

Partners



In Care Giving



Good Shepherd Services
Village Newsletter **September/October 2011**

Change...The Only Constant

For those of you that are active in visiting the nursing home, you have noted many changes in the last year, or so. First, we have been working to create more private rooms with private bathrooms on Cedar Lane. Second, we worked to create a more therapeutic environment for those with dementia on Elm Street.

Although both these projects offer our residents better living environments in relation to their diagnosis, it does change the “mix” in the overall nursing home culture. That is, eighteen residents that used to be intermixed with others in the nursing home now live in the Elm St. Village. The Village has a lower stimulation environment more appropriate for the care of those with Alzheimer’s disease or dementia. It also is a smaller space, where those with that disease can feel less stress and fear of “being lost, or becoming lost.” The resident’s that live in the Village have all their needs, including meals and activities met in that space.

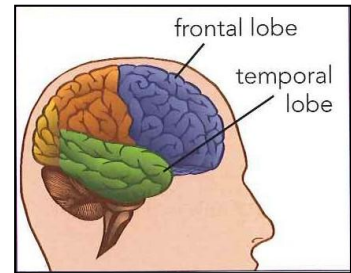
Often visitors wonder “what has changed?” Or, “where is everyone?” Well, quite honestly, they are still all here, just in different spaces! Our Friendship Room and the Village continues to provide activity programming from 8 am to 8 pm. The past staffing pattern of 2 “Friends” in the Friendship Room has changed to 1 “Friend”. The other is providing programming in the Village. Both the Friendship Room and the Village activity programming is supported by a full-time certified Activity Director (or Fun and Friend Coordinator), Anne Peterson. The staffing is exactly the same, just split between two different living areas.

Principles of change note that there is often discomfort with change. “Why did they have to change it? It was great the way it was.” Fortunately, for those that live with us, we are attempting to balance environments that are appropriate for the distinct groups of people that call Good Shepherd home.

Common Symptoms of Frontotemporal Disorders

(Featured in our last two newsletters were “What are Frontotemporal Disorders?” and “What causes Frontotemporal Disorders?”)

Frontotemporal disorder symptoms aren't consistent person to person. Much like other neurological diseases, presentation is unique. The symptom presentation is directly correlated to what part of the brain is affected. Previous publications of this newsletter have shared how entire pieces of tissue from the frontal and/or temporal region of the brain may be absent in relation to the disease process. Generally, with brain damage noted in the frontal region of the brain we will see behavioral symptoms. Changes in the temporal lobe present as language or emotional disorders.



There is no way to quantify behaviors related to this disorder. That is, they can vary significantly and range from mild to quite bizarre, and unsafe. Some behaviors that may be noted are

- Neglecting personal care, looking disheveled, refusing assistance with personal care
- Inability to prioritize, multi-task, recognize personal socially inappropriate behaviors
- Compulsive behaviors including shoplifting, taking food from others plates, touching objects that belong to others
- Displaying socially inappropriate behaviors such as laughing at a funeral, asking people to marry them, or suggesting sexual encounters (with someone other than spouse)
- Language disorders may include being able to speak normally but the person cannot use or understand the words to say, or the person may be able to provide the words but speak in a method that is difficult to understand
- Very often the person affected with the disease lacks awareness of the disease and will deny, or refuse need for assistance
- Depression, apathy and lack of interest in participating previously enjoyed activities
- Falls, tremors, shuffling gait, abnormal posture

Again, there is no way to quantify the scope of behaviors that may be seen as each person's brain is unique.

Next newsletter: Treatment and Management of Frontotemporal Disorders



PRESENTING...

Vikki Habeck, C.N.A.

Vikki is one of the certified nursing assistants that work in the Village. Vikki holds the position of Resident Care Coordinator. This is the highest position a CNA can hold within the nursing department at Good Shepherd Home. Vikki's "rank" as a Resident Care Coordinator speaks to her commitment to our residents and providing them with a high level of care.

Vikki loves Wisconsin and prefers "home" to anywhere else in the entire world! She was raised on a farm and professes to be a "home body." Her favorite pastimes are fishing, camping and spending time with her family. Summer is favorite season of the year.

Vikki has a boyfriend, Scott and 4 "amazing" children (her words for them!). Her "amazing children" are Jarrett, 14, Makenzie, 12, Makayla, 10 and Haley, 6.

Her favorite television shows are "The Mentalist" and "Supernatural."

What Were They Thinking?? More cuts to Medicare and Medicaid??

Regardless of your political stance, continued cuts to Medicare and Medicaid effect us all. The most recent Medicare cut of 11.1% to nursing home provider's, is actually a 12.2% cut for Good Shepherd Home.

