

# Managing Crisis in the Nursing Home and Emergency Department Referrals

Presented by

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## Gabrielle Langley, LCSW



Gabrielle Langley is a clinical social worker and psychotherapist with over 15 years specializing in mental health issues affecting older adults and their loved ones.

With a research and practice specialty in neurocognitive impairments, Ms. Langley is a sought after public speaker who has been invited to lecture by universities, hospitals, corporations, churches/synagogues, and the Alzheimer's Association.

She has worked for one of the largest long-term care facility in the Gulf-Coast area since 1997 and has been instrumental in designing and expanding specialized programs to help people affected by memory disorders.

In addition to her work in mental health, Ms. Langley is also an award winning poet.

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## Liza Ronda, LCSW



Liza Ronda is a Licensed Clinical Social Worker for the state of New York. Ms. Ronda has experience in both foster care and Emergency Medicine where she works with multi-inter disciplinary teams to collaborate with safety assessments, crisis intervention, and providing both individual and family counseling.

She is currently the Senior Social Worker at Mount Sinai's Emergency Department where she has been employed for the past 12 years.

Ms. Ronda has partaken in New York's first innovative GEDI WISE program specializing in Geriatric Emergency Medicine and has developed a GERI website tool for community resources. Ms. Ronda is also the co-facilitator of the Novell Interdisciplinary Care for Emergency program that focuses on frequent visitors in the Emergency room.

Ms. Ronda has a Master's Degree in Social Work from Fordham University. She also has Post Masters Certificates in Palliative and End of Life Care from New York University and Marriage and Family Counseling from Ackerman Institute of Family Health. In her spare time, Ms. Ronda volunteers for the Safe Haven Animal Shelter and Wildlife Center.

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### Learning Objectives Part 1 & 2:

1. Learn the definition and theoretical framework of Crisis Intervention counseling.
2. Identify and use Crisis Intervention techniques in work with clients who are in crisis.
3. Learn how to document Crisis Intervention work in the clinical record.
4. Realize the importance of safe-guarding your own well-being while working with client's in crisis.

#### *Part 2*

1. Understand Operational process and SW role in an Emergency Dept.
2. Learn about Changes in Healthcare and its affect on ED discharges
3. Improve Transitional Care to/from Emergency Department and NH
4. Explain challenges and innovations in a medical setting

## Definition and Theoretical Framework

- **Crisis = An event that is perceived as overwhelming.**
- **A situation becomes a *crisis* when the client believes that they have exhausted their resources and coping abilities.**
- **What is perceived as a *crisis* by one person, may not be perceived as a crisis by someone else.**

## Definition and Theoretical Framework

- “Systems Theory”

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## Definition and Theoretical Framework

- Human Beings typically fear change.
- *Homeostasis* at all costs.
- Clients may become radically distressed when they sense a threat to their own *homeostasis*.
- Counselor can help prevent *entropy*.
- Interjecting self to aid client in stabilization.

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## **TECHNIQUES: Tools of the Social Work Trade in Crisis Intervention**

- **How is Crisis Intervention different from other forms of counseling and psychotherapy?**
- **The counselor takes a more directive and immediate role.**

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## **TECHNIQUES**

- **People in crisis usually register less than 15% of the information they receive.**

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## TECHNIQUES

- Provide information more assertively than in other forms of counseling/psychotherapy.
- Repeat and review critical information with the client.

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## TECHNIQUES

- PARTIALIZATION
- Making the problem manageable by breaking it up.
- What is “The Next Best Thing for the Client to Do?”
- Help the client maintain focus.

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## **TECHNIQUES**

- **Become the grounding agent for the electrical charge of the client.**
- **Harnessing nervous energy by providing focus (usually a manageable “task”)**

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## **TECHNIQUES**

- **Social Worker can help by remembering the difference between a “crisis” and a true emergency.**

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## **Examples**

- **Crisis: A person recently diagnosed with Alzheimer's wanders into the family dining room during the Thanksgiving meal wearing no clothes.**
- **Emergency: A person has just ingested an entire bottle of sleeping pills.**

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## **Interesting Phenomenon:**

- **Most crises will resolve within 72 hours, even if you do nothing!**

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## **Characteristics of Crisis Intervention Counseling**

- **May be provided in a wide variety of settings.**
- **The need often arises without schedule or appointment.**
- **May need to provide education and support to administrators and allied staff before, during and after the crisis.**

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## **Education in the Nursing Home Setting**

- **Social Workers can become involved in drafting policies and procedures.**
- **Develop an in-service for staff to educate and empower them on how to better handle specific crises.**

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## Documentation

- **B.I.R.P.**
- **Baseline**
- **Intervention**
- **Response**
- **Plan**

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## Documentation

- **S.O.A.P.**
- **Symptom**
- **Observation**
- **Assessment**
- **Plan**

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## Documentation

- **Use concrete and observable detail in your documentation. (e.g. Client states, “I don't want to live any more.” or “Client has stopped attending activities that they used to enjoy.”)**

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## Case Study

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## **Taking Care of Yourself**

- **Working with people in crisis places you at risk of burn-out.**
- **Understand that the extreme anger often seen in a client facing a crisis is not about you. It is a symptom!**
- **Anger is the mask worn by fear.**

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## **Taking Care of Yourself**

- **Use slow and deep breathing to keep yourself calm when working with clients.**
- **Understand that the client's anxiety and/or anger may be contagious. Be prepared to avoid being “infected” with their emotions.**
- **Know that you are not required to feel the crisis for your client.**

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## **Taking Care of Yourself**

- **Social Workers role as witness and guide.**
- **The “ministry of presence.”**
- **Solving Problems vs. Managing Problems:**
  - Learning to shift our gears.

