International standards in the fields of nursing care, social work and medical science in the context of residential and care institutions

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Österreichisches Institut für Menschenrechte

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Aim of standards in institutions for elderly and dementia?

- Achievable outcomes for the residents
- Standards are qualitative and measurable through:
  - Discussion with residents, families and friends, staff,..
  - Observation of daily life in the institution
  - Scrutiny of written policies, procedures and records

Standards in elderly and dementia: Which components are we talking about?

- Choice of home
- Health care
- Daily life and social activities
- Complaints and protection
- Environment
- Staffing
- Management and administration

Choice of Home

Each home must produce a statement of purpose and other related information setting out ist aims and objectives, the range of facilities and services it offers and the terms and conditions

- Opportunity to make a choice
  - Prospective residents get the necessary information to make an informed choice of their residential home!
  - Each resident has a written contract of terms and conditions with the home!
  - The needs of a prospective resident must be assessed in advance!

Choice of Home

- Assessment of needs includes:
  - Physical well-being
  - Dietary preferences, weight
  - Sight, hearing and communication
  - Oral/dental health
  - Mobility
  - History of falls
  - Continence
  - Medication
  - Mental health/cognition
  - Social interests, hobbies, religious and cultural needs
  - Language
  - Familiy involvement and other social contacts

Individual home Services

- A resident has the right to receive services in the facility with reasonable accommodation of individual needs and preferences

For example, if a resident refuses a bath because she prefers a shower, or at a different time or on a different day, → the staff should make the necessary adjustments realizing that the resident is not refusing to be clean but refusing the bath under the circumstances provided.

If language or communication barriers exist between residents and staff, the nursing home is required to use interpreters or other measures to ensure adequate communication

Health and personal care I

- Privacy and Dignity
- Comfort and well-being
- Individual plan of care and social needs, respecting the wishes
- Appropriate pain relief
- Involving family and friends in case of terminal illness
- Spending final days in own rooms, surrounded by their belongings
- Palliative care, control of pain and distress
- Opportunity for meditation and reflection and contact with spiritual leaders

Health and personal care II

- Supporting the resident's own capacity for self-care
- Maintaining the personal and oral hygiene
- Preventing of pressure sores and appropriate intervention after developing pressure sores
- Psychlogical health is monitored regularly
- Appropriate physical activity
- Nutriotional screening, weight gain/loss
- GP of their choice
- Enabeling access to specialist medical care
- (Residents are responsible for their own medication, if they wish!)
- Controlled drugs are adminitsered by trained staff

➢ By these the centers are able to help each resident attain or maintain the highest practicable physical, mental and psychosocial well–being.

Health and personal care III

- Many nursing home residents become dehydrated because they are not given sufficient fluids. Symptoms of dehydration include dizziness, confusion, constipation, fever, decreased urine output, and skin problems. Severe dehydration can lead to serious illness and death.

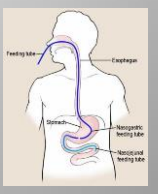
- Nursing homes must provide each resident with sufficient fluids to maintain proper hydration and health. Each resident should be provided a plentiful supply of fresh water or other beverages and be given any help or encouragement needed to drink.

Health and personal care IV

- Incontinence is often reversible. Many times it is due to medications or treatable health conditions.

- Catheters cannot be used without valid medical justification. Catheters cause discomfort, limit mobility and increase the risk of infection!

- Feeding tubes can only be used as a last resort because they lead to a loss of functioning and can cause serious medical and psychological problems.



- All possible alternatives should be explored first.

- For residents with dementia, studies have shown that tube feeding does not extend life, prevent aspiration pneumonia, improve function, or limit suffering.

Medication

- **Consent:** Residents and their legal representatives have the right to consent to or to refuse any treatment, including use of medications.
- **Over–prescribing medications** is a common problem in nursing homes.

