



Parkinson's: A Caregiver's Challenge

Intensive therapy training and aggressive medication management can make all the difference in the lives of people with PD.

AT THE PRESBYTERIAN HOME for Central New York, a resident with Parkinson's disease was able to speak clearly again after receiving specialized speech therapy. In a phone conversation with family members, the man's brother—who had not heard him speak coherently in seven years—cried in response to the transformation, says Tony Joseph, administrator of the New Hartford, N.Y.-based facility, which operates a 40-bed specialty unit for Parkinson's disease (PD).

While PD is most prominently associated with tremors, it produces a complex array of symptoms that rob individuals of physical functioning and quality of life. Among those is the softening of the voice and diminished articulation, often to the point of rendering a person's speech unintelligible.

The restoration of speech also restores relationships and vastly improves the quality of life for those with PD, experts say. The same Presbyterian Home resident, for example, was not only able to communicate with his family again, he could also go out and socialize at the local men's club, where he enjoyed a hamburger with friends, Joseph says.

Movement Impairments Classic

PD is a "progressive neurological disorder that results from degeneration of neurons in a region of the brain that controls movement," says a description by the National Institute of Neurological Disorders and Stroke (NINDS). The degeneration leads to a shortage of a chemical in the brain

called dopamine, which in turn causes movement impairments, NINDS says.

The first symptom of PD is often the trembling of a limb, "especially when the body is at rest," NINDS says. The tremor frequently begins on one side of the body, often with the hand. Other common symptoms include: slow movement (bradykine-

■ **The freezing that occurs is sometimes signaled by a mask-like facial expression, Viti says.**

sia), an inability to move (akinesia), rigid limbs, a shuffling gait, and a stooped posture. In addition, people with PD may lose facial expressiveness; speak softly; have difficulty swallowing; and suffer from depression, personality changes, dementia, sleep disturbances, and speech impairments, experts say. All symptoms tend to worsen over time, NINDS says.

In long term care settings, PD often presents significant caregiving challenges. Symptoms such as vocal changes and decreased mobility can be missed, mistaken for part of the aging process, or associated with other conditions, experts say. In addition, medication management is often difficult to modulate in response to changes in an individual's condition.

People with PD can "function one moment, then not function at all the next," says Lucy Viti, director of nursing at the Presbyterian Home.

The 242-bed nursing facility, which is on a campus with assisted living and independent living residences, became the first facility in New York state to complete a training program offered by the Parkinson's Foundation of the Heartland (PFH) in Overland Park, Kan., and gain accreditation from that organization in 2006 for being a "Parkinson's Proficient Community." It is one of only 67 similarly accredited facilities nationwide. Staff on the Parkinson's unit receive ongoing education on the symptoms, care, and interventions for PD.

Identifying Symptoms

For example, the "freezing" that occurs is sometimes signaled by a "mask-like" facial expression, Viti says. Someone who was smiling an hour ago and now is unable to do so is frozen, she adds. When that happens, staff need to be alerted to make sure that the person's safety is maintained, Viti says. The resident should not "try to get up to ambulate," and staff should be sensitized to the need for more attention and assistance at these times.

Other indications that a person is frozen, or is about to become so, is that their voice may drop to a very soft level, or their feet and legs may feel heavy to them. "If you don't understand how Parkinson's disease affects

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ambulation, you may say, ‘You need to pick up your feet,’” Viti says. But a person with PD sometimes cannot do that and has a stumbling gait, she adds.

Training Makes The Difference

The Presbyterian Home’s PD unit has “very low staff turnover,” Viti says. “One reason is the specialized training and being totally involved in the assessment process.” The facility has 16 affiliated physicians and intends to have two medication nurses on the Parkinson’s unit staff to ensure aggressive medication management.

In addition to tailoring care practices to the needs of residents with PD, the facility promotes independence and enhances care through the use of

technological aids and telemedicine (see Provider November 2007).

Meadowlark Hills in Manhattan, Kan., is also accredited by PFH as a Parkinson’s Proficient Community and is going beyond those requirements to create a core PD care team consisting of a physician, registered nurse, dietician, speech language pathologist, clinical social worker, and physical therapy assistant. These professionals will create a training program for educating the other caregivers on staff.

Meadowlark Hills does not segregate residents by diagnosis, concentrating instead on meeting individual needs in small, cottage-like households. Two individuals in each household will undergo the training, says

Michelle Haub, a speech language pathologist at Meadowlark, whose passion for PD care derived from her training in the Lee Silverman Voice Treatment (LSVT). This technique has been used for more than a decade to restore oral communication abilities in people with PD, by focusing on raising the volume of a person’s speech.

Haub says she has seen LSVT produce far-reaching transformations, restoring not only speech, but helping people overcome swallowing problems, regain an animated affect, and boost their self confidence.

“One individual couldn’t go one or two minutes [at the start of the four-week program] without wiping his ➤

Perceptions Are A Worker’s Reality

DAVID FARRELL, MSW, LNHA,
AND MARY LARSON, RN

A 2006 NURSING FACILITY WORK-force satisfaction survey revealed that a disconcerting 39 percent of staff rated their overall satisfaction as “fair” or “poor.” According to the details contained within the report, this group is asking for improvements in many areas where leaders have opportunity to make changes and positively influence staff morale.

