



Alabama's **Best Practices**

Presentation/Conference Proceeding Manual



Everyone's a Winner



Produced by the cooperative efforts of the:

Alabama Nursing Home Association

and

Alabama Department of Public Health

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Program Outline

7:30 am – 8:30 am	Registration and Exhibits
8:30 am – 9:20 am	South Haven Health & Rehabilitation “DARE to Care”
9:20 am – 10:10 am	Coosa Valley Nursing Home “Off the Chain”
10:10 am – 10:25 am	Refreshment Break
10:25 am – 11:15 am	Oak Park Nursing Home “Serenity Suite”
11:15 am – 12:05 am	Arbor Springs “Caring Paws”
12:05 am – 1:00 pm	Lunch & Nurse Recognition
1:00 pm – 1:50 pm	Haleyville Health & Rehab “Hicks & Giggles”
1:50 pm – 2:40 pm	River City Center “Weight Watchers Happy Hour”
2:40 pm – 2:55 pm	Refreshment Break
2:55 pm – 3:45 pm	Athens Rehabilitation Center and Senior Care
	“Young Bloods”
3:45 pm – 4:25 pm	Hanceville Nursing & Rehab Center “Five Alive”
4:25 pm – 4:30 pm	Closing Remarks



The Alabama's Best Practices Program would like thank the following individuals for serving on the 2013 Best Practices Steering Committee:

***Donna Guthrie, Chairman
Florence Nursing & Rehab Center LLC***

***Linda Robertson, Past Chairman
St. Martin's in the Pines***

***Katrina Magdon
Alabama Nursing Home Association***

***Tracy Pattillo
Crowne Health Care of Montgomery***

***Charlotte Johnson
Camden Nursing Facility***

***Sandra Keener
Piedmont Health Care Center***

***Carol Knight
Noland Health Services***

***Sal.Lee Sasser
Andalusia Manor***

***Mary Anne Parsons
Highlands Health & Rehabilitation***

***Jennifer Agee
Northport Health Services***

***Jo Ann Smyly
Thomasville Nursing Home***

***Armelia Oliver
Lighthouse Rehab & Healthcare Center***

***Gail Gunn
Oak Park Nursing Home***

***Kendrick Wells
South Haven Health & Rehab Center – Montgomery***

***Endya Gibbs
Cherry Hill HealthCare Center***

***Ina Brown
TLC Nursing Center***

***Pam Penland
Best Practices Director***



The Alabama's Best Practices Program would like to thank the following individuals for serving on the 2013 Best Practices Professional Review Panel:

*Liz Prosch
Alabama Coalition for Culture Change & AQAF*

*Karen Guice
Ombudsman*

*Dr. Joyce Varner, RN
Nurse Representative
Alabama Board of Examiners of NHA*

*Kenny W. Keith, Esq.
Gilpin & Givhan, LLP*

*Joy Cornelius
Robinson Adams Insurance - Gallagher Risk Management Services,
Inc.*

*Patrick Nicovich
Nursing Home Administrator*

*Carol Hill
Hill Educational Services, Inc.*



How Did Alabama's Best Practices Begin?

During 1993, the Alabama Department of Public Health (ADPH) explored the concept of best practices as developed in New York in 1989. A proposal for Alabama's Best Practices (BP) was completed in November 1993, and after preliminary discussion, the proposal was presented to the Alabama Nursing Home Association (ANHA), which represents over 98% of Alabama's facilities. A consensus was reached on program design and functions, and implementation began in March 1994 with the ADPH's designation of a program Director and ANHA's designation of a chairperson for the BP Steering Committee. The BP Director and Steering Committee Chairperson and two other representatives observed a New York Best Practices Conference in May 1994. With the benefit of these observations and the advice shared by New York, operational plans for Alabama's Best Practices were laid. Alabama became the third state in the nation behind New York and California to begin a Best Practices Program. Alabama's first Best Practices nomination was received on September 29, 1994.

What is a Best Practice?

A best practice is any intervention a nursing home has developed which improves residents' lives or living conditions. It can be drawn from any care area of residents' lives, and is directed toward quality of life. Best Practices (BP) fosters cooperative efforts that enhance excellence and innovation in resident care, as well as single facility or multi-facility initiatives that may involve residents and staff as well as the civic, religious and regulatory communities. A BP may involve residents' rights, provision of care or administrative practices which result in improved care. The BP concept is to explore alternative care models which have proven effective for residents in Alabama nursing homes.

The Alabama's Best Practices Program Judging Process

Each year beginning in the fall, the Best Practices Steering Committee meets to determine the conference date and location, establish a time line for planning/coordinating the Best Practices Conference and approve the nomination packet. The Best Practices Steering Committee is made up of appointed members from each of the nine regions of the Alabama Nursing Home Association and appointments from the Alabama Department of Public Health. The Best Practices (BP) Director is selected by the Best Practices Steering Committee. From the direction of the Steering Committee, the BP Director solicits and begins to promote the Best Practices Program. The Best Practices Director meets with all the regions and contacts as many facilities as possible soliciting them to enter nominations for innovative programs that their facility uses to promote excellence in the care and life of our Alabama nursing home residents.

Nominations are officially solicited between fall and late winter with the deadline for nomination set in early Spring. The Best Practices Steering Committee chooses a Professional Panel (usually 5 – 9) to review the nominations. Blind nominations are submitted to the Professional Review Panel.

Nominations are judged on eleven criteria:

1. The Best Practice addresses a clearly defined need, problem or situation;

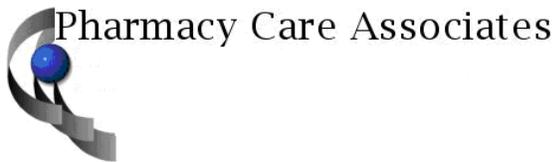
2. Goals and objectives of the Best Practice correspond with the identified need, problem or situation;
3. Intervention/activities to achieve stated goals and objectives are clearly described;
4. The need, problem, or situation identified involves residents and a variety of staff disciplines;
5. A mechanism is in place for evaluating attainment of program goals and objectives;
6. The Best Practice promotes teamwork and collaboration;
7. The Best Practice promotes organizational effectiveness (attainment of goals and objectives);
8. The Best Practice can be applied in other facilities feasibly and effectively,
9. The Best Practice is clearly presented as benefiting residents;
10. The activity protocols, therapies, systems, interventions and programs described are not common practice; and
11. The Best Practice involves a multi-disciplinary approach that has proven effective in integrating quality of care with quality of life.

Each of these criteria are judged on a scale of 1 – 4 with the highest possible being 4. Once these criteria are judged, the scores are added together. The judge then adds up to 4 points based on the innovation of the best practice. The total becomes the score from the judge on that Best Practice. This procedure is followed for every nomination.

The entire book of blind nominations is mailed to the Association office by the judge. The Association office tallies all of the scores by the judges. The Association then matches the blind nominations with the facility information. The top eight nominations with the highest scores are determined as presenters.



The Alabama's Best Practices Program would like to send a BIG Thank You to all of the following sponsors of our Program!



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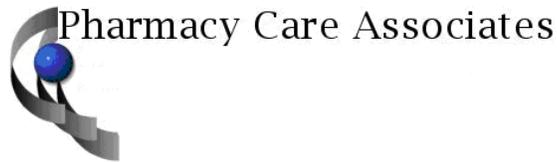
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Health Care, Inc.



DARE to Care Program

Administrator:
Mr. Nick Beckham

South Haven Health & Rehabilitation, LLC
3141 Old Columbiana Road
Hoover, Alabama 35226
(205) 822-1580

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Where Solutions Create Value



DARE to Care Program

In 100 words or less, describe your Best Practice

(Dementia Activities Resources and Enrichment) to Care is a program which reduces behaviors, increases safety, and sustain residents' functional activity level. Residents are assigned to 3 groups, based on cognitive level, using the GDS and/or BIMS assessments. Each group has an activity box containing a variety of items that are appropriate and individualized for their level of mental abilities and skills. Residents are brought to a large activity/dining room each day so that continuous observation can be provided, this reduces falls. A schedule was established that provides an outline of how to utilize the program and the activities in the boxes.

What problem does your Best Practice address, and what is its primary purpose?

The primary purpose of DARE to Care is to improve the process of caring for residents with varying levels of cognition/dementia by providing different types of tools that will improve their quality of life outside of scheduled facility activities.

DARE to Care addresses the following challenges:

- Falls
- Inactivity
- Physically non-aggressive behaviors - pacing, general restlessness, and repetitious mannerisms.
- Verbal and vocal agitated behaviors - complaining, constant requests for attention, negativism, repetitious sentences or questions, and screaming.
- Aggressive behaviors
- Decreased social contact

Our goal is to keep residents safe, experience optimal stimulation, show signs of improved interaction, and reduce isolation and inactivity.

What group(s) of residents and others are involved in your Best Practice and how does it work?

Residents are assessed by the speech pathologist and/or occupational therapist using the GDS (Global Deterioration Scale) scale. The BIMS (Brief Interview for Mental Status), which is a part of the MDS, can also be used if your home does utilize therapy. The BIMS is done by the Social Worker in the nursing home. These measurements allow us to identify the appropriate group for each resident. Residents are re-evaluated every 6 months or as needed for changes in cognitive status.

Residents are allocated to either the Red, Yellow or Green group. This system simulates a traffic light. Those residents in the Green group are able to initiate activities independently, essentially self starters.

Those in the Yellow group require "caution" or mild to moderate assistance or set up. Caregivers addressing the Red group are expected to "stop" and assess best activity for which residents are to engage.

Below is a more detailed breakdown of the 3 groups:

GREEN Group - GDS score of 1-3 or BIMS score of 11-15. These residents experience some mild cognitive

impairment or have no cognitive impairment.

YELLOW Group- GDS score of 4-5 or BIMS score of 6-10. Early to moderate dementia is beginning to show. They are slightly more confused or anxious than the green group.

RED group – GDS score of 6-7 or BIMS score of 1-5. Moderately severe to severe dementia. These residents require extensive assistance and monitoring.

As we developed this program, several team members were included to achieve a multidimensional approach to issues faced on a daily basis within our facility. Nursing, Restorative, CNA, MDS coordinator, activities, therapy staff, administrator and families/sponsors were all included in the process.

What has your Best Practice accomplished and how have you been able to tell this?

