

Bird In The Hand Healthcare Staffing

Annual Alzheimer's/Dementia Training

Patient Rights

Patients have a right to be notified in writing of their rights and obligations before treatment begins and to exercise those rights. The patient's family or guardian may exercise the patient's rights when the patient has been judged incompetent. Home care patients and their caregivers have a right to not be discriminated against based on race, religion, ethnicity, language, culture, gender, sexual orientation, gender identity or expression, socioeconomic status, age, physical or mental ability or disability. Furthermore, patients and caregivers have a right to mutual respect and dignity, including respect for property. Bird In The Hand associates are prohibited from accepting tips, personal gifts and borrowing from patients. All clients have the right to be involved in all decision-making. Clients have the right to confidentiality of the medical record as well as information about their health, social, and financial circumstances and about what takes place in the home. The right to expect the home care provider to release information only as required by law or authorized by the patient and to be informed of procedures for disclosure. Patients have the right to receive care of the highest quality, appropriate assessment and management of pain, and be told what to do in the case of an emergency.

An advance directive is a written statement a client prepares that expresses how they want medical decisions made in the future should they not be able to make them themselves. Illinois law allows a client to make three types of advance directives: a health care **power of attorney**; a **living will**; a **Do-Not-Resuscitate (DNR)/Practitioner Orders For Life-Sustaining Treatment (POLST)**. The health care power of attorney lets the client choose someone to make healthcare decisions for you in the future, if you are no longer able to make these decisions for themselves. A living will tells the health care professionals whether the client wants death-delay procedures used if they have a terminal condition and are unable to state their wishes. A living will, unlike a health care power of attorney, only applies if they have a terminal condition. A terminal condition means an incurable and irreversible condition such that death is imminent and the application of any death delaying procedures serves only to prolong the dying process. A DNR/POLST Order is an advanced directive that says that cardiopulmonary resuscitation (CPR) cannot be used if a client's heart and/or breathing stops; it can also be used to record their desires for life-sustaining treatment.

Providing Client-Centered Care

If you interact with each client with the client's dignity in mind, it sets the standard of care. The key is to always see your client as the person you are going to assist, not just as one more task that needs to get done. Knowing the client as a person has much to do with how we deliver care. Listening and responding to a client's special needs sends strong signals. We need to understand that a call for attention is important and expresses a need. Calls for attention may be your client's means of communication.

Each time we interact with our clients and give them choices and control, we show our respect for their independence. When we see each client as a unique individual, that value determines how we interact and care for that person. Promote and encourage independence when providing care and listen to your client. Interact with your clients as individuals with respect for their choices and needs. Encourage your client to do as much for themselves as possible.

Self-determination means that you retain the right to make decisions, as much as possible, about important aspects of your life. Choosing activities, schedules, and making choices about aspects of their life are some examples of giving a client the right of self-determination.

As a healthcare worker, it is very important to remember to keep a patient's information private and confidential. Some guidelines for protecting private and confidential information include: Don't release information to the police without first alerting a supervisor; Do not keep a copy or make copies of resident information; Any item with a resident's name or identifying medical information should NEVER be placed in general trash receptacles. They should be shredded for appropriate disposal of confidential information.

Patient privacy and confidentiality generally refers to a patient's right to:

- ❖ Decide what personal health information can be shared with others
- ❖ Not have information about resident or client discussed in areas where others could overhear
- ❖ Privacy also refers to the right to have physical privacy (curtains pulled, doors closed, knocking before entering a room)
- ❖ Patient confidentiality generally refers to a patient's trust that health information will only be shared with those who need to know.

Your client has the right to:

- ❖ Be treated with courtesy and respect at all times.
- ❖ Receive respect for privacy and confidentiality. (What you learn about your client can not be shared with your family or friends.)
- ❖ Participate and direct the development of the plan of care.
- ❖ Be given complete, thorough, reliable and timely information.
- ❖ Be given appropriate services without discrimination against race, creed, color, religion, sex, national origin, sexual preference or handicap.

