



Lives Improve With Visual Supports

Resident quality of life can be enhanced if providers research state and local resources available and train both caregivers and residents in their use.

A SUBSTANTIAL PROPORTION OF the residents in nursing facilities admit having some degree of vision impairment. Moreover, the diagnoses that lead to impaired vision—such as diabetic retinopathy, macular degeneration, and glaucoma—generally progress with advancing age. Although a vision problem may be relatively insignificant at the time of admission, it may severely limit function several years later.

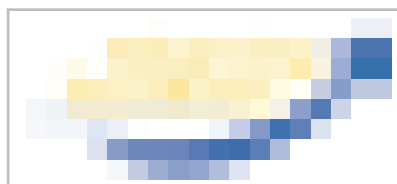
Severe visual impairment can reduce residents' independence, ambulation, communication skills, and functional abilities. The psychosocial aspects of blindness, or near blindness, may lead to withdrawal from social contacts, isolation, and depression. Even moderately impaired vision may increase dependency for performing routine activities of daily living (ADLs).

Residents with impaired vision are also at increased risk of falling. Most importantly, quality of life may suffer.

Fully assessing the vision of each resident upon admission and at regular intervals thereafter is important. Caregiving staff should understand the problems that residents with impaired vision experience and be skilled in

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Residents should have resources to help them cope with low vision.



techniques to assist these residents to overcome such problems. Assisting residents to make the greatest possible use of their remaining vision will reduce costs for the nursing facility while improving residents' quality of life.

Nationally, about 36 percent of nursing facility residents have vision impairment, even when using visual

aids, according to minimum data set (MDS) data.

MDS data for the third quarter of 2007 indicate that 62.2 percent of residents use "glasses contact lenses, or magnifying glasses" (see Table 1, below). Table 2 shows that 2.1 percent were "severely impaired," while 7.6 percent were "highly impaired." Another 7.1 percent were "moderately impaired," while only 63.4 percent were considered to have "adequate" vision.

The sum of those residents with moderate, high, or severe vision impairment (16.8 percent) represent a priority group for special training, environmental modification, and technology aids to help them make maximum use of their remaining vision in order to improve function, independence, and quality of life.

Training Staff, Residents

Resources for training staff to care for residents with visual impairments include the facility's nurses and occu-

Table 1

Proportion Of Residents In Nursing Facilities Using Visual Aids Such As Glasses, Contact Lenses, Or Magnifying Glasses

Location	Do Not Use	Use	Number of Residents
United States	37.8 %	62.2 %	1,366,885

Table 2

Proportion Of Residents In Nursing Facilities With Differing Levels of Vision

Adequate	Impaired	Moderately Impaired	Highly Impaired	Severely Impaired	Total Residents
63.4 %	19.9 %	7.1%	7.6 %	2.1 %	1,366,885

Source: MDS Active Resident Report, Table D1, Vision Patterns, 3rd Quarter 2007, Centers for Medicare & Medicaid Services, Department of Health and Human Services

pational therapists and some ophthalmologists and optometrists.

Do not forget to involve case workers from the local or regional state agency serving persons who are blind. Until in-service educational materials have been developed and tested that are specific to the nursing facility environment, people whose sole business is to assist people with low vision will probably be the best source to impart useful knowledge and skills to caregiving staff.

In Texas, certified nurse assistants (CNAs) work closely with physical and occupational therapists (OTs) to provide restorative care. Some of the CNAs who already provide orthopedic restorative care may be taught to work with residents having low vision to teach skills, use of assistive devices, eating protocol, and grooming and dressing issues, as well as help organize

the resident's room, such that the resident gains the maximum possible independence.

But training should not stop with staff. Residents also should have resources to help them cope with low vision. For example, individuals living in their own homes who have been determined to be legally blind are generally referred to state resources, such as the Commission for the Blind or state offices for rehabilitative and other services.

