

Providing Care with Dignity & Respect

**Minnesota Department of
Health**

April 29, 2008

Dignity & Respect

- ▣ Respect Individuality of each Resident
- ▣ Focus attention on each Resident needs
- ▣ Understand the Importance of Privacy
- ▣ Ensure dignified appearance & grooming
- ▣ Recognize the Value of possessions

Neglect

**Failure to provide goods and services
necessary to avoid physical harm,
mental anguish, or mental illness**

Abuse

- ▣ **The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish**
- ▣ **Includes deprivation of goods and services necessary to attain or maintain physical, mental, and psychosocial well-being.**

Physical Abuse

- ▣ The use, or threat of use, of physical force that results in physical pain or injury.
- ▣ Examples Include:
- ▣ Indicators that of physical abuse has occurred:

Sexual Abuse

- ▣ Sexual abuse is defined as non-consensual sexual contact of any kind with an elderly person.
- ▣ Includes unwanted touching, sexual harassment, sexual assault, coerced nudity, and sexually explicit photographing.
- ▣ Signs and symptoms of sexual abuse

Verbal Abuse

Oral, written or gestured language that willfully includes disparaging and derogatory terms to a resident or a family member

Emotional/ Mental Abuse

- ▣ Can be a verbal or nonverbal act that inflicts mental distress or anguish to an elder.
- ▣ Examples of Emotional Abuse:
- ▣ Signs and symptoms of sexual abuse include but are not limited to:

Misappropriation of Property

**Deliberate misplacement, exploitation , or
wrongful use (temporary or permanent)
use of a resident's belongings or money without
the resident 's consent**

Staff Suspect or Witness Abuse

Intervene and provide care and support to the resident

Report concerns or incident to your supervisor

IMMEDIATELY!

Give a written statement that describes the event
and/or your concerns

Report any signs of potential abuse

Protocol Steps

Protect the Resident(s) Immediately

Assess the Resident and meet immediate care needs

Remove alleged abuser from the area

Contact the Administrator or DON

Obtain a statement from the resident

Begin obtaining written statements from alleged abuser and all staff on duty

Document! Document! Document!

Investigating the Allegation

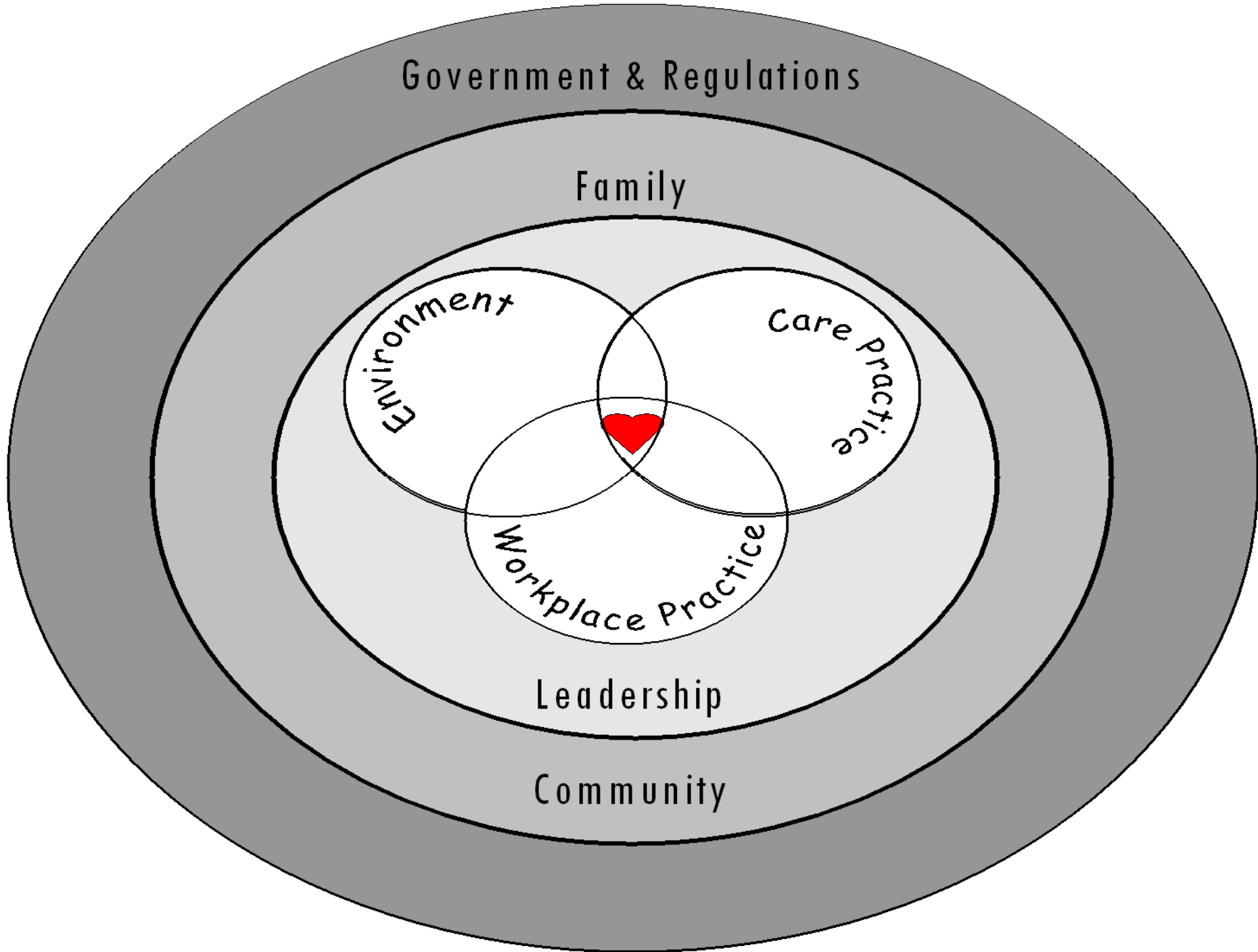
1. Focus on the incident
2. Ensure safety of the resident
3. Remain calm and nonjudgmental
4. Document the effect on the resident
5. Your role is to ensure the immediate needs of the resident and to begin the investigation
6. The NHA and management team will complete the investigation and determine if abuse occurred.
7. Support staff who brought the concern forward.
8. Write your report of the incident

