

TALES FROM THE PRAIRIE



Culture Change Practices in Illinois Long Term Care Communities



ILLINOIS PIONEER COALITION

Leading the way to person-centered living in long-term care.



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Fran Hankin, Project Manager

We would like to acknowledge all of the long term care communities represented in this book. Thank you for sharing stories of your culture change journey. We hope your stories will inspire others to become culture change advocates.

We dedicate this book to all elders living in long term care communities.



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Care

Put person before task.



Needing care is one of the main reasons people move into a long term care residence. But care should not be an automatic endeavor. Putting the person before any care task means the person is involved in their care choices making for better and more individualized care. Preventing falls can be done in a creative manner. There are ways to help people be more ambulatory and physically stronger and capable, including those with dementia. Making accommodations for those with hearing loss becomes a community-wide endeavor. A home partners with the local hospital, establishing procedures to improve communication and care when a person transitions to and from the hospital. The end of life is often kept so quiet that it is not acknowledged. A concrete offering of comfort can lead to some relief and closure for the family. The use of complementary therapies can bring amazing calm and peace to the individual, their family, as well as the staff.

Care

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A Good Night's Sleep: Scheduling Medications

Lancaster Group

Traditionally, medications were ordered and given around the clock according to how the doctors ordered them. The doctor's ordering practices mirrored the practice they used in a hospital versus the home-like setting. This was often disruptive to the residents.

All medications given between the hours of 11:00 p.m. and 7:00 a.m. were reviewed for:

- Necessity
- Appropriateness of time given
- Alternate schedule
- Resident's sleep pattern

Doctors were notified that this system was being reviewed and that we anticipated changes that were more in line with Culture Change thinking. Unless the resident was too sick to change, we asked physicians to consider whether they would order the medications the same way for someone taking them at home. Residents were informed of this change from the Resident Council, nurses received in-service training, orders were changed and a review of all medications was performed looking for other changes impacting nurse scheduling, such as daily medications that could be given at 9:00 a.m., 1:00 p.m. or 5:00 p.m.

At present, a review of the effectiveness of this program is done on a quarterly basis. The percentage of medications passed between 11:00 p.m. and 7:00 a.m. directly corresponds to the number of Medicare residents.

Residents sleep better without interruptions. This is especially helpful on the Alzheimer's units where disruption of sleep directly corresponds to behaviors. Residents prefer this approach, and behaviors have decreased.

Nurses were very angry at first. It really helped them to see how they schedule the residents' needs around their schedule instead of making adjustments around the residents' needs. Everyone kept saying "what are the night nurses going to do?" and "there will be too many meds on the day shift". It was difficult for them to see that they needed to change staffing patterns around the resident needs.

The best example was actually not the resident but the roommate who was impacted the most. The resident didn't mind being awakened but the roommate complained bitterly about the lack of sleep that awakening the roommate caused. This was an area that wasn't even considered.



Comfort at the End of Life

DeKalb County Rehab and Nursing Center

DeKalb County Rehab and Nursing Center used to be very hush, hush about a resident passing. The ward secretary would pack all the personal belongings into a plain box and hand it to the family. The process of someone passing was not shared by the staff and peers that were part of this person's life. They would all grieve in their own way. The Resident Council would send a card to the family, at lunch staff would talk about how much they missed the person that passed, and the residents would ask about what happened. It seemed to them that the family, peers and staff all established a relationship with the person passing, so why not offer ways for people to share feelings and bring comfort?

The process started with the Culture Change Committee brainstorming about ways to improve the experience of actively dying. What would assist the person leaving, their family, friends and staff? Food is always a good way to bring people together so the dietary managers were asked about a comfort cart for the family and friends. They took the idea and ran with it. Anything that is snack- or drink-related is on the comfort cart. Complimentary meals are offered to all family members as they are near the person passing. They also offer soothing music for the room, a diffuser with soft, comforting scents and a memory box. The box is placed in the room with index cards and a pen. Staff and friends write a personal memory on the card and place it in the box for family members to take home. Many families have used the cards as part of the visitation or they read the cards as part of the funeral service. Each family receives their loved one's personal belongings in a box that is decorated with padding and material on the inside and outside – much more caring and personal. A sign is posted as a way of letting elders and staff know of someone's passing.



A Comfort Basket is provided with all the items needed. Directions are in the basket as well as the dietary phone number. Any staff person can use the basket and set the room for comfort.

The nurses are great about calling to let someone know the comfort items are needed. Sometimes it is difficult to determine when to place the comfort items in the room but with the help of the nurse and instinct, this process has been successful.

Staff still sends cards, talks about the person at lunch and residents still have questions, but there is more peace and comfort about the end of life. The families have said how much this program has helped them be at ease and that makes the person passing more at ease.

Dementia-Specific Therapy Program

The Wealshire

The Wealshire has four households covered by Medicare. One of them is dementia-specific. The dementia-specific residents who needed physical or occupation therapy shared the one therapy room with non-dementia residents. This created all kinds of problems. The therapy room was often very crowded with a lot of talking and people doing many different exercises. This atmosphere was very confusing and distracting to those with dementia. Sometimes the non-dementia residents would be uncomfortable being around those with severe memory loss and would make derogatory comments. Due to these factors, those with dementia would not have a productive therapy session and would be assessed by the therapist as “not progressing.” Therapy would then be discontinued and the residents with memory loss would be lost in the shuffle.

Wanting to reverse the situation, the Wealshire created the Wealshire Dementia-Specific Therapy Program, a formal program with a mission statement, goals and objectives. A separate room for OT and PT is now designated for dementia residents. Treadmills and stationary bicycles with moving handlebars were too foreign to these residents. It was determined to use motorized equipment that supports the resident who is physically capable, but no longer initiates or continues independent movement due to their dementing illness. The use of a few pieces of equipment as well as one-to-one hands on assistance complete the physical component of the program.

A large video screen is used to show videos developed in-house of: hot air balloons, windmills, animals, sunsets, etc. with accompanying soft music, while the residents are engaged in exercise.

The Wealshire created a training curriculum to help the therapists successfully work with the residents with dementia. Training was completed prior to opening the Dementia-Specific Therapy Program. The training curriculum consists of understanding dementia, sensitivity training, need for good communication and understanding potential dementia behaviors. The following person centered principles are incorporated in this special training.

- The more we do for someone the less they do for themselves.
- Know the resident, become familiar with their history of function and fitness. Were they a fitness enthusiast, one who loved to walk, a golfer, a swimmer, etc.
- Try to incorporate those long-remembered moves used during their lifelong interest or hobby into their therapy.
- Focus on the abilities that remain, not the disabilities.
- Use less talk, few spoken directions and more touching cues.
- Residents with dementia lose the ability to sequence – present therapy in small steps.



GROW: Getting Residents Out of Wheelchairs

Mary M. Harroun, Co-Founder GROW Coalition

Five years ago, when new nursing home regulations came out, there were 63 pages of new guidelines on the care and prevention of pressure sores. This fact was noticed by Mary Harroun, the creator and inventor of the Merry Walker Corporation. She knew that getting residents out of wheelchairs and walking would help lower the incidence of pressure sores. Mary started GROW (Getting Residents Out of Wheelchairs) with Diana Waugh. She did a presentation at a Pioneer meeting in Lake County and kept getting the word out. She further developed the program after visiting the Iowa State VA home in Marshalltown, Iowa, for the Mobility Assessment Clinic. At a seminar, she learned about the Stepping On program, designed by Lindy Clemson, PhD, OT, University of Sydney, Sydney Australia, for improving balance and strength for community based residents. Mary contacted the designer and got her permission to revise the program to meet the needs of those residing in nursing homes. Eventually, Mary Harroun was asked by two Lake County nursing facilities to consult and introduce the GROW concept.

At one facility, the unit secretary had been ordering a wheelchair from the maintenance department for every new resident that moved in, without any assessment of the need for the wheelchair. All the residents in the facility were assigned a wheelchair to use for extended periods of time. At a second facility no assessment was performed on residents prior to placing them into a wheelchair.



At the first facility, the administrator called for a mandatory in-service for all staff. The in-service included a descriptive plan to get the facility residents out of wheelchairs. The staff and some residents who were in attendance were very excited about the change and positive feedback was received. After the in-service, the administrator set up a GROW committee to meet weekly to discuss implementation of the walking program. The committee continued to meet weekly and assessments were designed along with the Mobility Assessment Clinic. It was decided that once a new resident moved into the facility, all professional staff, including physical therapy, occupational therapy, dietary, nursing, social services, and recreation therapy, would administer their assessment. The staff would then come together for the final assessment decisions on the potential for resident mobility at the highest level, assign the resident the least restrictive device, and place the resident into a daily “Stepping On” exercise program to increase strength and balance. The Stepping On program is run by Certified Nurse Assistants (CNAs) who have been trained in restorative care and supervised by a physical therapist. At the second facility, after the initial meeting with the administrator and some of the staff, the meetings continued and staff attendance increased to include all department heads and restorative CNAs.

In looking at the MDS (Minimum Data Set) assessment tool, which must be filled out within two weeks of admission, it was noticed that certain items were not covered on the MDS that the facility felt needed to be assessed. If a resident came into the facility from a hospital setting, there was a high chance that they had not walked at all or very little during their hospital stay in order to qualify for nursing home rehabilitation services under Medicare. Between the hospital stay and the two weeks needed to administer the MDS, it was possible that the resident had not walked for almost three weeks. A list of items that needed to be assessed that were not covered or not covered thoroughly enough by the MDS are: eyeglass use, hearing aids, calcium, vitamin D, bone density levels, muscle mass, previous diet, and FAST (Functional Assessment Staging) scale, to mention a few. All of these items can impact mobility.

The administrators bought into this program, but it has taken some time to get staff lined up to work on this change. Care plan meetings are starting to include the resident, which was not done before. Goals and objectives are better thought out and mobility issues are discussed. In one facility, all CNAs have been trained on the Stepping On program. Eight residents have been assessed and those that would benefit from the daily walking program have been selected. Both facilities are using staff to walk with residents to the dining room at least once a day, most of the time. This is a relatively new endeavor so outcomes will be clearer at a later time, but the program seems to be well received.

Hearing Loss Initiative

The Holmstad

Hearing loss is a common condition experienced by the elderly, especially those of more advanced age living in residential settings. It may indeed be considered a silent epidemic as it is rarely discussed and even more rarely addressed. Unfortunately it is even overlooked in the culture change movement. This is quite ironic as the movement extols the importance of relationships. It is time for the needs and rights of the hearing impaired to be recognized and for services to be developed to meet those needs.

The Holmstad's hearing loss initiative began with a study commissioned by campus administration and conducted by local nursing students. Interviews were conducted with a number of campus residents regarding their experiences with hearing loss on campus. They painted a picture of lives challenged by their hearing impairments and a campus ripe for change. Members of the campus management team were asked to recruit residents from throughout campus to participate in a hearing loss committee. This committee was not meant to be a support group but rather a vehicle for changing the culture of the campus for those experiencing hearing loss. It was important to have representation from as many distinct areas of campus as possible as information sharing was critical to this initiative's success.

At the first meeting, the group decided that its top priority was to develop a set of standards to be disseminated to anyone who spoke to or entertained groups on campus. The first and most important standard was to always use a microphone or other amplification device. Speakers often ask the audience if a microphone is necessary. The attendees with hearing loss cannot hear the question so the result is usually no microphone. This exercise seemed to provide considerable momentum to the committee and to set the stage for their culture change efforts.

The Hearing Loss committee took the following actions:

- Reviewed various amplification devices for potential use on campus
- Identified one particular device, the ChatterVox®, for use throughout campus. This is a hands-free device with a portable amplifier enclosed in a fanny pack. It is effective for groups of 5 through 50 people.
- Involved the campus fundraiser who conducted a campaign to raise money to purchase ChatterVoxes® for use throughout campus. The committee was able to purchase 9 devices at \$300 each.
- Promote the use of the devices throughout campus - they are now used for floor meetings, bible study, entertainment, daily schedules and a variety of other activities.



- Distributed questionnaires throughout campus to gain additional understanding about their challenges on campus.
- Conducted educational sessions on amplification devices for individual purchase.
- Organized a hearing clinic in the healthcare area of campus.
- Conducted a training meeting on hearing loss for the campus leadership team.

The committee is in the process of exploring involvement in a research study with Northwestern University on the issue of hearing loss in retirement communities.

Although this committee was not intended to be a support group, it did seem to have that impact on its members. They now speak quite openly about their own challenges and have taken pride in their accomplishments. The hearing loss initiative received an Exemplary Recognition in the 2009 Commission on Accreditation Rehabilitation Facilities survey of campus.

The major obstacle is finding the time to coordinate the initiative. This committee not only holds meetings but also produces results, requiring significant staff time. Because the healthcare administrator is the coordinator at the Holmstad, progress has been slow. Other organizations would benefit from assigning another professional member of their team to this initiative, as it can develop into a substantial commitment.



The use of the ChatterVoxes® has had an impact on people with hearing loss throughout campus. Floor meetings are held throughout campus to update residents on campus happenings and issues of concern. Prior to the use of these devices, residents with hearing loss could not hear much of what was discussed. Now, the floor leaders simply go to the reception desk before the meeting and check out a ChatterVox®. The hearing impaired have become equal parties in the discussions.

Making Smooth Hospital Transitions

Selfhelp Home

When a resident at Selfhelp Home had to be admitted to the hospital because of an injury or acute illness, there was discomfort on several levels. Initially the resident was afraid and distrustful of the hospital staff and treatment. The hospital staff had difficulty communicating with the resident and often did not understand the unique needs of this elderly person. During the resident's hospitalization, the Selfhelp Home was not knowledgeable or well-informed on the resident's changing condition or needs. When the resident was discharged from the hospital, the home's staff would have to quickly assess, troubleshoot and accommodate the returning resident. It resulted in an uncomfortable situation for residents, their families, the Selfhelp Home and the hospital.

A Selfhelp Home staff member began accompanying or meeting the resident in the emergency room, becoming the liaison between the resident and hospital staff. In addition, a hospital liaison from the Senior Services department at Weiss hospital, met the resident either on the floor or in the ER to help as well.

These liaisons visit the resident during the admission and while the individual is hospitalized. The liaisons are also present when the individual is discharged back to the Selfhelp Home. This practice has resulted in enhanced relationships between the hospital and Selfhelp Home.

Weiss hospital is now seen as the community hospital by all residents, their families, and the Selfhelp Home staff. The hospital's reputation in the community has grown and it is seen as a partner. The hospital staff is more knowledgeable of the residents' unique needs and communication is less problematic. Residents are treated like VIPs when in the hospital. Resident and family satisfaction of the hospital stay has improved. When the resident is nearing discharge, the Selfhelp Home is more familiar with the individual's condition and needs upon their return, so there is more time to make the proper treatment and care accommodations for the returning resident. The relationships established between the Selfhelp Home and the hospital staff are nurtured and continue to bring innovative services to the residents. For example, the hospital has a hearing and hearing aide clinic. A staff member from this clinic regularly comes to the Selfhelp Home to clean residents' hearing aids.



As is often the case, there is mainly one Selfhelp Home staff, the Administrator, who is also a nurse, serving as the staff liaison. The demand for the liaison's time can be overwhelming. Some procedures need to be written and discussed to allow alternative Selfhelp Home staff members to take over the duties of the staff liaison. With the improved relationships between the hospital and the Selfhelp Home and much better communication and sharing, the hospital is more knowledgeable about the care and services offered at the Selfhelp Home. This has led to an increase in referrals. The Senior Services department at the hospital is much more involved in this reciprocal relationship. Two doctors originally working at the hospital now dedicate some of their time to seeing residents at the Selfhelp Home.

Red Robin Club

Winchester House

About 18 months ago Winchester House, a 360 bed county owned nursing home in Libertyville, was experiencing an extremely high fall rate on their Special Care Dementia Unit. The falls were occurring between 6 and 7 am when staff was busy getting everyone ready for breakfast. Residents who were up and dressed first wandered about, in and out of other resident rooms, up and down the long hall, always seeking something—something to do or someone to connect with.

Barb Barlett, a Restorative Nursing Assistant, began inviting those who were up and dressed to join her for an early morning get-together. Everyone sat around a table in an alcove area and enjoyed coffee, tea, milk, fruit juices, and maybe, a sweet treat or two. The group grew as others saw them doing something, became curious, and investigated. Soon the group grew to more than 20 residents.



Barb began singing songs – those that everyone could remember like “When the red, red robin, comes bob, bob, bobbin’ along” which soon became their theme song. Soon the morning coffee group became known as the Red Robin Club. Beyond the songs, Barb shared the daily headlines, talked about local events, shared stories and, in general, engaged everyone in active conversation. One morning two ladies offered to cook a staff member breakfast another day in their kitchen. Everyone felt they truly belonged to this club.



Since the club began, there has not been a single fall on that unit in the early morning hours.

Spa Anyone?

Barry Community Care Center

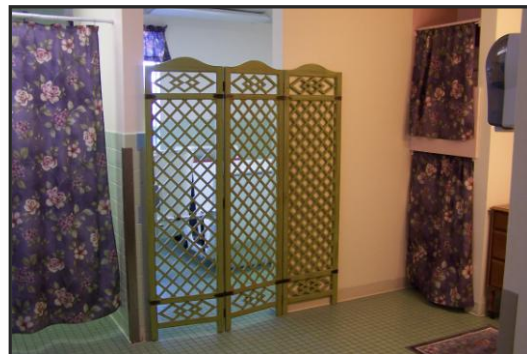
The town of Barry has a population of 1400 people. It is located in a poor, rural county. The town is home to Barry Community Care Center, a 76-bed nursing home built in 1975. The home was built with older, traditional shower rooms including multiple shower stalls and one small bathtub. Before culture change, Barry Community Care Center used to give baths to residents 1-2 times a week and fit the person's bath into a schedule as a time became available. It could be at 1:30 p.m. on a Thursday afternoon or even at midnight since the night shift staff shared bathing responsibilities. If the staff did not have time, sometimes the bath was cancelled. Resident's personal preferences as to time and type of bathing were not taken into account. Often the resident was undressed in their room, wrapped in towels or a sheet and pushed on a shower chair down the hall to the bathing room. Although kept clean, some residents had refused to take a bath or shower in years.

Patricia Hubbard, the present Administrator, came to Barry 13 years ago and began attending meetings of the Regional Culture Change Coalition under the support of the Western Illinois Area Agency on Aging. About three years ago she began collaborating with other staff to create a more dignified bathing experience for residents.



At an Illinois Health Care Association tradeshow, the staff attending saw a spa-like bathtub suited for the nursing home resident. The tub was big and deep with whirlpool jets, a door and sliding seat, making it accessible to even the frailest of elders. Jim Giardina, the owner of Barry Community Care Center, was also present at the event and quickly gave his approval for the tub's purchase.

An existing bathroom was completely renovated to accommodate the new tub. The room was transformed into a spa atmosphere including an area for manicures and pedicures, decorative artwork, curtains with matching shower curtain, and other items including a beveled mirror and vanity. A dedicated space for the resident to get undressed and dressed provides privacy and dignity. A partial wall near the tub provides additional privacy. Because bathrooms of this size can be very noisy, with sounds bouncing off the walls, plants were added to help absorb the noise, as well as add aesthetic value. A CD player to provide soothing background music, candles and specialty lotions are available. All of the updating and decorations were accomplished through staff fundraising efforts.



With the atmosphere in place, attention turned to staffing. An integral part of the bathing experience transformation was to designate one certified nursing assistant (CNA) as the bathing



assistant for all residents. Other CNAs sometimes assist in bathing, but Mary, referred to as “spa girl,” is the designated bathing assistant and has bathing as her main duty. Following the culture change principle of putting the person before the task, Mary meets with each resident, and sometimes their family members, to discuss personal bathing preferences. Does the person like a shower or a bath and what time of the day? Do they like bubble baths, a special shampoo or lotion? Each resident is encouraged to do as much of the bathing as possible for themselves. Baths are not rushed – if a person wishes to linger in the whirlpool bathtub, they are accommodated. Though the sound of relaxing music is readily available, Mary enjoys visiting with each bathing residents and most appear to prefer a “visit” with her during the experience. The consistency of Mary’s presence and practices serves to create an atmosphere and experience which is appreciated and enjoyed—not the dreaded hygiene event of the past.

If an elder has resisted taking a bath for a long time, Mary first shows them the “spa room” and helps reassure them that they will never be left alone. Mary’s schedule is flexible allowing her to come in at odd times for resident special occasions, such as getting ready to attend a wedding or family reunion. Many elders are quick to share positive comments about their bathing experiences in the new spa room. These comments are overheard by new residents and helps set positive expectations.

Training was needed to optimize the effective use of the new bathing area. Staff orientation now includes the viewing of “Bathing without a Battle” by Joanne Rader, to teach better bathing approaches and responses—especially for residents with dementia. Continuing challenges include the intentional effort to consciously champion the improved practices and prevent backsliding into old habits. Ongoing training is necessary to reinforce the dignified, person-centered bathing practices that have now been incorporated for years. Teaching and “cheerleading” can never end.

Positive outcomes have been many. Going to the spa has become a pleasant experience that is enjoyed by many residents. The bathing experience can be used in palliative care as a tool to keep the person comfortable and pain-free.

