Disclaimer

"Culture Change in Long Term Care" is an initiative of the Alzheimer Society designed to enhance the quality of life of people with dementia living in long term care homes in Canada and their families.

To enact this direction, the Alzheimer Society of Canada (ASC) funded an exploratory qualitative research in 6 long term care homes across Canada, which were selected by external subject matter experts on the belief that they are striving to provide elements of leading-practice, person-centred care to their residents with dementia.

ASC does not endorse or recommend any of the 6 homes which participated in this market research, nor the processes or services put into practice. The views and opinions included in the reports do not necessarily state or reflect those of ASC, and they may not be used for endorsement purposes.

Please note that the information contained in the following reports is not intended to serve as professional advice.

Donald Berman Maimonides Geriatric Centre
Leading Practices in Person-Centred Care
For their Residents with Dementia

The Donald Berman Maimonides Geriatric Centre (DB Maimonides) is founded on a strong heritage of Jewish values and community support. It is a long-term care facility in Montreal that is home for 387 residents. The majority of these residents have some degree or form of dementia – upwards of 80%. The Centre is affiliated with McGill University.

The DB Maimonides Centre has six specialized pavilions or floors, each focused on stabilizing and improving the quality of life of residents with similar profiles and medical diagnoses.

A. Management Philosophy and Values

1. Core values

a) Objectives

- Be a values-driven organization in all aspects of communication and care with all stakeholders, including residents, family members of residents, staff, and volunteers.

b) Approach

- The senior management at DB Maimonides have three core values that anchor and steer the organization's person-centred approach.
  - Autonomy.
  - Dignity.
  - Respect.
- To instil these values throughout the organization, senior management believe they need to "Walk the Talk" in everything they say and do. This is at the heart of how they approach their roles as managers and leaders.
- Management has also installed formal processes within the organization to ensure these values are sustained. The sections following contain descriptions of many of these processes.

c) Results

- The following quotes from staff and family members illustrate how these values are manifested within the organization and in the provision of person-centred care for residents, family and staff at DB Maimonides.
  - *"The senior management team here are very open and want us to be happy working here. The Director of Nursing visits our pavilion a lot. We get a lot of respect from her. We are all equal. I'm on the frontline. I'm important. We know we're important. I know I'm important." (PAB (A Care Aide))*
  - *"The staff handles everyone with dignity and respect. They are very gentle with all the residents. They know it (dementia) is not their fault." (Family Member)*
  - *"They don't say 'patients live here', they say 'it's residents who live here'. It's about preserving residents' dignity." (Family Member)*
  - *"The respect comes from the top of this organization." (PAB)*

2. Best practices

a) Objectives

- Implementing leading-edge best practices in person-centred care is at the core of DB Maimonides' objectives, as well as is the ongoing sharing of this expertise.

b) Approach

- Senior management sees an important part of their role as ensuring that DB Maimonides is following the most current best-practice guidelines. To do this, on an ongoing basis management evolves these guidelines using sources such as the following.

  (i) DB Maimonides' own research department, which continually researches best-practice approaches.

  - DB Maimonides has been involved in collaborative research for 15 years.
  - Two years ago they recruited and hired a full-time Research Director. A focus on research is one of the axes of their current Strategic Plan.
  - Members of the frontline staff are often involved in the research conducted at DB Maimonides, learning new skills that improve resident care and, in the process, becoming more engaged in their work.
    - *"We learn so much here. Because of the research they were doing here, I learned about the meaning of residents' screaming. There are pain screams, danger screams, and attention-getting screams. You understand the meaning of the screams from knowing the resident." (PAB)*

  (i) The RNAO (Registered Nurses' Association of Ontario).

  - The RNAO has received funding for a multi-year program, the purpose of which is to support nurses by providing them with Best Practice Guidelines for client care.
  - There are currently almost 50 published guidelines as well as a Toolkit and Educator's Resource to support implementation.

  (ii) Safety guidelines from the "Association paritaire pour la santé et la sécurité du travail du secteur affaires sociales" (ASSTSAS).

  (iii) The Planetree's approaches to care.

  - Planetree is a non-profit organization that provides education and information to facilitate efforts to create patient-centred care in healthcare organizations.
  - Planetree's philosophy is based on the premise that care should be organized first and foremost around the needs of residents.
  - DB Maimonides adopted the Planetree model in 2008 as part of their 2007-2012 strategic plan with the objectives to:
    - Build on DB Maimonides' core philosophies to offer "more than care" to its residents.
    - Give the organization a common language and framework for the person-centred care approach at DB Maimonides.
    - Enhance the relationships amongst staff and residents.
    - Build on and reinforce the relation-centred care training already in place at DB Maimonides.

The Planetree philosophy of care that DB Maimonides embraced, and some of the Planetree initiatives undertaken, are detailed in the sections that follow in this document.

3. Satisfied and happy staff = Satisfied and happy residents

a) Objectives

- Value, empower, and recognize all staff to maximize their satisfaction and engagement in their work at DB Maimonides.

b) Approach

- The senior management at DB Maimonides believe strongly that:
  - Care for the caregivers is important in providing high-quality care to residents.
  - When caregivers are feeling good, they are much better at connecting with residents on a personal level and making them feel good.
- In their written materials, DB Maimonides cites research which confirms this belief.
  - *"A study of over 2 million patients and 190,000 employees found that patient satisfaction is strongly associated with staff satisfaction (Clark, 2008)."*
  - *"Studies have also shown that a very effective way to improve patient satisfaction is to focus on employee satisfaction (Collin, 2008)."*

c) Processes

- The sections that follow in this document on "Management Processes" and "Staff Education and Training" detail many of the different processes that management uses to accomplish the above objective.

d) Examples

- Senior management believe staff need to be empowered to be effective in delivering person-centred care – Staff need to feel free to do what they believe is right for the resident, guided by DB Maimonides core values and the principles of person-centred care. The management team's values and belief in staff empowerment and accountability have filtered down through the organization.
  - *"Our CEO believes in the team surrounding her and lets us fly. There is an intense trust." (Executive Director, Foundation)*
  - *"I feel we have the support of the senior management team and I feel we have their trust." (Head Nurse)*
  - *"Risk-taking is supported here, in trying new approaches with residents. We say to staff, 'Don't be afraid. Talk to the team.' I'll ask staff, 'Explain to me why you're doing it that way.' If we make a mistake, we admit it and learn from it. If one of the team makes a mistake and explains to me why she took that approach, I'll ask her to send the family to me. I'll tell them that we made a mistake." (Head Nurse)*
  - *"A lot of what we do (in approaching residents) is trial and error. There's no magic formula. If it doesn't work, you try something else." (PAB)*
  - *"After 5 pm, the recreation staff go home and we get creative. We think up things we can do with our residents. I know that one of the orderlies does karaoke in the evenings." (PAB)*

- A great example of staff empowerment at DB Maimonides is the hearing aid program created by one of the LPNs.
  - A hearing-impaired LPN at DB Maimonides suspected that the confusion exhibited by some residents might be due in part to the poor functioning of their hearing aids.
  - The LPN volunteered to assess residents' use of hearing aids and found that none were using their hearing aid correctly (e.g., no batteries, dead batteries, volume turned off, etc).
  - With support from management, the LPN designed a program to improve the situation, including the following.
    (i) A staff education program on checking, inserting, adjusting and cleaning hearing aids, as well as being sensitive to the fact that resident agitation might be hearing aid-related (i.e., if a resident who uses a hearing aid is agitated, check to see if the hearing aid is functioning).
    (ii) A computer database of residents with hearing aids that includes the serial numbers of each of their hearing aids, to aid in recovery if they are lost.
    (iii) Strategies to reduce the loss of hearing aids (e.g., clips to clothing).
    (iv) Hearing aids added to the nursing treatment sheet so that nursing staff record daily the insertion and removal of residents' hearing aids; now part of nursing's responsibility to chart. Hearing aids are stored in the medication cart.
    (v) Clinics for staff in hearing-aid repair.
    (vi) A protocol developed for residents' ear irrigation.

  This program is being rolled out across the province by the Ordre des audioprothésistes du Québec, with training developed for all health care employees.
- Another example is where staff input was gathered to help design the dining room on Pavilion 2 (for residents with various stages of cognitive impairment who require a specialized approach as well as assistance in all activities of daily living). The resulting design took into account the residents' needs and abilities, as well as those of the caregivers'.
  - Bedside tables are arranged around the perimeter of the room, between which are spaces for the residents' wheelchairs. At mealtimes, the caregivers sit facing the residents while helping them eat. The resident's tray is kept on the bedside table.
  - Staff believed the residents would find this face-to-face arrangement more satisfying than being fed from behind or the side, as would be the case at a conventional dinner table.

e) Results

- Management report that staff retention at DB Maimonides is very high, which translates into stronger resident-staff relationships and better continuity of care.
  - *"We have very low turnover. It's amazing when you see how long people have worked here at the annual ceremony for long-term service awards." (Head Nurse)*
  - *"Staff turnover is very low relative to other Homes and our workers' compensation claims are very low as well." (Executive Director, Foundation)*
  - *"Our high staff retention and low turnover means residents get to know staff better, and staff get to know residents." (Head Nurse)*

4. Staff and family member comments

- The following quotes from staff and family members provide further illustration as to how management's philosophy and values translate into person-centred care for residents, family and staff at DB Maimonides.
  - *"The senior management make DB Maimonides a good place to work. They're always fighting to make this a better place for the residents and for us." (PAB)*
  - *"The care is good here. The staff genuinely care. They must love what they do, some have been here 17 years." (Family Member)*
  - *"Management has an open-door policy. You can go in to talk with them and feel comfortable about doing it." (PAB)*
  - *"You can be heard by management. We express our concerns to the most senior managers. There's nothing hidden." (PAB)*
  - *"The staff is very in tune with all the different residents… their fears and phobias." (Family Member)*
  - *"The Head Nurse on my Mother's floor is always just a phone call away. Her door is always open whenever I need anything." (Family Member)*
  - *"The staff here work together as a team to find the right thing for my Mom. The dietician, physician and nurse worked together to find the best type of food for my Mom." (Family Member)*
  - *"The social worker will listen to all my questions and fears. She's well trained to be able to answer all my questions. Her day doesn't end. When my mom moved floors, she spontaneously said 'let me take you up and introduce you to everyone'." (Family Member)*
  - *"The staff have the residents' interests at heart. The way they talk and interact with my father (resident)…touching him and stoking his hair." (Family Member)*
  - *"They let the residents go anywhere on the floor and into other residents' rooms. Some people get upset with that. The staff keep saying, 'This is their home' and I understand that. It is a good thing." (Family Member)*

B. Management Processes

1. Monthly administrative services committee meetings

a) Objectives

- Identify and act on priorities for the year to improve all aspects of operations at DB Maimonides, including resident and family care.

b) Approach

- Meetings include the Director of Finance, Director of HR, Director of Quality & Operations, Director of Nursing & Clinical Services, and the Heads of Nutrition & Food Service and Technical Services.
- In the first meeting of the fiscal year:
  - Priorities for the year are identified based on the strategic plan.
  - The identified priorities are evaluated to determine which ones will be acted upon, based on relative importance and funding requirements.

