

Lisa Beck, MS CCC SLP/Clinical Director



You deserve to get better.™



#### **Disclaimer**

Please note that this presentation is for informational purposes only. The information is intended for the recipient's use only and should not be cited, reproduced or distributed to any third party without the prior consent of the authors. Although great care is taken to ensure accuracy of information neither the authors, nor the Advantage companies can be held responsible for any decision made on the basis of the information cited. No one should act upon such information without appropriate professional advice after a thorough assessment of the individual situation.

### **Objectives**

- Learn how to identify when changes in activities of daily living are due to decline in cognition
- Learn how to incorporate external visual cueing systems to maintain the patient's highest level of independence in a safe environment
- Understand how nursing and therapy can work together to improve the quality of life of the patient with cognitive declines



### Cognitive Impairment in SNF

In 2007 the Alzheimer Association released a report stating that more than 50% of the residents in Assisted Living and Nursing Homes have some form of dementia or cognitive impairment

It also stated that the number of people with Alzheimer's is projected to increase from 5 million to 16 million by 2050



### Cognitive Declines

A decline in cognitive skills will affect all aspects of daily living:

- Ambulation
- Transfers
- ADLs
- Home Management
- Orientation
- Functional Memory



### **Caring for Patients with Dementia**

According to the Alzheimer Impact Movement and the Alzheimer Association Fact Sheet of 2020:

Nearly 80% of adults with dementia receive help with a daily personal care activity such as bathing, dressing, grooming, or eating. In contrast, only 20% of older adults without dementia need help with these activities



### Goals of this Program

- Create an environment of interdisciplinary approach to dementia care
- Lessen the burden on our dementia patient caregivers
- Maintain the highest level of function for the dementia patient
- Maintain the dementia patient's sense of independence in a safe environment



### Interdisciplinary Approach to Patient Declines

- Most buildings have some type of nursing referral system to therapy when declines are noted
- Therapy responds with a screen/evaluation
- No noted change in ROM or strength but a definite change in function is noted
- No noted change in swallowing but behavior and memory changes noted
- We need to investigate more into a possible cognitive decline affecting activities of daily living





- Because cognitive impairments affect all aspects of daily living, any therapy can establish this cueing system program
- PT may address declines in transfers or ambulation
- OT may address declines in ADLs
- ST may address declines in orientation, memory, problem solving, behavior
- It could be a combination of therapies

- It is important that the initial evaluation is completed to identify the changes and establish a therapy POC
- The POC should be shared with all members of the interdisciplinary team
- The Team Members
- Administrator
- Director of Nursing/ADON
- Occupational Therapist
- Physical Therapist
- Speech Therapist
- Primary Physician/Medical Director
- Nurse
- Certified Nursing Assistant
- Social Service
- Activities

- Family/Caregivers
- Dietician
- Housekeeping





#### Patient-Centered Care Approach

- Therapy identifies patient specific interest with assistance of family and caregivers
- Therapy has constant communication with caregivers/family for feedback on established systems while on caseload
- Therapy provides education to caregivers/family/interdisciplinary team prior to therapy discharge



This Photo by Unknown Author is licensed under CC BY-SA-NO

**Case Study One** 

PT receives a referral on John Smith, a 72-year-old male with diagnoses of dementia, CHF, HTN, and ambulatory dysfunction. Mr. Smith had been able to move from a seated to a standing position with contact guard assist and ambulate with distant supervision but most recently the staff is having difficulty getting him to go from a seated to standing position without moderate to max assist and a great deal of frustration on the part of Mr. Smith.

