

MDS Alert

Quality of Life: Target Physical Losses That Have A Devastating Impact

Improving these 4 areas can make a major difference to a resident.

To improve a resident's quality of life, identify impairments that may be taking an unrecognized toll on the person's ability to do and be what he or she wants.

First step: Start with incontinence (Section H) and mobility issues (Section G). "Working in a nursing home, people can sometimes lose sight of the effect of incontinence and loss of mobility on a person," cautions **Rena Shephard, RN, RAC-C, MHA, FACDONA**, president of **RRS Healthcare Consulting** in San Diego.

In her careers as a director of nursing and consultant, Shephard has encountered a number of people who "became incontinent and refused to get out of bed or leave their room anymore because they felt so embarrassed by it."

Solution: Use the incontinence RAP to assess and care plan the cause of incontinence, advises Shephard (see this issue).

"Losing the ability to stand up and move around independently also is devastating to someone," says Shephard. **Pauline Franko, PT**, agrees, urging facilities to focus on the physical losses that affect quality of life and a person's dignity.

Example: One facility had a resident in a reclining geri-chair who was severely contracted and always had to look up at everyone, relays Franko, principal of **Encompass Consulting and Education LLC** in Tamarac, FL. The nursing staff set a nursing care plan goal to get her into a regular wheelchair, which didn't really require therapist's skills, she says.

As a result, the resident ended up being able to sit upright at the dining room and feed herself simple finger foods, reports Franko. And the "quality of her life improved drastically."

Baltimore-based **Erickson Retirement Communities** provides several adaptations for people in wheelchairs, according to a **Centers for Medicare & Medicaid Services**-sponsored Webcast on activities (www.cms.internetstreaming.com). For example, the facilities have a garden swing that is "wheelchair accessible" and it has a smooth gliding motion, said **Michele Williams**, program manager for Erickson, in the Webcast. The facility also provides a combination pool and Ping-Pong table that people can use standing up or in wheelchairs.

Check Sections C and D

Vision and hearing loss can greatly impair a resident's ability to participate in both solitary and group activities and relationships. "If someone who is fairly active and social loses his hearing aids, he may become socially isolated," says Shephard. Being in touch with people around him may be what keeps the resident from getting confused, she adds.

Strategies for success: Make sure residents get regular eye and vision exams and hearing screenings to identify those who need follow-up care and vision or hearing aids.

Provide vision aids: Residents with low vision at Erickson Retirement Communities use a "reading machine" that allows them to enlarge print to whatever magnification they need, according to the CMS Webcast on activities. The resident can take a letter or a magazine to the machine and read it.

Real-world tip: When staff sorts through a huge bin of lost eye glasses to identify whom they belong to and label them, etc., determine whether the glasses are for reading or distance vision, advises Shephard. "If the resident puts on distant vision glasses and rips them off when he tries to read with them, staff may think he's refusing to wear glasses," she cautions.

