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## Improving Mental Health in Residential Aged Care Facilities: A Feasibility Study



### Session 7

Interventions to support new residents

**Researchers:**

- Ms Francoska Jordan AM, Research Consultant, GPpartners
- Dr Richard Kidd, Aged Care Director, GPpartners
- Assoc Professor Gerard Byrne, School of Medicine, The University of Queensland
- Amanda Bushnell, Aged Care Project Liaison Officer, GPpartners

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## Interventions for new residents

### Overview

- The role of the key worker and ensuring consistency of staff.
- Developing a Life Story 'The Key to Me' with new residents.
- Assisting residents with a regular walking and conversation program.

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## Key worker

### Assigning a Key Worker and ensuring consistency of staff

#### Aim

- To ensure continuity of care of the resident by nominating a dedicated care worker to be responsible for the new resident and their needs



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Background and evidence

- The reaction of the people entering a nursing home can be characterised as one of loss followed by anger and depression.
- Entering a nursing home is a most difficult time of life, with all of its changes and losses.
- The more assistance and caring staff can give residents and their families, the easier it will be for them. (Ryan 2002)
- Jean Harker (1997) described what it is like for someone to enter a nursing home.

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- She says so-called 'difficult behaviours' can be a reflection of emotional despair – a result of entering a nursing home without receiving consolation or understanding.
- Physicians from the University Tromsø in Northern Norway (Talseth et al, 2003) have developed a framework for talking with people who are experiencing difficult emotions.
- The importance of a key worker is for the resident to have a staff member that they know they can talk to, identify with and who their advocate is. (Colenda 1991)
- Listening to residents is so important as they share their story with staff.

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- Listening helps them to express this story outside of themselves, and it is also most helpful to staff in understanding residents thoughts, concerns, and griefs. (Hoifodt 2007)
- (Paying Attention - Talk to Seniors on the Problem of Memory Loss)  
<http://www.themoorings.org/life/talks/seniors.html>

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Main roles of the Key Worker

1. To be responsible for overall care needs and settling in to the facility.
  - To advocate for the resident and their needs – to talk on their behalf.
  - Being known main point of contact (to be made very clear to resident, family and staff).
  - To communicate resident's needs to relevant others – staff, family, DT.

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2. To work with the resident to complete their Life Story 'The Key to Me'.
  - To understand and get to know the resident and their needs (partly through using The Key to Me).
    - Social – activities, interests, hobbies. Family/social networks.
    - Psychological / emotional
    - Physical
    - Spiritual

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3. Regular contact / visit with resident.
  - Spend at least 5 – 10 minutes each shift with nominated resident – use open-ended questions to find out how the resident is feeling.
  - If family members are present ask how the resident is settling in, satisfaction with care received, how the family are feeling and any concerns experienced.
  - The Key Worker needs to introduce themselves and explain their role to the resident and their family/friends at commencement of contact.
  - It is important to continue to build on this relationship.

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4. Seek and obtain feedback on nominated resident

- Check the resident's progress notes from previous shifts to get an update on what's been happening for the resident, any changes in their care needs or care plan.
- Get an update on their social activities and behaviours over the week.
- Check the 'Walking & Talking' Tracking Sheet for comments/feedback.

*If there are difficulties in your relationship with your resident and there is a lack of rapport, please ensure you speak to your manager about this.*

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Worksheet 7-1

Key Worker

Case 1



Mrs K has recently entered the nursing home and has been teary and sad when the nurse goes to do her shower in the morning.

Mrs K has not expressed how she is feeling. She is hesitant to be seen as a complainer. Her family do not know who to talk to about their concerns for their mother.

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Questions:

- How would you introduce yourself to Mrs K and her family and what would you say about being a key worker?
- How would you get to know what Mrs K is feeling and what is behind her sadness and tears?
- What would you do with this information to ensure Mrs K's needs are addressed and met?

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## The Resident's Life Story

**Aim**

- For carers and nursing staff to understand and appreciate the resident's preferences, interests, significant life events and relationships.
- To incorporate this knowledge into the planned care of the resident in order to provide individualised, holistic and quality care and to promote resident's choice.



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## Background and evidence

- Persons with and without dementia through a process of recollection of the past and life reviews for these unresolved conflicts could achieve more consistent and positive evaluations of their past, accept personal losses and preserve a sense of usefulness and satisfaction with their lives.
- Staff and family caregiver(s) could simply use a photo of the past event or a familiar song to encourage the resident to relive his/her past experience.

