

Function Focused Care

It's all about Philosophy

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Key Takeaways for this session:

- ▶ Function Focused Care is a philosophy of care that offers a variety of benefits for both long term care residents and their caregivers
- ▶ Older adults can be motivated to participate in Function Focused Care
- ▶ The environment plays a critical role in the success of Function Focused Care
- ▶ Residents with cognitive impairment can participate in and benefit from Function Focused Care

What is Function Focused Care ?

- ▶ Focuses on keeping residents as independent and physically active as possible.
- ▶ **The purpose is to encourage residents to perform as much of their own care as possible.**
- ▶ Allows direct care workers to be creative in motivating residents to participate in their own care and **MOVE!**



Function Focused Care (FFC):

- ▶ Doing care **with** rather than doing **for** residents
- ▶ Setting goals for the resident via service plans
- ▶ Focuses on the what the resident **CAN DO**
- ▶ Includes all staff who work in the facility working together as a team to motivate residents to do more for themselves



Different approaches to care: Do “with” the resident instead of “for” the resident

▶ The “task” approach

- ▶ Staff focus on completing tasks
- ▶ Staff complete tasks for the resident with little or no involvement of the resident
- ▶ No opportunity for improvement in functioning for the resident
- ▶ No growth or learning opportunities for the resident or family members

▶ The “person” approach

- ▶ Enables the resident to do for his/herself as much as possible
- ▶ Care benefits the resident
- ▶ Staff provide physical and verbal cues to help the residents
- ▶ Staff provide set-up of adaptive equipment
- ▶ Staff use hand over hand assistance during care

Specific FFC Activities Include:

- ▶ Going to exercise classes
- ▶ Motivating and encouraging residents to participate in bathing, dressing and grooming
- ▶ Motivating residents to walk more by having them walk to the dining room or activities
- ▶ Encouraging residents to wheel themselves while in the wheelchair
- ▶ Lifting weights while watching TV
- ▶ Using adaptive devices to increase independence

Examples of FFC

- ▶ Mrs. Jones has had a stroke and so her balance is not perfect. She is able to stand up from the wheelchair without assistance and walk with a walker as long as someone is by her side.
 - ▶ What function focused care activities might you do with her?
 - ▶ How could you implement this into daily activities?

Examples of Function Focused Care

- ▶ Mrs. Green is able to wash and dress herself with help, however she is very slow.
 - ▶ What can you do to help keep her as independent as possible?
 - ▶ What should you avoid doing to prevent Mrs. Green from becoming more dependent on others for her care?

Key Points to Remember

- ▶ Function focused care should be provided for every resident, every day and with every encounter between the staff and the resident; family and the resident.
- ▶ Residents that have a decline in their function during an illness can be helped to get back to what they were able to do before they got sick by providing function focused care activities.

Our Biggest Challenge:

Motivation!



Things to do to Motivate...

- ▶ Strengthen the residents **beliefs**:
 - ▶ About what they **CAN** do
 - ▶ About the benefits of doing these activities (ex: walking every day will help you get stronger so you won't fall)

Things to do to Motivate....

- ▶ Build their confidence....**tell them repeatedly "YOU CAN DO IT"!**
- ▶ Help them believe in the benefit.... If you walk to the dining room ...**"YOU WILL GET STRONGER, BE LESS LIKELY TO FALL, AND HAVE LESS PAIN."**



Things to do to Motivate....

- ▶ Give the resident examples of role models (other residents who successfully perform the activity) & share you physical activity programs
- ▶ Encourage actual performance/try to get them to practice doing the activity-bathing, walking, exercising
- ▶ REVIEW, REVIEW, REVIEW the benefits of activity and remind them of how they are getting stronger.

Things to do to Motivate...

- ▶ Help the resident get rid of unpleasant feelings such as pain or fear.
 - ▶ Make sure the resident gets pain medications to relieve discomfort
 - ▶ Put heat/ice on a sore area
 - ▶ Have resident talk about his or her pain or fear associated with the activity you are asking him/her to do

Things to do to Motivate...

