Florida Health Care Association
2013 Annual Conference

The Westin Diplomat Resort & Spa

Session #23 – Managing Aging in Place: Preparing Staff to Respond to Rising Acuity

Tuesday, August 6 – 2:30 to 4:30 p.m.

Atlantic 1

Upon completion of this presentation, the learner will be able to:

- recognize the associated risks involved with changes that occur during aging, and when the need for additional levels of care and service may be required;
- identify strategies for proactively evaluating staff readiness to respond to the changing service and care needs for residents as they age in place; and
- explore effective educational and management strategies to prepare staff to respond to changing service and care needs.

Seminar Description:

Recognizing the desire to allow a resident to age-in-place, community leaders are challenged with preparing their staff to identify rising acuity and changes that may trigger the need for additional levels of care and services to meet the needs of the resident, ensure the safe delivery of those services and to manage the associated risks. A well prepared staff has an improved ability to analyze and respond more efficiently and reduce the risks associated with rising acuity for the resident and the community. This session will provide learners with a highly interactive and engaging discussion that will highlight the more common changes that impact rising acuity and the safety risks involved and will explore ways to evaluate staff readiness to respond to those changes. Through group interaction and activities designed to stimulate critical thinking, learners will leave the session with practical ideas that can easily be implemented with their staff.

Presenter Bio(s):

Liz Jensen, Clinical Director with Direct Supply, has been a nurse executive and educator for over 20 years in post acute care, working with skilled nursing and assisted living providers in multiple states. She has developed strategies for implementing clinical and operational systems to improve care delivery and prepare staff to effectively respond to the changing needs of their residents. Her areas of expertise include clinical education, clinical resource development and performance improvement.
Additional handouts will be available on the day of the session.

Session: Managing Aging in Place: Preparing Staff to Respond to Rising Acuity

Speaker: Liz Jensen, RN MSN, RN-BC

Objectives:
- Recognize the associated risks involved with changes that occur with aging and when the need for additional levels of care and service may be required
- Identify strategies for proactively evaluating staff readiness to respond to the changing service and care needs for residents as they age in place
- Explore effective educational and management strategies to prepare staff to respond to changing service and care needs

Outline

A. Overview
   a. Brief review of SNF & ALF resident demographics and regulatory citations to create context for discussion
   b. Explore myths vs reality and challenging caregivers perceptions on aging
   c. Introduce the Functional Consequences Theory for Promoting Wellness in Older Adults as a model for caregivers to use when identifying changes in residents related to aging vs illness.

B. Review common changes that occur with aging and tips for recognizing and responding to changes
   a. Vision
   b. Hearing
   c. Digestion
   d. Thermoregulation
   e. Mobility & Safety
   f. Urinary
   g. Cardiovascular
   h. Respiratory
   i. Cognitive
   j. Sleep & Rest

C. Explore ways to prepare staff to recognize their perceptions of aging and how changing to a wellness focus when caring for residents can help identify changes early & intervene with effective strategies to reduce the risk of injury or illness
   a. Discuss examples of how to include prevention & wellness activities in the resident’s care plan.
   b. Discuss the benefits and challenges of different educational learning strategies including self-directed, online and live offerings.
   c. Share ideas on how to maximize educational opportunities with limited resources
Managing Aging In Place
Preparing Staff to Respond to Rising Acuity
Liz Jensen, RN MSN, RN-BC

Disclaimer

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.

Objectives

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.
“Old age is no place for sissies”
—Bette Davis

Defining Aging in Place

“Ability to live in one’s own home and community safely, independently and comfortably, regardless of age, income or ability level” CDC, 2013

1. Aging in place without urgent needs

2. Aging in place with progressive condition based needs

3. Aging in place with traumatic change needs

Why?

- Customer satisfaction
- Quality outcomes
- Census / Occupancy rates
- Reimbursement
- Cost management
  - Risk management
  - Regulatory compliance

### Aging in America

- Americans are living longer than ever before.
  - Life expectancies at both age 65 and age 85 have increased.
  - People who survive to age 65 can expect to live an average of 19.2 more years, nearly 5 years longer than people age 65 in 1960.
  - In 2009, the life expectancy of people who survive to age 85 was 7 years for women and 5.9 years for men.

- Women: asthma, arthritis and hypertension
- Men: heart disease, cancer and diabetes


### How is Aging in Place disrupted?

- Progressive conditions are not managed
- Trauma

- Top Reasons for RTH
  - COPD
  - CHF
  - AMI
  - Pneumonia

### Consequences of Disruption

- Increased frailty and loss of independence, diminished quality of life
- Requires a more costly, higher level of care
- Discharge to another level of care results in loss of census
The Link

What is the link between normal aging and the disruptions that can interfere with aging in place?