The bathing options at Barry Community Care Center have become known in the wider community and have provided opportunities to serve other elders from time-to-time. Because the tub is now accessible, it has even been used to immerse a dying resident whose final wish was to be baptized! The benefits of transforming the bathing experience and practices at the home have brought peace and comfort to so many over the past several years. Additionally, the established practices have created a sense of pride and satisfaction to the staff and encouraged them to continue their culture change journey.

Using Essential Oils and Massage at the End of Life

Diane Giddings, Consultant

While working in a long term care setting in Illinois, Diane Giddings developed a program of complementary therapies geared toward addressing restless and difficult behaviors of dementia and Alzheimer's clients. Using plant essential oils, massage and bodywork techniques, these behaviors were able to be managed, improved and even eliminated in most cases. As time went on, these therapies were discovered to benefit everyone, with a focus on managing pain, and eventually calming the end of life process.

John had very advanced brain cancer. Hospice staff was involved and suggested the family admit him to the nursing home as his care was getting to be too much for the family. He was restless and his temperature was constantly high. Ms. Giddings and a physical therapy rehabilitation aide went to John's room and started a light touch foot massage with peppermint oil and put a little peppermint to his temples, forehead and the base of his head. His temperature dropped within 15 minutes and he appeared relaxed. John was admitted April 28 with a prognosis of a week or less to live. He lived until July, celebrated Father's day with his family and was more alert and comfortable during this time because of the regular use of peppermint oil and massage. As John was in his final hours, hospice was unable to stop his restlessness and improve his comfort. The family sat in his room with a look of helplessness, watching him toss about in his bed. Ms. Giddings entered the room at 3 p.m. that day and asked if anyone had used the peppermint. No one had. She put the peppermint on his forehead, behind his ears and at the base of his neck. Within just a couple of minutes he started to relax and fell into a calm sleep. The look of amazement on the faces of his family was unforgettable. The hospice nurse stood there with the medication cup—amazed at the almost instant calming effect of the peppermint oil. At that time, exploration began on the increased use of essential oil therapies and light touch massage during end of life care. The nursing home staff, hospice team and families were appreciative of this extra care and improved quality of life during this transition period.

Need for Improved Comfort

Prior to the training and implementation of these complementary therapies, the transition process for end of life clients left many staff and families at a loss of what to do to improve comfort. Most families needed to feel like they made a difference in their loved one's final days. Nursing and hospice staff provided for basic care and comfort needs and did their best to assure pain and comfort needs were met. Some clients were aware of their pain and comfort needs and could speak up to make those needs known. But many times the individual had advanced dementia or other conditions in which behaviors or physical signs were the only indicators of discomfort. This required those providing care to be very in tune with needed comfort interventions. Often medications for pain and discomfort were not enough. This caused distress for the individual and for the family members who suffered as well, knowing their loved one was hurting. It was in the end of life care process where such a huge difference was made for the client and families. More work in this area began, including the training of hospice teams.



Ms. Giddings had just completed a two semester graduate course in plant essential oil therapies through the University of Minnesota. Essential oils had been used prior to that with some success in reducing agitated behaviors of Alzheimer's individuals. The new knowledge led to new ways of using essential oils.

With increasing assisted living and home care services, clients admitted to nursing homes are often more advanced or terminal in their condition. Because of this increase, it was decided to step up the training in the use of complementary therapies. All nursing staff, recreation therapy staff, social services and other departments received training in the application of light touch massage with essential oils. Staff was encouraged to switch duties as appropriate since some were uncomfortable with touch or the end of life process. Often indirect care staff, social services, and the rehab physical therapy aide, were most often providing these services. As time went on, training began for families choosing to be involved in providing comfort to a loved one. Many expressed how thankful they were for the training and were grateful they were able to make such a profound difference in their loved one's care.

It takes one individual to always be on top of a program like this. Many times it is that one individual who is leading the work. With the level of care now admitted to nursing homes, it keeps direct care staff and nurses busy just trying to meet the acute care needs. By training families and ancillary staff such as housekeeping, laundry, activity staff and dietary staff, more people could take time to sit and provide a light touch massage with essential oil therapies. Following Ms. Giddings' resignation from the nursing home, the programs had no one advocating for the therapies and all programs have come to a stop in the facility where it was begun. Hospice teams continue to use therapies when they see their patients. Ms Giddings continues working as a consultant with hospitals and hospices in the use of complementary therapies on all units with all medical conditions.

Results

During the process of complementary therapy programming in the long term care setting, there was significant improvement in managing dementia related behaviors and end of life care. There was less need for harsh pain medications and reduced psychotropic drug use. On average, 30% of admissions were difficult to place. Aggressive dementia clients were either discharged or refused admission to other nursing homes due to aggressive behaviors. Yet the antipsychotic drug use for this population at the nursing home Ms. Giddings was working was at 9% compared to state and national levels of 32% and 26%. End of life care improved with less terminal restlessness, improved pain management, reduced contractures and increased family involvement in the process to help them through this tough part of their life.

The obstacles were many at first, partly due to resistance to change and lack of time. It was also difficult to accept that something so simple could be so powerful. It took a lot of time and work with staff and families, showing them the techniques and helping them to see the benefits of these gentle therapies. Nursing staff did rely on other supporting departments to do the therapies. Their roles are busy and they needed time to get all the necessary care and medical needs met. While other departments are busy, they are more flexible in reallocating their time and providing

these therapies in the manner needed. It also pulls into the Culture Change concept of cross training and having all departments focused on quality of life within the nursing home setting. One of the biggest lessons learned was the importance of documentation. In a time of budget cuts, the documentation provided was beneficial in getting financial support to purchase the essential oils needed for the program and to continue providing training to staff.

Val and Dave

Val and Dave were a very loving couple and wonderful parents. He was a minister and she was his support through the years. Dave went through many changes as his dementia progressed. Yet his wife was there holding his hand as they walked and eventually was seen pushing his wheelchair. Light touch massage techniques eliminated the agitation he exhibited when in his wheelchair and helped improve his focus during meals or care. It was the use of the essential oil and light touch massage that was the greatest gift for this couple. Dave was eventually on

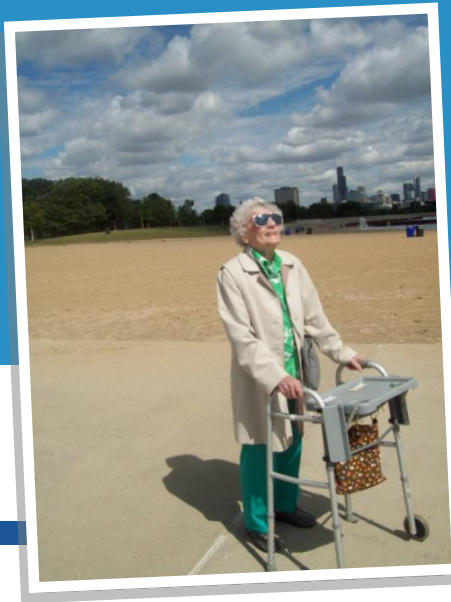


hospice and he was very close to transitioning. When Ms. Giddings stopped in to visit him and his wife at 5 pm, Dave's temperature was up and he was restless. She returned with peppermint and another essential oil blend and performed light touch massage with the essential oils. Dave calmed almost immediately. You could see the relief in Val's eyes. As the hand massage began, his contracted hands opened and relaxed. Val could see how relaxed he was.

At that point, Val lovingly looked at her husband and said, "Do you know how long it has been since I have been able to hold Dave's hand?" She went on to talk about how fearful Dave was at the beginning of his disease and how he always wanted to hold her hand so he felt safe. She talked of how this disease was hard for both of them and how they held hands everywhere they went, even at home if he was not feeling safe. She kept looking at his hands and touching them. She sat down near his bed, content and lovingly holding her husband's hand. Dave passed around 3 am. With the simple gift of the essential oils and light touch massage, Val once again had the opportunity to hold her husband's hand and provide him comfort as he moved on. It was rewarding to Ms. Giddings, knowing she could give such a simple, yet profound gift with just 15 minutes of her time. It took 10 minutes for the therapy, with time left to talk with Val and provide validation of their life and commitment to one another. Anytime Ms. Giddings was able to provide these therapies she knew she had made a huge difference for a resident or family and this kept her motivated and committed to the complementary therapy program.

Community

Community is the antidote
to institutionalization.



Community can mean many things such as a group of people, a place or a cooperative spirit. Community helps conquer isolation and loneliness, can bring fun and meaningful experiences, and creates a feeling of unity and purpose. A shared community meeting causes residents and staff to think about their home and workplace. Family group discussions produce a family newsletter, enlighten the staff to reorganize the admission and care plan processes, and support the home's culture change efforts. Residents participate in frequent, meaningful outings in the surrounding metropolitan area while other residents enjoy similar experiences without leaving the premises of the home. Teenagers knitting and crocheting with residents create warm scarves for those in need. A joint effort by the home and park district establishes a summer day camp for residents and children from the community. The Resident Care Assistant voluntarily adopts a weekly religious celebration, learning and leading the prayers and songs, sharing a spiritual community with the residents, even though she is from a completely different religious belief system. There are many ways to create community and all are essential.

Community

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Becoming a Community

Sheltering Oak

Community meetings began as an introduction to the new administrator but continued every month. Unlike resident council meetings, which empower residents, or staff meetings where staff talk about residents, the community meetings included both staff and residents. Beginning with prayer and humor, the meetings were an opportunity to inform staff and residents about any changes occurring on campus and learn their concerns at the same time.

The first step was asking the staff and residents to say what the word “community” meant to them. As the process unfolded, this departure from the term “facility” to community had a significant impact on the way people thought about their home and workplace. Although it was a simple step to take, it began the process of talking to one another rather than about one another.

An announcement precedes every meeting as a reminder. Everyone is invited and the meeting date is posted on bulletin boards. At the initial meeting the group agreed that they wanted to meet monthly. Meeting highlights are reflected in the monthly newsletter.

The administrator left the community for a significant period of time. Before returning in December, staff and residents as a whole had asked for his return.



There were three goals to alter the culture, and the community meetings initiated two of them. First was to let every resident see themselves as a person who is important. Second was to empower the staff as individual contributors and as a team. The third change is largely environmental and has been gradual.

Handling disagreements in a public forum was very difficult. The old methods of gossip and cliques was divisive, but was the custom. The community meetings were not intended to replace the gossip and cliques but rather to inject positive news and participation into them.

One disabled resident was unable to pronounce “administrator” so he began calling him the “minister” and asking the administrator to pray for him. This resident complains and gets angry less often and really enjoys being part of the meeting.

Creating Outings that are Meaningful

Fairview Baptist Home

The Fairview Baptist Home community was only going on occasional outings, usually taking “drive-thru” trips with the only boarding and de-boarding at its own front door. The ideas for the outings were determined solely by the Activity Director. There was some fear that the residents might not enjoy themselves or be at risk if these outings ventured outside the box. The community decided to change this because there was a beautiful bus to use and some new managers who knew from experience in other communities how residents benefit from outings. The residents were actually not asking for outings or suggesting ideas because they had become institutionalized and did not expect outings or choices of outings.

Change started very practically. Culture change became a buzzword on campus, and a new Administrator told a new Life Enrichment Director to get at least two outings per month on the calendar. The first trip was to a restaurant. The Life Enrichment staff wasn’t sure who to invite, or how to facilitate the trip. They didn’t know if they needed to contact families or how to cover the costs of the trip. Helping residents onto and off of the bus was time consuming, frustrating for all, and, quite frankly, scary. The staff in attendance did what they could to make the trip enjoyable, but they were so stressed out that it was difficult to do so. The staff members dreaded planning for and facilitating outings and had difficulty gathering more than a few residents to attend. The residents enjoyed themselves with more than a few reservations.

A breakthrough happened one day when a particular Life Enrichment staff person was charged with gathering residents to take to a restaurant. Unlike the staff on the previous couple of outings, she threw caution to the wind and gathered enough residents to fill the bus! She quickly strode the halls with positive comments and a light demeanor. The residents she gathered shared her enthusiasm. What is most notable about this staff person’s drive and enthusiasm is that she herself is handicapped and has difficulty walking without tripping. The other Life Enrichment staff saw her large group, positive attitude, and fabulous results, and was newly inspired! They made it a point to up the numbers for each trip, to bring people who hadn’t been before, and to convince residents who were very unsure to come along!

The outings are up to four a month with plans for more. Staff and residents are challenged by the trips and there is effort to try to make them more meaningful than simply entertaining. They are now a well-oiled machine with wheelchairs, appliances, lifts and stairs. Each outing is made meaningful with conversation, education, laughs, memories, photos, family involvement, and friendships. There are plans for the first “neighborhood” outing with the help and nudging of a nurse in that neighborhood. Residents are keeping



connected to the community and feeling purposeful. Managers and family members join the trips and experience the unique joy and bonding that results without fail. There are plans to continue to expand the choices of outings, with staff, family and RESIDENT input. Efforts will continue to make sure the outings are challenging to residents, so that there is meaning attached to each one.



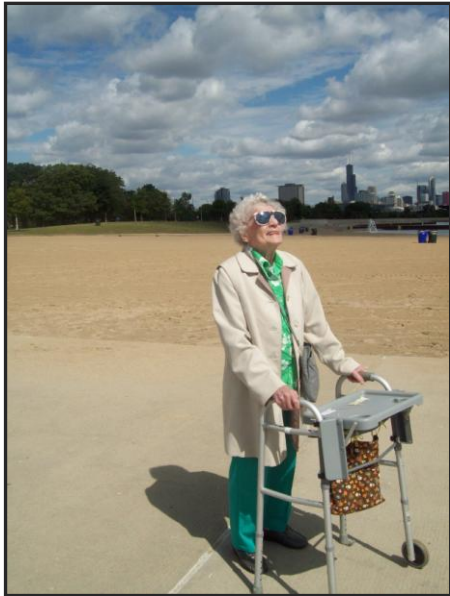
Residents and staff look forward to each next trip. Residents have become closer to other residents and to staff members who have attended trips. Residents with poor appetites eat well at favorite neighborhood restaurants. Residents remember and feel proud of their knowledge about a street that is driven down, a building that is passed, or a town that is entered. Residents and families enjoy reviewing pictures of the trips and bragging about playing pool, visiting a neighborhood restaurant, etc.

The most prominent obstacle, by far, was FEAR. Staff were afraid that a resident might get hurt or frustrated. Residents were afraid to adventure too far from their rooms, their nurses, their bathrooms. Family members were concerned about costs. As the fears were slowly overcome, everyone learned that anything is possible when you act as a true family.

Everyone learned

- One can be 85 and in a wheelchair and still bowl like a pro!
- “Nursing home resident” does not mean “I’m done living and learning!”
- Staff enjoys hard work when the outcome is a beautiful memory.
- The group can visit a school instead of sitting passively while school kids visit us.
- The group should get out and do the Christmas caroling because they know more songs and sing better than the visitors from the churches (no offense)!
- A person can walk pretty far if you like where you are going!
- Ice cream still tastes great on a sticky, sunny, hot afternoon.
- Train rides are fun!
- Lilacs in bloom are wonderful!
- A game of pool is fun to talk about for days!
- The firefighters at our fire station enjoy a visit from seniors – especially when homemade cookies come along!
- It’s fun to look at the downtown Christmas decorations when you made some of them!
- The beach at downtown Chicago brings back memories and the skyline view is still romantic!
- The burger at a restaurant still tastes better than the one at home
- People in the community are helpful, respectful and they LIKE US!

Fairview Baptist took a group of WWII veterans to a high school history class to sit on a “Veterans Panel” for 2 hours with 40 high school juniors. One of the guys said on the way there, “I know that we will have a powerful impact on these kids. I remember as a little boy, watching a parade, and a Civil War soldier came through in a horse and carriage. I never even spoke to that man, but was so impressed just to see him. These kids are going to get a lot out of our visit.” And they did. The kids were lined up after the 2 hour class to shake the veterans’ hands and ask “...one last question.”



On a trip to the beach in downtown Chicago, one resident shared that when she lived in the city with her husband, he used to come home after a long day of work. She would have sandwiches made and they would walk to the beach for supper, because it was so hot amidst the row houses but so much cooler by the lake. She stood and looked and got lost in memories. She also told everyone that the “neighborhood teenage boys used to sleep at the beach! Can you imagine?”

Encourage Relationships to Create Community

Quincy Senior and Family Resource Center Supportive Living Residence

The Quincy Senior and Family Resource Center is a multi-agency center. Supportive Living consists of 57 units and was started in 2003. The Supportive Living residence has four programs that encourage relationships, support resident involvement, and create community.

Cocktail Hour – This event was initiated as a way of getting everybody to know one another. Residents and their families attend. Staff is invited and is encouraged to bring their own families to the event. Some residents have no families so “sharing” other residents’ and staff’s families helps reduce loneliness and isolation. Hors d’oeuvres, soft drinks and adult beverages are served.



In-services – In addition to having in-service programs for the staff, the residents are invited to attend. It was thought that this was a good opportunity for sharing information for everyone. Forty percent of the residents attend these in-services to share their thoughts and guidance. Topics are sometimes about common health conditions. Information on the “Signs and Symptoms of Diabetes” can be heard together, while the residents can share their personal experiences with the condition.

Resident-Centered Hospice – Although hospice is commonly used at the end of life, family is very involved, often sitting with their loved one throughout the night. A group of residents noticed that some residents receiving hospice care that had no family. On their own, the residents offered to sit overnight with these residents, which they have done. This has continued, and staff and family are helping this group of residents to organize volunteers to come in from the community to sit with hospice residents overnight.

Five at a Time – This activity helps people get to know one another better. It began by activity staff interviewing residents asking what five life accomplishments and events they are most proud of. Then these five accomplishments are published anonymously in the monthly newsletter. Everyone, staff and residents, try to guess who the resident is by these clues.

Family LifeConnect© Group

The Holmstad

Prior to the formation of the Family LifeConnect© Group, there was no formal role for families in the culture change process. Yet, one of the key principles of culture change is to “know the person” and who better knows the person than his or her family. Another key culture change principle is that “relationship is the fundamental building block of a transformed culture.” Relationships with families need to be one of the building blocks to make change happen.

The first meeting of the Family LifeConnect© Group took place in the skilled nursing center approximately 3 years ago. Family members were recruited for involvement in a group that would be meeting monthly for the purpose of supporting culture change efforts. It was made clear that this group was not developed as a means for families to express complaints about their individual experiences – i.e. dissatisfaction with food or slow response to call lights. Rather, their input was needed on general processes and their overall experiences.

One of the first processes the families were asked to discuss was the admissions process. They described admission day as an overwhelming and emotional experience during which they felt lost and vulnerable. Even though they were given orientation information, it was inadequate to meet their needs for information and support. Most did not even know where to direct questions or to whom to give information about the resident that they felt would provide continuity in their care. In fact, they did not even know that this information would be accepted let alone appreciated. And, they were not introduced to their parent’s primary caregiver – in fact, they often did not know who was caring for their parent on any particular day thereafter.



Another process which was discussed was the care plan process. The families were informed about the care plan meeting schedule but were not actually aware of the care plan document itself. Knowing that this document existed reassured them that there was an actual plan for how their parent was to be cared for rather than the care depending on the whims of any particular caregiver. Most family members expressed frustration about the meetings – their brevity and the fact that the main caregivers for their parents did not attend the meetings. They also thought that this was their main opportunity to express concerns and complaints, which they then saved up for this quarterly meeting.

These meeting discussions were extremely enlightening. Various members of the care team were invited to attend, depending upon the topic. It was extremely important that the family members could see change take place as a result of the discussion. It was also important that the monthly meetings were held – an hour-long meeting with pizza for lunch.

The LifeConnect© Family Group has been helping to develop a new culture change concept known as the “Hub of the Community.” The goal is to encourage families, friends, and neighbors to think of nursing homes and assisted living residences as the hub of their community. They should never experience anything fun and exciting in their own lives without wanting to come by and share it with the residents – whether it is a passion for a hobby, photos from a fun family vacation, a sewing project which requires an extra hand, or a new dress for an upcoming wedding. Individual members of the LifeConnect© Family Group have identified their own means of participation. One, for example, exhibited his photography work for residents’ enjoyment. Another member who tailors wedding and prom dresses now brings her dresses by for an informal fashion show whenever she has time.

The members understand and totally support the concept; sharing it with others is another matter. The group decided that the “Hub of the Community” concept should start small and develop slowly. In order to engage other family members, they thought there should be a family newsletter. So, after months of planning, the first family newsletter was published in November 2009.

This monthly newsletter is one important outcome. Other outcomes relate to the discussions regarding existing systems and processes. Among them are:

1. A directory of contacts and their areas of focus for family members of newly admitted residents
2. A reorganization of the admission process revising a fragmented social service system into one where each social worker has fewer residents but works with each resident and his/her family in a much more intensive way.
3. Involvement in the care plan process being included as a goal for each and every member of the nursing department, with attendance at the meetings as a priority.
4. New expectation that every Life Enrichment staff person attend care plan meetings for residents with whom she/he works.
5. Increased use of more lengthy team meetings (an hour or longer) to help family members with intensive concerns.