However, when an individual with visual impairments is admitted to a nursing facility, the one-on-one assistance offered by such programs generally ceases. Those residents who were legally blind while living in the community may have received substantial rehabilitation training and may be highly skilled in the use of their remaining vision, the use of

Caring For People With Visual Problems

- Announce your presence before entering a blind person's room or before touching a blind person.
- When communicating with a blind person, be very specific in your instruction—the individual cannot read your body language or gestures.
- If cleaning a blind person's room, put everything back where it was found. Remember that predictability makes it easier to navigate and to locate things.
- Use color contrast to enhance visibility; for example, hang towels with colors in sharp contrast to that of the wall, use throw pillows with colors that contrast to those of the chair.
- Place food in the same section of the plate every time it is served; that is, if the meat item is always placed at six o'clock, always place the vegetable at the three o'clock position.
- Use a piece of Velcro to mark inside a shoe if the resident has trouble identifying the right from the left shoe.
- Put matching earrings together in small plastic sandwich bags.
- Eliminate small throw rugs to minimize tripping.
- During housekeeping, be mindful of electrical cords. Keep them out of the way and close to the baseboard.
- Close closet, cabinet, or cupboard doors and drawers immediately after each use.
- Be mindful of equipment, especially tray carts, cleaning carts, or medications carts, in the hallway as people with low vision using wheelchairs or walkers often follow the walls.

Source: Kam Lung from the Texas Department of Assistive and Rehabilitative Services, Division for Blind Services, at an in-service training session for staff of the Harbour View Care Center in League City, Texas.

technology, and the structuring of their living environment to permit independent living.

Residents with poor vision who have received this training can be an invaluable resource. They should be invited to participate in the design of a low-vision program for the nursing facility and may even be enlisted to assist with training new residents. Because of the serious emotional problems associated with loss of vision, those who have successfully gone through rehabilitation may be able to assist with motivating the new residents to undertake to learn the skills that will improve their functional ability.

Environmental Modifications, Assistive Devices

OTs are often skilled in identifying opportunities for environmental improvements to help those with limited vision. These include good lighting, organizing personal possessions with all items having a specific place, clearing up clutter, and other modifications detailed in the box on page 48.

The OT staff can also train residents to use assistive devices that will improve function and self-performance of ADLs.

Assistive devices include hand-held telescopes; strong magnifying glasses; magnified TV screens; talking clocks; tactile adhesive labels placed on clothing, toiletries, and other belongings; and speech recognition computer software-powered phone dialers. These can do much for the resident whose other functional capabilities are unimpaired.

Behavioral Modifications

Successful training in behavioral modifications, such as eccentric viewing and scanning, has been demonstrated repeatedly in schools and rehabilitation programs for people who are blind or have severe visual impairments, including those programs that serve the elderly.

- Eccentric viewing is the deliberate

use of peripheral vision to compensate for the loss of central vision. It is a critical technique for all those with advanced macular degeneration and may also be useful for some patients with cataracts or diabetic retinopathy. It is not a natural skill and requires training to look off at an angle from

the object one wants to see in order to have that object appear in a useful area of peripheral vision.

- Scanning is a technique of constantly and systematically moving the eye and is used by those with central and/or peripheral field defects. Scanning permits the person to effectively

utilize good portions of the retina to get the whole picture and fill in any “blind” spots. It is particularly useful when ambulating or searching for a missing object.

Other Resources

The United States has many benefits for people with severe visual impairments. These include discounted or free special equipment, state and local library collections of large print and talking books, free U.S. Postal Service mailing for individuals who are blind, free transcription and recording services, toll free numbers for obtaining news and weather reports, and special educational programs and assistance.

Most of these services are not dependent on where one lives. In some cases, such as the free Postal Service, a note from the person’s physician stating that the person cannot read standard print, or a physician’s prescrip-

tion, may be needed. A call to the state agency responsible for such services will provide a path for accessing these benefits. B.G. Chapman’s book (*listed in the references, right*) contains a section on locating and contacting sources for help.

Vision is important to independence and quality of life. A substantial number of nursing facility residents have impaired vision. As a result, nursing facilities incur extra staffing costs, and some residents suffer diminution of their quality of life.

Nursing facility managers need to develop internal resources to provide a more supportive environment. Because increased resident independence and visual skills will result in reduced staff efforts and fewer falls, cost savings will result.

Therefore, a nursing facility program for people with visual impairments is both feasible and prudent. ■

For More Information

■ “Coping with Vision Loss: Maximizing What You Can See and Do,” by B.G. Chapman, Hunter House Publishers, Alameda, Calif., 2001. A good source that explains the types of vision impairment and assistive devices or skills needed for each.

■ “The First Year: Age-Related Macular Degeneration,” by D.L. Roberts, Marlowe & Co., 2006. This book provides guidance for those whose vision impairment is due to macular degeneration and other causes.

■ “Blindness: What it is, What it Does, and How to Live With it,” by Father Thomas Carroll, Little Brown and Co., 1961. Although it is now dated, this is one of the most complete treatises dealing with the psycho-social aspects of adjusting to vision loss among adults.