SA18- Optimizing Function and Physical Activity Among Residents in AL Using a Dissemination and Implementation Approach

Saturday, March 24
2:30 PM- 3:30 PM

Session Description
This session will describe the current functional and physical activity of assisted living (AL) residents and the importance of addressing function and activity among these individuals to prevent further decline. A theoretically based, practical approach using a four-step process will be shared as a way to implement a function focused care approach into any AL setting. The steps include: (1) Assessment of the environment and policies; (2) education of staff; (3) development of appropriate service plans based on resident capability; and (4) mentoring and motivating. Exemplars will be shared as well from real world implementation activities. Participants will receive the necessary tools and techniques to implement a function focused care approach into their settings as well as the ways in which to over the barriers commonly encountered.

Learning Objectives
Describe the current functional status of older adults in AL settings.
Define Function Focused Care and provide examples of this type of care.
State the four steps to implementing Function Focused Care in AL environments.
Describe three challenges and the ways to overcome those challenges and successfully implement Function Focused Care in AL settings.

Presenter(s): Barbara Resnick, PhD, CRNP; Elizabeth Galik, PhD, CRNP

Presenter(s) Disclosures: All speakers have reported they have no relevant financial relationships to disclose.
Optimizing Function and Physical Activity Among Residents in AL Using a Dissemination and Implementation Approach

Barbara Resnick, PhD, CRNP
Elizabeth Galik, PhD, CRNP

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• State the four steps to implementing Function Focused Care in AL environments.
• Describe three challenges and the ways to overcome those challenges and successfully implement Function Focused Care in AL settings.

Why Function Focused Care
• To address this persistent functional decline and increased time spent in sedentary activity among residents in AL
• A practical philosophy of care that teaches direct care workers to evaluate older adults’ underlying capability with regard to function and physical activity and optimize their participation in all activities

Examples of Function Focused Care
• Modeling behavior for residents (e.g., oral care; eating); providing verbal cues during dressing; walking a resident to the dining room rather than transporting via wheelchair; doing resistance exercises with residents prior to meals; and providing recreational physical activity (e.g., Physical Activity Bingo).
Function Focused Care versus Routine Care

• Current care involves completing tasks for older patients or limiting the amount of activity they need to perform (e.g., giving a urinal or bedpan versus helping/encouraging individuals to stand and walk to the bathroom to urinate).
• FFC involves engaging the resident in all care activities.

What are your thoughts????

Dissemination and Implementation of FFC

• Dissemination focuses on the targeted distribution of information and implementation is the process through which an innovation is communicated, over time through certain channels of a social system.
• Challenges to dissemination and implementation of evidence based interventions into AL settings vary based on the intervention, residents and setting.

Challenges to implementing FFC

• Resident level challenges include: acute medical events; advanced age; sociodemographic characteristics; comorbidities; cognitive impairment and behavioral symptoms; poor perceived health status; lack of motivation; cultural expectations; pain; fear of falling; body mass index; and polypharmacotherapy.
• Setting level challenges include environments and policies that seek to minimize risk by limiting opportunities for physical activity and limited resources.

Use of EIT/SEM and self-efficacy theory

• To optimally change behavior among direct care workers and residents, we combined use of SCT with a social ecological model (SEM)
• In addition we use the pragmatic EIT process which begins and ends with engagement of local stakeholders. It allows us to identify the setting specific challenges and barriers and adjust the intervention to meet the needs of the setting.
Theoretical Support FFC-AL

Self-efficacy interventions

Interpersonal
Residents
Direct Care Workers
Beliefs
Physical Capability
Pain; Mood

Intrapersonal
Physical Beliefs
Capability
Pain; Mood

Policy
AL Setting Policies, Norms, and Practices

The Function Focused Care Intervention

• An integrated philosophy
• Theoretically based
• Social ecological model
• Two tiered self-efficacy intervention
• First teaches and encourages direct care workers to implement this philosophy and provides them with the skills to motivate and encourage residents to engage in functional and physical activity.