The main obstacle is the recruitment of new Family LifeConnect© group members. A few members have been active from the beginning – others have come and gone after a meeting or two. The group is now quite strong but, interestingly enough, primarily consists of family members of former residents. It has been a challenge recruiting new members but, once they are involved, they seem to be permanent members.

Another obstacle was the development of the Family LifeConnect© Group in the assisted living residence on our campus. Despite efforts, attendance was dismal. It was finally decided to join the newer assisted living group with the seasoned nursing home group. This has been quite effective.

There has been much positive impact from the Family LifeConnect© Group. One example relates to a change that was made in processes as a result of the family input. At the meetings during which the group discussed the care plan process, it became clear that the care plan meetings were not meeting some of the families' needs for more intensive support from the interdisciplinary team. As a result of this discussion, the process began to more frequently offer other opportunities to meet with the team for a longer period of time and with areas of specific focus. The first such meeting had a powerful impact on a family that was attempting to deal with end-of-life issues for their mother who had long struggled with Alzheimer's disease. They specifically attributed that meeting to the peacefulness with which they handled their mother's last days.

Feels Like Home

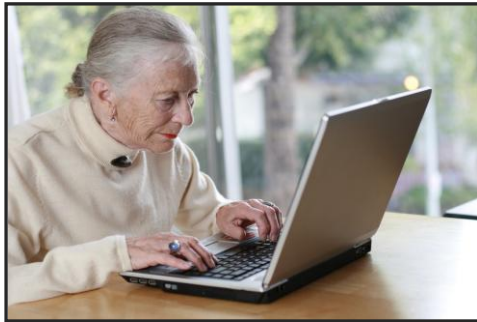
Sycamore Village Assisted Living

Sycamore Village Assisted Living transformed from a nursing home to an assisted living home and underwent an extreme renovation. The old home had “units/halls”, an overhead intercom system, nurse’s stations at each unit, and no computer availability.

When converting to assisted living, Sycamore Village always kept “Pioneer Culture Change” in mind. They wanted to do away with nurse’s stations and create a more home-like environment without a loud overhead intercom system. After all, nobody has an overhead intercom system in their home, right?

Beautiful, comfortable common living areas were created in place of the nurse’s stations. At first it was difficult for the caregivers to not have a “nurse’s desk” to sit at. They needed to be encouraged to sit in the common areas or even on the sofa with the residents. At first, the staff almost felt like they were doing something “wrong” by lounging with the residents. They continued to be encouraged to do their “charting” while sitting with the residents; they didn’t need a “station” to do this task. The overhead intercom system was very difficult to get used to not having. It was a challenge to “break in” the receptionist. But after a few weeks, she adjusted and it is so nice now not to always hear overhead “Nurses, you have a call on line 1”.

Staff at Sycamore Village continues to ask themselves “Would we do this in our own home?” “Would I decorate my own home this way?” There is now a computer with internet access



available at all times for residents in the general assisted living and a computer available with assistance for the memory-support assisted living. Staff takes pride in offering a comfortable, home-like environment. One of the most frequent compliments from touring families is “Your place looks and feels like you’re right at home.”

It is great to feel like everyone is trying to take part in the culture change efforts. A higher quality of life is being seen among the elderly residents, which is what they well deserve. The changes have made for both happier employees and happier residents.

Of course, sometimes employees fall back into old habits, such as trying to use the overhead system, or referring to a neighborhood as a “floor” or “unit”. It has required constant reminders. Change is not an easy thing or a quick thing. Change takes time.

One resident, Joan, is now able to email her family members to keep in close contact. John can often be found lounging on the neighborhood sofa, taking his nap. The residents feel right at home.

In-House Outings or “Innings”

The Wealshire and The Ponds

Community outings at the Wealshire were very popular as the residents went to nearby gardens, museums, and restaurants. But these outings were reserved for only those who were able to go out. Many residents were unable to participate in these kinds of outings due to being on special diets, needing special assistance or having middle to late stage dementia. In an effort to give these residents a sense of normalcy, the decision was made to create virtual outings or as they are called at the Wealshire – “Innings.”

These innings take place once a month within the Wealshire and are included on the website events schedule along with the regular outings. From the beginning it was decided that these would be more than just providing food for a party. Themes are created with input from families and the resident council. Sometimes the innings coincide with a holiday, such as the 4th of July. Often the theme is a restaurant cuisine such as Chinese or Italian or hamburger, fries and a milkshake.

The primary destination for these innings is to the restaurant inside the Wealshire. Residents travel, with assistance, throughout the Wealshire campus, both inside and outside to the restaurant. Traveling gives the residents the feeling of going someplace special. This restaurant is not the regular place the residents eat their meals but is a different space, decorated in the chosen theme with the appropriate music. The Wealshire does not incur extra costs for the innings. Like the outings, the resident pays to participate which offsets the food costs.



The success of the innings is apparent as they have become popular and have provided a level of social engagement that these residents rarely show. For instance it seems that eating french fries with ketchup is something everyone remembers how to do. Commenting on the food and any memories associated with eating Chinese food promotes sharing. Providing innings honors resident preferences and speaks to the issue of loss. Future plans are to use more in-house venues.

Staff is allowed to share the food and activity but only if they help in the innng in some capacity. This is communicated ahead of time. Not all residents can be invited each time. The group consists of no more than 15 people. Staff needs to keep a current roster of participants to make sure everyone gets a turn.

One resident in the later stages of dementia has a strong personality and often yells out “call the police.” Normally this resident would be considered inappropriate for this kind of activity. But when taken to the restaurant for Italian beef sandwiches, this woman sits quietly, enjoying the meal and sharing the table with others without being disruptive.

Intergenerational Summer Day camp

Sunny Hill Nursing Home of Will County

A sign, “Slow, Children at Play,” greets visitors as they turn into Sunny Hill Nursing Home.

Not an unusually noteworthy sign until you consider it, and the red, white and blue decorated and cordoned off play area were found at Sunny Hill Nursing Home of Will County.

Fun-seekers from age 3 to 94 share time together every summer at day camp at the home.

Sunny Hill residents are joined by children from Joliet Park District day camps and Hill Memorial Learning Center for three days of activities. Some years, there are around 100 children that attend during the 3 day event and there have been as many as 170.



The annual event is an expansion of an activity planned with the Joliet Park District’s Hartman Center in 2006. That year, Activity Director Larry Lindholm took residents to the Hartman Center for a craft session.

That blossomed into an annual joint effort with the Park District, said Lindholm. In addition, the event is open to the public.

Sunny Hill’s Activity Department and many volunteers set aside areas for crafts, music and games. Residents both interact with the youngsters and watched them as they play games and dance along to the music coming from a jukebox recently donated by The Friends of Sunny Hill, Inc.

Assistant Sunny Hill Administrator Becky Haldorson said the events are so incredible. “I remember one time, two of the staff members were teaching the teen-agers to do *The Stroll*, with the two lines and someone dancing down the middle. They were doing great. Then *Woolly Bully* came on and they forgot about *The Stroll*. They all started dancing like crazy. They were having so much fun.”

Mary's eyes sparkled as she watched the 4 and 5-year-olds from Hill Memorial Learning Center on Wednesday and the 35 youngsters walked in a circle, performing as a rhythm band to *The Chattanooga Choo-Choo*. "They're so adorable," she said. "Everything is wonderful." Later, as the children danced, she cheered them on. "Whoopee!"

"The residents love it," said Lindholm. "It's been really good."

Each day, a special award is presented to a camper who *MADE A DIFFERENCE* in a resident's life at camp. The day campers are were treated to lunch made specifically for them by the nursing home's dietary department.

Making Dreams Come True

Sunny Hill Nursing Home of Will County

There are no limitations on dreams. No age limits. No disqualifications because of the inability to do things the way you used to. Sunny Hill has made it a priority to help their residents realize their dreams. The question is, “What have you not done that you always wished you could do?”

Many times a resident is not physically able to accomplish their dream, so Sunny Hill staff will attempt to modify the environment so that the resident can fulfill their dream. Following are some examples of dreams that have come true.

Evelyn Rides a Camel



For 83-year-old Evelyn, her wish to ride a camel before she died came true before a parking lot full of onlookers on Thursday, September 16. Thanks to staff, Georgia-based Second Wind Dreams and the Joliet Police Department, Evelyn was paid a visit from Einstein, an 18-year-old one-hump camel, rented from Jo-Dan Farms in Franksville, Wis.

Staff, fellow residents, members of the media and other well wishers clapped and cheered as Einstein, with Evelyn on its back, was led around the metal enclosure

put up for the event.

Evelyn isn't sure why she wanted to ride a camel. It might be because of the movies she watched while growing up. The camel riders fascinated her. It might be an offshoot of the horseback riding she did as a teen growing up in Joliet – although now she can tell you the two rides are very different. (“You rock on a camel. It's not like a horse where you go up and down.”)

Evelyn had shared her desire to ride a camel before she died with staff members. Activity Director Larry Lindholm contacted Second Wind Dreams, which grants wishes for nursing home residents. Second Wind Dreams was happy to help, pledging to pay half of the \$650 cost to rent the camel. When Lindholm went on WJOL 1340 AM to ask for contributions for the other half, Joliet's boys (and girls) in blue came to the rescue.

Within a day they pledged the other half. After just three days of passing the hat the group had collected \$660. Meanwhile, Sunny Hill staff members and others were adding their contributions to the pot. Other money collected will go to future wish fulfillment.

Evelyn, one of Catholic Charities' first Senior Companions, continued to think about others even while basking in all of the attention. After all, you're never too old to dream. Not even about a camel ride.

Anne Spends a Day at the Spa

Anne has had the same beauty routine for years. She washes her face with soap and water, and then applies *Oil of Olay*.

“When I’m getting ready to face the world in the mornings, I try to put on eyebrows. Every morning they’re different,” Anne said with a laugh. She adds some blush and powder – the powder has to be *Cover Girl* – and she’s done.



“And the years roll on,” she added, with another little laugh.

And roll on they have. On Wednesday, Feb. 25, her routine got a helping hand from the staff of Divas Salon & Spa in Shorewood, who fulfilled the 99-year-old Sunny Hill Nursing Home of Will County resident’s “dream” of a day at a spa.

The women at Divas were surprised when Anne, looking much younger than her years, walked across the parking lot and through the door. “She walked right in and said, ‘Have you ever had someone this old in here before?’” recounted Tanya Delrose, spa coordinator. The answer was no. Until Anne, the oldest customer was 86, who came in regularly to get her hair done.

It is never too late to graduate.....



They were starting families, working, or serving their country when it should have been their turns to walk into a gymnasium to the familiar strains of *Pomp and Circumstance*.

Whatever the reason they didn’t receive high school diplomas on schedule, the 13 residents of Sunny Hill Nursing Home of Will County named members of the Honorary Joliet Catholic Academy Class of 2009 were excited to receive their sheepskins following the school’s spring concert on Thursday, April 23.

The diplomas were presented by Sister Faith Szambelanczyk, JCA President, and Principal Jeffrey Budz, while Assistant Principal William Pender read the names. Each resident was accompanied by a member of the JCA Class of 2009, who was with them from the time the residents got off the bus at JCA until the honorary graduates left the gymnasium to *Pomp and Circumstance*, played in their honor by the JCA band.

Still a White Sox Fan

Mary, a lifetime White Sox fan, was able to attend a game thanks, in part, to an anonymous donor who provided tickets for the avid fan and her niece. Second Wind Dreams paid for a limousine to ferry the two women to and from U.S. Cellular Field.

In addition to watching her favorite team defeat Kansas City 5-1 on June 22, she also saw her name in lights, as the White Sox used the scoreboard to welcome their longtime fan.



Along with her memories of an incredible afternoon, Mary brought home an autographed picture of her favorite player, first baseman Paul Konerko.

Rita Goes Golfing



For Rita, it was a wonderful day to play golf. In fact, for much of her married life, she thought just about every day was a good day for golfing.

“I’d rather golf than eat,” said the 82-year-old resident of Sunny Hill Nursing Home of Will County on May 28.

Rita was a night shift nursing supervisor at Oak Park Hospital and also Cook County Hospital during her career. Her husband, John, was a Melrose Park police officer. After their shifts ended, they’d get their clubs and hit the links at 6:30 a.m. They golfed 18 holes at least five days a week during the season. And there were no carts back then, she said. The two of them would pull their bags and walk the course.

Even the Chicagoland’s winters couldn’t keep them from the beloved sport. They would vacation in Tucson, Ariz., and play there.

“I was a good golfer,” she said. “My husband used to set me up to play other men.” Just how good was she? When asked if it was true her average was in the mid-80s, she gave a dour look and said, “It was better.”

It had been more than 18 years since Rita had last golfed. She and her husband had moved to Joliet. He died about 10 years ago. She moved to the county-owned nursing home in January 2005.

Late last year, residents were discussing any “dreams” they had. Was there something they’d really like to do? Activity Director Larry Lindholm said, “And Rita told me she’s a duffer from way back.”

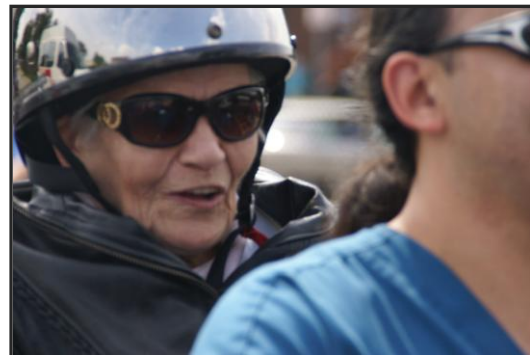
The Joliet Park District donated time and carts at its Woodruff Golf Course to fulfill Rita's dream. As she rode in the cart toward the first tee, the normally wheelchair-bound Rita told her friend, "I feel like I'm 21 again."

With assistance from Lindholm, activity aide Latrice Day and activity aide/van driver Tom Boyce, Rita walked to the first tee and took a couple swings. Then it was off to the green for some putting. The first one missed, but the second one went right in.

Motorcycle Mama

Decked out in a white sweater, perfectly coifed hair and manicured pink fingernails, it's tough to reconcile the tiny woman in the wheelchair with the one seen just minutes earlier.

Ruth, 81, in a black leather jacket, silver Harley Davidson helmet and riding on the back of a Yamaha V Star, had been enjoying life in a way she hadn't been able to for quite a while. An avid motorcycle lover who started riding in her teens, it had been her dream to get back on a bike, even if she wasn't in the driver's seat



Ruth, who grew up in Joliet, worked at Sunny Hill Nursing Home of Will County for 35 years, first as a nurse and then in medical records.

She and her first husband, Walter, rode their motorcycles almost every evening. The couple lived in Oak Lawn, and Walter worked for a private road construction company in Joliet. Ruth hadn't yet joined the workforce.

"He'd ride his motorcycle to work and back. We'd have something to eat and then decide to take a spin." They'd jump on their Harleys, "green and crème," she remembered and both drive on down the road. "That's how you go, side by side."

She realizes now their rides weren't always the safest. For one thing, they didn't have helmets. "They had hats at that time with a brim and you tied in under your chin."

Walter had a special trick he liked to do on their way home. "He had the habit of throwing his hat ahead in the highway. Then we'd get up to it, he'd dip way down and he'd pick it up," she said. "When you're 18 or 19, you don't think about dying. At least I didn't."

Ruth had hip surgery in October, and, she said, "something went wrong and I got an infection." It was after that that she became a resident at the county-owned nursing home where she had once worked. She said the wound care at Sunny Hill has been terrific, as have the physical therapists from Genesis, which contracts with the nursing home. But she still has a sore on her right leg.

Her chauffeur for her sunny afternoon ride was Dominick Zarvaria, one of the therapists who had worked with her on stretching and becoming more limber. He's worked at the facility for five years.

Originally, his boss, Win Kanten, who is in charge of the therapy department, was going to do the honors, but when Ruth got on Kanten's bike, she wasn't comfortable. She needed a back rest and Kanten's bike didn't have one.

"So I was runner-up," said Zarvaria.

Zarvaria and Jeff Findley of the maintenance department both had their motorcycles there because someone had suggested it would be fun to have a parade of bikes behind her. Kanten and Findley did the honors.

"I told her to give me a tap if she wanted to leave the parking lot," said Zarvaria. But after three times around the parking lot, she decided to call it a trip. "I haven't had enough, but I better call it enough," she said, reluctantly giving up her seat. Later she said, "If that bike hadn't hit me in my sore spot, I'd still be riding -- on the street."

That, both she and Zarvaria said, is now her long-term goal – to heal and stay limber so they can ride again and go further than the parking lot.

Teaching is a Dream No More



Edith, who had been a lifelong Mokena resident, used to teach Sunday school, but always wanted to teach in a classroom.

She got her wish on May 14 when she was rolled into Carol Longton's third grade classroom at St. Patrick School in Joliet.

Twenty-six youngsters stood as she was rolled into the room by Sunny Hill Activity Director Larry Lindholm, who introduced her to the group. "It doesn't matter what your age is," he told them. "You can always dream."

With Lindholm assisting, Edith and the class worked on poetry, reading "Little Piece of Prickly Pear," "I Like to Ride my Bike," and "My Grandma's Song."

With a soft voice and big smile, she assisted students having trouble with words and taught them about adjectives. Perhaps some of the most memorable learning happened when the reading books were closed and the students got to ask questions of their guest. Edith explained how

much she enjoyed teaching Sunday school and how neither she nor her students of decades ago have forgotten. “I still meet these kids in stores or other places...,” she said. “They say, ‘You used to be my teacher.’”

She also told students she is grateful for her health. “I’m thankful I feel good.” A stroke left her left leg and arm paralyzed, requiring her to use a wheelchair. “Otherwise, I feel pretty good.”

After she left, the students were left to finish their day - amazed at their guest and at how much time had passed. “It felt like about 10 minutes,” said one youngster.

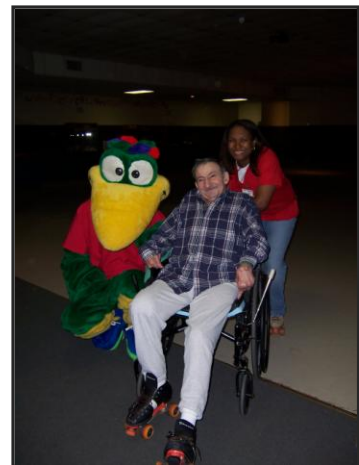
Art Skates Again

Although wheelchair-bound, Art wanted to put skates on his feet and roll around a rink again. For him, it was a return to an activity he enjoyed decades earlier.

Back in his 20s, he hit all of the area rinks, skating on wooden floors to the sounds of organs.

On May 18, Lindholm strapped skates on Art’s feet and made him promise to refrain from any back flips. A grinning Art agreed and he and activity aide Latrice Day started skating around the Channahon Park District Skateland Skating Rink to tunes from the 1950s and 1960s.

Park district personnel opened the rink early for Art’s re-introduction to roller skating. Jennifer Mensik, communications and marketing coordinator for the park district, said when the request for helping fulfill Art’s dream came along, there was no question of “if” to the park district. “It was just, when do you want to do it?”



Program Manager Angela Brown knows how much little things mean to nursing home residents. Her mother is in one, and has seen how a small gesture can make a big difference.

After Art was finished with his final spin around the rink, she asked him what his favorite item had been at the snack bar when he was a regular at area rinks. That was a tough one, he said. He liked so many things. “Maybe root beer.”

“Would you like some root beer now?” she asked. His smile, which had been nearly ear to ear throughout seemed to stretch a little further. He would, he said, need a straw - and a lid.

Art went back to his conversation with onlookers and soon was presented with the much-beloved root beer, with, of course, a lid and straw.

Memoirs: A Ladies Group

Lexington of Wheeling

Lexington of Wheeling had an increasing number of women affected by the early stages of memory loss. These ladies needed a safe and supportive environment that could support their healthcare needs. However, they seemed to perceive that they had to stay with the “sick people” and did not understand why they needed to be in a nursing home setting. Discussions began about how to improve the way their care was delivered in a skilled nursing setting.

A collaborative planning group began discussing ways to create a cluster area within the building where these women could reside near each other and begin to feel that they were “a part of a women’s group.” The Quality for Care campaign created by the Alzheimer’s Association was reviewed and the group brainstormed over implementing some of its principals. The group did some initial informal surveys with families and staff to get their input for the program development stages.

Five beds were taken out of service to create a communal multipurpose room to hold programs and have smaller group dining. For a six week period the Memory Care director worked alongside the current social work designee to begin to pilot and try various program concepts that were based on the desire for normalization and creating purpose and meaning in addition to the leisure calendar. The next step was to evaluate and determine which group of staff were willing to work towards a model of “do with versus for” the ladies. This staff group was given additional training about memory loss and creating purpose. They began to gather the history and personal life stories of the women. The ladies began to help set up and clean up after meals when safe and appropriate. They began to start “contribution projects” that were solicited from the local community in which the ladies could do “volunteer work”. Projects such as helping the local chamber of commerce with welcome bags, helping to stuff envelopes and making gifts for a local battered woman’s shelter were added to the daily routine.

