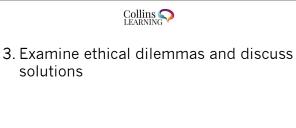


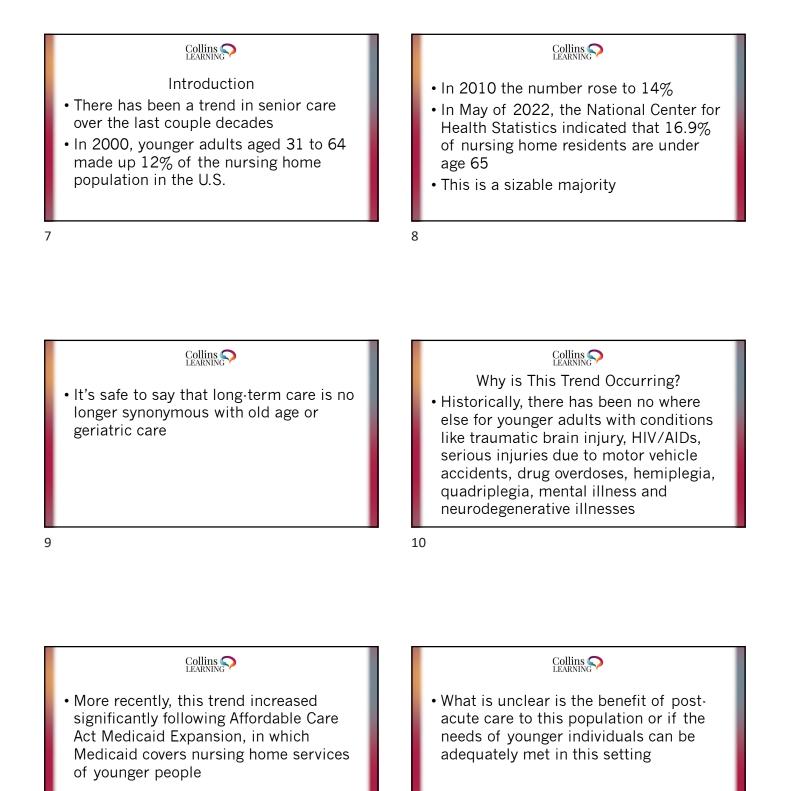
- Younger Adults in Skilled Nursing: Ethical Dilemmas and Challenges is a 1hour continuing education presentation that provides a scoping review of the literature pertaining to this topic.
- This presentation examines characteristics of younger adults moving into skilled nursing, unique challenges associated with this population and potential ethical problems and solutions for long-term care providers.

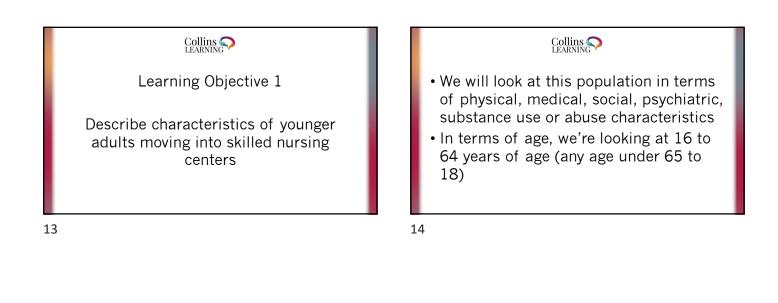


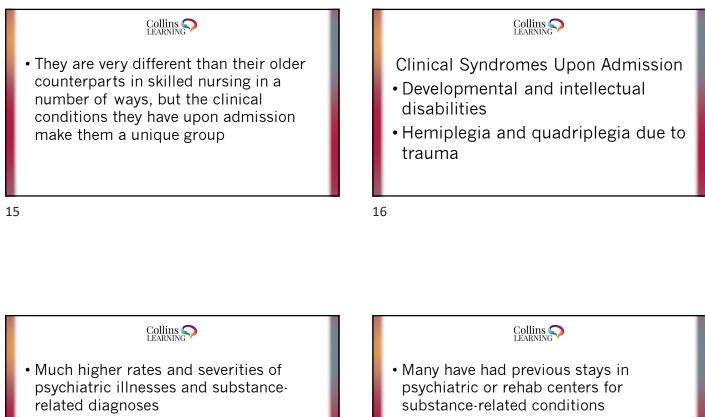




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 Chronic and neurological disorders such as Huntington's disease, muscular dystrophy, ALS, Parkinson's disease, peripheral vascular disease, etc.

