The National Scene, Volume 4

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The National Scene, a premier news feature of the National Association of Activity Professionals' website, focuses on national/federal programs and policies specifically tailored for today's working Recreation/Activity Professional.

This quarter's focal point:

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

www.cms.gov

CMS Final Rule to Reform the Requirements for Long-Term Care Facilities, October 2016

483.95 Training Requirements

Dementia care training per the Affordable Care Act (ACA) – Phases One/Two/Three

Brand New Section: Training Requirements (483.95)

This rule adds a new section setting forth all requirements of an effective training program for new and existing staff, contract staff, and volunteers.

Topics include:

- Effective communication
- Resident rights and facility responsibilities
- Abuse, neglect, and exploitation
- QAPI and Infection Control
- Compliance and Ethics

In addition, ***the ruling also requires dementia management*** and resident abuse prevention training as part of the 12-hour per year in-service training for nurse aides.

According to Linda Clare, Professor of Clinical Psychology of Aging and Dementia at the University of Exeter, people with dementia have a right to cognitive rehabilitation and it is as relevant for them as physical rehabilitation for people with physical impairments. "We tend to think of rehabilitation in terms of people with physical impairment following an injury, but it is equally important in people with cognitive impairment." (PLOS Medicine, 2017).

Recreation/Activity Points of Interest

Tailor-made activity programming that supports a resident's diagnosis of dementia and his/her leisure preferences and pleasures is a significant part of any activity assessment. As we work together with our Interdisciplinary Teams, let's focus on providing residents with quality progress directly related to their cognitive improvement and increased communication levels. Additionally, the persistent study and conversation of brain research and other helpful data champions our methods and activity programs used throughout each resident's activity care plan.

The following quoted sections are from members of NAAP's Regulations Team. First, Catherine E. Sabatini ADC, HCC, Program Director, Special Care Unit at Bethany Health Care, Framingham, Massachusetts, shares her first-hand expertise, experiences and practices from working with persons living with Alzheimer's disease:

"At my facility in Massachusetts, dementia training is a state requirement. In 2014, the Alzheimer's Association helped shape a state regulation requiring facilities to provide dementia-specific training for all staff. The regulation applies to all facilities and/or units that use any word, term, phrase/image, or suggests in any way, that it is capable of providing specialized care for persons living with dementia. Furthermore, facilities are required to provide 8 hours of initial dementia-specific training for staff and 4 additional hours of training each year. The regulations require that training include an introduction to the foundations of dementia care, be interactive, reflect current standards and best practices, and include an evaluation for each staff member to complete and demonstrate competency. Training documentation is also required and must be available for the Massachusetts Department of Public Health review (Kim Warhol). The training team at my workplace consists of the Education Director, Nurse, and myself. The nurse covers residents' diagnoses with components of communication and behaviors. As an Activity Director Certified, my session focus on residents' meaningful moments and how each team member is a significant part of the resident's day. In addition, my training section contains specific techniques and strategies that address Quality of Life issues that empower residents to live their lives to the fullest."

Next, Lucy Emmil, ACC, AC-BC, CDP, Director of Resident Engagement, Christian Care Center West, shares her expertise and experiences regarding this important topic:

"Considering that most of our residents who live in our skilled care home are over the age of sixty-five, one would suspect we have dementia in our midst. We have residents who are younger than sixty-five, with half of them also affected by some form of dementia or other cognitive deficit. In our home, the Activity Department has a challenge ensuring that all of our residents are engaged in some form of activity program. In addition, we do not have a dedicated neighborhood for dementia residents. Many of our residents have known each other for years, and they do not want a separate program. In fact, some of their friends do not have any form of dementia. We have conducted dementia lessons with these residents helping them understand so they can be more compassionate. It is heartwarming to see them assisting and cuing our more demented residents during activities. Most activities can be broken down or adapted to fit the needs of the residents in a group. If residents are not participating, calling them by name, sitting by them, or getting them to try one part of the activity or breaking down the tasks is usually beneficial. We have at least one activity later in the day for our more alert residents to balance out our program. That's not to say that some days can be quite challenging!

Furthermore, we practice Mind, Body and Spirit guidelines as well as the person-centered Best Friends approach while providing care. The activity staff has been trained in the dimensions of wellness which includes social, spiritual, physical, emotional, cognitive/ intellectual and occupational/ purposeful activities. Our residents give suggestions about what they would like to do for activities. Our activity room is open at all times so even when a formal group is not being conducted the residents and activity staff pursue something together. It may be listening to music, singing, watching something together on our television, impromptu table and word

games, doing an independent craft project, going outside on the patio, working the jigsaw puzzle or visiting with each other. We also have a smaller activity room that allows for diversional activities such as showing videos, listening to music and/or providing a quieter space for the residents who display behaviors due to overstimulation or boredom. Sometimes our impromptu activities are more successful than planned ones because the residents are the ones driving them; we simply help them and play along! The activity staff is trained as well on how to cope with behaviors, recognize escalation and prevent outbursts, and what unique things each resident wants or needs to be happy. Our entire staff is trained on recognizing what "normal" behavior is for our residents. Specifically, we have a gentleman who worked third shift his entire career. He also raised a family. It was normal for him to take frequent naps on his couch. He continues this practice here on a couch in our rotunda. The other residents and staff recognize this as "normal" for him, and he is able to continue this practice daily. Trying to get him to conform to what we think is a normal routine was challenging because he displayed behaviors. Now, he is pleasant and happy most of the time. We explain to visitors why we "allow" this and have not had any issues. We have another resident who was a charge RN. She makes "rounds" and likes to sit with other nursing staff during in-services and meetings. We give her the respect she deserves, ask her opinions, and even provide her with stacks of papers to sort and look at. She does not retain any of what she reads or hears, but whenever someone tries to stop her from what she thinks is normal, she displays behaviors and much unhappiness. It is vital that we know our residents, so we can normalize their stay with us as much as we can.