The residents began to form a “family” feeling where they all took care of each other. The ladies are in a “walking strolling choir” most days where they provide joy for others while helping to prevent “sundown syndrome.” “Ask my mom” prompts were created with help from families. This gave the staff a quick reference guide to meaningful events from the ladies’ past. This encouraged conversations using information such as “Ask my mom to tell you about how she met Arnold at the VFW in 1944 and what pick up line he used”, “Ask my mom what it was like to be a teacher in 1966”, “Ask my mom to sing you *Amazing Grace* when she is upset as she was director of the church choir for 25 years.”

This program seemed anecdotally to have an impact in the quality of life of the residents and so a satisfaction survey was initiated to hear from the families of this ladies group. It was determined that there was a 2%-5% increase in satisfaction for residents living in this area participating in this program compared to the company at large. This program is now being expanding to two other locations within the company including Streamwood and Orland Park

As noted the satisfaction scores are higher in these cluster programs than the company at large. More importantly it is the daily examples of smiles and satisfaction observed when visiting the “ladies club”. Residents who were in distress looking to “go to work” or “go home” or “find their husbands” now are provided support and reassurance and a feeling of safety and belonging, resulting in a major decrease in their expression of distress or agitated behaviors.

It is very important to be clear and share with everyone involved that this is not an attempt to make an “Alzheimer’s unit” but a effort to cluster residents with common needs and interests to improve their daily quality of life within a nursing home setting. It was best put by the social work designee who is now the Memoirs program director when she stated it is like “planning a wedding.” Careful consideration is needed when deciding which residents will be helpful to each other as roommates and tablemates. By taking the time to think about this cluster area in this way makes a huge impact to how these ladies begin to have a sense of community.

It is also important when soliciting volunteer work from the local community organizations to be realistic about what can be handled. For example, at one point a school was providing work that the teachers needed help with such as sorting and copying projects. This ended up being “contributions work” that was beyond the skills of the ladies and was causing them stress. Learning to be very clear about what can and cannot be done is helpful to all.

The most exciting part to report is the real life difference seen when people feel they belong and feel needed. One resident said “when you do nothing you feel like nothing.” These ladies wanted to be on the move and feeling useful and that is exactly what they were able to do in this program. Another lady was haunted every day by her past as a Holocaust survivor. She was extremely distressed that someone stole her money she thought she had hidden to pay her house loan. After all she had been through she could not understand how this could happen to her. The staff was trained to ask her questions, listen with empathy, help her feel that she was taken seriously and communicate that she would be safe and comfortable. In time with support and compassion and using her ability to be the “natural mother hen” who wanted to take care of others and help the other ladies, she stopped having this distress each day. She participates in the contribution programs and the walking strolling choir each day at the time where she would have previously been sitting and becoming anxious.

The staff gets a lot more out of coming to work in this area each day and sees this work as more than just a job. Everyone is a part of a “little family.” A special event called “1000 years of wisdom breakfast” was held in which the ladies shared wise and important tips such as “don’t sass your mother”, “get a good man” and other words to live by. These breakfasts were given for the local community. Staff and residents prepared the food, created party favors and acted as hostesses and greeters. It is a pleasure to get to spend the day with the wise and wonderful women of Memoirs in Wheeling.

Religious Traditions – Welcoming the Sabbath

CJE SeniorLife - Lieberman Center for Health and Rehabilitation

Historically, the Jewish services of Kiddush and Shabbat were held on Friday nights in the public Main Dining Room on Lieberman's first floor. Most residents at Lieberman were unable to participate because of the location and challenges with traveling to the first floor. The change occurred because Lieberman wanted to be more inclusive to all residents. Also, Kiddush is a traditional practice in many Jewish homes on Friday night to welcome in Shabbat (the Sabbath) and they wanted to bring this to all dining rooms at Lieberman.



The Lieberman Center social workers and the CJE SeniorLife Department of Religious Life discussed the need to bring Kiddush to the community areas (all five residential floors). Initially, each social worker took responsibility for leading Kiddush for their floor. The social workers led this effort for almost two years.

Gradually the ownership of Kiddush expanded to include Life Enrichment Services workers, residents, families, volunteers and Resident Care Assistants. Each residential floor community developed their own culture and unique way of celebrating Shabbat with the Kiddush ceremony. It is an anticipated event and integrated into the life of the community.

Currently, the Shabbat celebration is fully integrated on each residential floor. The people who live, work and visit in each community fully manage the Shabbat celebration. Volunteers, family members, staff or residents lead the Shabbat celebration. If someone does not show up to lead Kiddush, then someone else steps up to take their place.



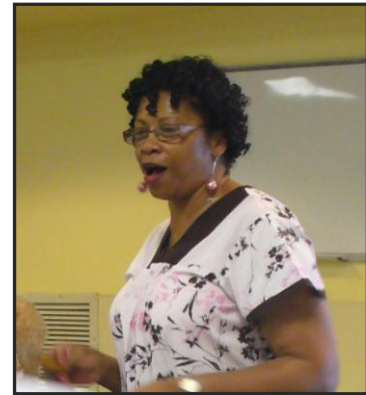
The outcomes are many. For the people who live and work in the five residential communities, there is a sense of ownership and pride in the Shabbat celebration. There is also a feeling of tradition and warmth that comes with celebrating Shabbat together as a community/family. The Shabbat celebration is a normalizing event that quiets the activity of the week and allows everyone a brief time to slow down and take time together.

At the beginning, one department (Social Services) had all the responsibility and that was too much. It took a couple of years for it to get ingrained into the rhythm of the community. It needed partnerships with other departments, residents, family and volunteers. Ownership shifted, and it became a program of the people that live and work in each community.

The tradition that continues at Lieberman is one that was celebrated in many residents' homes for years and years. This sense of familiarity is evident especially on Lieberman's Alzheimer's Special Care Unit where one resident in particular belts out the prayers with gusto each Friday night. There is great pride when the residents lead the Shabbat celebration.

One Resident Care Assistant in particular, Vernon, has adopted this celebration wholeheartedly as her own. She works on the sixth floor and sets up the dining room each Friday night at dinner time with the traditional challah bread, wine, candles and prayer books. She leads the prayers in Hebrew, she sings the songs, and leads the collected group in the celebration.

This African-American woman has a strong sense of her own spirituality and realizes the importance of this celebration to the residents who are of a different religious belief system than her own. She made the effort to learn the prayers in Hebrew, learned the songs and takes great pride in leading Kiddush each Friday night. She is known as "Rabbi Vernon" by the residents.



One resident in particular, Evelyn, is very independent-minded, and not particularly religious, but has blossomed with the weekly celebration of Shabbat. Under "Rabbi Vernon's" leadership, Evelyn sings along with the songs and participates 110%. She is fully engaged in ways that she normally is not during the rest of the week. Friday night is a special night for her.

These champions of culture change sing together each Friday night with beaming faces. It is a beautiful event to witness.

Scarves With a Purpose – Generations Knitting Together

Norwood Crossing

S.W.A.P. (Scarves With A Purpose) began as a local organization in June of 2003. Now with four official branches across the country, their mission is to knit and donate scarves to those in need. Jodi Hebeisen, co-founder with her daughter Melanie Hebeisen, learned to knit from her mom and taught Melanie when she was in junior high. The duo knit scarves for everyone they knew and shortly realized that they could use their craft as a way to give back to less fortunate community members. Thus, their friends gathered and S.W.A.P began. To date, they have donated more than 2,500 scarves to Chicagoland individuals in need.



Kaye Pryor, Art Therapist at Norwood Crossing was searching the web one day, looking for organizations that her Knitting and Crocheting group could partner with. She found S.W.A.P. and immediately contacted Jodi. Jodi enthusiastically agreed to come to an evening Knitting and Crocheting group to meet and knit with the ladies. Not only did Jodi come to Norwood for a visit, but she brought 15 high school students, (all members of S.W.A.P.) with her!



With over 25 knitters and crocheters, the Norwood group had never been so big! The ladies were overjoyed to have young and fresh knitters and crocheters, and offered many knitting tips throughout the evening. The ladies were anxious to show-off their work and tell the teenagers that some of them had been knitting and crocheting for over 70 years! They were touched to see the youngsters engaging in the traditional craft, carrying on the legacy of their mothers and their mothers' mothers. It was a lively group filled with many stories that kept everyone quite literally in *stitches*.

It wasn't just the Norwood residents that benefited from the group that evening. The teens thoroughly enjoyed themselves and found that they shared many of the same interests as these women who were four times their age. They also truly appreciated that the ladies wanted to help their organization, S.W.A.P., and donate their scarves.

The knitting and crocheting group continued knitting throughout the summer and into the fall, completing 16 scarves to contribute to S.W.A.P.'s cause! They worked for two hours one evening, folding and tying the scarves into bundles, preparing them to be gifted to those less



fortunate. The group decided that they did not want to put their individual names on the scarves they made, but rather choose a group name. "We have all done the work!" said one group member. The others agreed and in no time, came up with "The Experts" as their group name. The art therapist wrote "Hand-knit with love from The Experts," on the tag of each scarf.

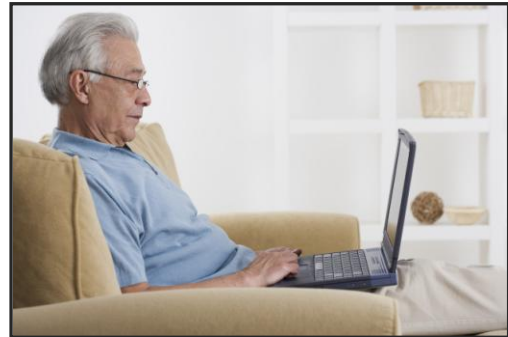
Several weeks later, the ladies received a card from S.W.A.P. explaining that their scarves had gone to a pre-school on Chicago's south side, and to a handful of homeless people. "The Experts" were thrilled to receive the card and to know that they made a difference in someone else's life. Continuing their mission to help others, "The Experts" have continued to knit and crochet scarves and blankets for those less fortunate, and recently made another donation. Sometimes they still talk about the time when "the youngsters came to visit."

Staying Involved and Connected

The Holmstad

Email Connection

In this connected age, many family members and friends keep in touch through e-mail. But often the family would say, “my parents cannot use the computer.” Then an idea was created. All families get one e-mail address. They are told that if anyone wants to write to the resident they should put the resident’s name in the subject line and write a letter as an attachment. A volunteer prints out the letter and delivers it to the resident. The volunteer assists the resident if they want to write a response. Many residents have been able to stay connected to grandchildren or even great grandchildren who may be at college or living far away.



Community Bazaar

The Holmstad holds a large bazaar every year to raise money. All the campus has been involved except skilled care. The administrator wanted the residents to have a table of handmade items. First she met with the residents and posed the idea to them. They were told they did not have to participate but they said, “we are in.” It was important to have the process and social atmosphere of the project be the goal as opposed to the end product. Making pillows out of men’s ties afforded them success. Each picked out three ties from a pile of ties. The ties were then placed on silk material which was sewn by the administrator. Even those with memory loss who had difficulty following through with a task were able to participate by stuffing the pillows. Some of these residents who were up in the middle of the night worked at night. Pillows were also made from other material in different shapes. These pillows looked like abstract mosaics and the residents had fun finding pictures in the abstraction. CNAs helped this small group of no more than eight people. The pillows were sold for \$15-20 each at the bazaar which was open to the whole community of Batavia and surrounding towns.



Before culture change, parties were mostly considered as entertaining the residents. When the residents were asked to help plan the parties, they quickly became involved in making invitations, decorations, choosing the menu and making some of the menu items. This led to the residents becoming more involved in many other projects.

Resident Involvement and Contribution to Others

Prom committee – inviting high school girls from the community to model their prom dresses.

Goody Basket – for the children, grandchildren, and great grandchildren who visit residents. The basket is placed in the common area known as the front parlor. At first staff stocked the basket but the residents wanted to be involved so now they make little trinkets and stuffed animals for the basket. Children who visit know about the basket and it adds to the quality of their visit with their older relative. Some staff bring their children to visit and they always investigate what is in the goody basket.



Food Drive – residents were interested in having a food drive to help the local community food pantry. To understand the need and how the food pantry works, the residents asked for a representative from the food pantry to come and talk to them.

Hearts for Haiti – residents made heart-shaped pins and sold them for relief for the citizens of Haiti. They raised over \$250 for the cause.

Obviously, these projects need a lot of staff support. Because of the number and variety of projects, staff is much more involved in planning, assisting and making things happen. Staff know the residents' interests and strengths and are more than willing to help the residents meet with success.

Food

All are entitled to self-determination wherever they live.



Gathering together for a meal is familiar to everyone. It is an essential ingredient in our social, familial, and spiritual lives. The long-standing practice of tray-style dining in nursing homes was not home-like, person-centered and for those with dementia, was too confusing. A home in a rural, farming community eats in the familiar family style using platters of food, such as meat and potatoes. Staff and residents get to know each other better as they prepare their meals in their own floor kitchen, sharing pumpkin pie recipes and holiday specialties. Starting slowly, changing the food and style at just one meal in only one neighborhood brings about the confidence to change all meals in all areas of the home. A sense of community is created when residents, family and staff make decisions together on menu choices, with the residents deciding that a lazy Susan should be at each table.

Food

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Dining and Environmental Change to Benefit those with Dementia

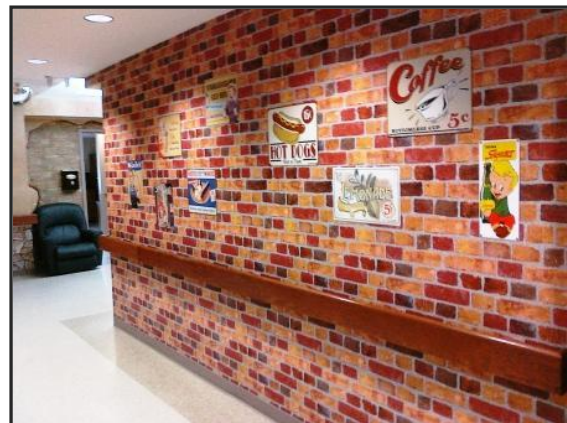
DeKalb County Rehab and Nursing Center Country View Square

About six and a half years ago DeKalb County Rehab and Nursing made a commitment to provide special care to residents with dementia.

One of the first programs implemented at Country View Square, the dementia program at DeKalb County Rehab and Nursing Center, was person-centered meal service. Due to the many different levels of ability it was determined that to meet all resident needs a variety of dining styles needed to be offered. One thing that was clear was that the typical tray style dining was not home like, person-centered, or successful for people with dementia. Trays are too confusing and stressful with all the choices and amount of food. Two styles of dining were conceived, one for the higher functioning resident and one for the resident who needs increasingly more help as the disease progresses.

Family style dining came about primarily because of the area of DeKalb. It is a rural farm area with most of the nursing center's population having grown up on a farm and made their living from farming. Hence the familiarity of the family table with the platters of meat, potatoes and vegetables where people help themselves to as little or as much as they desire. This is a common way for area residents to serve their family and friends. Of course this caused concern for the regulators because food intake cannot be calculated if there is no consistency in the portion sizes. So if there was a weight concern a policy was implemented to weigh the person one time a week. If there was no concern with the individual's weight, no more than the monthly weigh-in is required. This type of dining opened up the opportunity for the residents to control another aspect of their day, three times a day. Interaction between residents is enhanced and there is more discussion and socializing than ever before. Their social graces surface to offer each other assistance and seconds.

The second change was to go from tray style service to a restaurant style service. This allowed the meal to be simplified so the resident could get one course at a time. This gives them an opportunity to enjoy their meal in a simpler way while remaining independent for a longer time. This type of service can break down the meal for the residents into many different levels from cutting their own food to using one piece of silverware with food prepared to their level of ability. This can then be adjusted to just finger foods where the person can eat independently even when their ability to use utensils is gone. Staff is able to monitor and interact with residents on a one to one basis, sitting at a table where assistance is needed. These programs minimize the chance of creating excess dependency. It incorporates all disciplines into the culture change



movement as it affects everyone from dietary, nursing, housekeeping, and activities. It is a wonderful way to help people buy into the idea of change as it presents a very tangible improvement for residents. It changes their dependence level, increases socialization and also has shown to increase the weight of residents in these programs.

DeKalb County Nursing and Rehab thought changing the environment at Country View Square, especially in the dining area, would be helpful. This was an inexpensive undertaking that made residents, staff and families happier. The larger dining area takes its décor from the old country store that so many of our residents remember so well. Its large windows look out to the backyard as everyone waits for spring so they can go out to sit a spell under the gazebo. As one enters the second dining room they are welcomed into a homey kitchen where all are invited to help with the daily chores of homemaking. It boasts a fireplace to warm oneself and a kitchen for even the best cook in town. Residents are always gathered near the fireplace playing an old favorite game or lounging by the TV for a good movie.



In addition to the physical look of the dining rooms, the boring long hallways have changed into an “outdoor” space with sky, birds, flowers and chipmunks. All of this was done with paint. Each room has a different



façade around its entry to help the residents find their room. The solarium has a lovely indoor garden to enjoy while everyone waits for the long, midwest winter to end before they get back out to the garden.

The obstacles were similar to any when changes are made. Most fear the unknown so there are comments from the naysayers, “that won’t work” or the reluctant “we’ve always done it this way”. It was most helpful to get staff buy in if the change had a tangible outcome. Meal service is a good place to start because staff sees someone who needed total assistance become independent with meals or need less assistance. For Alzheimer's neighborhoods it is seeing the weight gain instead of weight loss with programs that enable the person with dementia instead of disable them. Many staff really joined the journey when they began to see relationships form through the programs, creating a better place for all to live and work. True joy was shown on the faces of staff when they saw the impact of family parties and outings with residents.

Household Meal Preparation

Three Crowns Park

Three Crowns was a typical facility where food was prepared in a remote kitchen and brought to the floors. Any cooking activities were led by life enrichment staff.

Three Crowns made a commitment to have ongoing training in creating a culture of person-centered care and support for people living with dementia. This training took the form of learning circles, community circles and refresher classes.

The goal was have meals prepared completely in the household. Homemakers are in place at two households that have fully functioning kitchens. Measurable results are improved food intake and weight gain. There is also increased staff interaction with peers and residents.

It is important to include all disciplines in decision making. Include all staff earlier in the process so they feel more comfortable with making decisions.

Three Crowns has been preparing and cooking food in its households for sixteen months. This has had a positive impact on residents, staff and family. As the household team spends time together they have started to share daily stories and observations about the residents living in the house and each other. Residents have also started to learn more about staff. During the holiday season, everyone talked a great deal about traditions and fond memories frequently revolving around food. In preparation for Thanksgiving the staff and residents planned a buffet to which family members would be invited. One of the menu items was pumpkin pie which was to be made the day before by the McDaniel House family. There were some comments about not being able to bake anymore and not remembering how to make a pie. On pie making day all staff encouraged participation from everyone. Some people mixed, some measured and some poured.

The nurse had never made a pumpkin pie before. One resident in particular was very reluctant to attend but agreed to pour the mixture into the pie shells and said “she would make a mess of it”. The pies were baked before dinner so their aroma wafted through the dining room. As the pies were served at the buffet the next day, our reluctant lady, along with several others, were heard telling their loved ones to be sure and taste the pies they had made the day before. You could see the pride and joy they felt knowing they had helped create the meal and were able to entertain their guests.



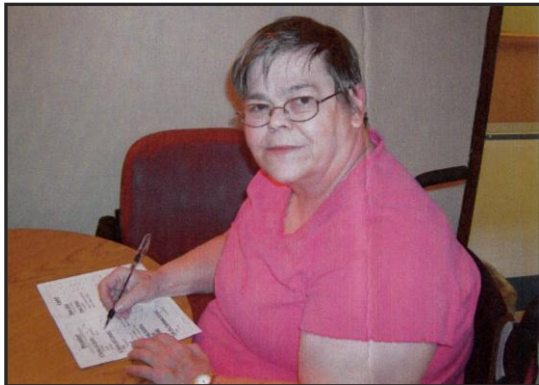
Menu Choices

Swansea Rehab and Healthcare Center

Residents at Swansea Rehab and Healthcare Center showed some weight loss and they just didn't seem to like some meals as shown by the amount of food left on their plates. There were few food choices provided for them except for the resident choice which only occurred one time per month. Giving residents a choice once a month did not give them the feeling of being involved in their overall dining experience.

At present, menus are printed out similarly to menus given at a hospital with a variety of food options for the residents. They decide the day before exactly what they want for each meal. The menus are given out by the Activity Director or Social Services. Those that are able to, fill out their own menu. Those residents unable to do this are assisted by staff who reviews the menu with the resident, discusses options with them and marks the resident's selection.

The process is working very well and residents, families and staff love it. Weight loss incidence is down. Trips back to the kitchen have decreased because staff is more knowledgeable about the individual resident preferences. This leads to less food being wasted and food cost being reduced.



Judy of Swansea Rehab and Health Care Center enjoys being able to choose from the menu as she is unable to eat certain foods. There is a substitute offered daily for all three meals and she is thankful that the Dietary Department helps her to monitor the calories in her choices. Judy can also choose items to be served on the evening snack cart. She enjoys sitting down with other residents that are not able to read or mark their menus and to help them select their food choices. Judy feels very good about being able to help. This is a perfect example of how one

change leads to another, starting with the menus, choice, and then on to residents getting involved and helping other residents.