- Plans are developed to act on the chosen priorities.
- Decisions are made on how best to fund these action plans – by looking at pockets of funding and what's possible (Foundation, government, etc.).

• The remaining meetings are used to monitor implementation of the action plans and to course-correct where necessary.

2. Monthly interdisciplinary meetings on both units of each pavilion/floor

a) Objectives

• Continually assess each resident on the unit and determine how best to provide care to meet that resident's needs.

b) Approach

• Following an admission, the interdisciplinary care team meets with the resident/family to develop a holistic care plan aimed at improving the quality of life of the resident. The team is composed of clinical staff from the following disciplines: nursing; physiotherapy; occupational therapy; social services; pharmacy; nutrition & food services; therapeutic & recreation services; art therapy; and physicians.

• This team on each unit also meets on a monthly basis to review the current trends of the unit as well as individual cases of concern, in an attempt to anticipate the needs of the residents and develop appropriate programs.
  - These meetings include program review and coordination to ensure the Rehab and Therapeutic Recreation programs do not overlap or conflict with each other.

• *"Our team on the floor gets together to continually assess each resident and determine how best to provide care to meet that resident's needs. We work around the residents and their needs as opposed to them fitting into our schedule." (RN)*

• *"It's a collaborative approach to share information about residents to improve their care." (Professional Coordinator – Rehab)*

3. HUGS (Huddle Unit Guiding Sheet)

a) Objectives

• Using the HUG sheet, the frontline care staff meet by unit and by shift on each pavilion/floor to review, discuss and plan for addressing:
  - The goal for the week that has been established.
  - Specific residents' needs.
  - Residents' clinical issues and priorities, and internal and external appointments.

b) Approach

• Done on each floor, by unit and by shift.

• Done every day.

• All frontline staff involved – RNs, LPNs, and PABs (Care Attendants).

• Pertinent outputs from these meetings are captured in the residents' charts.

• **(See Appendix A: Huddle Unit Guidance Sheet)**

4. Focus groups with staff

a) Objectives

- Determine staff's perceptions of:
  - The pulse of what's going on at DB Maimonides.
  - The care provided to residents at DB Maimonides (How they feel the residents are being treated).
  - How they themselves are treated, included, listened to, and empowered.
- Get staff to identify the implications of their above perceptions, including determining what they think should be done to improve and fix any issues that have been identified.
- For management to use the information from these focus groups to determine where and how improvements can be made in the care of staff and residents.
- Identify and satisfy unmet staff needs to the best of management's ability.

b) Approach

- Conducted twice per year.
- For each group, staff are mixed randomly from all departments.
- 12 to 15 staff members participate in each group.

5. Learning circles

a) Objectives are to provide:

- A forum for staff to be able to express their opinions and concerns.
- Staff the time and space for exploration, learning, questioning, and sharing.
- A staff dialogue for ideas to be considered, feelings to be expressed, and action plans to be implemented.
- An environment for every staff voice to be heard and validated.
- An environment where the decisions, that will affect people, are made by the people the decision will most likely affect.

b) Approach

- Done on request of management or staff, where a specific topic or issue has been identified.
- Goals and desired outcomes from the circle are determined at the outset.
- Facilitated by the Planetree Coordinator, part of whose job is to ensure that each participant is able to share their thoughts, feelings, and ideas.
- Group size is kept to 8 to 12 participants to ensure there is time for every voice to be heard.
- Summary findings from the circle are written up and distributed by the facilitator to all participants.
- Circle meets again to develop action plans based on the summary findings.

- *"Staff stop me in the hallways after these circles to thank me for them. They tell me they feel more heard, secure, and empowered as a result."(Planetree Coordinator)*

c) Example

- Staff on the 3rd floor/pavilion were feeling a lot of pressure after many changes in the organization of work on the floor, and a lot of new resident admissions. The Head Nurse on the floor wanted to address the situation. Learning circles were held with almost all the staff from all shifts on the floor.
  - Staff had the opportunity to voice how they felt about all the changes and pressure on their unit and identified some of the causes.
  - Another series of learning circles followed, in a cross-shift format, where all collaborated to build a plan of action to help the team.

6. Staff recognition

(i) Bursary program

a) Objectives
- Support staff who want to further their education or upgrade their skills in the long-term-care field.

b) Approach
- The DB Maimonides Centre Foundation offers a total of $35,000 per year in bursaries to staff across all disciplines.
- A cheque is given to each recipient during a formal reception.
- An article with recipients' pictures is then published in the staff newsletter.
- *"Staff are supported by management in their initiatives…new programs…new approaches for resident care. If I need more training in something like restraint reduction, I'll source it, and I'm 99% sure funding will be found for it. We have more opportunities for ongoing education here than at other long-term-care homes of which I am aware." (Professional Coordinator – Rehab)*
- *"Geriatrics is a difficult field. You need to be bright and astute, because there is a lot of judgement. People like working here. There are lots of educational opportunities and bursaries, if you want to advance your education." (Registered Nurse)*

(ii) Managers "Tool Boxes"

a) Objectives
- Acknowledge staff for a job well done and recognize their accomplishments in providing person-centred care.
- Provide a way for managers to give immediate recognition and reward to deserving staff.

b) Approach
- Managers receive a special goodie box called a "tool box" which contains gifts to give out to their staff when they go above the call of duty.

- Items include everything from chocolate and candy to picture frames.
- The baskets are put together by a group of volunteers.

(iii) "Tokens of Kindness"

a) Objectives
   - Celebrate the power of individual acts, big and small, to make a difference in the lives of residents, families and staff, and to recognize that collectively these individual acts create a community that is delivering person-centred care.

b) Approach
   - DB Maimonides has 6 "Tokens of Kindness" currently in circulation.
   - When staff members receive one of these tokens, they are asked to enter their story on the website, and then pass the token along to other deserving staff members.
   - In addition to the token, staff also receive a card that they can keep, describing the details of the act of kindness that was recognized.
   - Staff members can keep their token for up to one month, during that time keeping their eyes open for another staff member deserving of the token, based on their approach to and provision of care to residents.
   - Upon finding a deserving staff member, the staff member with the token passes the token along, noting why they selected them. This information is also given to the DB Maimonides' Planetree Coordinator.
   - Adapted from Planetree.
   - *"It is an honour to be presented this Token of Kindness. I know my life's purpose is to make a difference in someone's life; not just my family, but my friends, co-workers, and especially my patients; to offer kindness not just in words and speech, but by truth and action. Kind deeds give hope new meaning and could even change lives." (Staff member)*

(iv) "Planetree Book"

a) Objectives
   - Recognize and celebrate staff who have done something special in person-centred care for residents.
   - Encourage the members of the DB Maimonides community to recognize the special contributions of other members of the community.
   - This was adopted partly in reaction to the prevalent negative portrayal of long-term care in the media.
     - *"Our own front page." (Director of Nursing and Clinical Services)*

b) Approach
   - Anyone (staff, family members, and sometimes residents) can make an entry in the book – mostly based on observation of staff as they go about their work.
   - The Planetree Book is accessible and on display at the reception/security desk in the front lobby of the Centre.

(v) "Planetree Month"

a) Objectives
   - Celebrate accomplishments in person-centred care at DB Maimonides.
   - Recognize all the hard work and effort of staff.
   - Energize staff and give them opportunities to learn and grow.

b) Approach
   - Activities are planned over the month of May.
   - These activities include skill sharing, guest speakers, and experiential activities.
   - All disciplines have a day set aside to honour them with a lunch and interactive activity.

(vi) "Spirit of Planetree" awards

a) Objectives
   - Promote person-centred care by publicly recognizing staff who have demonstrated extraordinary achievements.

b) Approach
   - Each year, DB Maimonides has a nomination contest for the best caregiver and the best doctor. For the caregiver award, nominations are open to staff from all departments.
   - A box and nomination sheets are put on every floor, at the security desk, and at reception for a 30-day period.
   - Nominators have to give a concrete example explaining why this person demonstrates extraordinary achievement.
   - A committee of previous winners and some members of the Planetree Steering Committee, along with the Planetree Coordinator, look at the submissions and select the winners.
   - For the caregiver, Human Resources is involved to ensure that the employee has a good employee record. The caregiver award winner is given the opportunity to attend the Planetree International Conference.
   - The winners are recognized during the DB Maimonides annual Awards and Bursary reception, which takes place in May.

C. Environment of the Home

1. Putting residents with similar conditions and diagnoses on the same floor/pavilion

a) Objectives
   - Achieve greater customization of care based on each resident's needs.

b) Approach
   - DB Maimonides has grouped residents with similar conditions and diagnoses on the same floor/pavilion as follows.