Four Steps

• (I) Environment and Policy Assessments;
• (II) Education;
• (III) Developing Function Focused Service Plans for Residents;
• (IV) Mentoring and Motivating

Step I Environment & Policy

• Barriers to access; opportunities for activity
• Policy as relevant – restraint use; falls

Step II Education*

• Philosophy
• Assessment skills
• Service plan development
• Motivational tricks of the trade

*Staff education materials available
Step III Developing the Goals

• Based on capability assessment of residents

Evaluation of Capability

• Musculoskeletal
• Neurological
• Bedside evaluation
• Looking for underlying function
  • Basic head to toe musculoskeletal and neurological exam
    1. ROM
    2. Strength
    3. Follow at least one step command

Step IV Mentoring and Motivating

• Making it happen....

Developing Service Plans

• Wording options for service plans
• Examples provided – based on state versions of service plans

The Ultimate Function Focused Care Challenge

• IT IS NOT TIME!!!!!

......second guess???????????????
Integrating Function Focused Care Into All Activities

• Building it into what you already do
• Examples:
  • Routine Care ➔ Function/Activity component

Safety

• Promote ambulation and mobility by providing increased security for patients
  - Gait belts
  - Sturdy equipment
  - Appropriate exercise equipment (weights, pedometers for fun)
  - Rest areas along the hallway and clear paths
  - Fun goals (walk to gift store/coffee bar/unit kitchen)
  - Increased resident visualization so not alone in a room
  - Appropriate chair and bed height

Environmental Interventions

• Person – Environment Fit
  - Bed height for transfers should be 115% of patient’s lower leg length.
  - > than 120 lower leg length is too high; < 80% lower leg length is too low.
  - Establish clear pathways; pleasant areas to walk; safe exercise equipment

Policy Interventions

• Outdoor access
• Fall Prevention
  - Direct observation
  - Orthostasis
  - Restraint avoidance-use low beds; tilt chairs; visualization
  - Evaluation and ambulation

Make it Routine

• Include the resident in all care activities-med administration/dressing; treatments; setting the table to eat; vacuuming
• Include family and visitors in physical activities...get families to walk with residents
• WALK as far as possible to meals and activities
  - USE mouth and not hands to encourage self-care
  - Set goals-small and achievable in service plans
Initial testing in an AL Sample

- Four AL facilities
- 171 residents
- 96 nurses

Additional Studies

- Nursing homes and AL settings with moderate to severely cognitively impaired residents
- Community settings
- Acute care

What Did We Find?

Findings

- We can maintain and improve function over at least 12 months
- We can increase the number of residents who are walking
- We can improve staff's knowledge and beliefs about the benefits of function focused care
- We can improve the amount of time that staff provide function focused care

Summary of Adverse Events

- There is no indication that function focused care was harmful to residents
- May even be protective against hospital transfers

In Behavior Change Research

- Important to remember what we do know in terms of health behaviors:
  - Physical activity for those in AL settings is extremely low.
  - Low levels of activity results in pressure ulcers, infections, falls, unintended hospitalizations, poor self-esteem, depression, fatigue, and fear of falling.
Leadership and Motivation of Staff

- The role of the champion
  - To believe
  - To care
  - To oversee
  - To facilitate
  - To motivate

The Role of the Stakeholder Team

- Ideally includes administrative staff and clinical staff
- Brainstorming done to identify the many challenges faced when trying to optimize function and physical activity among residents
- Identify ways as a group to overcome those challenges

An Affinity Diagram

- Themes identified are developed into an Affinity Diagram.

The Interrelationship Diagraph

- Next step is to determine which of the identified themes is the best driver.
- The driver is the theme that is most likely to have the greatest impact on facilitating function focused care.
- The “driver” is the theme that has the most arrows going away from it. There may be more than one driver.

Making it Happen

- One little step at a time!
What Are YOU?

