WINCHESTER HOUSE
HEALTHCARE AND REHABILITATION

Dining with the Drivers

Changing culture through meal time

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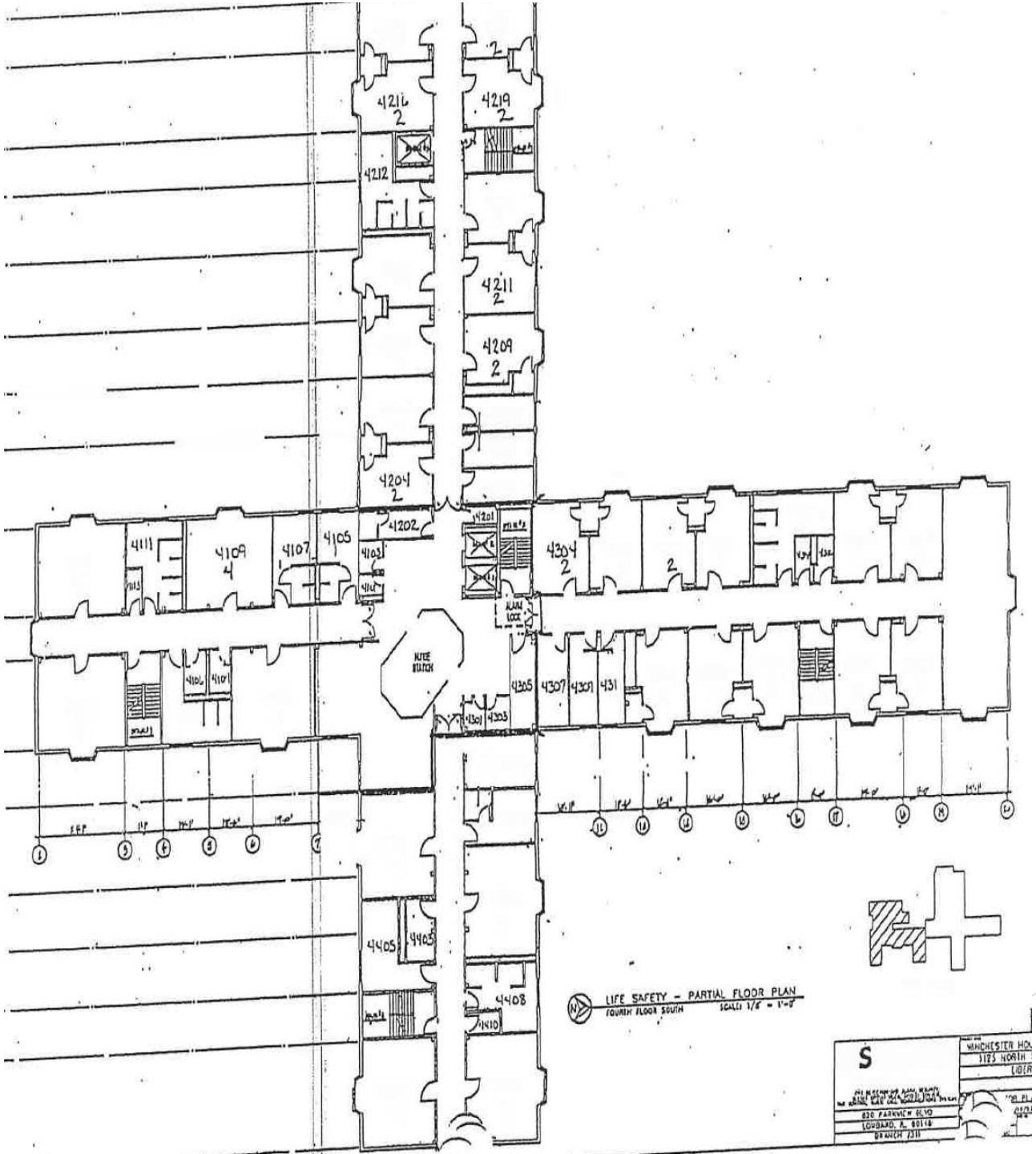
Objectives:

- Participants will be able to:
  - Describe the possible benefits of ability focused, person centered care approaches
  - Recognize how use of the ACLs (Allen Cognitive Levels) can assist in the development of innovative person centered plans of care
  - State ways in which “de-institutionalizing” dinner can change culture

Agenda:

- Introduction
- Agenda
- Objectives
- Prior culture/desired changes
- The idea
- Obstacles/solutions
- The plan
- Implementation (tools)
- Use of therapy (tools)
- Effects on residents (stories)
- Effects on families (stories)
- Next phase/Revisions
- Question and Answer
- Thank you

Lay of the land



PRIOR CULTURE:

- Dining rooms were crowded
  - 4200 solarium had 36 residents
    - 5 tables for 8; piano; 3 recliners; 2 cabinets; 2 book shelves
    - 17 residents needed to be fed or provided assistance with visual, verbal, and tactile cueing
    - 5 persons in broda chairs
  - 4300 solarium had 33 residents
    - 5 tables
    - 5 persons who needed to be fed or provided assistance with visual, verbal, and tactile cueing
    - 3 persons in broda chairs
    - 2 persons with “behaviors” such that other residents could not be within reach
- Dining rooms were overstimulating
- Dining was a chaotic and somewhat depressing time
- Dining was rushed

The prior culture was that meals were a task for staff and an ADL for residents to charge through.

Issues with this culture

- Increased resident behaviors and agitation
- Decreased weight
- Increased excessive disability
- Increased staff fatigue and grumpiness
- Loneliness
- Frowning, sighing, drooping

What we really wanted

- ✓ Calmness – eating with less behaviors, anxiety, agitation, indigestion!
- ✓ Staff to want to return to the floor
- ✓ Residents to have time to eat
- ✓ Residents to do as much of it on their own as possible
- ✓ Sustained weights
- ✓ Companionship and socialization
- ✓ Laughter and joking
- ✓ Cleaner environment

The ideal:

- Meals in the SNF should be enjoyable in ways that we enjoy meals when we dine with family and/or friends

- ✓ Conversation
- ✓ Laughter
- ✓ Eating more
- ✓ Feeling satisfied
- ✓ Wanting to do it again
- ✓ Relaxation

The idea:

What if residents who were able to communicate desires, form friendships, feed themselves, strike up a conversation, learn new things, recognize faces, come to the dining room on their own… had a separate dining experience?

What if residents who needed more cueing, hand over hand technique, closely supervised swallowing precautions, 1:1 feeding, redirection, nursing assistance beyond set up… had nursing staff freed to be with them and provide these needs?

Maybe these things could happen if residents had dining rooms that offered these experiences.

Opportunities/Obstacles/Solutions

- How do we know who is appropriate to eat in which area?
- Where is there space to set up another area?
- Who will staff the new area if nurses and CNAs are needed in each solarium?
- Can the kitchen send the trays differently when one of the areas is filled with residents from each part of the unit?
- Will the change cause confusion for residents about where to eat?

This effort would take the coordination of therapy, nursing, managers, cuisine care, activity staff, environmental services, maintenance and residents!

Pulling it all together

- Chose area and set up tables and chairs
- Deciding who would dine there
  - Residents
  - Families
- Enlisted staff and managers to assist
  - Serve
  - Dine with residents
- Some basics for improvement
  - No trays
  - No TV
  - Table clothes
  - Dinner music; sometimes live music
  - centerpieces

Claudia K Allen
– Occupational Therapist and Theorist

"The cognitive disabilities model had its beginnings at the Eastern Pennsylvania Psychiatric Institute in the late 1960's when Claudia K. Allen, MA, OTR, FAOTA and her colleagues first observed patterns of performance difficulties in adult patients with mental disorders. In seeking to better understand and thereby serve the needs of these individuals, Allen and other therapists began a systematic and careful collection of observations of these difficulties."
http://www.allen-cognitive-network.org/

Knowing who is best to eat where…

Required that we analyze the BATF of each resident.

