

# PBS Support within Nursing Homes

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## Before we begin...

We are going to talk today about how a behavior specialist:

- Can use PBS to support anyone you are likely to encounter in a nursing facility
- Understand the nursing home environment.

## Introduction

- A story
- Dave
- Warren
- The audience



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### The Spark....

In February 2010 Seniors and People with Disabilities in Oregon added behavioral services to the Aged and Physically Disabled waiver.

The need was created to partner behavioral specialists with the nursing home world.



## Why PBS? Why now?

Philosophy of care is changing

- Culture change (Pioneer Network)
- Person Centered/Person Directed
- Dignity and respect
- Cost savings approaches

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## Culture Change (Pioneer Network)

Transformation of older adult services based on:

- Person directed
  - Dignity/Respect
  - Self-determination
  - Purposeful living
- (Just like the field of disabilities)

[www.pioneernetwork.net](http://www.pioneernetwork.net)

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## Person Centered/ Person Directed

- Not just a person in a bed
- Ties into culture change
- Personalized care, even for people with challenging behavior
- Focuses on what is important to the person
- Finally reaching senior services

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## Cost Savings

With PBS:

- Fewer staff needed
- Less equipment (mats, tab alarms)
- Proactive rather than reactive
- Address the cause not the symptom.

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## The challenge:

How do you implement PBS within a nursing home??????

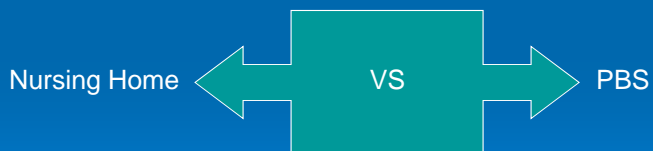


I'd like PBS in  
Nursing Homes  
for \$300 Alex!!!

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Here's the problem:

Two vastly different philosophies, and requirements



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## The nursing home environment

- Medical model
- Many departments
- Hierarchy
- Trained staff



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## The Nursing Home

- Maintain Health
- Ensure Safety
- Limited staff (1 to 7 staff ratio) 1:11,1:18
- Federal Regulations
- Medical Foundation

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## Federal Regulations: Potential areas of citations

- F221 Physical Restraints
- F222 Chemical Restraints
- F223 Abuse
- F224 Mistreatment
- F226 Staff treatment of Residents
- F240 Quality of life
- F241 Dignity
- F319 Psychosocial
- F323 Accidents
- F329 Unnecessary drugs

Appendix PP, CMS

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## Goal is to avoid citations

- Affects insurance premiums
- Could affect admissions (survey results are public)
- Could affect CNA training program
- Affect reputation
- Conditions

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## Ensuring safety: Risk assessment in the nursing home

- 
- 
- Weight loss
- Aspiration



## Here's an example

Resident is found on the floor.  
Facility suspects a fall.

**THE FACILITY IS NOW AT  
RISK TO BE CITED!!!!**

- They have to do something  
NOW!!!



## Action

Nursing needs to immediately implement a corrective plan.

Example:

- F323 "Accidents. Ensure that the facility provides an environment that is free from accident hazards."
- Typical protocol for falls: Lower bed, mat by bed, pressure alarm in bed, tab alarm in bed or chair.

THIS IS VERY REACTIVE

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## According to Federal guidelines...

- The facility has now met its obligation to implement appropriate interventions to ensure the client's safety.
- So if the person continues to have falls, risk for injury has been addressed.

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## But the person keeps falling...

Any of us might naturally want to ask:

Why is the person falling in the first place?

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## What could a behavioral specialist offer?

Assess the reasons the client is wanting to get up

- Identify contributing factors in the environment
- Assess the client's ability to:
  - Understand his need for assistance
  - Learn and remember new behaviors
  - Call for assistance
  - Wait for assistance
- Develop a more comprehensive Behavior Plan that addresses changes to the environment and possibly teaches new behaviors.

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## Here's the difference

- Typical nursing facility behavioral interventions seek to respond to dangerous behaviors as they occur.
- Nursing facilities often use medical interventions to alter or prevent dangerous behaviors.
- These medical interventions are intrusive, restrictive, undignified, don't offer the client a choice, etc.

