



Residential Care and Assisted Living Newsletter

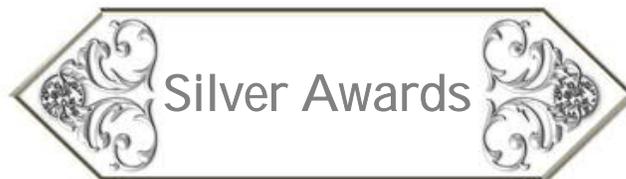
February 2019

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Facility	Administrator	Date
Lincoln Court Retirement Community	Matthew Johnson	12/12/18



Facility	Administrator	Date
Grace Assisted Living at State Street	Kipp Mills	11/8/18
The Princess	Kristy Arutyunova	12/13/18
Aging Gracefully Assisted Living, LLC	Daniela Retegan	1/10/19
Trinity at Lewis & Clark	Athina Abel	1/25/19
Gables of Shelley Assisted Living	Heather Winberg	1/31/19

Compiled and Edited By:
Ashley Henscheid



The Opioid Epidemic

By: Raj Sandou and Ashley Henscheid

Our country is in the middle of a prescription drug overdose epidemic, known as the opioid crisis or opioid epidemic. Opioids are a class of drugs that include fentanyl, heroin, oxycodone, morphine and many others. Approximately 130 people in this country die every single day from overdosing on opioids (National Institute of Drug Abuse).

The Centers for Disease Control and Prevention reports that millions of Americans are struggling with chronic pain and are being treated with prescription opioids. At the same time, many primary care providers are concerned about patient addiction and report insufficient training in prescribing opioids (CDC).

Opioids can lead to serious addiction; the following are approximations from the National Institute of Drug Abuse:

- 21 - 29% of those prescribed opioids misuse them
- 8 - 12% of those who misuse opioids develop an opioid use disorder
- 4 - 6% of opioid abusers transition to heroin
- 80% of people who use heroin first misused prescription opioids

Patients, prescribers and facilities can keep the following in mind when considering opioid use for pain (CDC):

- Opioids should not be first-line or routine therapy
- Discuss benefits, risks and availability of non-opioid therapies first
- Discuss the risks and benefits of opioid therapy
- Start low and go slow if using prescribed opioids
- Evaluate risk factors for opioid-related consequences
- Avoid concurrent benzodiazepine and opioid use

It is important to note that the recommendations above may not be appropriate for patients who are in cancer treatment, palliative care or end-of-life care.

Older adults are at higher risk of accidental misuse or abuse because they often have multiple medications prescribed at one time, chronic diseases and slowed metabolism. It is important to obtain treatment if opioid misuse or abuse is suspected; signs and symptoms include (National Institute of Drug Abuse):

- Drowsiness
- Confusion
- Nausea
- Constipation
- Euphoria
- Slowed breathing

We encourage assisted living communities to be proactive in communicating with healthcare providers regarding the use of prescription opioids and, as always, to collaborate regarding resident care.

References

- CDC. (2016). CDC guideline for Prescribing Opioids for Chronic Pain. Retrieved from https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F65%2Frr%2Frr6501e1er.htm
- National Institute of Drug Abuse. (2018). Opioid Overdose Crisis. Retrieved from <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis>



Administrator and Nurse Trainings

Free trainings are (again!) being provided in multiple regions of Idaho by Licensing and Certification. Current (licensed and employed) Idaho Residential Care and Assisted Living administrators and nurses may participate in one of the corresponding 2-day courses listed below to receive valuable information as well as Continuing Education Units after the completion of both days of training:

Basic Administrator Training: There will be four Basic Administrator courses held in Boise at the Licensing and Certification office. This is a new training, provided by the RALF team, which will cater to administrators beginning their journey in assisted living. During the course, administrators will be provided with, and taught to use, fundamental assisted living resources to orient to the rules and survey process. This course will help new administrators prepare for successful building operation and surveys.