“Older adults and health care providers often mistakenly attribute symptoms to aging rather than identify and address the contributing factors that are reversible and treatable”

--C. Miller, 2012

Myths & Realities of Aging

- Myth: About 20% of people aged 65 years and older live in nursing homes
  - Reality: Between 4%-5% of older adults live in nursing homes

- Myth: Older adults cannot learn complex new skills
  - Reality: Older adults are capable of learning new things, but the speed with which they process information slows down with age

- Myth: Urinary incontinence is a normal consequence of aging best managed by use of UI products
  - Reality: In many cases, underlying causes can be addressed

Miller, C. 2012. Nursing for Wellness in Older Adults, Sixth Ed. Lippincott Williams & Wilkins

Where are older adults aging in place?

- Home
- Independent living
- Assisted living
- CCRCs
- Long-term care facilities
- Group homes
Normal Aging: Opportunities & Risks

Who Do You Serve?

Skilled
- 91% are over 65;
- >50% are 85+ years and 82% of those are females
- 65% require help with 4-6 ADLs
- >50% are confined to a bed or wheelchair
- 50% have Alzheimer’s or dementia

AL
- 70% are female
- More than half are 85 or older, just 10% are younger than 65
- 74% receive help with ADLs, 37% have 3 or more ADL limitations
- 42% have Alzheimer’s or dementia

Perspectives on Aging
Perspectives on Aging

We all make assumptions.....

Changes with Aging

- Aging alone does not equate to disease and illness
- Age-related changes cannot be reversed but it is possible to compensate for their effects so wellness outcomes are achieved; risk factors modified or eliminated

Miller, C. 2012. Nursing for Wellness in Older Adults, Sixth Ed. Lippincott Williams & Wilkins
Age Related Health Changes Can Increase Risk for:

- Arthritis
- Hypertension
- Heart disease
- Diabetes
- Osteoporosis
- Memory loss
- Alzheimer’s & other dementia related disorders


Functional Consequences Theory

- Theory for promoting wellness in older adults
- Helps us understand what normal aging looks like, how to promote independence and wellness and address the negative aspects of aging.

Miller, C. 2012. Nursing for Wellness in Older Adults, Sixth Ed. Lippincott Williams & Wilkins

Cognitive Changes with Aging

- Dementia is not considered a normal part of aging
- Cognitive abilities that stay the same or improve
  - Wisdom, creativity, common sense, coordination of facts and ideas, and breadth of knowledge and experience
- Skills that decline slightly and gradually:
  - Abstraction, calculation, word fluency, verbal comprehension, spatial orientation, inductive reasoning and episodic memory

Miller, C. 2012. Nursing for Wellness in Older Adults, Sixth Ed. Lippincott Williams & Wilkins
### Vision

<table>
<thead>
<tr>
<th>Age Related Change</th>
<th>Functional Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreased dark adaptation</td>
<td>Increases safety risk w/ lighting changes</td>
</tr>
<tr>
<td>Pupils become smaller</td>
<td>Decreased ability to adjust to glare</td>
</tr>
<tr>
<td>Decreased upward gaze</td>
<td>Decreases field of vision</td>
</tr>
<tr>
<td>Smaller visual field</td>
<td>Increases safety risk for driving and maneuvering env.</td>
</tr>
<tr>
<td>Decreased sensitivity of cornea</td>
<td>Delayed recognition of injury to eye</td>
</tr>
<tr>
<td>Decrease in tears</td>
<td>Dryness and irritation</td>
</tr>
<tr>
<td>Presbyopia</td>
<td>Decreased ability to focus on near objects and adapt to light</td>
</tr>
</tbody>
</table>

- 40-50% of older adults in long-term care have a visual impairment—e.g., cataracts, macular degeneration, glaucoma, diabetic retinopathy

Miller, C. 2012. Nursing for Wellness in Older Adults, Sixth Ed. Lippincott Williams & Wilkins

### Hearing

<table>
<thead>
<tr>
<th>Age Related Change</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impaired sound conduction (Presbycusis)</td>
<td>Inability to hear high pitched sounds; especially when there is background noise</td>
</tr>
<tr>
<td>Cerumen (wax) build up, impaction</td>
<td>Difficulty hearing</td>
</tr>
<tr>
<td>Changes in external, middle &amp; inner ear</td>
<td>Slow onset of change, may resist recognizing a change; Miss instructions or information; Risk of not hearing smoke alarms, CO2 detectors; Unable to hear timers, door bells</td>
</tr>
</tbody>
</table>


