



Go Figure!



Joyce Simard*

School of Nursing and Midwifery, University of Western Sydney, Australia

Submission: September 18, 2017; **Published:** September 25, 2017

***Corresponding author:** Joyce Simard, School of Nursing and Midwifery, University of Western Sydney, Australia,
Email: joycesimard@earthlink.net

Opinion

In 2001, I began to provide consultation for social workers and activity professionals at the Vermont Veterans Home (VVH) in Bennington, VT. The programs I had promoted until then were typical of that time; there was an activity then a lull before another program. Most nursing homes had two programs in the morning and two in the afternoon. Many had no activity staff in the evening hours so residents were put to bed after dinner or placed in front of the television where they fell asleep!

When I began consulting at this home the resident population was overwhelmingly male with a few women who were wives of veterans or had served in the armed forces. This was the total opposite of what I usually found in nursing homes. So, I took a day to just observe the activity program that was currently offered to these veterans. It was an eye opening experience! I realized how important it was for residents with moderate dementia to be actively engaged in activities and not just four programs a day. When the activity professional was not leading an activity, residents walked around the unit, went into other residents rooms, sometimes sleeping on their beds much to the anger of that resident. "Get the heck (sometimes stronger language) out of my room" they would yell and staff would come running. The "walkers" sometimes fell, or had loud arguments with the other men over who was "in charge". These were veterans used to "giving orders" and so they did, to other residents, the staff and to this consultant! These occurrences were often labeled "aggressive behavior", the physician was notified of the problem and many times an antipsychotic medication was ordered. When no activity was scheduled, residents were seated in the "Day Room" and placed in front of a television that droned on with a program that did not usually interest them. Residents who slept during the day were often awake during the night; the "treatment" for insomnia was ordering hypnotics.

When I realized how important it was to keep residents engaged, I developed a program of continuous activities called "The Club". Activities were provided throughout the day and evening, seven days a week. I had strong support from the Director of Nursing in a very practical way. She assigned a

nursing assistant to The Club as we would have 15 to 20 residents participating in the program. If one resident needed to go to the bathroom or needed one-to-one attention the aide was right there to help and the activity could go on. She was delighted when the need for psychotropic medications decreased and falls during the day were rare occurrences. Families and staff told us that they appreciated "The Club", staff felt that it made their days less stressful and families loved seeing residents busy and smiling. "The Club" was designed for residents with moderate dementia, however when they reached the advanced stage, they could no longer actively participate in the program.

Working with the staff at VVH, we then created Namaste Care™, a program that provided a calm environment for veterans and a loving touch approach to activities. Once again, nursing stood by me and assigned one aide to be the Namaste Carer as we did not have activity staff for this program. We made the environment as calm as possible and provided activities of daily living with a loving touch. The changes in behaviors were immediate with anxious behavior disappearing, non-verbal residents talking to the carer, residents smiling, and a few residents who wandered all day deciding to come in the Namaste Care room and sitting down! We had results similar to what we found in The Club; a decrease in antipsychotics, hypnotics and falls. Feedback from families and staff was very positive. So, I wrote an article about it and that caught the attention of an editor, and I wrote a book, now in its second edition. Namaste Care™ spread throughout the United States not only in nursing homes but in assisted living communities. Ten years ago Seasons Hospice and Palliative Care asked me to develop a way to take Namaste Care™ to the bedside of patients with advanced dementia. And I did. That approach was so positive Namaste Care is now offered to all of their 5,000 patients.

Then, much to my surprise, Namaste Care™ became international. In 2006 Namaste Care received a grant and a research project was initiated by the School of Nursing and Midwifery, University of Western Sydney Australia. This grant was followed by one funded by St. Christopher's Hospice in

the United Kingdom (UK). Last year, Namaste Care grants were funded for two universities in the UK, one in the Netherlands and another in Canada. This year, Namaste Care will be introduced in Singapore and Taiwan. All of the principal investigators have and or are nurses. I do not have any significant grant in my own country.

Our research grants and feedback from nursing is very positive. They show that participating in Namaste Care™ eliminates or decreases the use of antipsychotics and hypnotics. Every focus group, that we schedule after Namaste Care™ has been implemented, shows that staff and families feel that the quality of life for people with advanced dementia improves. I leave the researchers to produce the articles regarding studies. I'm more of a storyteller. The Journal of Gerontological Nursing has published several of these stories that show how easy it is to implement Namaste Care™ and what a difference this program can make in the lives of people with advanced dementia.

Over ten years ago, I spoke during a small regional webinar for the Centers for Medicare NS Medicaid Services (CMS) at the request of a regional nurse who saw the benefits of Namaste

Care and wanted to have CMS look at quality of life for residents with advanced dementia in terms of activities, not just looking at documentation. In 2006 I gave a presentation to the Alzheimer's Associations Leadership and again they were impressed with the increase in quality of life of people with advanced dementia. Both organizations said they will "get back to me". Neither has taken the time to "get back to me".

I know from seeing the results of implementing Namaste Care™ throughout the United States and other countries and the outcomes from international research studies, Namaste Care™ is very simple way to save money. It does this by lowering the use of medications and hospital admissions or unnecessary trips to the emergency room.

If anyone has connections to a nursing program at a university or other organization with funding for grants, please consider Namaste Care™. In a country with over 5 million people living with AD and spending over 259 billion dollars to care for people with an irreversible dementia we do not have even one grant for research looking at the Namaste Care™. Go figure.



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