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EXECUTIVE SUMMARIES

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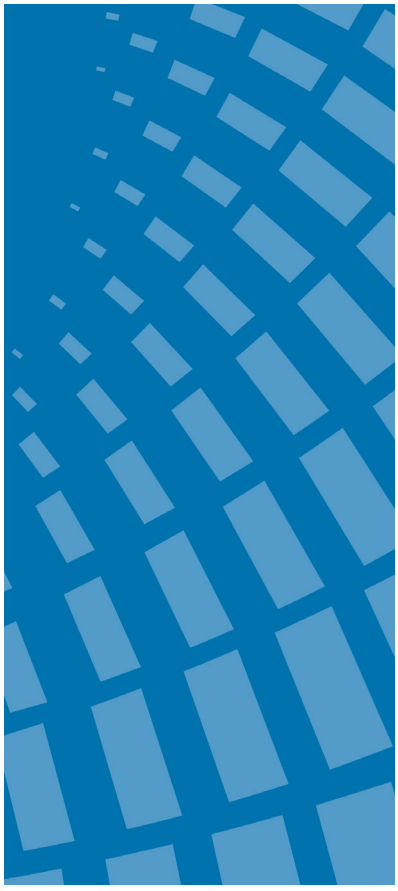

Seniors Housing & Care Journal 2020

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NIC

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Introduction – Seniors Housing & Care Journal 2020

Seniors Housing & Care Journal publishes empirically based research articles and commentaries concerning issue of importance to seniors housing providers and investors. In 2020, we continue this tradition, while maintaining the Journal's focus on four key areas: asset transparency, leadership development and talent selection, availability and affordability of seniors housing, and quality outcomes.

As in years past, the journal editors selected an Outstanding Research Paper for special recognition. This year that recognition was awarded to Inker, Pryor, Arbogast, Op De Beke, and Okhravi, for their paper, **"Can You Just Give Us Something to Help Her?" Off-Label Use of Antipsychotic Medication in Virginia Assisted Living Facilities.** The study described in their article examines prevalence of antipsychotic medication use in assisted living facilities. In addition to finding a rate of such medication use that was three times that of Virginia nursing homes, they revealed assisted living staff's perceived lack of support and training on use of antipsychotics.

Two research articles were awarded special recognition. Of these, **Organizational and Health Care Policy Barriers to Providing Mealtime Assistance to Nursing Home Residents With Dementia** by Douglas, Jung, Noh, Ellis, and Ferguson, explores certified nursing assistants' experiences in feeding and assisting residents with dementia during meals. They concluded that incorporating CNA input in several areas related to feeding supports their ability to care for residents. The second article receiving special recognition is **Evacuating or Sheltering in Place During a Disaster: The Role of Leadership in Assisted Living** by Peterson, June, Dobbs, Dosa, and Hyer. This article focused on decisions to evacuate or shelter in place during a hurricane and identified several themes that affected the course of action.

Additional research articles provide insights and recommendations for practice. Among these, an article by Baier, McCreedy, Miller, Noell-Waggoner, Stringer, Gifford, Uth, and Wetle, **Impact of Tuned Lighting on Skilled Nursing Center Residents' Sleep**, demonstrated that residents exposed to tuned vs. static lighting experienced half as many sleep disturbances. Another article focused on residents' emotional wellbeing. In **Resident Perspectives on the Integration of a University-Sponsored Counseling Program Within a Life Plan Community**, Fullen, Wiley, Delaughter, Jordan, Sharma, and Tomlin, explored emotional well-being among life plan community residents, as well as residents' perceptions of an integrated university-life plan community counseling program. The article **Testing the Associations Between the Assisted Living Environment and Residents' Satisfaction With Assisted Living** by Holmes, Resnick, Galik, Gruber-Baldini, Kusmaul, and Lerner examined resident satisfaction, which they found had no such association with aspects of the environment. Moore, Knight, Tinofirei, and Amey focused their research on older adults in the community at large. Their article, **Long-term Care: Influences on Funding Schemes Among Aging Americans** revealed a number of factors associated with older adults' preparedness for, and opinions of long-term care funding schemes. Finally, in **An Interprofessional Approach to a Palliative Care Training Program and Delivery Model in the Nursing Home**, Reinhardt, Posner, Spinner, Weingast, Malamy, and Burack, assessed the utility of integrating goals of care as well as other steps to enhance the care planning process.

