

Old Lives Matter



Part I ~ Caring

~ Anthony F. Vicari, NAAP Contributor

Caring... “The work or practice of looking after those unable to care for themselves, especially sick and elderly people.” ~ www.the caring professionals

F 684

§ 483.25 Quality of Care

Quality of Care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents’ choices, including, but not limited to the following:

INTENT

To ensure facilities identify and provide needed care and services that are resident centered, in accordance with the resident's preferences, goals for care and professional standards of practice that will meet each resident's physical, mental, and psychosocial needs.

DEFINITIONS

“Highest practicable physical, mental, and psychosocial well-being” is defined as the highest possible level of functioning and well-being, limited by the individual’s recognized pathology and normal aging process. Highest practicable is determined through the comprehensive resident assessment and by recognizing and competently and thoroughly addressing the physical, mental, or psychosocial needs of the individual. (www.cms.gov)

F684 *Quality of Care

F685 *Treatment to Maintain Hearing/Vision

F686 *Services to Prevent/Heal Pressure Ulcers

F687 *Foot Care

F688 *Increase/Decrease Prevent ROM Mobility

F689 *Free of Accident Hazards/Supervision

F690 *Bowel/Bladder Incontinence, Catheter, UTI

F691 *Colostomy, Urostomy, or Ileostomy Care

F692 *Nutrition/Hydration Status Maintenance

F693 *Tube Feeding/Restore Eating Skills

F694 *Parenteral/IV Fluids

F695 *Respiratory/Tracheostomy Care

F696 *Prostheses

F697 *Pain Management

F698 *Dialysis

F699 *{PHASE-3} Trauma Informed Care

F700 *Bedrails

As seniors age, their needs certainly change, many times drastically. A recent study conducted by the Population Resource Center (April 2020) cites, “About one in eight Americans are age 65 or above, compared to one in ten during the 1950s. By 2030, just nine years away, one in five Americans will be 65 or older.” I am proud to say that I will be one of them! It is a fact that the number of people age 65 or older will nearly double between 2000 and 2030.

This increasing number of seniors will require help and assistance as they age, thus maintaining their care and Quality of Life.

Furthermore, there are several fundamental “groups” that will help provide top-notch quality healthcare services to our seniors: family members, government agencies, caregivers, and a host of healthcare team members. One of these ‘fundamental groups’ includes the Recreation/Activity Professional!

As defined by the IOM (Institute of Medicine) Study Committee, Quality of Care is the degree to which healthcare services for individuals increase the likelihood of desired health outcomes and are consistent with current professional knowledge. This includes a wide range of healthcare services and models providing the care each patient/resident needs, and more specifically, *when* that individual needs care. It is also vital that residents, when able, take ownership in preventive care and in the treatment of each diagnosed condition. Involving the patient is fundamental to a successful Quality of Life/Care program in any healthcare community. *Evidence tells us that supporting patients to be actively involved in their own care, treatment and support can improve outcomes and experience for patients, and potentially yield efficiency savings for the system through more personalized commissioning and supporting people to stay well and manage their own conditions.* (www.england.nhs.uk)



Rosalie A. Kane, DSW, wrote an excellent exposé on senior long-term care. The article was presented in *The Gerontologist*, Volume 41, Issue 3, June 2001, pages 293-304. Her statement, nineteen years later, still has serious consequences if we continue doing the same thing over again:

“Bluntly put, LTC (long-term care) policies and practices in the United States are flawed, particularly for those LTC consumers who are old. Moreover, the Quality of Life for LTC consumers is compromised by a societal reluctance to come to grips with these flaws. Without collective agreement on what is a good or even an acceptable Quality of Life for someone who needs LTC, the gerontological community cannot even cast relevant research questions or conduct program evaluations in a way that gets to the heart of the matter. And, until a realistic view of the goals of LTC and the range of what is possible for an LTC provider to produce is forged, there is danger of unfairly scapegoating LTC providers for their inability to bring about happy endings. We are at risk of turning the great bulk of well-intended, hard-working LTC providers into a depressed and leaguered group who are too fearful of missteps to exercise creativity or even common sense in their daily work.”

