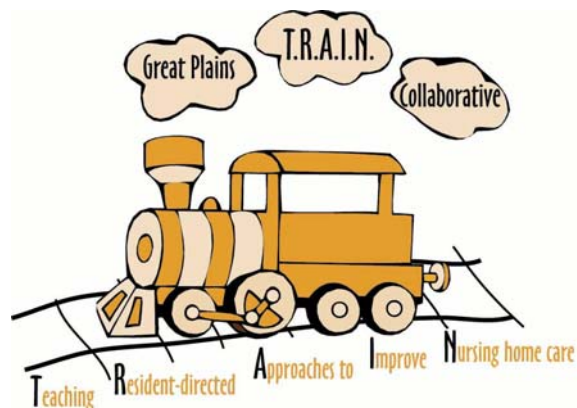


Life Changing Exercise



Purpose: To provide participants an opportunity to take a real life experience and examine how this experience, if it were happening to them, could compare to what a resident may feel as they begin their life's journey in the nursing home. This exercise can be used to **create a sense of urgency** for change as well as begin the visioning process for the future.

Time: 45 minutes

Supplies: Envelopes with 15 blank cards (or pieces of paper) in them, pencils or pens

Directions: Give each participant 15 small cards (or pieces of paper). Have participants identify and record the following items, one on each card:

- 3 important relationships in your life
- 3 things you like about your work
- 3 hobbies you enjoy
- 3 things you like about the out-of-doors
- 3 of your most prized possessions
- Ask participants to hold the cards (or pieces of paper) in their hands as if they were playing a card game.
- Read to the participants the following story and have them take a card from their hand and lay it face down on the table in front of them when asked to do so.

Your life is great! You have a great job and are successful at what you are doing in your life. Your personal relationships are meaningful and strong. Your life has great purpose and meaning for you. Life is truly good!

Today, you go in for a routine eye exam. You tell the doctor that you have noticed your left eye is scratchy and watering all of the time. You have been using over the counter eye drops to flush out your eye several times a day because it feels like there is something stuck in it. The only thing you have noticed different about your eye is there looks like there is a dark brown spot on the white of your eyeball. You think the spot is caused from rubbing your eye all the time. Perhaps it is bruised...The doctor finishes his exam of your eyes and leaves the room. When he returns, he tells you that it looks like your eye has an overgrowth of pigment on it. He has made an appointment at an eye specialist for you for the following morning. He tells you that he would like someone else to look at the eye. He thinks that the growth will have to be taken off in order for the scratchy feeling and watering to stop. You leave the eye appointment relieved that someone can take care of the discomfort you have been feeling for weeks in your eye.

The following morning you go to the Eye Specialist. He examines your eye and takes a swab to it. Most of the dark brown spot comes off. The specialist says he is sending it to the pathology lab...just routine.

When you leave the specialist office, your eye feels much better. It is not watering and it feels like what ever was in there making it water is now gone. He sent you home with a prescription to take the inflammation out of your eye. You are relieved!!

Four days later, you have a call on your cell phone. You are at work and the receptionists at the Eye Specialist office asks if you have time today to talk to the doctor. You can stop in anytime today and the doctor will see you. Your stomach jumps. You tell the receptionist you will be there over lunch. You drive to the office and go inside. The doctor calls you back to his personal office. The results of your biopsy came back...you have ocular melanoma. The doctor explains to you that this is a rare form of cancer...all you hear while he is talking is cancer... you can see the doctor's lips moving, but you cannot understand what he is saying... **Give up a card.**

There is no one in your state that specializes in this type of cancer. The specialist makes an appointment for you to see an out-of-state specialist. You had to wait one month to get in to see him. You get up very early and drive for seven hours today to see the specialist. You wait in his office for one hour before being called back. They give you two options. One option is a laser procedure that will allow you to keep your eye; the other is a surgery for the removal of the left eye. You choose the laser surgery in order to keep your eye. The procedure is scheduled for two weeks later. **Give up a card.**

One week after you return home, you receive a phone call from the out-of-state physician office; finance department. They realize that you are self-employed and have no health insurance. You need to bring \$5000 in cash or money order on the day of your eye procedure. You explain to them that you do not have that kind of money laying around. The financial representative states understanding of your problem and will have your procedure canceled for now and you can call when you have the money for the procedure and the office will reschedule at that time. **Give up a card.**

You have crunched money and bills every way you can think of and still cannot come up with the money you need to have the procedure. You have to ask family members and friends for the money to have the procedure on you eye done with the promise you will repay them as soon as this cancer is taken care of. **Give up a card.**