In addition to the eight research articles, this issue of the journal includes three commentaries touching on areas of interest to the industry. In **The Rules of Engagement: Using Improvisation to Build Relationship-Centered Care** Braxton suggests that care may be improved using the "rules of improv." McQuivey, McAllister and Yorgason, in **Benefits and Challenges of Artificial Intelligence Use for Community-Dwelling Older Adults, With Recommendations for Use in Long-term Care**, offer recommendations for AI use in long-term care. Lastly, Partridge and Jordan review one community's efforts to evaluate art-based programming in their article, **Creative Practices in the Workplace**.

We would like to acknowledge the contributions of the *Journal's* Editorial Board members, whose time and effort in reviewing submissions and providing feedback was critical to producing a high quality and relevant edition of the *Journal*. We further recognize the important contributions of Technical Editor, Janice Snider, and Associate Managing Editors Joseph Bihary and Dugan O'Connor, who have facilitated the review and publication process.

Sincerely,

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Outstanding Research Paper

"Can You Just Give Us Something to Help Her?" Off-Label Use of Antipsychotic Medication in Virginia Assisted Living Facilities

Jenny Inker, MBA, PhD; Jennifer Pryor, MS; Charlotte Arbogast, MS; Maya Op De Beke, MS; Hamid Okhravi, MD

Atypical antipsychotic medications that were designed to treat people with serious mental illness are commonly used "off-label" in response to so-called challenging behaviors of people living with dementia. However, these powerful medications have dangerous consequences, including an increase in all-cause mortality and greater risk for falls. While nursing homes have reduced the off-label use of antipsychotic medications, as a result of federal oversight and regulatory demands, little is known about their use in assisted living facilities. This descriptive study explored the prevalence of antipsychotic medication use in Virginia assisted living facilities, as well as the characteristics of assisted living facilities that might be correlated with their use and staff perceptions of their use.

We collected data from assisted living facilities in Virginia through an online survey and semistructured face-to-face interviews with assisted living staff in three facilities, including administrators, nurses, and direct care staff. The survey asked about facility characteristics, including type (for-profit or nonprofit) and ownership (chain or independent), and resident characteristics, including the percentage of residents with a dementia diagnosis but not a diagnosis of serious mental illness and the percentage of these residents who were given a prescription for any of 13 atypical antipsychotic medications (e.g., Abilify [aripiprazole], Geodon [ziprasidone], Risperdal [risperidone], Seroquel [quetiapine]). The semistructured interviews explored staff members' perceptions of why and how atypical antipsychotic medications were used in their assisted living facilities.

Fifty-five assisted living facilities responded to the survey. The mean (*SD*) percentage of residents with a diagnosis of dementia but no serious mental illness was 46.6% (29.2%). The prevalence of off-label antipsychotic medication use among these residents was 41.4% (31.22%). This is triple the rate in Virginia nursing homes (14.6%) at the time of the study. With regard to facility characteristics, a higher percentage of residents in for-profit assisted living facilities (mean [*SD*], 48.72% [30.1%]) compared to nonprofit facilities (26.6% [26.2%]) were taking an off-label antipsychotic medication. No other statistically significant relationships were detected between facility characteristics and off-label use of antipsychotic medications. Assisted living staff reported that they lacked training and guidance on the use of antipsychotic medications as well as support from behavioral health professionals.

There are important implications for both policy and practice. At a policy level, leaders across the assisted living industry need to collaborate with nursing homes to learn the lessons of reducing use of antipsychotic medications and vigorously support voluntary participation in reduction efforts. At the level of practice, assisted living providers can take four impactful actions: (1) train staff to recognize residents' behaviors as a form of communication and respond to needs rather than reaching for medications; (2) train staff to use evidence-based nonpharmacological interventions as an alternative to medication; (3) support staff by developing protocols for the use of both nonpharmacological behavior interventions and antipsychotic medications; and (4) reach out to the local network of behavioral health specialists in their area to strengthen resources for person-centered care in response to the needs of individuals living with dementia.

