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AALNA Section

The 15th Annual American Assisted Living Nurses Association Conference

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The 15th Annual American Assisted Living Nurses Association Conference was held in Milwaukee, Wisconsin on July 18 and 19th.

AALNA President Calvin Groeneweg opened the conference, welcome attendees and presented the board of directors and our sponsors, Guardian Pharmacy, Total Dry, Direct Supply, and Point Click Care.

Our theme this year was Caring For the Person We Serve. The person-centered care conference centered around “Mr. McNally” a retired fireman. Mr. McNally entered an assisted living community shortly after suffering a “minor” stroke, to receive physical therapy to strengthen him and return him to his pre-stroke independent status.

All of the speakers referred back to Mr. McNally in their presentations.

Loretta Kaes set the stage for the conference by presenting Mr. McNally and his history. Event cards were passed out to the attendees and each group was asked to identify strengths and weaknesses, communication issues, lapses in protocols, missed cues and other events which could have affected Mr. McNally’s recovery. Once the initial exercise was completed, Loretta discussed the need for a comprehensive resident assessment on or before admission to ascertain appropriateness for admission, discern needs and assure the assisted living community will be able to meet the needs of the potential resident. While most states require an assessment of resident physical, cognitive and emotional needs it is critical to underscore the need for obtaining a detailed social and work history.

A person’s history of work -type and hours, relationships, (current and past), how the person manages; change, disability, and loss, eating habits, favorite things to do, leisure activities, travel, sports, pets, etc. gives the admitting community a clearer picture of the resident and can guide staff as to how best to meet the resident’s needs.

It must be emphasized that residents in assisted living or any care setting, for that matter have a past, present and future and what we do very much effects their future. The past habits, work history, circadian rhythms, eating patterns, can be utilized to create the resident specific service plan. The service plan should also contain and reflect the resident’s goals and preferences. The service plan should identify the resident’s needs and disabilities but should be built on the strengths the resident still possesses. A service plan built to aid the

resident to attain his or her goals using his or her abilities is much more likely to succeed.

The example of Mr. McNally and his story highlighted the need for improved and accurate communication between staff members, knowledge about his work, understanding of his circadian rhythms, awareness of his leisure activities, likes and dislikes. The need for good communication protocols and policies became evident as the story of Mr. McNally progressed. Mr. McNally gave clues which were missed, he was a night owl staff sedated because he did not go to bed when everyone else did. Physical Therapy was scheduled first thing in the morning when he was finally asleep, so he refused and was labeled difficult. Because of the sedation he sustained a fall, because of the fall he became more and more dependent on staff for activities of daily living. He complained to one caregiver of pain, but it was not passed on and was never addressed. As his condition declined, he lost weight and withdrew from activities. He eventually was so dependent the assisted living community transferred him to a skilled nursing home. This once independent retired fire fighter was not going home as originally planned, he was going to remain in a skilled nursing home with no sign of improvement or return to his baseline activity and independence.

We would all like to believe this scenario could never occur. We would like to believe we do all we can for all our residents. It can happen, it has happened, and we need to make sure we make every effort to see it does not happen in our AL Communities.

The AL care team followed conventional practices which set Mr. McNally up for failure and poor outcomes. Conventional practices may hinder person centered care so practice should be what the resident needs and wants and not what past practice dictates.

They key to care is the assessment. The assessment needs to capture as much information as possible about this resident from childhood through adulthood, from school to work to what does the resident do now. Who is important in the resident’s life? What can we do to assist the resident in meeting his or her goals? We must ask the questions and build a clear picture of the resident.

“Pain-What Could Have Been Done to Manage Pain and Prevent Unnecessary Medications”

– Dr. Kevin O’Neil

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Dr. Kevin O'Neil was unable to join us, so his review of the medications and pain management issues encountered by Mr. McNally was presented at the last moment by AALNA board member Deb Choma.

The biggest take away from Dr. O'Neil's presentation was that elders do not respond to medication as younger persons do. Most medications are tested on people between the ages of 35 and 50. It is then not surprising that when some of these medications are taken by elders, they react badly to them. Medications for elders should be started at the lowest dose possible and proceed slowly to obtain a therapeutic level for THAT resident. No two elders respond at the same dosage or time interval. Pain medications should be utilized judiciously due to side effects resulting in balance issues, constipation, confusion, amnesia, etc. Dr. O'Neil was clear that pain often goes undiagnosed in elders as they are reluctant to complain, it is not socially acceptable to "make a fuss", they feel they should be more stoic, etc.

Dr. O'Neil also discussed the differences between acute and chronic pain, different types of pain which require different approaches. He stressed that pain is 100% subjective and only the resident can assess and report their level of pain. Pain is what the resident says it is.

Following Deb Choma's presentation of Dr. O'Neil's topic Brian Rosati of Guardian Pharmacy presented on Sleep Hygiene.

The presentation drove home the importance of the social and work history needed to make each resident's care truly person-centered.

Brian discussed circadian rhythms, effects of sleep disturbance including; confusion, balance issues, withdrawal from activities, changes in eating habits, evidence of resistive behaviors and social responses. He also discussed the number of hours of good sleep required at different ages, good bedtime and sleep habits. Mr. McNally needed to have his schedule for sleep and wakefulness customized for him. He had worked evening shift hours for years and now someone was trying to push him into a nine to five mold. There will be no fit and the resident will not respond well. The staff response to his wakefulness was to medicate him for sleep because he was awake all night. They never considered that his norm was sleep from 2 AM to 11 AM and then go to work at three. His normal was not presented or discussed.

