

# Nursing Facility News Hour

**April 22, 2015**  
**10:00 to 11:00 am**



**Welcome & Introductions**

**Dave Allm, Manager**

**Nursing Facility Licensing**



# **Survey Update**

**Celeste Symonette, Survey Manager**

**Keith Ramey, Survey Manager**



# Culture Change

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Lorraine Linder



# Culture Change

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Focus is still on meeting regulations, but there are two new lenses

- Culture change principles-meeting the needs of each individual resident through Person-Centered Care Planning (anything the resident wants if not illegal, unethical or put other's life or safety in jeopardy)
- QAPI Principles- Builds on QAA system to provide care and achieve compliance with regulations through investigation of problems and prevent recurrence, compare NIFs with other NIFs, investigate complaints and receive feedback from residents and staff.

# Culture Change ~ Paradigm Shift

Requires:

- Vision – create a place where residents want to live and staff want to work.
  - Use mission and vision statement to figure out where facility wants to go and how to get there.
  - Include culture change in strategic planning
- Education
  - Teach staff culture change and include problem solving and conflict resolution skills before jumping to implement culture change
  - Use learning circles-Ask staff what home means to them and how to make the facility more like home.
  - Introduce Culture Change during orientation
  - Self directed teams- Some decisions making given to line staff, full implementation takes time to learn scheduling and budgeting process, proceed with small steps.
- Implementation
  - MOVE (Making Oregon Vital for Elders)
  - Pioneer Network
  - Eden Alternative
  - Green House Project

# Transformation Tales

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## Facility Recommendations:

1. Take care of staff and staff will care for the residents
2. Focus culture change on the most dependent or difficult residents (non-compliant)
3. Guide staff to understand the “paradigm shift”
  - It is more than caring for the human body; it is caring for the human spirit
  - Move from task to resident oriented care “What you like to do today, Mrs. Smith?”

# Staffing

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- Increase Staff Recognition (one meal per shift, flexible schedule, sit on interview panel, QQPI)
- Consistent assignments a relationship model of care and provides for better communication between shifts and leads to an understanding of the resident and more individualized care.
- Mentor program- find your leaders
- CNA involvement in
  - Care Plans: review and assist with changes
  - Match Neighborhoods
  - Making Assignments/Schedule

# Language Matters

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Language we use unintentionally demeans people, contributes to a hierarchical sense of “us” and “them” or a dehumanizing institutional culture instead of a nurturing community with respect for its members.

- Change units to Lanes with names (simply giving a hall a street name or bring in plants and animals does not automatically equal culture change)
- No more bibs, sippy cups, diapers.
- No pet names “Honey” “Gramps” or “Mama” unless they are your honey, Gramps or Mama (It should be the person who decides)
- Label Jars – Not people “Feeder, wanderer, “the Stroke”
- Something to consider is cows and pigs feed; people eat



# Changing Language

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- The labeling goes on: the complainer, screamer, isolator, Labeling the person as combative or aggressive unfairly blames the victim
- It is an institutional value that tasks should come first. Staff have so many pills to pass, rooms to clean, showers to complete. This leads to staff having to objectify those fellow human beings to not feel so guilty
- Pioneer Network has identified as a core value : Put the person before the task
- Labels elevate the status of an action
- Changing Verbal language not enough also  
Written Words

# Power of Language

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- Activities: Life enrichment, continuing life experiences, I don't know exact words but do know it should be meaningful engagement
- Non compliant: If labeled non compliant we are not listening hard enough to what the person wants
- Resident Council-Home Owners Association
- Front-Line Workers: Front line is a boundary, military line or where direct response team operates "you go in first...and I will join you." direct care givers, team members
- Charge Nurse: Here is a place to make culture change use titles like mentor, guide or lead and the Administrator is the Head Coach
- Homelike: Implies 'pretend this is your home.' Home means 'this is where you live'



# Power of Language

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- Toilet
- Ambulate
- Day Room/Lobby
- Wing/Unit?
- Beds
- Census
- Long Term Care
- Admitted
- Discharged
- Attention seeking
- No
- Expired
- Bathroom
- Walk
- Living Room
- Neighborhood
- Bedroom
- How many live here
- Long Term Living
- Moved In
- Moved out
- Seeking to connect
- Find a way to say yes
- Died, passed away



