H-CAP Conference

Behavioral Health: Focus on Skills for Frontline Healthcare Workers

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October 24, 2017
CMS Manifesto

• SNF administrators must ask themselves, “Did we provide the kind of care the resident really needed to maximize his/her whole emotional and mental well-being?”

• That is the manifesto behind the mandate from the Centers for Medicare & Medicaid Services, and we have a long way to go before it is realized.
New World Order

• Psychiatric illness in SNFs is the norm, rather than the exception.

• Untreated mental health conditions, especially depression, lead to higher health care costs.

• Many psychotropics, especially anti-psychotics, are extremely expensive—more expensive in the long run than the cost of providing evidence-based, non-pharmacologic care and staff training.
Surprising Facts

• Drastically sicker, more cognitively impaired and more psychiatrically-compromised residents are now the norm.

• SNFs are being asked to care for significantly mentally ill and many younger residents with conditions such as ALS, multiple sclerosis, traumatic brain injury, post-traumatic stress disorder and addictions.

• The percentage of new nursing home admissions with mental illness now exceeds the percentage presenting with dementia only.
New Demands

• Every SNF must have a comprehensive strategy for ensuring that each resident has the opportunity to achieve their highest level of mental health and personal integrity.

• Staff must receive adequate training in helping residents cope with and overcome the most common manifestations of psychiatric illness and adjustment reactions in SNFs—depression and anxiety.

• Caregivers must understand the basics of non-pharmacologic treatment of behavior disturbances and will employ psychotropics, especially anti-psychotics and benzodiazepines as a last resort and for the briefest possible duration.

• SNFs must view behavioral health providers on a co-equal basis with medical professionals and will involve them in all episodes of care where a psychiatric diagnosis is present.

• SNFs must assess, understand and care for the unique individuals who are having psychiatric symptoms, one resident at a time.
Clinical Skills Needed

• Skills in understanding various psychiatric/mental health diagnoses, as the diagnosis offers the first steps in caring for someone.

• Skills in engagement, relating to those with behavioral health needs. Some of the behaviors demonstrated require techniques in communicating and engaging in daily care etc. Interpersonal communication is key.

• Skills in de-escalation, often you will find folks become quite agitated and anxious, so skills in helping to diffuse.

• Skills in re-direction
Interpersonal Skills

• Coping skills due to working in a stressful environment.

• Skills in understanding that behavior is communication for those we serve, and how to choose the right approach, for example giving space and just shadowing, taking someone for a walk, etc.

• Skills in learning how to problem solve/figure out what someone needs, perhaps the behavior is a result of being too hot, too cold, hungry, afraid.

• Skills in person centered care, not letting the diagnosis stand in the way of seeing the individual as a person first.
At Loretto

• Rounding on units by the CNS to determine ways to improve care and decrease behaviors

• Discussion of behaviors at morning report

• Dementia Training

• Crisis Intervention Training (CPI)

• In-services for those with a psychiatric diagnosis

• In-services regarding non-pharmacological interventions

• Programming through recreation therapy

• Behavior resource binders are on every floor, for staff to use as reference
In The Future

• Behavior Response Management Team