Our best practice has allowed us to lower our number of falls by keeping residents engaged in activities at all times. We are able to use our activities/dining room to keep residents spread out and busy with their chosen activities. This leads to an increase in quality of living and happiness of residents that is visible when touring the facility.

We also have seen residents that are higher functioning help set up some of the activities for residents that are not as quite high functioning. This allows our residents to meet each other and interact as well.

What problems, obstacles, or challenges might other facilities face in replicating part or all of your innovation?

One of the benefits of this program is the ease and simplicity of it.

Other facilities would need to locate a central area where residents can be observed, which can include the dining room, activity hall, or common area. We are fortunate to have an activity/dining room that allows us to do this. There are really no major obstacles to implementing this type of program and the benefits from the health and safety aspect as well as the subjective happiness of residents is clear.

What was the cost to implement your Best Practice? How did you pay for it?

Three different lists of objects were developed individualized for each color group.

In addition to utilizing items in our Activities department, caregivers, staff and sponsors were asked to bring items from home that could be used in the activity boxes. Music, dolls, stuffed animals, blocks – Legos, board games, cards, visually and auditory stimulating items, etc. A list of Activity materials is listed below.

RED

Sensory Cloth
 Bubbles
 Wonder Tubes
 Musical Instruments
 Stuffed Animals/Dolls
 Bead Maze
 Music
 Activity Apron
 Picture Books
 Color & Shape Learning Cards
 Football
 Color Pages/Crayons
 Interactive toy (talking Elmo)

YELLOW

Go Together Learning Cards
 Cards (War, Go Fish Cards)
 Gears
 Large Block Legos
 Puzzles
 Color Pages/Crayons
 Magazines

GREEN

Puzzles
 Board Games (Yahtzee, Chess)
 Cards (Uno, Memory Match, Crazy 8, Poker)
 Checkers
 Dominos
 Color Pages/Crayons

This program is easy to replicate in other facilities since items used are easy to obtain and inexpensive to purchase.

What are the reasons you consider this Best Practice to be excellent and innovative?

This program facilitates the following:

1. Positive mood
2. Social interactions and contact
3. Ability to experience and express a range of positive emotions
4. Creativity and self-expression
5. Enhances opportunities for self-initiated activities
6. Enhances social contact and interactions
7. Reduces isolation, inactivity and agitation
8. Prevent or alleviate agitated behaviors
9. Helps the resident feel safe and comfortable
10. Aid residents in feeling valued as a person

“DARE to Care” Schedule

9:00 am – 10:00 am	Transfer residents to activity/dining room -Utilize DARE to Care Activity Boxes
10:00 am – 11:00 am	Snack, Facility scheduled activity - Review Calendar
11:00 am – 12:00 pm	Rounds – Vital signs, Bathroom care, Prepare for lunch
12:15 pm – 1:30 pm	Lunch
1:30 pm – 2:30 pm	Utilize DARE to Care Activity Boxes
2:30 pm – 3:00 pm	Facility scheduled activity - Review Calendar Shift Change, Rounds
3:00 pm – 3:30 pm	Snacks
3:30 pm – 4:15 pm	Utilize DARE to Care Activity Boxes
4:15 pm – 5:00 pm	Rounds, Bathroom care, Prepare for dinner
5:30 pm – 6:30 pm	Dinner
6:30 pm - 7:30 pm	Utilize DARE to Care Activity Boxes , Play soothing music







Off the Chain!

Coosa Valley Nursing Home

Administrator:
Ms. Vanessa Green

Coosa Valley Nursing Home
315 West Hickory Street
Sylacauga, Alabama 35150
(256) 401-4324



Off the Chain!

In 100 words or less, describe your Best Practice:

This 2013 Best Practice nomination can only be described as OFF THE CHAIN! To help our residents experience the real freedom of the highway, they were treated to a Bike Night at our Nursing Home. We invited local bikers to join us for an evening filled with fun and adventure. Staff and residents prepared by planning a hot dog social and dressing the part. Staff and residents donned their best gear, leather boots and *Do Rags* (biker speak for colorful head handkerchiefs). Local bikers showed up in *armor* (leathers, chaps, boots, etc.) with *cherry tops* (police cars) leading the way! It was quite a spectacle. The deafening roar of the Cruisers, Harley's and Fatheads (cycles with twin cams) was extremely exciting and put a thrilling feeling of expectation in the pit of everyone's stomach.

As the bikers arrived and began got off their bikes, everyone at the nursing home was energized as they cheered and waved. The residents couldn't wait to meet the bikers and take a ride on the three wheel cruisers (with consents of course)! The *shiny side was kept up* (no wrecks) and everyone who was willing and able sat on the bike and took pictures and/or took a ride. It was a beautiful evening and everyone had a great time. A special addition to the first event was Jonathan Bloom in Concert. As an employee of our organization Jonathan is well known in the Central Alabama area for good, old time, rock and roll music.

The bikers were so enthused; they kept in touch and began regular visits. It was evident that both the residents and the bikers loved getting together. Both groups wanted to meet again which led to a second Bike event. The second get together was held on a Saturday morning.

The next bike event was named WILD HOGS ON HICKORY STREET! The bikers showed up on Saturday morning ready to party with our residents. The bikers were delighted to see the welcome banners and the new name for the get-togethers. Hot dogs, cokes and chips were available and the bikers were ready with their donations. Family members were also happy to participate. Several family members joined in the fun by volunteering and they had a great time as well.

While not everyone wanted to ride, some residents did don biker gear and enjoyed the photo opportunity. With photo consents, photos of the event were posted on the Nursing Home's web page and Facebook page. Wild Hogs on Hickory Street is an extraordinary event that is an ongoing lesson in RELATIONSHIP BUILDING.

What problem does your Best Practice address, and what is its primary purpose?

One of the main purposes sought to address when planning this Best Practice was to serve our younger residents and it met that purpose. We also found that the older residents were just as interested or maybe even more so! After a ride on a three wheeler, one female resident stated, "I can't believe I waited 77 years to have so much fun!" She was smiling so big she could barely talk. Culture Change—and some thought it would be Culture Shock! Well, the shock came from seeing how much fun everyone had 😊

This activity is absolutely relevant to culture change. The outside community's culture is changing along with the evolution of the bikers' reputation. Gone are the days when bikers' are only thought of as tough guys and

rough gals. Today, motorcycles are owned and ridden by some of the best and most respected people in the world. Why, even Alabama's former governor, Bob Riley, had a Harley that he rode all the way to Fairbanks, Alaska. He even rides again after a serious spill way up there in the land of ice and snow landed him in the hospital for several weeks. As so, the folks that showed up for the Wild Hogs on Hickory Street event were the salt of the earth. Good ole' boys and girls that work hard and ride bikes for enjoyment. They were gracious and came out to share a good time as well as gifts with the people that helped build the community, the senior and younger residents of the Nursing Home. Now, they are some of the most respected people in our residents' world.

What group(s) of residents and others are involved in your Best Practice and how does it work? (Who and how many are helped, what are the benefits to these people, and what methods or procedures/protocols are used to get results?)

All residents and family members and staff from the whole campus were invited to participate in our Best Practice event. Residents that were unable to go outside were taken to the windows and were encouraged to watch from inside. Many of the Bikers came inside the nursing home and visited with residents that were either unable to go out or preferred to watch from inside. On our second Bike Day, the Bikers brought hand carved wood picture holders and frames for all of our long term care residents and delivered them personally. Staff considered that more men would be interested than women. The men did enjoy the event but the women came out in droves. Hearing those motors running seemed to loosen their inhibitions and many of the women stated they would ride if able. They also enjoyed posing with the bikers, especially the handsome ones. (The ladies still have their pictures taken with the bikers hanging on their walls)

Benefits include: Younger and older residents, both male and female, had an opportunity to participate in a community event held at their home place. They got to interact with people and make new friends that they might not have otherwise met. The bikers got an opportunity to give back to those residents that had never seen motorcycles except on television by allowing them to see, hear, touch and ride them. Through their friendships with residents, the bikers gained a better understanding of what it is like for a person to have to give up their home and comfortable, familiar way of life because of poor health. Also, for the first time, some realized the continued need for residents in a nursing home to have social relationships with people in the outside community. Thankfully, the bikers were happy to oblige and help meet that need.

The first step to having a Bike Day was contacting a leader of a local Bike Club. There are several in our area and as our RN Nurse Manager is a Biker herself. We used networking and contacted one of her sources. That particular source is the leader of a Christian Motorcycle group and was very excited and got on board immediately. He and the Activity Director worked out the details about the date and time. The Activity Director along with the help of the RN Manager created a flyer and it was posted in the biker hangouts around the community including restaurants and local churches. Staff members also visited and invited the bikers to attend the event on bike night at local establishments such as Dairy Queen and other restaurants. Social Media was also used to spread the word. The Wild Hogs on Hickory Street event was publicized on Facebook, Twitter and of course through e-mail. Our next event will be publicized on our Website.

As there are inherent risks in riding motorcycles, consents from Sponsors/Durable Power of Attorneys are required for the residents to sit on or ride the bikes. Residents and staff members rode with experienced bikers on three wheel bikes around the block (or two.)

What has your Best Practice accomplished and how have you been able to tell this?

There were several residents in our Rehab Unit that refused all group invitations preferring to engage in independent activities until Bike Night. This activity drew an array of people together, including: younger residents, family members, and staff members that usually don't participate in activities; a maintenance man

rode his Harley, a Marketing employee and her husband rode their Hog, and both were excited to give staff and residents rides.

Putting it mildly, this activity brought together two groups that would not ordinarily be associated. However, Nursing Home residents and Bikers have created quite a connection. Not only were the residents, bikers and employees involved in the activity, area businesses were happy to donate items for our door prize drawing, including: flashlights, jewelry, gift certificates, etc. The most popular drawing items were the restaurant gift certificates. Some of the people gave their drawing tickets to the residents. We learned a good lesson in that. Residents wanted to be included in the drawing so they could win some goodies, too!

What problems, obstacles, or challenges might other facilities face in replicating part or all of your innovation? Were there any adverse effects or any ways that things turned out differently than you had planned? Do you know of any other facilities which have tried this or a similar best practice idea?

The biggest challenge/obstacle facing the implementation of this activity was the weather. The weather is directly related to the number of bikers that participate. When the sky is blue and the weather balmy, a great number of bikers we will see. With any outdoor event, the weather must cooperate to have large numbers of people show up. At our second event, the weather was cold and damp and the skies were overcast but we learned that we don't have to have large numbers of bikers at our events to have a wonderful time interacting with each other. To the best of our knowledge, no other facilities in the area have tried this idea. There have been other facilities that have asked questions and seem interested in the details.