- Any or all of these characteristics require different training and approaches from skilled nursing staff

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• Rates of anxiety and depression, perhaps with suicidal thoughts or actions may be associated with coping with the possibility of living in nursing homes for the next 30, 40 or 50 years of their lives

Collins 💫

- What will this population look like in the next 10-20 years
- How will they receive the care they need?
- How will staff, who are used to working with old adults, feel about this?

20

- What will care planning look like?
- Will they require different resident rights? Will they demand more?
- Where will the resources come from for difficult cases and the need for specialists and specialized equipment?

21

19

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Snapshot of the Younger Population Already in Skilled Nursing Facilities

- The majority are male whereas they are female in the older resident population
- White people make up the majority of older residents; there are more black and Hispanic in the younger group

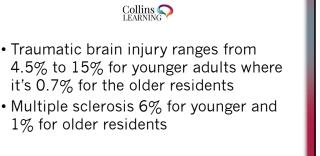
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Clinical Characteristics

- Younger people have far more serious mental health issues than their older counterparts (35% compared to 18%)
- Their use of antipsychotic medication is 33% compared to 18% for older residents



- Cerebral palsy is highest among the 16-19 year olds at almost 34% where it's 0.6% for older residents
- Paralysis is 26% compared to 11% in the older resident population



Collins 💫

- Chronic lung between 14% to almost 39% for the younger resident and 24% for the older resident
- Ventilator usage is 35% for 16-19 years olds and 0.3% for older residents

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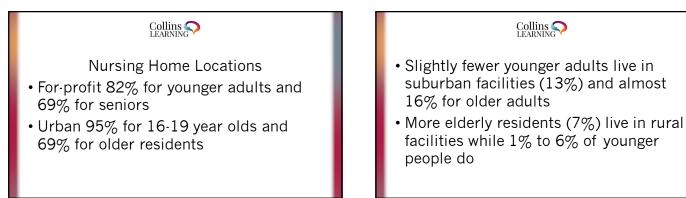
- Expressive communication impairment is highest among the 16-19 year olds and 40% for older residents
- Dementia is higher among older residents at 53% versus 21.5% for those ages 50.64

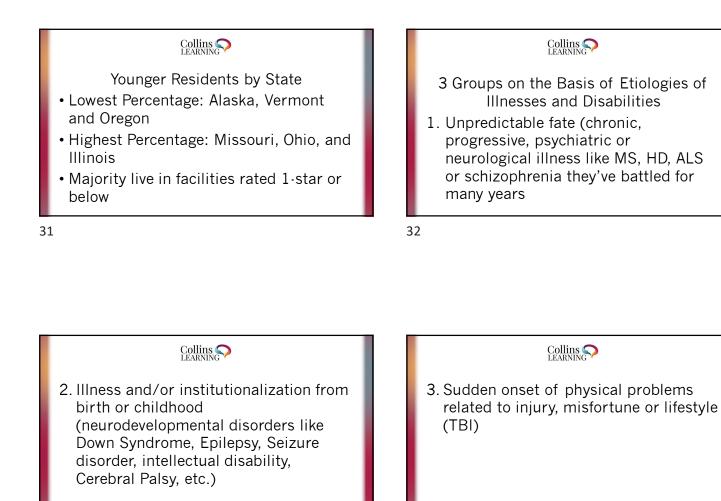
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- 50-64 group have diabetes at 42% and the older residents at 34%
- Cancer tends to be slightly higher among older residents at 5.3% and 3.8% for those 50-64

28



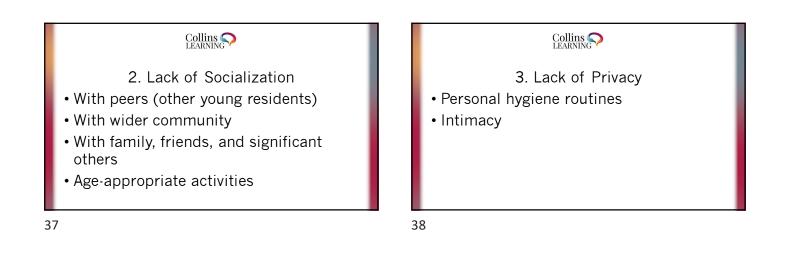




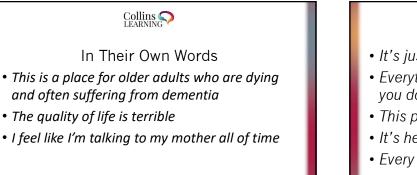
Collins 🕥

1. Confinement

- Confined to the building
- Not being included in decisions and placement assignments
- No other options but to live in the nursing home