- 2nd floor/Pavilion 2 – 38 beds for residents who are unable to functionally communicate with their environment, both verbally and non-verbally. These residents are dependent physically and cognitively, requiring total care in all activities of daily living.
- 3rd floor/Pavilion 3 – 69 beds for residents with various stages of cognitive impairment who display challenging behavioural and psychological symptoms of dementia. These residents require a specialized approach as well as assistance in all activities of daily living.
- 4th and 6th floors/Pavilions 4 and 6 – 70 beds each for residents with various stages of cognitive impairment, requiring partial to complete assistance with activities of daily living.
- 5th floor/Pavilion 5 – 70 beds for residents who are cognitively intact or with mild cognitive impairment, requiring various levels of assistance with activities of daily living.
- 7th floor/Pavilion 7 – 70 beds for residents who are cognitively intact or with mild to moderate cognitive impairment who have a diagnosis or history of mental health issues. These residents require specialized interventions for the management of challenging behaviours.

• When a resident's condition changes, they are assessed and transferred to the pavilion that best meets their needs. Residents tend to become attached to their living spaces and other community members, no matter which pavilion they live on. Members of the team have observed that while such transfers can be disruptive to residents, they can be managed.
  - *"One of our residents was transferred from the 7th floor to the 3rd floor. He simply went back upstairs to the 7th floor and slept in his own bed, which wasn't being used yet. And so we let him sleep there until eventually he came downstairs and stayed." (Head Nurse)*

2. Restraint-free program

• Restraint-free programs are now mandated by the province of Quebec, but DB Maimonides had already implemented theirs, and the province consulted the team at DB Maimonides in the design and implementation of the provincial program.
  - *"Our restraint-free program started when the young son of the Director of Nursing was visiting DB Maimonides. He asked his mother, 'Why are these people tied up?' His question provoked the pilot test to reduce restraints in one of the pavilions, which spread across the Home." (Head Nurse)*

• In the provincial program, floor, building, seat and bed alarms are included in the definition of restraints.

a) Objectives of the DB Maimonides restraint-free program

• To continually work toward achieving a restraint-free environment at DB Maimonides.

b) Approach

• DB Maimonides includes the following elements in their approach.
  - A continuous quality improvement process.

- Therapeutic activities to maintain and/or improve residents' physical, mental and emotional status in order to avoid or put off the need for restraint use.
- Clear procedures and controls regarding the use of restraints.
  - Training and education on these procedures and controls throughout the organization.
  - **(See Appendix B: Restraints Free Protocol)**
- A protocol for the use of chemical restraints.
- A fall-prevention program (See section below titled "Revised fall-prevention program").

- *"All staff regardless of their department and function know our philosophy and approach regarding this program." (Director of Nursing and Clinical Services)*
- *"Initially, when we first started our restraint-free program there was a lot of resistance to the change, especially when falls occurred, but we found it did work. The approach we took was to work as a team to strategize the root cause of behaviours that were necessitating the use of restraints for each resident, and then to try to solve for the behaviour without the use of restraints. We used the concept of "acceptable" risk in developing these solutions." (Professional Coordinator – Rehab)*

c) Results

- In the 2011-2012 period, DB Maimonides had a total of 5 physical restraints in use, 3 of which were bed-rails.

3. Revised fall-prevention program

a) Objectives

- To revise the existing fall-prevention program to meet more fully the needs of DB Maimonides current residents.

b) Approach

- DB Maimonides is using the 6th floor/pavilion to test new approaches to preventing falls before rolling these approaches out to the rest of the Home.
- The Rehab team have set measurable therapeutic objectives for each resident at risk of falling in order to help structure a plan to lessen their risk.
- Management believes the old program and assessment tools were not sensitive enough to diagnose residents with a high risk of falls and injury. They are now experimenting with more sensitive indicators such as the Morse+ and Scott tools.
- Part of the new approach is that the Rehab staff are reacting faster to falls because they are being made aware of them immediately after they occur.
  - The Rehabilitation Therapist assigned to the floor/pavilion now comes to the floor each morning to review any new incident reports.
  - Indicators are now collected daily based on events that happened the day before.
    - Both the Morse+ and Scott tools are being tested to do the assessment, and the Rehabilitation Therapist is having a huddle with the care team on the floor to develop an immediate action plan.

- Morse+ and Scott assessment tools.
  - DB Maimonides tested both of these tools to determine which is most effective at identifying those residents with highest risk of falls and injury.
  - These tools were used after each event to determine if risk has changed and what strategies to put in place.
  - These tools were also being used on admission to:
    - Identify residents who are at risk of falls.
    - Develop therapeutic programs for these residents to lessen this risk.
  - The team has come to the conclusion that the Scott tool is more sensitive, and is the one that they are retaining.
- The Rehab team teaches residents how to fall (if resident is cognitively able to be taught).
- The Rehab team offers a wide variety of programs to maintain autonomy in mobility and transfers. In addition, they also give balance training for all residents at risk of falls – twice per week.

D. Recreational and Rehabilitation Therapy – Programs & Activities

1. Overall – for Recreational Therapy

a) Objectives

- Develop and deliver programming with specific intervention benefits and goals for particular groups of residents, based on their unique needs.
- Accomplish the following for each resident.
  - Upon admission, determine their interests and needs as they pertain to recreational activities, and then develop a recreational plan for that resident to meet these interests and needs in a way that keeps the resident happy, active and engaged.
  - Evaluate, review and revise their recreational plan annually.
  - Ongoing observation, assessment, evaluation, and action planning concerning their participation in each program in their recreational plan.

b) Approach

- Within the first 6 to 8 weeks of admission, as part of the overall care plan development, the recreation therapy team does an initial assessment of each resident from which a recreational plan is developed for that resident.
  - This is done with the input of the resident and their family, through observing the resident, and having discussions amongst the recreational therapy team.
  - **(See Appendix C: Therapeutic Recreation Services Initial Assessment)**
- The overall recreational plan for each individual is reviewed and revised annually as part of the care planning process.
  - **(See Appendix D: Therapeutic Recreation Services Annual Review – Resident Profile)**

- Residents' participation in the individual activities within their care plan is reviewed and evaluated on an ongoing basis with resulting recommendations and action planning, where appropriate.
  - **(See Appendix E: Intervention Progress Notes / Discharge Summary)**
- All programs at DB Maimonides are developed to achieve specific goals and outcomes for residents.
  - **(See Appendix F: Therapeutic Recreation Intervention Protocol)**
- *"They have a lot of good programs here. I see the residents enjoying them. The Recreation staff is great, full of energy. They make the residents smile." (Family member)*

2. Adult education for residents

- Donald Berman Maimonides Geriatric Centre developed and implemented a self-directed Adult Education program for its 387 residents in 1999. This program is a true example that the passion for lifelong learning exists across the lifespan, and includes seniors living in long-term care facilities.
- Participation criteria.
  - Residents are identified who are cognitively appropriate, and who are interested in an intellectual and stimulating experience.
    - The residents must be able to actively participate in group discussions and the sharing of ideas (feedback, questions, etc.).
  - The selected residents are approached and invited to a General Assembly to learn more about the program, history, criteria, and most importantly to brainstorm topics of interest.
    - During the brainstorming session, residents must be able to verbally express areas about which they would like to learn.

a) Objectives

- Both promote and provide opportunities for residents for lifelong learning about numerous different topics.
- Engage and stimulate residents to the best of their abilities.
- Recognize residents for their participation.

b) Approach

- This interdisciplinary program is facilitated by the Therapeutic Recreation, Rehabilitation and Volunteer departments.
- The program takes place over a period of 8 months and is designed to emulate typical adult education programs offered in the community.
- Residents are involved in every aspect to the best of their ability, including things like:
  - Course selection.
  - Planning the graduation ceremony and its format.
- Residents also have opportunities to present on topics in which they are competent.
- The semester culminates with a graduation ceremony for residents who participate.
- Attendance and commitment by residents are important aspects of this program.

- Another unique aspect of this program and its success is to hear the testimonials from the residents.
  - *"I didn't finish high school, and this experience gives me the opportunity to accomplish something."*
- Topics for the 2012 sessions include:

Active Minds • Books • Virtual outings • Animals • Depression	History • Politics • Holocaust • World news • Middle East
Finance • Winning the lottery • Gifts • Wills • Long-term planning	Geography • Different countries • Urbanization • Maps • Wonders of the world
Miscellaneous • Names • Comedy • Planets • Baseball	Hobbies • Movies • Gardening • Music and dancing • Art • Bridge club
Religion • Judaism • Islam • Atheism • Kabbalah	Nutrition • Cooking • Exercise • Diabetes • Medication

3. "Breakfast Club" (See Appendix F: Therapeutic Recreation Intervention Protocol)

a) Objectives

- Have residents reminisce around the dining experience.
- Enhance residents' sensory stimulation: taste, smell, touch, sight, and sound.
- Trigger and evoke residents' decision-making skills and problem solving techniques.
- Heighten residents' socialization skills.
- Maintain residents' physical involvement in task – range of motion and flexibility.
- Encourage good nutritional practices among residents.
- Encourage resident group interaction.
- Allow for resident self-expression.
- Provide all participants the opportunity to enjoy their experience.

b) Approach

- Originally designed for residents on the 3rd floor/pavilion (residents who have cognitive deficiencies and behavioural challenges – yelling, wandering).
- Now offered on a number of other floors/pavilions as well.