Allen's cognitive levels

- Level 1: total care
- Level 2: total care, may do very basic adls such as self feed or ambulate
- Level 3: 24 hr. care on site, uses familiar objects, needs help and cues, poor safety
- Level 4: daily on site supervision, learns with repetition
- Level 5: needs daily/weekly supervision
- Level 6: lives independently

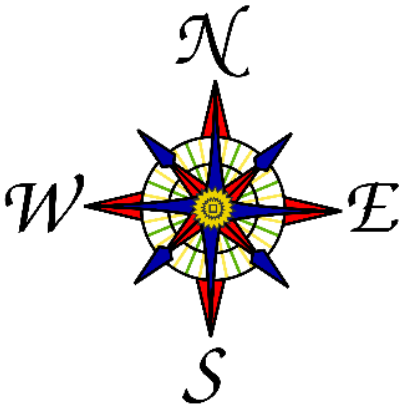
Two ways to determine these ACLs:

- A brief ACL screening

- A formal Occupational Therapy assessment

Drivers: Residents with a high 3 or above (generally a low 4) ACL. Called “Drivers” because they can drive their own life with choices that they can enact on their own.

Explorers: Residents with an ACL of high 2 through low 3’s. Called “Explorers” because they will interact with or explore their world in front of them.



Sensors: Residents with an ACL of low 2 or 1. They can still engage their world through all their senses.

Therapy and meals

Belief that therapy

- ✓ Increases independence
- ✓ Promotes dignity
- ✓ Improves psychosocial health
- ✓ Helps one maintain abilities
- ✓ Promotes safety
- ✓ Instills confidence
- ✓ Improves one's quality of life
- ✓ Increases socialization

PT: 60 (50 3rd qtr; 48 2nd qtr; 29 1st qtr; 187 for the year); OT:46 (44 3rd qtr; 27 2nd qtr; 22 1st qtr; 139 for the year); ST: 30 (16 3rd qtr; 11 2nd qtr; 16 1st qtr; 73 for the year).

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FOURTH FLOOR MEMORY CARE UNIT THERAPY REFERRAL FORM

Resident's name: _____ Room number: _____ Date of referral: _____

Referred for:

- ☐ Swallowing Evaluation
- ☐ Use of assistive devices for eating
- ☐ Reduce need for feeding assistance
- ☐ Instruction for care team on how to cue the resident during meals
- ☐ Fall prevention evaluation
- ☐ Evaluation after a fall
- ☐ Safe transfers
- ☐ Balance/Gait
- ☐ Use of assistive devices for walking
- ☐ Decline in ability to participate in ADLs, in mobility, or in ambulation
- ☐ Wheelchair positioning/fit
- ☐ Trunk control
- ☐ Defensive (Combative) during care
- ☐ Behavior management
- ☐ Signs of depression
- ☐ Customized activity kit
- ☐ Instruction for care team on how to cue the resident during ADL routine care
- ☐ Contractures
- ☐ Wound care
- ☐ Breathing
- ☐ Cognitive assessment
- ☐ Speech
- ☐ Pain treatment