- Are you a service industry?
- Are you health care providers?
- Are you focused on housing?
- Are you a community that optimizes health, function, physical activity and quality of life…of older adults today and tomorrow?

What Looks Better?

THIS???

Or this???

I Environment/Policy

- Person Environment Fit
- Barriers to access of PA opportunities
- Policy as relevant – restraint use; falls

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<th>Policy Assistance</th>
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<th>Not Present</th>
<th>Not Applicable</th>
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<tr>
<td>1. Evidence of policy regarding physical restraint use and physical activity</td>
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<tr>
<td>2. Evidence of policy regarding foley catheters that optimizes function and physical activity</td>
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<td>3. Evidence of policy related to use of free space (corridors, kitchens) that optimizes function and physical activity</td>
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<td>4. Evidence of policy around ambulation that optimizes function and physical activity</td>
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<td>5. Evidence of policy associated with transportation (e.g., to dining room; out on trips) that optimizes function and physical activity</td>
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<td>6. Evidence of policy associated with bed/chair/or toilet height that optimizes function and physical activity</td>
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<td>7. Evidence of policy change associated with transfers into the setting that optimizes function and physical activity</td>
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<td>8. Evidence of policy associated with discharge instructions that facilitates function and physical activity</td>
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<td>9. Evidence of policy associated with pressure ulcer prevention that optimizes function and physical activity</td>
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<td>10. Evidence of policy associated with falls prevention that optimizes function and physical activity</td>
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<td>11. Evidence of policy associated with nursing assessment that addresses and optimizes function and physical activity</td>
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<td>12. Evidence of policy associated with change in patient condition that addresses and optimizes function and physical activity</td>
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<td>13. Evidence of policy associated with documentation of function and physical activity</td>
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<tr>
<td>14. Evidence of policy associated with patient/family information that optimizes function and physical activity</td>
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<table>
<thead>
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<tr>
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<td>2. Evidence of area for walking that has rest spots available</td>
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<tr>
<td>3. Evidence of area for walking that is pleasant</td>
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<tr>
<td>4. Evidence of area for walking that has pleasant destination areas</td>
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<tr>
<td>5. Evidence of cues in the environment to encourage physical activity</td>
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<tr>
<td>6. Evidence of supplies (i.e., safe assistive devices) to encourage function and activity</td>
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<tr>
<td>7. Chair height appropriate (between 80 to 120% of lower leg length)</td>
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<td>8. Bed height appropriate (between 80 to 120% of lower leg length)</td>
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<td>9. Toilet height appropriate (between 80 to 120% of lower leg length)</td>
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<td>10. Evidence of cues in the environment to encourage functional activity</td>
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<td>11. Access to age appropriate exercise equipment</td>
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<td>12. Access to pleasant outdoor areas</td>
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<td>13. Access to places to sit/rest when walking outdoors</td>
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<td>14. Evidence of poor lighting</td>
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<td>15. Evidence of slippery floors</td>
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<td>16. Evidence of uneven surfaces</td>
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<tr>
<td>17. Evidence of items that could cause a trip</td>
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<tr>
<td>18. Evidence of unsafe footwear</td>
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</table>
Review FFC Examples of Policies and Environments that optimize function and physical activity

- Review webpage www.functionfocusedcare.org

II Education of Direct Care Workers

- Philosophy
- Assessment skills
- Service plan development
- Motivational tricks of the trade

Education Options

- Traditional powerpoint and interactive teaching using the following slides
- Use of video coaching sessions to facilitate discussion about function focused care.
- What will work best in your facility?

Traditional Powerpoint

- May use full slides or components of the following slides.