Advanced Administrator Training: This training is for administrators who have previously attended an administrator course hosted by Licensing and Certification. Topics in the Advanced trainings will be specialized and will often involve outside subject matter experts as presenters. The topics will be specific to current challenges for administrators or issues of concern for the RALF industry. There will be a training held in each of the following: Boise, Pocatello and Moscow.

Nurse Training: There will be four Nurse Training courses; two held in Boise, one in Moscow and one in Pocatello. The first was scheduled for February 14th and 15th in Boise and filled up. Thank you for your interest! To sign up for the waitlist, reference the invitation information in FLARES (<https://www.flareslive.com/portal/ProviderLogin.aspx>).

Invitations and registration forms for the remaining courses will be uploaded to FLARES as the courses open. An e-mail notification of the upload will be sent to the current administrator of each assisted living facility using the name and e-mail address in FLARES; please make sure this contact information is up-to-date.

Course registration documents and additional details related to the trainings (e.g. venues, course hours, etc.) will also be available on the RALF website (www.assistedliving.dhw.idaho.gov) as each training gets closer.



Featured Author

The article beginning on the next page (“Professional Boundaries in Assisted Living”) was written for the RALF newsletter by Brian Bagley. Brian is a member of the healthcare community in multiple capacities. He has been a licensed RALF administrator since 2005 and worked as an administrator for over 10 years. Brian currently owns Lakeside, Lakeside - East, Lakeside Assisted Living - Sandpoint and Palouse Hills Assisted Living. He also serves on the Board of Directors for the Idaho Health Care Association as the Treasurer. Brian created the article based on professional boundaries training he provides in his facilities. We hope you find the information helpful, and many thanks to Mr. Bagley!





Professional Boundaries in Assisted Living

By: Brian Bagley

It is imperative that each facility maintain responsibility for setting clear, appropriate, and professional boundaries for employees, visitors, families, and residents. This information is provided during the interview process, orientation, and as continuing education for employees. For residents, this is maintained in admission agreements and resident councils. For families and visitors, this must be communicated verbally and in writing when possible. Your sign in/out log should have a list of the expectations of each visitor that enters your facility.



Professional boundaries provide the framework for a healthy relationship between the caregiver and the resident. These boundaries are the physical and emotional limits that protect the resident's vulnerability and protect staff from becoming over-involved. Healthy professional boundaries keep the caregiver and resident relationship a safe one where the focus remains on the resident.

We protect the trust of residents and their families when we pay careful attention to the professional boundaries of our relationships with them. The facility needs to respect how a resident's healthcare experience can affect their feelings of personal power. Facilities and caregivers are in a position of power regarding this relationship as they are responsible for managing issues of boundaries; even if a resident's behavior seems to encourage boundary violations. Here is a brief comparison of professional versus non-professional relationships:

Professional relationships are:

- Paid
- Service-oriented
- Time/Location specific
- Asymmetrical in power
- Focused on residents' needs
- Goal-directed

Non-Professional relationships are:

- Not paid
- Social in nature
- Spontaneous
- Power is shared
- Focused on shared interests
- Casual



Listed below are several types of boundaries/boundary violations and suggestions on how to stay "in-bounds":

Type of Boundary/Violation	Staying In-Bounds
<p>Sharing Personal Information: It may be tempting to talk to a resident about your personal life or problems. Doing so may cause the resident to see you as a friend instead of seeing you as a healthcare professional. As a result, the resident may take on your worries as well as their own.</p>	<ul style="list-style-type: none"> • Use caution when talking to a resident about your personal life. • Do not share information because you "need to talk" or "need to feel better". • Only share personal information if you think it might help the resident, such as a teaching example or encouragement.
<p>Nicknames/Endearments: Calling a resident "sweetie" or "honey" may be comforting to that resident, or it might suggest a more personal interest than you intend. It might also point out that you favor one resident over another. Some residents may find the use of nicknames or endearments offensive.</p>	<ul style="list-style-type: none"> • Avoid using terms like "honey" and "sweetie". • Ask each resident how they would like to be addressed. Some may allow you to use their first name. Others might prefer a more formal approach: Mr., Mrs., or Miss. This should also be in the resident care plan. • Remember: The way you address a resident indicates your level of professionalism.