# Environment

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- Nursing station becomes living room, staff work area
- Eliminate medication carts
- Eliminate TABS – proactive solutions
- Eliminate overhead pagers
- Full length mirrors
- Homelike rooms with family stay over



# Bathing

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- Eliminate shower schedule
- Bath ponchos
- Eight hour briefs let residents sleep
- Change medication pass time
- Shower rooms with changing room
- No requirement residents' have to be showered, only kept clean

# Dining

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- Hired a Chef
- Wine service with meals
- Happy Hour
- Beer and Wine tasting
- Extended meal times
- Room service delivered with cart (hotel stlye)
- Family style
- Give meal choices – residents eat 25% more
- Staff eat with residents and initiate social interaction
- Dining with Friends excellent 20 minute training video ([alzheimersresourcecenter.org](http://alzheimersresourcecenter.org))



# Activities

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- One activity director can not do it.
  - Involve families and volunteers
  - Involve nursing, housekeeping and CNAs to help residents go out of the community.
  - Resident directed activities
- New Chapters Program
- Vital Life Program (Foundation)
- Compassionate Companion Program

# Death

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- What happens when resident dies?
  - Body is whisked away – gurney out the back door.
- Acknowledge/honor their passing
  - Single rose with card in living room
  - Staff signs a card for the family
  - Chimes at time of death
  - Quilt and flower left on their bed
  - Memorial at facility for staff and residents.



# Culture Change

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- Adults are not very good about change
- Facilities admit they are not there yet
- When you are green you are growing, When you stop you rot!
- Culture Change - a journey with no end

# Disease Reporting



Slides provided by the Oregon Health Division's  
Acute & Communicable Disease Prevention

# Legal Basis

## Oregon Administrative Rules

### **Division 17:** Disease Control

- Definitions and references

### **Division 18:** Disease Reporting

- Responsibilities and requirements of the reporter

### **Division 19:** Investigation and Control of Diseases

- Powers and responsibilities of public health



# Legal Basis: Who Has to Report

## OAR 333-18-0000

- Each Healthcare Provider...
- Each Healthcare Facility...
- Each Licensed Laboratory...

## Obligations

- ✓ Report cases and suspect cases
- ✓ Report required data elements
- ✓ Report within specified time periods
- ✓ Instruct control measures
- ✓ Cooperate with public health investigation and control measures

(OAR 333-019-0002)

# Why Report?

- Prevent spread of disease
- Detect outbreaks
- Monitor epidemiologic trends
- Guide public health programs



# Diseases: When and What?

## When

- Example - Immediately:
  - Influenza (novel)
  - Measles (rubeola) & Rubella
- Example - One working day:
  - Animal Bites
  - E. coli
  - Hepatitis
- URL Link for complete list is on resource page.