The state of Wisconsin is in the midst of continued budget woes. Consistent cuts to providers of long-term care continue through the Medicaid program. Good Shepherd Home is paid approximately \$5.50 per hour to care for each resident in our nursing home with this pay source. This \$5.50 must provide 24 hour skilled nursing care, room and board, all meals and snacks, special supplements, medical supplies, laundry services, housekeeping services, activity programming, over the counter medications, all linens, walkers/wheelchairs/all equipment, special equipment including air mattresses, incontinence products and personal care supplies. On average Good Shepherd Home must subsidize the care of residents with this pay source approximately \$35.00 per day/per resident. The last several years Good Shepherd paid nearly \$500,000.00 toward the care of those served in the nursing home with a pay source of Medicaid.

\$50,000

Nail Polish Remover

Did you know that if a chemical is found in the reach of a resident in the nursing home, the fine can be exorbitant?? We occasionally find chemicals that family "smuggle" in and place in the resident's room. Unfortunately, if discovered by state surveyors you can place Good Shepherd at risk. Clearly, no one wants to get a \$50,000 bill for carelessness or exposing residents to possible harm.....including you!

All chemicals (cleaning products, nail polish, nail polish remover, etc.) must be locked up when not in use. Please assist us at all times in ensuring compliance with this regulation.

Stages of Alzheimer's and Dementia

EMERALD - Level 4 - Task Oriented - 'Getting Things Done'

Resident Behaviors:

Approach - Social Behaviors

- Can initiate social greetings and interactions - often with a request for information or help
- Responds to social greetings - hand shakes & eye contact
- Has very short conversational interchanges - can't come up with much content
- Picks up on selected words or ideas and goes off-target in conversations
- Can make simple choices with two options - may need items presented physically or gestured to
- May carry on conversation with another resident with some assist from staff or the environment

Task Behaviors

- Often starts or repeats tasks if given a visual cue (objects, pictures, people, furniture) to do so
- Uses visual information - objects & pictures, gestures, environmental aids
- Uses verbal cues that are short, concrete, or step-by-step
- Has difficulty interpreting written information - looks at it, but loses its meaning
- Forgets and leaves out steps in familiar tasks
- Repeats familiar activities several times a day - not remembering they have been done already - especially if the visual cues or environmental cues are still there
- Will not do tasks, even if they are very familiar **if** the cues are missing (eating, shaving, washing)
- Has a poor quality of performance, since it is more important to do it
- Asks repeatedly what they are supposed to do, where to be

Caregiver Behaviors:

Approach Behaviors

- Use preferred name
- Offer your hand - may maintain hand contact to help stay connected
- Keep information short and concrete
- Answer questions with a concrete suggestion and gesture or object presentation



- Offer concrete choices with objects or gestures for 'what to do'
- Use aids during conversation - pictures, objects, environmental information

Task Behaviors

- Pre-set up objects and space for tasks
- Set out items in sequence for task completion, put them away as the step is finished
- Monitor and guide verbally and visually through each step
- Assist with touch or guidance only for the step causing difficulty, then verbal or visual cues
- Stay down and to the side for activities
- Expect slowing and difficulty with step to step transitions
- Provide stability and support, don't push or pull to get action...
GUIDE only
- Eliminate extraneous chatter or social conversation during task completion

Environmental Considerations:

Approach Environments

- Treat the 'seating surface' as personal space
- Make sure personal space is respected
- Tell & then turn on the lights
- Tell & then turn off the TV/Radio if interacting
- Get to resident's eye level - sit down to interact or walk along side



Task Environments

- Keep surfaces clear and present only what is to be used - pre-set areas with task cues and objects
- Use 'locked' areas to store items that should be used with staff help
- Have objects and areas visible throughout the day to encourage activities
- provide task lighting to focus attention to the task
- eliminate or limit non-task distractions, visual and verbal

**Developed by Teepa Snow

STATEMENT OF PURPOSE

We are a faith-based care community dedicated to serving those entrusted to us with dignity, respect and compassion, in a safe and cheerful environment. Our goal is to provide extraordinary care, while creating moments of joy and a sense of belonging.

Special Invitation to Families And the Community

Elizabeth Malcheski, Social Worker, will host an educational session for families and community members to view the dynamic dementia expert, Teepa Snow, OTR. Teepa's style of demonstrating common challenges that occur in daily life when caring for those with dementia is not only insightful and helpful but offers a wealth of "tools" to empower successful interactions.

September presentations "Dementia: Sexuality and Intimacy. It's Time to Talk About It."