What was the cost to implement your Best Practice (include dollars, staff, supplies, equipment, etc.)? How did you pay for it?

The biggest cost was for the hot dog meal. We served hot dogs cooked on the grill on site by our Administrator's husband with the help of a resident's son, along with chips in individual bags, and cookies. Our keg held ice cold beverages including a variety of canned sodas and bottled water. A large donation jar with a suggested amount for a meal was placed on the table where people picked up their food. Bikers and other visitors were generous with their donations.

Another fundraiser was the Split the Pot drawing. Tickets were sold at \$1 each, 7 tickets for \$5 and 20 tickets for \$10. We were as lucky as the winner of the split the pot. She graciously split her winnings with the Nursing Home.

What are the reasons you consider this Best Practice to be excellent and innovative?

Up to four (4) pages are allowed to contain pictures, articles, charts/graphs, or other materials which support your nomination.

Bike Night is innovative in that it reaches outside the box to bring two unlikely groups with differing cultures together to create positive, social relationships. This event engaged all the senses for residents from the time the cyclists were ½ mile away. Those that couldn't see the bikes coming could hear their rumble. Even those that couldn't hear could feel the RUMBLE as the motorcycles approached. Residents enjoyed smelling and tasting the fresh grilled hotdogs. To make the experience genuine, residents had Do Rags and even got to choose their very own temporary tattoo to sport during the event!

Those that were inhibited seemed to come out of their shell. In the not so distant past, a particular Rehab patient was a member and rode with one of the groups that came. After his ride around the block, with tears in his eyes he talked about how happy he was. "I didn't think I would ever get to ride again," he stated emphatically. His broad smile showed the joy he felt because the group came and offered him and the other residents a chance of a lifetime. For some residents, it was their one and only opportunity to ride or even see a motorcycle up close. For one diehard biker that was in the Rehabilitation Unit, it may have been his last. All the bikers agreed it was worth the ride!

Nursing homes aren't just for Maw Maws and Paw Paws to sit on the front porch in their rockers and *watch the wind blow* any more-although that type of activity does have its place. Nowadays, the Maw Maws and Paw Paws want to get on a Harley and *ride like the wind!* Who would have thought the time would come when the Harley slogan, *Ride to Live...Live to Ride*, would be an appropriate slogan for nursing home residents?

NOW IS THAT TIME!

HEY YOUNG'ENS! MAW MAW AND PAW PAW SAID TO COME ON OUT TO PLAY
WE ARE GOING TO HAVE A GREAT TIME AT THE NEXT
WILD HOGS ON HICKORY STREET EVENT
HELP COOSA VALLEY CELEBRATE NATIONAL NURSING HOME WEEK
SATURDAY, MAY 18, 2013 AT 10:30AM
315 WEST HICKORY STREET
SYLACAUGA, AL 35150
CONTACT: EDDIE LYTTON 256.404.9232
CONCESSIONS AVAILABLE ENTERTAINMENT PROVIDED
In case of rain, Event will be canceled.

BORN TO BE WILD



BORN TO BE WILD



RIDE TO LIVE...LIVE TO RIDE



“Serenity Suite”

Administrator:
Mr. Jason Banks

Oak Park Nursing Home
1365 Gatewood Drive
Auburn, Alabama 36830
(334) 826-7200



“Serenity Suite”

In 100 words or less, briefly describe your Best Practice:

The Serenity Suite is a private room designed for the sole purpose of providing privacy for an actively dying resident. The nursing staff makes the decision if the resident is actively dying. The resident will be moved into the Serenity Suite in his or her own bed if the resident or family desires a private room at the end of life. There is no charge for this room. This allows for more intimate time with the loved one than can be provided in a semi-private room.

What problem does your Best Practice address, and what is its primary purpose?

Our Best Practice addresses privacy for the resident and family members as well as privacy for the roommate of the dying resident.

What groups of residents and others are involved in your Best Practice and how does it work? (Who and how many are helped, what are the benefits to these people, and what methods and procedures /protocols are used to get results?)

The Serenity Suite benefits the resident and family members along with staff members in a more private setting, allowing the family members to spend time with each other as well as the resident. The suite allows employees to assist the resident and family during this time of need. After a resident is moved into the Serenity Suite, the nurse and care assistant accustomed to caring for this resident continues their care. The social worker provides emotional support for the resident and family members if needed. The dietary staff provides an A La Carte service for the family members. The housekeeping staff provides clean towels and linen for the family members who stay overnight, the activity staff visits several times a day to offer one to one time with the resident to give the families a chance to go outside the room for a break. Our receptionist, who is a cancer survivor, developed the name for our room.

What has your Best Practice accomplished and how have you been able to tell this?

Our Serenity Suite has made an impact on the family members by allowing them to spend quiet and private time with their loved one. To date we have had about 15 residents pass in the Serenity Suite. All of the families have made comments of how the room made the dying process easier to handle. The room allows one to die with more grace and dignity.

What problems, obstacle or challenges might other facilities face in replicating part or all of your innovation? Were there any adverse effects or any ways that things turned out differently than you had planned? Do you know of any other facilities, which have tried this or a similar Best Practice idea?

Other facilities may have a problem of providing a private room, having the staff available to care for the resident’s needs. We have had two residents needed the suite at the same time. Nursing does not make the call to move the resident into the suite until the residents vital signs begin to decline. This has reduced the issue of

demand for the room. I do not know of any facility that offers this special service but we have had other facilities to come see what we have put into place.

What was the cost to implement your Best Practice (including dollars, staff, supplies, equipment, etc.)? How did you pay for it?

The cost to implement this Best Practice was approximately \$5500.00. This includes new lighting, furniture, painting of walls, plantation blinds, lamps and pictures. One of our hospice companies donated a flat screen TV and DVD player. At the time of renovating the room we had an Administrator in Training who needed to perform service hours and he choose this project to donate his time, he spent many more hours than required because he wanted it to be done right. In addition, our auxiliary conducted fundraisers to help with the expenses.

What are the reasons you consider this Best Practice to be excellent and innovative?

Our Nursing Home believes in providing the best-individualized quality of care for our residents and providing support, education and understanding to our family members up until the end of life. The Serenity Suite has been a blessing to us and the family members who have utilized our room. We have had so many compliments on the Serenity Suite. It is a good marketing tool as well.

Serenity Suite

When I began working in a nursing home and experienced the death of a resident who shared a room with another resident, I knew something special should be provided for the dying resident and their family members. Also, the roommate is very disturb at this time due to a friendship that developed between the residents and the number of family members and friends coming to visit would disturb the other resident in the room. I spoke with my administrator at that time and we had no solution to this problem that affected me enough to want to do something different. As you know in a nursing home that has been built for many years you just do not have extra space or empty rooms available. As time went by and we got a new administrator, this problem also became a reality for him. He looked at renovating our chapel into a room but this was going to be so expensive because we would have to totally remodel the room, add walls and a complete bathroom and the chapel did not have the plumbing capabilities. My administrator called me to his office one day to discuss with me the fact of not getting this room because of the expense of remodeling. Well, when I came to work at the nursing home the only room they had to put the activity department in was an unoccupied resident's room. This was a room with a complete bathroom, closet and lighting. At that time, I reminded my administrator that the activity office was a complete room and I would gladly give it up for this purpose. Both of us were about to see a dream and a need come to be. We had an Administrator in trainer at this time and he took the project on to repaint, remodel the closets and purchase new furniture. Our nursing home paid for all the remodeling and our hospice company furnished a DVD player and a TV for our new beautiful room that we now call our Serenity Suite. This has been a blessing for our residents, family members and staff. The nursing staff and care assistant who normally care for the resident and who the family is familiar with continue their care in the Serenity Suite and our wonderful dietary staff provides refreshments for the family members during this time. We have had so many compliments from family members about the comfort and privacy of the room.



Social Worker, Care Assistant and Nurse standing by bed to provide care.



Aroma Therapy Diffuser

Lavender for relaxation



Activity Director providing quiet reading to the resident



Dietary Staff providing A La Cart service to family members in the Serenity Room





Caring Paws

Administrator:
Mr. Mark Traylor

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ATTORNEYS



“Caring Paws”

In the fall of 2012 Auburn University School of Nursing’s professor Dr. William Pope partnered with our facility to conduct a research project studying the effects of pet therapy dogs on the geriatric population with a primary focus on Residents who suffer with dementia and/or Alzheimer’s. All dogs used in this research project were certified pet therapy dogs. There were 44 residents and 62 undergraduate students involved. Dr. Pope states “the most amazing result of this research project was the number of students that approached me after with a willingness to work with the geriatric population”.

What problem does your Best Practice address, and what is its primary purpose?

This best practice addresses the problem of finding creative approaches to dealing with the struggles of dementia and/ or Alzheimer’s. Conducting this research project allowed both staff and students to realize that there must be a holistic approach to dealing with dementia and/or Alzheimer’s. The primary purpose of this Best Practice was to study the effects of pet therapy dogs on residents with dementia and/ or Alzheimer’s. It was the goal of the students to answer/ observe the following: How did the resident respond to an initial visit without a pet therapy dog present? How did the resident respond to a visit involving a pet therapy dog? Students were asked to observe and document any changes during visits for example, was the resident more talkative with a dog present? Was the resident able to express more comfortable body language with a dog present?

What group (s) of residents and others are involved in your Best Practice and how does it work? (Who and how many helped, what are the benefits to these people, and what methods or procedures/protocol are used to get results)

The key group participants that made our research project a success were 62 undergraduate students, 3 Auburn University School of Nursing Professors and 44 residents and their sponsors. Dr. William Pope (AU School of Nursing) approached our Resident Services Department with the proposed research project. It was agreed that the facility would work with the AU School of Nursing to conduct this research on residents whose sponsors were willing. The undergraduate students reached out to each sponsor of the 44 residents involved and gathered basic information about each resident along with information inquiring about their history with animals. This project greatly benefited all parties involved. It allowed residents who were lifelong pet owners to share their love for animals. Conducting this research project in a nursing home allowed undergraduate students to expand their view on the everyday operations of a nursing facility as well as what it is like to work with the geriatric population.