Finally, activity assistants do not have an office. My director's office is barely big enough for me work in, so they cannot even share my space. We have a closet that they keep their supplies in, but no desks. They are with the residents all day long. I was not sure how this would work

out, but over time, I see first-hand the residents and staff interacting together all day long and living a more normal life, instead of just following a schedule and waiting for the next time slot for activities. This has validated my research of residents living with dementia not fully understanding set schedules and planned activities; they truly do live in the moment. Getting to know my residents, keeping them engaged, and letting them be as 'normal' as possible goes a long way in successful dementia care."

Newsworthy Education at its Best

I recently attended a national webinar directly related to Alzheimer's disease and dementia; *Long-Term Services and Supports, April 26, 2017.* The presenters highlighted how community awareness, education and research on Alzheimer's disease has increased throughout the Native American culture in recent months. Longer life expectancies in Native American country indicates the American Indian and Alaska Native elder population is expected to double by 2030. With an increasing number of elders, Alzheimer's disease and dementia are becoming much more visible.

No longer do the following 'myths' stand true amongst the Native American culture:

a). Native Americans don't live long enough to have dementia.

b). Dementia for Native Americans is always alcohol-related.

c). It's impossible to involve Native Americans in research.

During this webinar, I also learned how Native American tribes and local universities are partnering together gathering information to expand their data base about the disease's impact on the people of each Native American tribe. Truly, this current research project supports and verifies that increased awareness and education is the first step toward better treatment for Native American elders living with Alzheimer's disease and other dementias.

Special Activity Program of Interest

Current researchers found seniors who danced saw white matter improve in part of the brain related to memory and processing speed. A paper of the findings was published in the journal ***Frontiers in Aging Neuroscience, 2016***.

"Older adults often ask how they can keep their brain healthy," said Aga Burzynska, Assistant Professor at Colorado State University's Department of Health Development and Family Studies.

"Dance may end up being one way to do that for the white matter." Professor Burzynska and her team studied a group of 174 healthy adults between the ages of 60 and 79 who met three times a week for six months. Participants were randomly assigned to partake in one of four groups of activities:

- Aerobic walking
- Aerobic walking and a daily nutritional supplement
- Stretching and balance classes
- ***Dancing***

Participants' white matter was measured at the beginning and end of the six-month period using non-invasive diffusion tensor magnetic resonance imaging. ***Of the four activities, only dancing had a positive effect on the brain.*** Researches saw participants who danced had a noticeable improvement in the fornix, part of the brain thought to play an important role in memory. Changes in the fornix have been linked to the progression of mild cognitive impairment to Alzheimer's disease.

"Dance is more enjoyable than just walking in a gym," said Burzynska, who is also director of the university's Brain Aging: Intervention and Neuroimaging (BRAiN) Laboratory. "We are looking for things that people find enjoyable and captivating, and will continue doing."

Burzynska contemplates that dance training, because it incorporates exercise, social interaction and learning, was taught by experienced instructors and involved choreographed and social group dances that challenged participants' cognitive and motor-learning abilities.

A second research study conducted by the ***Albert Einstein College of Medicine (2017)*** found that dancing reduced the risk of dementia more than any other type of physical activity. Learning new steps improves intellectual fitness, and if an individual dances with a group or a partner, he/she is being social.

Both research studies are key findings for recreation and activity programming. Specifically, the combination of music and movement shows meaningful implications with regards to cognitive and social stimulation. Let the Cha-cha-cha begin!

In conclusion, millions of residents, living in all types of healthcare communities, endure this disease. According to the Alzheimer's Association, in the United States alone, someone develops Alzheimer's disease (accounting for up to 65% of all dementia diagnoses) every 66 seconds. "The burdens it places on the healthcare industry and families affected are astronomical," says Upinder Singh, M.D., Geriatric Medicine Specialist at Southern Hills Hospital and Medical Center in Henderson, Nevada. For this very reason, today is the day that we as Recreation/Activity Professionals must take an active and progressive role in the continuous study of current Alzheimer's research and personally test and investigate leisure programs, strategies and techniques that benefit each and every resident.

"*Alzheimer's creates a kind of friction that the family needs to be strong for. You have to hold onto things and know what is true in life."*

~ Candy Crowley

Helpful Resources and Websites

National Alzheimer's Association
www.alz.org

Alzheimer's Disease Education & Referral Center (ADEAR)
http://www.nia.nih.gov/alzheimer's

Alzheimer's Research Forum
http://www.alzforum.org/dis/abo/default.arp

NIH Senior Health

http://nihseniorhealth.gov/alzheimer's disease