Don Berwick, MD, MPP, Former President and CEO, Institute for Healthcare Improvement, developed a report (2001) that laid the foundation for healthcare reform here in the United States with the intent of worldwide acceptance. This report lists the six dimensions of healthcare quality cited in a 2001 Institute of Medicine Crossing the Quality Chasm. Each of these dimensions are just as relevant today having ‘moved the marker’ with regards to Quality of Life and Care:

- Safety
- Effectiveness

- Patient-centeredness
- Timeliness
- Efficiency
- Equity

Each one of us should take a moment and seriously think about all the challenges and sometimes even disappointments that we encounter as we deal with these above-mentioned *healthcare dimensions*.



Jenna Morasca, American actress and model, poignantly reminds us about a particularly important aspect of care that we oftentimes neglect; “As caretakers, we feel drained when caring for another, and in order to take care of someone else, we need to take care of ourselves at the same time.” Caring for and helping others is driven by deep value-based motivations and concerns to make a positive and practical difference in the lives of our residents. Weiner and Austin, researchers in the fields of biology and medicine, cite the following regarding a caring approach; “In recent years, **empathy** has been identified as a form of emotional engagement beneficial to patient care. Although usage varies, the term refers to sharing the feelings of another as a means of coming to a direct appreciation of the other.

Defined this way; however, empathy may lead to mistaken assumptions and an absence of corrective curiosity. Once we think we understand what another is experiencing, we perceive less need to ask, listen, and learn. We propose the process of **caring** in place of **empathy** to embody the ideal emotional and behavioral approach to resident care. Caring refers to both an emotional reaction to another person and the expression of that reaction in action, independent of the sharing of the other's emotion or experience.” (Weiner & Auster, 2007)

The expression of caring in the healthcare context is close observation, precise listening, and responsive questioning connected with committed engagement and actions directly addressing the resident's concern, stripped of any assumptions about what the other might or might not be experiencing (Weiner, Saul J., and Auster, Simon, *From Empathy to Caring: Defining the Ideal Approach to a Healing Relationship*, Yale Journal of Biology and Medicine, February 2008).

The art of caring takes on many different ‘faces’ in today’s senior healthcare communities. As Recreation/Activity Professionals a **caring attitude and approach** are two of the most critical and important job performance skills we offer. A caring heart demands that we invest our emotional time and interest on behalf of each resident. According to Weiner & Auster, two key components of a caring approach include:

- *Asking the right questions*
- *Precisely listening to the resident’s perspective*

As a final point, let us think of Recreation/Activities as having two-sides; specifically, the art and science of leisure programming. The Recreation/Activity Professional, hands-down, has ‘*the art side*’ mastered, at least in my opinion! The science side (*asking the right questions and precisely listening to the resident’s perspective*) deals with resident interviews and initial assessments, charting/data collection, comprehensive person-centered care plans, diagnoses, dietary concerns,

fall risk prevention, MDS 3.0, CMS mandates, current and ever-changing policies and procedures, departmental goals/objectives, etc. In all this, we are committed to continue filling our toolboxes with the most current, relevant, and research-based strategies and techniques necessary to complement our residents' lives.

One-to-one room visitation, personalized activity programming, small group gatherings, large social functions, outings, celebrations, resident council, and family forum all have a common thread that connects leisure programs and events to an Activity Department; the resident's perspective on what he/she desires and cares most about.

'*Doing service*' for others requires exceptional planning and development of relationships, thus creating and implementing caring encounters between the resident and Recreation/Activity Professional. Peabody said it best: "The secret of the care of the patient (resident) is in caring for the person." (Peabody, FW. The care of the patient: JAMA, 1927). The following short list provides helpful tips to support on-going caring relationships between the Recreation/Activity Professional and resident:

- Be kind always!
- Generously give each person an authentic compliment during the workday.
- Show a caring, compassionate heart through comfort and reassurance.
- Be present in as many conversations as possible, taking time to enjoy 'the talk'.
- Stop what you are doing and engage in spontaneous interactions with the residents.
- Look for positive things to say by showing thanks for what each resident means to you.
- Remember that astonishing things happen when you truly listen to others!

Quality of Care and Quality of Life matters; always! Many people take for granted the wisdom and vitality of our elders. They certainly have lived meaningful lives throughout their “working” adult years and now, as always, deserve the honor, respect, and care during this season of life.



“We rise by lifting others.”

~ Robert Ingersall