- About 7 residents are in the club on the 3rd floor.
  - Residents rotate in and out of the club, generally on a 6 to 8 week cycle.
- Try to engage residents in this activity, who are not able to do many group activities.
- A social, informal and home-like setting and environment.
- Group gets to decide what they want to eat for breakfast the following week.
- As with every other recreational activity/intervention that is done at DB Maimonides, ongoing observation, assessment, evaluation, and action planning is done for each participating resident using the "Intervention Progress Notes" sheet.
  - **(See Appendix E: Intervention Progress Notes / Discharge Summary)**

c) Processes

- The Breakfast Club takes place once a week on each of the floors/pavilions where it is offered.
- The Recreational Therapist (RT) who does this program prepares the room for the breakfast to make it as nice and homelike as possible.
  - Flowers.
  - Nice china dishes.
  - Fine utensils.
  - Soft background music.
- The RT brings breakfast ingredients and facilitates the preparation of breakfast during the meeting.
- To the level of their ability, residents participate in food preparation, setting the table, and after breakfast clean-up and dish washing.
- The RT serves breakfast to each resident and eats with them.
- During the breakfast, the RT engages the group in family-type conversation.
  - Upcoming outings.
  - Their family.
  - Current events.
- At the end of their time together the RT:
  - Asks the group what they want to eat for breakfast the following week.
    - Residents are given a few choices from which they choose.
  - Thanks everyone for coming.
  - Reminds the group of recreational activities happening later in the day.
- *"Small groups of residents are invited to the Breakfast Club. They decide what they're going to make for breakfast and they all make it together and then eat it together. They'll make pancakes, waffles or just toast bagels. They all get involved somehow." (Registered Nurse)*

4. "The Art Cart"

- The Art Cart is a cart filled with art from which a resident can choose a piece or pieces to hang on the walls of their room.

a) Objectives

- Empower residents by providing them with choices.
- Welcome new residents.
- Allow residents, with their families, to personalize their rooms with artwork to make them more home-like and inviting.
  - The artwork brings depth, colour and beauty to the room.
  - A room filled with artwork on the walls is more inviting for family, volunteers and staff to visit, thus reducing a resident's potential isolation.
- Provide opportunities for meaningful interaction/communication between residents, volunteers, family, and staff.
- Use as a tool to help identify residents who could benefit from art therapy.

b) Approach

- Each resident is given a choice of artwork.
  - Those residents who have difficulty making choices are assisted by family members, staff or volunteers.
- Residents are encouraged to describe the images and decide where they will be hung in their room.
  - The residents' projections and perceptions are honoured even if they don't reflect the actual content of the image, because this reflects their values.
  - People often feel more comfortable talking about an image rather than talking directly about themselves.

c) Processes

- The art therapist develops and maintains a collection of donated art pieces which are catalogued.
- The images in the collection must:
  - Reflect the interests of the residents (e.g., dogs, children, landscapes).
  - Be clear and brightly coloured.
  - Not be abstracts.
- Volunteers and students are taught effective communication skills to help with this program.
- To receive an art-cart visit, residents are referred by staff, family, or other community members.
- Residents can keep the artworks for as long as they choose, and are free at any time to make a new selection.

5. Individual & group creative art therapy sessions

a) Objectives

- Improve or maintain residents' emotional, physical, cognitive, social and/or spiritual quality of life through the therapeutic use of the creative arts (art, music and drama therapy).

b) Approach/Processes

- Residents are referred to the art therapist by anyone in the DB Maimonides community (staff, family, volunteer, companion, the resident themselves).
- The resident is assessed by the art therapist (or one of her students) to determine:
  - Their strengths and limitations, and their emotional, physical, cognitive, social and spiritual needs.
  - Which, if any, of the creative arts would be the best intervention for them.

  This assessment takes 2-3 sessions.
- If the art therapist determines that the resident is responsive to art therapy, based on the assessment, then therapeutic goals are established and treatment interventions determined.
- Those residents who need frequent physical and/or verbal cueing, or are dealing with deeper psychological issues or disruptive behaviours, are usually seen in individual sessions by either the art therapist or one of her graduate students.
- Group programs grow out of the assessment process or an identified need on the floor. Instances include:
  - If the unit team meets and has identified that there is a lot of anxiety around change of shift, then a music therapy group might be designed to support those anxious residents at that time of day.
  - There was a group of residents who used to do a lot of volunteering work in the community, who now feel a lack of purpose. So, with Therapeutic Recreation, a resident group was formed that does good deeds for others by making them objects of art (e.g., sympathy cards, banners, knitted socks, etc.).

6. "The Wandering Artist"

a) Objectives

- Engage third floor/pavilion residents, who often exhibit wandering behaviours and have difficulty sitting still for extended periods of time.

b) Approach

- The art therapist uses a cart with a table easel, canvas, brushes and acrylic paints on it.
- She follows residents around on the third floor/pavilion and invites them to paint on the canvas, even if only for a few minutes.
- She then travels to the next resident and a collective artwork is constructed.

7. "Purim Party"

a) Objectives

- Engage the residents with children and art, and fill them with a sense of joy
  - Residents are more likely to engage and create art in these situations, since they are 'playing' with the children.
- Reduce children's stereotypes about the elderly.

b) Approach

- Kindergarten children from a local Hebrew school are invited to come in and create art with the residents.
- The children are paired with the residents and they play games to get to know each other.
- Afterwards, they decorate paper crowns together, which they all wear at the end of the session.
- The children also act out a play or sing for the residents.

E. Staff Education and Training

1. Relation-centred care (RCC) training

a) Objectives

- Teach staff how to approach, connect with, and provide clinical care to residents in a person-centred way.
- Help staff members focus on the relationship more so than the task at hand.
- *"The research behind Relation-Centred Care showed that out of a 24-hour period of interactions between medical staff and patients, there was an average of 2 minutes of communication. RCC is about focusing on the relationship and not the task. We're human beings looking after other human beings." (Head Nurse)*

b) Approach

- All the clinical staff members at DB Maimonides have taken the mandatory 2-day training program in Relation-Centred Care.
- All new clinical frontline care staff hires go through this training – RNs, LPNs, and PABs.
- Relation-Centred Care teaches tactics such as:
  - Maintaining eye contact with residents to establish trust.
  - Relating to them physically and verbally at their level.
  - Reassuring residents, telling them what you're about to do and what you're doing.
  - The use of touch to build trust.
    - *"With a resident with advanced dementia, I would make eye contact and tell them what I'm about to do. If not the words, they might understand the tone of my voice. And I always look for feedback, to check if they understand or agree."(Head Nurse)*
    - *"The approach you take is important. Someone with dementia can have a hard time understanding. You have to be patient. If I need to change someone's briefs, I'll show them the clean pair and point to the ones they're wearing and ask 'Can I change your briefs?'" (PAB)*

c) Processes

- LPNs and PABs at DB Maimonides conduct the RCC training for both their peers and registered nursing staff.

- The training is divided into two days, beginning with a full day in-class session, which includes observing demonstrations of the RCC principles with residents. The second day involves one-on-one sessions between each participant and a resident chosen by the participant.
    - *"When staff see it work, they buy in." (Head Nurse)*

d) Results

- Staff members recognize the importance of the RCC approach, and use it in caring for residents.
    - *"It gives residents choices. You make eye contact and come down to their level if they're in a wheelchair. You give them words of reassurance and tell them what you're about to do every step of the way. This builds trust. This approach can work with any type of client." (PAB)*
    - *"I'll prepare the toothbrush, put toothpaste on it and lay it out in front of them so they can see the items and get the cues that they're going to brush their teeth. They need more time to process information." (PAB)*
    - *"It's important to explain what you're doing and get the residents involved, for example, in choosing their clothes. 'What would you like to wear?' Then I'd hold up two shirts for them to choose." (PAB)*
- Staff members also report that family members recognize the impact that Relation-Centred Care has had on their resident at DB Maimonides.
    - *"We started the RCC training on the 2nd floor. After about two weeks, one of the family members said 'Auntie lifted her head to greet me. She's never done that before.'" (Head Nurse)*
- The training, along with coaching on the units, provides staff members with practical skills about priority setting and scheduling that underlie person-centred care.
    - *"You need to prioritize. If a resident refuses to get up, you give them time and move on to another resident who does." (PAB)*
    - *"We're task-oriented as caregivers, so we don't like to get out of our routines. But, the tasks will get done eventually. You have to be organized. I start with my easiest residents, the ones who are more autonomous and mobile, and then move to the less mobile who rely on me to do almost everything. Five of my eight residents are like that. It takes organizational skills and experience." (PAB)*
    - *"I start with the residents that are more able. I get them started on their ADL and then go to the residents that need more of my help." (PAB)*
    - *"Flexibility is important because you need to pay attention to the client's needs and change the worksheet if necessary. The worksheet is only a guide and the tasks on it are important, but the timing is flexible." (PAB)*

2. Planetree retreats

- Phase 1
- Phase 2

a) Overall Objectives of Both Phase 1 and 2

- Integrate the whole community at DB Maimonides into the care of each resident so that all staff members see themselves as caregivers, regardless of function.

- Provide an opportunity for staff to experience the perspective of residents while receiving care; henceforth, feeling more empathy for them.
- Improve the quality of care to residents by creating heightened staff awareness and self-reflection of what they are doing, and pride of doing the right thing.
- Improve communication between departments to the benefit of residents.
- *"Relation-centred care training is more about the what (to do). The Planetree education is more about the person – the who (resident) and the how (to do)." (Director of Nursing and Clinical Services)*

b) Phase 1 Objectives

- Provide staff with the following.
  - Experiential education on what it's like to:
    - Have dementia;
    - An impairment; and/or
    - Live as a resident in a long-term care setting.
  - Tangible expressions of the DB Maimonides philosophy.
  - The ability to consider all aspects of person-centred care in designing new programs, staffing, scheduling, and approaches to care.
- *"Helps put us in the residents' shoes, and how to be sensitive and empathetic with them. Teaches us it's not just what we do, but how we do it as well." (RN)*
- *"Provides us with the structure and language for a lot of things we were already doing…our values. Provides us with tangible expressions and outcomes of our philosophy. Enables us to consider all aspects of person-centred care in designing new programs, staffing, scheduling, and approaches to care." (Professional Coordinator – Rehab*)

c) Phase 2 Objectives

- Work together, both within and across functions, to provide the best possible person-centred care to residents.
  - Team building both across and within functions.
  - More collaboration and better hand-offs between functions and shifts.
  - Enhance communication and teamwork amongst staff.
- Increase personal accountability for resident care and resident engagement among all staff, regardless of function.
- Provide better comprehension among staff of each other's jobs, roles, and value-add.
  - *"If I know of a staff member who has a great relationship with a particular resident…could be someone in housekeeping…I may ask her to assist me with what I need to do clinically for that resident." (Professional Coordinator – Rehab)*
  - *"If I have time near the end of my shift, I'll set up the dining room tables, so the day staff don't have to do it and can focus on the residents." (PAB)*
  - *"The retreats were an opportunity to be in a room for a day with people you didn't know and learn how much we all had in common. It really engaged our staff. Now we all have a common language and framework." (Executive Director, Foundation)*