- ▶ Let the resident know you REALLY care about them!
- ▶ Be kind to the resident
- ▶ Despite all things, smile and be nice
- ▶ Use humor
- ▶ GET EXCITED with the resident when they do any of the activities you recommend (bath, dress, walk to the dining room, go to exercise class)

Things to do to Motivate...

- ▶ Encourage involvement with others-family and friends, other residents and staff-walk together!
- ▶ Share activities and successes with families/friends
- ▶ Include family/friends as goals (going to lunch or out to a daughters house).



Things to do to Motivate...

- ▶ Set clear goals with the resident
- ▶ Set service plan goals that can be met in a short time frame: daily or weekly
 - ▶ Walking to the dining room daily
 - ▶ Doing 10 sit to stands in the hallway
 - ▶ Going to exercise class three times/week

Key Points

- ▶ Everyone can be motivated. For some people it takes them a little longer than others
- ▶ Find out why the resident won't complete function focused care activities. Is it pain? Are they afraid of falling? Focus on each resident's personal barriers in order to motivate them
- ▶ If a resident has had a decline in their functioning because of an illness, keep working with them to help restore them back to what they were able to do before getting sick

Function Focused Care

USE THE ENVIRONMENT

Using the Environment

Make it fun!

- ▶ Measure distance and compete
- ▶ Dance, dance, dance
- ▶ Decorate the hallways.
 - ▶ An art gallery
 - ▶ A shopping mall
 - ▶ A story to read along the way
 - ▶ Distance goal posts



Tricks of the Trade: Elicit Help

Use your environment:

- ▶ Clothes in the laundry...together
- ▶ Push a vacuum...together
- ▶ Dust the apartment...together
- ▶ Water the plants....together
- ▶ Lift weights ...while waiting
- ▶ Fun goals (little stores/coffee bar)
- ▶ Wide open stairs and do it together!

Make it Routine:

- ▶ During bathing: Do ROM/Carry and lift
- ▶ During dressing: Do ROM/Carry and lift
- ▶ When getting from A to B: safety bars everywhere they are needed
- ▶ When eating/waiting for meals: lift weights/balls
- ▶ When bored or tired: Rejoice and Rejuvenate room for dance/music and games

Use What You Have

Ideas?

Try making some changes in the environment to provide more opportunities for **spontaneous** activity: weights, resistance bands, foam noodles, stationary pedalers, etc.



Where to Begin?

Evaluate your resident's underlying ability.

- ▶ Range of motion
- ▶ Transfers
- ▶ Ambulation/wheelchair propulsion
- ▶ Cognitive ability

CAPABILITY TEST

1. Range of Motion (ROM)

- Full ROM to 180 degrees of abduction (hands over head) ____ (1 point if yes, 0 if no.)
- Full external rotation (hands behind head) ____ (1 point if yes, 0 if no)
- Full internal rotation and adduction (hands in small of back) ____ (1 point if yes, 0 if no)

2. Either lying or sitting, point and flex your toes, bend and straighten your knees, and/or if sitting, ask to march.

- Able to flex ankle ____ (1 point if yes, 0 if no)
- Able to point toe ____ (1 point if yes, 0 if no)
- Able to bend and straighten knees ____ (1 point if yes, 0 if no)
- Able to march ____ (1 point if yes, 0 if no)

3. Chair rise - observe to do this independently or how much help is needed (give up to 10 minutes to complete the task)

- How many tries does it take? ____ (Scoring: 1-3 tries= 1 point; > 3 tries = 0 points)
- Do they use their arms? ____ (0 point if yes, 1 if no)
- Can they make it to a full stand and stand independently for 1 minute? ____ (1 point if yes, 0 if no)

4. Follow a one, two, or three step commands doing a functional task:

Ask the participant to take a towel, fold it in half, and put it on the table (bedside table or bed or whatever is available).