- September 13, 2011 at 6-8 pm. Tours will be available at 5:30.
- September 29, 2011 at 2-4pm. Tours will be available at 1:30.

October presentations "Dementia and Driving."

- October 6, 2011 at 6-8 pm. Tours will be available at 5:30.
- October 25, 2011 at 2-4pm. Tours will be available at 1:30.

Both sessions will be held in the Good Shepherd Community Center. Refreshments will be provided.

Advanced Directives 101

What are "Advanced Directives?"

Advanced Directives are documents that (once completed) provide written direction to families and health care providers on how you would like to proceed with your health care decisions, in the event that you cannot share them yourself.

Living Will: This document provides the opportunity to share what types of interventions you would or would not want provided in the event of developing a terminal condition, or if you were in a persistent vegetative state.

Power of Attorney for Health Care: This document provides the name of a person that you have chosen to make health care decisions on your behalf, in the event you cannot share them yourself. This document provides a place for you to decline or provide your permission** to admit you to a nursing home or a community based residential facility (CBRF). Additionally, the document provides an area for you to decline or accept the use of a feeding tube, or other interventions.

** Be aware if you check the "no" box on this document and you require care in a nursing home or CBRF, your family will have to petition the court for guardianship so that you can have your needs met in a nursing home or CBRF. Remember, there are times when no matter how splendid the support system is in the community, health care needs may require short term nursing home or CBRF care.

Research Article Review: “Sleep Duration During the 24-hour Day is Associated with the Severity of Dementia in Nursing Home Patients” (Fetveit & Bjorvatn, 2006).

Sleep, whether it is too much, or too little, are often the topics of conversation regarding those that live in nursing homes. This research article offers valuable insight and perspective on why residents with dementia require prolonged and often sleep periods.

First, sleep disturbances are more common with increasing age and “are significantly worsened by the coexistence of dementia and institutionalization.” Second, complete shifts in the circadian cycle are common in those with dementia. Complete reversals of night and day may occur (Vitiello & Borson, 2001). The explanation for these sleep disturbances is in relation to the deterioration of the hypothalamus in the brain of those with dementia. The hypothalamus is the place where the human “biological clock” is stored.

Why is sleep disturbance more common with those that live in nursing homes? Quite simply by the fact that many people live in the setting together. Nursing staff provides care 24 hours a day and even the best attempts to keep the environment quiet are upset by call lights, care rounds, footsteps in the hall, alarms, etc.

Ohayon et al (2004) notes that “while age-related changes in sleep patterns in healthy individuals rarely result in an increase of sleep duration, some patients with end-stage Alzheimer’s or other dementia appear to sleep throughout most of the day and night with awakening only in brief periods.”

Fetveits and Bjorvatn’s (2006) research offers that “nursing home patients spent long periods asleep during the 24 hour day and sleep duration was positively correlated with an increasing degree of dementia. Additionally, patients with severe dementia displayed extensive periods of daytime sleep, more than one-third of the total daytime period.”

Please remember when visiting your loved one with dementia that being asleep is normal and natural for this disease process. They are not us....ready to start the day when the sun comes up...and head to bed after the news. Compassion requires us to honor their wishes and need for sleep. Their brains no longer recognize life as we live or perceive it....and that is okay.

Fetveit, A., Bjorvatn, B., (2006). Sleep Duration During the 24-hour Day is Associated with the Severity of Dementia in Nursing Home Patients, *International Journal of Geriatric Psychiatry*, (21) 945-950.

“THOSE WHO EXPECT MOMENTS OF CHANGE TO BE COMFORTABLE AND FREE OF CONFLICT HAVE NOT LEARNED THEIR HISTORY” – Joan Wallach Scott

Good Shepherd Services, Ltd.
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Did you know Good Shepherd Home is the only 5 star nursing home in BROWN County and only 1 of 2 in Outagamie County? (CMS/Medicare 9/2011)

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607 E. Bronson Rd.
Seymour



Shirley Stutzman

Former short-term rehab resident
of Good Shepherd



Our Friends Say...

During my short stay after my knee replacement, my view of Good Shepherd Services completely changed. I can not believe how Good Shepherd is a village upon itself. The staff cheerfully greets me and accomodates all my needs.

I have been mystified by the overall appearance and care this facility provides. The chapel has counseled me throughout my recuperation and I have been shown much love and kindness.

I highly recommend Good Shepherd Services to all friends and family.

920-833-6856

Good Shepherd Home • The Shepherd's Inn CBRF
Meadow Wood Residential Care Apartments
Community Support Agency • Generations Adult Day Care
Rehabilitation Center • Alzheimer's Caregiver & Parkinson Support Groups