d) Approach

- For Phase 1, DB Maimonides customized the Planetree template to its particular context and needs.
- The team at DB Maimonides developed Phase 2 on their own, using the learning from what other Planetree affiliates have done for this phase.
- A train-the-trainer approach is used to deliver these retreats.
  - Senior management identified champions across all functional areas.
    - Staff they saw as already embracing the philosophy and values espoused by Planetree.
    - These staff members were trained to be the facilitators of the Planetree retreats.
- Retreats are co-facilitated by 2 staff members.
- Attending each retreat are 15 to 20 participants made up of staff from mixed functions and levels within the organization.
- It's mandatory for all staff at DB Maimonides to attend these retreats, not just the frontline care workers.
- DB Maimonides also offered Phase 1 to families, companions (hired by families to supplement their resident's care at DB Maimonides), students and volunteers.
  - Management believes these different groups are all part of the community that provides care to residents at DB Maimonides, so the focus was on how they can contribute as well.
- DB Maimonides has a Planetree Steering Committee whose function is to determine how best to implement the Planetree approach.
  - The Committee uses results from the retreats to determine what else to do.
  - Comprised of about 20 members including 2 residents, the Director of Nursing & Clinical Services, other managers, and representatives from all departments at DB Maimonides.

e) Processes

- First, DB Maimonides senior management had leadership readiness and engagement sessions on the Planetree model, approaches, and staff retreats.
- Then, the trainers were identified and trained.
- Almost all staff have now attended a Phase 1 retreat, and DB Maimonides is now conducting Phase 2 retreats.
  - Phase 1 retreats are still available to new staff hires and those few existing staff members who have yet to attend.
- Staff attendees are asked to answer the following questions at the end of each retreat.
  - Based on the learning from the retreat, across all facets of care (e.g., clinical, activities of daily living, programming, facility, equipment, teamwork, etc.):
    - What have we accomplished in person-centred care thus far at DB Maimonides?
    - What should we improve in person-centred care?

  The staff's answers to these questions are given to management to review and act upon.

F. Staff Scheduling

a) Objectives

- Maximize opportunities for staff members to learn about the residents in their care, including their personalities, histories and individual needs.
- Foster the development of intimacy and therapeutic relationships between residents and the staff working closely with them.

b) Approach

- Frontline staff members with daily and direct contact with residents are dedicated to each pavilion at DB Maimonides (Nursing, PABs, housekeeping, and foodservice staff).
- PABs are assigned to, and act as, the primary caregiver for 6 residents within their pavilion.

c) Results

- Consistency in staff assignments within pavilions increases the residents' familiarity and comfort with staff. The continuity allows residents to become close to staff, developing trust and strong relationships with them.
  - *"He gets very excited and happy when I come on shift. He's become very attached to me. When I came back from vacation, he asked where I'd been." (PAB)*
  - *"The stability of staff is important for resident care. You can see the results. Residents are calmer. There's more stable behaviour and less need for medication." (PAB)*
  - *"One PAB had four male residents, including my husband. Her workload was judged to be too high. I pleaded for her to stay with my husband because he responds to her so well. They agreed. She is jolly and she likes to play around with my husband. He's a very playful person too. But he was a businessman, so he doesn't respond to 'you have to...' or 'you must...' But he responds well to her." (Family member)*
  - *"It's really hard when a resident passes. I didn't want him to die alone, so when his son went to the coffee shop, I stayed with him. He wouldn't let go of my hand. He died two days before my vacation. I got to wrap his body and take it to the morgue. I wanted to do that." (PAB)*
- The continuity and constant contact allows staff to understand residents and, in time, helps them apply this knowledge to:
  - Interpret residents' behaviours and identify their unmet needs.
  - Provide the best possible person-centred care to each resident.
    - *"It makes it easier when you're assigned to the same residents. You know their needs and it's easier to work with them. Working with the same people every day you know who they are. I know when there's something wrong. I get to know them and they get to know me. You get to know their patterns." (PAB)*
    - *"I know that one of my residents used to sleep naked before he came here. He always kicks his pyjama-bottoms off in bed. So I respect that. I don't put briefs on him before bed. If he makes a mess in bed in the night, that's okay. I'll just clean him up and change the linen in the morning." (PAB)*

- *"My husband likes sports. There's always sports on his TV when I come to visit him. He's been watching the Olympics. The PABs get to know the residents." (Family member)*

- The consistency of staffing within pavilions also contributes to better working relationships among staff members, and to the development of teamwork. Staff members learn a lot about each other's strengths and weaknesses, and adapt ways to work effectively together. Consistency in staffing also promotes interdisciplinary teamwork and better care.
  - *"The staffing continuity makes stronger working relationships between team members because you're working with the same people every day. It builds trust and friendships. There's better interdisciplinary teamwork." (PAB)*
  - *"The nurse is always there for me. Any time there's a need. She'll help change residents or help me weigh them. In some of the other places I've worked, all the nurses will to is meds. It's good to be part of a team." (PAB)*
  - *"We all learn from each other on my team. And we pass what we've learned about a resident on." (PAB)*
  - *"You really get to know the people who work with the residents. You know them so well, so you learn how to work with them. This makes a very stable team." (Registered Nurse)*

G. Palliative Care

1. End-of-life workshops

- Workshop #1: Reinforcing and Practicing Compassionate Listening Skills.
- Workshop #2: Supportive Listening: What Families Need in Times of Crisis.

a) Objectives

- Workshop #1.
  - Reinforce and practice effective listening skills so that staff can be more compassionate with family members during times of loss.
- Workshop #2.
  - Review the challenges to supportive listening identified in Workshop #1.
  - Learn and reinforce how staff can best support the family and each other in times of crisis.

b) Approach

- DB Maimonides has an end-of-life committee whose responsibilities are to:
  - Implement the end-of-life activities done at DB Maimonides for each resident.
  - Develop new end-of-life programs.
- These 2 workshops were developed, based on both staff and family requests.
  - Staff – Feeling they lacked the knowledge and skills to deal with end-of-life situations.
  - Family – Feeling they needed to be better supported through the end-of-life experience with their resident.

- This committee formed a task force to develop these workshops comprised of one of the Head Nurses (There is one Head Nurse on each of the floors/pavilions at DB Maimonides), the Art Therapist, and an educator in the volunteer department.
- Committee members and the staff from social services facilitated these workshops.
- All frontline care staff attended these workshops.
- **(See Appendix G for the PowerPoint presentations and facilitator's notes for both these workshops).**
- In Workshop #2, case studies are used. **(See Appendix H for the tools used for these case studies – "End of Life Case Scenarios", "One challenging end-of-life scenario", "End of Life Case Study Review", "Communication Tips", and "Online Grief Support Groups")**.

H. Family Engagement

1. Education programs for families and companions

a) Objectives

- Educate family members, and the companions they hire to supplement their residents' care at DB Maimonides, on the following.
  - The philosophies, models and approaches DB Maimonides uses in the care for residents:
    - Relation-centred care.
    - End-of-life care.
    - Planetree.
    - Why the team at DB Maimonides makes certain choices in caring for their resident.
  - Their role in both the planning for and provision of their residents' care at DB Maimonides.
  - What it's like to have dementia.

b) Approach

- The project manager of a program plans and schedules the program sessions.
- A program can be introduced to a specific unit, or to everyone.
- Training sessions/programs can also be organized according to needs or by request.
- The communications department will post the sessions on the LCD screens, and in the Family Newsletter as well as on the DB Maimonides website.
- Planetree education is also offered free to families (with companion if applicable).
- *"They bring in speakers to help educate us about Alzheimers…How to live well as we age…For me and to help me understand my Mom." (Family member)*

c) Example

- DB Maimonides created a 5-6 week Volunteers Feeding Assistant Program to teach companions (and family members) how to properly help the residents feed themselves.

- Participants are presented with a certificate at the successful completion of the training program.

2. Planetree mini-retreat

a) Objectives

- Help family members:
  - Understand and be able to describe the factors that contribute to a positive resident experience.
  - Identify at least one contribution they can make to provide person-centred care for their resident at DB Maimonides.
  - Understand DB Maimonides' values and the Planetree philosophy.
  - Understand the training given to staff regarding the philosophy of care.

b) Approach

- Offered to families, companions, volunteers and students.
- The retreat lasts about 2 to 3 hours.
- The retreat is facilitated by the Planetree Coordinator and one of the trained facilitators.

3. Focus groups with family members of residents

a) Objectives

- Determine:
  - How these family members feel their residents are being treated at DB Maimonides.
  - Their perceptions of the quality of care at DB Maimonides.
  - How responsive they feel staff and management are to family needs, issues, and wishes.
  - Their perceptions of the "pulse" of what's happening (going on) on the floor where their resident is located.
- Management to use the learning from these focus groups to determine where and how improvements can be made in the care of residents and their family members.
- Identify and satisfy unmet resident and family needs to the best of management's ability.

b) Approach

- These focus groups are conducted twice a year.
- Families are chosen randomly and asked to attend.
- Try to get 12 to 15 family members in each focus group.

c) Example

- These focus groups identified an opportunity to improve the welcoming of new residents to DB Maimonides. Further research with both family members and staff explored how to improve the process, and the following evolved.

- A volunteer greets the resident and family at the front door of DB Maimonides with a hotel baggage cart.
- The resident and family are taken to their floor/pavilion and are greeted by and introduced to the staff group (i.e., nursing, PABs, nutrition, rehabilitation, etc.).
- The resident and family are given a tour of the floor and shown to the resident's room, which has a hooded and monogrammed terry-cloth bathrobe (cozy robe) on the bed, a monogrammed bed spread, and a small gift bag from DB Maimonides (that includes a gift certificate to the coffee shop).

