

COVID-19

alzheimer's association

Nursing Homes and Assisted Living: On The Frontlines of the COVID-19 Crisis

***48% of nursing home residents are living with dementia.**

***42% of residents in residential care facilities, including assisted living communities, have Alzheimer's or another dementia.**

***Residents with dementia are particularly at risk to COVID-19 due to their age, their increased likelihood of coexisting chronic conditions, and the community nature of these settings.**

***As of August 13th 2020, *The New York Times* reported that more than 68,000 residents and workers in the US have died from the coronavirus at nursing homes and other long-term care communities.**

What are some challenges in providing dementia care in Nursing Homes and Assisted Living during COVID-19?

- *Have your memory care residents had a difficult time following social distancing, washing their hands, avoiding touching their face, and wearing a face mask?**
- *Have the changes to resident routines, disruptions in daily schedules, use of unfamiliar equipment, or working with unfamiliar caregivers can lead to fear and anxiety resulting in increased depression and behavioral changes such as agitation, aggression, or wandering?**
- *Has the lack of family visitation or volunteers accounted for behaviors?**
- *Have your residents had an increased number of falls?**
- *Any weight loss?**

Responses to providing dementia care during COVID-19

- *How is your facility dealing with feeding assistance?** *Some residents have actually gained weight due to being more sedentary” ,“All staff have been assisting with with feeding during this time”*
- *Have the residents exhibited weight loss?** *No weight loss has been noted*
- *Has there been an increased number of falls?** *No increased fall were noted.*
- *How is your facility approaching hygiene for their residents?** *“All residents, along with staff have attend in services on proper hand washing”,“Residents are on a supervised handwashing schedule”,“ We disinfect every day the railings, bathrooms, all door knobs, all light switches, all chairs, all tables, and game pieces, everything that is touched- daily”,“We have marked the floor with duct tape to ensure the recommended social distance of six feet.”*
- *How have activities changed in response to the crisis?** *Everyone sits 6 feet apart, only 2-3 participants per table, seated 6 feet apart” ,“All activities are done one on one in resident’s individual rooms.”*
- *How is your facility engaging family communication and updates?** *”Phone calls and/or video calls with residents' families are scheduled to connect on a regular basis. Families also visit their loved ones through window visits at the facility.”*

As a response to the COVID-19 crisis, person-centered care is one of the most important steps in providing quality dementia care

***Person-centered care is tailored to fit each resident's special, cognitive and social abilities. Person centered care is designed to enhance the strengths of all residents and to connect with their personal life memories, which enables them to function at a higher ability level and to live in greater well-being on a daily basis.**

***It is recommended that a nurse, or social worker or staff under the supervision of licensed clinicians completes a HIPAA-compliant personal information form for each person and keeps it in an easily accessible place, such as inside a closet door in a folder attached to the back of a door.**

Person-centered information form can include:

- 1. Individual's preferred name (and pronouns).**
- 2. Cultural background.**
- 3. Religious or spiritual practices.**
- 4. Past hobbies and interests.**
- 5. Names of family and friends.**
- 6. What upsets the person and what calms him or her down.**
- 7. Sleep habits; eating and drinking patterns and abilities; typical patterns of behavior; and normal daily structure and routines.**
- 8. Remaining abilities, motor skills, verbal processing and communication abilities and methods.**

Persons with Alzheimer's and dementia depend on schedule, structure, and routine. With this current crisis, maintaining as much structure as possible keeps the memory care residents comfortable and feeling safe. However, keep in mind that dementia-related behaviors may occur due to the changes.

Strategies to observe and respond to dementia-related behaviors include:

- * Rule out pain, thirst, hunger or the need to use the bathroom as a source of agitation.**
- * Speak in a calm low-pitched voice.**
- * Try to reduce excess stimulation.**
- * Ask others what works for them.**
- * Validate the individual's emotions. Focus on the feelings, not necessarily the content.**
of what the person is saying. Sometimes the emotions are more important than what is said.

...Strategies to observe and respond to dementia-related behaviors include continued

- * Understand that the individual may be expressing thoughts and feelings from their own reality, which may differ from generally acknowledged reality. Offer reassurance and understanding, without challenging their words.**
- * Through behavioral observation and attempted interventions, try to determine what helps meet the person's needs and include the information in the individualized plan of care.**
- * Be aware of past traumas (veterans, abuse survivors, survivors of large-scale disasters).**
- * Never physically force the person to do something.**

Questions?

Alzheimer's Association

We're here. All day, every day.