Mustard Seed Café

Apostolic Christian Skylines

At Apostolic Christian Skylines, people who needed assistance with eating dined in a public area which was referred to as the “assisted dining room.” These people were often referred to by the long standing label as the “feeders.” The advisory team decided a change was needed and began discussing how to improve the quality of the dining experience for these residents.

The first step was coming up with a new name for the area. It became the “Mustard Seed Café.” The label “feeders” was removed and changed to “residents who need assistance eating.” Menus were provided for caregivers to help residents complete. Finally, half walls were built around the dining area to change the environment to create the look of a “café.”

It was decided that the change would start in one area allowing for the change to be reviewed as to what worked well and what needed to be fine-tuned. The continued plan was for other areas in the home to eventually follow this model. At present, three areas in the home are completed. The fourth is in process and will be completed in early 2010. There is a sign on the wall saying “Mustard Seed Café.”

Progress is an ongoing process. Staff no longer uses the “feeder” term anymore. Meal choices are given to the residents with assistance from the staff. The dining area is definitely more warm and homelike.

Change often means a change in job procedures that were in existence for a long time. At first some staff was hesitant about changes in the environment and some were resistant to changing terminology. When the staff was educated on how these changes would improve the residents’ quality of life, they were less resistant. They also realized that when the residents’ quality of life was improved, their job was often more rewarding.



A resident who has progressive cognitive and physical limitations and eats in the Mustard Seed Café said one day, “I think I want an English muffin today.” Although this was technically not a choice on the menu that day, the staff was still able to prepare the English muffin for her. The resident responded that “the service is good at this restaurant.” Her quality of life was boosted from that simple gesture.

Resident Choice Dining Program

Provena St. Anne Center

A large portion of residents were eating in the main dining room using the clinical, hospital model of tray line service as their dining experience.

Initially the administration and department directors met to begin to discuss alternative dining experiences for the residents. They quickly learned that as a leadership team they needed to include residents, families, staff and volunteers during weekly meetings. Satellite teams were developed to organize the many tasks at hand. The satellite teams included:

1. Design Team – to look at the overall atmosphere of the dining room
2. Education team – to begin education and seek input of key people
3. Nutritional team – to investigate alternative dining choices
4. My Story Team – to interview residents and families about ways they would like their meals served, what kind of foods they desire, and times they wish to eat or have additional snacks.
5. Bridging Team – to plan an open house to celebrate the beginning of our Resident Choice Programming.
6. Resident Satisfaction Team – to seek input on individual projects.

Each of the satellite teams met with employees, residents, and families about:

- What color would they like for the walls in the dining room?
- Would they like table cloths? How would they like their meals to be served?
- How would they like to share their new dining experience with others?

The Resident Town Hall Meeting was also scheduled each month to seek additional input for those members who were not serving on a satellite team.

An immediate response of satisfaction was seen in the residents and families. The residents not only selected color schemes for the dining room, they chose table cloths and elected to have bread baskets on each table so they could pass bread during meal times. They also chose to have a Lazy Susan at each table so they could easily obtain and pass condiments and napkins. The residents chose to have steam tray style dining. This gave the opportunity for food to be served warm and gave the residents the opportunity to smell hot and cold items from the table. How wonderful to be able to come into the dining room and smell spaghetti and garlic bread aromas.



The residents enjoyed planning the “Bridging Event” to celebrate going from clinical style care to resident choice programming. They spent many weeks planning what they would serve from the new steam trays, making invitations, choosing a theme, and hosting the event. They decided to host the event in the chapel by lighting a unity candle and passing under an arch of balloons to celebrate the proclamation. A formal written proclamation was signed by residents and staff of

their commitment and still hangs in the Administrative hallway to symbolize the journey and event. The residents truly enjoyed planning the event. Provena St. Anne Center continued its journey of dining changes to other dining areas within the building to offer the same amenities as stated above.

Of course obstacles happen along the way. Some staff members do not like change and adapting to the change was difficult. Fortunately numerous staff members helped those along the way to adapt. Changing the meal style was also difficult for some of our long term residents as well but soon they were enjoying the new dining atmosphere. It was difficult at times when the residents chose a color or design that may not have been the administration's first choice; however a great compromise was always worked out. The new dining style at times can create challenges with scheduling staff and adjustments needed to be made. The teams continue to meet weekly after implementing the dining style to evaluate and tweak areas they were identified. For example, one of the residents kept removing the Lazy Susan from the table so accommodations for that area were made. It was felt that some of the long term residents that have more difficulty changing may have become institutionalized and those residents who did not want certain items did not have to conform. It was noted numerous months later however, many of those residents came to enjoy the dining area and all it has to offer.

Many residents immediately took ownership of the dining room atmosphere. One particular resident often states "how great it is to have the food hot and the dining room smells wonderful when I enter it." The residents continue to refine the dining process during their monthly Town Hall meetings. An activity staff member has continued to monitor the Monthly Town Hall meeting and works with the Dietary Director to assist residents in selecting menu items to be served.

Restaurant-Style Dining

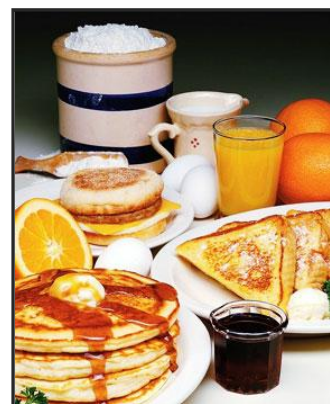
Oakton Pavilion

Traditional tray service was used in resident dining rooms. Meals were prepared in a central kitchen and sent up to the units via cart. The nursing assistants served the trays based on their order in the cart, not the order of the residents seated in the dining room. Often residents at the same table are not served at the same time. Little interaction occurred between the servers and residents. Those needing feeding assistance were segregated from the rest of population. There were no selective menus and the only alternatives were sandwiches. There was a strong desire to make the experience more restaurant-style and more choice-driven.

The Dietary Supervisor conducted regular interviews with residents and shared the content of these interviews with the other staff. The Resident Council identified a “wish list” of specific food items. Some residents who were part of the independent living on the campus gave their comments about food choice and serving approach during their “rehab” stays at the skilled nursing facility.

Administration requested that Dietary look at alternative ways of serving that would approximate the restaurant style. Dietary decided that steam tables in each dining room would assist in a wider assortment of choices. Also the smells from the steam tables would hopefully stimulate appetites. Table cloths, centerpieces, pre-set flatware and cloth napkins were used, while selective menus were placed on the tables. The nursing assistants served residents by table and by course using diet cards to assure that special diet and food choice were followed. Initially, one meal and one unit were chosen to implement this new dining style and then the program was expanded to all units. Additional meals were added on one unit and then expanded until all units and all meals were served in this fashion.

Administrative meetings reviewed the information gathered from interviews, groups, resident council and care plan meetings. One of three units was selected for the trial of restaurant style service with breakfast selected as the trial meal. The trial was conducted for a certain amount of time, comments from staff were elicited and discussed and any procedures were adjusted accordingly. Breakfast on the selected unit was successful. Breakfast was then placed on the other two units. Time was allowed for all three units to discuss how things were going and to make any adjustments. This then expanded to lunch and dinner, again with eliciting comments from residents and staff with any adjustments being made. Reinforce the elements of the new dining style is all that is currently being used. Alterations in course selections continue.



Currently there is restaurant style service on all units and for all meals. The system has been in place over one year and it continuously receives “tweaking.” Menu suggestions continue to be discussed. Future plans include upgrades of tableware, steam tables, with focus on “open” meal times and healthier selection options to be offered at each meal.

Satisfaction has increased for the residents, and the staff and residents feel more empowered. Alternative choices are readily available in each dining room and many residents are able to select foods the day before. There is less weight loss and fewer complaints of too much food.

Some staff did not fully understand the change and were resistant to it. In-services were given regarding the customer service aspect of serving. Lessons learned were that happier residents are easier to care for and be around. Nothing is ever 100% successful even with staff “buy-in” and obvious easing of the workload. Resistant staff were subjected to peer pressure and advised to

change their attitude or explore other alternative employment situations by their peers.



One resident became so excited about the idea of being able to choose her meal entrée that she began inviting various friends and family members to dine with her. She describes feeling like a “big shot” at a restaurant where she can pick up the tab.

The Cooking Club

Oak Crest Residence and Atrium Apartments

Meals at Oak Crest Residence in Elgin are traditionally held in the dining room, cooked by the facility kitchen, and follow a meal calendar. Residents weren't unhappy but they felt they needed a change. Oak Crest had recently built a fully appointed kitchen to give residents' families the opportunity to make a meal together and eat in this kitchen. The kitchen was indeed used in this manner but there were many days when it was not being used.

In the last year or so, the staff at Oak Crest Residence in Elgin had casually overheard some residents making comments such as "I really miss my kitchen," or "I wish I could eat the oatmeal cookies my late wife used to make for me." During a quality assurance meeting the residents said they would like to form a Cooking Club and make better use of this family kitchen. The residents expressed how important congregating in the kitchen was in their lives with family, neighbors and friends.



The Cooking Club members met and brought their own recipe books and recipe cards they had kept. They chose the menu, gave the list of ingredients to the staff and then met once a week to actually cook and eat the meal. The first group was less than ten men and women. The Cooking Club meets and plans what they will make a month in advance. Oak Crest provides the ingredients needed for the meal. The Cooking Club now has 67 members, with ten people at a time involved in preparing and eating this weekly meal. There is not a formal rotating system, but a natural selection of who participates each week, depending on whose recipe is being used for what week. The Cooking Club is truly directed by the residents and evolves with the Club members. One activity staff helps the group.

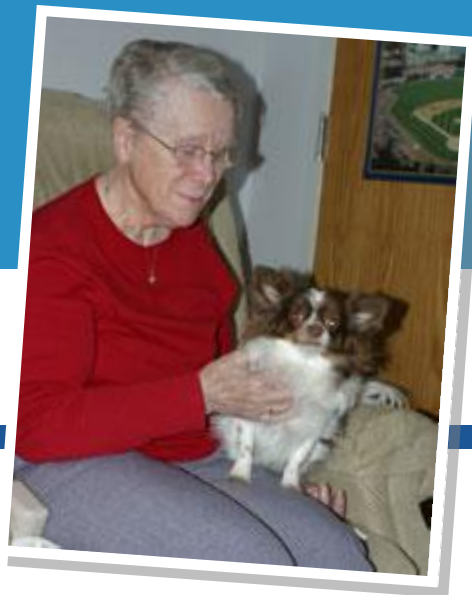
The obvious outcome is the social aspect of preparing, cooking and eating a meal together as a group. They laugh together, reminisce and tell stories. One gentleman shared how his wife made a specific dish. The residents have truly spearheaded this club and have a feeling of accomplishment and ownership. Everyone looks forward to the Cooking Club.

There were, of course, some lessons learned along the way. At first the staff had to figure out how to best assist the residents without taking over or being in charge. It became essential that the staff member be organized and prepared to make sure the residents felt comfortable. The written recipes needed to be enlarged and someone had to read the recipe out loud to the group. So far, there have not been problems between residents. Even when the recipe doesn't work out that well, the group is very forgiving and usually laughs and shares their cooking mistakes.

One gentleman who was having particular difficulty dealing with his wife's death joined the Cooking Club. He has many of his wife's recipes and shared several with the club members. He said he feels closer to his wife's memory and that sharing her recipes with the group helps keep her spirit alive.

Life Enrichment

Respond to spirit, as well as mind and body



Living a life that has meaning can be difficult when a person goes into a long term care community. The individual still requires opportunities for enjoyment, stimulation, and relationships. A unique and active way to safely travel around the community helps to reconnect people to the world around them. Participating in intellectually stimulating activities can bring health benefits and feelings of well-being. One woman, who doesn't speak, starts talking to a dog, which provides a way for her and her family to communicate with each other. Adopting birds create caring and mutual relationships, as animals love unconditionally. Expanding and developing the outdoor space increases family involvement and socialization between residents. Bringing residents' stories to life through video projects help others know people as individuals and understand what it was like to live in their time.

Life Enrichment

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Adopting Live-in Pets

Fairview Haven Retirement Community

For many years, staff at Fairview Haven heard about the benefits of pets living in retirement communities. They read about the amazing results of animals and birds interacting with seniors on a daily basis.

Like so many other long-term care homes, Fairview Haven hosted visiting pet “therapy” and had a beautiful bird aviary. When watching the residents interact with the visiting pets, the staff considered the question, “What would it be like to have a live-in pet that could really bond with the residents? What would be the benefits and the drawbacks?” The residents loved watching the colorful birds in the aviary. However, there is an amazing difference between watching the birds behind glass and personally interacting with the live-in cockatiel and parakeets!

The town of Fairbury is a farming community where, in generations past, pets have typically been outdoor or farm pets. The staff wasn’t sure how the residents would react to pets living in the retirement community. Staff also had concerns about cleanliness, sanitation and the time it would take to care for the pets.

Various discussions occurred in management meetings, at staff in-services, and resident council meetings encouraging all to voice their concerns and misgivings. The concerns about cleanliness, sanitation and time were expressed. Finally, however, a commitment was made to adopt live-in pets and work through any obstacles along the way, believing that the long-term benefits would outweigh the drawbacks.

Having a Dog

Activity staff contacted a local dog groomer and breeder and took responsibility for finding a suitable in-house dog. They knew they wanted a breed that didn’t shed much and so decided on a cocker spaniel. The first dog was very young and excitable. He didn’t interact much with the residents and ran in the halls a lot. Shortly after they got him, he slipped outside and was hit by a car. Although this was not such a positive experience, they persevered and got another dog.

The current dog, a black cocker spaniel, was several years old when he was adopted. His owner was moving out-of-state and couldn’t take him with her. The dog was obviously much loved and well-fed when he came. It took time for him to adjust from a single family dwelling to having multiple “owners.” Obedience was an issue. Activities took him to dog obedience classes, which was helpful. Gradually, he slipped into the routine of daily life, developing a relationship with residents, families and staff and learning where he should not go (i.e. into the dining room).

A care plan was developed for the dog and shared with everyone. Activities staff takes responsibility for much of his care such as feeding and bathing. Certain staff members are assigned to make sure he is put out for toileting when activities staff isn’t there. Of course, any staff can let him out at any time, and do. Residents and family members also pay attention to his cues and let him out as needed.

A resident of the independent apartments, who utilizes a motorized chair, takes the dog out for daily walks, using a leash. At times, he and other residents with motorized chairs go to a nearby park to walk the dog. As cited in a recent *LSN Weeks News* article (10/28/09 issue), a study has proven that walking dogs is very beneficial for seniors. The responsibility of walking the dog has certainly been beneficial for this gentleman whose lifelong occupation was caring for animals.

Making sure the dog has proper care has been challenging. It works best if his care is provided by those who genuinely care for him and those who are wholly committed to having pets for the residents' benefit. The staff has learned that the dog behaves better if he has time periods away from people, such as sleeping in a kennel overnight. Some staff may say, "I am here to care for residents, not pets." But they are continually reminded that the pets belong to the residents and their care is all part of caring for the residents.

It was thought that pet allergies would be a huge obstacle. Surprisingly, it has been a relatively minor issue. The dog is sensitive to those who don't want him near. He usually arrives at a new resident's room shortly after the resident moves in, to introduce himself. If the resident is allergic or doesn't want the dog in the room, the resident is encouraged to gently shoo the dog out. The dog is quite aware of which rooms he is welcomed and which ones he should bypass. Residents who are allergic to the birds simply keep their distance.

Parakeets and Cockatiels

Social Services developed a contact with a local bird breeder and began learning about birds. They started by purchasing parakeets for those residents who desired them. Several generous people donated funds to assist with purchasing the parakeets. After the parakeets were accepted and care issues were largely ironed out, they purchased a cockatiel to live in the main living room. When the cockatiel was introduced, elections were held among the residents to come up with a name. This created great excitement, and even ballot box fraud!

Fairview Haven has had two cockatiels so far. The first one was feisty and didn't have a friendly personality. Now they have a cockatiel that is very friendly and is learning to talk. He mimics speech and whistles and is quite entertaining. Many of the residents enjoy talking to him and stroking him through the cage. One resident has even taught him to crow like a rooster! He is taken out of the cage with staff supervision and some of the residents like to have him sit on their shoulder or arm. A number of parakeets have come to live at Fairview Haven in the past few years. The parakeets become personal pets and live in the room of the residents who choose to adopt them. They provide entertainment and companionship in the residents' rooms.

The cockatiel can be annoying at times to both staff and residents, because he has learned to mimic the sounds of alarms, etc. However, it was discovered that the more the bird is encouraged to talk, the less annoying noises he makes. And sometimes he needs a "time-out" in a quiet location.

Parakeets need consistent attention. Currently a volunteer is assigned to check the food and water regularly and the homemakers keep the cages clean. Residents may choose to care for their own bird, if they prefer. Prior to this arrangement, a couple of parakeets were lost due to inconsistency of care. Fortunately, parakeets are relatively inexpensive and were easy to replace. Unfortunately, their owners were attached to them and were saddened at their loss.

Residents' grandchildren and other community children are excited to come in and see the dog and the birds. It creates interest among the residents and staff as they discuss what new words the cockatiel has learned or what the dog has been doing. Residents, who are no longer able to speak, watch or touch the pets and respond with facial expressions and smiles. The pets have definitely enhanced the lives of the ladies and gentlemen living here.

And the greatest lesson learned: DON'T LET THE OBSTACLES STOP PROGRESS! There will always be resistance to change and there will always be those (staff, residents, volunteers, and visitors) who are in opposition. An unwavering commitment must be made by management and others to continually focus on the benefits and find solutions to the obstacles.

Fairview Haven has seen specific examples of having live-in pets. One lady suffered from seasonal depression. Each winter, she would go through a depressive period when she withdrew from participation in activities and spent much time in her room sleeping. Although she was very vocal in her opposition to the dog when he first moved in, this lady has now 'adopted' the dog. Each night, before she goes to bed, she checks to make sure the dog has been let out and that he has adequate water and food. She likes to have the dog sleep in her chair and even in her bed with her. She is very protective of the dog and defends him against other residents and staff who are not as fond of him. Since the dog has come to live here, over three years ago, she has shown no symptoms of seasonal depression.

Another lady had serious relationship issues. Many counseling sessions were held with her regarding her interactions with roommates, other residents and staff. Among other changes, the lady was offered an opportunity to have a parakeet in her room. The parakeet she adopted was withdrawn and fearful. She made a great effort to befriend her parakeet. She spent time quietly talking to her parakeet and was delighted when he began to respond to her. The parakeet still was afraid of other people and nipped at their fingers, but recognized her and no longer nipped at her. Her relationship issues improved as she welcomed staff and others into her room with pride to show them what she had taught her parakeet. She reminisced about other parakeets that she had in the past. She frequently expressed a wish that she could die before her parakeet did, because, as she stated, "I don't know what I would do without him. He keeps me going."



The dog is very sensitive to residents who are near death. One lady lingered long in the valley of the shadow. Her family sat with her day after day. The dog visited the room daily and sat quietly with the family. It was very comforting to the grandchildren as they enjoyed petting and hugging him. The family was very touched by the devotion of this little dog and the way he seemed to grieve with them. They continue to have a special place in their hearts for him.

Once during the night shift, the dog began barking furiously. He ran back and forth to the nurses' station and back down a hallway. Staff was quite frustrated with him because they were concerned he would wake the residents. When they went to investigate, they heard a lady calling for help. She had gotten out of bed to go to the restroom and fallen in a place where she could not reach her call light. The dog's sensitivity to her needs caused him to become aware of her predicament and alert the staff.

Birds and Dogs and Goats?

Sunny Hill Nursing Home of Will County

Pets are everywhere at Sunny Hill Nursing Home in Joliet and in some cases, they're around 24 hours a day. That's because 18 parakeets live in the residents' room.

Each adopted bird is partnered with a staff member who, on a volunteer basis, oversees the parakeet's daily maintenance. No staff person cares for more than one parakeet.

Resident and pet lover Stevan, 69, couldn't be happier with her "roommate," Izzy, who has lived with her for almost all of her three years at the nursing home.



"She just makes me feel good and she's company," Stevan said. "When I'm sitting here, I talk to the bird. She doesn't talk to me, but she does chirp a lot when I open the curtains to let the sun in."

Steven was on her way to therapy when an aide approached her seeking a home for the bird. Because she owned dogs and parakeets her entire adult life, the suggestion tempted her. However, she worried about her ability to adequately supervise the bird's needs.

"The aide told me that someone will come to the room everyday to give it water, check the food and clean the cage," Stevan said. "I asked if the bird was a boy or a girl but was told the bird was young and its sex had not yet been determined. So I called it, 'Izzy.'"

Two Will County department employees initiated the program in 2006 by purchasing the birds, the cages, the food and even the toys, according to Becky Haldorson, assistant administrator. Any resident that desired a pet bird was matched with one.

"We lose some residents because not every resident likes having the bird for a long time, and we lose some birds. But we get new birds and new owners and continue the process," Haldorson said.

"Some of our residents are able to completely care for the bird on their own and sometimes the families like to do a bit of it, but there is still a staff person who is responsible," she added.