Educational Sessions – Slide Deck

Function Focused Care

It is all about Philosophy

What is function focused care?
- Focuses on keeping residents as independent and physically active as possible.
- The purpose is to encourage residents to perform as much of their own care as possible.
- Allows direct care workers to be creative in motivating residents to participate in their own care and MOVE!
Function focused care:

- Doing care with rather than doing for residents
- Setting goals for the resident via service plans
- Focuses on what the resident CAN DO
- Includes all staff who work in the facility working together as a team to motivate residents to do more for themselves

Different approaches to care: Do “with” the resident instead of “for” the resident

- The “task” approach
  - Staff focus on completing tasks
  - Staff complete tasks for the resident with little or no involvement of the resident
  - No opportunity for improvement in functioning for the resident
  - No growth or learning opportunities for the resident or family members

- The “person” approach
  - Enables the resident to do for himself/herself as much as possible
  - Care benefits the resident
  - Staff provide physical and verbal cues to help the residents
  - Staff provide set-up of adaptive equipment
  - Staff use hand over hand assistance during care

Specific Activities Include:

- Going to exercise classes
- Motivating and encouraging residents to participate in bathing, dressing and grooming
- Motivating residents to walk more by having them walk to the dining room or activities
- Encouraging residents to wheel themselves while in the wheelchair
- Lifting weights while watching TV
- Using adaptive devices to increase independence

Examples of Function Focused Care

- Mrs. Green is able to wash and dress herself with help, however she is very slow.
  - What can you do to help keep her as independent as possible?
  - What should you avoid doing to prevent Mrs. Green from becoming more dependent on others for her care?

Examples of FFC

- Mrs. Jones has had a stroke and so her balance is not perfect. She is able to stand up from the wheelchair without assistance and walk with a walker as long as someone is by her side.
  - What function focused care activities might you do with her?
  - How could you implement this into daily activities?

Examples of Function Focused Care

- Mrs. Green is able to wash and dress herself with help, however she is very slow.
  - What can you do to help keep her as independent as possible?
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Key Points to Remember

- Function focused care should be provided for every resident, every day and with every encounter between the staff and the resident, family and the resident.
- Residents that have a decline in their function during an illness can be helped to get back to what they were able to do before they got sick by providing function focused care activities.
Our Biggest Challenge

It is All About Motivation!

Things to do to Motivate….

• Strengthen the residents beliefs:
  • About what they CAN do
  • About the benefits of doing these activities (ex: walking every day will help you get stronger so you won’t fall)

Things to do to Motivate….

• Build their confidence ……tell them repeatedly “YOU CAN DO IT”!

• Help them believe in the benefit …… If you walk to the dining room … “YOU WILL GET STRONGER, BE LESS LIKELY TO FALL, AND HAVE LESS PAIN.”

Things to do to Motivate….

• Give the resident examples of role models (other residents who successfully perform the activity) & share you physical activity programs

• Encourage actual performance/try to get them to practice doing the activity-bathing, walking, exercising

• REVIEW, REVIEW, REVIEW the benefits of activity and remind them of how they are getting stronger.

Things to do to Motivate….

• Help the resident get rid of unpleasant feelings such as pain or fear.
  • Make sure the resident gets pain medications to relieve discomfort
  • Put heat/ice on a sore area
  • Have resident talk about his or her pain or fear associated with the activity you are asking him/her to do

Things to do to Motivate….

• Let the resident know you REALLY care about them!
• Be kind to the resident
• Despite all things, smile and be nice
• Use humor

• GET EXCITED with the resident when they do any of the activities you recommend (bath, dress, walk to the dining room, go to ex class)
Things to do to Motivate…

• Encourage involvement with others—family and friends, other residents and staff—walk together!
• Share activities and successes with families/friends
• Include family/friends as goals (going to lunch or out to a daughter's house).

Things to do to Motivate…

• Set clear goals with the resident
• Set service plan goals that can be met in a short time frame—daily, or weekly
  • Walking to the dining room daily
  • Doing 10 sit to stands in the hallway
  • Going to exercise class

Key Points

• Everyone can be motivated. For some people it takes them a little longer than others
• Find out why the resident won’t complete function focused care activities. Is it pain? Are they afraid of falling? Focus on each resident’s personal barriers in order to motivate them
• If a resident has had a decline in their functioning because of an illness, keep working with them to help restore them back to what they were able to do before getting sick

Function Focused Care

USE THE ENVIRONMENT

Using the Environment

Make it fun!