Focus on prevention.

**Detection is good,
but too late.**

“Today’s problems
will not be solved
with the same thinking
that created them.”

Albert Einstein



Government & Regulations

Family

Environment

Care Practice

Workplace Practice

Leadership

Community

Moving Day

Mr. Henry is a retired 70 yr old widower. He has 2 grown children, and 4 grandchildren, that live in a near by city. He was a very active man & was an avid sportsman, involved in his community & active in his church.

A recent heart attack has resulted in some physical limitations as well as safety issues in regard to him living alone. He is no longer able to live and care for himself.

He & his family are now in the process of going through the painful task of going through his belonging before he moves into a nursing home..

Mr. Henry's Home

Four bedroom (3,000 sq. ft.)

Three bathrooms

Located on a 5 acre track of land

Two car garage

A large basement & attic

A large den/study

Details

Mr. Henry is moving into a local nursing home.

He will have a 9ft x 12 ft semi-private room.

The furnishings are:

One four drawer chest of drawers

One bedside table

One hospital size bed

A closet that is 4ft-5ft wide x 8ft high with one top shelf

A vanity area with 3 drawers

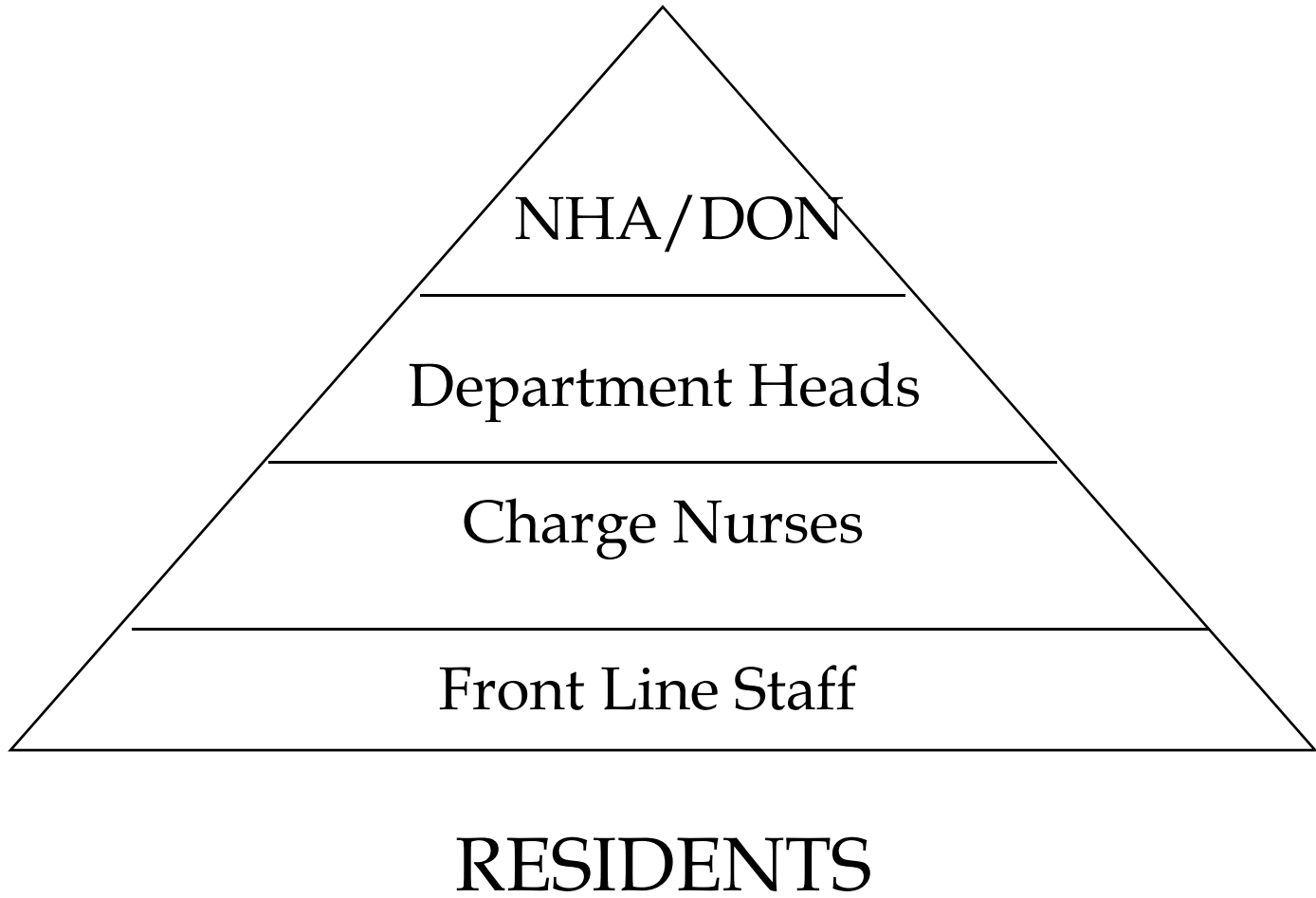
A bathroom that is shared with 3 other residents

Try & imagine . . .

Going through all your personal belongings . .
.photos, clothes, souvenirs of trips, art,
keepsakes, pots & pans.

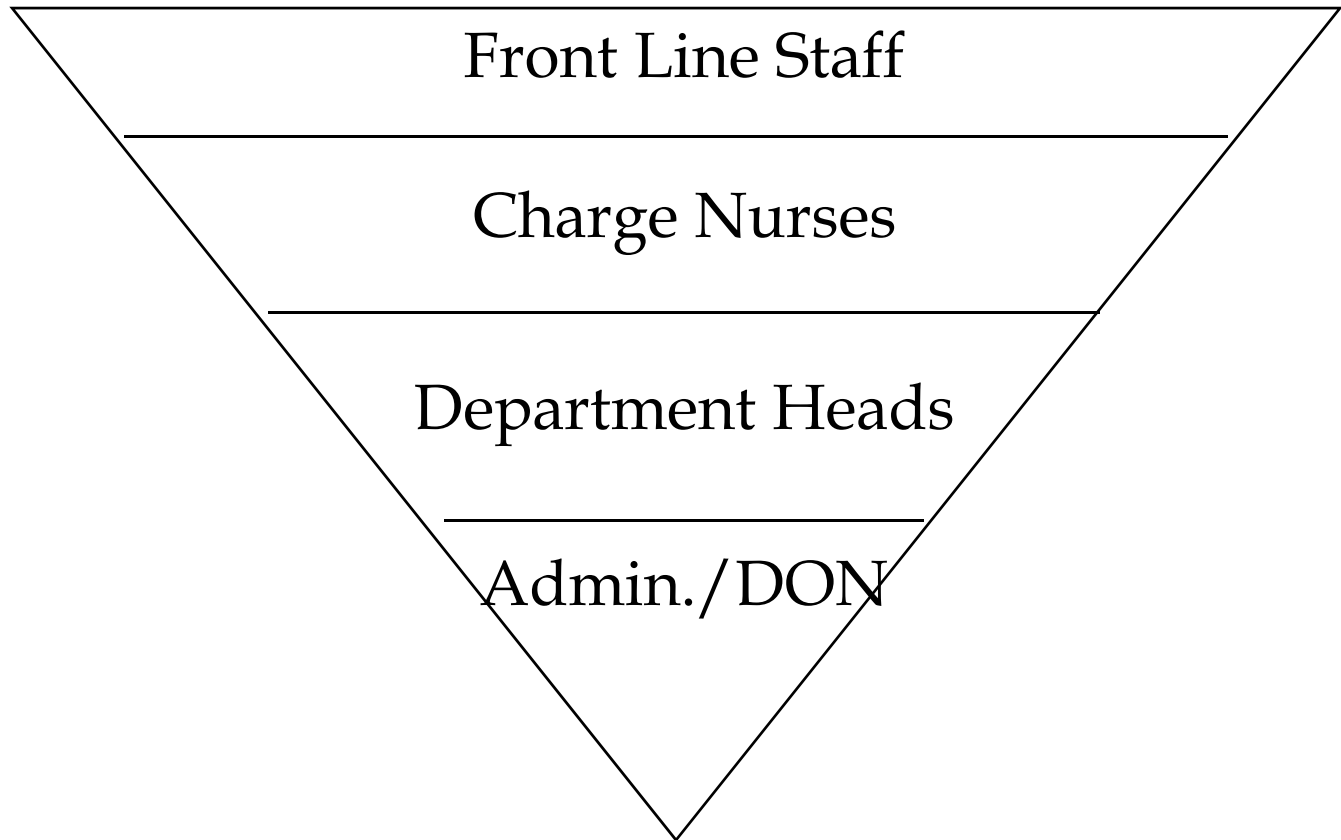
Think about the things in your own home that
you have accumulated over the years and then
try to decide what you will take with you
and what you will have to leave behind.

