

THE ROLE OF THE NURSE IN GREEN HOUSE HOMES



A FIVE MODULE DIRECT-TO-LEARNER CLASS BY THE GREEN HOUSE PROJECT

MODULE 1: THE UNIQUE ROLE & INFLUENCE OF A GREEN HOUSE NURSE

1. An Influencer is a person who inspires or guides the actions of others.
2. A Green House nurse generally has less oversight of non-clinical concerns and more clinical management. This is an enhanced role.
3. The Nurse/Shahbazim relationship shifts from being the supervisor to the C.N.A. to being a collaborator and partner.

MODULE 2: NURSE PARTNERSHIPS

1. According to GH research, the ideal relationship between nurses and Shahbazim is the **Integrated model**.
2. Integrated model: Nurses and Shahbazim work together considerably, share responsibility, and divide up the work duties informally.
3. An effective Nurse/Shahbazim relationship requires:
 - trust
 - respect
 - shared problem solving
 - teaching/learning both ways
4. Results of an Integrated Nurse/Shahbazim relationship:
 - enhanced communication
 - earlier identification of change in condition
 - improved outcomes based on deep knowing
 - ability for nurses to focus more on clinical issues
5. Green House Nurses are teachers and mentors
 - a mentor is a wise and trusted guide/advisor
 - a mentor provides and receives constructive feedback on clinical performance
 - a mentor commits to helping Shahbazim grow
 - a mentor is appreciative to what's working
 - a teacher is one who imparts skills or knowledge including learning and thinking skills

The Nurse as Partner gives and receives feedback

Keys to giving effective feedback:

- be specific to behaviors or events
- be timely - as close to the event as possible
- be thoughtful
- be helpful - ask yourself, is this feedback intended to help this person grow
- follows the three rules: is clear and direct, free of blame/judgment, indicates belief in the person



MODULE 3: TAKING DIGNITY OF RISK & ADVOCACY TO A WHOLE NEW LEVEL

1. Nursing care for those living with dementia is NOT about "managing behaviors" but rather about being an **ADVOCATE** for Elders living with dementia.
2. Advocacy is pleading the cause of another or speaking or acting on behalf of others who cannot do so for themselves.
3. Identifying your risk tolerance, for yourself and for others, is helpful in creating understanding and accepting the dignity of risk. Things to consider:
 - do you think that sometimes the actions of elders living with dementia are viewed as the disease, rather than normal reactions to a situation?
 - what are some things you could do differently to promote Elder choice and live in the least restrictive environment?
 - think of small steps/changes to mitigate risk and expand elder choice

HOW LEADERS CAN SUPPORT THE APPLICATION OF LEARNING

As leaders, here are some ways to support the nurses who have attended the session.

1. Encourage routine meetings between Green House Nurses, Guides, and Shahbazim to foster an integrated relationship.
2. Be role models of open feedback.
3. Praise expressions of advocacy by nurses, particularly when they are supporting elder choice while mitigating risk.

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MODULE 4: LIBERALIZED ELDER-DIRECTED MEDICATION PASS

1. Medication pass in the real home environment of a Green House home means letting go of some traditional beliefs and approaches.
2. A liberalized medication pass honors each elder's daily activities and routines, fitting in the medication administration around the elder's schedule, rather than a rigid schedule defined by someone else.
3. Physician orders need to be aligned with the organization's policy on liberalized medication pass.
4. Avoid medication pass at mealtime as convivium, the experience of good food and good company, is the focus during mealtime.
5. A liberalized medication pass increases elder autonomy and decreases the number of medication passes each day (a time savings).

HOW LEADERS CAN SUPPORT THE APPLICATION OF LEARNING

As leaders, here are some ways to support the nurses who have attended the session.

1. Evaluate the medication pass. Look for ways to push current practices to honor elder choice even more.
2. Engage the physician in rewriting orders as needed.
3. Invite the nurse to discuss strategies to eliminate unnecessary medications and implementing a liberalized medication pass.
4. If an elder is distressed and team members struggle to provide the best support for the elder, ask the nurse how the team might be able to develop a well-being plan for the elder.



MODULE 5: POLYPHARMACY AND PSYCHOTROPIC MEDICATIONS

1. Aging impacts the pharmacokinetics, the activity of drugs in the body including absorption, distribution, metabolism, and excretion.
2. Generally lower drug doses are required to achieve the same effect with advancing age.
3. Polypharmacy refers to the use of multiple medications, commonly in older adults. (Typically, this includes being on five or more medicines). Excessive polypharmacy is the concurrent use of ten or more different drugs.
4. Concerns with polypharmacy include adverse effects (injury resulting from the use of a drug and harm caused by a drug at usual dosages), drug interactions, prescribing cascades (additional drugs prescribed to treat the adverse effect of other drugs), inappropriate therapy, risk of hip fracture, transitions of care, and changes in pharmacokinetics.
5. To avoid polypharmacy
 - avoid automatic refills
 - use caution with multiple providers
 - consider whether symptoms are due to side effects of a medication
 - always review all medications at a minimum of Q 3 mos.
 - systematically choose drugs to begin to titrate down or discontinue
6. To best support elders who display regular distress, develop a well-being plan for each person following the four-step process
 - record round the clock observations of distress incidents: time of day, environment, who is present, what is happening, elder response, approaches tried and effect
 - develop an Elder in Distress Team to gather background information, progress notes, medical notes, etc.
 - call a meeting with the care team closest to the person (Shahbazim, nurses, clinical support team members)
 - develop a well-being plan