Brian was followed by Ara Sayabalian from Total Dry who presented on the need for continence management in assisted living. He discussed "wet comfort" a phenomenon of becoming accustomed to being wet so that it no longer bothers you or triggers you to toilet or request a change or assistance. Ara also discussed the need for assessing resident toileting needs, planning the appropriate interventions and the use of products which wick moisture away and allow for undisturbed sleep. Ara discussed the issues of incontinence Mr. McNally developed after being given sleeping medication and suffering a fall. Mr. McNally, once robustly independent was now afraid to ambulate alone and was reluctant to call of assistance to the bathroom. As he became more and more dependent, he became more and more incontinent. It was noted that if his circadian rhythms and independent toileting activities had been supported and promoted further decline and increased dependence may have been avoided and the need for a move to a skilled center might have been avoided.

Those two presentations marked the end of day one.

We broke for wonderful cocktail reception and dinner networking opportunities provided by our sponsors Guardian Pharmacy, Total Dry and Direct Supply.

The food was wonderful, and we all had plenty of time to get to know each other, ask questions, exchange contact information and have a great time.

Friday morning brought a beautiful breakfast and Karen Cook from the Studer Group who presented on "Purposeful Rounding" Karen reviewed some of the facilities who are trying to effectively apply purposeful; rounding. Purposeful Rounding is applying a pattern and structure to staff visiting residents in order to meet their

needs. Each staff member will stop in to see each resident to whom he or she is assigned every X number of hours depending on the assisted living policy and the resident's needs-. It is usual for the rounding to take place every one to two hours. The schedule and specific residents rounded on depend completely on the in-depth assessment completed on each resident. Karen supported the need for the in -depth social history to assure the resident receives the kind of care they need at the time frame appropriate to them. Mr. McNally should have been allowed to stay up until he was sleepy, he should have been given access to ESPN or other TV stations carrying his favorite sports and teams, he should have been involved in a men's club or other male oriented activities. He should have been given the opportunity to garden. All of these needs should have been identified and shared with staff. All of these needs could have been provided for if staff had known, had listened and had just asked: "Before I leave is there anything else, I can do for you?" If Mr. McNally did not need anything staff would have told him they would be back in two hours to assist him with anything he might need, but if he needed something in the mean not to hesitate to ask.

This approach to care allows the resident to ask for something without the feeling they are "putting someone out". It allows staff to plan their day and not feel rushed when they go to provide care. According to Karen purposeful rounding has reduced falls. If resident know the staff will be back in a few minutes they are not as likely to get up unassisted.

Purposeful rounding has the effect of making residents feel more secure and staff is more satisfied they are doing a good job for each of their residents. Naturally not every resident needs to be seen every two hours purposeful rounding needs to be resident specific and person-centered care. The frequency of the rounds and the type of care provided vary resident to resident. This process supports those needing more assistance and allows staff to spend "quality time" with their residents.

Liz Jensen from Direct Supply rounded out the conference with her presentation on "Naturalistic Decision Making" (NDM).

Decision making is a complex set of executive functions. Faced with a situation one relies on learned behaviors or responses based on experience. In the form of patterns. If those worked before, they would probably work again. These patterns highlight the relevant cues, provide expected outcomes, identify plausible goals, and suggest typical types of reactions in that type of situation. When people need to make a decision, they can quickly match the situation to the patterns they have learned and experienced in the past. The recognition-primed decision (RPD) model is the main protocol derived from the NDM framework. RPD describes how people use their experience in the form of patterns. These patterns highlight the relevant cues, provide expected outcomes, identify plausible goals, and suggest typical types of reactions in that type of situation. The RPD model explains how people can make good decisions without comparing options. How can a person evaluate an option without comparing it with others?. The pattern matching is the intuitive part, and the mental simulation is the conscious, deliberate, and analytical part. Intuitive strategy relying only on pattern matching would be too risky because sometimes the pattern matching generates flawed options. Also, a completely deliberative and analytical strategy would be too slow; So the blend of the two is critical to making decisions. The present form of RPD has three main variations. In the first variation, the decision maker when faced with the problem at hand, responds with the course of action that was first generated. In the second variation, the decision maker tries to understand the course of events that led up to the current situation, using mental simulation. In the final variation, the decision maker evaluates each course of action generated and then chooses the most appropriate strategy. Expertise is crucial for using RPD, as it necessary to mentally simulate the course of events that might have led up to the observed situation and to

evaluate the course of action generated. Even though it sounds hackneyed the first solution to the problem based on experience is often the correct one. Following the resolution of the situation one should go back and review the action, research alternatives and add to the experiential “data base” from which one can draw in the future.

All of the presenters integrated Mr. McNally into their presentations highlighting the need for a thorough assessment including a detailed social and work history. Based on past behaviors we may be able to predict future actions on the part of our residents and be prepared to meet those person -centered needs. The greatest take away from this conference was that we must treat each resident as the individual they are and always have been. We cannot provide person centered care if we do not know who we are taking care of. Assess-

ment on ALL levels is the key to care and the social and work history are as important as the cognitive and physical status of the resident.

We are so sorry many of you were unable to attend this, the 15th Annual AALNA Conference, but do hope you will watch the website for the presentations and news about next year’s conference(s).

Remember you can use the Sponsor A Nurse Program to pay for your trip.

For further information about joining AALNA, Assisted Living Nurse Certification, Sponsor a Nurse and the presentations for this year’s conference please go to alnursing.org.

This is YOUR organization so please join us- Be HEARD, Be ACTIVE, Be EFFECTIVE, in the only national organization for the nurse in assisted living.