These interventions would be considered at odds with current PBS and Person-Centered practices.

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## The challenge is to:

- Meet the Federal requirements
- Implement a behavioral support program that is based on PBS.
- Remove intrusive interventions  
Functional Alternative

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## But be careful...

- Replace the restrictive protocols with less intrusive interventions
- CAREFULLY remove the immediate supports currently in place.  
(Remove tab alarm, replace with adaptive switch for call bell)

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## We can combine both worlds.

- We are at a juncture where we know the PBS philosophy, and the Federal requirements.
- There are efforts to implement values that are consistent with PBS principles.
- PBS principles and methodology actually are not dissimilar to standards being implemented in nursing facilities.

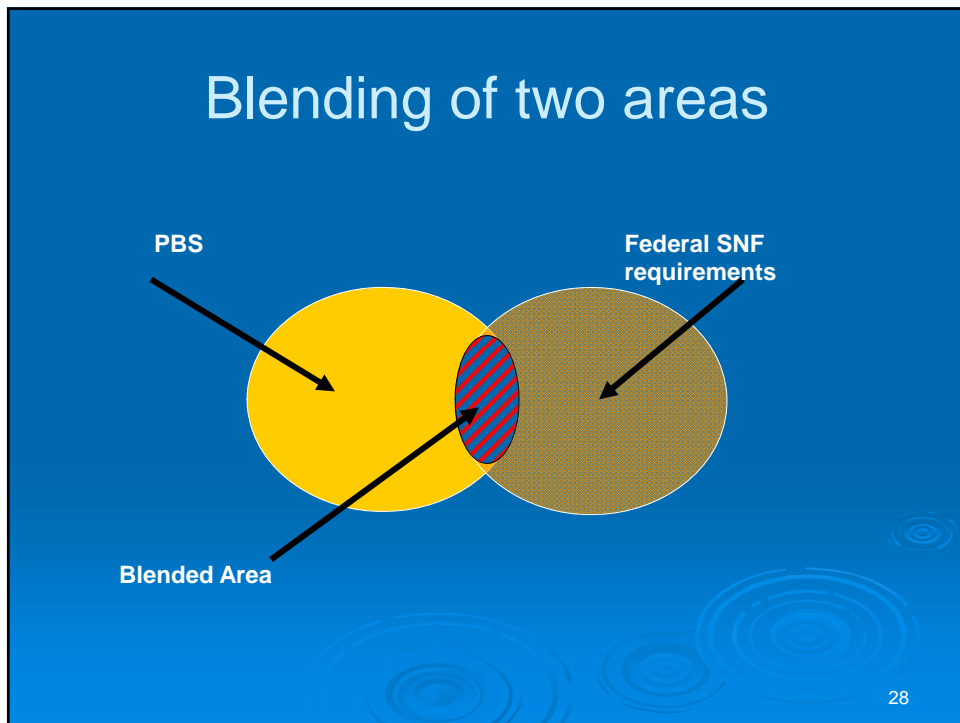
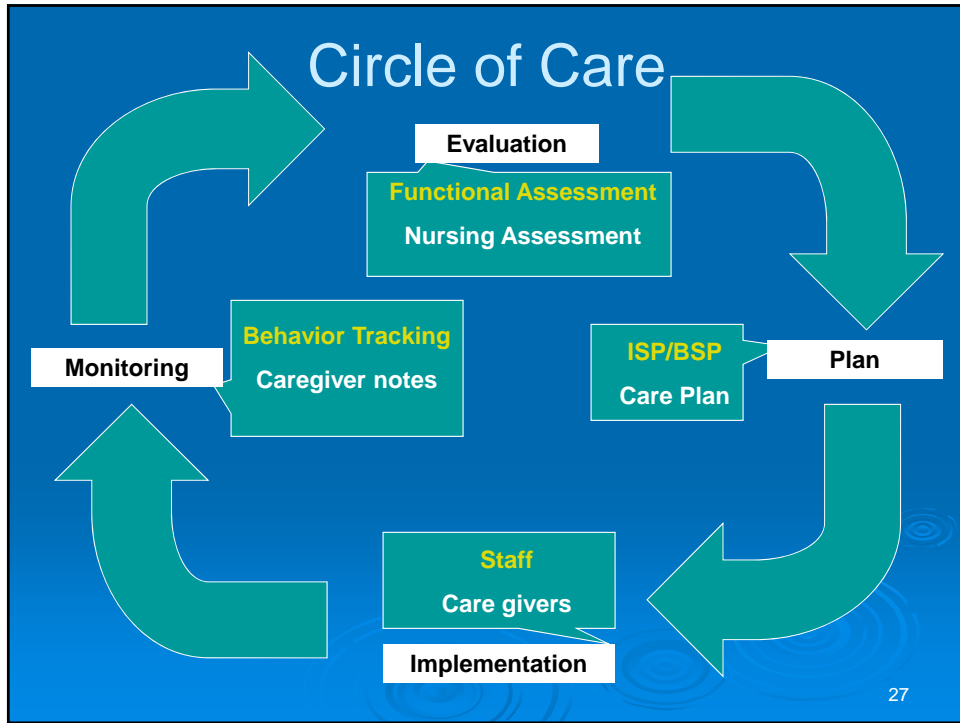
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## Meeting Federal Guidelines