Some of the dogs belong to the residents themselves, and some belong to community members. Others visit the home in a more official capacity as therapy dogs.

Some, such as Haldorson's 5-year-old beagle SayDee, are the pets of staff members who accompany the employees to work.

"We have animals all over the place," Haldorson said, "but only the birds live here permanently."

She said staff considered several factors before organizing the program. Allergies, surprisingly, were a nonissue. Haldorson said research suggests that allergic reactions to pets were least likely to occur in an institutional setting.



"Nobody cleans like we clean," Haldorson said. "We don't have any carpeting and we change the curtains and bed linens on a regular basis. If you're allergic to cats, it might be a good idea not to let them crawl all over you. But other than that, there's nothing here for allergens to settle onto."

Ease of care was the main concern, which is why staff decided to keep birds. The parakeets require very little upkeep, and the benefits they bring the residents outweigh any of the inconveniences of keeping them.

"You wouldn't believe the changes we've seen in people," Haldorson said. "Residents with behavior problems all of a sudden don't care about some things because they have a bird to care for and a feeling that they're worthwhile to someone."



Every spring, Ralph Sangmeister, a local farmer, brings newborn goats in to visit the residents. The residents truly enjoy holding the soft "kids" and seeing them brings back fond memories of their days of the farm.

"I think that people who never have had the opportunity to have a pet are missing something, maybe a little piece of their soul," Stevan said. "Pets become a part of your family. They teach us about life, they teach us about death and they teach us about love."

Cocoa Comes Home

Aviston Countryside Manor

Mimi and Kay first met several years ago as volunteers at St. Joseph's Hospital in Breese, Illinois. Mimi later took a job there and worked for nine years as secretary to the Director of Volunteers. Mimi and Kay remained friends through the years and were reunited as residents of Countryside Manor in Aviston.

Kay was one of two residents who was able to have her own pet as a roommate. Cocoa, Kay's longhaired Chihuahua, went everywhere with her, Mimi said. "He would ride on her lap in her wheelchair," Mimi said. "He even went to therapy with her. Everybody here knows who he is."

Kay passed away on February 1st. Initially, her family took Cocoa and planned to make a home for him, but Cocoa already had his own family, the residents and staff at Countryside Manor. "The family took him home and two days later they brought him back," Mimi said. "They just didn't have anyone who could stay with him and spend the amount of time with him that Kay did."

That's when staff members turned to Mimi for help. "They brought him in to me and said, 'we think you need a companion,'" Mimi said. "I'm okay with that, but I can't use my left hand. I just wish I was able to do more for him." In spite of her disability, Mimi said Cocoa is starting to warm up to her. "He was so close to Kay, but he sleeps with me at night and follows me around. When I go into the bathroom, he follows right behind," she said.



Mimi is now one of two residents to have a pet at Countryside Manor. Lila had owned her dog, Molly, for nine years when she moved to the nursing home. At first, administrator Leslie Pedtke was against the idea of letting residents keep their pets. She later reconsidered. "I figured as long as she could take care of him herself it would be fine. Lila had been with her dog for nine years, I couldn't make her leave him behind," she said.

This story is proof that kindness can be contagious. Judith Moore, whose mother had been a longtime friend of Kay, was so touched by the nursing home's responsiveness to Cocoa that she has volunteered to pay for all of the dog's care and veterinary expenses. "She knew how much Kay really enjoyed it here, and she was touched by the fact that Kay was able to continue to care for Cocoa here," Pedtke said. "She said that we just don't hear about enough good things happening in this world, so she offered to help out by paying for Cocoa's needs. It's really worked out wonderfully."

Duet Bike Rides

Clinton Manor Living Center

Most residents in long term care do not get outside very often and when they do they are usually sitting and visiting or possibly doing gardening or playing games outside. Most residents have a lack of good sunshine and when outdoors are usually confined to the patio areas of the home.

The administrator attended the National Pioneer Conference in Washington D.C. two years ago and went to an all day activity workshop. At this workshop they introduced a bike called the Duet Bike that allowed staff to take residents on bike rides outside in a safe and fun new type of bike. This gave them an exciting activity to do along with getting some sun and getting out among the community they live.

The bike cost \$6,000 so fundraising was necessary. Once the funds were raised, the bike was purchased and delivered. Then staff/rider training was held, focusing on safely using the bike. The duet bike is suited to those that are physically challenged. The resident is not expected to peddle the bike, but to sit in a comfortable and secure seat in the front. Once the duet bike rides were introduced to the residents and families, the activity became popular. The challenge was scheduling time and ways to get in as many rides as possible since residents enjoyed them so much. No one ever turned down a ride.

Currently they are on winter break from the rides but would like to work with volunteers, families and friends to get as many riders trained for the spring/summer season.

Residents cannot wait for their turn to ride. Energy levels of residents are noticeably much higher. There is a lower incidence of depression. People with severe dementia even enjoy the



rides and appear to be connected with the outdoors and the activity of riding and looking around in the community. Residents can't stop talking about it. It is a perfect way for a resident and family member to reconnect with each other when they are visiting.

The main challenge is getting time to give rides among the office staff and activity staff. There is a real need to obtain volunteers and specifically schedule rides with a trained rider.

Helen passed away recently. She had severe dementia. When she went on her first ride she waved at passing cars, pointed out flowers, gardens, animals and giggled. The administrator gave her the first ride and says his life is richer knowing that he was a part of helping her re-connect to her world even for a short period of time. She never refused a ride after that and always had a smile on her face.



Expansion of Outdoor Space

Tower Hill Healthcare Center

Before the summer of 2006, Tower Hill had a small patio and a big beautiful yard as part of the residential community. With the small patio, there was never enough room for everyone to enjoy being outdoors.

The home made the decision to enlarge the patio with a paved brick walkway. A waterfall and retaining wall were built and finally seating and umbrella tables were added. The next step was adding a birdbath, a butterfly garden and landscaping the grounds.

At present, Tower Hill is looking forward to the opening of the back yard this spring with all the events and activities that happened in the last several years.

Since the expansion of the large patio and development of the backyard, family involvement has increased and there is improved socialization between residents. More events have been implemented such as a resident and family carnival. The area is also used as a quiet retreat for relaxation and enjoying nature. Finally, a raised garden allows residents the ability to plant and grow vegetables.

Safety precautions for being exposed to sun and heat must be communicated. Sunscreen, protective clothing and hats are to be used. Fluids are encouraged and it is important to know that certain medications may make one more sensitive to the sun.



Any doubts raised about this expansion project were put to rest by its success. Just like being in your own home, almost everyone loves to be outdoors and sit on the patio. Why should it be any different in a skilled nursing facility? The best part is that everyone benefits from this great outdoor environment. One resident said sitting out in the backyard made her feel like she was at a country club.

Feeling Alive

Sharon Lindsay

Sharon Lindsay has worked with the elderly in community and long term care settings for more than thirty years. She retired nearly ten years ago to care for her mother who lived to be 101 years old. Her experience with working in nursing homes and caring for her mother reinforced her view that intellectual stimulation is extremely important.

Bernice was in her middle 70s when she entered the nursing home with the diagnosis of diabetes, difficult to control hypertension, and depression. She spent much of her time lying in bed, often weeping. Nursing staff reported that she seldom talked with them and dietary staff expressed concern that she did not eat well. Activity staff was recruited to visit with Bernice one-to-one every day. These visits were low-key and had no goal except to establish rapport with Bernice. The visits revealed that she had been an active community leader with a lot of energy, curiosity and compassion. Her current situation was a huge departure from her former life. Activity staff began inviting her to group activities and when she refused, they gave her activities such as crossword puzzles and trivia quizzes to do independently in her room. Gradually, she began attending group activities that involved other intellectually stimulating activities. In addition, a “brain exercise box” was set up near the entry to the dining room. It was kept supplied with intellectually stimulating activity sheets that Bernice, and others, could take to their room. Bernice began talking about trivia information to her peers in the dining room. This led to “Trivia Tuesday” group activity sessions held in a common area where they attracted many residents, some visitors and, at times, staff members.

The regular trivia sessions and the discussions they prompted revealed that participants included a teacher, a lawyer, an author, a former police chief and a chemist that developed the paint used in paint-by-number sets. Several of the regular participants had some form of dementia and short term memory loss but nearly all were able to tap into their long term memory when stimulated by the trivia questions or following discussion. Even participants who did not actively respond appeared to enjoy listening to the comments of others.

Many nursing home residents tend to withdraw, disengage and stop trying to think because they have little to think about. Literature regarding brain function in the elderly reveals that new brain cells are produced throughout life. If they are not stimulated in some way, these cells will die. There is much evidence that “use it or lose it” applies to brain function as well as to muscles and skills. Diminished cognitive function affects socialization, mood and general well-being.

The experience with Trivia Tuesday sessions and with her mother prompted Ms. Lindsay to begin writing cognitive stimulation materials for nursing home activity personnel. Activity staff are well suited to promote brain exercise and socialization in residents. Often the role of the activity staff seems under-appreciated in many facilities. Activities make people know they are alive. More focus on activity practices should be a part of the culture change effort.

Our Greatest Generation

Sunny Hill Nursing Home of Will County

Will County has been built on a foundation of countless experiences and family stories. Now, thanks to a program at Sunny Hill Nursing Home of Will County, some of those stories will live on in the voices of the people who lived them.

Our Greatest Generation: Living Histories of Our Elders, will be an ongoing project. Anne, Mary, Helen, and Audrey were the first four residents to have their life stories recorded.

Becky Haldorson, assistant administrator for the county-owned facility, has been able to begin recording residents' life histories because of a grant from a local service organization.

"This is something I've always, always wanted to do," she said. "It's not so much a historical account, as it is about their lives." Haldorson said the elders talk about their lives as they correlate with history "all the way to where they are today."



The local Kiwanis Club gave The Friends of Sunny Hill Inc. a \$1,000 grant to start the project. The money was used to buy the camera equipment needed to record the residents. The Joliet Public Library will keep copies of the finished DVDs on file as living histories.

Will County Executive Larry Walsh, who oversees the facility, is excited about the project. "Many Sunny Hill residents played large parts in making Will County what it is today. Hearing and seeing them recall their roles in our history is an incredible gift."

Each story is two to three hours long. "They're all very different," said Haldorson. Still pictures from their pasts are included when possible. "Amazingly, many of the elders were able to provide baby pictures."

Those who participate are able to decide what they talk about. "I give them a list of questions ahead of time," said Haldorson. "They go through them and see what they like. The questions are just a guideline, though. Sometimes we go all over the place."

In addition, each picked some of their favorite songs for background music. All of the elders are excited about the project and proud that the public will be able to see their stories by checking them out at the library.

The project will be ongoing, according to Haldorson. "I'm excited about what I'll learn from these residents as we continue to record their histories."

People with Dementia and Animals

DeKalb County Rehabilitation and Nursing Center

Country View Square looks at the importance of animals in the residents' lives. A variety of animal friends have come to love the residents. There are therapy dogs and family dogs and even a horse that comes in to see residents. Carriage rides are offered. Anyone can help with the grooming of the animals. This is way for the residents to keep lifelong connections.

The most amazing response ever seen from a pet therapy program was from a resident named Dorothy who was nonverbal. She never spoke to anyone. She would only nod her head to communicate. Her family would visit and she would make eye contact and nothing else. Then one day when the Director at Country View Square brought her certified therapy dog in for a visit, it was noticed that Dorothy was taking a particular interest in the dog. The dog was brought over and the Director engaged Dorothy in a one sided conversation about Phoebe the dog.



To the Director's surprise Dorothy looked intently at the dog and in a complete sentence said, "Well aren't you a pretty little kitty." This was quite a statement since Phoebe is a 190 pound



Old English Mastiff. Dorothy gave a consistent verbal response to the dog every time she came to visit Dorothy. If someone asked Dorothy a question she would answer to the dog. When the family observed this they requested that Phoebe be present when ever they visited. This provided Dorothy and her family a way to communicate with each other. They would say "how are you mom?" and she would say to the dog "I'm fine" or "I'm sick." No one was sure why she would only speak to the dog but it was absolute proof of the bond between animals and people. Animals are nonjudgmental. They are safe and if a person makes a mistake or has trouble getting through life they don't judge, they just love you unconditionally.

Sharing Life Stories: High School Video Project

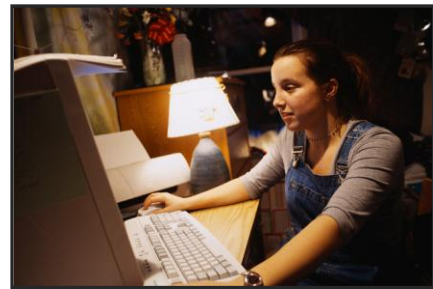
Aviston Countryside Manor

Thanks to Aviston Countryside Manor Administrator Leslie Pedtke, Health Occupations Students of America (HOSA) at Breese Central High School recently took part in an innovative and exciting study in intergenerational programming.

“For caregivers, understanding each resident’s ‘life story’ can be such an important tool,” said Pedtke. “I thought a way to truly bring the residents’ stories to life would be to videotape the residents narrating them.”

That’s where the Breese Central students came in. Pedtke contacted the HOSA senior class at Breese Central to ask whether they would be interested in such an ambitious project. The students enthusiastically agreed.

The students began their project by conducting research on obtaining information through the life story and how vital it can be to resident care. Next, students were invited to lunch with the residents to become comfortable in conversing with them and build trusting relationships. Finally, the students began the interview and filming process.



Pedtke says the project was a valuable learning experience for the students.

“The students learned so much – firsthand – about a generation they know so little about,” she said. “Many of the students were amazed at the hardships the elder generation endured, especially those who served their country during war. They also interviewed a couple who live together in the nursing home who have been married for over 60 years, for better and for worse.”

Preferences

Know each person.



In the past, long term care communities called for residents to conform to the nursing home, where rules and procedures were followed without taking into account personal preferences. One home listened to residents' requests to have certain everyday appliances in or near their rooms for their personal use, finding ways to make these requests happen, instead of automatically saying no. If a person wants to bathe, wake up and go to a bed at certain times, adjusting the staff work schedule to accommodate this goes a long way to making a place like home. Attending regularly scheduled group activities isn't everyone's choice but individual activities based on preference can be supported. Adapting a person's room to promote independence will only be successful with resident input. Essential to culture change is the practice of knowing the person's past habits, routines, interests and likes. It starts with listening.

Preferences

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Adapting Individual Rooms

CJE SeniorLife - Lieberman Center for Health and Rehabilitation

Edie is in her 60s and has ALS (amyotrophic lateral sclerosis – often known as Lou Gehrig’s disease). She is familiar with Lieberman because her elderly mother with dementia is also a resident. The staff has known her for several years and has seen the progression of the ALS as it led up to her being a resident. Given this familiarity, management knew that Edie had led a very independent life.

Upon her admission, the assistant administrator worked with Edie in adapting her room to promote this sense of independence. All the furniture in the room, consisting of a bed, dresser and TV armoire with shelves and doors, was moved out. In its place, it was agreed that contemporary white furniture was moved in and arranged in a manner that allowed the Edie’s motorized wheelchair to have the most space to move around. Her recliner chair from home was moved in and took the place of the bed. She sleeps more easily in the chair and sits comfortably in this chair during the day. The white contemporary furniture was more to the resident’s taste and offered her more independence. Instead of drawers, open shelving was installed with clear plastic containers stacked on the shelves. Clothes and other items were put into these containers. This enabled Edie to see her clothes and items clearly, giving her the freedom to choose what clothes she wanted to wear each day.



Edie is assisted into the bathroom with the help of a lift. Right outside the bathroom is a full length wall mirror which is standard in all rooms. Because she felt uncomfortable watching herself being lifted into the bathroom, she requested that the mirror be taken away, which it was.



Edie depends on her computer to help her communicate via email with her family and friends. The computer became a focal point of the layout of the room. Lieberman installed additional electrical outlets next to her recliner so Edie could easily use her computer while in her recliner.

At first some staff, especially the resident care assistants were uncomfortable with this degree of modification. Edie, along with the assistant administrator and social worker, spoke with them, explaining how this room layout would help everyone. This discussion addressed staff concerns and the communication helped everyone be comfortable with the arrangement and understand each other's viewpoints.

At Lieberman, the process of modifying any resident's room begins when the person is admitted. The social worker scopes out the room and works with the assistant administrator to make any changes. It may be as simple as lowering the bar in the closet and having an accordion closet door so the resident can have better access to their clothes. For the most part, the resident assistants love the fact that the rooms are personalized and often help communicate needed modifications to the social worker and assistant administrator.

Another resident named Grace, fell in her room when getting up off of her bed to use her telephone. She was examined and did not have any injuries, minor or otherwise.

The following morning, at the daily meeting with the nurse management, this incident was discussed. Automatically, the first idea mentioned to solve this potential problem was to install an alarm in the resident's room so the staff would be alerted when she got up from her bed. The restorative nurse challenged the group, saying they should not think of an alarm automatically without trying all other options. An alarm would take away Grace's independence, which was very important to her. The restorative nurse suggested that there are other options than an alarm and they should look at them. A whole discussion followed on the fundamental culture change principle of knowing each person. Grace had strived for independence her whole life and continued to see this as important even with the physical and health challenges that precipitated her coming to Lieberman.

The group decided to look at the environment and with Grace came to a conclusion. Providing a cordless phone for her to use would give her access to the phone when in bed or in her room, without her needing to move to answer it when it rang.

Embracing the Principle of Personal Preference

Pinecrest Community

Prior to implementing new care practices, the residents at Pinecrest Community conformed to the facility's schedule. Pinecrest did not have buffet dining or open dining hours. Residents were put on a bathing schedule where there was an opening. Pinecrest decided to embrace the culture change values and principles to allow more choices, self determination and care that met the resident's needs.

The process of change began by staff visiting other nursing homes that had implemented culture change practices. Staff toured facilities that had buffet dining and also looked at what others had done to improve the bathing experience. Then they began to interview Pinecrest residents regarding their preferences and what they wanted to see changed.

In order to set up buffet dining, Pinecrest purchased steam tables and a salad bar from a local restaurant that was going out of business. Open dining times were implemented so residents had an hour and a half in which to come to the dining room. There were also several residents who wished to sleep later in the morning. For these residents alternative breakfast items were offered during non-meal times. Residents also have monthly "Diner's Club" meetings to discuss menus and food preferences with the dietary staff. An ad hoc committee of residents and staff was developed to discuss meal options. The group suggested that the dietary staff focus more on home style meals, like meat and potatoes, instead of other dishes they don't like.

Pinecrest then focused its efforts on improving the bathing experience. The tub/shower room needed updating. Pinecrest purchased a new tub, heat lamps, new light fixtures, new flooring and new cabinets. The room has been repainted and was decorated with pictures and artificial greens. Bathing has now become a more pleasant experience.

Pinecrest surveyed residents about the daily routines that are important to them. This includes bathing preferences and times, what time they want to go to bed and what time they like to get up in the morning. Pinecrest has adjusted staffing to accommodate these preferences.



Pinecrest also plans to survey residents regarding their individual medication administration preferences. Pinecrest attends culture change meetings periodically to learn and hear what others are doing.

These changes have made Pinecrest a more homelike environment that respects the choices and preferences of each individual. New admissions to the facility will be given these surveys on their preferences so their needs can best be met.

The biggest obstacle was changing the staffing schedule to meet the needs. Although buffet dining is used in the intermediate care area, it did not work well in several other areas. The skilled care area and the short term rehab unit have menus for the residents to complete due to the inability to physically go through a buffet line or the inability to make choices. There are always food alternatives for all residents. Although there are open dining hours, most residents come as soon as the dining room doors are opened and prefer to sit in their same spot everyday even though they are encouraged to sit at other tables, with other people.



Teresa chooses to get up at 5:00 a.m. “I go down to the dining room about 6:30 a.m. to have a cup of coffee before breakfast. I enjoy that and the dining room is open.” Teresa prefers to fill out a menu rather than go through the buffet line. “It is just easier for me.” Teresa walks everyday to meals. “I always get a walk in.” Every Tuesday afternoon, Teresa’s friends come to visit in the all year round solarium. Family also visits often. Teresa prefers to go to bed around 9:30 p.m. “I’m one of the last ones to go to bed.” When asked about the survey regarding bathing times Teresa said, “I asked for a morning bath before breakfast. That was my first preference and it has worked out great.”

When asked how these choices have affected her daily routine at Pinecrest, Teresa replied, “This is my home and I love it!”

Empowerment of Residents

Hitz Home

Before culture change, residents were seen as a group, not as individuals. There was little focus on individual resident requests. After hearing Steven Shields, a pioneer in the Culture Change journey, the Hitz Home staff knew it wanted to bring change to the home but needed to be mindful of the potential cost of anything new. One thing that could be done was to listen to the resident, which is the heart of culture change. The empowerment of listening to the resident is priceless.