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Professional Boundaries in Assisted Living

By: Brian Bagley (continued)



Type of Boundary/Violation	Staying In-Bounds
<p>Emotional Reactions: The actions of residents can trigger emotional reactions in caregivers. It is normal for a caregiver to feel sadness, annoyance, fear, attraction, protectiveness, frustration, or sympathy in reaction to a resident behavior. It is normal to feel such emotions but it IS NOT helpful to express or act on emotional reactions.</p>	<ul style="list-style-type: none"> • Focus on the needs of those in your care, rather than personalities. • Remember that a resident behavior may be caused by illness. • Practice treating each resident with the same quality of care and attention, regardless of your emotional reaction to the resident(s).
<p>Scheduled Time: A caregiver relationship is different than a personal relationship. Personal relationships involve two-way assistance. A friend or family member is often expected to be available when needed. Unlike a paid helper, who is scheduled for particular times.</p>	<ul style="list-style-type: none"> • Spending unscheduled time with a resident may indicate that boundaries are blurred. • If you spend significant time outside of, or during, work thinking about a specific resident, boundaries are being crossed. • If you recognize these signs you need to speak to your administrator immediately.
<p>Touch: Touch is a powerful tool. It can be healing and comforting or it can be confusing, hurtful, or simply unwelcome. Touch should be used sparingly and thoughtfully.</p>	<ul style="list-style-type: none"> • Use touch only when it will serve a good purpose for the resident. • Ask your resident if they are comfortable with you touching their arm, for example, prior to doing so. • Be aware that a resident may react differently to touch than you intend. • When using touch, be sure it is serving the resident's needs and not your own.
<p>Tone of Voice: Take a moment during your workday and listen to the sounds of the voices around you. You may hear sounds of annoyance and frustration, but you will also hear sounds that are encouraging and cheerful. You can contribute to an atmosphere of fear or one of caring through the sound of your voice. It is a choice we all make every time we speak.</p>	<ul style="list-style-type: none"> • Be aware that the tone and volume of your voice reflects your emotions. • Adjust your voice to convey comfort and caring. • The sound of your voice can be a powerful tool in caring for a resident.
<p>Space: Caregiving involves close physical contact, especially if you are the one bathing and dressing a resident. Sometimes this closeness may be uncomfortable for you or the resident and you may each have different ideas about what is the appropriate amount of personal space.</p>	<ul style="list-style-type: none"> • Get to know the limits of both residents' and your personal space. Consult each resident care plan for guidance. • If a resident wants more physical closeness than you feel comfortable with, find other ways of meeting the resident's needs (e.g., finding a friend or relative who likes to give massages to come for regular visits or taking the resident to the spa for a massage). • NEVER swap assignments to work with (or not work with) a particular resident for your own personal reasons.

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Professional Boundaries in Assisted Living

By: Brian Bagley (continued)



Type of Boundary/Violation	Staying In-Bounds
<p>Gifts/Favors: Giving or receiving gifts, or doing special favors can blur the line between a personal relationship and a professional one. Accepting a gift from a resident might be taken as fraud or theft by another resident, family member, the facility, or law enforcement.</p>	<ul style="list-style-type: none"> • It is against the policies of my facilities for any staff member to buy, sell, barter, trade, exchange, take from, or give to a resident, family member, or the community without specific administrator approval. • Never accept a cash, check, or jewelry from a resident or their family. • Never accept any kind of gift from a resident. • Staff should practice saying no graciously to a resident who offers a gift or money. • To protect yourself ALWAYS report offers of any kind of gift to the administrator. You are likely not the only individual being offered gifts. If a resident is insistent that you take something of theirs and it is likely to cause an escalation, let them know that you are going to take the item and place it in the hands of the administrator, then execute those steps.
<p>Clothing: Clothes define the boundaries of your role as a caregiver. Clothes send messages about how you feel about yourself. Clothing choices can support or undermine your role.</p>	<ul style="list-style-type: none"> • Think about the message being communicated with your clothing choice. • At work, your choice of dress should indicate you are a professional caregiver and sincere about your job. Residents do not need to see you in short shorts, flip flops, halter tops, with chains dangling from your clothes, wearing torn or tattered clothing; even if it is stylish. Your dress should be conservative and modest. Scrubs are typically a very safe form of clothing. • You have multiple opportunities outside of work to dress the way you like.
<p>Scope of Practice: It is absolutely imperative that you do not speak outside of your scope of practice. Oftentimes you will have information that is greater than your scope, but it is not within your legally licensed scope to repeat. Do not make up information to share with the resident, their families, or the community.</p>	<ul style="list-style-type: none"> • Defer all questions that are not within your scope to the appropriate individual. First: try to contact the employee that has the legal authority to speak on behalf of the information requested. If the person you are trying to reach is unavailable, provide the name and phone number of the company or employee that is able to answer the questions. • NEVER believe that you understand the resident or their problems better than the facility team.