Paper of Merit

Organizational and Health Care Policy Barriers to Providing Mealtime Assistance to Nursing Home Residents With Dementia

Joy W. Douglas, PhD, RD, CSG, LD; Seung Eun Jung, PhD, RD; Hyunjin Noh, PhD, MSW; Amy C. Ellis, PhD, RD, LD; Christine C. Ferguson, MS, RD, LD

Unplanned weight loss is common among nursing home residents with dementia, leading to increased costs of care, morbidity, and mortality. While current guidelines call for careful hand-feeding of these individuals, research indicates that the time and attention required to provide adequate mealtime assistance substantially increases caregiver burden. In long-term care facilities in the United States, certified nursing assistants (CNAs) typically provide mealtime assistance to residents with dementia. The purpose of this study was to explore organizational and health care policy factors that affect the ability of CNAs to feed and assist nursing home residents with dementia.

Nine focus groups with a total of 53 CNAs were conducted in long-term care facilities in Alabama to ask open-ended questions about their experiences feeding and providing mealtime assistance to residents with dementia. Participants were specifically asked about factors related to the nursing home facility/organizational factors and health care policy factors that impact their ability to provide mealtime assistance. All sessions were audio recorded, transcribed verbatim by a professional transcriptionist, and checked for accuracy by the research team.

CNAs identified several key factors that affect their ability to feed and assist nursing home residents with dementia, including being adequately equipped by the facility to meet resident needs, having adequate staffing, being included on the interdisciplinary team, and struggling to comply with regulations. They shared that having the appropriate equipment and materials in the dining area improved their ability to feed and assist residents with dementia. CNAs also reported that offering a variety of palatable menu choices can improve the dining experience and may mitigate weight loss. Moreover, they reported how adequate staffing can directly impact the quality of assistance that can be provided to residents during mealtimes. CNAs discussed being excluded from interdisciplinary team meetings and communications even though they feel that they can provide helpful ideas regarding the improvement of patient care. Additionally, CNAs commented how regulations may not provide realistic guidelines for feeding and assisting residents with dementia.

These findings provide direction to administrators on ways they can support CNAs in providing mealtime assistance to residents with dementia. These findings also indicate the need for interventions to address barriers to providing mealtime assistance to residents with dementia.

Paper of Merit

Evacuating or Sheltering in Place During a Disaster: The Role of Leadership in Assisted Living

Lindsay Peterson, PhD; Joseph June, MPH; Debra Dobbs, PhD; David Dosa, MD, MPH; Kathryn Hyer, MPP, PhD

Category 3 Hurricane Irma prompted evacuations across Florida in September 2017, including 560 of the state's 3,112 assisted living communities. The assisted living housing sector has grown steadily as older adults seek supportive environments that are more home-like than nursing facilities. However, we know little about assisted living communities' disaster preparation and response. Evidence shows that the decision to evacuate or shelter in place is critical in seniors housing, in that evacuation rather than sheltering in place may be more harmful. However, this evidence comes from studies involving only nursing homes. While assisted living communities are required to have disaster plans in many states, including Florida, few studies have examined their disaster responses. In this study, we examined interviews with assisted living community administrators in Florida to better understand their decisions to evacuate or shelter in place for Hurricane Irma.

We analyzed interviews with administrative staff of 70 assisted living communities, focusing on descriptions of how they decided to evacuate or shelter in place. This study was part of a larger study of disaster planning in long-term care for which we conducted interviews and focus groups with individuals representing 70 assisted living communities. Each interview and focus group was recorded and transcribed, and research team members read the transcripts to identify recurring themes or ideas. Each theme was assigned a code, such as "decision to evacuate" and "risk to residents." Research team members met regularly to discuss their findings and revise the list of codes identified. Our next step was to identify codes concerning the evacuation decision and analyze comments that had been assigned these codes. We then reviewed and discussed the results to identify themes related specifically to evacuating or sheltering in place.