4. "Fun Family Photo Shoot"

- Many people are intimidated by the use of art materials. Their insecurities and performance anxiety surfaces. DB Maimonides wanted to find a creative process that would be non-threatening and failure-proof to encourage family members to participate.
- Dressing-up and posing in front of a camera is something that most of us have done throughout our lives, and for most has provided positive memories.

a) Objectives

- Engage family members to do something creative with residents.
- Utilize the power of phototherapy.
- Produce photos for families that will become precious memories of fun experiences with their resident.

b) Approach

- A one-day program.
- All family members are invited via:
  - Flyers sent out with the billing.
  - Messages put on the electronic billboard.
  - Volunteers wandering on the floors to invite residents and families to attend.
  - A poster put up on the day of the event.
- Two rooms are set up:
  - The "portrait studio".
  - A room full of dress-up items for people of all ages, and also props like toy guns, swords, etc.
- Spontaneous play is encouraged, so that by the time the families enter the "portrait studio" they are in great moods.
- Photos are taken in both rooms, while they are at play and when they pose.
- All photos are placed in a digital folder identifying the resident. Family contact info is recorded and copies of these digital images are sent to the families.
- An 8.5 x 11 photo is given to each resident, most of whom choose to put this image proudly on their room's door.
- These photos are loved and they have been included in multiple publications for the organization.

Appendix A: Huddle Unit Guidance Sheet

DONALD BERMAN MAIMONIDES
Going further in geriatric care
À l'avant-garde des soins gériatriques

HUGS

Huddle Unit Guidance Sheet

PLANETREE

Pavilion/Wing *Shift* *Date*

TEAM

Message of the Day (key events, e.g. holiday)

Goal of the Week (e.g. safety, heat wave, flu season, etc.)

Wellbeing (e.g. birthdays)	Staff Appointments (e.g. ITM, training, staff meetings)

CLINICAL ISSUES

Wounds, Treatments

Medications (e.g. analgesics, IV medications)

IV, Clysis, Tube Feeding, Other

Clinical Priorities

Cognitive Issues, Behavioural Challenges

APPOINTMENTS

Clinic Appointments [CLINIC:]

Time	Resident	Person Responsible

External Appointments (Transport/Appointment)

Time	Resident	Person Responsible

Recreation, OT, Physiotherapy Appointments

Time	Resident	Person Responsible

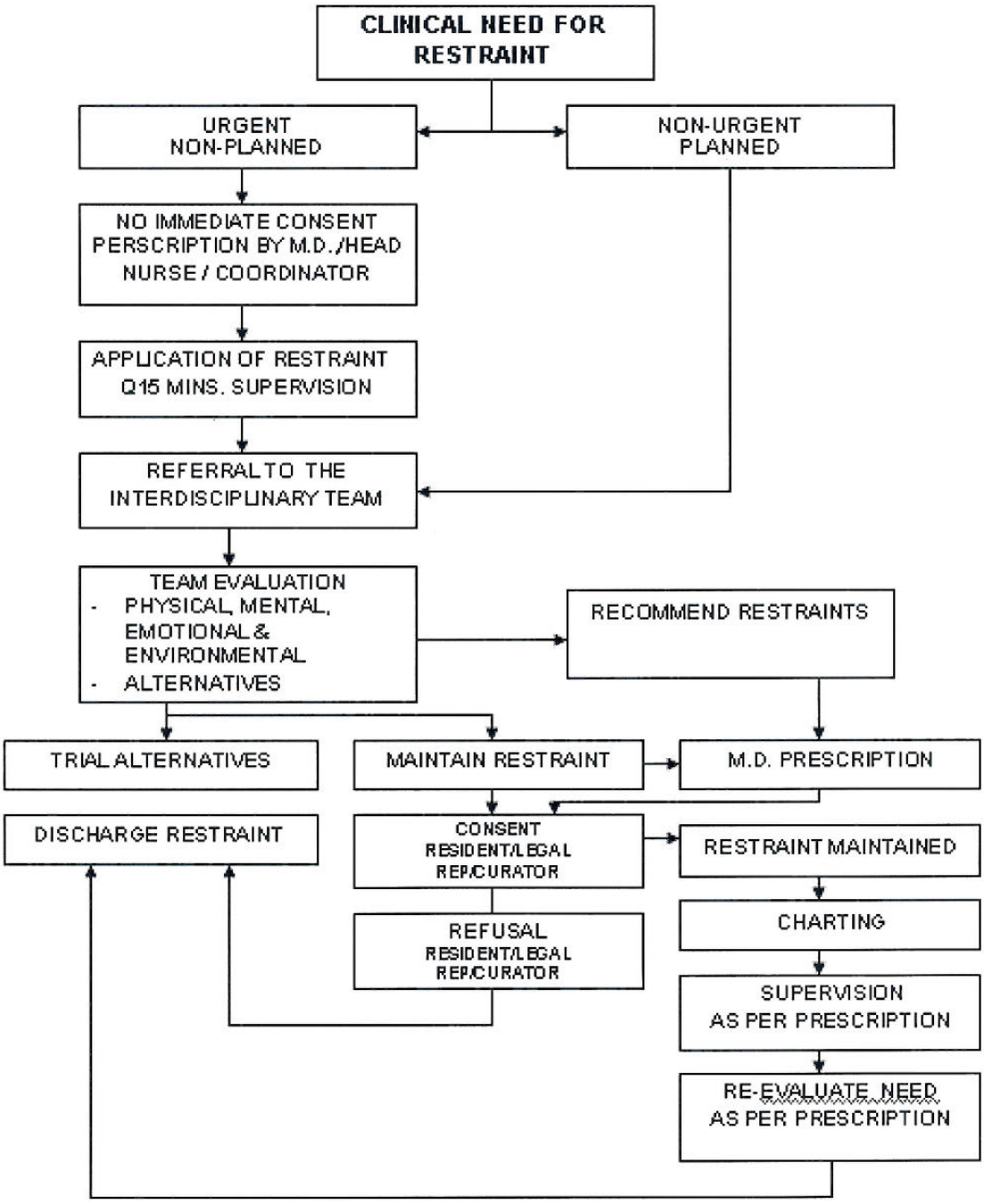
Other Appointments (e.g. family events)

Time	Resident	Person Responsible

FOLLOW UP

NOTES

Appendix B: Restraints Free Protocol



Appendix C: Therapeutic Recreation Services Initial Assessment

DONALD BERMAN MAIMONIDES
Going further in geriatric care
À l'avant-garde des soins gériatriques

THERAPEUTIC RECREATION SERVICES

Initial Assessment - Resident Profile

RESIDENT PROFILE					
Diagnosis:					
Place of birth:	Languages: ☐ English	☐ French	☐ Yiddish	☐ Other:	
Education:	Occupation:				
Marital Status	☐ Single	☐ Married	☐ Separated	☐ Divorced	☐ Widowed
Family / Support system					
Allergies:	Diet texture:	☐ Regular	☐ Soft	☐ Minced	☐ Pureed
Companion: ☐ Yes ☐ No	Name:		Schedule:		

Information obtained from:

☐ Resident interview ☐ Observation ☐ Relative interview ☐ Discussion with team

Past Interest	Current Interest	LEISURE INTERESTS	Past Interest	Current Interest	LEISURE INTERESTS
		Cards / Games:			Gardening/ Plant Care/ Yard Work:
		Crafts / Art:			Talking / Socializing:
		Exercise / Sports:			Helping Others / Volunteering:
		Music / Singing:			Intellectual / Educational:
		Reading / Writing:			Cooking:
		Spiritual / Religion:			Sewing/ Knitting / Crochet:
		Travel / Touring:			Community Involvement / Clubs
		Walking / Wheeling Outdoors:			Shopping / Eating Out:
		TV/ Radio / Computers:			Other:
		Other:			Other:
		Other:			Other:
		Other:			Other:

COMMENTS

LEISURE PARTICIPATION PREFERENCES				COMMENTS
Time of day most interested to participate in programs:				
Naps:	o None	o a.m.	o p.m.	
Group Size:	o no preference o alone o 1:1	o small groups (2-5) o medium groups (6-9) o large groups (10+)	o only with family & friends	
Location:	o no preference o room o activity room	o off unit, i.e. synagogue o outdoors o outings	o other:	
Leisure Choices o Resident is able to make leisure choices based on personal interests. o Resident requires assistance to make leisure choices based on personal interests. o Selection of activities must be suggested for the resident based on personal interests.				
Leisure Awareness o Resident is aware of leisure resources available and able to independently access resources o Resident requires assistance to locate and access leisure resources				
Leisure Attendance o Resident is able to independently follow personal schedule and attend programs independently o Resident requires reminder only to attend programs o Resident requires portering to attend programs o Family/Companion o Staff/Volunteer * Indicate means of "portering" to both on and off unit programs in comments section				

LEISURE BARRIER(S)

ADAPTATIONS REQUIRED TO MAXIMIZE INDEPENDENCE

REFERRALS (RESIDENT IS INTERESTED IN SERVICES OFFERED BY OTHER DISCIPLINES, SPECIFY)

o	o
o	o

RESOURCES FOR LEISURE PARTICIPATION		

RESIDENT'S OVERALL RESPONSE DURING INTERVIEW

o Accepted interview	o Limited response	o Refuses assessment
o Eager to acquire information	o Frail, tired during the interview	o Restless or preoccupied
o Shows some interest	o Polite but reluctant	o Other:
o Comprehension doubtful	o Non-committal	