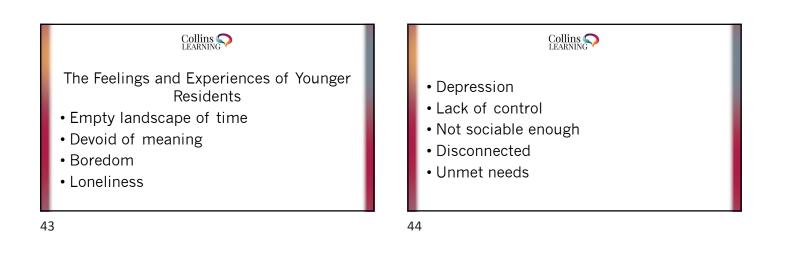


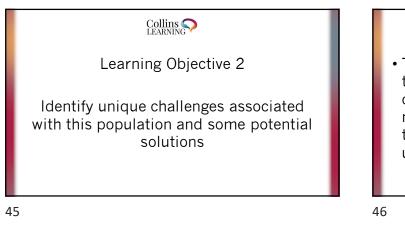






- It's just not normal. I don't fit in.
- Everything is timed. When you eat, when you do this or that.
- This place makes you feel like a captive
- It's hell to live here
- Every day is the same old story







• This is a challenging exercise since there can be so many problems, issues, dilemmas and conflicts that can arise mixing multiple generations of people together with a wide variety of needs under one roof





- Medical directors and nursing staff may not be experienced working with younger residents
- Clinical staff may lack expertise or interest in conditions or diagnoses of younger residents

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- Some conditions like pregnancy and sexually transmitted disease are less common in senior care (but not all!)
- Transition to palliative care and allowing a natural death may be particularly difficult for younger residents, their loved ones and staff

49

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- Younger residents may have medication regimens that are unfamiliar to staff
- Staff may be unprepared to work with younger people with traumatic brain injury (TBI)

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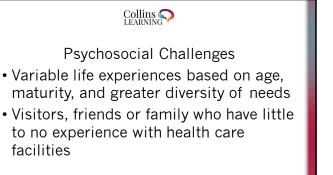
Collins ᄌ

- They may also be unprepared to work with recently disabled or severely injured younger residents who are just starting to cope with their losses
- Developing a plan or care or care paths may be challenging and many younger residents will want to participate

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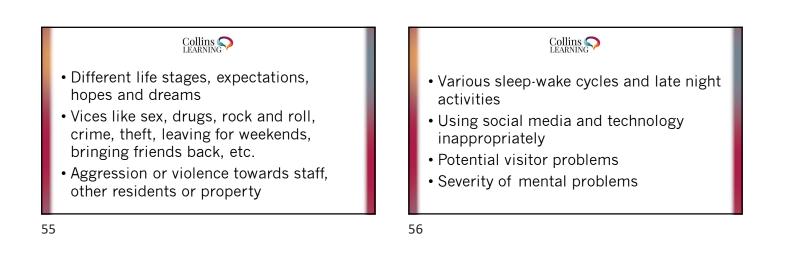
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- Medication, treatment or care compliance may become major issues
- Staff may be unprepared and untrained in substance use/abuse/addiction
- There may be very medically complex residents with multiple co-occurring conditions





- Sexually inappropriate activity or advances
- Mental, behavioral, or personality issues that are unfamiliar to staff
- Developmental and intellectual disability co-occurring with mental illness









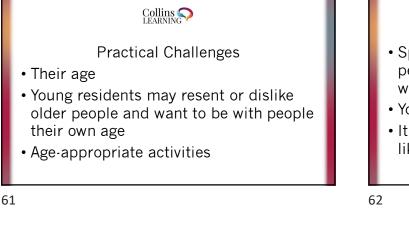
- More psychosocial needs or demands
- · Loneliness, depression, anxiety,
- Generation tensions
- Lifestyle (music, appearance, friends,

58

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- Bringing alcohol, cannabis or other substances into the facility
- Low impulse control
- Anger and belligerence to staff
- Resident-to-resident altercations
- LGBTQ+ related issues