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- If several persons with and without dementia are grouped together to do the reminiscence activities, social interaction and emotional release could be further facilitated.
- The life story review also equips the staff with detailed knowledge about the residents and provides a basis for conversation and engagement. (Hoifodt 2007)
- As staff understand their story better, staff can be of more help to residents in this part of their life.
- Allow residents to tell you how they feel, so that you can understand them.

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- One of the greatest gifts staff can give anyone is to be a good non-judgmental listener--a gift that money cannot buy. Listening indicates that staff really care and feel concerned, and also that staff really want to help. (Talseth 2003)

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What is the Life Story 'The Key to Me'?

It is a tool to obtain and document information about the resident's preferences, interests, life events and relationships from their past and present life.

It covers:

- Relationships
- Abilities / activities
- Habits / routines
- Personal stories
- Past work / home life

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What is the Life Story 'The Key to Me'?

- A separate document to the resident's nursing / medical chart.
- *When obtaining the resident's life story, please ensure that you have consent and direction from the resident about what can actually be written down.*

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How to complete

1. Ensure you have established rapport with the resident and that they are comfortable talking with you.
2. Key Worker to complete the Life Story with the resident and family and friends (where appropriate).
3. Choose a time and place for the resident and you to answer the topic headings in the Life Story.
  - Time when resident is most alert.
  - Ensure resident is physically comfortable.
  - Ensure privacy.

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3. Assess resident's energy levels and attention span in order to plan the amount of time that can be asked of them. This could be done in small blocks.
4. Where available and appropriate, ask the resident and their family and friends to provide photos to include in the Life Story.

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Worksheet 7-2

Resident's Life Story

*Practice asking questions in pairs.*

Questions:

1. What are the reasons for doing a resident's life story?
2. What do you do with this information and how do you use it to give holistic and quality care?



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**Role Play 7-2**

**Instructions for the resident**

*Please read the following description so you are able to play Mr A.*

Mr A is an 80-year-old man who has recently been admitted to the nursing home following a fall at home, after the death of his wife.

He used to be a pharmacist for a large pharmaceutical company in Switzerland, before returning to Australia to retire.

Mr A is finding it difficult to settle in the home and keeps to himself.

He has travelled a lot and has a few items from his travels he has brought with him into the home.

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**Role Play 7-2**

**Instructions for the professional carer**

*Please read the following to understand the important areas to cover in obtaining a resident's life story and what to ask about.*

The life story is a document to record information about the resident's preferences, interests, life events and relationships from their past and present life. It covers:

- Relationships
- Abilities / activities
- Habits / routines
- Personal stories
- Past work / home life

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**Role Play 7-2**

Introduce yourself and explain that you would like to know more about Mr. A, so that you can help him feel comfortable in his new home, by putting together a photo book with his life story.

Encourage Mr. A to talk about his previous work and travels and the stories about the items he has brought with him to his room.

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## Walking and Talking Program

**Aim**

To combine exercise and conversation in order to:

- Assist in the functional mobility of residents.
- Engage the resident in social interaction.
- Decrease levels of depressive symptoms and/or agitation.
- Assist with resident's 'settling in' process.



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## Description

- Residents are engaged in self-paced walking, assisted or accompanied by a staff member, for 30 minutes, three times a week in combination with conversation.
- Residents in wheel chairs will be walked in the wheel chair and both wheel chair and bed bound residents will receive passive exercises that utilise different parts of the body.
- Conversations are based on topics from resident's environment that are of personal interest and from their life story.
- Any attempt at conversation is encouraged.
- This program will be provided for 12 weeks.

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## Background and evidence

- The World Health Organisation group gave the example of a study (Li et al, 2006) showing that "exercise, such as aerobic classes and Tai chi, provide both physical and psychological benefits in older populations".
- These include increased life satisfaction, positive mood states and mental well-being, reductions in psychological distress and depressive symptoms, lower blood pressure and fewer falls.
- One of the most common disorders in the literature is dementia. Although many of the studies focus on testing the efficacy of pharmacology, some have also considered other forms of behavioural intervention.

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- "Activity programs, music, behaviour therapy, light therapy, caregiver education, and environmental changes have all been shown to have some benefit (Opie et al, 1999).
- Behaviour management techniques were shown to be as effective as medication for agitation in patients with Alzheimer-type dementia (Teri et al, 2000) (Omelan, 2006).
- Several studies have used mobilization, in the form of walking or exercise. One study focussed on walking and conversation with frail aged with dementia, a group who are usually excluded from such studies.