Staff and residents were given in-services on the priority of listening to the residents. An essential question should be asked before saying yes or no to any resident request: “Is the request immoral, unethical or illegal?” On the very first day, a resident requested a coffee pot be put in a common area so she could make coffee anytime she wanted for herself and to serve to others when she had visitors. Hearts dropped. The safety and liability of having a coffee pot in a common area seemed overwhelming. But as a team, they asked the question and could not see where it was illegal, immoral or unethical to have a coffee pot in a common area to serve others. This is a normal every day event that we all have the opportunity to do. Someone remembered that Wal-Mart had a coffee pot with no heating element that is felt and no glass pot that can break. By the end of the day, the coffee pot was in the common area and the resident was making coffee. She said never had she had a wish fulfilled so fast. How did this affect others? The next week there were numerous complaints at the Resident Council meeting, which meant the residents were listening! This was a good thing.



Residents wanted a washer and dryer in a common area so they would be able to do some of their own laundry, if desired. Normal everyday actions are important in living life no matter where you are. One resident wanted to cook in the big kitchen as she had been a cook all her life in restaurants and wanted to help here. Hitz Home decided to send her to sanitation school to meet the regulations that allowed her to cook in the big kitchen.

The staff and residents shared culture change with anyone who would listen. Many other nursing homes, agencies and schools have come to visit and as part of the process have sat down with the residents to hear how they view the changes. A group of students were visiting with a couple of residents who then began to roll away from the table after an hour or so. They started cleaning up from the small meal they had prepared to share with the students. Staff reached out to stop them and then realized how important being productive, serving others and doing normal everyday functions is to the residents. This was home, and all should be able to direct their own care no matter the extent of cognitive and physical limitations. Ordering from a menu, getting up when

they want, deciding how to spend the day, serving on committees and participating in learning circles, even being trained to be a resident assistant to help others in the dining room has been done in an effort for all to feel and be in control of their lives with all the emotions and empowerment that brings with it.

At present staff continue to listen to the residents and try to provide an environment that promotes “home.” Hitz Home has murals on the walls that reflect a feeling of home. The traditional nurses stations have been taken out, the meals are ordered off a menu, and times are expanded with food available around the clock at no extra charge to the resident. Residents have choice on how to spend their day. Staff is cross-trained and aromatherapy and other ideas are being considered that are shared through the local culture change coalition of which Hitz has been a member for the last five years. This coalition has been a great benefit to all the nursing homes that attend meetings and share with others.

Resident and family satisfaction has increased as residents live their lives as normally as desired, by being productive and helping others. Residents are empowered, involved and see the home as theirs. Staff is kinder and see their jobs and the team as important. As a result, there has a significant decrease in staff turnover.

Not all staff bought into the culture change approaches. Some staff left, but some have returned. There were times when they forgot to include the residents in decision making, which resulted in unhappy residents and families. While the Illinois Department of Public Health regulations did not hinder the culture change journey at Hitz, the lack of consideration of the regulation got lost in the process at times. It is important to document the process through care planning. Training for new employee orientation needs to be aware that new employees often do not have the knowledge or understanding of culture change information. Even if this is the case, it is crucial to not give up or go back to the old ways.



Helen wanted an ice cream machine and had a plan for how to get it, so now a soft serve ice cream machine is available for all to enjoy. She has a refrigerator, sewing machine, and other personal things in her room and she often sews for staff and makes things for the home she feels are needed. She is going to be part of a committee to plan for turning ten assisted living studio apartments into skilled nursing home apartments through an Illinois Department of Public Health Innovation grant. This resident has also been part of a commercial for the coalition on culture change. At Hitz Home, residents are definitely a part of the process of change.

Respecting Personal Routines

River Bluff Nursing Home

River Bluff has been involved in Culture Change for a number of years now, but one of the most difficult challenges is respecting personal routines when safety may be questioned. Prior to culture change, the same rules and procedures were followed for all residents regardless of past habits and preferences.

First, more flexible eating times were introduced so residents could eat when they wished, rather than on a predetermined schedule. Next, River Bluff offered individual wake up preferences. They are currently trying sleeping through the night without interruption. The sleep through the night option is being evaluated and adjusted. Many residents still need to be checked and changed. This will always continue.

Accommodating preferences of over 200 residents requires cooperation and communication between all departments and disciplines.

“No” should not be the answer unless it is illegal, immoral, or unethical. Residents expect “yes” to their requests. Finding a way to turn all requests into “yes” is a challenge.

A capable 87 year old resident named Ruth came to nursing to request that staff allow her to iron her own clothes which she had been doing most of her life. Her family would supply the iron and ironing board. Nursing informed Ruth and her family that it could not be allowed because she might get burned. Ruth then came to social service. Social service advocated for Ruth because this had been her past practice and routine for many years and it was an opportunity to continue her domestic skills. Nursing feared that she would be burned while ironing and social service countered that she had probably been burned on numerous occasions in past years. Nursing assessed the request again and agreed to a trial.

Ruth has been delighted with the chance to continue ironing so that her clothing is kept wrinkle free. She is now using another domestic skill from her past and crocheting dresses and decorating dolls has become a leisure time activity. The resident states, “I used to sell these dolls for spare change.” The big difference now is that she donates the dolls to River Bluff for a silent auction to raise money for her “home.”



Supporting Individual Activities

Provena Pine View Care Center

Before implementing this program, residents who did not participate in any of the group activities were identified. The Care Coordination Team met with these residents and found that they were not interested or not able to participate in group activities. The Care Coordination Team decided to find out what these residents would enjoy and develop individual activities to implement it.

The Team met individually with these residents to determine what they liked to do when they were at home and what things gave them enjoyment. After identifying the resident's needs, the Care Coordination team developed an action plan to meet the individual need of the resident. This culture change practice continues as it offers another way to improve residents' quality of life.

The outcome has been an enhanced quality of life for both residents and staff. It offers individualized social stimulation for the resident. Both the resident and the staff receive satisfaction from the activity and it helps to build their relationship.

Some of the obstacles that were encountered included overcoming dietary restrictions for residents and allocating staff time to implement activities. Sometimes there is a need to be flexible with dietary restrictions for the pleasure of the resident. Giving staff time and permission to participate in these individualized activities has given them improved job satisfaction.

Victor has visual limitations and hearing impairments. He consistently declined invitations to participate in group activities and did not always eat the main meal of the day. Staff met with him and found that he is more secure with one on one attention due to his visual and hearing impairments. He also does not always like the foods that are offered. He told staff that he enjoys eating pizza. The Team implemented pizza night for him and he enjoys sharing his pizza with the staff. Generally the facility pays for the pizza but Victor insists on taking his turn to buy the pizza as he tells them he wants to "pay his share" which promotes his own feeling of self-worth. This activity has enhanced his quality of life in many ways. He now gets to eat a food that he likes, looks forward to having a pizza party night with staff and his self-esteem has improved.



Workplace

Promote the growth and development of all.



The voices of those residing in nursing homes are essential to culture change but the voices of those working with them must be considered and respected. Success comes when all are heard and involved. Restructuring one department or changing to neighborhood creates important opportunities for leadership. Consistent staff assignments promote relationship building and encourage the staff to see the resident as a whole person. Innovative education, training and documentation practices promote better understanding and support of culture change and ultimately job satisfaction from all levels of staff. Having staff experience what it's like to live in a nursing home gives them a unique perspective. Among the many outcomes of having a committee of residents interview and make the hiring decision on potential staff has been enhanced relationships that develop with staff and residents.

Workplace

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Activities to Life Enrichment

Three Crowns Park

Before the process of Culture Change, activities at Three Crowns Park never went beyond the standard programs of popular games, the occasional paid entertainer and bringing out a cart of snacks and soft drinks. There was never really a proper tailoring to the specific interests and backgrounds of each resident.

For example, a basic assessment would determine that a resident was a regular card player and went bowling every week for years. At Three Crowns, the resident participated in the scheduled 2:00 hallway bowling and the 3:30 game of bridge or poker. There was no attempt to thoroughly delve into these and other individual interests. The resident had no true enrichment from those scheduled activities. In the end, there was no real improvement on that resident's quality of life, which ultimately is the purpose of activity programming.

Before Culture Change, activity professionals were at the very bottom of the facility hierarchy and never had any real opportunities for leadership. One of the goals of Culture Change is the flattening of this hierarchy. Therefore there was a need to lift the activity professional's position into one that is more collegial with managers and other front line staff.

One of the first changes made was restructuring the activity department. One activity therapist was permanently assigned to a specific neighborhood and household. They ended the practice of constantly rotating activity therapists through all sections and levels of care throughout the day. This allowed each activity therapist to develop deep, meaningful and personal relationships with the residents and vice versa. It was recognized that residents had an easier time developing personal relationships with a smaller number of familiar faces.

The second change was to focus on the primary goal of meeting each individual's human needs from a holistic point of view. Changing the name of the department from activities to Life Enrichment renovated and reinvented the purpose in the community. Activities were not just to entertain residents throughout the day, but emphasized enriching each resident's quality of life. The activity itself was not the goal but rather the instrument in achieving the ultimate goal of improving the quality of life.

The structure of the Life Enrichment department changed to a more professional, trained group. Most staff hold college degrees or other advanced training and have a diverse array of talents – a professional craftsman, a musician, a professional public speaker and a writer, among others. The Life Enrichment team has become active in helping guide other team members towards the self-directed team model that is a focus of the neighborhoods and households. Some Life Enrichment leaders serve on the Culture Change Steering Committee. Some have become training specialists and all are charged with being visible models of the Culture Change and PersonFirst™ ideals.

One of the biggest obstacles was the discomfort of some staff members to accept the assertions and leadership of an activity professional, a role traditionally at the bottom of the hierarchy. With a better understanding of the goal of self-directed teams, a flattening of the hierarchy and a culture that is more collegial, this discomfort began to ease over time. Other persons in traditionally lower-tier positions like housekeepers and nursing assistants are now asserting themselves and showing leadership too. The few staff who could not accept such change have left.



The information gathered from assessing each resident was revamped. Three Crowns is delving deeper into specific likes and dislikes, with an emphasis on gathering as much information as possible on each person's passions in life. A person is no longer just a swimmer but more specifically someone who swam each Sunday afternoon after church at the Evanston Gross Pointe Lighthouse Beach for over fifty years with her best friend since her college days in Kansas. Then programming goes beyond a swimming class. In order to truly

fulfill a sense of enrichment and continuity of these life stories, picnics are held at Lighthouse Beach where an old fashioned beach picnic is packed and beach memories are shared. Residents are asked for their favorite swimming strokes during exercise and everyone practices them together.

Veterans are honored with heartfelt, cathartic story sharing, documenting memories together on paper with a sense of "saving" history for future generations. A person is no longer just a veteran but someone who almost died on the beaches of Italy during World War II. This person always shared stories of those days with great emotion but never mentioned his own bravery and the medals he won for that bravery, including a silver star. Learning to cherish the life he was allowed to keep, he lived each day always believing that he shouldn't waste his life. Having lived in several retirement communities, he admitted he never liked the generic, "We're so proud of what you've done for our country" and "We honor your service." He said he enjoyed the one-on-one, in-depth conversations more. He enjoyed that staff had the flexibility to sit with him and just listen to his experiences. He insinuated that all he wanted was for people "to listen, digest and learn so that those days never have to be repeated." Just weeks before he died, he was taken to the Holocaust Museum where he relived the pain but appreciated everyone's tight hugs reminding him those days are over and that "we're home and free." Just days before he died, he visited Fountain Square in downtown Evanston to watch the wreath laying for Veteran's Day. He murmured, "Thank you." He felt comfort at that moment, knowing he'd passed on what he'd been holding to himself and that others will learn from his experience.



Consistent Staff Assignments

Eunice Smith Home

Prior to the practice of consistent staff assignments, the Eunice Smith Home assigned staff according to “blocks of rooms.” No thought was given to personalities, compatibilities, etc. On the journey of culture change, the Home realized they needed to promote relationship building as well as encourage the staff to see the resident as a whole person.

The process began by creating four categories of care, beginning with totally independent through totally dependent. Residents were then grouped into one of these categories. In order to be “fair” the direct staff was asked to choose who they thought they wanted to care for from each care group. This was started with the staff with the most seniority. What a surprise when the most “difficult” resident was chosen first. In a process where they thought they would have problems getting someone chosen, those residents were chosen first.

Eunice Smith Home has orientation for each new employee. The nurses are educated that during the admission process to assess for not only levels of care but also for personality types before assigning a direct care staff person. No certified nursing assistant (CNA) will only have folks who require the maximum of care services. The CNAs have learned to go with their resident during a transfer to another wing or another facility to give information on how the resident’s preferences. The CNAs are now comfortable calling family members to report on anything the resident needs or just that the resident wants the family member called.

The Home observed that many family members who have been somewhat difficult to deal with in the past, have become not only happier but more trusting of their CNA. They know exactly who to talk to about their family member’s needs or requests and don’t have to look for administrative staff. They are now comfortable letting the CNA know when they want to pick their loved one up or what outfit they want them to wear. Some of the administrative staff was skeptical that the consistent staff model would work, but now it is commonplace to see CNAs look at their residents and say things like, “you don’t have your glasses.”



This process has been a little more difficult this past year or so in that there are many more Medicare and Managed Care residents admitted for short term rehabilitation. For these residents, staff needs to work quickly to form relationships and be able to meet the needs of people with a

higher acuity. The consistent staff model continues to be used but often extra staff is called to assist with the rehab residents. The goal is to continue to embrace the relationship model and process with all residents.

Obstacles have been that with the rapid turnaround of residents for short term rehab, new staff is not getting oriented to culture change with any amount of consistency. The big lesson learned was the eagerness of the staff to do well with the residents as well as their ability to embrace change. Administrative staff was surprised that they never considering things like consistent assignments and other choices before Eunice Smith Home began their journey to culture change.

Knowing the Residents

Aviston Countryside Manor

The administrator at Aviston Countryside Manor identified a fundamental issue that was an obstacle to culture change. She recognized that the direct care staff, mainly the certified nursing assistants (CNAs), did not know the residents as well as they could. She realized a main reason for this was that the resident assistants did not have consistent assignments. Without consistent assignments, it was difficult for the staff to know the residents. Resident complaints and challenging behaviors were on the rise. It was also common for staff to call in at the last minute, asking for the day off. Staff retention needed a lot of improvement. The Director of Nursing was solely responsible for making the staffing schedule. Similarly, the housekeeping staff did not have consistent assignments and were less helpful and personal when cleaning residents' rooms. All of this made for a rather uncomfortable environment for the residents and the staff.

With the leadership of the administrator, Aviston Countryside Manor began discussing the concept of consistent assignments with the staff. Initially the CNAs did not want to have consistent assignments, saying they liked having a variety of residents to care for and working in different parts of the home. They felt that without this variety, they would have too many challenging or demanding residents that they would not get a break from. The discussions took a while before a change was implemented. The home began person-centered staff training which helped get buy-in from the CNAs. Housekeepers began with their consistent assignments six months ago. The CNAs began three months ago. This one culture change practice has already made a difference.

The Director of Nursing, while continuing to supervise the CNAs, gave up the responsibility of making up the assignment schedule and designated a CNA mentor to take on this task. These mentors also help with one-to-one training and modeling. The assigned direct care staff shares their knowledge of the residents with other staff serving that unit, at care plan meetings and with families. They let whoever is taking their shift when they are off know current, specific details about the resident, such as when and how they have a bath, when they need to go to the bathroom or their level of physical ability, such as walking with or without assistance. Communicating these individual aspects, both physical and emotional, makes a big difference in the residents' day. This in turn impacts the staff's day.

The practice of consistent staff assignments continues with little to no staff or resident complaints. CNA ownership of the scheduling process remains central to the success of the change. Person-centered training is ongoing and there are future plans to use these improvements as a potential marketing tool.

Changing this one practice of consistent assignments has resulted in so many positive outcomes. Close relationships have developed between residents and their assigned CNAs. They know the person's physical and emotional needs. There is better staff communication between assignments. Overall staff retention has increased and there has been a dramatic decrease in staff call-ins. Perhaps the staff feels uncomfortable calling in at the last minute when a peer who is responsible for the creating the schedules receives the call. Perhaps it is simply that the staff enjoys coming to work to care for the people they know well.

The primary obstacle was at the beginning when the CNAs believed that consistent assignments meant they might get stuck with challenging residents. This has not really materialized. The closer relationship between resident and staff has resulted in fewer challenging residents and fewer complaints.

In addition, the incidence of resident falls has decreased. The home is now completely alarm-free. One reason may be that the staff now knows the walking and exit seeking behavior of their residents. Consistent assignments have improved relationships with family and other departments. Everyone knows that the assigned CNA knows the resident better than anyone else.

Housekeepers also know their residents better since having consistent assignments. They know which residents do not want their rooms rearranged. They may know to turn on a particular TV channel when they clean Betty's room at 10:00 a.m. because she likes to watch "The View."

Learning Circles

CJE SeniorLife - Lieberman Center for Health and Rehabilitation

Four to five years ago, the leadership team for the CJE SeniorLife organization created new guiding principles. Lieberman needed to communicate and discuss these new guiding principles with staff. The assistant administrator and director of social work created and facilitated “Staff Education through Learning Circles” as a five session course that would educate using the learning circles format. This course was evaluated through the use of a pretest and a post- test to see if it met the desired outcomes.

Learning circles were introduced to one floor at a time. Staff from all disciplines and on all shifts participated in discussions on topics including person-centered care, what is a learning circle, the power of language and ideas for improving quality of life for residents.

Because of the success of the initial learning circles, a resident learning circle has begun. The next steps are the creation of family learning circles and forming learning circles on the dementia floor and the rehab floor. Monthly floor team meetings continue to use the learning circle format.

Sustaining any new and successful undertaking is always a challenge. Often efforts are created and facilitated by a core group of people. In Lieberman’s case, the learning circles were led by two people. This is very labor intensive so it is essential to involve other people. Sustainability must be built into the system so these learning circles can continue and grow after the original leaders are no longer around.

Staff has embraced the learning circle format as the natural way to discuss an issue. When one group of direct care staff had issues with new management, the group asked for a learning circle to express their views.

The benefits of learning circles are many. The learning circle method is highly inclusive, encourages participation of all members and can bring together a diverse group of people around a new concept. Participants can find common ground and mutual respect through the use of this tool. Symbolically, sitting in a circle is a powerful learning stimulus when compared to the typical classroom-style setup in which most education is delivered. In addition to the acquisition of knowledge, learning circles also promote inner shifts in participants’ values and behaviors.

Data from the Lieberman program supports the use of learning circles as an effective tool for staff education. Learning circles are easily replicable in many different settings with diverse staff groups. Additionally, they create sustainable and demonstrable learning because participants are involved in an active personal learning process, rather than being a passive participant in a traditional, didactic in-service setting.

What a Learning Circle Is

A communication tool

A small, informal gathering of people who come together to share their knowledge and experience

A non-judgmental environment for the exchange of ideas

A forum that equalizes the balance of power and gives all participants a voice

Uses of Learning Circles

Teambuilding

Introduction of new concepts

Acknowledgement of diversity

Acknowledgement of common ground

Clarification of values

Conflict resolution

Empowerment of participants

Problem-solving

Basic Rules of Learning Circles

A facilitator poses a question to group

Someone volunteers to share his or her viewpoint

The person sitting to either side of that person goes next

Go around the circle responding to question

Floor is open for general discussion once everyone has had a chance to talk

People can “pass” on their turn to respond

Listen, don’t interrupt

There are no right or wrong answers

Measuring Person-Centered Care

Presbyterian Homes

Presbyterian Homes had implemented person-centered care for several years. Training and other awareness initiatives were used to encourage direct care staff (CNA - Certified Nursing Assistant) to practice person-centered care with the residents. The CNAs were doing a very good job in this effort, but there was no measurement to support and acknowledge the CNAs' person-centered practices.

Presbyterian Homes had implemented CareTracker®, a product offered by Resource Systems of New Concord, Ohio. CareTracker® is a computerized documentation kiosk used by CNAs and others as care and service are delivered. Computerized software to report and measure person-centered services was not found in the market. The Computerized Innovation created a user interface between these two efforts – care and service. Morning and evening care preferences (differentiated from health care services) were documented and programmed into the online CareTracker® kiosk along with reports and monitoring documentation. The online documentation tool helped to assure that resident preferences became part of daily service routines and that preferences were honored, such as keeping a window open at night, turning the TV on at a certain time, providing a resident with something to read first thing in the morning. This computer based person-centered care tool to support and measure delivery of resident preferences was implemented with the support of a grant from the Illinois Department of Public Health.

This project continues as information on resident preferences is entered into the computer. It is the CNA's job to collect the information. Basic preferences have been the focus of this project. The next steps are to deliver more complex resident preferences. Discussions are occurring on these future plans. The computer can compile reports on the delivery of these preferences.

Tracking the CNA's work practice helps acknowledge staff's successes, and communicate resident preferences to other direct care staff (such as on the weekends). Success was partly due to the significant resident-staff relationships already established by the CNAs. CNAs were part of the project development and served as trainers. The important work of the CNAs was acknowledged via reporting and measurement.

Understanding the difference between health care services versus person-centered preferences has been challenging for some staff. Standardized documentation needed to be discussed. The project also developed and pilot tested a new measure to evaluate nursing home residents' preferences, values, and satisfaction with components of person-centered care. This tool helps individualize person-centered care, but it also validates that the aspects of person-centered care that we are working on are those most highly preferred and valued by residents.