- An unnecessary drug is any drug given:
  - (1) in excessive dose;
  - (2) for an excessive period of time;
  - (3) without adequate monitoring;
  - (4) without adequate justification; or
  - (5) in the presence of adverse consequences which indicate the dose should be reduced or discontinued.
- Sedatives, tranquilizers and similar drugs can only be used if the medical need is clearly documented.
- Drug use to treat behavior symptoms is highly restricted. Except in an emergency, it is generally illegal to chemically restrain a resident, which means to control a resident's behavior through drug use when other forms of care and treatment would be more appropriate.
- Nursing homes cannot sedate residents to cover–up behavioral symptoms caused by:
  - (1) environmental conditions such as excessive heat, noise, and overcrowding;
  - (2) psychosocial problems such as abuse, taunting, or ignoring a resident's customary routine; or
  - (3) treatable medical conditions such as heart disease or diabetes

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Medication and Preventions

- **Who Can Administer?** Generally, medications must be administered by licensed nurses or medical personnel. Unlicensed staff may administer certain laxatives, non–prescription lotions, medicinal shampoos and baths.
- The person who administers the drug or treatment must record the date, time, and dosage in the resident's individual medication record.
- **Medication Errors:** Nursing homes must keep medication error rates under 5 %
- **Preventing Accidents:** Falls and accidents are a serious concern for nursing home residents. Approximately 50 percent of residents fall annually and 10 percent of these falls result in serious injury, especially hip fractures
- **Vision, Dental (**annual exam) **and Hearing Care**

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Daily life and social activities

- Differinring expectations and preferences to lifestyle
- Well organised social life vs. Privacy and independence
- Monitoring the food intake
- Quality of food
- Social aspects of food
- Cooking activiés if wished
- Cultural food preferences
- Varied nutritious diet
- 3x meals, at least one cooked
- Hot/cold drinks, snacks at all time

- Maintining contact with family/friends and the local community
- Personal autonomy and choice
- Handling with own financial affairs as they wish

Nutrition

- Nursing homes must provide each resident a nourishing, palatable, well–balanced diet that meets daily nutritional and special dietary needs.
- Serve at least three meals daily, at regular times, with not more than a 14–hour span between the evening meal and breakfast;
- Offer snacks at bedtime

Elderly Home
Further requirements

- Residents and their relatives are confident that their complaints will be listened and acted upon.
- Residents legal rights must be protected.
- Residents are protected from abuse.

- Single room > 10-12m² floor space
- Shared rooms = 2 individuals of their choice > 16 m²
- The home is clean, pleasant and hygienic
- Systems in place to control the spread of infection, in accordance with relevant legislation
  - Require staff members to wash their hands after each direct contact with a resident
- Washing machines have the ability to meet desinfection standards

Special care in Dementia

Prevalence of Dementia

(nr of people with dementia/ total nr of population)

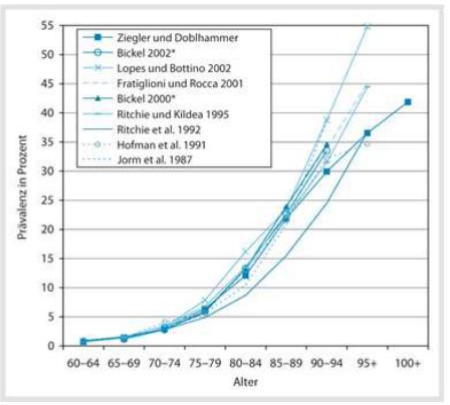

Abbildung 2: Altersabhängige Prävalenz der Demenz. Daten aus europäischen und amerikanischen Erhebungen und Metaanalysen (aus Ziegler und Doblhammer [16])

