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## **Enhancing the Quality of Life of Nursing Home Residents with Late Stage Alzheimer's Disease and Related Disorders**

Felicity Sluga, M.S.

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### **Educational Objectives**

1. Discuss the growing need for special programming and activities to improve the quality of life of nursing home residents with dementing illnesses.
2. Discuss program and activity options that have a positive impact on quality of life as measured by the resident's mood, behavioral symptoms, cognitive skills, physical condition and medication use.
3. Review the responses of a resident to our unit's therapeutic interventions.

### **Background**

Alzheimer's disease (AD), an irreversible deterioration of brain tissue, causes the progressive loss of nerve cells responsible for normal thought, memory, and daily functioning (Atchley, 1997).

In 1998, approximately 4 million Americans had AD and related disorders. The direct and indirect costs of their care have been estimated at \$100 billion annually. By 2050, AD may have as many as 45 million victims across the globe; 14 million will be Americans. With estimates as staggering as 4-8% of the population 65 and over and 37% of those 85 and older having symptoms of AD significant enough to impair their ability to live independently, the costs of providing care are formidable (Bengtson & Schaie, 1999).

Many long-term care facilities have developed special care units to enhance the quality of life for residents experiencing a dementing illness. The Hermitage, a Continuing Care Retirement Community in Richmond, Virginia, has a special care unit known as the Special Care Neighborhood (SCN-HC). Located in our Health Care Center, a 104-bed nursing facility, this unit concentrates its efforts on residents in the latter stages of the disease.

The Hermitage received a grant from the Jessie Ball duPont Fund in May of 1999 to expand existing programs and support new ones for residents on the SCN-HC unit. This funding enabled the unit to try

interventions and individually-targeted programs, and to monitor them for success. The program options proved to be effective for this special population.

### **Program Objectives**

The program philosophy is based upon the "best friends" approach used by the Helping Hands Day Program of the Lexington Bluegrass Alzheimer's Association. Our staff is committed to its philosophy, which requires staff members to become knowledgeable about each resident's background, traditions, personality, moods and problem solving style.

The program objectives are to "establish a structured daily program with an interdisciplinary team approach, which enables residents to be involved in their daily life to their highest potential... and to provide opportunities for successful, failure free individual and group activities that are stage specific according to the cognitive level of dementia." These opportunities are "tailored to the needs of the dementia resident and include basic programming elements such as Activities of Daily Living, meals, social interaction, and one-on-one interaction...". Staff members are required to offer encouragement in every activity residents embark upon throughout the day. We also seek to eliminate the use of chemical interventions to alleviate behavioral problems by the use of alternative therapeutic techniques, including inter-personal interaction between caregiver and resident, in a structured, nurturing environment. In addition, we want to keep families involved and informed of their loved one's status and for them to play an active role in their care.

We begin by assessing each resident prior to admission to ascertain the resident's cognitive level. The initial assessment is obtained from the resident's primary care physician, a psychiatrist and a member of the Hermitage's medical staff. From these assessments, an interdisciplinary team of professionals from Nursing, Social Services, Rehabilitation, Dining, Activities and Pastoral Care develop and tailor a comprehensive care plan to fit the resident's individual needs and to determine which therapeutic interventions will best serve the resident. The interdisciplinary team also conducts assessments annually as well as in the event any behavioral changes are observed.

Furthermore, we encourage increased familial involvement by inviting them to attend and participate in the quarterly care plan meetings. We welcome families to call or visit at any time or to request a family conference to discuss their loved one. We also continue to host special programs for families to provide education and offer emotional support during frustrating and difficult times.

Our objectives are accomplished through the interdisciplinary team, a full-time Program Coordinator, and a full-time and a part-time Activity Aide who continually work with direct care staff to assure that resident needs are met.

### **Program Activities**

Key components of the SCN-HC are therapeutic programs and techniques that aim to improve residents' quality of life. Our therapeutic programming includes seven main categories:

- Horticulture Therapy through the use of a Stand-Up Garden™ (a wheel-chair accessible gardening cart)
- Aromatherapy
- Edenization (bringing living things such as plants and pets into the facility to live)
- Interactive Artwork & Art Therapy
- Massage Therapy
- Music Therapy
- Companion Radio

### **Program Evaluation**

Evaluation begins after each activity. A staff member documents the resident's response by answering the following questions:

- Did the resident participate in the activity?
- Does the resident appear to enjoy the activity, as indicated through smiles, attention span, reduced noise level, and decline in inappropriate behavior?
- Are the goals of the Care Plan being met?

These responses are discussed at the weekly Care Team and Care Plan meetings by the interdisciplinary team to determine whether activities are continued or modified for an appropriate fit.

We also complete a modified five-page assessment quarterly to determine the impact of the programming on the resident's mood, behavioral symptoms, cognitive skills, physical condition and medications. In addition, we conduct a brief, written family survey three times a year.

We regularly encourage further family participation. A member of our interdisciplinary team places a phone call to the family once a month to update them on successes and goals. One-on-one conferences are available at any time; and we hold two resident/family dinners or receptions a year.

### **Case Study**

Mrs. Y., 84, a resident on the SCN-HC unit, has been diagnosed with Alzheimer's disease, osteoarthritis, hypothyroidism, and degenerative joint disorder. Once believed "unreachable" or "unable to communicate with staff or her family," she is now able to interact with people.

Upon admission to the SCN-HC unit, she was easily frightened and startled, and would not allow anyone to touch her. By becoming familiar with Mrs. Y's background and personality, the interdisciplinary team initiated programming that emphasized several of the unit's special therapies. Mrs. Y. was slowly introduced to touch and gentle contact over a period of weeks by the massage therapist. Now, she appears more relaxed, and not only enjoys, but also initiates gentle hand massage, shoulder rubs, and arm strokes. Through the use of daily grooming programs and one-on-one interactions, Mrs. Y now actively participates in her personal grooming. Prior to this interaction and programming, she was unable to lift her hands or use a comb. Mrs. Y. also enjoys the Stand-Up Garden™ and has been observed digging, patting dirt around the plants, and weeding. In addition, a quarterly family

conference revealed Mrs. Y's love of solitaire. In order not to overwhelm her, she works with a ½ deck of cards, lining them up appropriately by suit and number sequence. She also enjoys looking through catalogs, magazines and the newspaper. She has begun to initiate conversation in her own way with eye contact, tracking with her finger and the phrase, "Come here."

The first time Mrs. Y's son saw her playing solitaire he was overwhelmed with emotion and commented, "You just never know (what's going to touch them), do you?" Mrs. Y.'s family continues to be amazed at the activities with which she has again involved herself.

Our innovative programming continuously touches on "Finding the right key to unlock the door of memories."

### **Study Questions**

1. What does the staff learn about each resident, and how is the information put into practice?
2. How can enhanced quality of life be measured in this special population?

### **References**

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