

ACUTE CARE PHILOSOPHY VS EXTENDED CARE PHILOSOPHY

In order for you, as L.P.N.'s, to play a meaningful role in extended care, you will have to become interested and involved in many different aspects of patient care. Notice, I didn't say nursing care. I will not dwell on the studies and skills you learned at your vocational schools. You, however, were unfortunate in that you learned to apply your skills under an acute care concept or philosophy. When you work in a long term facility you will have to adjust to the extended care philosophy. These philosophies differ greatly, because the one is geared to the short term stay, and the other caters to patients who sometimes remain in hospitals for years, and, therefore, we must try to make the hospital a home in every sense of the word.

In acute care, if you do not handle the care of your patients properly, the patient generally improves, inspite of you. If you do not meet the psychosial needs, it will not give your patient a permanent emotional scar. This is so because she isn't under your influence long enough. Now, let us look at the unfortunate in extended care; she is at your mercy for years, and if you do not handle her care knowledgeably, you can do untold damage. You can break her heart, you can destroy her identity, and vegetate her life. This will happen as you mold her to meet the needs of your acute care philosophy, which is highly task oriented. The nurse, sometimes, shows more concern that the patient's bed is properly made and the casters kicked into place than she does about her patient. Today, we will try to learn from each other how we can really meet the needs of our long term patients.

In your hospital you may have the R.N. working with the total team approach, or you may have much of this work left to the leadership

of the R.N. and the medical doctor, who mutually, will set goals. You, as a team member, will become very much involved. First, let us consider your contribution to the physiotherapist. For example, he will want to develop the mobility of the patient, he will in turn, ask nursing service to help him carry out some of his techniques over the 24 hour period. This is where your important role comes in. If you are asked to exercise a limb in a certain way, or walk a patient, be sure to do it, as the patient's independence may very well hinge on your dedication. If you neglect this aspect you may be responsible for creating a bed patient, will all the complications this can create. If you are asked and shown how to position a patient in a chair or bed, be sure to follow through with this at all times, because you will prevent or reduce deformities and pressure sores. If this is adhered to, the patient can maintain mobility much longer and remain free of pain and anguish. If you do not understand these aspects, be sure to ask the R.N. rather than one of your peers, to avoid errors.

~~Then, we must focus our care on bowel and bladder training.~~
At the Priory, we do not use catheters to maintain a dry environment. We do consistent toileting and the patients gain from this attention. Just to give you an illustration, we average 4.5 lbs. of linen, per patient, per day. Some extended care units use 12 lbs. In calculating this, and applying it to 100 patients, it comes to \$28,000 a year. Financially, this is great, or disastrous, as the case may be, but consider how you have raised the self image of a human being when she finds she can again wear a beautiful dress without soiling it. I am sure you have heard an aged patient calling to go to the bathroom,

don't let her start getting indifferent. Tend to her immediately; if you don't, you encourage the bad habit of incontinence. Always be prompt and stick to the schedule. Throw your hearts into this aspect of care and teach your patients to be in control of their toileting. It can be done, and is most rewarding to all concerned. Another thing you must do in this training, put your patient on her honor. Your care must be geared to ego enhancing. Dress her in her attractive dress, put on her lovely lingerie, shoes and stockings, it will give her pride a lift. She will try not to soil herself. Never pull down her panties, lift her dress and set her on an incontinent pad. By applying these negative attitudes you again encourage incontinence. That is why some hospitals lay beautiful carpets on their floors. Patients have always learned to protect the carpets from soil and, too, the patient has status and pride by residing in a beautiful environment.

The occupational therapist will also require your assistance in teaching a person, for example, to regain or retain her independence in activities of daily living, such as dressing, bathing, grooming and feeding. Sure, it is easier and faster to slip on the patient's dress and pull up her stocking, comb her hair and wash her face and hands; but is it fair? You are denying this person the privilege of being useful, you instil hopelessness and helplessness, you rob this person of her independence. The same thing goes for feeding. In their haste to finish the job, nurses resort to feeding the patient, preferably osterized, because it's the fastest. Dining should be a pleasant experience, the patient should be given time to chew and enjoy her food. If she has dentures, be sure she uses them. By denying this person her

independence, you will spend more time on her as she deteriorates. She will quit chewing, she will spit out even the tiniest solid particle. She will revert to infancy and begin sucking her food from a spoon. You will learn patience in the end as you sit while you attempt to maintain sufficient intake. Therefore, all patient's functions must be maintained, developed or restored within their capabilities. Goals, of course, must be realistic. Are you beginning to see what I mean, how the two philosophies differ, how you can be responsible for destroying a person's ego, and do so unintentionally?