- Follows a one-step verbal command ____ (1point if yes, 0 if no)
- Follows a two-step verbal command ____ (1point if yes, 0 if no)
- Follows a three-step verbal command ____ (1point if yes, 0 if no)
- Follows a one-step visual/cueing command ____ (1 point if yes, 0 if no)
- Follows a two-step visual/cueing command ____ (1point if yes, 0 if no)
- Follows a three-step visual/cueing command ____ (1 point if yes, 0 if no)

Total Score: ____ (max = 16)

HIGHER SCORES INDICATE BETTER CAPABILITY

Key Assessment Points

- ▶ The Physical Capability Assessment...we can try it on each other!
- ▶ Evaluate the Resident's Preferences....we can try it on each other!

Develop a Plan and Goals for Each Resident

- ▶ Build goals into their service plans
- ▶ State what the resident will do with the staff

For example:

Resident will be supervised to walk to the dining room; to get the mail; etc.



Celebrate the Successes

Reinforce residents and staff who succeed and increase the time they spend in physical activity or performing routine functional tasks.



What You Can Expect

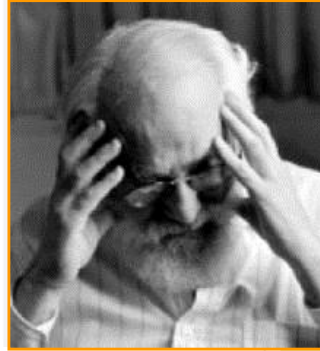
- ▶ Maintain resident function so...if they move in walking they remain walking!
- ▶ Help residents stay in your facility longer
- ▶ Prevent acute illnesses
- ▶ Prevent falls

Challenges Among Individuals with Cognitive Impairment



Majority of Persons With Dementia Exhibit Expressions of Distress: Behavioral and Psychological Symptoms of Dementia (BPSD)

- ▶ Agitation: wandering, disruptive vocalizations, restlessness, repetitive behaviors and questions
- ▶ Aggression: hitting, kicking, biting
- ▶ Resistiveness to Care
- ▶ Apathy/depression
- ▶ Psychotic symptoms: delusions, hallucinations
- ▶ Sexually inappropriate behavior



Assessment for Causes/Triggers of BPSD

In your daily care activities what are some of the causes/triggers of BPSD you have identified?



Some Causes/Triggers of BPSD

- ▶ Language difficulties
- ▶ Loss of functional abilities/frustration
- ▶ Pre-morbid personality
- ▶ Health status/medical conditions
- ▶ Unmet physical and psychosocial needs
- ▶ Quality of the physical and social environment



Steps to Assessment of BPSD

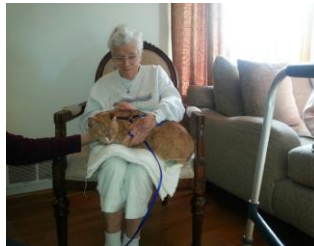
- ▶ Behavior should be assessed on a frequent, ongoing and systematic basis.
- ▶ DICE (Describe, Investigate, Create and Evaluate) approaches can be used to guide you in the assessment and management process.

DICE

- ▶ **Describe the behavior and its context**
 - ▶ Explicitly describe the behavior: *The resident strikes out at staff when they attempt to have her shower.*
 - ▶ At what time of day is the behavior exhibited? *Staff have tried multiple different times for bathing-can happen at any and all times.*
 - ▶ What is happening before and after the behavior occurs? *Nursing staff are attempting to have the resident shower.*
 - ▶ What happens as a result of the behavior? *Nursing staff give up trying to bathe her and do work-arounds, such as giving her a quick washing while she is otherwise distracted.*

DICE

- ▶ **Investigate: Does the resident have an unmet physical or psychosocial need at the time of bathing?**
 - ▶ Hunger
 - ▶ Thirst
 - ▶ Need to use bathroom
 - ▶ Lonely
 - ▶ Bored
 - ▶ Anxious
 - ▶ Afraid
 - ▶ In pain

