

[www.TeepaSnow.com](http://www.TeepaSnow.com)

Dear PAC Community Member-

Thank you for purchasing a PAC In-Service Learning Kit! Learning Kits were designed primarily for use by organizations who wish to facilitate learning in a small group classroom-type setting.

Your Learning Kit includes a single DVD copy of the primary video content and online streaming access to the same video content (the "Course"). The streaming video can be accessed through the purchaser's [teepasnow.com](http://teepasnow.com) user account.

Also included are learning materials in pdf format that can be printed and distributed to your learners or distributed digitally. These include an Outline and Learning Objectives for the primary video content and additional resource materials. We recommend that you print the resource materials for your learners as they will be a useful reference tool as they view the Course.

The included quiz, along with answer key, can be used for a pre-Course assessment to establish the baseline of the learner's dementia awareness and knowledge and then again as a post-Course assessment of their progress.

Finally, there is a Certificate of Completion in pdf format that can be printed and filled in with the name of the learner to recognize their successful completion of this course. PAC recommends requiring a score of 80% or higher on the Course quiz in order for your learners to pass the Course.

A one (1) year license to use the primary video content and learning materials for training is included with your purchase of the Learning Kit. The cost to continue using this content for training in subsequent years is just \$10 per year. The original purchaser's account will be billed for renewal years. You may choose not to renew at any time.

We hope that the resources in this Learning Kit will be a practical starting point in helping others become more aware that they can make a significant difference with some simple changes to the way they have traditionally done things. Please check back with us for additional dementia education products and services to meet your needs as you grow your dementia care skills!

Sincerely,

Teepa Snow and the Positive Approach® to Care Team



[www.TeepaSnow.com](http://www.TeepaSnow.com)

## The Inevitable Hospital Stay Learning Kit

*Outline and Objectives for Video Content*  
Total Video Time – 120+ minutes

### Description

This program focuses on what happens when someone living with dementia goes to the hospital.

Unfortunately, your loved one will more than likely have multiple visits to the hospital, but not directly because of the dementia. Most visits are caused by other conditions such as falls, hip fractures, pneumonia, or other injuries.

**The goal** of this program is to help you understand why hospital stays can be the most dangerous place for someone living with dementia, and how you can help change that problem.

### Objectives

By the end of this session learners will be able to:

- Learn what to discuss with family members and how to work as a team with the hospital staff.
- Learn how to ask the right questions and make the best choices when speaking with the doctor.
- Learn about the drugs that are commonly prescribed in hospitals that can have severe side effects for a person living with dementia.
- Learn what to bring to the hospital to create the best environment and reduce agitation.
- Learn how to detect pain and find comforting solutions.
- Learn why it is important to have a standing order for Tylenol rather than a PRN.
- Learn why having a feeding tube is not the best outcome.
- Discuss with your partner who should be in the hospital with your loved one and should they be there in shifts for full coverage?

### Outline

- Discuss with your partner what are some of the challenges a person living with dementia faces in the hospital.
- Discuss with your partner how important it is to identify the proper pain medication that is required to keep your loved one comfortable.
- Discuss with your partner what preparations need to be put in place upon admission.

- Role play with your partner a discussion with the hospital staff about concerns of your loved one's dementia.
- Discuss with your partner what previous decisions and preferences have been put in place and how to make sure the hospital staff will follow through on their wishes.
- Discuss with your partner the risks of having a feeding tube.
- Describe with your partner what you should have in your hospital bag.