You reschedule your procedure. They are unable to get you in for another six weeks. **Give up a card.**

Your best friend drives with you to the out-of-state clinic to have the procedure done. You will be off work for the next three weeks. **Give up a card.**

Two weeks after the procedure, the out-of-state clinic calls to tell you the results of the procedure were unsuccessful. The next step will be to have your left eye removed. They transfer you to the scheduling desk to schedule the surgery. The scheduling desk realizes you have no insurance and transfers you to the financial department. Again, you are told you must have another \$5000 in cash or money order paid to the clinic on the day of your surgery. **Give up a card.**

This time, you ask your elderly parents to co-sign on a loan for you for \$5000 to pay for the surgery. Instead, they loan you money from their personal savings. **Give up a card.**

You have the surgery to remove your eye. The surgeon felt this time they got it all, but suggests you begin interferon injection treatments for three months. These daily subcutaneous injections will make you feel like you have the flu. These injections can be given to you daily in your new oncologist's doctor's office. **Give up a card.**

Three weeks after your eye has been removed, you have your first appointment with your new oncologist. He is in agreement that the interferon injections are the most appropriate next step for your treatment. Hopefully this will slow the growth of the cancer. SLOW IT DOWN.... I THOUGHT ALL THIS WAS MOVING ME TOWARD A CURE!!!! **Give up a card.**

You have made it through the interferon treatments. You are feeling pretty good and still able to work. Shortly after the end of the interferon injection treatments, you notice a swollen tender lump on the left side of your neck. You go in for tests. The biopsy is positive for cancer, again. You are scheduled for a left radical neck resection to remove the lump. This time, you will go in weekly for intravenous interferon treatments. The oncologist said it will make you a little more sick than the last treatments did because it is a much stronger dose, but you can only have four treatments of it. You are unable to work. The treatments cause high fevers, nausea and vomiting. You have not been out of the house since the treatments began. You are weak and tired. **Give up a card.**

One month after the last intravenous interferon, you go in for a full body scan. The scan shows hundreds of tiny spots in your lungs, liver and spleen. You can try chemotherapy, but is doubtful it will be of any help. You are feeling stronger now and want to spend time with your family and friends and not be sick. You will need to think about it. Six weeks later, your friends get together for the yearly golf trip and pay for your part of the trip and airfare. You are tired, but go anyway. Three days into the trip, you have developed a severe headache and you have to be taken to the hospital out-of-state. The golf trip is cut short. The medication they gave you in the hospital is double what you had been taking in the past for pain and it is barely taking the edge off the headache. You are also nauseated and becoming short of breath. All flight reservations are changed for everyone in the group and your friends bring you home early. **Give up a card.**

Three weeks later, the headaches are getting worse and causing ringing in your ears and you can hardly hear anything. You have a scan done of your head. The cancer is now in your brain. You are unable to stand up without help. Your spouse is having difficulty taking care of all of your needs. The oncologist recommends having palliative radiation treatments. Chemotherapy is no longer an option. The oncologist recommends hospice care and you refuse. Your friends and family begin coming over to give your spouse a break. They have to help you to the bathroom and help give you a bath. They are bringing food over to you and your family. They are helping clean the house. Friends that you have not seen for awhile come over to see you. **Give up a card.**

Your friends and family members are exhausted. You are requiring 24-hour care because you become agitated because the pain is poorly controlled and are beginning to hallucinate. A decision is made by your family members to put you into the nursing home. You are angry and hurt and scared of the outcome. People go there to die!!! **Please...give me one of your last two cards...**

Debrief:

- What was the last card that you were holding in your hand?
- Do you think the remaining card that you hold in your hand may be a similar choice to what a resident may feel they have left to hold onto when they enter your home?
- How can you relate this exercise to a resident's experience when they come to live in your home?
- What are some ways you could recognize and support these life changes for the residents when they come to your home?
- What are some ways you could support the life changes that the family members go through when their loved one comes to live in your home?
- How important is it for caregivers to be sensitive to these life-changing events that the residents are experiencing?

- Now that you have completed this exercise, what is one thing that you can take back to your home and relay to staff that may help you in creating that sense of urgency that is needed for change in your home?

Follow-up

- It is important that you create a sense of urgency in order to get people to recognize the need for change and get involved in making the changes that are needed. If you are not motivated to make changes, you will not get involved. People need to know “why” and “what’s in it for me” in order to fully engage.
- Ask peer experts to share some ideas on how they created a sense of urgency for change as they began their culture change journey.
- What are some ways in which you see yourself as a leader, creating a sense of urgency in your home to accomplish needed change?



Resources for better healthcare

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