Comments: _____

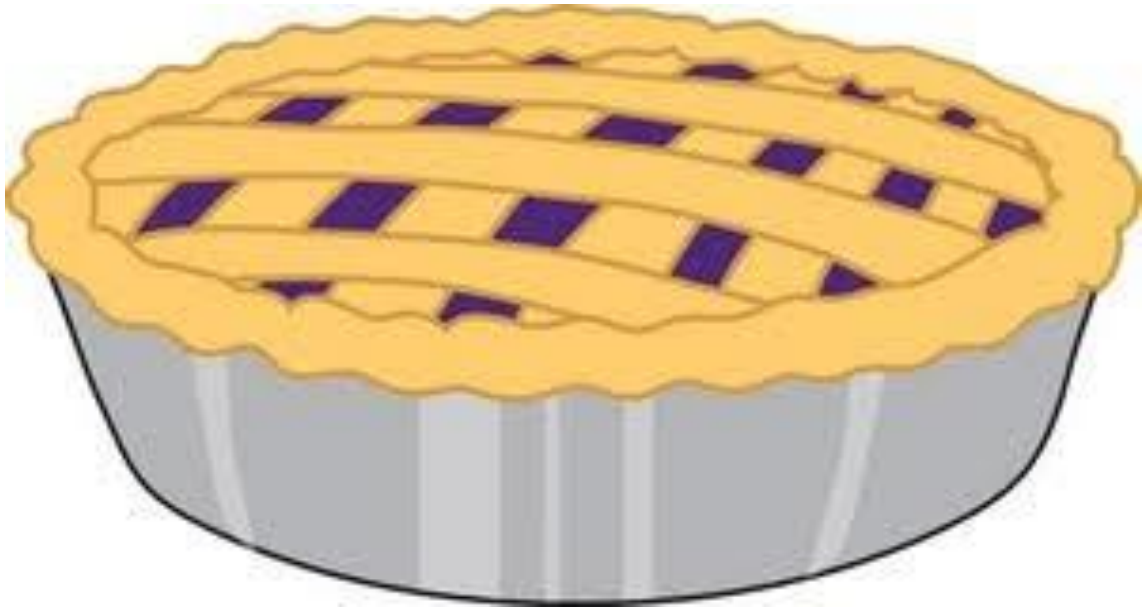
Referred by: _____ Evaluated by: _____ date: _____

“Double, Double, Toil and Trouble”

“She’s my friend!”

Walk together
Save seats
Decide to leave together
Keep each other more active
Joint nap times
Their daughters are now acquaintances
Less anxiety for one

“Let them eat PIE”



Rounds up others to join him
Shares with those at “his” table
Tells his son he needs more pies

This happened…

- They learned each others faces and sometimes names
- Residents began to notice if someone was missing
- They assisted each other
  - Opening things
  - Passing out hand cleaner
  - Passing out aprons
  - Sharing snacks
  - Fill out the menu
- They called for help if it looked like someone needed it
- They inquired about staff well being

“I am so grateful for this support group. It makes a huge difference to dine together like this. It is almost like normal.”

Said by a wife who dined at the fish tank table with two other women and their husbands who resided at Winchester House.

“I am so glad that my mom has this with her roommate. I think they keep each other going and are healthier because of it.”

One daughter of the Double, Double Toil and Trouble team.

“I feel better knowing that my mom has friends. They do seem to have fun together.”

A son looking at the dining area as residents gathered.

What we kept:

- ACL analysis and the opportunity to be part of this
- Trays at breakfast but not at other meals
- News at breakfast and music at other meals
- Gathering activities and digestion activities
- Extra trays for families
- Monthly themed parties
- Run by non-nursing staff

What went away:

- Staff dining with each table each time
- Table clothes
- All service provided only by staff

Meanwhile in the solaria…

- Less residents demanding attention from CNAs and nurses
- More quietness, less yelling across residents by staff and less between residents
- Cleaner environment
- Room to move to assist others
- More attentiveness to changes in residents abilities
- Less harried environment

What now? What next?

- Added meals
  - Now every meal has this option
- Added and staggered activity staff
- Would love to add table side service
  - With menu options
- Would love to see about table clothes for at least dinner
- Would like to train all staff to be able to feed as needed

Resources:

- http://allencognitive.com/pdf-downloads/
- https://www.crisisprevention.com/
- http://www.allen-cognitive-network.org/


THANK YOU!