Three overall themes emerged from our analysis: (1) response to evacuation orders; (2) differing views of how to ensure resident safety, with a subtheme of fear and uncertainty; and (3) characteristics of the assisted living communities' buildings, with a subtheme of generator availability. Being under an evacuation order or not greatly influenced the assisted living community's decision to evacuate or shelter in place, but there were exceptions. Some assisted living communities evacuated though not in zones ordered to do so. Others sheltered in place though under mandatory orders to evacuate. The other themes helped to explain the evacuation or shelter-in-place response. Some assisted living community administrators and owners viewed evacuation as the only safe course, particularly amid the uncertainty and fear of the moment. In contrast, others saw sheltering in place as the safest option. Confidence in the decision to shelter in place was influenced by respondents' perceptions of the integrity of their buildings and other factors, particularly the presence of a generator.

Practically speaking, although the approach of a hurricane brings uncertainty, many of the critical factors can be addressed in advance. Preparation at this level can help an assisted living community administrator manage the panic and help prevent an evacuation that may be unnecessary. Overall, leadership is essential in these situations, which means that the decision-maker is aware of residents' needs, understands the threat at hand, and has knowledge of the assisted living community's resources.

Impact of Tuned Lighting on Skilled Nursing Center Residents' Sleep

Rosa R. Baier, MPH; Ellen McCreedy, PhD; Naomi Miller, MS; Eunice Noell-Waggoner, BS; Scott Stringer, MD; David R. Gifford, MD, MPH; Rebecca Uth, PsyD; Terrie Fox Wetle, PhD

Sleep disturbance is common among skilled nursing center residents and places older adults at higher risk of a range of poor health outcomes, from physical and cognitive decline to depression, frailty, and even mortality. Exposure to light at night is one possible cause of sleep disturbance, and interventions involving changes in light exposure have improved sleep among nursing center residents. While fixtures that change lighting color and intensity over the course of the day and night hold particular promise, as they are low risk and can be automated, this kind of "tuned" lighting has not been rigorously evaluated under real-world conditions. We therefore undertook a feasibility study to implement and evaluate tuned lighting in a nursing center.

This study was conducted in a 99-bed facility in northern California. Researchers randomly assigned two of three corridors that house long-term care residents to one lighting condition for 2 months, and then switched to the other condition for another 2 months. This crossover design ensured that all residents experienced both tuned and static lighting over the course of 4 months. The tuned lighting condition involved lighting that changed in color and intensity over the course of the day and night; the static lighting condition was programmed to mimic the fluorescent lighting in place at the facility prior to installation of the tunable fixtures. Our primary outcome was sleep, although we also examined behaviors among the subset of residents living with Alzheimer's disease and related dementias, because the evidence base suggests that increased daytime lighting may improve such behaviors. Using validated survey instruments, we collected data by interviewing staff about the residents under their care.

We found that the 63 residents residing on the three long-term care corridors experienced fewer nighttime sleep disturbances while they were exposed to the tuned lighting condition compared to when they were exposed to the static lighting condition. On average, residents experienced about half as many nighttime sleep disturbances with tuned versus static lighting. Among the 35 residents with Alzheimer's disease, we did not observe any meaningful improvement (decrease) in agitated behaviors between the static and tuned lighting conditions, although these findings may be limited by the small number of residents with dementia, among other reasons.

While this was a small feasibility study designed to test measurement strategies for larger-scale studies of tuned lighting, our evaluation suggests that tuned lighting may improve sleep in future research. Tuned lighting is a low-risk intervention that could be more widely used in new construction or when retrofitting fixtures in existing buildings. The findings also have implications for policymakers responsible for lighting standards in nursing centers and other senior living settings. Future research could test the installation of tuned lighting in residents' rooms versus the corridors and leverage emerging technology, such as individual light, sleep, and activity monitors, to capture real-time, resident-specific data on sleep disturbance.