CURRENT FUNCTIONAL STATUS In leisure participation since admission	**COMMENTS**
FREQUENCY OF PARTICIPATION SINCE ADMISSION	
➢ Number of on unit programs per week: ➢ Number of off unit programs per week: ➢ 1:1 interventions per week:	
LEVEL OF PARTICIPATION	
o Active, acts on own initiative	
o Active, participates after program has started	
o Active, participates after encouragement	
o Active, starts/stops, requires frequent encouragement	
o Passive participation/ observes program	
o Refuses to participate / no interest	
TYPE OF ENCOURAGEMENT REQUIRED	
o Does not require encouragement	
o Positive feedback for accomplishments and efforts	
o Request for assistance with task (needs a "role" in activity)	
o Other:	
ATTENTION SPAN/ CONCENTRATION	
o Concentrates and focuses well	
o Concentration and focus drifts, easily distracted	
o Major difficulties attending and concentrating	
o Functionally unaware of people/objects in environment	
FOLLOWING DIRECTIONS	
o Can process and act on directions immediately	
o Needs minimal cueing or second set of directions	
o Needs moderate cueing or occasional directions	
o Needs maximum cueing or repeated directions	
o Does not process directions	
PURPOSIVE INTERACTION	
o Interacts purposively with other persons and objects	
o Intermittent purposive interaction with environment	
o Minimal purposive interaction with environment	
o No purposive interaction with environment	
SOCIAL INTEREST	
o Seeks social contacts/situations	
o Doesn't initiate, but doesn't avoid social contacts/situations	
o Avoids social contacts/situations, is withdrawn and isolated	
o Excessive need for social contact	
SOCIAL BEHAVIOR (CHECK ALL APPLICABLE)	
o Maintains eye contact	
o Listens to others	
o Respects the needs/rights of others	
o Does not interrupt, cut people off	
o Demonstrates ability to trust others	
o Demonstrates willingness to share information	
o Body language is congruent with verbalization	
LEISURE ATTITUDE	
Resident identified leisure activities as an important part of daily routine o Yes o No Indicate perceived benefits identified (if any are verbalized):	
LEISURE MOTIVATION AND SATISFACTION (check all that apply)	
o Psychological (sense of freedom, enjoyment, involvement): o Educational (intellectual challenge, learn about self & surroundings): o Social (be with/have rewarding relationships with others): o Relaxation (relief from stress, forget about problems): o Physiological (develop/maintain physical health, promote well-being) o Aesthetic (for pleasure, creativity): o Sensory stimulation (increase awareness of environment): o Sense of accomplishment (maintain productivity, purposeful role): o Unable to ascertain leisure motivation/satisfaction:	

NOTES

CARE PLAN		
FOCUS	**OBJECTIVE**	**INTERVENTION(S)**

STAFF:

SIGNATURE: **DATE:**

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Therapeutic Recreation Services Annual Review – Resident Profile

- ☐ **Improved**
- ☐ **Status Quo**
- ☐ **Deteriorated**

	MODALITY / SERVICE									
LEVEL OF PARTICIPATION										
Active, acts on own initiative										
Active, participates after program has started										
Active, participates after encouragement										
Active, starts/stops with frequent encouragement										
Passive, observes program										
Refuses to participate/ no interest										
TYPE OF ENCOURAGEMENT REQUIRED										
None required										
Positive feedback for accomplishments/efforts										
Request for his/her assistance with activity										
Other:										
CUEING REQUIRED										
None required, acts immediately on directions										
Minimal, requires occasional cueing/prompts										
Moderate, requires second set of cueing/prompts										
Maximum, requires constant cueing/prompts										
Not applicable										
FREQUENCY OF ATTENDANCE										
Ongoing										
Rotation										
RECOMMENDATION										
Continue										
Discontinue										

Adaptations required to maximize independence:

Resources Provided:

Waiting list for programs/ services	Date:

Referrals	Date

NOTES

CARE PLAN		
FOCUS	**OBJECTIVE**	**INTERVENTION(S)**
STAFF:		
SIGNATURE:		**DATE:**

Appendix E: Intervention Progress Notes / Discharge Summary

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Intervention Progress Notes / Discharge Summary
-Behaviors-

Department(s): Therapeutic Recreation

Intervention: Breakfast Club

Day: Tuesday	**Time: 8:30**	**Floor: 3rd**
Dates: January -	**Sessions Attended: /**	

Intervention Description: A small group of residents will participate in the breakfast club experience that is geared towards igniting the senses, promote socialization and group involvement.

Please use the following to document response in "Behaviours Observed" section, indicate # x's or duration where appropriate

√ = Behaviour observed	**R** = Resident refused	**C** = cueing required	∅= Behaviour not observed
NE = Not Evaluated			

Resident Objective: Resident will receive guidance with tasks, and participate in decision-making opportunities around the preparation of the breakfast experience.

BEHAVIOURS OBSERVED	**Date: Month/Day**												
	*	/	/	/	/	/	/	/	/	/	/	/	/
• Socializing /Engaging with each other													
• Can greet others, and introduce him/ herself													
Assist with little chores associated with the experience ○ setting the table ○ assisting with cleaning-up ○ Drying dishes													
Express emotions about menu: • Verbal ○ I like it ○ I don't like it ○ can I have more ○ can make suggestions for next menu • Non-verbal ○ smiling ○ eating ○ not eating ○ is on a soft regular diet													
• Can actively converse with group members													
Initials of Therapist observing behaviour													

Intervention Progress Notes/Discharge Summary - behaviours (continued)

Date/Initials	Comments

Evaluation:

Action Plan / Recommendations:

Staff:	Signature:	Date:

Appendix F: Therapeutic Recreation Intervention Protocol

MAIMONIDES
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Therapeutic Recreation Intervention Protocol

NAME: Breakfast Club		**STAFF:RESIDENT RATIO**:
DURATION: 3months	**DAY OF THE WEEK**: Tuesday	**TIME**: 8:00- 9:30
MID-EVALUATION DATE:	**FINAL EVALUATION DATE**:	

RATIONALE FOR INTERVENTION: Breakfast is the most important meal of the day. A small group of residents will have the opportunity to make decisions and assist with the preparation of their breakfast. The breakfast experiences will ignites the **senses,** thus encouraging reminisce and socialization.

INTERVENTION BENEFITS:

- To stimulate the taste buds
- To reminisce about resident own cooking practices and preferences
- To encourage good nutritional practices
- To provide an environment that fosters milieu de vive
- To follow simple directions
- To encourage group interaction
- To allow self-expression (conversation, enjoyment)
- To be cooperative
- Allow residents to be communicative while sharing ideas with others (plan menu for the nest week)

INTERVENTION GOALS:

- To reminiscence around the dining experience (China dishes, fine utensils)
- To enhance sensory stimulation; taste, smell, touch, sight, and sound
- To trigger and evoke decision making skills and problem solving techniques
- To heighten socialization skills
- To maintain physical involvement in task-range of motion, flexibility(help with cleaning-up)

TREATMENT APPROACH:

A social, informal and home like setting that is congruent for breakfast and will bring about conversation amongst residents.

- group sits around the tables. Leader brings breakfast ingredients
- allow Residents to participation in food preparation; setting the table
- re-direct and re-enforce positive behavior towards task
- allow Residents to participate in the clean-up process-washing & drying utensils

ADAPTATIONS:

- Well lit room
- decorate room to create a different dining experience
- TRS and Educator will bring residents to the room

REFERRAL PROCESS: Referred by a team members assigned to the unit

PARTICIPATION CRITERIA:

- Willing to participate
- Residents who are capable of engaging in simple task and social situations
- Residents are able to contribute and to make vital decisions regarding the task at hand
- Dietary safety, residents are able to eat certain foods

EXCLUSION CRITERIA:

- Not interested
- Resident who are agitated or would be disruptive in the group
- Unable to focus on small task
- Residents with special diets

STAFF RESPONSIBILITIES:

- Advice nursing staff that resident will be in program with TRS and Educator
- Prepare room
- Greet residents and explain activity
- Transport resident to and from program
- Conduct intervention

- Observe and document resident's involvement during the program
- Encourage residents to make decisions
- Supervise volunteer/students
- Clean-up and wrap-up

ROLE OF VOLUNTEERS (if involved):

- Assist TRS and residents with task
- Assist with cleaning-up

ASSESSMENT MODALITIES:

1. Document individual goals and indicators on the "Outcome Measure" form according to each resident's level of functioning.
2. Monitor attendance.
3. Evaluate each resident at the end of each session using the "Outcome Measure" form.

INTERVENTION MODALITIES

1. Each staff observes, works with and evaluates a predetermined number of residents per session.
2. Intervention strategies are changed when necessary to meet the needs of the group and individuals.

SUGGESTED STRUCTURE:

SESSION PLAN:

MATERIALS:

WHAT WORKED WELL IN THE GROUP [after trial session(s)]:

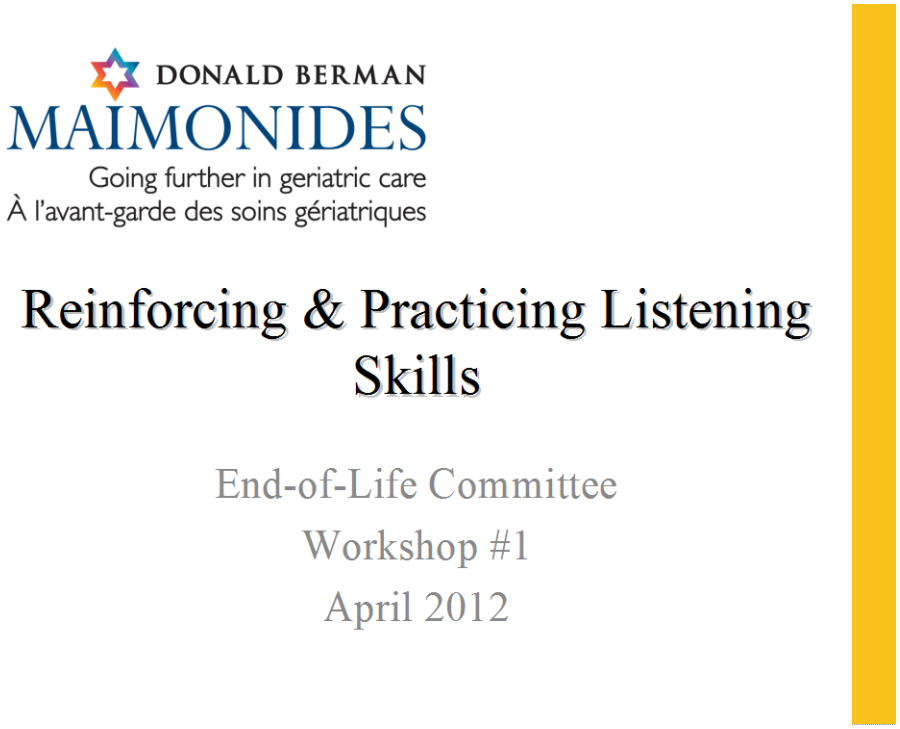
WHAT DOES NOT WORK WELL IN THE SESSION [after trial session(s)]:

FOLLOW-UP [if required/recommended]:

Staff :	
Signature:	Date:

K:\Therapeutic Recreation\TR Department\PROGRAMS\3rd floor\Blank Intervention Protocol.doc

Appendix G: PowerPoint Presentations and Facilitator's Notes
For the End-of-Life Workshops
(Double Click to Open: Requires Microsoft PowerPoint™)



(Double Click to Open: Requires Microsoft PowerPoint ™)

(Double Click to Open: Requires Adobe Reader™)

Compassionate Listening Workshop #I

Facilitator's notes

Timing	Item	Materials
	Preparation: Fruan	
	☐ Inform Head Nurses re: rationale & mandatory attendance ☐ Clarify names of facilitators and their availability for our schedule; ☐ Ensure full set-up ☐ Book rooms &, set-up & clean-up ☐ Determine storage for workshop materials	
30 min prior	**Session Set-up:** **Fruan** *(note the # of items required for each workshop workshop should be set-up min. 30 minutes before session begins)* ☐ Chairs (15) ☐ Flip chart paper (1) ☐ Do not disturb sign (1) ☐ Timer or watch (1) ☐ Markers (5) ☐ Hand-out pkgs (15) ☐ Kleenex box (1) ☐ Papers & pens (15) ☐ Facilitator notes (1) ☐ Masking tape (1) ☐ Attendance list (1) ☐ Feedback forms (15)	
(0-00) 10 min.	**Welcome & Introductions Facilitator** ☐ **Facilitator:** Who I am & why I'm here (rationale), feedback from users committee; staff; End of Life committee mandate, Planetree retreats & circles) ☐ **Learning Objectives**: o Workshop #1: To reinforce & practice listening skills **so that we can be more compassionate during times of loss** o Workshop #2: To reinforce how we can support the family & each other in times of crises ☐ **Agenda: How are we going to do it?** o Welcome & introductions o Rationale & learning objectives o Effective Listening tools o Partner interviews (someone you know the least) o Group debrief o Your Feedback ☐ **Clarify ground rules** o share only what you're comfortable with o confidentiality "what happens in Vegas stays in Vegas" o Timing each activity – we may cut things short, we apologize o One person speaks at a time o Brainstorming__everything is okay…	• Flip chart why we're here on agenda • Set-up pictures on another table

Appendix H

End of Life Case Scenarios

1. One daughter just arrived from Florida after a long day of traveling to be with her dying mother. Upon her arrival she wanted to talk to the team and find out the real prognosis of her mother. She was very anxious and demanding all sorts of questions to every staff she meets. At one point, she asked the RN the list of medications that her mother is taking and also the latest vital signs and she wanted it right away. The nurse was busy dealing with another resident who had just a bad fall and said to the daughter, I do not have time right now I am dealing with an emergency.

2. Mr. Smith arrived on the unit after being called that his dad had just died. He went to the nursing station wanting to talk to the RN. He wanted to know if the father had said anything before he died or did he suffer when he gave his last breath. There was no staff available in the chartroom so he went to search for staff around the unit. When he reached the end of the corridor he saw the orderly getting out of the room so he presented himself and asked about his father's death. The orderly responded, I do not know, go and talk to the nurse and continued with his routine

3. Mrs. X is known to the unit and never left the side of her dying husband . She was sleeping on the unit every night that is why she became familiar with the routine of the unit. She was also very particular and very involved in the care of her husband. Mrs. X is perceived to be a demanding wife and irritating woman because she makes sure that the RN gives the medication on time and in the correct manner. One morning, she instructed one of the RN on how to flush the tube feeding of his husband for she was doing it all wrong. The nurse responded, I know what I am doing, do not tell me what to do.

4. One actively devoted daughter comes to the unit every day to visit her bedridden father who is currently actively dying. She is always pleasant and very respectful towards the staff. But she needs a lot of attention. When she talks to the RN she keeps the RN in the room for a very long time. The RN doesn't know how to deal with this daughter because she is always pleasant and respectful but requires a lot of attention. The RN tries to avoid entering the room for she doesn't want to be rude to the daughter.

One challenging end-of-life scenario

One daughter, Liz who lived in Florida, had just arrived after a long day of traveling to be with her dying mother. Upon her arrival she wanted to talk to the team and had difficulty finding anyone. She was very anxious and was asking all sorts of questions to every staff member she met, although she was polite and respectful.

She first approached an orderly who responded to her in an annoyed manner, "I do not know…go talk to the nurse," and continued with his routine. The RN had met her before, and knew she would need a lot of attention. She didn't know how to deal with her, because Liz often talked excessively when she was anxious. The RN had just attended many needy residents and was just about to go on break, having had a very busy morning, as usual.

The RN tried to avoid passing the dying resident's room for she was tired, didn't want to be rude to the daughter, and didn't really know what to say. Liz stepped out of her mother's room looking for someone to help her, because she noticed that her mother was struggling to breath. She looked down the hallway, noticing the nurse opening the doors to the staircase, going on her break. Liz returned to her mother's bedside, frustrated. She sat down, took a deep breath and then noticed that her mother was not breathing. While she was out of the room, looking for help, her mother had died.

What do you thing happened next?

What went wrong?

What are some supportive strategies we could use to help the daughter and our fellow staff?

End of Life Case Study Review

What Went Wrong?	Supportive Strategies

Communication Tips

What Not to Say or Do?	What's Good to Say or Do?
Avoid clichés such as: • "He had a good life." • "It's all part of God's plan." • "She's at peace now." • "He's out of pain… At least she's not suffering anymore." • "We did everything we could!" *(without knowing if this is true)* • "He had a full life; he was 95!"	Give **honest** reassurance: • Send emails or a hand-written card • "He will be missed… I have so many fond memories of him, such as…"." • "I'm sorry." • "We were so sorry to hear of Mr. X's passing. He is in my thoughts" • "I don't know, but I'll do my best to get the information for you."
Do not attempt to **shape** their feelings: • "Put it behind you." • "You've got to get on with your life." • "You must be relieved!" • "It's not my fault, don't blame me." • "Calm down & stop yelling."	Be **silent & listen**…you can be there quietly in their presence • Sometimes what to say is *nothing*…be present. • If you need to talk, stay **neutral, paraphrase, pay attention to non-verbal behaviour, question, summarize** *(workshop #1)* • Ask open-ended questions
Do not minimize the loss: • "I know **exactly** how you feel." • "At least you have another parent alive…mine are both dead." • "Everything's going to be okay"	**Grief** is profound & experienced and expressed **in many ways**. • Validate their feelings • "Do you need a hug?" • "How can I help you?" • "Would you like to speak to the rabbi, social worker, or nursing co-ordinator?"

Do not minimize the loss:
• "I know **exactly** how you feel."
• "At least you have another parent alive…mine are both dead."
• "Everything's going to be okay"

Grief is profound & experienced and expressed **in many ways**.
• Validate their feelings
• "Do you need a hug?"
• "How can I help you?"
• "Would you like to speak to the rabbi, social worker, or nursing co-ordinator?"

Do not avoid the loss by saying: • "She's not my resident…or…I don't do her." • "I have no idea..." • "I'm on break right now" • "It's not my job."	They need you **now!!!** • "I can't be with you right now…can I come back in 15…30…60 min?" *(when you can).* • Ask your colleague for help. • If you need to go, giving them back a brief summary of what they said, confirms you've been listening

Know your audience. People have many belief systems when it comes to death, grief and the burial process. Religion, culture, family experiences, personality, the age of the person and their gender can all impact how they handle the grieving process. It is important to take these factors into consideration and not diminish the person's feelings or beliefs. This is not a time to "preach" to someone. It is a time to reach out and open your heart.
Article Source: http://EzineArticles.com/3226557

Online Grief Support Groups

Good Grief Support Groups

Support groups designed to help those that are grieving.

Grief to Greatness

Find comfort for your heart, and encouragement for your soul with their online resources for assistance with grief and loss.

Grief Net

GriefNet.Org is an internet community of persons dealing with grief, death, and major loss.

Grief Share - Grief Recovery Support Groups

GriefShare is a grief recovery support group where you can find help and healing for the hurt of losing a loved one.

The Grief Toolbox

The grief process is very unique to the individual. We cannot make the pain go away, nor can we provide all the answers. What we can do is help you to find the tools that you need to work through your grief journey and to find hope again. The goal of The Grief Toolbox is to be one place where multiple tools are available, a singular area where a person can find all the tools they need to help themselves or others with a grief that neither time nor money can solve.

Grief Watch

The Grief Watch mission is twofold: first, to offer spiritual, emotional and other support to persons who are grieving, and second, to assist organized efforts which address the systemic injustices within our society which are the source of grief for persons who are poor and marginalized.

It Is Ok To Cry

A website is design to support grieving children, adolescents, young adults as well as parents, caregivers, educators and other that work with kids experiencing the emotional pain of love...loss... and grief. Yvonne Butler Clark, M.A. Founder/Director If a child is old enough to love... they are old enough to grieve.

Life Preservers

Life Preservers, a global grief support community, assists people in shifting their beliefs about death from those of fear and dread to acceptance and celebration. Through free teleclasses, resources and a free newsletter and coaching programs, caregivers coping with loss will find compassionate support and guidance on the path to grief recovery. Visit http://lifepreserversgriefsupport.com today.