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Professional Boundaries in Assisted Living

By: Brian Bagley (continued)



Type of Boundary	Staying In-Bounds
<p>Behaviors: Sometimes a caregiver will react emotionally to the actions of a resident and forget that the behavior is caused by a disorder or a disease process. Personal emotional responses from a caregiver will cause them to lose sight of their role or miss important information from a resident. This can quickly lead to abuse or neglect of a resident.</p>	<ul style="list-style-type: none"> • Focus on the fact that the behavior of a resident may be directly related to the disease or diagnosis. It is imperative that you consult the resident record, care plan, behavior plan(s), and facility administration as needed to prevent emotionally reacting to a resident. • If something irritates, upsets, or angers you, take a moment to collect your thoughts prior to responding. • Recognize that the way the resident just acted may be the only way that they know how to communicate with you about an issue. Ask yourself – is there a way to problem solve or help the resident communicate or react differently?
<p>Romantic or Sexual Relationships: It is NEVER permissible for a professional caregiver to have a romantic or sexual relationship with a resident. In most situations, sexual contact with a resident is a punishable crime. Additionally, it will open you up for abuse allegations and investigations.</p>	<ul style="list-style-type: none"> • Occasionally you may be attracted to a resident, you must know that it is never okay to act on the attraction. • Never tell sexually-oriented jokes or stories. It will send the wrong message to both residents and co-workers. • Discourage flirtatious or suggestive behavior from residents. • If you feel that you are becoming attracted to someone in your care immediately seek help from your administrator.
<p>Secrets: Secrets between you and a resident are different than patient confidentiality. Secrets will ALWAYS compromise role boundaries. Confidential information is safeguarded by HIPAA and is oftentimes shared with multiple members of the team providing care to the resident.</p>	<ul style="list-style-type: none"> • Do not keep ANY personal secrets with a resident. • Do not keep ANY health-related secrets with a resident. • Be aware that keeping secrets or saying “I won’t tell anyone” to a resident is a lie and misleading. Doing this is crossing a professional boundary.
<p>Resident Demographic Data: Depending on your role you may have access to sensitive resident data (e.g., name, date of birth, Social Security Number, mother’s maiden name, place of birth, last known address, etc.). This information is protected and is not to be requested for, recorded for, or shared with ANYONE without permission from the administrator! Doing so may be exploitation and abuse of a vulnerable adult.</p>	<ul style="list-style-type: none"> • Never ask a resident for personal data. • You may only share name and date of birth with EMS when they arrive. Do not share any other data with them. All other data can be collected from the administrative team at a later time/ date. • Never write a resident’s personal data down for anyone, defer the questions to your administrative team. • Collecting/disseminating residents’ personal information is crossing professional boundaries.