24/7 Helpline: 800.272.3900

alz.org[®]



CORONAVIRUS RESPONSE

5 WAYS WE KOKUA



Online support community
alzconnected.org



Online education training.alz.org



Free 24/7 Helpline 800.272.3900



Call our Hawaii Office 808.591.2771



Virtual/By Phone Program Info
alz.org/hawaii/events

alzheimer's  association®

Aloha Chapter

Positive Approach to Care

Dementia Communication Challenges – Then and Now

Presenter: Dorothy Colby

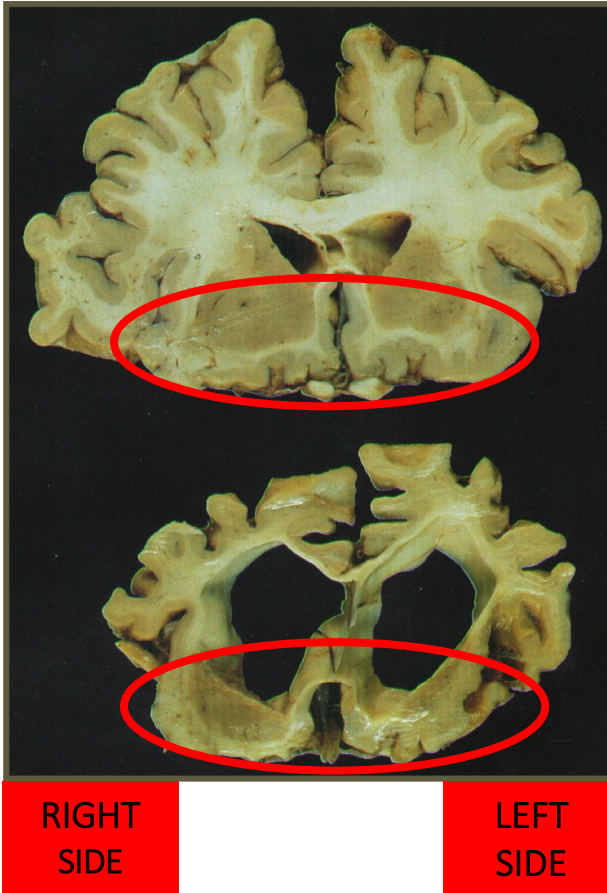
dorothy@halekuike.com

808-525-6770



Language Changes

Normal



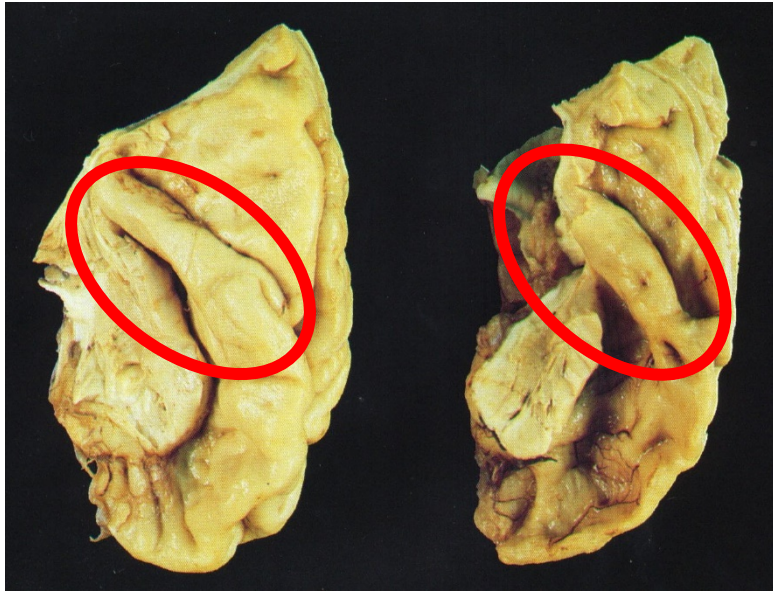
Language on the **LEFT** –
LOST

- **Vocabulary**
- **Comprehension**
- **Speech production**

Rhythm on the **RIGHT** -
REMAINS

- **Social Chit-Chat**
- **Music, Poetry & Prayer**
- **Rhythmic Movement**
- **Forbidden words**

Language or Hearing Change?



**Hearing Sound –
Not Changed**



**Understanding Language –
BIG CHANGE**

Where Does Communication Come From?



How words are spoken –
tone and inflection

38%



The meaning of words
themselves

7%



Facial expression &
body language

55%

Mask Challenges

- Can't see facial expressions
- Muffles sound
- Can't read lips
- Can't recognize face to identify person



What can we do to help overcome the challenges?

- Use visual cues to enhance every verbal interaction
- Smile big behind the mask so your eyes smile too!
- If safe to do so (such as outdoors), pause and reveal face from 6+ feet away so they can see your face. Put your mask back on before moving in closer than 6 feet.
- Speak low, slow and really enunciate!
- Introduce yourself, every time if necessary

How Can We Give Information?

- 1) Visual Cues – Show
- 2) Verbal Cues – Tell
- 3) Tactile Cues – Touch

The order matters!

Make a Note

- **No touching until you've done a visual/verbal**
- **Don't do "to" someone...do "with" someone**
- **Dementia robs skill before robbing strength**
- **Use "hand under hand" to support**

Keep it SIMPLE



- USE VISUAL combined VERBAL (gesture/point)
 - ✓ “It’s about time for... “
 - ✓ “Let’s go this way...”
 - ✓ “Here are your socks...”
- DON’T ask questions you DON’T want to hear the answer to...
- Acknowledge the response/reaction to your information...
- LIMIT your words – SIMPLE is better always
- Wait, Pause, Slow Down

For ALL Communication



If what you are trying is NOT working...

- STOP
- Back off
- THINK IT THROUGH...
- Then, re-approach
- And try something slightly different

Believe -

People with
dementia

Are doing

The BEST they can!

So WHAT should we do???

**Remember
who has the
healthy brain!**