

Nora's Corner

Commentary by Nora Gibson, ElderHealth Northwest Executive Director

November, 2005

Scenes from the Middle of the Night at Gaffney House

I think one of the most palpable fears for family members is what happens in the middle of the night when their loved one is living in another setting.

We've all heard horror stories. I remember talking with two elderly women who met each other during a nursing home stay for rehab after surgery. They said they felt the most sorry for the people who lived there who "didn't have their faculties." One of the women described her roommate turning on the call light in the middle of the night because she had to go to the bathroom. Over an hour passed before a staffer—who was reportedly watching television—came in, shut off the light, and walked out without taking her to the bathroom or even asking her what she needed. They had many such stories and both were grateful to be able to return to their former dwellings.

By a complicated series of staffing challenges forming an almost-perfect storm, I needed to work the night shift at Gaffney House on a recent Sunday night. You reach a certain level in your professional career and think, "I'll never have to work a night shift again," but in many ways ElderHealth is still a small not-for-profit organization: I often fill in at the adult day health centers and have worked other shifts at both our supported living homes, Buchanan Place and Gaffney House. I'm one of the emergency back-up people on call for the homes and this time my number came up.

And part of me was really curious, what *does* happen in the middle of the night at Gaffney House?

I had called the two young staff members who worked the evening shift and told them I was coming in. They kindly did some extra work so that I would be free to devote my time to meeting the residents' needs.

The residents were all asleep when I arrived. I asked staff to fill me in, and they gave me details about the residents' nighttime patterns; I took notes of times and preferences to be sure I responded and checked in. One of the things that's really wonderful about a small setting like Gaffney House is that the staff there know a great deal

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Staffing at Gaffney House

Part of our model of supported living is something called the "universal worker"—a person who can do everything. They run activities, clean rooms, make beds, provide personal care, sweep the floor, read to the residents or go on walks with them. In a nutshell, they do just about everything.

That's different than most nursing homes, where there is a clearly-defined hierarchy of who does what. So if a staffer is cleaning a room, they can't take someone to the bathroom; that's the aides' job. If a nurse is dispensing a medication and someone needs to go to the bathroom, they will put on a call light for the aide rather than just providing help. I know there's lots of reasons for this but it's very difficult for the person who "just needs to go" to understand.

In addition to universal workers, we've designed Gaffney House with the expectation that people who live there may be awake during the night. Many large assisted living buildings have very few staff on the night shift—I visited one which had two staff for 190 people; another had one for 75.

Adult family homes have staff or owners that expect to sleep at night. People who are often awake at night are asked to move out.

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about each resident: their likes, dislikes, and daily patterns. I've spent enough time there that I also know the residents.

Finally, our other staff members leave and it's just me, listening for my call button pager or other sounds to break the home's quiet ambiance. I'm cleaning the bathrooms so that I can be closer to the residents' rooms. Soon I can hear one woman quietly making sounds—she can no longer use words—and she appears to be distressed. I go to her room and help her walk to and from the bathroom. She still seems upset so I stay and rub her shoulders until she goes to sleep. It reminds me of what I used to do for my children. Backrubs were a regular part of the bedtime routine.

Another gentleman leaves his room and heads for the restroom. He is a little unsteady, so I help him use his walker to get there. He tells me how much he likes to see my face in the middle of every night—it's my first night but I'm glad he's happy. Then he gets a very worried look on his face and asks me about his wife. I tell him the truth: she's safe and sleeping in her bed at their old house. I'm a little worried that this will upset him but instead he expresses a sigh of relief and walks into his room, climbs into bed, and is almost immediately back asleep.

The night continued with a pattern of checking in on everyone, most often simply peeking in to see them peacefully sleeping or, if they had requested this, waking particular residents up at certain times to help them go to the bathroom. We enjoyed many gentle conversations during these quiet, intimate moments.

The woman who was up earlier awoke four more times, needing the same reassurance and guiding back to sleep, until finally she settled down about 4:00 a.m. I thought of family caregivers trying to sleep and how hard this must be on everyone.

Around 5:00 a.m. a new respite-stay resident who has Alzheimer's disease got up, dressed, and was ready to go. He wasn't sure where he needed to go, but when I mentioned that it was still quite early and everything was closed, he gave a sigh of relief and said, "Oh, thanks for telling me that." I offered to make him a cup of tea and we went downstairs together. As the tea was brewing, we brought the *New York Times* in from the porch and he settled in with his tea and the *Times*. I had a cup of tea as well but intermittently excused myself to check on those sleeping upstairs.

As the sun was coming up and the morning shift arrived, we made breakfast after helping anyone who was ready to get up. Finally, I headed out the door, leaving with a feeling of calm and content, reflecting on the quiet peacefulness of the night and the image of a man so comfortable in his brand new surroundings, sipping tea and reading the newspaper.

Staffing at Gaffney House

One of the characteristics of Alzheimer's disease is a disturbed sleep/wake pattern. Those with the disease are often awake at night. It makes sense to predict that and staff for it. If you're looking for care, it's a good question to ask: "How many people are on the night shift and are they awake and available to help the residents?"