Resident Perspectives on the Integration of a University-Sponsored Counseling Program Within a Life Plan Community

Matthew C. Fullen, PhD; Jonathan D. Wiley, PhD; Paul M. Delaughter, BS; Justin R. Jordan, MA; Jyotsana Sharma, PhD; Connie C. Tomlin, MA

Life plan communities are called to consider the multidimensional wellness needs of their residents. However, life plan communities are less likely to offer programs that support emotional well-being. Counseling services are commonly used to address emotional well-being in younger populations, but their use within life plan communities remains understudied. The purpose of the current study was to (1) understand how life plan communities residents describe emotional well-being , and (2) examine life plan communities residents' perspectives on an innovative service delivery model in which professional counseling services provided by graduate-level counseling students were integrated within life plan communities.

The study was conducted by researchers at a large, research-intensive university in the mid-Atlantic region. We used focus groups to understand the experiences of residents in life plan communities in which a counseling program was implemented. We conducted four in-depth focus groups with residents to explore their perspectives on mental health/emotional well-being , multidimensional wellness, and the integration of an innovative counseling program within their life plan community. Two focus groups were conducted at the beginning of the counseling program, and two focus groups were conducted about 6 months later. Participants were recruited from the life plan communities and had varying levels of engagement with the counseling program.

Four major themes emerged from our focus group interviews: (1) defining emotional well-being as people age; (2) community and social relationships as a determinant of aging well; (3) experiences and preferences related to counseling; and (4) considerations for integrating counseling into a life plan community. Participants articulated a holistic understanding of emotional well-being that included the importance of attending to mental health. Some participants pointed out that current programming did not attend to emotional well-being, which reinforced the need for on-site counseling services. Several participants shared that they were participating in the integrated counseling program and found it to be helpful, convenient, and attuned to their needs. Results of this study indicate that implementing a counseling program within a life plan communityenhanced several of the Six Dimensions of Wellness (Hettler, 1976). Integrating an innovative counseling service delivery model within a life plan community promoted the availability and accessibility of professional counseling services to meet older adults' holistic wellness needs.

The data from these focus groups illustrate residents' perspectives on health, wellness, and community-based dynamics that can be used to inform the development of innovative service delivery models within life plan communities. Integrated counseling programs, such as the one described in this study, provide a framework for life plan communities to support wellness outcomes and cultures of wellness holistically. Embedding the counseling service within the life plan community addressed residents' concerns about access barriers such as cost and transportation. The university/ life plan community partnership represents a cost-effective service available to support older adults' emotional well-being . Because of the university partnership, the counseling program was able to be funded at no cost to the life plan community. The results of this study and a detailed description of the counseling program may enable leaders within the senior living industry to replicate this form of wellness programming within life plan communities across the country.

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Testing the Associations Between the Assisted Living Environment and Residents' Satisfaction With Assisted Living

Sarah D. Holmes, PhD, MSW; Barbara Resnick, PhD, CRNP, FAAN, FAANP; Elizabeth Galik, PhD, CRNP, FAAN, FAANP; Ann Gruber-Baldini, PhD; Nancy Kusmaul, PhD, MSW; Nancy Lerner, DNP, RN, CDONA

Understanding satisfaction with assisted living from the residents' perspective is essential for creating supportive long-term care environments that are targeted toward the needs and desires of residents. Assisted living settings are designed with specific principles embedded in their daily operations that promote resident autonomy, independence, privacy, and dignity (National Center for Assisted Living, 2019). With an emphasis on a resident-oriented philosophy of care, assisted living is the preferred long-term care option among older adults compared with nursing homes (Lehnert, Heuchert, Hussain, & Koenig, 2019). Despite the increasing demand and preference for assisted living (Silver, Grabowski, Gozalo, Dosa, & Thomas, 2018), limited information is available about the impact of the assisted living environment on residents' satisfaction with assisted living.

Therefore, the purpose of this study was to examine factors in the assisted living environment and their relationship to residents' satisfaction with assisted living. Increasing understanding about factors that affect residents' satisfaction will inform strategies to improve services and promote the highest possible satisfaction for residents. This information is also important for assisted living facility owners and administrators, as resident satisfaction could have implications on occupancy rates and residents' ability to successfully age in place (Campbell, 2015).