## The Inevitable Hospital Stay Learning Kit

### Quiz Questions

1. Approximately what percent of people living with mid-to-late-stage dementia re-hospitalized or visit emergency rooms each year?
  - a. 25%
  - b. 50%
  - c. 75%
  - d. 100%
2. Which of the following are common problems encountered in many hospitals for people living with dementia and their families?
  - a. Assumptions made at admission regarding a baseline compared to current status.
  - b. Quick efforts to control behaviors with medications that alter alertness and responsiveness without careful evaluation of meaning of the behaviors.
  - c. Assumptions about causation based on previous encounters with people living with dementia, rather than a careful assessment of the current situation and person.
  - d. All of the above.
3. Which of the following are common problems encountered in many hospitals by staff and caregivers when working with people living with dementia and their families?
  - a. Lack of timely and accurate documentation providing specifics about baseline and history of current changes or the absence of a care partner who is knowledgeable about the person and situation and can communicate that information in a medical-friendly manner.
  - b. Lack of specific training on communicating with someone living with dementia in mid- to late-stage or with someone in early stage with an acute episode of delirium for information gathering and decision making.
  - c. Inadequate environmental supports to provide for safer options when someone is distressed and unable to use cognitive abilities to tolerate unfamiliar and potential hazardous situations.
  - d. All of the above.
4. Which of the following is needed in order to have medical personnel share information with you about the condition of the person living with dementia?
  - a. An official and completed durable Health Care POA.
  - b. DNR order in the chart.
  - c. A copy of a living will.
  - d. A close relationship (marriage or blood-related ties) to the person.

5. Which of the following is the most likely cause in the later stages of dementia when a person becomes suddenly *different* - their behavior dramatically and quickly changes?
  - a. It is almost always a bladder infection or UTI
  - b. It is probably just an indication that they are moving into a worsening state of their dementia.
  - c. It is probably because of dehydration.
  - d. It is probably an acute medical condition that should be immediately identified and investigated.
  
6. In the later stages of dementia, what is the greatest challenge families and health professionals will face?
  - a. Determining what steps are the right steps for this person, given all that is happening combined with their previous expressed desires about quality of life, and risks versus benefits of possible interventions to treat.
  - b. Getting medical professionals to provide information about what is possible to preserve life for this person.
  - c. Deciding whether or not to administer CPR.
  - d. Getting everyone to agree to a course of action, once the person's previous decisions and preferences are reviewed and discussed.
  
7. Which of the following is true:
  - a. Historically, people living with dementia have been overmedicated with anti-psychotics or anti-anxiety medications following surgical procedures.
  - b. Since people living with dementia in the later stages don't feel pain as much, they typically need much less pain medication.
  - c. Since people living with Lewy Body Dementia and later stage Alzheimers rarely respond poorly to medications to control hallucinations and agitation, those medications are typically useful in hospital stays due to minimal side effect profiles in these situations.
  
8. What should be considered prior to taking a person living with later stage dementia to an emergency room or hospital setting?
  - a. What is the risk versus benefit of doing so, for this person in this situation?
  - b. What are the advance directives that have been developed for this person and their supporters?
  - c. Can the right assessment and care be delivered in a more friendly, functional, forgiving, and familiar setting?
  - d. Who can be with the person during the process to ensure the person is being cared for, listened to, and accurately assessed?
  - e. All of the above.

9. What might be causing a person in mid-stage dementia to not eat a meal that is served on a bedside table placed in front of them while they are seated with the head of the bed elevated?
- a. Use of social vision – not task vision – never saw it.
  - b. Probably not hungry.
  - c. Unable to figure out that something is under the cover and unable to figure out how to open condiments and utensils.
  - d. Just interested in the sweets, so the rest is not of interest.
  - e. A & C
  - f. C & B

## The Inevitable Hospital Stay Learning Kit

### Answer Key

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  - f. C & B



# CERTIFICATE OF COMPLETION

Has Virtually Attended and Completed

## *The Inevitable Hospital Stay*

- 120 Minutes of Video Content – The Inevitable Hospital Stay
- Completed Assessment
- Score on Assessment \_\_\_\_\_% (\*PAC requires 80% or higher for certificate)

Virtual Instruction By:

Teepa Snow, MS, OTR/L, FAOTA  
Founder/CEO  
Positive Approach, LLC



Completion Certified By:

CE Administrator

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

# PAC Resource Cards

Thank you for purchasing an In-Service Learning Kit or enrolling in an Online Group Learning Module with Positive Approach to Care (collectively a "PAC Course"). Your PAC Course includes a digital pdf sample version of our PAC Resource Cards. These helpful Resource Cards were originally developed as a tool for our PAC certified community only, but they are now available to all in our online store at [www.teepasnow.com/product/pac-resource-cards](http://www.teepasnow.com/product/pac-resource-cards).