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## **Taking Care of Yourself**

- **Rest Well**
- **and Play Hard!!!**

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## Part 2

*Liza Ronda*

*Emergency Department*

*Mount Sinai*

*New York*

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### Overview

- Learning Objectives
- Dynamics in the Emergency Department
- Changes in Healthcare: Discharge Planning
- Emergency Department/Nursing Home Transitions of Care
- Case Example
- Questions/Discussion

## Learning Objectives for Part 2:

1. Understand Operational process and Social Work role in an Emergency Department
2. Learn about Changes in Healthcare and its affect on Emergency Department discharges
3. Improve Transitional Care to/from Emergency Department and Nursing Home
4. Explain challenges and innovations in a medical setting



### Dynamics in the Emergency Room: Social Work Role during Crisis

- **What is a Crisis?**

- ❑ A precipitating event occurs
- ❑ The perception of this event leads to subjective distress
- ❑ Usual coping methods fail leading the person to function psychologically, emotionally, or behaviorally at a lower level than before the precipitating event occurred

- A guide to Crisis Intervention by Kristi Kanel (Brooks/Cole; Pacific Grove, CA. 1999)

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### Dynamics in the ER: SW Role during Crisis

- Availability of the unit is 24/7:
  - ❑ Arrival time impacts resource availability, ratio of staff to patient, timeliness of discharge planning
  - ❑ Aesthetics of environment an cause and effect mental and behavioral changes such as:
    - Altered mental status, delirium
    - Loss of activity of daily living
    - Frustration/irritability due to constraints of space and lack of privacy
- Everything is accelerated in time. Discharge planning initiated when patient enters Emergency Department
  - ❑ Quicker psychosocial assessments due to fast paced environment
- Differences in communication while working within an interdisciplinary team

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## Dynamics in the Emergency Room: Social Work Role during Crisis

- Wide range of patients presenting with a multitude of medical problems and of various cultural, socioeconomic backgrounds
  - ❑ challenges in working in economic extremes of wealthiest to poorest
  - ❑ Unlike disease based units, the emergency department is composed of patients with every diagnosis and illness

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## Changes in Healthcare: Impact on Emergency Department Discharges

- Affordable Care Act
  - ❑ Control healthcare cost through innovative models of coordinated care for older adults that prevent hospital admission, readmission, etc.
  - ❑ Improve healthcare delivery and improve quality of life by:
    - Initiating Palliative Care and End of Life Care in Emergency Department
    - Direct admissions with bed hold for emergency department patients
    - Discussions of advance measures
  - ❑ New innovations in promoting better health by:
    - Reducing functional decline in patients
    - Providing care transitions
    - Improving coordination of care

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## Emergency Department/Nursing Home Transitions of Care

### Who is Most Affected by these Transitions?

- Transitional Care affects older patients the most because they account for a high percentage of transitions
- Frail older adults particularly those with cognitive impairment have the most difficulty participating in this process which results in miscommunication of crucial information
- Studies estimate that as many as one-third of nursing home transfers are potentially avoidable and calculate to cost \$1.24 billion in spending in New York State alone
- Interventions to Improve Transitional Care between Nursing Homes and hospitals; A systemic Review by LaMantia, Scheunemann, Viera, Busby, Hanson (The American Society Journal compilation 2010)

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## Emergency Department/Nursing Home Transitions of Care

### What Components are Most Essential In Transitional Care?

- Communication of accurate information is essential in providing quality care to all patients as they transfer settings in the healthcare system
- Up to date appropriate medication list and advance directives are two crucial components of medical information needed to care for frail older adults
- Our advancements in health information technology of exchanging medical records via the National Health Informational Network (HIE) has ultimately improved patient safety

- Interventions to Improve Transitional Care between Nursing Homes and hospitals; A systemic Review by LaMantia, Scheunemann, Viera, Busby, Hanson (The American Society Journal compilation 2010)

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## Emergency Department/Nursing Home Transitions of Care

### Key Steps to Improving Transitional Care between Emergency Department and Nursing Home

- Increase communication between sending and receiving clinicians
  - Preparation of the caregiver and patient for the transition
  - Reconciliation of patients pre-post hospitalization medication list
  - Arrangement for follow-up plan on outstanding test and follow-up care with receiving physician
  - Discussion of warning signs that might necessitate further more emergent medical evaluation
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- Interventions to Improve Transitional Care between Nursing Homes and hospitals; A systemic Review by LaMantia, Scheunemann, Viera, Busby, Hanson (The American Society Journal compilation 2010)

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## CASE

### EXAMPLE

- A 88 year old Cantonese speaking female who lives alone
- Has dementia, hypertension, history of stoke, arthritis
- No primary care physician or mental health provider
- Limited home care and family support
- Language and cultural barriers
- Concerns with safety at home

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*Thank you.*

A recording of this webinar is available through the ***National Nursing Home Social Work Network*** website:

<http://clas.uiowa.edu/socialwork/nursing-home/webinars>