This study was a secondary analysis of baseline data from the study Dissemination and Implementation of Function Focused Care for Assisted Living Using the Evidence Integration Triangle (FFC-AL-EIT) (Resnick et al., 2020). The sample included 501 residents in 54 assisted living facilities across three states. Demographic and descriptive data were collected from participants' medical records in addition to self-reported measures of cognition, comorbidities, functional ability, and satisfaction with assisted living. Descriptive information also was collected about assisted living settings, including facility size, profit status, staffing levels, presence of health care services and amenities on site, and observations of the physical environment. Statistical analyses included descriptive statistics and multilevel structural equation modeling.

Findings from this study support research showing that residents who are female and more functionally independent have higher satisfaction with assisted living (Abrahamson, Bradley, Morgan, & Fulton, 2012; Resnick, Galik, Gruber-Baldini, & Zimmerman, 2010). Contrary to the hypothesized model, the assisted living environment, which incorporated indicators of staffing, health care services, amenities, and the physical environment, was not significantly associated with residents' satisfaction with assisted living. These findings suggest that other factors, such as aspects of the social environment, may need to be considered in future research to obtain a more comprehensive understanding of residents' satisfaction with assisted living.

Given the projected increase in demand for assisted living and trends in the senior living industry, we need to understand how settings can be designed to optimize the quality of care for residents. Examining residents' satisfaction with assisted living provides information about their preferences and needs, which is useful in implementing a resident-oriented model of care within the setting. Further, information about factors in the assisted living environment that influence residents' satisfaction will help to inform clinicians and administrators about areas that can be modified to improve satisfaction for the growing number of individuals expected to live in these settings in the future.

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Long-term Care: Influences on Funding Schemes Among Aging Americans

Ami R. Moore, PhD, MPH, CPH; Rebekah P. Knight, PhD, CPG; Charity Tinofirei, MS; Foster Amey, PhD

Long-term care services that are provided to older adults who can no longer safely perform regular daily activities of living are on the rise. The U.S. population and the federal government spend a significant amount of money on long-term care each year. The aging of the large baby-boom cohort may lead to increased demands for long-term care as this population requires assistance with their increasing levels of chronic health conditions and related disabilities. Additionally, pervasive racial, ethnic, and social class disparities have all been well documented in long-term care coverage and services as well as in long-term care insurance ownership among Americans. In this article, we investigate factors that influence support for funding schemes for long-term care used by aging Americans.

We used data from *Long-term Care in America: Americans' Outlook and Planning for Future Care*, collected in 2015 by the Associated Press-National Opinion Research Center (AP-NORC) (2016) Center for Public Affairs Research at the University of Chicago. We examined participants' views on five funding proposals for long-term care by different entities: (1) a government-administered long-term care insurance program similar to Medicare, (2) a requirement that individuals purchase private long-term care insurance, (3) purchase of portable long-term care insurance through employers (similar to COBRA), (4) tax breaks for consumers who purchase long-term care insurance and (5) tax breaks to encourage saving for long-term care.

Race seems to be a significant factor in Americans' preparedness for long-term care. In general, Whites tended to be preparing for long-term care more than non-White Americans. Political affiliation was also a determinant of preparedness for long-term care. While more Republicans were extremely confident of having financial resources in old age, few of them expressed a great deal of concern about losing their own independence. However, more self-reported Independents had actually set aside money for their long-term care insurance. Additionally, this study shows that several factors are associated with respondents' support for or approval of long-term care funding schemes. Those who had set aside money for long-term care were supportive of tax breaks to encourage saving for long-term care. Perhaps they viewed it as supporting something they were already practicing. The same may also apply to Americans who already had long-term care insurance. The fact that political affiliation was a significant factor influencing support for four of the five schemes indicates that political ideology is an important factor to be reckoned with in any policy developed to improve long-term care and long-term care insurance in the United States. Furthermore, different sets of factors were significantly associated with respondents' support for or disapproval of a funding scheme. For example, only two factors (race and long-term care insurance ownership) were significant determinants for the proposal to purchase portable long-term care insurance similar to COBRA.

