



The Whispering Oaks Story: One Sense at a Time



Whispering Oaks

A NOT FOR PROFIT FACILITY

A Member of The National Nursing Home Quality Care Collaborative (NNHQCC) in Florida

Introduction to the Initiative

The Centers for Medicare & Medicaid Services' (CMS) National Partnership to Improve Dementia Care in Nursing homes was initiated in 2012 to ensure appropriate care and use of antipsychotic medications for nursing home patients. Upon becoming aware of the national program, we at Whispering Oaks reviewed our facility data and determined that there was opportunity to reduce the use of antipsychotic drugs in residents with dementia. Through our journey to individualize dementia care we developed a sensory program, designed to address underlying behaviors with non-pharmacological interventions for which the medications were being utilized.

Who

The clinical team reviews residents who are currently on psychoactive medication to determine if there are any therapeutic medications that may reduce the need for psychoactive medications. A referral is sent to the Director of Rehabilitation to determine if skilled intervention is medically necessary to improve resident's quality of life. The role of the physical therapist is to address any weaknesses in the area of positioning, risk of falls, or reduced mobility. The role of the occupational therapist is to address behaviors such as resistance to activities of daily living (ADLs) and to address reduction in cognition as it relates to the purposeful daily activities including both traditional ADLs and activities appropriate for individual level of cognition. The role of the speech language pathologist is to address cognitive linguistic behavior that has an impact on the ability or lack of ability to communicate effectively.

What

Integration of therapy services into the team approach to the reduction of chemical restraints and educating facility staff on how to identify triggers of behaviors so that residents can be partnered with the appropriate therapy.

Assess the behavior as close to the incident as possible to discern why the resident is engaging in the behavior.

- Describe the behavior in detail; describe the conditions regarding the behavior – what preceded and resulted the behavior
- Document the occurrences and conditions of the behavior of identified period of time to establish a baseline

Examine the extent to which the behavior is a problem.

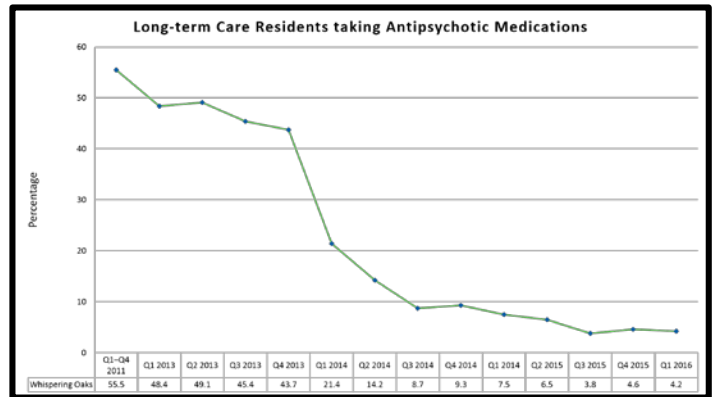
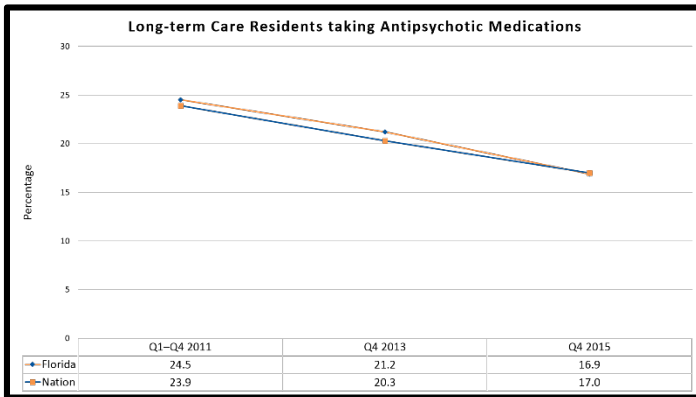
- Who is raising concerns about the behavior (staff, other residents, family, the resident)?
- Who experiences the behavior as a problem?
- Can the problem be solved by reducing exposure to the behavior, rather than changing the behavior?

Try to discern why the resident is engaging in the behavior.

- To what extent can the behavior be explained by understanding the way the individual with cognitive deficits experiences and reacts to the behavior?
- Did someone or something in the environment trigger or cause the behavior?
- Is a task too complicated or difficult?
- Is there something about the residents' preferences, habits, or expectations that has been affected?

Identify interventions that haven't worked, and examine if there are conditions in which the intervention could be successful.

Data



Where

ABCs and Sensory Stimulation: Map the behavior, then educate the caregiver

- **Antecedent:** What caused the behavior and event to occur?
Remember: Behavior is communication – ignoring it will only escalate it.
- **Behavior:** What behavioral symptom occurred?
Refusal, Agitation, Anxiety etc. – There is always an underlying reason for a behavior – determine why the resident is not “following” directions.
- **Consequences:** What do you do after the behavior occurs?
What will your response be? Slow down, let the resident with dementia convey their thoughts.

Why – Benefits of Sensory Stimulation

- Evokes positive feelings
- Triggers long-term memories
- Decreases agitation
- Increases social interaction
- Enhances quality of life
- Relaxes
- Reduces refusals of treatments, medications, meals, or therapy

How

- Systematically review residents currently receiving psychoactive medications
- Review and monitor the 24-hour report for any resident that has a change in the medication (either addition or reduction of psychoactive medication)
- Evaluate all nursing referrals and diagnoses prior to starting a psychoactive medication

Conclusion

“When you start using senses you’ve neglected; your reward is to see the world with completely fresh eyes.”

—Barbara Sher



Dorothy Nattiel, M.Ed, CCC-SLP

Director of Rehabilitation Services

DOR.whisperingoaks@accomplishtehrapy.com

813.283.6406