**The digital sample of these cards is provided for use by your staff in conjunction with this PAC Course only. They may be printed on 8.5 x 11 paper and distributed internally for that purpose. We hope you find the print outs useful for internal education purposes, but if you intend to use the cards for general staff education or training, support groups, or any other business purpose, we recommend and kindly ask that you purchase the physical cards for your organization.**

Our Resource Cards are brightly colored and are printed on 8.5 x 5.5-inch double-sided glossy cardstock. They are reasonably priced and sold in packs of 25 of the same card. They are perfect for providing your staff with a quick and handy referral tool to use during their interactions with people living with dementia. They also reinforce the learning that your staff gains through completing the PAC Course.

Much time, effort, and knowledge went into the creation of the Resource Cards, and the revenue they generate allows PAC to continue our mission of changing dementia care culture.

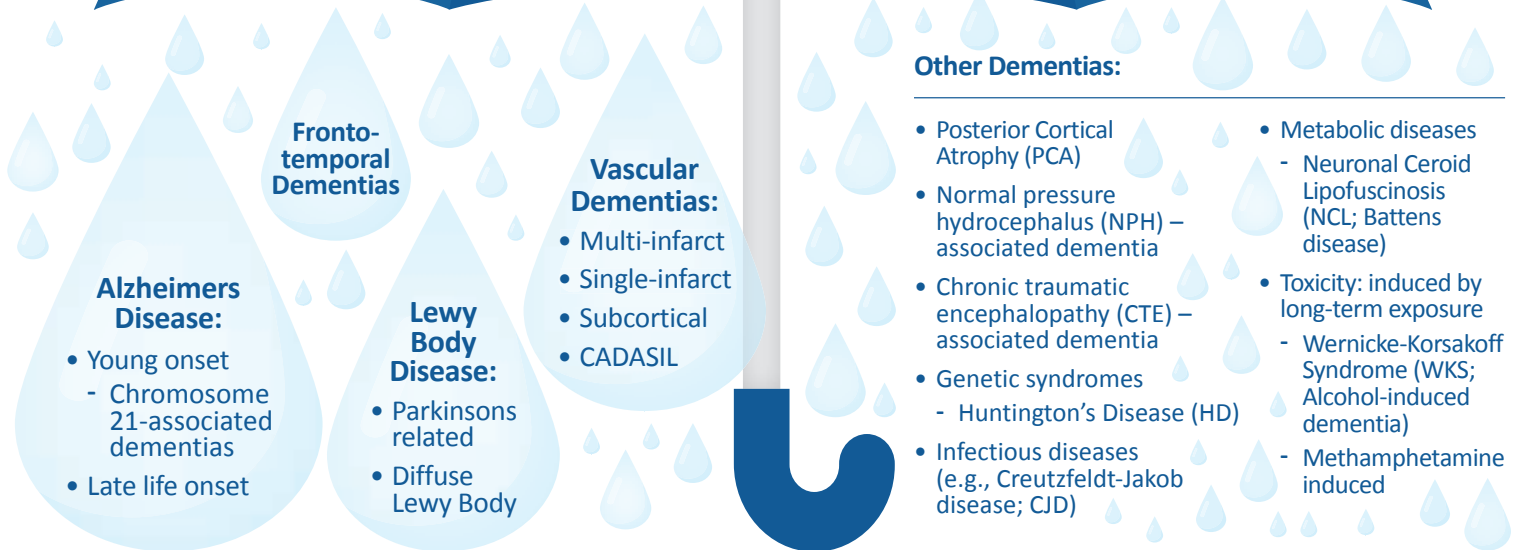
In the event it is discovered that an individual or organization is printing and using the sample cards for business purposes other than those allowed herein, we will request that you immediately refrain from such use until a card purchase is completed. We thank you in advance for your cooperation.