Dealing with Difficult and Combative People

It's not uncommon for care recipients to display abusive behavior. Are the combative outbursts tied to particular activities? Do they occur at specific times, such as late afternoons or evenings? Finding a common denominator may help you understand what the underlying problem is. For example, outbursts that occur late in the day could signal that the care recipient is prone to being combative when he or she is tired. In dementia patients, it could be a sign of Sundowner's Syndrome. If there doesn't seem to be a common denominator, do what you can to make the care recipient more comfortable and improve his or her quality of life; generalized unhappiness could be the culprit. Try to find a way to communicate with the care recipient, and work to maintain that person's sense of dignity and volition. Try taking the time to gently guide the patient, maybe opening with chit chat or explaining what the next activity will be. Small gestures such as these will help the patient relax. This is especially important when interacting with individuals who have trouble focusing their attention, such as people who have dementia, or impaired hearing or vision. If the patient is always combative during a certain activity, take steps to make the environment as comfortable and attractive as possible. Playing soothing music in the background may be helpful.

Every person has certain basic needs that must be met so that he can survive. A need is a requirement for survival. All human beings have basic physical needs that must be met in order to live. These needs do not all have to be met completely each day, but the more each person's needs are fulfilled, the better the quality of life they will have. These needs include oxygen, food, activity, sleep, and elimination. Home Health aides work to help their patients meet their basic physical needs. They assist them in completing **Activities of Daily Living (ADLs)**, such as eating, drinking, toileting, bathing, and grooming. Shopping for and preparing food for their patient are other important tasks a caregiver does to help clients meet their physical needs.

After meeting our basic physical needs we must have our safety and security needs met. This includes having a safe place to live and to not feeling afraid within our homes, or of the people around us. Caregivers work within the patient's environment to make their home safe so that their patient feels safe. This means they will need to ensure that there are no hazards in the patient's home such as clutter or loose rugs that could cause a patient to slip, trip, or fall. Checking to ensure safety and grab bars are secure to the wall and that non-slip tub mats and shower chairs are used ensures a safe environment for their patient. Keeping the patient's home clean and free from dirt by completing tasks such as laundry, vacuuming, and cleaning, maintains a safe environment for their patient.

Psychological needs also must be satisfied to have a healthy emotional and social outlook. As with the physical needs, these do not have to be met totally each day. However, the more completely each need is met, the better the person's emotional state will be.

Communication

Communicating with someone who has Alzheimer's disease or a related dementia can be challenging. A client with dementia may have difficulty understanding you, and you may have a hard time understanding what he or she is trying to communicate. There's potential for misunderstanding, confusion or frustration in both directions - making communication even more difficult. A person with dementia may have difficulty remembering words or communicating clearly. Having trouble with finding the right word, describing an object rather than naming it, repeating words, stories or questions, losing a train of thought, and speaking less often are patterns in conversations you might notice.

To improve understanding in both directions:

- ❖ **Be patient.** Take time to listen and allow time for the person with dementia to talk without interruption.
- ❖ **Learn to interpret.** Try to understand what is being said based on the context. If the person is struggling to get an idea out, offer a guess.
- ❖ **Be connected.** Make eye contact while communicating and call the person by name. Hold hands while talking.
- ❖ **Be aware of your nonverbal cues.** Speak calmly. Keep your body language relaxed.
- ❖ **Offer comfort.** If a person with dementia is having trouble communicating, let him or her know it's OK and provide gentle encouragement.
- ❖ **Show respect.** Avoid baby talk and diminutive phrases, such as "good girl." Don't talk about the person as if he or she weren't there.
- ❖ **Avoid distractions.** Limit visual distractions and background noise, such as a TV or radio.
- ❖ **Keep it simple.** Use short sentences. As the disease progresses, ask questions that require a yes or no answer. Break down requests into single steps.
- ❖ **Offer choices.** Offer choices when making a request for something a person might resist. For example, if someone is reluctant to shower, you might say, "Would you like to take a shower before dinner or after dinner?"
- ❖ **Use visual cues.** Sometimes gestures or other visual cues promote better understanding than words alone. Avoid criticizing, correcting and arguing. Don't correct mistakes. Avoid arguing when the person says something you disagree with.
- ❖ **Take breaks.** If you're frustrated, take a timeout.

The challenges of communication evolve as the disease progresses. You will likely find that nonverbal communication with your client - such as touch or the comforting sound of your voice - will become not only important but also meaningful.