To facilitate the collection of data needed, each resident was visited a total of 8 times for a 10 minute duration, 4 visits were conducted with a dog present and 4 were strictly human interaction visits. Each time a resident was

visited a student would document all behaviors noted, example noting facial expressions or how engaged the resident was to both the humans and or dogs. The research collected was overwhelming. It was clear and evident that residents were typically friendlier when a dog was present for a visit.

What has your Best Practice accomplished and how have you been able to tell this?

This best practice expanded views for the undergraduate's involved and the attitudes of the residents, sponsors and staff members. Conducting this project allowed everyone to see that the community does care about our geriatric population. Staff was able to see that there are many ways to approach residents with dementia/ and or Alzheimer's and the advantages of thinking outside the box. Most importantly, this project created a newly found interest by the young nurse in working with the geriatric population in a long term care setting. It also formed a great partnership between our facility and Auburn University School of Nursing.

What problems, obstacles, or challenges might other facilities face in replicating part or all of you innovation? Were there any adverse effects or any ways that things turned out differently than you have planned? So you know of any other facilities which have tried this or a similar best practice idea?

Other facilities do in fact have pet therapy programs provided by animal clubs or churches. However what makes our project different is that we had certified and trained pet therapy dogs. The residents were able to work with dogs that were taught how to interact with people in a caring compassionate manner while always being controlled by the owner. Other facilities may have trouble partnering with nearby universities or they may have trouble finding groups that use only certified pet therapy dogs.

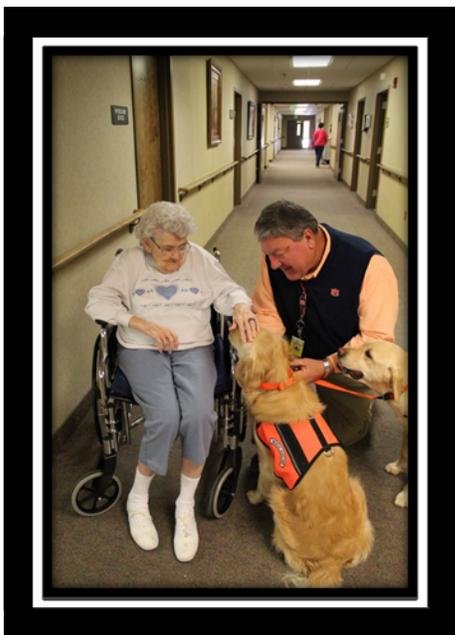
What was the cost to implement your Best Practice (include dollars, staff, supplies, equipment, etc.)? How did you pay for it?

This Best Practice was at no cost to the facility. The students that assisted with the project were required to as an integral part of the class assignments. Dr. William Pope was able to receive grant money to hire someone to help organize all data that was collected by the students. Dr. William Pope was kind enough to donate the use of his personally owned pets.

What are the reasons you consider this Best Practice to be excellent and innovative?

This Best Practice is excellent because of the impact it had on our residents. Residents were visually and emotionally stimulated by the interaction with the animals during the visits. Some Residents showed improved moods and decreased negative behaviors. This best practice also created a bond between the local University Students and Faculty which we feel will encourage more students to consider long term care as a career option. This project also influenced our staff by demonstrating facts and results of the holistic approach to treating our Residents.







Hicks & Giggles

Haleyville Health and Rehab

Administrator:
Mr. Curt Wasson

Haleyville Health and Rehab
Haleyville, Alabama
(205) 486-9478



“Hicks & Giggles”

In 100 words or less describe your Best Practice:

You might be a red neck if you’ve been pulled over and the officer asks for your I.D. and you ask ‘bout what?’ The art of laughter can be lost over time as depression and dissidents creeps in. To fight this here on our funny farm we get everyone involved and with some side splitting laughter you can’t help but get involved and make friends. Get your facility’s Hee Haw on with some Hicks & Giggles.

What problem does your Best Practice address, and what is its primary purpose?

Our problems included low male resident participation and low morale of staff. Hee Haw’s primary purpose is to get more male resident involvement and boost staff morale. By getting residents and staff together also with families and community involvement we helped fight low morale and boosted more male participation.

What groups of residents and others are involved in your Best Practice, and how does it work who and how many are helped, what are the benefits to these people and what methods or procedures/protocols are used to get results?

Male residents, family, staff members and also outside community are involved in our Best Practice. It works by everyone getting together for some side splitting laughter and great music that can be enjoyed by all ages. The benefits are endless, so many people getting together having fun just being with each other and getting to spend time together. We start by holding auditions for singers and comedy acts. We have some residents that love to sing and show off their talents. Even though we started it to get more male involvement, everyone got involved and had a good time with it. It is enjoyed by young and old alike. The ones that did not want to sing or be in a skit could sit in the background as ‘extras’ and clap and cheer for the others or just watch the show and have a few laughs.

What has your Best Practice accomplished, and how have you been able to tell this?

It has brought more male involvement and also involvement of staff, family members, and community involvement. Everyone talks about it and about all the acts that are in the show and they all talk about how they can’t wait till the next Hee Haw show. Resident have had more confidence and just sitting around reminiscing about it gets them tickled and they relive it all over again.

What problem, obstacles or challenges might other facilities face in replicating part to all of your innovation? Were there any adverse affects or any ways that things turned out differently than you had planned? Do you know of any other facilities which have tried this or a similar best practice idea?

The challenges we had were mostly getting everyone at practice at the same time. Everyone has different schedules and catching residents when they are not in activities, therapy, breakfast, lunch or dinner. Some practice at different times but we had one “dress rehearsal” to bring them all together and make it happen. To my knowledge I don’t know of any other facilities that have done anything like this.

What was the cost to implement your Best Practice include dollars, supplies, equipment, etc? How did you pay for it?

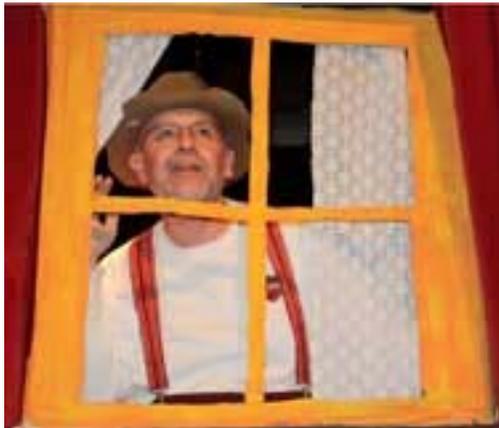
We did not have much cost, most of the stage items were donated by various individuals. Costumes were borrowed or made out of “old things” we had on hand.

Equipment was borrowed from various individuals also. We also charged \$5.00 per person for the public and gave the money to Relay for Life.

What are the reasons you consider this Best Practice to be excellent and innovative?

We took an old classic that we all us to watch on television and turned it into a “New Classic” by adding up to date songs and skits that everyone could enjoy. We got our male residents involved and also families, staff members and the community. It helped to boost morale and confidence in our staff and gives them something to look forward to each year. This activity is very good at incorporating our residents with the community and allowing them to get involved with our residents and staff.









Weight Watchers' Happy Hour

Administrator:

Ms. Dana Briley

River City Center

1350 14th Avenue SE

Decatur, Alabama 35601

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Weight Watchers' Happy Hour

Weight Watchers' Happy Hour (WWHH) is an innovative activity that targets long term residents with significant weight loss. Each day, staff members interact with, and provide a calorie dense snack to specific residents. This program is unique because it combines high calorie foods, personalized socialization and daily encouragement to battle weight. To achieve the primary goal of stabilizing weight, the Dietary and Activity departments work together to create an appropriate menu for various diet restrictions and textures as well as provide these snacks in a positive manner. Ultimately, through increased interaction and additional high calorie snacks, River City Center strives to improve quality measures associated with weight loss.

Weight loss is a focus in many skilled nursing facilities. Weight loss in the elderly can have numerous negative effects such as muscle wasting, decreased immune function, increased risk for disease complications and depression. In fact, involuntary weight loss in the elderly has been correlated with increased morbidity and mortality (Huffman, 2002). The "Weight Watchers Happy Hour" program addresses this quality measure with the goal of stabilizing a weight loss trend or even achieving a moderate weight gain.

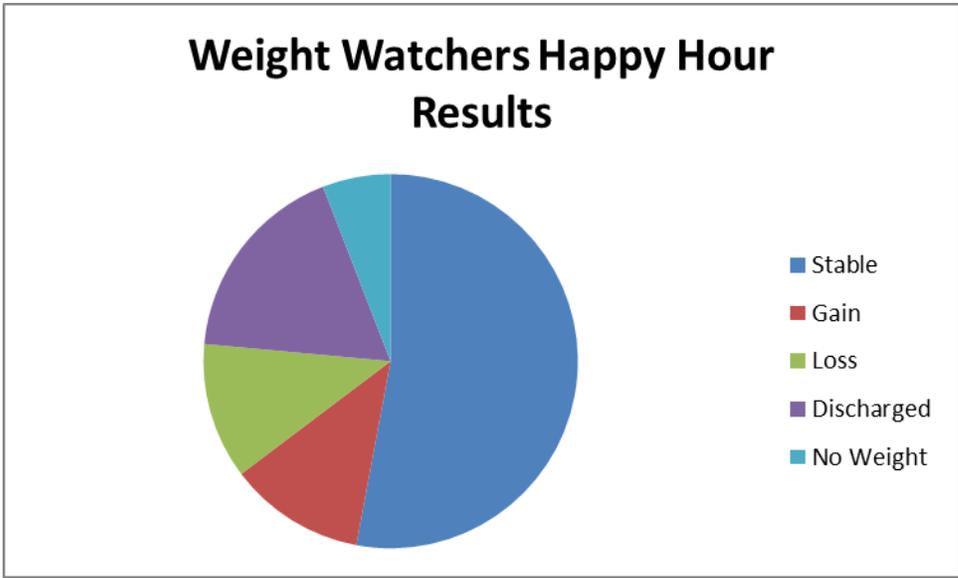
Each month, the registered dietitian provides a list of residents who have had weight loss in the past month to the Activity Department. The RD also provides a diet list so that residents are provided with an appropriate snack. Approximately 20 residents are involved each month.

A mixture of prepackaged and homemade snacks has been provided to residents during the program. Various snacks have been sampled, but some favorites have been peanut butter milkshakes, chips and dip, fruit and yogurt smoothies and pudding cups. The snacks are chosen based on caloric density and palatability. Snacks that are a naturally pureed texture have proven to be the best choice to accommodate all diet textures.