• Measure distance and compete
• Dance, dance, dance
• Decorate the hallways.
  • An art gallery
  • A shopping mall
  • A story to read along the way
  • Distance goal posts

Tricks of the Trade: Elicit Help

Use your environment:

• Clothes in the laundry…together
• Push a vacuum…together
• Dust the apartment…together
• Water the plants….together
• Lift weights …while waiting
• Fun goals (little stores/coffee bar)
• Wide open stairs and do it together!
Make it Routine:
During bathing: Do ROM/Carry and lift
During dressing: Do ROM/Carry and lift
When getting from A to B: safety bars everywhere they are needed
When eating/waiting for meals: lift weights/balls
When bored or tired: Rejoice and Rejuvenate room for dance/music and games

Use What You Have
Ideas????????????
We have made some changes in the environment to provide more things to do….use them!

Where to Begin???
Evaluate your resident's underlying ability.
• Range of motion
• Transfers
• Ambulation/wheelchair propulsion
• Cognitive ability
• ASK and DON'T Touch!

Key Assessment Points
• The Physical Capability Assessment…staff can try it on each other!
• Evaluate the Resident's Preferences….staff can try it on each other!

Develop a Plan
Goals for Each Resident
- Build goals into their service plan
- State what the resident will do with the staff!
  * Resident will be supervised to walk to the dining room; to get the mail; etc.

Celebrate the Successes
Reinforce residents and staff who succeed/increase the time they spend in physical activity or performing routine functional tasks.
What You Can Expect

- Maintaining resident function so if they move in walking they remain walking!
- Help residents stay in your facility longer
- Prevent acute illnesses
- Prevent falls

Challenges Among Individuals with Cognitive Impairment

Majority of Persons With Dementia Exhibit Expressions of Distress: Behavioral and Psychological Symptoms of Dementia (BPSD)

- Agitation: wandering, disruptive vocalizations, restlessness, repetitive behaviors and questions
- Aggression: hitting, kicking, biting
- Resistiveness to Care
- Apathy/depression
- Psychotic symptoms: delusions, hallucinations
- Sexually inappropriate behavior

Assessment for Causes/Triggers of BPSD

In your daily care activities what are some of the causes/triggers of BPSD you have identified?

Some Causes/Triggers of BPSD

- Language difficulties
- Loss of functional abilities/ frustration
- Pre-morbid personality
- Health status/ medical conditions
- Unmet physical and psychosocial needs
- Quality of the physical and social environment

Steps to Assessment of BPSD

1. Behavior should be assessed on a frequent, ongoing and systematic basis.

2. DICE (Describe, Investigate, Create and Evaluate) approaches can be used to guide you in the assessment process.
**DICE**

**Describe the behavior and its context**

- Explicitly describe the behavior. The resident strikes out at staff when they attempt to have her shower.
- At what time of day is the behavior exhibited? Staff have tried multiple different times for bathing—can happen any and all times.
- What is happening before and after the behavior occurs? Nursing staff are attempting to have the resident shower.
- What happens as a result of the behavior? Nursing staff give up trying to bath her and do work-arounds, such as giving her a quick washing while she is otherwise distracted.

**DICE**

**Does the resident have an unmet physical or psychosocial need at the time of bathing?**

- Hunger,
- Thirst,
- Need to use bathroom
- Lonely
- Bored
- Anxious
- In pain

**DICE**

**Create: develop plan for approach**

- **Provide a Pleasant Bathing Environmental**
  - Limit the number of caregivers and reward caregivers that work well with a resident. Familiarity with the residents likes and dislikes helps to facilitate interactions and avoid conflict.
  - Identify bathing preferences from family. Resident was known to prefer showers. Had some special bathing soaps and powders she liked and always used.
  - Identify favorite time for bathing. Would always shower in the evening.
  - Plan: Set up a warm, pleasant shower environment with favorite soaps and powders and shower in the evening. LET RESIDENT DO IT! May need to role model.