The occupational therapist will also expect your help in encouraging the patients in useful and meaningful activities. Some of these activities are shared with the social workers as we draw in the families, friends and the community. Take part in the activities, encourage the volunteer. The volunteer frequently needs help, she is willing, but inexperienced, so give her a hand. Make her welcome, let her be part of our wonderful family. She can add much stimulation for the patient because she brings with her the activities of the community. The patient learns that she still belongs to a family and a community. She is a social being and as such, has to belong to someone. Make the stay of the patients in hospital a living experience, instead of a dying one.

Ask the patients to participate in learning situations so they can make use of their mental capabilities to the fullest extent. Encourage them to keep on learning so that they can become interested in new hobbies, crafts, or activities. In that way, life can hold more interest for them.

While activities are going on, don't hold back, don't be shy,

step up and contribute; use your God given talents, be part of the program, plan it, make suggestions and enjoy yourself.

Remember, you are part of the environment in establishing a harmonious and happy atmosphere. Make sure your own attitudes are correct, leave your problems at home, and throw yourself into your work with enthusiasm. Reduce changing situations for your patient. If you find comfortable neighbors for her in her room, or at the dining room table, do not disturb it needlessly. Old people cannot adjust to change as readily as their younger counterparts. Allow the patient the privilege of having some of her personal possessions near her. Don't show displeasure as she clutches a roll of toilet paper, a useless piece of ribbon or her purse. She has already lost much, her home, family, friends, and her role in the community. Don't push her further into despair by removing her possessions; with them she loses her individuality and purpose in life.

Another aspect I feel is important to the mentally impaired and aged, is the use of a positive approach. One would not say, "Do you want to go to activities", rather, "Let's go to activities".

Then we must strive for clarity and let the patient know what is expected of her. Do not be patronizing, keep your patient oriented to reality. If a lady sits with a bundle under her arm and states she is catching a train, don't put her off by saying that the train is late. Tell her frankly she is at home and change her thought by introducing something different and constructive. Keep the patient oriented to time through clocks and calendars, in order to keep in touch with reality.

For example, when you say good morning, let your patient know the time and date. Change the calendar date in front of them, or ask one of the patients to do this, or have them remind you, so that they become involved. You might say, "Today is the 1st of February, just two weeks before Valentines Day". Then have a count-down to develop enthusiasm for the party.

Let them become involved in small tasks like watering the plants or folding linen; make them feel useful and needed; let them help you; never discourage the smallest offer.

I have left this aspect for the last because it is so important. Show compassion, love and understanding for your patients. Use tact and consideration, and please, do not talk over their heads as if they were a "non person". Recently, one of our aides said to another, "Did you walk Mrs. Brown?". Mrs. Brown retorted, "Yes, I was, why didn't you ask me?". While you are working and you are talking to your co-worker, always include the patient, don't leave her out. You destroy her pride in that way. Tell her about your family and what you did last night and plan to do tomorrow. Perhaps you are the only family this person has, she is dearly interested in you. Involve her in a two-way communication; let her tell you of her hopes and fears as well. Listen to her, by doing this you are giving her status, for the moment she is a worthwhile person, you are raising her ego resources. She knows you have taken the trouble to listen to her. While she is talking, why not touch her, pat her. This is the sign of a loving communication. Never treat all patients alike, as if collectively you consider them all senile. The mentally alert can suffer much from this,

and who knows how aware the ones we consider impaired actually are. So try never to hurt a human being, we are all desperately vulnerable.

I hope I have convinced you that the care we give the long term patient cannot be the same as that which is given the patient in an acute care hospital. Some critics will say it costs too much to give this kind of care. Just reflect for a moment. Does it take more time to place a spoon in a patient's hand and encourage her to feed herself than to sit and feed her? Does it take more time to communicate with your patient while you are bathing her, walking, or making her bed? We often see a nurse doing all these tasks in stoney silence or in constant conversation with her co-worker. It is as simple as saying it doesn't take any more time to smile than to frown.

Now, this is for you personally. Enjoy your work, have fun doing it. Be kind to each other, help each other; if you see someone is behind in her work, give her a hand. Be a team, also, show the same compassion toward each other as you would to your patients. Be sure you understand your body mechanics so you won't hurt yourself or you patients. Throw yourself into your work with enthusiasm, become part of the activities and be an activist. While you are enjoying yourself, your patients will reflect your happy mood.

We will now view our film which shows you the Priory Method, on patients whose average age is 85.

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