Each day, a member of the Activity Department staff delivers snacks to the identified residents. This person interacts with each resident and encourages him or her to try the snack. Social interaction is a key component of WWHH since depression can have a negative impact on weight.

The "Weight Watchers Happy Hour" program has been successful in improving results among residents with weight loss. The pilot program participants had a success rate of 64.7%. Success was seen as weight stability or gain after one month. Stability was defined as <5% change in weight from baseline, and weight gain was defined as >5% increase from baseline in one month. The graphics below illustrate the results of the pilot month.

Result	Number of Participants	% of Residents in the WWHH
Stable	9	52.9%
Gain	2	11.8%
Loss	2	11.8%
Discharged from facility	3	17.6%
Non-compliant with weight	1	5.9%



Several obstacles were identified during the implementation of “Weight Watchers Happy Hour.” First, who would be responsible for delivering snacks individually to residents and encouraging them to eat? This task has the potential to be time consuming, especially when interacting with each resident. Thus, the challenge to add this program while maintaining labor hours had to be addressed. River City Center chose to employ current Activity Department staff for this program which had the added benefit of enhancing interaction with some residents who do not often attend activities.

Second, an additional daily snack can prove to be costly. In order to make this program cost efficient, the expense was split between Activities, Dietary and resident expense. Depending on what snacks the RD chose for that month, the cost ranged from \$100-\$200 each month.

Third, it was discovered that even with a relatively small sample size of 20 residents, there can be several different dietary concerns. Often, diet restrictions have been liberalized in order to encourage snack intake. However, the primary challenge to providing palatable snacks was accommodating the diet textures. Ultimately, it was found that serving one snack each day that would meet the most strict texture requirement is the most efficient. Pudding, smoothies and milkshakes were well accepted with most residents.

The facility RD absorbed the tasks of maintaining the program participant list, creating a menu and tracking progress into normal working hours. The RD has also assisted with making some of the homemade snacks. Total time for this project is to be less than five hours per month, which has not increased cost for RD hours. The additional staff hours for dietary and activities related to the delivery process and preparation was already budgeted and did not increase costs.

“Weight Watchers Happy Hour” is unique from other snack programs because it employs not only a caloric intervention for weight loss, but also a social intervention. A personally delivered snack accompanied by a brief social interaction is likely to be better accepted than a traditional dietary supplement. Also, by varying the snack option, burnout is less likely than traditional dietary supplement programs that offer the same product daily or a program offering the same snacks daily. Furthermore, this program was found to have benefited greater than half of the participants as evidenced by weight stability or gain after one month from baseline. Therefore, the success rate and incorporation of personal interaction make this program a best practice.

Huffman, G. (n.d.). Evaluating and treating unintentional weight loss in the elderly. (2002). *American Family Physician*, 65(4), 640-651. Retrieved from <http://www.aafp.org/afp/2002/0215/p640.html>



The Young Bloods Club

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Sponsored By:





The Young Bloods Club

In 100 words or less, briefly describe your Best Practice.

The Young Bloods Club is what we call our residents who are 59 years of age and younger. Young Bloods are a special group of people with different needs that go above and beyond the medically-based services skilled-nursing facilities typically provide. The purpose of Young Bloods is to let them know that they don't have to "fit in" and feel like everyone else. Accepting their environment is not the same as assimilating to their environment. We want them to remember who they are, who they were, and say, "Yes, we are different; we are special; we are Young Bloods."

What problem does your Best Practice address, and what is its primary purpose?

There is an old adage that says, "Everyone is part of something greater than one's self." There is great truth in that comment. Each of us is, or has been, a part of a family, neighborhood, city, or country. We may also be a part of groups, organizations, religions, fraternities, and work forces. But larger than any other affiliation, each of us belongs to a generation.

A generation can be defined as a group of people born roughly within a 20 year time period during the same era in history. Members of each generation share similar social conditions, historical events, economic trends, and technological advancements. Understanding the personalities of each generation is a valuable tool as to what makes each so discerning with reference to education, politics, religion, and leisure. Generational knowledge gives us a timeless approach and foundation as we interact with residents.

Many people are reluctant to acknowledge the generational gap between our younger residents and the majority of the skilled-nursing facility's population. There are many delicate issues involved. We tend to want to make everyone "blend in." Although they may receive the same medications, treatments, therapy, and meal tray as the elderly residents, **THEY ARE NOT THE SAME!** Your Baby Boomers, Gen X'ers and Gen Y residents will never "blend in." They have been raised to stand out, stand up, and be heard. **SO WE NEED TO LISTEN!!**

We need to recognize them for their differences and not try to overlook them. They are forced to accept that the life they once planned to live out to its fullest, no longer exists. It is our job to help them cope with these feelings and provide them with opportunities to look at life in a different perspective. Maybe it's not the life you wanted to live, but **IT IS LIFE** and it can be lived with joy, happiness, and laughter.

What group(s) of residents and others are involved in your best practice and how does it work? (Who and how many are helped, what are the benefits to these people, and what methods or procedures/protocols are used to get results?)

The Young Bloods Club is open to all residents whose age fits within our guidelines (59 years and younger). The number of the group varies depending upon our population. Others involved include staff from various departments and/or volunteers/family members. The Activity Department meets with the Residents monthly to plan the

upcoming month's event(s). They are also the ones who coordinate with other departments, volunteers, and/or family members as needed to carry out and implement the plans. Dietary assists with coordinating meal times when going on field trips, providing with supplies to help make things, and they may cook or bake special things for events. Therapy will often help the Young Blood resident work towards a goal which will allow them to participate in many of our out-of-facility events. For example, they may set a goal to have the ability to transfer in and out of a vehicle, or propel their wheelchair independently so that they may go to a Young Bloods event. Therapy has also gone on trips with the group to assist with transferring residents in and out of the vehicles. The CNA's work diligently to assure that the residents are ready in time to go out or to attend the group within the facility. The Nursing Staff works hard to make sure that all medications, treatments, etc., are done prior to the resident's departure from the facility, and if any medications will be needed while out, they have them prepared. The Care Plan office also double checks to make sure that all residents who are Young Bloods have a special care plan written by the Activity Director. Mental Health services are often provided to our younger residents to help them cope with their many psychological and psychosocial issues. The entire facility pulls together to help with fund raisers. Family members and/or other volunteers have assisted with taking the group out to events and doing things with them in the facility.

What has your Best Practice accomplished and how have you been able to tell this? (You are permitted to give numbers and/or use specific "before and after" examples)

We implemented the Young Bloods program in 2002. The fact that it is still in use and continuing to become more and more active, is a sign that it is effective. In our industry, programs come and go as advances and changes are made, so to have a program that has been in effect for 11 years still going, and growing, says a lot about what it has accomplished. The Young Bloods Club is only as successful as its members. We are able to gauge the success of the program by the activities they plan. The more comfortable and confident they feel, the bigger their plans become. It allows them to feel like they still have some control over what they do with their lives. They are provided with opportunities to reconnect with the community and as a former Young Blood member once stated, "It helps me feel normal again."

We take for granted the "normal" things we do or have in life. We go out to eat, go shopping, take a walk through the neighborhood, go to our children's school plays, and go see a movie. How would we feel if we were no longer able to do those things? We try to provide some sense of "normalcy" to a special group that is anything but "normal." We have gone out to local restaurants for lunch; shopped on the Town Square; attended community events such as the Grease Festival, Fiddler's Convention, Summer Nighttime Concerts on the Square, Art on the Square; attended school plays at a local elementary school as well as worked their Book Fair; attended Pep Rallies and parades for the local high school football team; shopped at various locations and department stores; picnics in the park; neighborhood walks; grilled out; have catered lunches; cooked our own lunches; happy hour; played games, watched TV and movies, and listened to music from their generation(s); hold special holiday parties; work on the facility Facebook page and do other things online. The list of the various types of things we have done can go on and on. We attempt to do what they want.

These events do not always take place in group settings. We also do a lot of one-on-one things with our Young Bloods. We try to provide them with some special attention and provide them with opportunities to express their feelings and emotions without others around.

What problems, obstacles, or challenges might other facilities face in replicating part or all of your innovation? Were there any adverse effects or any ways that things turned out differently than you planned? Do you know of any other facilities which have tried this or a similar best practice idea?

There are minimal problems to starting your own Young Bloods or similar program. The biggest obstacle is your staff's ability to open their minds and rethink the structure of the skilled-nursing facility. People have to see beyond the front door. There has to be a willingness to try new things. Go beyond bingo and bible study. Go beyond the idea that your residents are elderly and fragile. You may also face some challenges from the younger residents. They are dealing with many issues, especially upon their initial admission. They may be angry, bitter, depressed, acutely ill. They need supportive staff and peers in their life to help them adjust and cope with their new environment.

What was the cost to implement your Best Practice (include dollars, staff, supplies, equipment, etc.)? How did you pay for it?

The cost for starting a Young Bloods Club or other similar program in your facility is minimal. It is free to offer a setting which allows them to come together and get to know others with similar interests and backgrounds. There are costs to do many of our events, but we raise money through various fundraisers, or often we receive donations from staff or other family members. We are also blessed to have a very supporting community and when we call to make reservations or plan things, the restaurant, organizations, etc., will often offer a discount or donate/comp things. Establishing good relations with businesses and organizations in your community can be helpful in keeping your costs down.

What are the reasons you consider this Best Practice to be excellent and innovative?

The Young Bloods Club has been an excellent program at our facility on several different levels. When we go out and do things in our community, we are seen and noticed. We take pictures and greet people and talk about our facility. We will often submit the photos to our local newspaper. The businesses we go to will take photos and post them on their Facebook page. We do the same. It is wonderful PR for your facility and all the attention the residents receive does wonders for their self-esteem. The program has allowed our younger residents to be around others their own age and has provided them with opportunities to remain young. It has given many of our younger residents their self-confidence back. So many negative issues have surrounded them and they have forgotten who they were. They have become, “that poor young woman who can no longer walk,” or that “sad young man with that crippling disease.” Through the various events we have and the extra one-on-one attention and time we give our younger residents, many have been reminded that their illness or disability does not define them.

“Everyone is part of something greater than one’s self.”

For our residents ages 59 and younger, that *something* is Young Bloods.

On the Town Square



Trip to the Fiddlers' Convention

Shopping at the Local Hardware Store



Italian Luncheon



Summer Concert on the Square



Election Day at the Polls



Christmas Dirty Santa Game





Play the Game
Headbanz

Baked Potato
Bar



Hugs For Everyone!!