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- They used 30 minutes of self-paced assisted walking interspersed with rest as needed to delay fatigue, three times a week for 16 weeks in combination with 30 minutes of conversation treatment based upon a special technique designed for individuals with dementia (Bayles and Kaszniak, 1987).
- Conversations were based on topics from their environment that were of personal interest and any attempt to communicate was encouraged.
- The interesting aspect of this study was that the frail aged were divided into three groups, one who just walked without conversation, one which conversed only, without walking, and a third group which combined walking and talking.

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- Their results showed that "30 minutes of assisted walking three times a week is an effective intervention for preventing deterioration in functional mobility in nursing home residents with Alzheimer's Disease.
- Importantly, the combined group who experienced both walk and talk had the best results. Bayles & Kaszniak findings also suggest that social interaction during walking exercise is essential in order to achieve a level of compliance sufficient to produce a response to the exercise.

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### How to 'walk and talk'

- Meet with the resident and explain that you want to get to know them and help them settle in and go on the walk and converse with them.
- Select and arrange 3 times per week (30 minutes per session) with the resident to do the walking and talking program.
- Commence the walking and talking program.
- Encourage the resident to walk for as much of the session as possible, allowing rest as needed to delay fatigue.



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- Monitor the resident's ability to engage in the walking and be guided by their response to the exercise.
- Allow the resident to rest as they desire.
- Engage the resident in conversation for as much of the 30 minutes as they are able to tolerate.
- Talk with the resident while walking as well as during rest periods throughout the exercise program.
- Staff are encouraged to use the Resident's Life Story as the basis for conversation and other areas of personal interest to the resident.

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### How to work with residents using wheelchairs

- Encourage residents to wheel themselves where they are able to.
- Staff to walk alongside the resident while they wheel themselves during the exercise program.
- Monitor the resident's ability to wheel themselves and be guided by their response to the exercise.
- Staff to wheel residents who are not able to wheel themselves.
- Allow the resident to rest as they desire.



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- Engage the resident in conversation for as much of the 30 minutes as they are able to tolerate.
- Talk with the resident while exercising as well as during rest periods.
- Where staff assist with wheeling residents, allow rest times for face to face conversation.
- Staff are encouraged to use the Resident's Life Story as the basis for conversation and other areas of personal interest to the resident.

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**Residents who are not able to wheel themselves**

- Residents who are unable to wheel themselves may be able to engage in passive or active exercises as determined by a physiotherapist or registered nurse.
- Carry out the active/passive exercises outlined in the care plan during the 30 minute walk and talk program
- Staff are encouraged to use the Resident's Life Story as the basis for conversation and other areas of personal interest to the resident.

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**How to work with residents who are bedbound**

- Residents who are unable to walk or be walked in a wheelchair will need an assessment by a physiotherapist to determine their ability to engage in passive exercises.
- Request physiotherapist to write up a program of passive exercises to be used 3 times per week.
- Where possible, engage resident in conversation while assisting with passive exercises.
- Otherwise have regular rest periods to delay fatigue and engage the resident in conversation.

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### Worksheet 7-3

#### Walking and Talking

Questions:



Why would you use walking and talking with a resident?

1. How often do you need to walk with a resident in a week and for how long?
2. What would you talk about with the resident while walking and/or during rest stops?
3. Where and how would you obtain the topics on which to talk?
4. Consider how you could use this technique at other times?

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#### Keeping track of the walking and talking program

- Complete the 'Walking & Talking Tracking Sheet' at the end of each 30-minute program session.
- Completing the 'Walking & Talking Tracking Sheet' over the first 12 weeks from admission helps show how you can establish a pattern that suites the resident and the key worker.

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#### Timeframes and responsibilities

It is suggested that the interventions with the residents be maintained over at least a 12 week period from admission.

You need to establish within the facility how you will nominate-

- Who will be the key worker?
- How and who will do the Life Story with the resident?
- How and who will do the Walking and Talking Program with the resident?

Ideally this should be the same person for the individual resident, but could be done by a team of two or three staff.

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**Support**

Consider a facility or organisational sponsor for this program.

- If the 'key worker' is having difficulty engaging the resident whom can they refer to for assistance?
- If the resident does not feel comfortable with the key worker whom can they speak to?
- Who would be responsible for nominating a 'key worker' for new residents?
- Who would be responsible to maintain the program.
- Consider regular review of the merits of the program for new residents and staff

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