According to My InnerView (MIV), the company that conducted the survey, nursing facility employees want managers to care more about them as people, and employees want a voice in decisions and actions that affect them and the quality of their work life.

An effective strategy in helping to minimize employees’ stress levels and show that management cares is to offer them an annual influenza vaccine at no charge. The influenza virus causes yearly epidemics of respiratory disease and is the leading cause of vaccine-preventable mortality in the U.S.

Persons over the age of 65 account for greater than 90 percent of influen-

za-related deaths. So, every year providers diligently vaccinate the residents in their care. However, influenza vaccine efficacy in nursing facility residents has been reported at only 50 percent; therefore, many residents remain at risk for disease and complications despite vaccination.

Immunizations Work

The Centers for Disease Control reports that facility staff immunizations have been proven to reduce resident mortality by 40 percent, yet employee influenza vaccination rates in facilities remain very low.

A recent RAND Corp. study of 301 nursing facilities across the United States revealed that facility immunization rates of 89 percent or higher for residents and 55 percent or higher for staff were substantially less likely to experience outbreaks of influenza.

Moreover, high rates of immunization among either residents alone or among staff alone had no significant effect on the likelihood of influenza

outbreaks. Thus, the study concluded, “Immunizing nursing facility staff as well as residents is a key part of any strategy” to reduce outbreaks.

According to the Institute for the Future of Aging Services, a significant barrier to increasing nursing home staff immunization rates is the number of certified nurse assistants without employer-paid health insurance. This number is increasing each year and now stands at close to 25 percent. Thus, if the employer does not purchase and administer the vaccine to the staff, it is unlikely that a critical mass (more than 55 percent) of caregivers will receive the vaccine.

From a business perspective, investing in staff vaccinations pays off. In addition to demonstrating that management cares about staff, investing in staff vaccinations is a proactive way to prevent staff illness and absenteeism.

Providers agree that if employees avoid the flu, call-offs decline, understaffed shifts will be mitigated, over- ➤

mouth because he was drooling,” Haub says. “By the end, he was wiping maybe once per session.”

Specialized programs like these, which focus on the needs and treatment of residents with PD, are not nearly as prevalent as those for Alzheimer’s care, due to the smaller number of people affected by the disease, experts say. PD affects an estimated 1.5 million people, with 60,000 new cases diagnosed annually, according to the National Parkinson’s Foundation (NPF), Miami.

NPF is working to broaden providers’ expertise in PD care, with training programs that reach out to a wide range of clinicians and medical professionals. PD “can affect every

aspect of a person’s life” and should be managed by professionals who understand “the idiosyncrasies” of the disease, says Ruth Hagestuen, director of field services for NPF.

Nursing facility staff, for example, should be trained to observe when individuals no longer respond to their medications, which commonly happens over time, so that their regimen can be adjusted if necessary and timed to support their daily activities—especially rehabilitation and exercise programs, Hagestuen says.

Specialized Programs

NPF launched an interdisciplinary training program in 2001 and has conducted 14 regional trainings consisting

of a 4.5-day intensive curriculum on the assessment and treatment of PD.

The program currently targets eight professions: occupational, physical, and music therapists; speech language pathologists; social workers; physicians; nurse practitioners; and physician assistants.

“Our goal when we work with nurses is to help them understand the dynamics of the disease, what the main medications are, and what the management problems are,” Hagestuen says. “We’ve found that as people come into the program, they tell us that they used to dread taking care of people with Parkinson’s.

“Now, it is something they are looking forward to doing.” ■

time and double-time are kept in control, and agency use is kept to a minimum.

The resultant staff stabilization helps to minimize employees’ stress levels.

Finally, poor financial performance results when labor costs increase at the same time that resident admissions are ceased during a flu outbreak.

Beyond the bankable dollars saved

through the investment inherent in this strategy, offering the flu vaccine to staff is a clear, positive message that nursing facility leaders care about their caregivers.

They are saying, “I care about you and your family. I don’t want you to get sick. You are important. This vaccine will protect you, your family, and our residents.”

Such a powerful message will improve employees’ perceptions of being valued and cared for by leadership, which is exactly what their collective voices asked of their leaders in the MIV report. ■

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For More Information

■ To obtain a copy of the American Medical Directors Association’s “Immunization in the Long Term Care Setting” toolkit, go to www.amda.com.

Overcoming Barriers To Influenza

According to the American Medical Directors Association (AMDA), facility health care personnel may have difficulty accessing vaccines or find it inconvenient. These barriers may be overcome with the following strategies: off-hour clinics, mobile vaccination carts, vaccination at staff or departmental meetings, or providing adequate staff and resources to an employee immunization program.

Some employees may be concerned about vaccine-related illnesses or adverse events, may have the perception that they are at low risk for influenza infection, or are simply vaccine averse. AMDA suggests targeted



staff education, including specific information to dispel vaccine myths and emphasizing residents’ benefits.

Other barriers to achieving high vaccination rates among health care employees may be addressed through the following strategies:

- Role-modeling by facility leaders in being vaccinated;
- Visible promotion of employee vaccination;
- A recommendation that

unvaccinated workers refrain from working during influenza outbreaks;

- Providing feedback to employees on the facility’s immunization rate.

Source: “Immunization in the Long Term Care Setting” toolkit, AMDA, 2006.