**Additional Specific Challenges Among Those With Cognitive Impairment**

- Memory impairment
- Aphasia
- Motor apraxia
- Agnosia
- Apathy
- Depression

**Tricks of the Trade**

- Modifying Communication Techniques
- Care and Consistency
- Enhancing Sensory Experiences and the Physical Environment
- Individualized Care

**Communication Techniques**

- Verbal cues
- Writing things down
- Communicating “face on”
- Repetition
- Role Modeling
- Vicarious Experience
Caring and Consistency

- Giving love and attention
- “Becoming them”
- Serving as a “calming force”
- Trust
- Patience
- Humor
- Play

Enhancing Sensory Experiences and the Physical Environment

- Music
- Dance
- Visual Contrast
- Pleasing Fragrances
- Favorite Foods
- Tactile Stimulation
- Physical Environment Supports an Active Lifestyle

Individualized Care

- Distraction
- Creative explanations to prevent a catastrophic reaction
- Flexible scheduling of functional activities
- Letting them “do their own thing”
- Anticipating challenges
- Utilizing resources
- Working as a team

Getting to Work-Ethical Issues

- Ethics refers to a framework or guideline for determining what is morally good = right or bad = wrong.
- Ethical problems arise when there is conflict about what is the “right” thing to do:
  - “Motivation” versus “Manipulation”
  - Resident’s “Right to Refuse”

- Goals of ethical action and care:
  - Avoiding or minimizing harms
  - Maximizing benefits
  - Concern for preserving and respecting personhood: done through recognition of wants, collaboration, play, validating, facilitation and giving
  - Recognizing and dealing with competition between organizational/setting interests versus individual interests

III Developing the Service Plan

- Based on capability assessment
Example of Personal Care Needs in Service Plans to Optimize Function and Physical Activity

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<tr>
<th>Service</th>
<th>Personal Care Needs</th>
<th>Service Plan Note</th>
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<td>Sleep</td>
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<td>Medication Administration</td>
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<tr>
<td>Coordination</td>
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<tr>
<td>Safety</td>
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Your Challenges

- ??? Fear
- ??? Direct Care Worker beliefs and motivation to provide function focused care
- ??? What is rewarded in your setting
- ??? Residents refuse

Safety

- Promote ambulation and mobility by providing increased security for older adults
  - Gait belts
  - Sturdy equipment
  - Appropriate exercise equipment on the unit (weights, pedometers for fun)
  - Rest areas along the hallway and clear paths
  - Fun goals (walk to gift store/coffee bar/unit kitchen)
  - Increased patient visualization
  - Appropriate chair and bed height

Fall Prevention

- Risk of falls is increased by
  - Medical and nursing treatments (e.g., medications and restraint use)
  - High risk meds: antidepressants, benzodiazepines, antipsychotics, and psychotropic agents.

SOME REMINDERS!

- Physical activity and exercise DO NOT INCREASE the risk of falls
Make Physical Activity Routine

- Med management—include the resident with ongoing education and functional tasks.
- Dressing changes—include the resident and have them perform the activity.
- Going to meals and getting mail—WALK as far as possible; walk in groups; make it fun!

Self-efficacy: What do staff believe?

- That they can help residents engage in functional and physical activity?
- Do they believe that walking and activity for residents is important?
- That they can get it done quicker….if they just do it.
- That they will get in trouble for not having washed and dressed the resident by 8am?

Managing Unpleasant Sensations

- Acknowledge, Anticipate, Prevent, Eliminate
  - It may take trial and error and first tries may not work with a resident
  - It takes team work and consistency
  - It takes more focus on residents and being with them…not getting the work done and moving on
  - It takes risk! Direct care workers need to know they are supported…when taking a resident outside for a walk; bringing in a pet to visit and walk; etc.

Step IV: Mentoring and Motivating

- Requires ongoing oversight and work with staff

Outcome Expectations: What do staff believe?