[www.TeepaSnow.com](http://www.TeepaSnow.com)

For more information, visit  
[www.teepasnow.com/product/pac-resource-cards](http://www.teepasnow.com/product/pac-resource-cards)

# Dementia



FOR USE WITH LEARNING KIT ONLY

## Four Truths About All Dementias:

- At least two parts of the brain are dying
- It keeps changing and getting worse – progressive
- It is not curable or fixable – chronic
- It results in death – terminal

### Alzheimers

- New details lost first
- Recent memory worse
- Some language problems, mis-speaks
- More impulsive or indecisive
- Gets lost – time/place
- Several forms and patterns
- Young onset can vary from late life onset
- Down Syndrome is high risk
- Notice changes over time
- Related to beta-amyloid plaques and tau pathologies

### Lewy Body

- Movement problems – Falls
- Visual disturbances
- Delusional thinking
- Fine motor problems – hands and swallowing
- Episodes of rigidity and syncope
- Insomnia – sleep disturbances
- Nightmares that seem real
- Fluctuations in abilities
- Drug responses can be extreme and strange
- Related to synuclein protein malformations

### Vascular

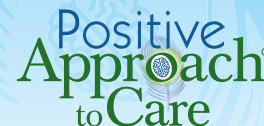
- Sudden changes in ability – some recovery
- Symptom combinations are highly variable
- Can have bounce back and bad days
- Judgment and behavior *not the same*
- Spotty losses
- Emotional and energy shifts
- Least predictable
- Caused by problems with blood flow, oxygen, nourishment of brain cells

### Frontotemporal







- Many types
- Frontal: impulse and behavior control changes
  - Says unexpected, rude, mean, odd things
  - Apathy – not caring
  - Problems with initiation or sequencing
  - Dis-inhibited: sex, food, drink, emotions, actions
- Temporal: language change
  - Difficulty with speaking – missing/changing words
  - Rhythm OK, content missing
  - Not getting messages
- Related to tau pathologies



# The GEMS State Model



The Positive Approach to Care GEMS® State Model was created to help us see the retained abilities of a person living with dementia (PLwD). An individual's GEMS state indicates retained skill in combination with missing function, so that support and cueing will foster engagement and participation rather than isolation and dysfunction. In dementia, there are not static stages or levels of lost abilities. A PLwD will experience a variety of GEMS states throughout each day and over time. Recognizing the GEMS state allows us to engage in an appropriate manner and helps the PLwD shine, just as they are in that moment.







					
<b>Sapphire</b> True blue Healthy brain Normal aging Flexible Adaptable Optimal cognition Can provide support for other GEMS states with proper self-care and support  Less peripheral awareness with age	<b>Diamond</b> Clear – Sharp Many facets Lives by habit and routine Likes familiar, dislikes change Blames or dismisses errors Can cut and shine  Scuba vision	<b>Emerald</b> Green On the go with purpose Flawed Seeks independence or connections Repeats Misses details Travels in time and place  Binocular vision	<b>Amber</b> Orange Caught in a moment of time More curious than cautious Focused on sensory needs Lives in the moment Copies actions, not tasks Resists dislikes, seeks likes Can confuse objects	<b>Ruby</b> Strong red Retains strength, not skills Big/strong actions Has rhythm Notices tone of voice In motion or still Imitates actions  Monocular vision	<b>Pearl</b> Hidden in a shell Ruled by reflexes Short moments of connection Mostly immobile Expresses unmet needs with distress Reacts to touch Can recognize familiar and liked  Limited visual regard

## FOR USE WITH LEARNING KIT ONLY



### What can I do to support this person living with dementia (PLwD) in their GEMS state?

Based on what you **observe** of their GEMS state, choose *your response* from the skills below to support.