Trip to see "Oz The Great and Powerful" in 3D

Lunch at
Cracker Barrel



Forming
Friendships

Poker
Dice



Spending Time with the
Youth in our Community

You Sank My
Battleship!



BCS Championship
Game Tailgate



Yo Quiero
Taco Bell!





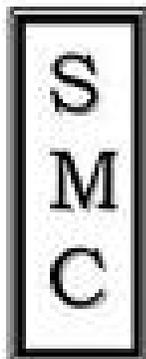


5-Alive

Administrator:
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Sponsored By:



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MAPLES &
COPELAND, P.C.**

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“Shift your senses into hyperdrive”

In 100 words or less, briefly describe your Best Practice.

For our Best Practice, 5-ALIVE, we created a sensory room for our residents. Sensory stimulation has been shown to decrease agitation and restlessness in those with dementia, and is also beneficial to those residents suffering from boredom, depression and withdrawal by invigorating their senses. Sensory stimulation can be anything that stimulates any one or more of our five senses. Besides being a calm, yet fun and energizing room, there are also several other advantages we have seen from the development of our room. We feel as though this sensory room translates as improved quality of life for our residents.

What problem does your Best Practice address, and what is its primary purpose?

Studies have shown that well over fifty percent of residents living in nursing homes suffer from dementia. Despite the cognitive changes a person may experience, many can still engage in numerous different activities that our sensory room has to offer. We are always looking for innovative ways to improve our residents' quality of life, and the 5-ALIVE Sensory Room does just that! According to researchers, “simpler activities that stimulate the senses, known as multisensory activities, produce the same benefits as gardening,” which is well known for its therapeutic effects in dementia (Alzheimer’s Care Guide 2013). The primary purpose of our room is to provide an endless variety of stimulation to any and all of the senses, as well as create a feeling of comfort and safety, where the residents can relax, explore and enjoy the ambiance of the room. It is also a benefit to alert and oriented residents, providing a room that is stimulating, tranquil and private.

What group(s) of residents and others are involved in your Best Practice and how does it work? (Who and how many are helped, what are the benefits to these people, and what methods or procedures/protocols are used to get results?)

Possibly one of the greatest features of our sensory room is the fact that any resident in the entire facility is welcome to come to the room and benefit from all it has to offer. Our main target group and original focus were residents who suffer from dementia and have exhibited signs of needing either more stimulation or less stimulation. Surprisingly, the room works for both. A resident can enter the room and experience quiet time or they can look, touch, hear, smell and eat. After opening the room to residents with dementia, we expanded our target to any resident showing agitation or restlessness. We then broadened the scope once more to include all residents in our facility, regardless of mental status, to allow access for those who simply wanted to have a place to go for their enjoyment and entertainment.

There are numerous groups of employees that have been involved in the sensory room. It has been a multidisciplinary approach from its conception. The notion to create the room came from our Activities Director. She identified a need in our home, which was to increase variety in the surroundings and improve our residents' quality of life, and decided to take her ideas to the next level. Then, we conducted several meetings to brainstorm with the Activities Director, Social Services Director, Business Office staff, Director of Nursing and Administrator to figure out our approach and how to get this unique room proposal off the ground. After we gathered our thoughts, it was only with the help of our Maintenance Department that the room came to life. From removing cabinets to new flooring, painting the room and creating the "sensory wall," it could not have been done without their expertise! We even had several of our residents help out with the artwork on the wall. They "lent us a hand" by allowing us to use their handprints as part of our décor!

After establishing our room, we had to figure out the best method of utilizing it for residents as well as employees. We decided to put a code lock system on the door to allow for open access to anyone needing to assist a resident to the room, while maintaining the security of the room. If an employee is with a resident who is agitated or merely wants to go explore in the room, they are allowed to take them there at any time. If the resident has dementia, the employee must remain in the room with the resident at all times. If the resident is cognitive, they can stay in the room alone. A call light system was established in the room for safety purposes. We also allow family members access to the room with their loved one. An employee will escort the family and resident to the sensory room, let them in and then leave to allow them personal time in the room. The door automatically locks every time the door shuts, but it can never be locked from the inside.

What has your Best Practice accomplished and how have you been able to tell this? (You are permitted to give numbers and/or use specific "before and after" examples.)

Since the initiation of our 5-Alive Sensory Room, we feel as though we have accomplished our main goal for this room, and that is to enhance the quality of life for our residents. Studies show that the average person touches around 300 surfaces every 30 minutes and a person with late stage dementia only touches one to five surfaces within the same timeframe. Being able to bring our elders into an environment that provides the stimulation that they would not normally receive on a daily basis is a triumph in itself. One of our residents that we used as a case study (male resident with dementia and agitated behaviors) has come out of the room saying "It is fabulous!" To us, hearing those words reassures us that we have truly accomplished something beneficial with this room. We have also received comments such as "I need to come in here every day. This would help me calm down," from a resident who struggles with frustration and anger.

Another accomplishment of this room was noted as providing a way to decrease boredom and reduce withdrawal by providing multi-sensory items in an environment vastly different from the rest of the facility. Some residents prefer private and individual activities over the larger group activities. Our sensory room is not humdrum or monotonous, but exciting with eye-catching colors, movements, sounds, smells and textures that all play a crucial role in getting these residents motivated. One resident who is limited in mobility due to developmental disabilities struggles with boredom. The sensory room has provided a place where she is able to manipulate hands-on objects and enjoy various experiences that she has not been capable of, until now. The laughter and delight in her expression validate the positive experiences of being in the 5-Alive Room.

What problems, obstacles, or challenges might other facilities face in replicating part or all of your innovation? Were there any adverse effects or any ways that things turned out differently than you had planned? Do you know of any other facilities which have tried this or a similar best practice idea?

One of the first problems we faced when deciding to turn our vision into a reality was finding a space within our facility to create the room. Our Social Services team elected to sacrifice their office which allowed us to establish a home for our sensory room. We played a little “musical chairs” with employees desk spaces and made it work for everyone. The biggest challenge that we had to tackle was CNAs being able to find time away from their hall to take a resident to the room. We do have some CNAs not designated to a certain hall, such as the treatment nurse assistant and administrative assistant, who are able to help out as much as their time allows. But our ultimate resolution to this issue was to call on the assistance of our activities and nursing staff as well as others. We have a local mental health agency that visits residents in our facility on a daily basis, and they jumped at the opportunity to assist residents to the room. The mental health workers even started taking residents in the room as part of their therapy time. We have not seen any adverse effects that we did not anticipate. One thing we planned on before the room ever existed was knowing that not all residents who could benefit from what our room has to offer would be willing to go or allow us to take them there. This did happen on a few occasions and their personal preferences were honored.

We do not know of any other facilities in our area who have tried this idea. After researching online, we were able to find out that one nursing facility in Fort Myers, Florida has a sensory room and we feel that these types of rooms will quickly become popular all over the United States in hospitals, rehab centers, nursing homes and hospices. At our facility, we always like to be on the cutting edge of innovation and we feel as though we have succeeded with that through the creation of our 5-Alive Sensory Room.

What was the cost to implement your Best Practice (include dollars, staff, supplies, equipment, etc.)? How did you pay for it?

The cost to implement our sensory room was relatively small. When we were initially researching a budget for our room, we noticed that some of the rooms we were seeing cost quite a significant amount. We knew that we needed to set and stay under our budget, so in addition to being crafty and creative, we also held a 5-Alive t-shirt fundraiser to help pay for a portion of the cost. We spent roughly \$1,200 on supplies and equipment for the room. Some of the supplies and equipment in our room consist of a bubble tube, sensory wall (contains stimulating items such as bells, door knobs, light switches, chain locks, mirrors, push lights, and numerous other pieces of interest), fish tank with LED color changing bubbles, vortex glitter lamp, plasma ball, and many hand-held “finger fiddles” like slinky’s and light-up bouncy balls. One great thing about any other facility wishing to create a sensory room is the fact that you can make a room like ours with any budget! All you need are some creative minds and it is truly amazing what you can come up with to use as a stimulatory item, like using bubble wrap which is usually thrown away.

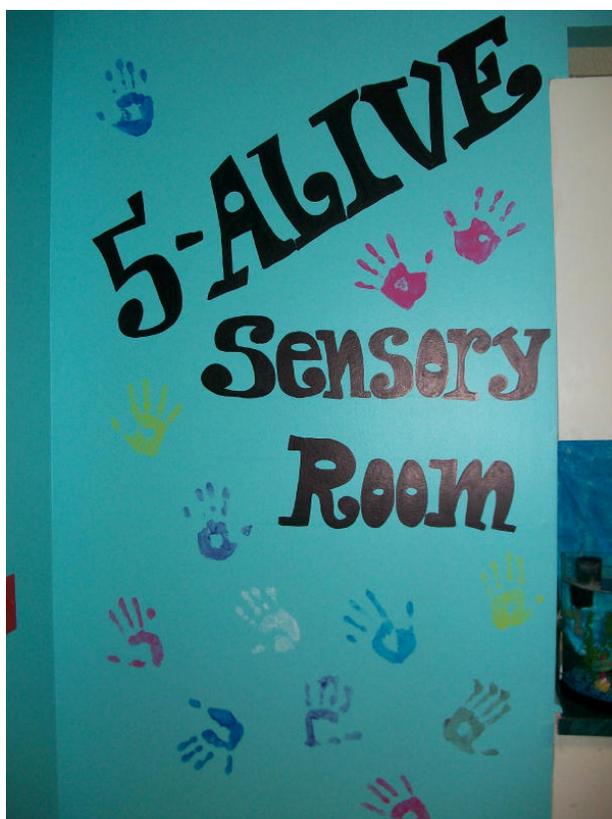
A different kind of cost involved in this Best Practice was our time and effort. This program takes commitment, patience and supportiveness on behalf of the staff members, and recognizing that it can be a slow progression when the residents are first learning about the room and finding out how each resident individually benefits from the room.

What are the reasons you consider this Best Practice to be excellent and innovative?