- Non-verbal
- Behavioral disinhibitions
- Polypharmacy
- · Personality disorders
- Pain management





- Space requirements because younger people will have more stuff like power wheelchairs and computers
- Younger residents are generally stronger
- It is unlikely a therapeutic cluster of like-aged people will form

Collins Colli

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- Will staff stay and provide care or find a new place to work with traditionally older residents
- Younger people may have a hard time being around physical decline and death

64



- Will younger residents have patience with dementia-based behaviors?
- What will their quality of life be in physical, mental, emotional, spiritual and personal growth areas of their lives?
- Will they want to be a part of the outside community more than elderly residents?



- How will they react to stigma, discrimination or stereotypes from staff or older residents?
- Where are the regulations and guidelines for providing care to younger residents?

Collins 🕥 Regulatory Challenges and F-Tags to Be • There will be challenges in developing Aware Of new policies and procedures that are • As of now, federal and state regulations regulation-friendly to address younger are not designed for younger individuals residents' needs while maintaining in skilled care safety • MDS screening and assessments are not validated for younger residents 68

Collins 🕥 F-Tags

- F151 Exercise Rights/Vote/Free of Coercion
- F152 Resident Competency
- F154 Informed of Health Status/Medical Condition
- F155 Right to Refuse Treatment/Research
- F156 Inform of Services/Charges/Legal Rights

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- F157 Notify of Accidents/Significant Changes/Transfers
- F164 Privacy and Confidentiality
- F165 Voice Grievances without Reprisal
- F166 Facility Resolves Resident Grievances
- F172 Access and Visitation
- F176 Self-Administration of Drugs



- F223 Abuse
- F224 Staff Treatment of Residents
- F240 Facility Promotes/Enhances Quality of Life
- F241 Dignity
- F242 Self-Determination/Resident Makes Choices

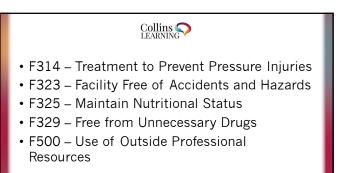


- F244 Facility Listens and Responds to **Resident and Family Groups**
- F245 Resident Participates in Activities
- F246 Accommodation of Needs and Preferences
- F248 Activity Programs Meets Individual Needs

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- F252 Safe/Clean/Comfortable/Homelike Environment
- F280 Development/Preparation/Review of Comprehensive Care Plans
- F309 Necessary Care for Highest Practical Well-Being
- F311 Resident Treatment to Improve/Maintain ADLs

73



74

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Financial Challenges

- There will, most times, be money issues
- Financial risk for litigation may be higher due to risky behaviors
- Few younger adults will have Medicare
- Insurances may not cover specialty treatments

75

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• Younger residents may require greater physical care but be intact cognitively, and therefore make more financial demands and have more preferences that can be resource-intensive and expensive

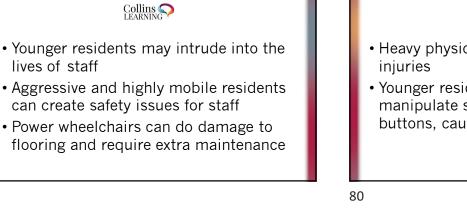
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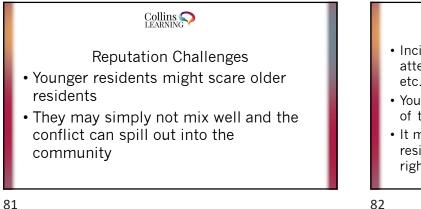
Staffing Challenges

- Staff may not want to work with this population
- Some will stay and have to change their mindset
- Boundaries and boundary violations can become an issue





- Heavy physical care can lead to staff
- Younger residents may know how to manipulate staff and push their buttons, causing chaos and conflict





- Incidents may occur which grabs the attention of local media, law enforcement, etc.
- Younger residents might hang out in the front of the facility, reducing curb appeal
- It might be difficult to discharge a problem resident because they tend to know their rights

Potential Solutions to Unique Challenges

Collins 🕥

- Person-centered care cannot be more important for younger residents
- Identify their individual perspectives that inform their unique needs and wants



- Make it well known that staff will respect their privacy
- Reimagine the activity department and gear age-specific groups and social activities towards this population



- From the start, establish appropriate and healthy relationships between residents and staff
- Take time each day to take time, visit and listen to their needs
- Create a therapeutic mileau