My Skills	 Sapphire	 Diamond	 Emerald	 Amber	 Ruby	 Pearl
<b>Responding to Their Vision</b>	Greet, stay in visual field when interacting, use supportive stance (body to the side, face toward person)	Get visual attention, respect space/distance preferences, use directional signs and labels	Offer familiar gestures, use supportive stance, limit complex cues, present items for use in their center field of vision only	Show items, then gesture use. Point to direct attention. Eliminate items that could cause harm, but offer substitutions	Offer greeting matching speed, allow time to visually explore objects and you. One item/cue at a time. Exaggerate	Seek gaze by placing face in central field. Place objects within arm's length, first use gestures to show actions
<b>Responding to Their Language</b>	Ask permission to reduce background noise or change locations. Summarize or ask questions to confirm	Connect before sharing info. Acknowledge preferences and emotions. Empathize – Confirm their emotional state and then say "I'm Sorry"	Use preferred name, reflect key message they gave. Keep answers short/concrete. Pair words with gesture or object. Slow down, use pauses, instruct one step at a time	Use familiar greeting or name, smile or reflect their expression to acknowledge. Use only 2 or 3 words at a time. Pair words with gesture or object. Reinforce efforts (Good!; Keep going)	Use facial expression with greeting. Pair single word with gesture or object. Use song, counting, or rhythm to initiate or transition. Use vocal rhythm to change pace	Deepen your voice, slow your speech, use sounds (Ooh! Ummm) or single words (Good. Drink?), then combine motions with your words
<b>Touching a Person</b>	Shake hands, respect personal space preferences, get permission to touch	Shake hands, respect personal space preferences, get permission to touch. If showing distress – comforting hug or touch, only with permission	Use handshake greeting to note touch tolerance, use Hand-under-Hand (HuH)* clasp when helping in intimate space, offer objects held the direction the PLwD would hold/use them	Get visual and verbal permission, then touch at the hand first. To get started, use HuH to guide and direct. Offer substitutions- do not just take something away	Offer hand, wait for regard, move into HuH when greeting, place other hand on shoulder or joint when assisting. Use HuH for support, tasks, guiding	To reduce distress, move one hand at a time; other hand connect with shoulder or joint. For all care: slow, flat, solid touch. Extending limbs will cause harm
<b>Getting a Person to Move/Do Something</b>	Seek partnership. Ask for their support/help. Acknowledge pain or discomfort before acting	Appreciate their skill or background: ask for their help, allow time, and offer options to watch, supervise, or do	Consider staying at edge of public space and gesturing with energy your desire for them to get up and join you, bring a prop to see	Demo what to do, at arm's length in central visual field, then offer the object or use HuH to begin. Use gestures to signal getting up, after arising yourself	Say their name, do what you want them to do, then use single words only. Guide movement to help them begin, re-cue if needed	Greet, pause. Use counting or emphasis to help the person to know what is going to happen. Go SLOW, pause, watch for discomfort