- That if they provide function focused care approaches it will work?
- That they already do this?
- That sitting in a chair is safer and better?

Complete Observations and Provide Feedback

- The best way to motivate individuals is to have them be successful at the task.
  - Evaluate each direct care worker interacting with a resident and provide immediate feedback using the observation tool we have developed.
Function Focused Care Behavior Checklist for Direct Care Workers

Provide immediate feedback to the Direct Care Workers following the observation (e.g., positive reinforcement for function focused care or information about missed opportunities for function focused care to be provided).

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<tr>
<td>1. Bed mobility</td>
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<td>2</td>
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<tr>
<td>2. Transfer from chair to bed and back</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3. Transfer to commode/sofa</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>4. Upper extremity bathing and dressing</td>
<td>0</td>
<td>1</td>
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</tr>
<tr>
<td>5. Lower extremity bathing and dressing</td>
<td>0</td>
<td>1</td>
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<tr>
<td>6. Hygiene (mouth care, shaving, hair and nail care)</td>
<td>0</td>
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<td>2</td>
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<tr>
<td>7. Use of assistive device for ambulation</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>8. Wheelchair mobility</td>
<td>0</td>
<td>1</td>
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<tr>
<td>9. Ambulate in hallway</td>
<td>0</td>
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<tr>
<td>10. Participation in activities (getting to the activity; participating)</td>
<td>0</td>
<td>1</td>
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<tr>
<td>11. Use of adaptive equipment (e.g., seat belt, bathroom aids, hallway rails, shower equipment &amp; etc.)</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>12. Active ADL</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>13. Going to meals (independent, with verbal cues or escort)</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>14. Engage in exercise activities</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<tr>
<td>15. Sitting</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>16. Changes in assistive devices (glasses, hearing aids, magnifying glasses, prostheses, etc.)</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>17. Participation in exercise programs (group or individual)</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>18. Sitting up/staying out of bed</td>
<td>0</td>
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</tbody>
</table>

Social Supports

• It takes a team!

Motivation of Residents: Caring on the part of the Champion

Demonstration of caring—caring that direct care workers provide person centered interventions
• Follow up with residents
• Consistency in encouragement/plan
• Establishing what works—what do they need
• Personal ties and little things
• Repeat, repeat, and repeat…and follow up
• Believe…FUNCTION FOCUSED CARE IS GOOD FOR RESIDENTS AND FOR DIRECT CARE WORKERS!
• Recognize needs of the direct care workers as well
• Scheduling breaks and support

Contests and Environment Ideas

• Contests—pedometer challenges; wheelchair races; Prizes for holiday related physical activity
• Make resources available for direct care workers and residents
  • Music
  • Weights
  • Safe outdoor areas for walking

Re-Ignite Old Interests of Staff & Residents

• Making it fun for staff
• Build on strengths and skills of the staff
• Hobbies—cooking, exercise, gardening
Review of the Four Steps

- (I) Environment and Policy Assessments;
- (II) Education;
- (III) Developing Function Focused Goals;
- (IV) Mentoring and Motivating.

Review: Examples of Function Focused Care

- Have resident walk to the dining room
- Have a buddy system for one resident to go to an activity class with another resident
- YOU engage a walking group
- Have resident walk as far as the resident can tolerate-all setting staff can be trained to supervise
- Reward physical activity in the setting-make a bulletin board, highlight these activities in newsletters.
- Have all residents in engaged a “job”…expect it and reward it (set the table, put the chairs back in place, vacuum, clean the table, dust, do laundry etc).

What will you find?

YOUR Role

- Believe
- Support, Support, Support
- Invest in the environment
- Invest in the direct care workers
- Make it law
- Change policies/marketing material
- Be a role model
- Reward direct care workers that engage in FFC
- Standup for the approach and the philosophy
- Be a risk taker
Exemplars

- Description of Case Studies in which FFC was implemented in AL and what facilities found

Go Forth and Succeed