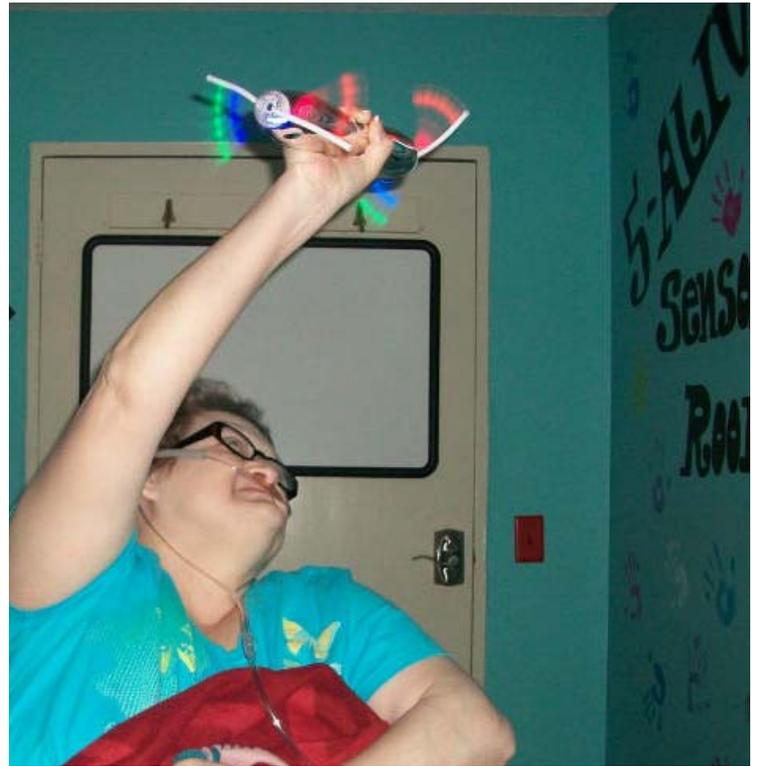
Our Best Practice has been an enjoyable journey for our residents and staff, and truthfully it has accomplished more than what we originally set forth to achieve. Not only are our residents

stimulating their senses in ways that benefit them, but they are also using this room as a way of socialization and additionally, without even realizing it, they are getting some physical exercise. By using all of the tools and devices available to them through our sensory room, they can significantly improve their quality of life. When residents come into this room, they can leave their worries at the door and be amazed by what they can find and do. This room's multi-focal purpose helps to stimulate the passive and calm the restless. We feel as though we have created the perfect balance to achieve the goals and mission of our 5-Alive Sensory Room.











Keep Calm and Carry On

Administrator:

Mr. Drew Cook

Golden Living Center Trussville

119 Watterson Parkway
Trussville, Alabama 35173
(205) 655-3226

Our Interdisciplinary Team noticed an increase in agitation during the mid-afternoon hours in our residents. Due to the push for reduction in psychoactive medications in the nursing home setting the team wanted to identify a non-pharmaceutical approach to reduce the episodes of agitation and restlessness in our residents. Staff utilizes the essential oil, lavender, softer lighting and quiet activities to achieve our goal of less agitated and restless residents.

The Keep Calm and Carry On Program benefits all residents in the facility. However, it was primarily developed for those residents identified with increased agitation and/or restlessness. The program utilizes lavender essential oil placed in an electric diffuser in the day area during the mid-afternoon. For those residents that prefer to sit elsewhere that are identified with agitation in the afternoon a felt flower that has a drop of lavender oil on it is attached to the resident's wheelchair. Recreation staff plays soothing scenes and music on the resident channel in the afternoons for those who wish to view them. At times the recreation staff also offers hand massages or quiet activities such as a reading nook, soft music or folding activities. Our staff is also encouraged to reduce the amount of paging and their overall noise level during shift change to promote a more relaxed peaceful environment.

We have been utilizing aromatherapy for 4 months now. Over that four months staff has observed an overall decrease in agitation and restless behavior in our residents. Staff reports that those residents who would actively be demonstrating signs of agitation or restlessness exhibited decreased restless anxious behavior within 5 to 10 minutes of receiving a lavender scented flower or brought to the area where the lavender was being diffused.

Aromatherapy is proving to be a great addition to our care strategies. It is benefiting not only our residents but our residents' guest and the staff. There are benefits emotionally, physically and financially. Reduced restlessness and agitation in our residents helps improve the overall experience the family has while visiting with their loved one. It also helps reduce our staff's stress level. Reduced anxiousness historically results in reduced episodes of complaints of pain, lower blood pressure readings and improved meal intake. Over time the resident may not require as many medications to manage their behavior which in turn benefits them and their family financially. With the benefits of aromatherapy we all can Keep Calm and Carry On.



On the Move – The Harlem Shake

Administrator:

Mr. Garrette Woodham

Bill Nichols State Veterans Home

1784 Elkahatchee Road

Alexander City, Alabama 35010

(256) 329-0868

Fitness & Great Music=FUN FUN FUN! **ON THE MOVE** exercise program incorporates movement, music and a whole lot of laughter. **ON THE MOVE** is held on a weekly basis with emphasis on fitness and fun. Activities department, other facility departments and families motivates residents to exercise and incorporates music to make you move. **ON THE MOVE** improves resident's strength training-gait, stability and stamina. Overall, **ON THE MOVE HARLEM SHAKE**-we have fun with residents-parachutes, balls, ribbons and a lot of music-**HARLEM SHAKE** to get them pumped up. Whenever you hear the **HARLEM SHAKE** over the pa system residents, families and staff know its time to move your body better yet-get **ON THE MOVE**.

The primary purpose is to exercise and move to your own beat and have fun while improving your health. While many of the residents may have certain health conditions that could limit them from some exercise-**ON THE MOVE** focus on individual abilities and provide a wide range of choices. Cardiovascular, Strength training, Movement and Laughter, Balance and Coordination are all important for an exercise program to be effective and successful. **ON THE MOVE HARLEM SHAKE** keeps the residents coming back for more.

ON THE MOVE improves health with movement and laughter. This program places a positive and purposeful meaning to improve resident care. It gives our residents, families and staff a connection. This feeling of connection has combated feelings of isolation, depression, low self esteem and behaviors. This connection lifts each other up and **ON THE MOVE HARLEM SHAKE** activity participation increases weekly.

We consider our Best Practice excellent and innovative because it improves residents quality of life, improve communication, decreases behaviors, and continues to build relationships with all involve(residents, families and staff). Most importantly, with time and effort this idea can be done by any facility.



Walk-In-Dine

Administrator:
Mr. Christopher White

Cherry Hill Healthcare Center
1250 Jeff Germany Parkway
Birmingham, AL 35214
(205) 796-0214

Our Best Practice at Cherry Hill involves teamwork and fun. Walk-In-Dine is a program within our facility that allows our residents to ambulate to their perspective dining area while listening to various jazzy rhythms of music. This ambulatory program is over seen by our Restorative Department. Also, it provides an opportunity for residents to maintain their functional mobility level; whether it is a resident that ambulates or self-propels themselves in a wheelchair. For others, it may provide mental stimulation as well as socialization.



Bridging the Generation Gap for Culture Change

Administrator:

Ms. Mandy Shaddrix

Cullman Long Term Care & Rehab Center

401 Arnold Street NE
Cullman, Alabama 35055
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Our Best Practice is a program designed to bring different generations together and allow them to teach one another something about themselves. Our program tailors each activity to the residents and the volunteers participating. The activities for this program are only limited by our imagination. We provide our residents, children, and teens from our local schools with the opportunity to interact and socialize in a controlled environment. Our program is centered around youth volunteers.

Times are definitely different. This was realized when during one of our discussion groups, a resident was telling a story of how her nephew took a picture with his phone and then sent it to another relative in a neighboring state. “How can he do that?” She could not understand the technology that would allow someone to send a picture without a stamp and envelope. She was curious to learn how these things work. We decided what better way to teach our residents about the world today than to have student volunteers come in and visit with our residents. We also realized how much our residents had to offer today's youth. Our primary purpose is to incorporate our school age children into the lives of our residents. We feel that each generation has something that they can learn from the other.

Our Best Practice benefits low – high cognitive function residents. Getting male residents involved is a challenge to every nursing home. We have found that our male residents relate better to the children, especially the male students. They often play Nerf darts and discuss fishing, hunting, and their years in the military. We have other groups of children who enjoy story time. Some love to do hair, nails and make-up. We have a group of children come in with their lap-tops, iPhones, Ipods, and Kindles. The residents are amazed at the games they can play, the books they can read, FaceTime, and Skype. We now have residents that talk to their family, who live out of town, via Skype. Another group of children come and play their musical instruments. The praise from our residents helps to build their self-confidence. During each activity, our residents have a chance to share their stories, experiences, and advice with the children, helping to form a lifelong bond.

Bridging The Gap is important for both the development of school-age children and the quality of life for nursing home residents on the most basic level. Our children get the opportunity to teach our residents about today's society and technological advances, and also become familiar with seniors while learning about life's experiences. Our Best Practice helps to develop a sense of responsibility and recognition of the rights and needs of others. It also reaffirms that the residents have a sense of being an important part of the community and are an important part of the culture change process. The results of this program can be used to engage our residents in ways that can benefit them as individuals, as well as the communities in which they live. It also helps promote the process of culture change. Our program has helped our residents to better understand the new generation and the challenges they face today.



Go Green

Administrator:

Ms. Dana Briley

River City Care & Rehabilitation Center

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Our initial idea was to encourage the resident's awareness of our facilities new goal of recycling newspapers and other items in an effort to "Go Green" thus decreasing our environmental impact.

The idea for this goal was born out of necessity because several residents struggle with hoarding. The primary purpose of starting the "Go Green" program was to allow the residents to be involved in the solution. Discussions were held with the residents and it was decided that they would manage the program. The following departments would provide assistance as needed: Social Services, Activities and Nursing. The residents identified and collected items that can be recycled and quarterly a "Go Green" party is held to increase resident awareness and involvement. Currently 10-12 residents assist in the process and one resident oversees the entire program. The benefits from the "Go Green" program include utilization of social skills, a sense of independence, team work, enhancing the nursing home and community environment.

The first step in starting the program involved the resident contacting the City of Decatur to obtain a container and a route schedule. Next, the residents identified items that could be recycled and decided on newspapers, magazines and books. One resident exhibited leadership in the "Go Green" program. The residents and staff chose him for president of the "Go Green" program. The president then identified residents in the facility that subscribed to the newspaper. These residents agreed to support and participate in the "Go Green" program. Several other residents volunteered to assist with twice a week collection of items throughout the facility. Activities department got involved and added the "Go Green" program to their monthly calendar to remind residents of collection days. The Nursing department became involved by assisting residents in collection of items assisting with transporting the residents around the facility. The Social Services department has been involved in every aspect of planning and implementation of the "Go Green" program.