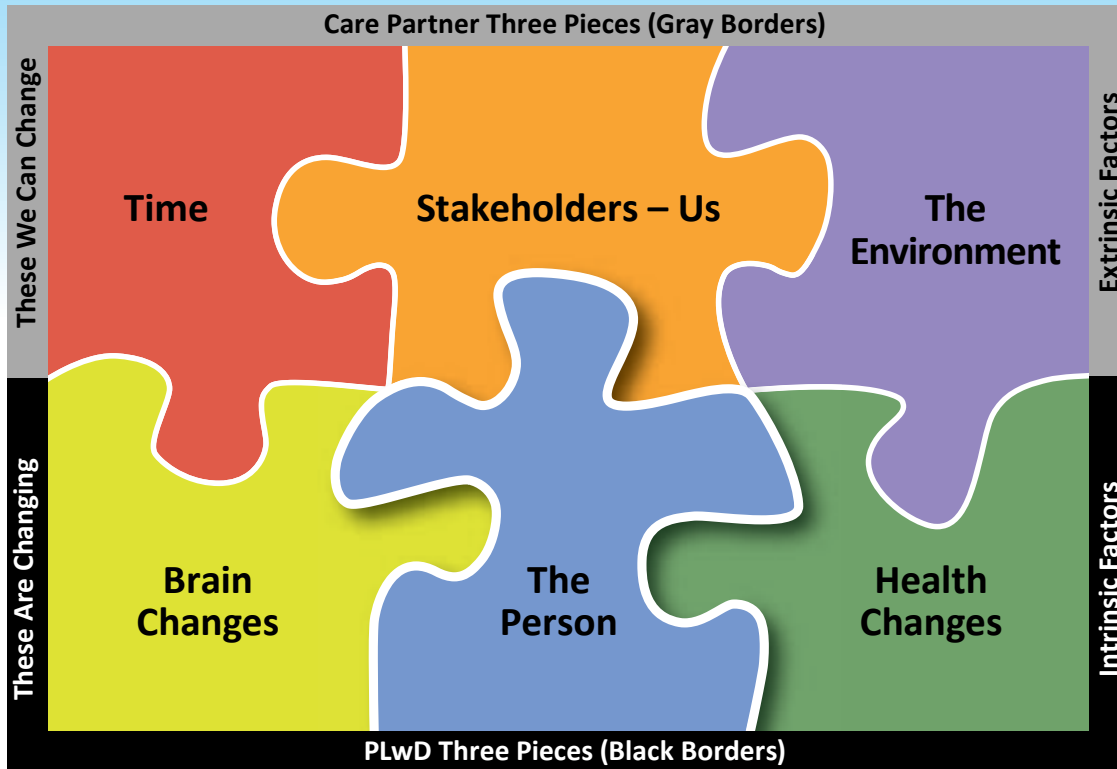
#### \* Hand-under-Hand Techniques



Learn more about Hand-under-Hand and other supporting techniques with videos and resources at [www.TeepaSnow.com](http://www.TeepaSnow.com).

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# Six Pieces of the Puzzle



- Life is challenging for a person living with dementia (PLwD).
- Figuring out causes for distress and what helps is critical.
- Using six categories organizes our investigation, and keeps us focused and alert.
- **Extrinsic** factors are easier to change than **Intrinsic** factors that are already changing.
- Supporting the PLwD by using what is possible is the goal!



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**“What is working well? What needs to change?” (Gray Borders)**

<p style="text-align: center;"><b>Time</b></p> <p><b>Time Awareness</b></p> <ul style="list-style-type: none"> <li>• Where in life</li> <li>• Time of day</li> <li>• Passage of time</li> </ul> <p><b>Balance in Four Categories</b></p> <ul style="list-style-type: none"> <li>• Productive: Gives value</li> <li>• Leisure: Fun – playful</li> <li>• Wellness and self care</li> <li>• Restorative: calm – recharge</li> </ul> <p><b>Wait Time vs. Engagement in Life Time</b></p>	<p style="text-align: center;"><b>Stakeholders – Us</b></p> <p><b>Care Partner and Others Around</b></p> <ul style="list-style-type: none"> <li>• History – background</li> <li>• Awareness</li> <li>• Knowledge</li> <li>• Skills</li> <li>• Competence</li> <li>• Relationship(s)</li> <li>• Agenda(s)</li> </ul>	<p style="text-align: center;"><b>The Environment</b></p> <p><b>Explore the Four Fs</b></p> <ul style="list-style-type: none"> <li>• Friendly</li> <li>• Familiar</li> <li>• Functional</li> <li>• Forgiving</li> </ul> <p><b>Explore the Four Ss</b></p> <ul style="list-style-type: none"> <li>• Space (<i>intimate, personal, public</i>)</li> <li>• Sensations (<i>see, hear, feel, smell, taste</i>)</li> <li>• Surface to Surface Contact (<i>clothing on body, water on skin</i>)</li> <li>• Social (<i>people, activity, role, expectations</i>)</li> </ul>
<p style="text-align: center;"><b>Brain Changes</b></p> <p><b>Dementia</b></p> <ul style="list-style-type: none"> <li>• Type(s)</li> <li>• Awareness of changes?</li> </ul> <p><b>Delirium? Depression or Anxiety?</b></p> <p><b>GEMS State(s)</b></p> <ul style="list-style-type: none"> <li>• Changed abilities</li> <li>• Retained abilities</li> <li>• Variability</li> <li>• Onset and duration</li> </ul>	<p style="text-align: center;"><b>The Person</b></p> <p><b>Past and Present</b></p> <ul style="list-style-type: none"> <li>• Life story – history</li> <li>• Personality traits</li> <li>• Preferences – likes/dislikes</li> <li>• Key values</li> <li>• Joys and traumas</li> <li>• Roles – Watch-Talk-Do</li> <li>• Notable positive changes?</li> <li>• Notable negative changes?</li> </ul>	<p style="text-align: center;"><b>Health Changes</b></p> <p><b>Health Conditions and Physical Fitness</b></p> <ul style="list-style-type: none"> <li>• Fuel and fluids</li> <li>• Meds and supplements</li> <li>• Emotional and psychological condition</li> <li>• Sensory systems function</li> <li>• Health beliefs of note</li> <li>• Recent changes             <ul style="list-style-type: none"> <li>– Acute episode of illness</li> <li>– New/worsening chronic illness</li> </ul> </li> </ul>