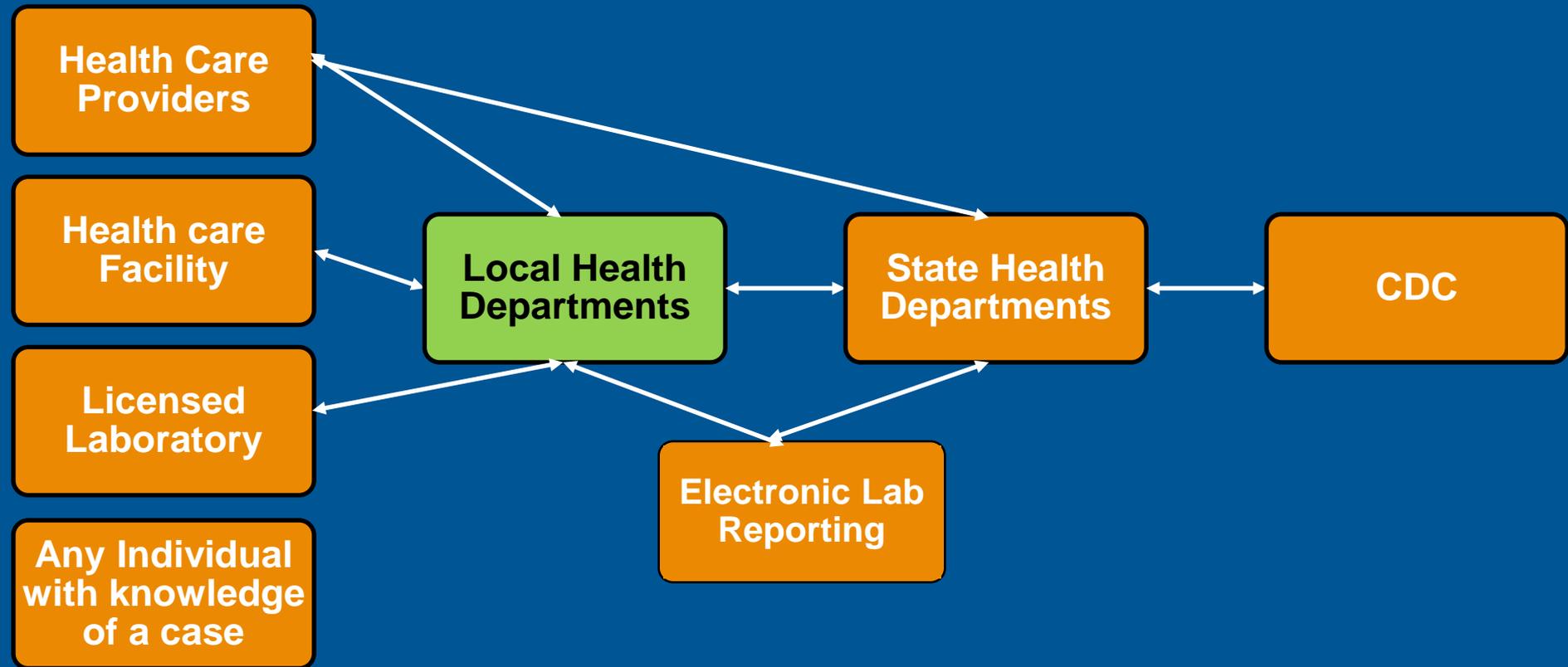
## Reportable Disease Categories

- Vaccine-preventable
- Food- and waterborne
- Vectorborne
- Other zoonoses
- Sexually transmitted infections
- Bioterrorism threats
- Miscellaneous infections
- Some non-infectious
- Outbreaks
- Diseases of “possible public health significance”

# Long-term Care Facilities Outbreaks

- Two or more cases with same symptoms or disease
- Clustered in time and space
- Examples
  - Acute gastroenteritis (norovirus)
  - Influenza
- Must be reported to the local health department within 24 hours

# Reporting: Pathway



# Reporting: LHD & State Roles

## Local Health Responsibilities

- Verify diagnosis
- Determine sources of infection
- Implement control measures
- Enter data into a database

## State Responsibilities

- Advise local health departments
- Detect, investigate, control outbreaks
- Analyze disease trends
- Conduct special studies
- Report to CDC

# Outbreaks in LTCF: Since 1/1/15

<u>Type of Infection</u>	<u>Number</u>
human metapneumovirus	1
influenza, not typed	7
influenza A (not subtyped)	21
influenza A (not subtyped), influenza B	1
influenza A/H3 Seasonal (vaccine-type)	13
influenza B	1
norovirus, all	13
RSV (respiratory syncytial virus infection)	1
unknown	13
Grand Total	71



**Sickened at least 120 residents!**

# Types of LTCF

<u>Long-term care facilities, by type</u>	<u>Number</u>
Adult foster care	2
Assisted living	29
Nursing facility/nursing home	13
Residential care	3
Skilled nursing	13
Mixed facility	9
Grand Total	69

# Reporting: LHD & State Roles

## RESOURCES

<http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/Documents/ReportingPosters/poster-clinicians.pdf>

<http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/Documents/reportdisease.pdf>

# **NEW INFECTION PREVENTION TOOLS & STRATEGIES FOR LONG TERM CARE FACILITIES**

**June 11, 2015**

Portland, OR

Ambridge Event Center

**June 12, 2015**

Eugene, OR

Valley River Inn

Stay tuned for more information to be posted on the Commission's website

<http://oregonpatientsafety.org/news-events/events/>

# Disease Reporting

If you have questions please contact Deborah Cateora directly:

- Email:  
[Deborah.Cateora@state.or.us](mailto:Deborah.Cateora@state.or.us)
- Phone: 503-373-1969

# Questions and Answers Summary

**Save the Date!**

**Upcoming NF Quarterly**

**News Hour Dates:**

- **July 22, 2015 – 10 to 11 am**