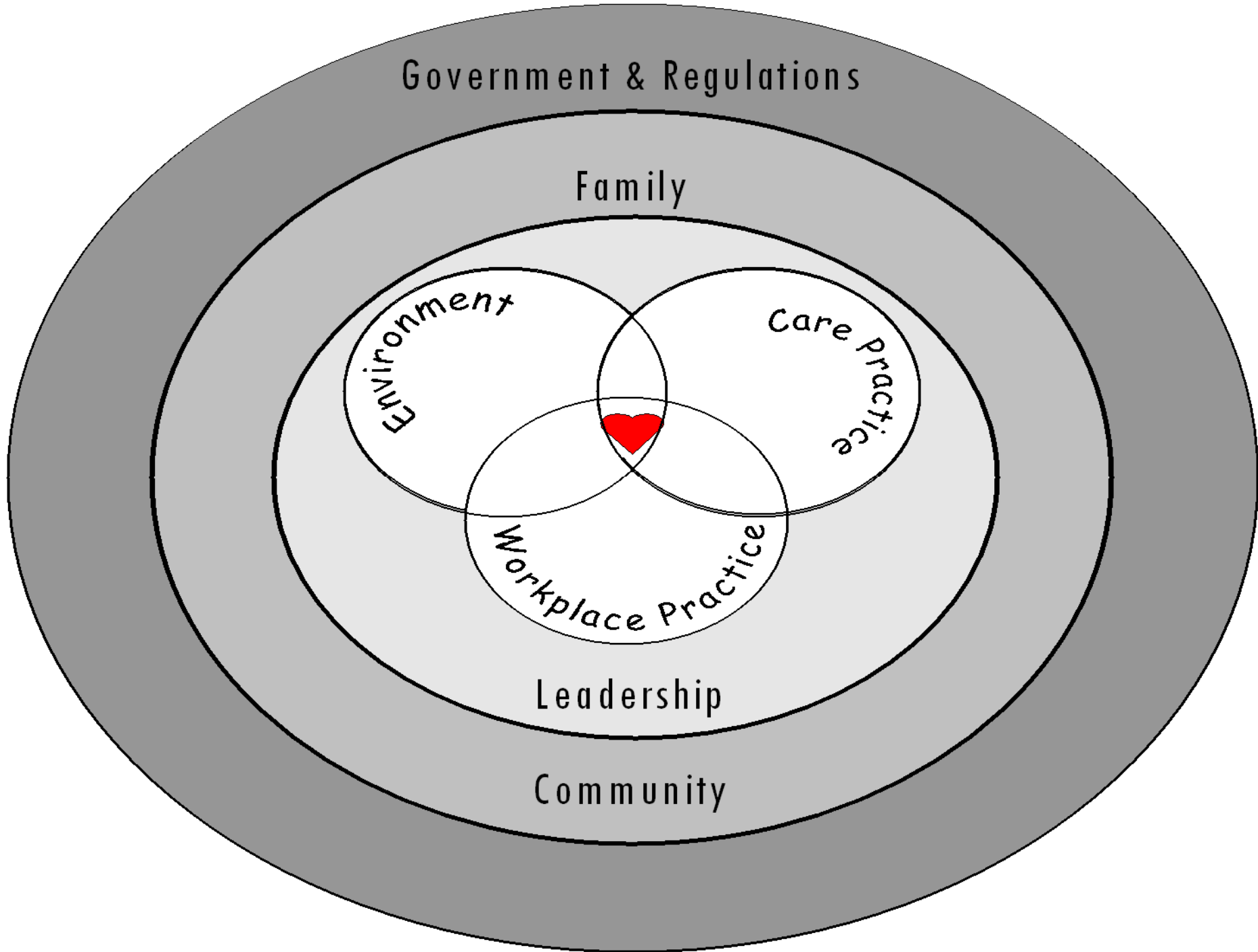
Traditional Organizational Structure



Culture of Excellence

RESIDENTS





Government & Regulations

Family

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Care Practice

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FOCUS ON YOU

- ▣ First job I ever had was.....
- ▣ Funniest or unique present I ever received.....
- ▣ My favorite mentor or hero is
- ▣ I am passionate about
- ▣ An achievement I am proud of is

SYMBOLS & LANGUAGE

STORIES & METAPHORS

Gallup Organization

Keys to improve retention:

- ▣ Recognition and praise
- ▣ Care about them as people
- ▣ Encourage personal development
- ▣ Value their opinions
- ▣ Encourage friendships
- ▣ Let them know they make a difference

What They Did Not Find

- ▣ **Compensation**
- ▣ **Strategy**
- ▣ **Technology**
- ▣ **Motivation**
- ▣ **Grand program**
- ▣ **Great industries**

“What a Difference Management Makes”

**Areas that distinguished NHs with low
turn over versus NH with high turnover**

- **Leadership visibility**
- **Cared for caregivers**
- **Orientation, career ladders,
scheduling**
- **Primary assignments**
- **Rarely worked short**

Studies have repeatedly confirmed that residents and their family members value the quality of the relationships they have with the frontline caregivers higher than the quality of the medical care and the quality of the food.

Building Relationships

Evidence

Based

Practices

Burgio LD, Fisher SE, Fairchild JK, Scilley K, Hardin M. “Quality of Care in the Nursing Home: Effects of Staff Assignment and Work Shift.” The Gerontologist 44.3 (2004): 368-377.

- **Residents living in permanent assignment nursing homes received significantly higher ratings of personal appearance and hygiene than residents in rotating assignment homes**
- **Nurse aides working in permanent assignment homes reported higher job satisfaction than those working in rotating assignment homes**

Bowers BJ. “Turnover Reinterpreted: CNAs Talk About Why They Leave.” Journal of Gerontological Nursing 29.3 (March 2003): 36-44.

- **Change staffing and personnel policies to better demonstrate respect and appreciation enhancing quality of work & care**