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Professional Boundaries in Assisted Living

By: Brian Bagley (continued)



Type of Boundary/Violation	Staying In-Bounds
<p>Co-Workers: It is inappropriate for you to speak ill of any of your co-workers with a resident. If you have a grievance with a co-worker, speak with your administrator. Defamation of a co-worker is very unhealthy and will result in the resident decreasing their trust in your co-worker or the facility.</p>	<ul style="list-style-type: none"> Always speak positively about your co-workers. If a resident speaks ill about a co-worker, DO NOT defend them; thank the resident for sharing the information and immediately report it to the administrator for further investigation/clarification.
<p>Time: As caregiving often becomes a full time job, it is easy to lose your own personal downtime. Not having the ability to recharge yourself can lead to caregiver stress or even caregiver burnout and decrease the quality of your care.</p>	<ul style="list-style-type: none"> Learn how much time you need to recharge and try your best to stick to it. It might be that a weekly outing to the movies or dinner with a friend is enough, or maybe it's a half-hour walk every day.

To maintain professional boundaries, follow these guidelines:

- In your interactions with residents, continually ask yourself “whose needs are being met?” Your focus should be on the residents needs, safety, and health.
- Recognize that while you have chosen healthcare as a profession, you cannot be all things to all people at all times. These kinds of thoughts can lead to improper interactions and unintentional harm to residents.
- Respect others’ personal space; physically and verbally.
- Seek, maintain, and experience healthy relationships in your own life outside of work. If you are overly involved in your employment or if you are in an emotional crisis (e.g., divorce, relationship break-up, loss of a loved one, etc.), you may be more vulnerable to discussing personal information and thereby committing boundary violations.
- Be aware of any intimate feelings that you have for residents and discuss them with the administrator immediately, request a job reassignment if necessary.
- Be aware that residents will ask personal questions, flirt, offer or ask for gifts, express attraction, make suggestive/sexual comments, expose themselves and/or express possessiveness or a desire to only cooperate with you. Residents may even become jealous or silent if you interact with other residents. It is your responsibility to establish clear and appropriate boundaries.
- Always be prepared to clarify your PROFESSIONAL role.
- Always set appropriate verbal, physical, and emotional boundaries, consistently apply them to all residents, families, and co-workers.
- Document your interactions with residents.
- Maintain respect and privacy in all of your interactions with residents.

Residents are extremely vulnerable because they trust us as their healthcare provider. They come to us in a time of need, presenting with physical and/or emotional distress. When professional boundaries are violated or inappropriately crossed it causes the relationship to become untrustworthy and ambiguous.

Boundary violations can discourage residents from seeking help in the future, cause exacerbations of their mental health needs and promote dependence. Boundary violations are harmful and unethical. They almost always occur one small step at a time and almost always without warning yet, if we are aware, the warning signs are there.



Rule Refresher

This quarter, we would like to bring attention to IDAPA 16.03.22.550.04.d:

"[Each resident has the right to:] Be provided a separate storage area in his own living area and at least one (1) locked cabinet or drawer for keeping personal property."

This rule gives residents the right to a secure space to which only they should be allowed entry (via key, code, combination, etc.). This space is to be provided regardless of whether a resident chooses, or is able to, utilize it.

If you ever have any questions regarding rule requirements, contact the RALF team Monday through Friday, 8 a.m. - 5 p.m. at 208-364-1962 or RALF@dhw.idaho.gov. The full set of RALF rules can be found at: <https://adminrules.idaho.gov/rules/current/16/160322.pdf>.

QR Codes for RALF Websites

We are excited to share a new method of accessing important RALF resources! The following QR codes will be included in future newsletters along with the regular links in the left margin under Licensing and Certification Contact Information. Simply download a QR code scanner app to your smart device and then use the app to scan the QR code to quickly access RALF websites. You can also take a picture of the code to assist others to scan and save these key links:

RALF/Health and Welfare:



www.assistedliving.dhw.idaho.gov

FLARES:



www.flareslive.com/portal/ProviderLogin.aspx

Licensing and Certification Contact Information

- Phone:
(208) 364-1962
- Email:
RALF@dhw.idaho.gov
- Websites:
www.assistedliving.dhw.idaho.gov
www.flareslive.com/portal/ProviderLogin.aspx