#### **Case Study One - continued**

- PT completes full assessment and identifies no change in strength or ROM from previous POC
- PT confirms functional changes in level of assist needed for safe transfers and ambulation
- PT identifies a cognitive decline with Mr. Smith
- PT decides to trial an external visual cueing system



#### **Case Study One - continued**

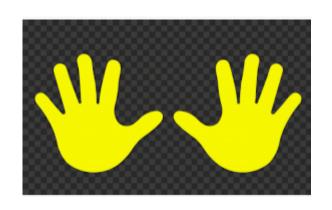
Typical Response from therapist training for safe transfers:

- Make sure your chair is locked
- Place your hands on the arm rest of your chair
- Push up to a standing position
- Stand upright for a minute
- Reach for your walker



**Case Study One - continued** 

Modified response using external cueing system:







Case Study – Two

Betty Jones is an 81-year-old female with a history of left BKA, DM, A-Fib, and dementia. Betty has always had some difficulty completing her lower body ADLs but was able to complete her upper body with just set up assist. Nursing has recently noticed that she is requiring more than set-up assist and often times they find her sitting in front of the sink just staring at the wash cloth. Nursing makes a referral to OT secondary to this decline in ADLs.

#### Case Study - Two continued

- OT completes their assessment and identifies no changes in the patient's UE ROM or strength
- OT has witnessed the lack of independence with UB ADLs
- OT identifies the patient appears to demonstrate decreased memory and sequencing skills
- OT decides to trial an external visual cueing system



Case Study – Two continued

Typical response by therapist would be:

- Recommend increased verbal cues
- Recommend more assistance from caregiver to complete UB ADLs

Neither of these supports increased independence and self-worth

Advantage

Case Study – Two continued

Modified response using external cueing system:







Per the article entitled "Behavioral Disturbances in Dementia" found in the March 2003 issue of Dialogues in Clinical Neuroscience:

Behavioral abnormalities are common and prominent characteristics of dementia. They include symptoms such as depression, anxiety, psychosis, agitation, aggression, disinhibition, and sleep disturbances.



**Case Study – Three** 

Gladys Simmons is a 77-year-old female with a history of HTN, anxiety, Alzheimer's Disease, and COPD. She has been a resident of this LTC facility for 2 years and has recently demonstrated increased behavior on the 3-11 shift that the staff is relating to sun-downing. She has demonstrated the initiation of exit seeking behaviors which causes the patient increased anxiety and increased burden on the caregivers to constantly re-direct her. Nursing sends a referral to ST to assess.

#### <u>Case Study – Three (continue)</u>

- Speech Therapy completes a full cognitive-linguistic assessment
- Speech identifies a decline in orientation, functional problem solving and memory recall
- Speech also observes the patient display decreased attention to task but is easily re-directed
- Patient demonstrates reading comprehension at the short phrase level
- Speech Therapy decides to trial an external visual cueing system



**Case Study – Three continue** 

Typical response from therapy would be:

- Recommend more involvement with Activities
- Recommend nursing re-direct patient when she heads towards an exit
- Recommend moving patient to a room further from exits



#### **Case Study – Three continue**

Modified response using external cueing system:

- Identify the Stage of Dementia
- Identify the items or activities the patient finds as giving her value
- Use that activity to re-direct her behavior
- Educate all caregivers on utilization of this activity



#### **Case Study – Three continue**

- ST spoke with staff and family members for patientcentered tasks (dog grooming)
- ST developed a book of different dog breeds
- ST identified types of questions related to this visual cue that elicited positive behaviors
- ST educated all caregivers to use of visual cueing system



What do each of these interventions have in common?

- Maintenance of the highest level of function in as safe an environment as possible while providing a sense of independence and self-worth to the patient
- Assisting with decreasing the burden on the caregivers
- Involvement of the entire interdisciplinary team



### Questions





### Thank You



Lisa Beck, MS CCC SLP/CD

lbeck@feeltheadvantage.com

(724)785-3672



#### References

- Dementia Care Practice Recommendations for Assisted Living Residences & Nursing Homes – Alzheimer Association (August 2007)
- Alzheimer Impact Movement Alzheimer Association Fact Sheet (March 2020)
- Behavioral Disturbance in Dementia Dialogues in Clinical Neuroscience (March 2003)