- Identification of hazard
- Evaluation of hazard and risk
- Implementation of intervention
- Monitoring for effectiveness

- Appendix PP, systems approach pp 235-236.

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## Joining forces

By understanding and using the strengths of both disciplines, we can develop behavior supports that truly reflect the goals that have been identified.

Combining:

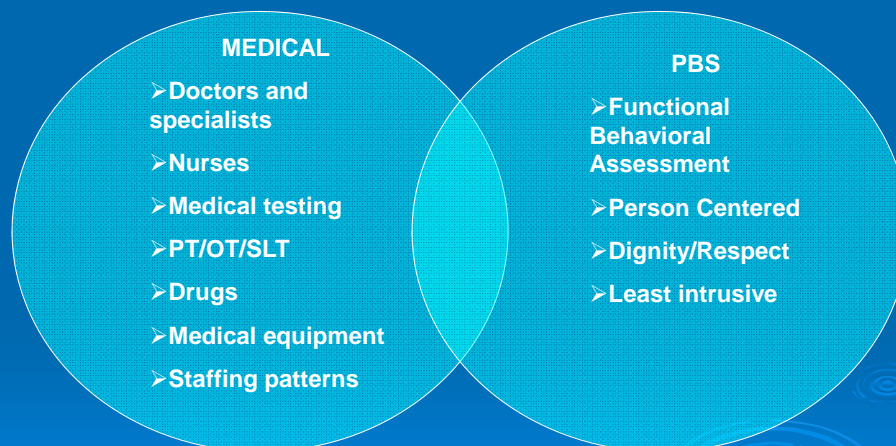
Medical and PBS

Federal and PBS

Safety and Dignity

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## Combining Medical with PBS



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## Combining Federal Rules with PBS

### Fed Rules

- Primary focus: Maintain health and safety
- Structured
- Safety protocols (proactive)
- Reactive responses
- Try to provide a good quality of life

### PBS

- Primary focus: Proactive supports
- Environmental adaptations
- Teaching new skills
- A strong Person-Centered approach

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## Combining safety with dignity

### Safety

- Safety equipment (mats, alarms)
- PT/OT/SLT
- Medical testing
- Trained staff
- Supervision and monitoring

### Dignity

- Assessing preferences
- Teaching safe behaviors
- Addressing stressors in the environment
- Age appropriate
- Building in opportunities to exercise choice

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## The question is...

How does the behavior specialist influence culture change in the nursing facility using PBS?



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## The behavior specialist needs to:

- Utilize all departments
- Adhere to Federal guidelines
- Ensure same level of safety
- Implement PBS philosophy

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## Remember..

A perfect BSP does not guarantee that the facility will not receive a citation.



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## Key elements:

- Relationships and communication
- Thinking through the effects of the removal of the reactive supports, both informal and formal, while implementing proactive supports

- Be careful when you remove supports

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## And most importantly...

- Remember above all that a BSP—even the perfect BSP-- does not implement itself

Success of any plan depends on the people implementing it—the nursing facility staff.

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## What is the strategy??

