Appendix B: Case Vignette

This case vignette below presents a resident scenario that portrays how the resident may experience the application of the team- and problem-based approaches.

Mrs. Brown has been a resident of the nursing home for 18 months. She has two adult children and four grandchildren that live in the area. In her younger years, she and her husband ran a laundry business in the area. In her leisure time, Mrs. Brown was an avid walker. Since she transitioned to living in the facility, she has been known to wander around the facility throughout the day. All those years of walking several miles a day continued as part of her daily routine in the facility. Mrs. Brown now has a pattern of wandering between two units and then sitting by the large bay window to look at the river and the boats, which are just beyond the facility parking lot. Recently, the front office staff called the unit to let them know that Mrs. Brown was confused. She was upset and concerned that she was going to be late to open the laundry business early that day. This was a change in routine for Mrs. Brown. Similarly, the certified nursing assistants also shared with the charge nurse that they noticed changes in Mrs. Brown, especially with attention to her appearance and hygiene. This triggered a review of Mrs. Brown's status. The unit nurse requested an occupational therapy screen, which indicated the need for an evaluation and treatment.

As a resident in the team-based approach

The occupational therapist completed an evaluation, which included completing the Global Deterioration Scale to identify Mrs. Brown's current cognitive stage. The assessment indicated she was now in stage 5. Staging the resident, using a standardized cognitive assessment is a key initial step in the team-based approach. Staff training on the team-based approach included educating all staff on stages 4 through 7 on the GDS, each stage was introduced with a corresponding color logo. Staff learned about each stage in context of the residents' abilities and how those abilities translated to considerations and staff strategies for their respective job roles in the facility.

The occupational therapist worked with the charge nurse to update her color-coded staging indicators that served to prompt facility staff of her stage. The indicators were updated from green tags, which signal a stage 4, to yellow which signals a stage 5. These color cues then equip all staff with knowledge of Mrs. Brown's cognitive level, whether that is staff are professional healthcare staff (e.g., registered nurse) or direct care providers (e.g., certified nursing assistants), or ancillary support staff, which includes maintenance, housekeeping and front office staff (e.g., reception, billing department staff). These stage indicators include a yellow magnet on Mrs. Brown's doorway, a yellow tag on her walker, and a yellow sticker on her daily medication nurse charting form.

The resident's care plan was also updated to reflect the change in cognitive stage. This included updating the team's communication board, which is posted in the unit office. Mrs. Brown's name was added to the stage 5 communication board, removing her from the stage 4 communication board. These stage-specific communication boards include a list of each resident and reminders for the staff about (a) the abilities of residents at each stage, including communication, behaviors, and self- care as well as (b) strategies staff can use with the resident based on their cognitive stage. These prompts are also reflected in a pocket size reference guide that each staff is given when they complete training, which provides an

overview for each of the 4 colors that correspond to Global Deterioration Scale scores 4 (green), 5 (yellow),6 (red), and 7 (purple).

Given the collective team approach and inclusion of all staff in this approach, the updating of the color-coded materials equipped all staff with the cues on which stage-specific strategies they could use when engaging with Mrs. Brown. For example, when front office staff see Mrs. Brown walking down the hall with the yellow stage 5 sticker on her two-wheeled rolling walker, they are prompted to remember the strategies they learned in their dementia care training program regarding communication and resident interactions for someone that is in Stage 5 on the Global Deterioration Scale. Similarly, when the environmental services staff come into Mrs. Brown's room and see the yellow magnet on her doorway, they are better equipped to understand how to interact with her considering her cognitive stage. This promotes their ability to complete the maintenance task they have been deployed to address in her room while appropriately interacting with Mrs. Brown. The activities department staff and family members are also prompted to use the activity kits that are tagged with yellow Stage 5 stickers to ensure that the activities they select to engage in with her align with her cognitive abilities. The CNA and nursing staff can continue to support Mrs. Brown's ADL performance with appropriate cues and task modification based on the newly identified Stage 5 level of cognition.

As a resident in the problem-based approach

The occupational therapist completed an evaluation of the resident and then created a resident specific plan of care. In this plan of care, the occupational therapist provided in-services to the certified nursing assistant(s) on the day shift and afternoon shift on the recommended new strategies for Mrs. Brown with respect to her daily routine. The occupational therapist also worked with the activities department to develop strategies for engaging Mrs. Brown particularly at change of shift, when there is more movement and noise in the environment resulting in an overstimulated environment for Mrs. Brown. The occupational therapist also met with the family to discuss strategies for their weekend visits, including recommendations for (a) activities to engage in that are meaningful and align with her cognitive abilities and (b) proactively planning activities based on time of day in the facility to remove her from the unit during periods of high stimulation (e.g., change in shift). For example, Mrs. Brown enjoys sitting in the garden, the therapist recommended the family consider walking with Mrs. Brown to the facility garden if they are visiting during the change in shift.

After key staff are trained on Mrs. Brown's updated plan of care, the occupational therapist will discontinue her services. The revised care plan, including the recommended strategies and documentation of the in-service training are filed for staff to follow moving forward. The plan of care is then carried out by the staff (e.g., certified nursing assistants).

Given that there is no common language across all staff to understand Mrs. Brown's cognitive level in the problem-based approach, each staff person relies upon their individual background, prior training, and information gained if they were included in the initial in-service training on the new plan of care. For example, the ancillary support staff in the facility (e.g., maintenance, front office staff) rely upon the mandated annual training on dementia they receive each year. As each staff person encounters Mrs. Brown, there are no indicators of her recent change in cognitive status prior to their interactions with her. This leads to staff relying upon their prior training to come up with a way to engage Mrs. Brown at the moment. They are not equipped with the knowledge of stage-specific strategies they can use to interact with Mrs. Brown. Consider the housekeeping staff who encounter Mrs. Brown as she is 'trying to

leave or rush to the laundry business" who may try to orient her to the fact that she's in a nursing home and the business closed 20 years ago. This may serve to escalate her anxiety and result in negative behaviors. In addition, anyone not trained by the OT regarding Mrs. Brown's specific strategies may continue to provide care at a level that either does not give her enough support for success in her tasks or provides more support than necessary, promoting further decline in functional abilities. Training specific individuals may not account for staff over all shifts /days, per diem staff, or agency staff.