**“What is changing and requires different support?” (Black Borders)**

# PPA Resource Card



## If in a public space and you start the interaction:

- Get into their **visual range**, pausing approximately six feet away
- Place your **open hand** next to your face, smile and greet by name
- Offer your hand in a **handshake position**
- If they extend their hand, **approach slowly** from the front with your hand extended
- Move from handshake to **Hand-under-Hand®** position
- Move from the front to their side, getting into a **supportive stance**
- Get at or below their **eye level** by kneeling or squatting, but **don't lean in**
- Use a **Positive Personal Connection (PPC)** and wait for their response – *see back*
- Deliver a message using cues and a **Positive Action Starter (PAS)** – *see back*



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## PPC & PAS Resource Card

### Positive Personal Connections (PPC)

Now that you are in using your PPA, take time to **Connect**:

- **Greet** – Introduce yourself and use their preferred name  
*"Hi (preferred name), I'm (your name)." OR "I'm (your name), and you are?"*
- **Compliment** – Indicate something about them of value  
*"You are looking really colorful today!"*
- **Share** – First about you, then leave a blank  
*"I'm from (state) and you're from?"*
- **Notice** – Point out something in the environment  
*"You must love (item) seeing how well you care for it."*
- **Seek** – Explore a possible unmet like, want, or need  
*"It's a bit chilly in here, a hot drink would be nice. Do you prefer coffee or tea?"*

### Positive Action Starters (PAS)

After you have taken time to connect, get **Started**:

- **Help** – Be sure to compliment his or her skill in this area, then ask for help with something  
*"You are so good at \_\_\_\_, would you please help me?"*
- **Try** – Hold up or point to the item you would like to use, possibly sharing in the dislike of the item or task  
*"Could we try this?"*
- **Choice** – Try using visual cues to offer two possibilities or one choice with something else as the other option  
*"This or that?"*
- **Short and Simple** – Give only the first piece of information, maybe offer a time frame of 1-5 minutes  
*"It's about time to (first task)"*
- **Step by Step** – Only give a small part of the task at first  
*"Lean forward."*

# PACcore values



## PAC VISION

Positive Approach to Care enhances the life and relationships of those living with brain change by fostering an inclusive universal community.

*Until There's A Cure,  
There's Care.*

## PAC MISSION

Use our talents and abilities to develop awareness, spread knowledge, and teach skills to transform what exists into a more positive dementia care culture.

*Changing Dementia Care  
One Mind At A Time.*

Positive  
Approach<sup>®</sup>  
to Care

[www.TeepaSnow.com](http://www.TeepaSnow.com)