- Understand the departments and how they work together—including hierarchies, both formal and informal)
- Understand the comfort level and skills of the people you are working with
- Train the staff
- Ensure oversight of the implementation of proactive supports and the removal of the reactive supports.

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## Departments: Nursing

- Consulting MD
- Skilled RNs
- Medical coordination
- Medications
- Treatments
- Therapy
- Monitoring: care givers/CNA's



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## Departments: PT/OT/SLT

- Skilled therapists
- Adapted activities
- Building strength for independence
- Teaching new skills
- Adaptive equipment



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## Departments: Dining

- Registered Dietician
- Nutrition
- Special diets
- Allergies
- Socialization
- Eye hand coordination



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## Departments: Activities

- Physical and mental training
- Past occupations
- Hobbies
- Outings
- Exercise
- Socialization
- Independence & confidence



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## Departments: Social Services

- Addressing psychological well-being
- Contact with family and friends
- Access to other services



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## Staff dynamics

- Administrator reviews everything
- RNs monitor care plan
  - Consult with MD
  - Coordinate medical appointments and referrals
  - Obtain progress updates from PT/OT
  - Follow up on dietary orders
- CNAs implement the care plan
  - Are supervised by the RNs

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## Staff dynamics

### Level of authority

Administrator  
RN  
Therapies  
CNAs



### Degree of familiarity

CNAs  
Therapies  
RN  
Administrator

Respect levels of authority when *seeking permissions*

Respect degrees of familiarity when *gathering information*

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## Staff training

- Obtain *permission* from the administrator
  - Training costs money
  - Training takes time
  - Training requires coordination and coverage
- Obtain *acceptance* from the RN
  - The RN will have to schedule the training and coverage
  - The RN is still responsible for overseeing the CNAs

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## Training staff

- Keep the training short and direct
- Provide written materials
- Teach skills needed to implement the interventions and plan
- Acknowledge resistance and fears, and offer avenues for support
- Set a time to meet again for follow up

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## Implementing the BSP

- Provide all necessary data tracking records
- Review data tracking for implementation
- Be available to provide feedback and staff support
- Continue to address resistance and fears as necessary

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## Remember our example?

Resident is found on the floor.  
Facility suspects a fall.

Interventions:

Falls: Lower bed, tab alarm, mat by bed.

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## The question a behavior specialist would ask...

- Not how he fell, but why was he trying to get up?
  - Getting up to use rest room?
  - Was disoriented?
  - Wanted to do something for himself without having to call and wait for staff?

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## But now we can utilize all available resources

- From Nursing:
  - Rule out treatable medical conditions
  - Identify chronic medical conditions
  - Medication review
  - Additional testing
- From PT/OT/SLT
  - Cognitive testing
  - Rehab potential
  - Skills training

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## But now we can utilize all available resources

- From Activity Therapy:
  - Information about the person's history
  - Information about the person's interests
- From Social Services:
  - Information about family support
  - Information about community resources
- From the CNAs
  - All the rich, personal information gathered from working directly with the person

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## The “New” BSP

- Based on information gathered from *all* departments and disciplines
- Suggests proactive strategies that consider:
  - Environmental arrangement/management/structure
  - Skill building-training and practice
  - Functional alternative behaviors
  - Motivation and encouragement
  - Age, history, and culture
  - Preferences and choices
  - Quality of life

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## The “New” BSP

- Suggests reactive strategies that:
  - Interrupt or redirect escalating behavior
  - Remind the person of desired responses they have practiced
  - Help the person return to baseline
- Suggests crisis strategies that:
  - Maintain the person’s health and safety
- Suggests recovery strategies that:
  - Help the person return to baseline
  - Provide for support and supervision following a crisis

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## The “New” BSP

- Includes supports and interventions that consider and meet Federal guidelines
- Includes a person centered approach to delivering positive behavior supports
- Is able to be implemented within the facility by the available staff.

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## Summary

- The philosophy in Senior care is changing.
- PBS offers the same values plus proven techniques that will allow senior services to realize their goals.

To implement PBS within a nursing home you must:

- Understand the rules
- Understand the staff
- Accommodate both PBS and Federal rules
- Earn staff's trust

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Thank You!

Questions?

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