- Anticipate cognitive problems
- Create behavior management policies and procedures the staff will know and deliver in practical ways
- Establish creative balances between health, rights and safety

86

Develop policies and procedures for time out of the facility, smoking, power wheelchairs, etc.
Train staff on all issues associated with younger residents
Celebrate success

87

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- Contract with reliable and successful psychiatric teams
- Get early mental health referrals
- Develop peer-to-peer support programs or find them in the community

88

- Host Alcoholics Anonymous, Nicotine Anonymous and other groups for younger residents to attend
- Develop a computer lab or space within the building



- Establish effective communication between departments, shifts, consultants, etc.
- Hire nurses and/or social workers with psychiatric/psychological experience

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- Do not waiver on the need for certain types of medications for this population, and in particular, psychotropic medications
- Help younger residents work through loss in healthy ways

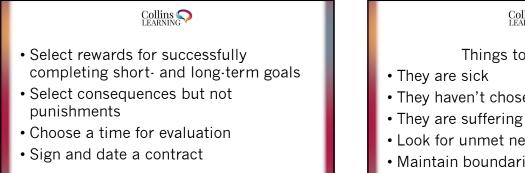
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Behavior Manage Planning & Implementation

- Identify behaviors you want to eliminate and those you want to reinforce
- Create specific and measurable goals that are time limited

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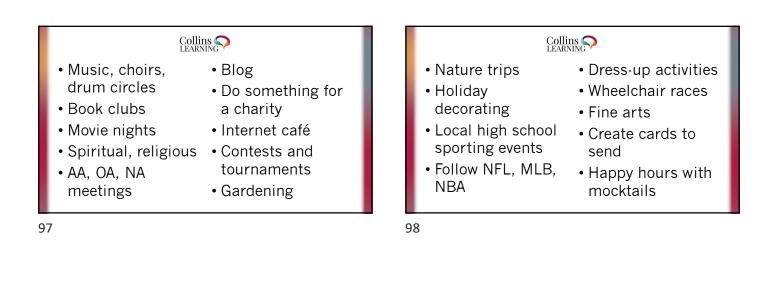
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- Try something and if it doesn't work, try something else
- Disengage if or when you have strong emotions
- Watch your tone when speaking and documenting
- Be empathetic

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Activities for Younger Residents

- Get them out as much as possible
- · Community walks to local stores
- Laundromats
- · County fairs
- Attending schools







Learning Objective 3

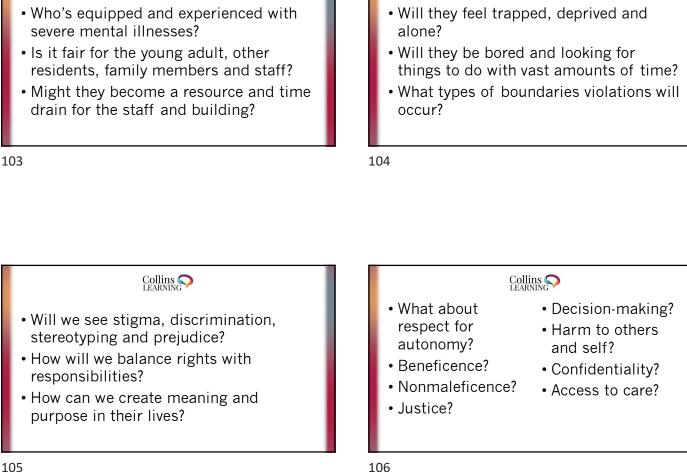
Examine ethical dilemmas and discuss solutions

100

- This part of the presentation could go on for a very long time
- We've covered so many ethical issues and problems already, but there are more to address



- Should they even live in a skilled facility?
- Can their needs really be met?
- Can we deliver true person-centered care?
- Is it safe?



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Some Solutions

- Train staff well
- Establish policies and procedures
- Open up communication between all departments
- Hire nurses, social workers, etc. with psychiatric or behavioral experience



- Create multiple therapeutic programs
- Keep a happy and positive atmosphere
- · Get the best contracted consultants in mental and behavioral health with young people



Collins 쬤

- Crank up rehab services
- Learn about best practices in brain injury, developmental disorders, substance use and severe mental illness
- Help them plan for the future and find more appropriate housing

110



• Throw an SOS out to your community of professionals and services and don't be afraid to ask for their advice and help



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