### Digestion & Nutrition

<table>
<thead>
<tr>
<th>Age Related Changes</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss efficient chewing</td>
<td>Increases risk for choking; difficulty with digestion</td>
</tr>
<tr>
<td>Decreased sense of smell and taste</td>
<td>Loss of enjoyment</td>
</tr>
<tr>
<td>Decreased saliva secretion</td>
<td>Affects digestion, increases risk for choking</td>
</tr>
<tr>
<td>Slower bowel motility</td>
<td>Constipation, feeling full</td>
</tr>
<tr>
<td>Changes in cells of intestines, gallbladder</td>
<td>Affects absorption of nutrients; meds; increased risk for gallstones</td>
</tr>
<tr>
<td>Need fewer, but higher quality calories</td>
<td>Risk for malnutrition</td>
</tr>
</tbody>
</table>

### Mobility & Safety

<table>
<thead>
<tr>
<th>Age Related Change</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease muscle mass</td>
<td>Loss of strength, instability when transferring, walking</td>
</tr>
<tr>
<td>Degenerative changes in joints</td>
<td>Pain, decrease interest in walking</td>
</tr>
<tr>
<td>Slower response of central nervous system</td>
<td>Affects response time, shifts in balance to avoid falling</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>Increases risk of fracture</td>
</tr>
</tbody>
</table>

Miller, C. 2012. Nursing for Wellness in Older Adults, Sixth Ed. Lippincott Williams & Wilkins

### Urinary

<table>
<thead>
<tr>
<th>Age Related Changes</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease in kidney mass, blood flow</td>
<td>Decreased drug clearance</td>
</tr>
<tr>
<td>Reduced bladder elasticity, muscle tone and capacity</td>
<td>At risk for volume overload, PVR, increased urgency, risk for falls, Risk for UTI</td>
</tr>
<tr>
<td>Prostate enlargement in men</td>
<td>Urinary retention, risk for UTI, incontinence</td>
</tr>
</tbody>
</table>

### Thermoregulation

<table>
<thead>
<tr>
<th>Age Related Change</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease in subcutaneous tissue</td>
<td>At risk for hypothermia (too cold)</td>
</tr>
<tr>
<td>Decrease shivering</td>
<td>At risk for hyperthermia (too hot)</td>
</tr>
<tr>
<td>Decreased ability to acclimate to heat</td>
<td>Difficulty in regulating temperatures in community settings (e.g. nursing homes) or when sharing a home with others.</td>
</tr>
<tr>
<td>Decrease sweating</td>
<td>At risk for infections going undiagnosed</td>
</tr>
<tr>
<td>Decrease in peripheral circulation</td>
<td>Difficulty in regulating temperatures in community settings (e.g. nursing homes) or when sharing a home with others.</td>
</tr>
<tr>
<td>Inefficient vasoconstriction</td>
<td>Difficulty in regulating temperatures in community settings (e.g. nursing homes) or when sharing a home with others.</td>
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### Cardiovascular

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<tr>
<th>Age Related Change</th>
<th>Impact</th>
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<tbody>
<tr>
<td>Arterial wall thickens</td>
<td>Decrease in cardiac output, fatigue, SOB with exercise</td>
</tr>
<tr>
<td>Left ventricular &amp; arterial hypertrophy; Sclerosis of valves</td>
<td>Strong arterial pulses, diminished peripheral pulses, cool extremities</td>
</tr>
<tr>
<td></td>
<td>Decrease in cerebral blood flow</td>
</tr>
<tr>
<td></td>
<td>Increased risk of hypertension and susceptibility of arrhythmias</td>
</tr>
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### Respiratory

<table>
<thead>
<tr>
<th>Age Related Change</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased stiffness of chest wall</td>
<td>More difficult to fully expand, increase risk of fluid and infection</td>
</tr>
<tr>
<td>Changes in vertebra &amp; musculoskeletal structures weaken respiratory muscles</td>
<td>Less efficient respiratory effort, increase risk for infection</td>
</tr>
<tr>
<td>Thicker and drier secretions</td>
<td>Perception of nasal stuffiness; increased risk for infection</td>
</tr>
<tr>
<td>Decreased in strength &amp; frequency of cough</td>
<td>Increase risk for aspiration</td>
</tr>
<tr>
<td>Change in response to hypercapnia or hypoxia</td>
<td>Instead of breathlessness, causes mental changes</td>
</tr>
</tbody>
</table>

