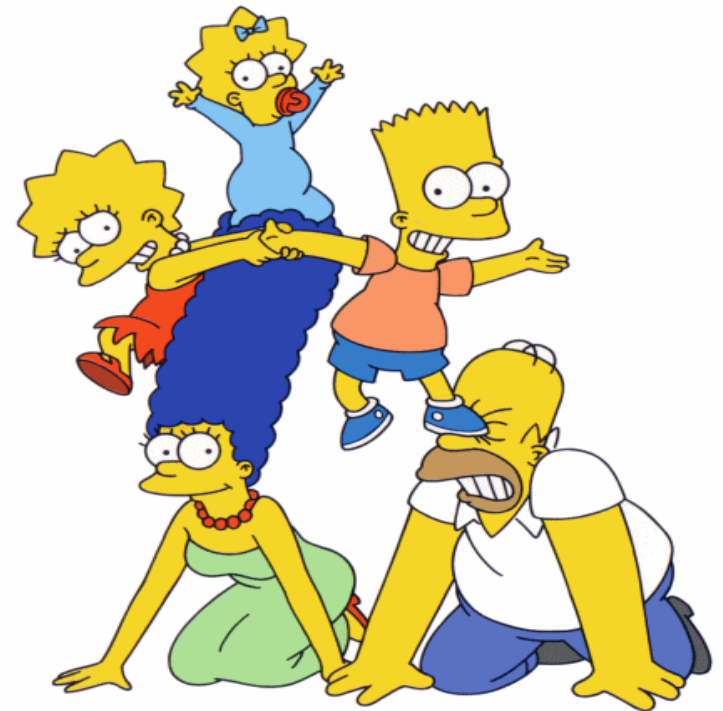
Resident Selection

- Chart review
 - ▣ Included
- Selection was based on



Resident and Family Support

- Resident involvement
- Monthly Dementia Support Group
- Guardian information



Plan for the Move

- Sept. 22, 2014
- How we did it
 - Families
 - Staff support
 - Communication
 - Resident involvement (JQ)
 - Other departments

Communication



Training for Staff

□ Hand in Hand Training

- 4 hour training
- What do you think of when you hear the word “Behavior” or “Behavioral”?
- More proactive versus reactive approach.
- Focus on resident preferences, history, points of resiliency, who’s agenda are we on, Maslow’s Hierarchy of needs.
- Code 33’s decreased by 95% in last 10 years
- Reactions (behaviors) are normal reactions not an overt attempts to harm
- Decrease in hands on approaches and focus on decreasing medical dependence
- Mini Trainings on specific situation.
- Meadow View Staff orientation



Lessons Learned

1. Involve Direct Care Staff on Selection of residents.
(they work with them)
2. Newer direct care staff more receptive to new training challenging situations than more experienced direct care staff. (Old habits in higher stress situations)
3. However, high number of direct care staff (New and Experienced) liked the change in training.
4. Ongoing support for continued implementation of training topics.
5. Need very good communication during steering committee meetings. Large amounts of information being passed around.

HOW THINGS CHANGED IN THE NURSING WORLD



Medication Administration

- Times
- Accommodating resident preferences
 - ▣ PC approach in MAR



Why it wasn't working



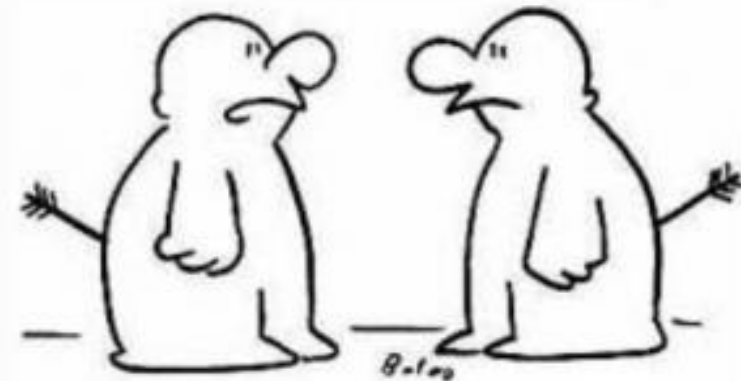
Our Resolution

- Morning med pass.
 - Upon arising
 - Remainder of meds
 - Nurse documentation



Insulin/Coumadin/Diuretics

- Challenges
- Resolutions



"I know exactly how you feel."

Non- pharmacological approaches

- All staff
- nurse documents
- PRN pain or anti-anxiety medication

Documentation spaces

- Lounge space
- Charting challenges
- Confidentiality

Good Things!

- turnover
- pressure ulcers
- falls
- Resident mood
- family complaints



How has the nurses role changed?

- Charge nurses have been trained
 - Relias
 - Leadership courses
 - Empowering the nurses to make decisions



Environment

- Laundry *
- Bathrooms*
- Supplies*
- Med room *
- Nurses station*



Dining Changes



Lessons learned from dining services

- Choices
 - ▣ Locked to unlocked
 - ▣ Appetites
 - ▣ weight
- Flexibility
- Staff involvement
- Time
- Training
- Team

Staffing

- Current staff
- HHC
- HHA (housekeeper to C.N.A vs. C.N.A. to Housekeeper)
- Staff/resident ratio
- Other support and experts

Education for staff

- Education (Ongoing training)
 - Newsflashes for opening
 - Toilet trainers
 - Huddles/learning circles
 - A few mandatory C.N.A.
 - HHC
- LL- don't always get buy in so.....

Resident benefits/challenges of the household

Benefits

- Rooms
- Wake times
- Laundry
- Feel of the environment
- Staff knowing res
- Bath times
- Consistent
- Food
- Choices

Resident benefits/challenges of the household-continued

Challenges

- Personality conflicts
- Charting
- Cognitive abilities and level of functioning
- OLD nursing home activity
- Taking PDC too far

•Lessons Learned and what we would do differently

□ Collective effect on residents and staff

□ Residents and staff transfer challenges

- Those who moved and those who stayed

- Follow up

Setting realistic expectations

- Family, staff, resident satisfaction survey

- Family involvement

- Resident Activities- training, expectations, charting

- Engagement

Lessons Learned



- Journaling
- Consistent Assignment
- Activities being a part of “cares”
- Continued challenges

Bottom Line

- Champion
- Nursing home still have regulations
- Are we there yet?
- Resident focused.
- Staff make it what it should be not what they are told to make it.

Its not easy

- Still working at it and why?



Questions

- Questions you have for us
- Questions we have for you
- http://www.caregivereducation.org/culture/ifce_cc_indicator_survey.pdf
- <http://www.artifactsofculturechange.org/ACCTool/>