This study has shed light on aging Americans' views regarding long-term care funding schemes and laid a foundation for addressing long-term care funding issues. Qualitative studies are needed to further examine the reasons behind the lack of support for long-term care funding proposals among some demographic groups (i.e., younger people, less educated, minorities) in order to better design programs and mobilize support for policies aimed at engaging individuals in meeting their own future long-term care needs.

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An Interprofessional Approach to a Palliative Care Training Program and Delivery Model in the Nursing Home

Joann P. Reinhardt, PhD; Laurie Posner, MD; Ruth Spinner, MD; Elizabeth Weingast, RN, MSN, GNP; Rabbi Jonathan Malamy, MS, MAHL; Orah Burack, MA

With advancing age, many older adults experience chronic, progressive decline and end-stage disease. Thus, the likelihood of living in a congregate setting such as a nursing home or an assisted living facility increases with age. For those living in congregate settings, it is critical that the health professionals who provide care have a clear understanding of residents' individual health care needs, values, and preferences. Establishing good communication between older adults, their family members, and health care providers regarding treatment options, palliative care, and end-of-life care is essential. Staff members in congregate living settings need and deserve training and support to provide high-quality, individualized care. The purpose of this study was to develop and implement an interprofessional palliative care training program that integrated care planning, prognosis, and communication skills in a nursing home setting.

Palliative care competencies were integrated into the existing care planning process. Specifically, a "goals-of-care care plan" was developed that addressed clinical assessment, health care directives, level of care, symptom management, medical and medication management, and crisis/end-of-life care management. In addition, a training program was designed and implemented to improve the communication skills of care planning team members. To evaluate our training programs and monitor the use of tools, we conducted pretest and posttest evaluations before the training and 3 months after the training was completed.

We developed, taught, and integrated a goals-of-care care plan into the ongoing care planning cycle in a skilled nursing facility. We also provided training in communication skills for this purpose. The interdisciplinary care teams found the palliative care training useful for their work, and participants exhibited increases in perceived communication skills at a 3-month follow-up. This work was intended to bring generalist palliative care and advance care planning skills into the ongoing work of the entire team.

Care providers for older adults in congregate settings can learn to integrate goals of care, prognosis, advance directives, and planning for symptom management into the interdisciplinary care planning process. This sets the stage for high-quality person-directed care. Having conversations, determining and documenting goals and preferences for care, and planning for symptom management under worsening disease status represent critically important progress in congregate care settings. The next steps for practitioners will be documenting steps taken when a resident's condition has worsened, including managing symptoms and honoring care preferences, which are the ultimate tests of high-quality care.

The Rules of Engagement: Using Improvisation to Build Relationship-Centered Care

Catherine Ann Braxton, BA

The field of dementia care has evolved over the years with respect to appropriate and effective communication strategies. Numerous changes have occurred in the long-term care industry as a whole; however, one thing that remains lacking is a cost-effective, easily implemented "gold standard" in communication training that is practical and can appeal to all caregivers regardless of age or education.

According to Stanyon, Griffiths, Thomas, & Gordon, (2016), current staff training is lacking in many aspects, and specifically enhanced communication training is necessary to be "more practical in learning methods and applications and...support the transfer of training into practice."

Family caregivers continue to struggle with how to communicate with their loved ones. The reason for this difficulty is multifaceted. Few opportunities exist for appropriate communication training for the adult child and their family members, so novice caregivers resort to "elderspeak" (defined as childlike communication efforts). According to Williams, Herman, Gajewski, and Wilson (2008), "An increased probability of resistiveness to care occurred with elderspeak" (.55; 95% CI = .44 to .66) compared with normal talk (.26; 95% CI = .12 to .44). "Communication training has been shown to reduce elderspeak and may reduce resistiveness to care …"

Any training that is provided by direct care staff (typically informal) is laden with technical jargon that creates disconnect and confusion. According to Wang, Hsieh, and Wang (2013), the results of a study "serve as a reference for planning dementia communication education…to enhance...communication abilities… to increase nurses' patient-centered communication abilities with the ultimate goal of improving quality of care for patients."

Finally, communication techniques and theories vary among professional caregivers, specifically direct care staff and upper management. When a lack of continuity in communication is displayed in a long-term care facility, it is difficult to adhere to a standard of care.