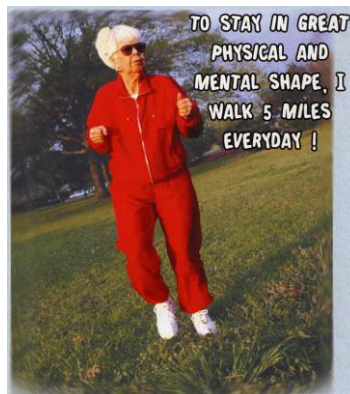


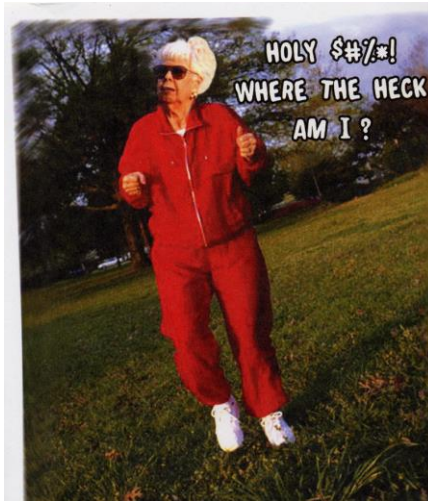
DICE

- ▶ **Create a plan for approach: Provide a Pleasant Bathing Environment**
 - ▶ **Limit the number of caregivers and reward caregivers that work well with a resident.** Familiarity with the resident's likes and dislikes helps to facilitate interactions and avoid conflict.
 - ▶ **Identify bathing preferences from family.** Resident was known to prefer showers and liked the special bathing soaps and powders she always used.
 - ▶ **Identify favorite time for bathing.** Would always shower in the evening.
 - ▶ **Plan: Set up a warm, pleasant shower environment with favorite soaps and powders and shower in the evening. LET RESIDENT DO IT! May need to role model.**

Additional Specific Challenges Among Those With Cognitive Impairment

- ▶ Memory impairment
- ▶ Aphasia
- ▶ Motor apraxia
- ▶ Agnosia
- ▶ Apathy
- ▶ Depression





Tricks of the Trade

- ▶ Modify communication techniques
- ▶ Highlight caring and consistency
- ▶ Enhance sensory experiences and the physical environment
- ▶ Provide individualized “person-centered” care

Communication Techniques

- ▶ Verbal cues
- ▶ Writing things down
- ▶ Communicating “face on”
- ▶ Repetition
- ▶ Role Modeling
- ▶ Vicarious Experience



Caring and Consistency

- ▶ Give love and attention
- ▶ “Become them”
- ▶ Serve as a “calming force”
- ▶ Trust
- ▶ Patience
- ▶ Humor
- ▶ Play



Enhance Sensory Experiences and the Physical Environment

- ▶ Music
- ▶ Dance
- ▶ Visual contrast
- ▶ Pleasing fragrances
- ▶ Favorite foods
- ▶ Tactile stimulation
- ▶ Physical environment supports an active lifestyle



Individualized Care

- ▶ Distraction
- ▶ Creative explanations to prevent a catastrophic reaction
- ▶ Flexible scheduling of functional activities
- ▶ Letting them “do their own thing”
- ▶ Anticipating challenges
- ▶ Utilizing resources
- ▶ Working as a team



We are not alike... and neither are they.

- ❖ Older adults are the most heterogenous group of people in society.
- ❖ Because of this, service plans must be tailored to the individual to be effective.
- ❖ Not only do the individuals benefit, but staff does as well.



Getting to Work: Ethical Concerns

- ▶ Goals of ethical action and care:
 - ▶ Avoiding or minimizing harms
 - ▶ Maximizing benefits
 - ▶ Concern for preserving and respecting personhood: done through recognition of wants, collaboration, play, validating, facilitation and giving
 - ▶ Recognizing and dealing with competition between organizational/setting interests versus individual interests

Getting to Work Ethical Concerns

- ▶ Function focused care is the prevention of physical or psychosocial disability, and the maintenance and restoration of physical and psychological health so that the individual can live at his or her highest functional level.
- ▶ Does this meet the underlying cornerstone of ethical care: do no harm, and if possible do well?

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