Preferences, Values, and Satisfaction Measure (survey Survey completed by _____

Respondent _____ Date _____

	Preferences	Value Weighting	Satisfaction
	Do you have specific preferences about...? N=No Y=Yes NR=No response	How important is it to you that your preferences about ... are respected? (0-4) 0=No response 1=Not important 2=Not very important 3=Somewhat important 4=Very important	How satisfied are you with how your preferences about...are respected? (0-4) 0=No response 1=Not important 2=Not very important 3=Somewhat important 4=Very important
What you eat			
When you eat			
When you get up			
When you go to bed			
When you take a bath			
How you are bathed			
Determining your own schedule			
Choosing your own activities			
Making decisions about your health			
Making decisions about your care plan			
Which CNA provides your care			
The same CNA providing your care as often as possible			
The caring attitude of the CNAs and nurses			
The environment of the unit			

Anything else? _____

The Survey

The Preferences, Values, and Satisfaction measure was administered to 27 residents (all possible respondents) of the pilot unit. The survey aimed (1) to determine whether the preferences assumed in our Person-Centered Care module were those that residents had preferences about; (2) to determine the value placed on each preference by the resident; and (3) to obtain information about how satisfied residents were with how their preferences are respected.

Preferences and Satisfaction Scores (n=27)

	Preferences Value Scores	Satisfaction Scores
High	Caring attitude of CNAs and nurses Choosing their own activities What they eat Environment of the unit Making decisions about their health care	What they eat When they take a bath When they go to bed When they eat
Moderate	When they go to bed When they get up Making decisions about their care plan Determining their own schedule How they are bathed	Determining their own schedule When they get up Environment of the unit Which CNA provides their care
Low	Which CNA provides their care The same CNA providing their care as often as possible When they take a bath When they eat	Choosing their own activities The same CNA providing their care as often as possible Caring attitude of the CNAs and nurses Making decisions about their health care Making decisions about their care plan

What Was Learned

Residents who valued what and when they eat, when they are bathed, and when they get up and go to bed were already satisfied with how those issues were handled. It was speculated that these were aspects of “First-stage Person-Centered Care.” There were however greater disparities between values and satisfaction in the areas of staff attitudes, choice of activities, and participating in decisions about their health care or care plan. It was speculated that these were aspects of “Second-stage Person-Centered Care.”

This work encourages staff to think of a *staged model* for person-centered care that is based on preferences of a group of residents. Most important, this work taught that person-centered care must be *individualized* with respect to which aspects of person-centered care are preferred and how highly each aspect is valued by residents.

Resident Interview Committee

Sunny Hill Nursing Home of Will County

The situation before the practice began was the typical process of the department head interviewing potential employees and making the final decision to hire.

The residents were asked if they would like to be a part of a committee that would give the final approval to all new hires. The residents were chosen because of their ability or their past careers. The process of reviewing what was important to them in a new staff person was discussed at several meetings in order to develop a list of questions that they could use in the interview. After all seven residents of the committee were comfortable with the process the interviews were scheduled. One very important step that was taken by administration was that all department managers that would normally make the decisions about new hires agreed that they would no longer have the final say. It was clearly understood that the residents' decision was the final decision.

The interview process that was agreed upon by the residents starts with an introduction of residents to the potential candidate. Residents are encouraged to introduce themselves as a retired nurse, or whatever their professional was, not as a resident of Sunny Hill. The questions asked have been predetermined by the group in a "round-robin" style. If any other questions arise or an answer needs clarification, the residents are trained in the legalities of appropriate questions that can be asked and they do so at this time. When all residents are satisfied with the answers they are given, they go around the table and tell the potential employee what they would expect of them if they are hired. At this point, Becky Haldorson, Assistant Administrator, or an assigned manager comes back into the room to dismiss the person and sit down with the committee and document their comments on a form that will later go to the department head. After all comments are discussed, the group will either approve or deny the potential employee. If the vote is not unanimous, then the majority rules.

This interview committee has been in place since July 2008 and has interviewed every new hire. There have been several people that the committee has denied, so not all make it through the process. This committee is a permanent part of the Sunny Hill focus to put the residents first. The resident that serves as the committee chair has been a part of every interview and has not been absent once. Her dedication has been instrumental in the success and dedication of the group.

The most obvious outcome has been the relationships that develop with staff and residents. Many times a member of this group has reported that those they have approved have searched them out after they were hired to thank them for giving them a chance. If a staff person acts inappropriately in the presence of a committee member, the resident will remind them that when they were approved that they promised that they would "be the best ever." This puts a different perspective on who the staff member's supervisor truly is. The resident ultimately is in charge of the people they choose to have take care of them. This group takes their responsibility seriously.

They understand that they are not only representing themselves, but also those who cannot speak for themselves.



The obstacles have truly been few. The time from administration was great at the beginning but is less as the group becomes more confident. Every Monday and Friday afternoon the residents have agreed to do interviews. This makes it easier for department heads to plan their schedules. The interview usually takes between 20-30 minutes depending on how effective the interviewee communicates. The other potential issue is of course the various health issues of the residents on the committee. This is why the group is always between 6-7 residents and never any less than 3 just in case there needs to be a vote.

Marcella, who leads this group, is very committed to the cause and her participation has been very effective in keeping her involved and active.

Successful Training through Mentoring

The Wealshire

At a Northern Illinois Pioneer Meeting, the director of education at The Wealshire asked the group, “Has anyone here experienced a really successful staff training program?” There was no response as the health professionals in the room looked around at each other. A more specific question was posed.

“Has anyone here had experience with a successful training program either on or off your campus that didn’t depend on a major commitment on the part of management for monitoring and enforcement?” Now there was audience involvement – heads were swinging from side to side indicating a negative response. The consensus of the group was a resounding “No, we don’t remember anything that has ever really worked!”

The Wealshire already knew that after trying numerous training approaches, nothing seemed to really stick. When a change was attempted, it would last only as long as someone was closely overseeing the staff. When that person would step away, the change failed and everyone went back to their former ways. Now they knew that it wasn’t just them, but that other facilities were having the same issues with developing change that lasts.

The process of change began by looking back at approaches to training that had failed in the past.

Approaches and Challenges

One approach believed that if the need and reasons for the change were clearly communicated, then the change would follow. In other words, once staff sees the importance of the end result, training will be successful. Unfortunately, this approach put the cart before the horse: even when information is expertly presented in the form of didactic training, change does not necessarily occur. Furthermore, the more the training addresses changes in comfortable routines or areas where the staff member feels competent, the less chance a rational approach brought lasting change.

Another approach was to change by decree. Change is mandated by the powers that be using rules, laws, policies, procedures, job descriptions or other approaches that expressed expectations while communicating the consequences when the expectations were not met. This approach worked for awhile, until the source of the power changed. When the staff never bought into the change in the first place the system failed when the “power” changed with new management.

Added to the difficulty of achieving effective long-lasting change through training is the current trend of Certified Nursing Assistants being people for who English is their second language. The classroom setting of training has not been successful when all the participants do not understand the information being presented.

Also, many employees drawn to hands-on care roles are physical learners. Having the traditional classroom setting where verbal and auditory learning dominate the training seems a formula for failure. They learn by observing, watching demonstrations and by actual hands-on physical learning.

Knowing these road blocks to effective learning, the Wealshire created a “physical” teaching position for Certified Nursing Assistants – a position that would utilize demonstration and modeling to teach everything from body language, behavioral interventions, and skillful techniques of offering nutrition, alternate bathing approaches, compassionate care, and all areas of person-centered activities of daily living.

What’s in a Name?

In prior training ventures, the lead person responsible for results became the quasi boss to others in the group. Even the name of the program indicated that one person would reign over others and have more responsibility. Therefore, a decision was made to scrap past naming mistakes like “Team Leader”, “Lead C.N.A.”, and “Household Coordinator.” Since this was a true teaching position, the name should reflect the purpose and be defined by the goal and the meaning. Thus the *Mentor* concept was born – mentor, meaning trusted advisor.



Indeed, contrary to past failed programs, instead of a boss, the mentor would serve as a role model. Serving as a role model for the nursing department, the Mentor would possess the qualities of credibility, honesty, reliability, peacemaking and most of all demonstrate an understanding of person-centered care with his or her residents. Excellent work ethics, accountability and attendance record would be mandatory for the position of role model. In addition, the position would require that the Mentor not expect special privileges but sets an example by following the facilities policies to the best of their abilities.

Starting the Program

To start the program, the Wealshire asked for recommendations from all departments for potential candidates and one individual was selected for each shift.



To introduce the program, an in-house *Virtual Aging Experience* was created. The Mentors conducted the experience with staff from all departments where they engaged in a 20 minute simulation of the physical changes associated with aging experienced by our residents. Every employee was given a handicapping scenario, with physical limitations that approximated reality. They then were asked to complete some everyday tasks with these limitations. In this way the staff members became really engaged in the exercise and saw the Mentors as persons they could learn from.

The program was initiated with one mentor named on each shift. Within three months, seventeen more mentors were added, chosen because they demonstrated an understanding of person-centered care.

The mentoring program is branching out to develop specific mentors based on their particular strengths. One long time nursing assistant who did not rise to the attention of the director of the program initially, was found to have a very unique skill set.

During this time of assessment, someone mentioned that a resident had said that Grace “gave me the best shower of my entire life, I have never had a shower like that.” Sure enough others in the group added to the praise for Grace’s showering abilities. Then someone said that they were just told by a resident that due to the fact that she was on bed rest, Grace had just given the woman a bed bath. This resident also voiced the opinion that Grace “was the best.” She had never experienced such a wonderful, relaxing experience, as a bed bath from Grace.



This information prompted the facility to create “specialized mentors.” If Grace could provide such person-centered care in the area of bathing, even though she was using the same soap, towels and equipment as all the other nursing assistants, she needed to teach and “mentor” her co-workers to provide the same bathing experience that she was. So the position of “Bathing Mentor” was born.

Successful Learning

By presenting new material in a manner more easily understood, it has facilitated greater buy-in from staff. When the learning process calls for hands-on demonstration, the Mentor is available to provide that one-to-one or small group demonstration. This non-threatening learning environment has empowered the staff to feel comfortable asking questions they might not ask in a larger setting. The end result is increased understanding and confidence by all.

During the training process staff was more comfortable “brainstorming” with each other in a smaller setting with an approachable “trusted advisor” and have the opportunity to feel “heard” as a valued caregiver.

After the teaching or demonstration process, the Mentor remained with the staff working side by side to observe the implementation of the new system until the staff would have an understanding and demonstrate their own buy-in.



Some Challenges

Some staff members, when realizing that there would be more Mentors, not just a very select group:

- Tried to apply for a Mentoring position, not understanding that their work performance with their residents was what would recommend them for this title of role model.
- Became jealous of the Mentors, and acted out in unbecoming ways, such as declaring in group situations “I didn’t want it anyway.”

The staff has tried on several occasions to revert to past programs and consider the Mentor a “clean up” position. Expecting that person to come up after them and fix what they have left undone. Consistent reinforcement that the Mentor is a role model is important. It is the intent of the facility to have all staff become Mentors, after they have been here at least one year.

The original Mentors have been empowered to:

- Step forward and voice their opinions on hiring practices. This has resulted in the creation of a pre-hire test that we are giving applicants before the interview process.
- Step forward and volunteer to orient new employees.
- Designate themselves as problem solvers in the facility when there appears to be a breakdown of systems.
- Function as fact finders, when there is a difference of opinion as to where problems are arising from, the Mentors step in and work in that area of the facility until a clear picture emerges as to where the needs and possible solutions lie.

As a result of training being facilitated through mentoring, an original and practical concept may develop into something greater than ever imagined when originally presented. The Mentoring Program is a true pioneering approach that involves direct care workers in an empowering and satisfying endeavor leading to real and continuous culture change.

Through the Looking Glass

Aviston Countryside Manor

Dr. Richard Carlson, who holds a PhD in psychology and is an accomplished author, has said that nothing builds perspective more than developing compassion for others. And compassion, he said, comes from “the willingness to put yourself in someone else’s shoes, to take the focus off yourself and to imagine what it’s like to be in someone else’s predicament.”

That’s precisely what a handful of employees of Aviston Countryside Manor did as part of the nursing home’s “Through the Looking Glass” project. Administrator Leslie Pedtke presented the project as a contest, open to all employees, in which the participants would stay at the nursing home as residents. They would sleep in the same rooms, eat the same foods and endure simulated physical and mental challenges similar to what nursing home residents endure. Whoever stayed the longest won a \$500 prize. Pedtke explained that she came up with the idea for a contest last year while she was spending some extensive time with a resident who was dying. “Her family wasn’t here, and I sat with her quite a bit,” Pedtke said. “I could tell how alone she felt, and that’s when I decided that the staff members need to know how it feels to be on that side of the door.”

Four employees signed up for the challenge – certified nursing aides (CNAs) Leah Schmit and Kat McCrory, housekeeper Darlene Huelsmann and Chris Ranz, a CNA who is also a nursing student. Their reasons for signing up were similar, yet very personal. Darlene said she had parents who had lived in nursing homes. “I’m curious how it was for them, and I’m also curious about the residents themselves and how it feels for them.” Leah added, “I’m hoping it will give me a better understanding of what the residents go through and make me feel more empathetic.”

While the contestants could not leave the nursing home during their stay, they could bring their laptop computers and cell phones. They all brought their own pillows and blankets, but that did little to ease their inevitable insecurities that come with losing the home life and multiple freedoms they were accustomed to.



Upon being admitted as Countryside Manor residents, the participating staff members were each required to draw a random diagnosis. Kat had congestive heart failure and was required to be on oxygen at all times. Chris was a recent stroke victim and had partial left-side paralysis simulated by wearing a weighted sling. Darlene also had a diagnosis of stroke with left-side weakness.

Leah had congestive heart failure with fluid accumulation in her legs which was simulated by wearing weights on both ankles and support hose. Each staff member shared a room with a real nursing home resident, and throughout their stay, they were required to draw slips of paper with different challenges.



For instance, in her first challenge, Kat was told she had been choking on fluids and was required to drink only liquids thickened to the consistency of honey for the day. Leah and Chris both were faced with the problem of incontinent bowel which was simulated by lying in chocolate pudding. In one challenge, Darlene endured incontinent urine with no nurse's call button in reach.

There were many challenges to test their endurance and enhance their perspective of resident life, such as: wearing vision impaired goggles while taking part in activities like Bingo; missing cigarettes and misplaced eyeglasses; head injuries which required neurological checks every two hours; wearing cloth diapers; using a bed pan for up to six hours; room reassignments; drinking prune juice with every meal; eating pureed food and more. During one challenge in which she was forced to wear weights for a lengthy period of time, Darlene admits she was almost in tears. "It was very limiting," she said. "I wanted to quit, but I thought, 'Well, they (the residents) can't quit, so I'm going to stick it out.'" Toward the end of her stay, Darlene commented, "I miss my home, I miss my bed, I miss my freedom. I miss having energy to do things, and I lost a lot of that." Kat said she found that she was often overcome by a sense of loneliness. "When you're confined to your bed or a wheelchair it feels like you're basically by yourself and trying to find something to do," she said.

In the end, Kat McCrory won the contest living as a nursing home resident for eight days. Four days was the minimum; however, all of the contestants feel that they walked away as winners.

Above all, Chris said he has learned that it's very important for staff to develop relationships with the residents." After working here awhile you know pretty much everyone in the building, but you don't always take the time to talk to them and to get to know them – what they like and don't like, sharing some of their hardships and concerns," he said. "So now, as a resident, I can talk to another resident for a full hour or an hour and a half, you really, really get to know them and help them out. It's obvious that if you know them better, you can better care for them."



Kat, who normally works the midnight shift, was glad to have the opportunity to witness some of the other shifts at work and to get to know the residents during the day while they're awake. "I'm going to try to be a little less rushed in my job," she said. "Try to take time to talk and get to know the residents." Leah said the experience definitely changed the way she looks at her work. "I hope that everyone tries to spend more quality time with the residents," she said, "as for myself, I may even visit them once in awhile when I'm off. Some of them are really lonely."

Now that the challenge is over, Pedtke anticipates that the four contestants will share their experiences and new insight with their coworkers. Pedtke has been sharing the experience as well within the long term care community. Two weeks ago, she made a presentation about the project to the Southwestern Illinois Pioneer Coalition which is focused on culture change in long term care with the major change being person centered versus task-centered care. "Putting the person before the task," Pedtke said. She will also be presenting "Through the Looking Glass" to the Pioneer Coalition at the state level in Springfield and has submitted an application to present the project at a national meeting of the Pioneer Coalition scheduled for later this year in Indianapolis.

Pedtke believes "Through the Looking Glass" provided priceless insight, and she is proud of the staff members who took part in the inaugural challenge. "They took it very seriously, and they all had very serious reasons for participating," she said. "We will absolutely do it again."

Transition to Neighborhoods

The Holmstad

Creating “neighborhoods” in a traditional skilled nursing building is indeed a challenge. When the physical environment can’t be renovated, the concept of neighborhood must be created through changes in the service, programs and overall philosophy. The Holmstad’s skilled care facility, Michealsen Health Center, has been on the journey from “nursing unit” to “neighborhood” for the past three years. The first and easiest step was to rename the units to names chosen by residents and staff. For example, 2-West has been known as the Magnolia Neighborhood for years now. Naming was the last simple success in this culture change journey.

In the traditional setting, neighborhoods are defined by the “inter-disciplinary team” and much of the work that has been done over the past three years at Michealsen has been to attempt to develop those teams. The first step was to identify the appropriate leaders. After a series of false starts, two social workers and two life enrichment staff were chosen for the positions. There are four neighborhoods, two on each floor. A social worker is the leader of one neighborhood on each floor and a life enrichment staff member is in charge of the other neighborhood. Each neighborhood leader also has responsibilities in their discipline for the whole floor. The social worker performs social services for the whole floor and the life enrichment member does activities for the whole floor. All four neighborhood leaders report directly to the administrator.

This reorganization was quite a challenge for the social workers in particular as it required a substantial change in their responsibilities and work flow. Each member of the social work department previously had a function – one handled inquiries and hospital contact, a second handled the admission paperwork, and the third was responsible for the care plan process. With the change, each social worker is now responsible for many functions for a smaller group of residents – from admission to discharge. The goal is that the social worker/neighborhood leader gets to know each resident extremely well and imparts that knowledge to the whole neighborhood team.

The development of neighborhood teams was also contingent upon consistent assignments in nursing, dining services and housekeeping. Substantial progress has been made in this area but there is more work to be done. It takes a genuine commitment from the management of these departments to make consistent assignments work on a regular basis.

In the neighborhood model, members of the team are committed to their team members with whom they share a common vision and clear goals. This team consists of people from various departments and different roles, all of whom are caring for the same group of residents. The traditional model of “departmental silos”, where the primary allegiance is to the department rather than the inter-disciplinary team, was formidable at Michealsen. Department managers have had to learn to accept this shift in allegiances in order for the teams to be successful. They also have had to be willing to further relinquish control over members of their departments as empowerment and decentralized decision-making are critical to the success of neighborhoods.

These are indeed challenges for management staff at Michealsen and progress has been slow but steady.

The nurses completed leadership training which helped them understand their role on the team. They are by nature of their positions in co-leadership roles with the neighborhood leaders. Daily team meetings were started in order to enhance information flow and build the teams. Specific projects, such as resident-centered dining, helped team members recognize the value of working together.

The goals of the neighborhood teams are described as follows:

- To know each and every resident as a whole multi-faceted person
- To see the resident as the primary decision-maker
- To “strive for five” – a “five” is a peak meaningful and joyful experience.

The culture change process is supported by the multi-disciplinary Guiding Team, which meets on a weekly basis to discuss progress and plan for the future.

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Selfhelp Home
908 W. Argyle St.
Chicago, IL 60640
Hedy Ciocci, Executive Director, hciocci@selfhelphome.org, 773-271-0300

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Sheltering Oak
PO Box 367
Island Lake, IL 60042
Joe Agnello, Administrator, joeagnello@comcast.net

Sunny Hill Nursing Home of Will County
421 Doris Avenue
Joliet, IL 60433
Becky Haldorson, Assistant Administrator, bhaldorson@willcountyillinois.com, 815-774-4375

Swansea Rehab and Healthcare Center
1405 N. 2nd Street
Swansea, IL 62226
Jessica F. Fritz, Administrator, 618-233-6625

Sycamore Village Assisted Living
225 Castellano Dr.
Swansea, IL 62226
Natalie McFarland, RN, Director of Memory Enrichment Program
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Three Crowns Park
2323 McDaniel Ave.
Evanston, IL 60201
Gerald C. Farinas. Assistant Director of Life Services
Linnea Nordin, Household Coordinator, 847-328-8700

Tower Hill Healthcare Center

759 Kane St.

South Elgin, IL 60177

Pam Hilderbrand, Community Relations Director, 847-697-3310

The Wealshire and The Ponds

150 Jamestown Lane

Lincolnshire, IL 60069

Virginia Garberding, R.N., Director of Education and Restorative Nursing

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Shari Floss, Assistant Administrator/Memory Enrichment Director

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Winchester House

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Libertyville, IL 60048

Anne Wagner, Administrator, 847-377-7200



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