An existing communication model was used for this exact purpose: Improvisation connects those who may have difficulty understanding each other. At its core, the rules of improv provide a platform for continuity of effective and empathic communication and engagement. The rules of improv avoid elderspeak and provide a "gold standard" in practical, applicable, honorable, and cost-effective communication training that can be easily implemented and understood by all family members and professional care staff and can provide continuity in communication.

Improv is built on the concept of unconditional acceptance and a positive back-and-forth among communicating partners. The four rules of improv are as follows: (1) yes, and…, (2) make your partner look good, (3) relinquish your agenda, and (4) the gifts complement the concepts in validation therapy, as described by Canon (1995): "The basic needs of the client for love and acceptance are the basis for the therapeutic relationship and are fostered by empathic, respectful, authentic communication" (p.26).

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Benefits and Challenges of Artificial Intelligence Use for Community-Dwelling Older Adults, With Recommendations for Use in Long-term Care

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Use of artificial intelligence technology among older adults is increasing. Devices that allow older adults to age in place longer can be transferred into senior living centers. These technologies aim to improve the lives of older adults and their caregivers in a variety of ways. Artificial intelligence technology involves both benefits and challenges for consideration in senior living facilities.

In this commentary, we summarized the literature on artificial intelligence use by community-dwelling older adults and provide suggestions for using this technology in long-term care settings.

Several types of artificial intelligence used by older adults are discussed, with benefits and challenges described. Published studies suggest that artificial intelligence plays a large role in meeting older adults' needs for improving quality of life, maintaining independence, and maintaining a sense of control over their environment. Additionally, artificial intelligence can help older adults connect with others, which is especially important during periods of quarantine and social distancing, such as with the COVID-19 pandemic. Reports in the literature also suggest that older adults' use of artificial intelligence can be difficult for those with little technological experience, insufficient resources to access artificial intelligence, or little trust in technology that they don't understand.

Administrators should become informed about artificial intelligence products on the market, and consider incorporating existing artificial intelligence into their long-term care facilities for the benefit of medical staff and residents. As existing long-term care facilities are remodeled and new facilities are built, administrators can choose to include artificial intelligence devices in the facility design. While artificial intelligence may provide real help to residents and staff at care facilities, it is best viewed as a supplement to rather than a replacement for the current model of care. Administrators also have a responsibility to ensure that the rights, autonomy, and privacy of residents are not compromised by use of artificial intelligence in their facilities, and they need to strike an appropriate balance between residents' consent and facility convenience.

Creative Practices in the Workplace

Erin Partridge, PhD, ATR-BC; Rosemary Jordan, MPH, MPP

Settings providing care for older adults can be incredibly rewarding places to work, but they can also be stressful environments. The work is deeply human and intimate, exposing workers to older adults' life stories, family dynamics, and existential fears. Creative practices can provide accessible and novel opportunities for employee stress relief and offer a different way to interact in the workplace.

This commentary covers the efforts we have engaged in to this end at a nonprofit based in California consisting of five residential buildings and several external community programs. Though we regularly provide creative experiences for the older adults we serve in our assisted living and memory care programs, in January 2017 we began offering staff "creative breaks" and other opportunities to interact with creativity and the visual arts in our nonprofit support center and as part of new employee orientation. This work has benefitted employees as a way to introduce discussions about self-care, balance, and stress management. In the nonprofit support center, creative practices have been a key part of creating culture and connecting people across disciplines.

Implementing a workplace wellness program necessitates program evaluation and efficacy assessments, but measuring the impact of arts-based programs often requires broadening perspectives of measurement, success, and efficacy (Gilroy, 2006). We incorporate a mix of user feedback, self-report scales, online surveys, and other qualitative measures. Implementing this program also requires close collaboration and communication to protect professional boundaries, consider and respect scope of practice, and add value to the employee experience.

Incorporating creative arts tools into the workflow and training of all employees can help to destigmatize seeking support for stress in the workplace. Creative arts tools also enable teams to think differently about how meetings are designed, how they communicate, and how collaborations occur. These practices are not extras or fluff but rather essential elements of how work happens.

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