Sleep & Rest

<table>
<thead>
<tr>
<th>Age Related Change</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreased amount of time in deep</td>
<td>Loss of physical healing</td>
</tr>
<tr>
<td>sleep (Stage IV)</td>
<td></td>
</tr>
<tr>
<td>Increased amount of time in light</td>
<td>Wakens more easily, difficulty falling</td>
</tr>
<tr>
<td>sleep (Stage 1 &amp; 2)</td>
<td>back to sleep</td>
</tr>
<tr>
<td>Decrease amount of time in REM</td>
<td>Loss of psychologically restorative</td>
</tr>
<tr>
<td></td>
<td>sleep</td>
</tr>
<tr>
<td>Diminished sleep efficiency</td>
<td>More time in bed, but feel less rested</td>
</tr>
</tbody>
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Mrs. “M”

Moved In December 2011

- 78 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

- 80 years old
- Fell when getting out of bed to go to the bathroom. Fractured her hip
- Plans to return to AL
Mrs. “M”

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January 2013
- 80 years old
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- Plans to return to AL

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

Mr. “G”

- Is diabetic, self-checks blood glucose and administers basal insulin daily. A1c 3 months ago was 6.9, now it’s 7.8.
- Has been treated for depression
- Needs assistance with showering due to shoulder dystocia and old hip fracture injury which limits mobility.
- Doesn’t use hearing aid. States “doesn’t help anyway”.
- Short tempered, at times

Let’s discuss
Staff Readiness

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?

Nursing Facility Nursing Staff

Figure 2. Percentage Breakdown of Nursing Staff by Job Position, 2011

Source: AHCA, 2011
Assisted Living Nursing Staff

Ready, Set...

- What are the pro-active evaluation strategies for evaluating staff readiness?

- What processes do you currently follow to evaluate if your education and staff development strategies are effective?

Challenges

- Changes that are not recognized or not adapted to may increase risk for a disruption with aging in place
- Education & preparation of staff / core competencies
- Turnover
- Leaning too heavily on education
What does Quality at the Bedside look like?

How is it supported?

Understanding the Rules

- Federal, State regulations & licensure requirements
  - Nursing Services
  - Education requirements
- State Nurse Practice Act
- Business or corporation standards
- Scope of Care & Services to be provided
**Pro-active evaluation opportunities**

- Hiring
  - Defined job descriptions, roles & responsibilities
- Orientation
  - Defined training for high risk, problem prone issues
  - Clues & Cues / Change in Condition
- Mentoring
- Check-in
- Annual review

**VISIT & LISTEN**

**EDUCATE & DEVELOP**

**MENTORING**

**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?
Teach Clues & Cues

- Opportunity to identify a change early and respond.
  - Off patterns or habits
  - Change in routines
  - Less visible in the community
  - Recent trip to the physician / check for changes in meds
  - New cough
  - “Color” change
  - Posture change
  - Pain
How is education being delivered?

- Live
  - In-house
  - Local or National opportunities
- Online
  - Self-paced
  - Assigned courses
- Blended
- Workshops
- Resources
- Certifications

Enhancing Education Planning

- Evaluate established educational calendars for opportunities to enhance learning
- Partnership ideas
  - Nurse Practitioners
  - Hospital Nurse Educators
  - Local University—Student led sessions
- Consider Gerontological Certification
  - [http://ancc.nursecredentialing.org/Certification/NurseSpecialties/Gerontological.aspx](http://ancc.nursecredentialing.org/Certification/NurseSpecialties/Gerontological.aspx)

Beyond Education

- Investing in staff education is important, but not the entire solution
- Resident involvement in their own wellness
- Leadership development
- Staff empowerment
- Systems improvements
- Technology
- Environmental adaptations
“Take-Away” Ideas

- Defined curriculum for all staff with an emphasis on identifying common changes with aging
- Consider sponsoring nurses to become credentialed in Gerontological Nursing
- Empower staff to identify changes in aging, report findings and adapt the environment for the resident

“Take Away” Ideas

- Health & Wellness programs for residents with emphasis on early identification
- 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

Let’s Discuss

- How does understanding aging impact how you think about your business?
- What adaptations have you considered to minimize disruptions and support aging in place?
- How are you aligning your business goals with staff development needs in order to support aging in place?
References

- Miller, C. 2012. Nursing for Wellness in Older Adults, Sixth Ed. Lippincott Williams & Wilkins

Questions?

Thank You