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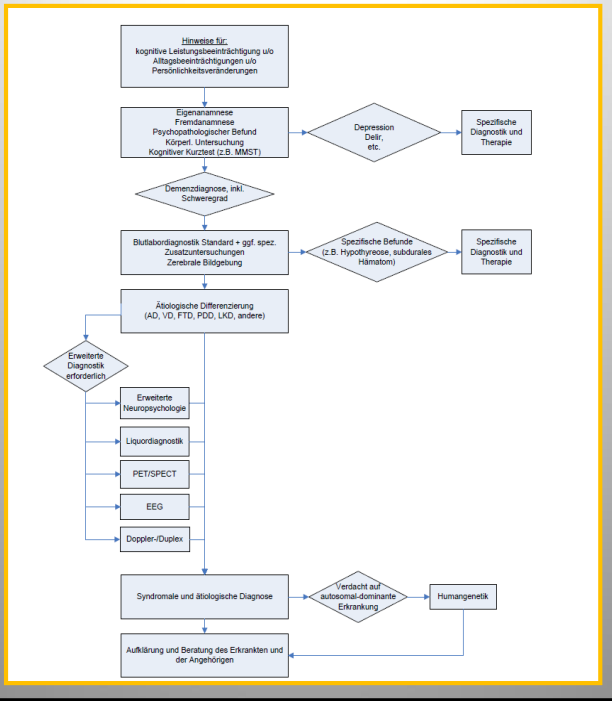
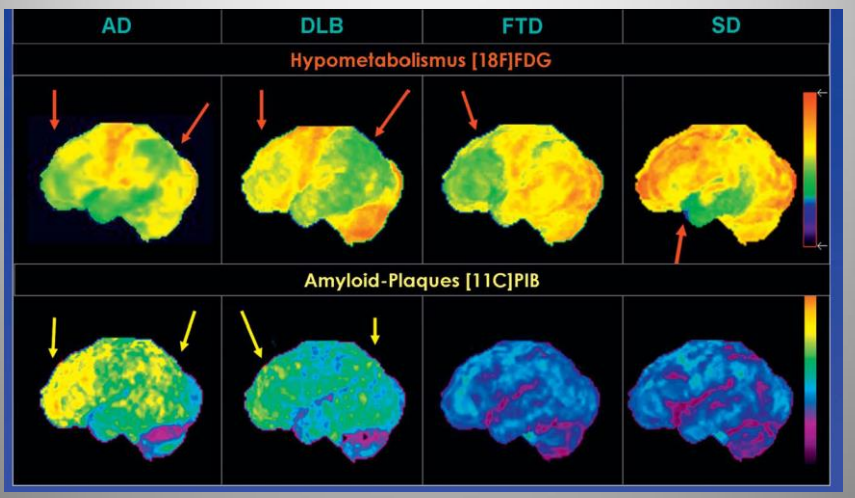


DD: Dementia



Care of dementia patients
Goals

- Maintenance of independence and existing abilities
- Reduction of accidents/hazards
- Promotion of well-being
- Improving behavioral problems

Care of dementia patients
What should be assessed?
Concepts of Care

- Cognitive assessment (dementia assessement scale, MMST,..): first assessment in the first 24h after admission!
- Depression assessment (geriatric depression scale)
- Pain assessment in dementia
- Methodological concepts: Biography, Kitwood care, Böhm modell, basal stimulation, Validation,…

Preventive measures

- Skin integrity
- Fall prophylaxis
- (In-)continece management
- Nutritional/liquid management
- Mobility management
- Restrictive measures
- Evaluation in intervals

Staffing I

- Staff numbers and skill mix of qualified/unqualified staff are appropriate to the needs of residents, purpose/size of the home as recommended by the local Department of Health
- At least 50% trained staff (?)
- California requires skilled nursing facilities to provide a minimum of 3.2 hours of nursing care per resident per day.
- Police check for staff and volunteers ?
- Minimum of 3 paid days training/y
- Staff are appropriately supervised
- Residents financial interest are safeguarded (open for inspection, reviewed annually)?

Staffing II

- Physician in charge
- Skilled assistant for Hygiene (?)
- Saftey officer (for fire protection, medical devices,..) (?)

Documentation

- Name of institution
- Personal data of the resident
- Name of next relative (confident person, procurator)
- Date of admission
- Name of Nurse in charge
- Information about general status, daily activities, nutrition, moblity
- Biographical data
- Medical history, diagnosis and therapy
- Goals at admission
- Nursing measures to achieve the goals
- Any restrictive measures
- Classification due to care law
- Confidentiality
- Storing of data for 10 years

Summary

References:

CANHR *Long Term Care Justice and Advocacy*
CALIFORNIA ADVOCATES FOR NURSING HOME REFORM

National Minimum Standards

Care Homes Regulations(UK)

S3-Leitlinie "Demenzen„ (2016)
Deutsche Gesellschaft für Psychiatrie und Psychotherapie, Psychosomatik und Nervenheilkunde (DGPPN)
Deutsche Gesellschaft für Neurologie (DGN)

Landesgesetzblatt für Wien

Jahrgang 2005	Ausgegeben am 29. März 2005	15. Stück
15. Gesetz:	Wiener Wohn- und Pflegeheimgesetz – WWPG	

15.
Wiener Wohn- und Pflegeheimgesetz – WWPG

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