- **Rotating staff made CNAs feel less valued for their skill and knowledge**
- **CNAs defined ‘good care giving’ as based on the establishment and maintenance of good relationships with residents**
- **CNAs felt any disruption to these relationships was detrimental to the quality of the care provided and the quality of residents’ lives**

Goldman BD. “Nontraditional staffing models in long-term care.” Journal of Gerontological Nursing 24 (1998): 29-34.

- ▣ Advantages with implementing primary assignment:
 - Residents feel more comfortable and secure
 - Resident care is improved, staff take responsibility for the care provided
 - Increase in job satisfaction
 - Staff can anticipate residents’ needs
 - Staff is accountable for their residents, taking pride in resident improvements and successes

Summary:

“A supportive, homelike environment exists when residents and staff build strong relationships and when residents’ needs can be responded to in a timely, consistent manner.”

Orientation

**“Quality has no meaning
except as defined
by the desires and needs of
customers”**

Deming

Listening to Our Residents

Responses to Concerns

Quality Improvement

A process, not an event, not an outcome

A way of conducting business (values and beliefs).

Is built upon the belief that: “No matter how good we are, there is always room for improvement”.

Good To Great Companies

Avoided hoopla and pep rallies

Stated small attainable goals

Continually raising the bar-one step at a time

Created tangible evidence

Create confidence from the data

Turned The Flywheel

Collins, 2001

Sharing the Data, Goals & Plans

QUALITY ASSURANCE

Program for the systematic monitoring and evaluation of various aspects of a project, service, or facility to ensure that standards of quality are being met.

Webster , 1982

Focus for Improvement

- Areas to focus improvement
- Description of Areas to Improve
- Staff Involved
- Goals: 12, 6, 3, and 1 Months

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Initiatives

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