"Go Green" has accomplished resident involvement in the community, providing Residents with a sense of self-worth, Empowering the Residents to manage their own "Go Green" program which improves the quality of life for all Residents and staff associated with the nursing home. The proof is in the following comments by several Residents: "this really is helping the community"; "I thought I was too old to do anything look at me now", "I really like our "Go Green" parties", and "if a bunch of us work together I know we can do it".

This best practice program "Go Green" is innovative because it is a good opportunity for the Residents involved to have a sense of ownership and accomplishment. Another innovative result from this program has been the partnership between the nursing home Residents and the community.



Chappy

Administrator:

Ms. Kim Russell

Dadeville Health Care

385 East Lafayette St.

Dadeville, Alabama 36853

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On Oct 10, 2012, “Chappy”, a small, yorkie mix puppy, became the newest family member at our home. Here, we are all part of a large diverse family and we welcome anyone and everyone to join. From the moment Chappy ran through the halls of our home, he began to warm the hearts of the residents and staff alike. He has brought more joy and companionship to the lives of the residents and staff than we could have anticipated. Many of our residents grew up with pets and had them all throughout their adult lives. Our goal is to make our facility as homelike as possible and what is homier, than the love and loyalty of a dog.

We have several residents who had to leave their personal pets at home with family or friends when they arrived here. Here, we are providing another means of personal companionship given in a way that only a canine can. Chappy allows residents to break out of their shell and come to life. He brings joy and laughter to the halls all at the same time and most of the residents wouldn't have it any other way. He gives our residents a sort of purpose. They look forward to visiting with him and watching him run down the halls. Some residents do not like to interact with others, but we have observed them interacting with Chappy.

Chappy is open and available to any resident or staff in our home. Hilary Clinton once quoted that it takes a village to raise a child. Well, here, it takes a home full of caring, loving, residents and committed and dedicated staff to ensure that he is well fed, loved, and looked after. Several staff members have volunteered to help take him out to the courtyards outside several times throughout the day as well as see to it that he has food and water in his pen. We cannot put a number on how many have been helped or benefited because Chappy is available to all residents, their families and friends, staff, and volunteers. There have been times, when a resident has mentioned that their children or grandchildren enjoy coming up to the facility to see Chappy and play with him. The residents who use our dayroom enjoy watching the children play and interact with Chappy and that in turn brightens their day. Residents say that they enjoy watching him run around the halls and often talk about the dogs and other pets that they had growing up or prior to coming to their new home. Chappy allows people to open up and let loose. We continue to have other dogs visits weekly, but Chappy “belongs” to and with the residents.



Sun Spot

Administrator:

Ms. Trina Vines

Oak Trace Care & Rehabilitation Center

325 Selma Road

Bessemer, Alabama 35020

(205) 428-9383

Our Best Practice takes a small area and makes it into a “sun spot”, a cozy place to sit and visit and enjoy being at home. We are a small, older home with little extra space available for small, private conversations or visits. Since many older homes have alcoves built in for things like the linen carts or soiled linen barrels etc., we turned one of these areas into a “sun spot”.

The original idea was to provide a space for our younger residents to sit and maybe play cards or visit with one another or family. We wanted something other than the dining room (which usually has other residents) or their room (most of them semi-private so a roommate is usually present).

We have been pleasantly surprised with our “sun spot”. It has been quite the conversation piece. Within the first hour of finishing the “sun spot” one of our younger ladies had rolled up in her wheelchair and was working a word find puzzle. I engaged her in conversation and she told me she loved the new sitting area because it reminded her of her house. She shared with me she liked the way it was decorated and those were the kinds of things she liked at home. She said “I feel like I am in my home, it is comfortable here”. Later on in the afternoon of the first day, we had 2 of our male residents sitting and talking. One younger man in his wheelchair had rolled up and was in conversation with an older man who had moved in about the same time. They were sharing their rehab stories and reconnecting. Their rooms are not near one another but the “sun spot” created a connection. On day 2, we added a magazine and newspaper to the area and off and on during the day various residents were relaxing and reading and enjoying the new space. On day 3, one gentleman pointed to the “sun spot” and said “I sat there last night and read that magazine”. As families and staff have walked by, many have said things like---I think I’ll use that area to take pictures of the family when they come to visit, what a great spot to come for a change of scenery, oh this looks like a happy place etc. The staff on the hall is so excited to have the “prettiest place in the building” on their unit. The housekeeper told me she would take good care of the “sun spot” because she could already tell it would be getting a lot of use.

We submit our Best Practice as an offering to other homes that are older and challenged for space. We are all trying so hard to “create homelike environments” and most of us are unable to do this with new buildings or expensive renovations so we have to use what we have. Is this an “unusual resource”? Maybe it is. How many people consider the cubby in the hall that stores barrels and linen carts to be a “sun spot”?



Light Up My Life and Stimulate My Memories

Administrator:

Ms. Elizabeth Hayes

Cullman Healthcare & Rehab Center

1607 Main Avenue NE
Cullman, Alabama 35055
(256) 734-8745

There she is again, parked in the hall, with that distant stare. She is calling out for family members, many who have already passed away. What is she thinking about? What is her mind on? Who does she miss? Her perception is hindered by age and disease. Improving her quality of life can be achieved with sensory and cognition stimulation. Reaching out to the senses, memories, and life styles of her and other residents could heighten their awareness, revive memories, and can increase their quality of life! We know with this approach you can Light Up My Life and Stimulate My Memories.

To better describe what our Best Practice addresses you must first have an understanding of Activity Levels. We classify cognitive function and ability into three levels. These levels are described below:

Activity Level Three- Residents who are independent. They are self directed or require minimal assistance and set up. These residents can compensate for limitations, have good attention spans and comprehension, and are not disruptive.

Activity Level Two- Residents who have long and short term memory impairments. They are frequently confused about what they are doing and require assistance making decisions. These residents may respond appropriately to simple questions or directions and are easily distracted.

Activity Level One- Residents whose cognitive impairment prevents interactions with others. Most of their responses are inappropriate and their attention spans are severely impaired. They are unable to make their needs known or can be unresponsive, and can have disruptive behaviors.

The Focus of our Best Practice is our Activity Level 1 and low functioning Activity Level 2 residents' quality of life, ability to better perceive life and actions around them, relive memories without creating behaviors, carry on simple conversations and share the joy of the company of others.

When thought through and implemented correctly this program can take on many purposes. You can calm behaviors, prevent falls, increase weight gain, elevate acceptance and results of therapy, correct sleep cycles, improve communication, possibly raise cognitive levels, and among all of these to improve the quality of life which has to be the most valuable improvement of all!

The benefits of this program are beyond measure, especially when we are talking about quality of life. Our residents are not only complete therapy sessions, they are reaching goals. Residents who wouldn't utter a word now answer simple questions. Men and women who couldn't understand an instruction you gave them are now completing tasks with minimal cueing. They are gaining weight in some cases. Those who were tearful are now filled with joy, laughter, and smiles. Residents are sleeping through the night. There are less behaviors, there are more times of enjoyment! There is a better life, a quality of life worth living!



Diamond Bingo and Star Bingo

Administrator:

Ms. Wanda Allie

Crowne Health Care & Rehab of Montgomery, LLC

1837 Upper Wetumpka
Montgomery, Alabama 36107
(334) 264-8416

When you think of Activities and a Nursing Home, the first thing that comes to mind is Bingo! Crowne Health Care has taken this popular activity and added a therapeutic approach. Our Best Practice is called “Diamond Bingo and Star Bingo.” The Diamond Bingo group is for our residents who require a little assistance to shine. Help is provided by staff and other residents. The Star Bingo group is residents who need no assistance and are the “Rock Stars” of Bingo. This Best Practice is a “win-win” situation for both residents who help and those who are being helped.

The Diamond Bingo session gives residents with a physical or cognitive disability an opportunity to play Bingo. Diamond Bingo puts a therapeutic approach to the game by allowing higher functioning residents an opportunity to assist another resident who needs help. This prompts a sense of purpose for the residents offering assistance, as well as allowing residents requiring assistance to play with confidence at his/her own pace. The Diamond Bingo volunteers assist other residents by helping cover the numbers, or point out the numbers if someone has trouble with identifying the correct number. Diamond Bingo gives those residents who love the game an opportunity to play and not be ashamed of their disability. In the Star Bingo session higher functioning residents who need no assistance are able to play at a faster pace.

This Best Practice puts a very creative and therapeutic approach to a classic and all-time favorite activity, Bingo. Having two Bingo sessions is a positive and nurturing experience for both the residents in the Diamond and Star groups. It has created such a positive environment for our residents. The staff has even commented on how productive this Best Practice has been. They have witnessed the residents offer to be more helpful which has overflowed into other aspects of the nursing home besides Bingo time. Family members also have mentioned their satisfaction and gratitude because their loved ones can play Bingo and not feel they are a distraction or hindrance because they need help. The friendships that have developed were just another bonus that resulted from this Best Practice. This has truly been a remarkable program and we are sure it will become as successful anywhere it is implemented!



We Care Group

Administrator:

Ms. Gloria McGowan

Wiregrass Rehab Center & Nursing Home

1200 W Maple Avenue
Geneva, Alabama 36344
(334) 684-3655

When someone comes to a nursing home for long term care or for rehabilitation, the adjustment can be difficult and frightening. In an effort to calm those fears our residents started the We Care Group. The purpose of the group is to ease the transition into a nursing home by making new residents feel welcomed. The We Care Group delivers care packages with toiletries and a welcome card to new residents. In addition to the care packages, the group tracks birthdays and will send a birthday card. If residents have been hospitalized they will send a get well card or flowers. The We Care Group is a resident lead support group with the sole purpose of providing comfort and joy to others.

Our best practice addresses the fear and discomfort associated with coming to a nursing home. Whenever someone experiences something new there is always some anxiety. The We Care Group provides comfort to new residents which helps ease their anxiety. The primary purpose of the group is to promote socialization and help new residents avoid feeling isolated after moving to a new “neighborhood”.

The We Care Group is composed of long term care residents. Short-stay rehabilitation residents are encouraged to participate; however, the group is lead by long term residents. In order to participate, individuals must be able to follow commands and communicate with other residents. Each month the group meets and plans for the next month. They make gift baskets with toiletries such as baby powder, toothbrush, toothpaste, brush and lotion. They will organize birthday cards for anyone celebrating their birthday the next month. They also prepare get well soon cards in case a fellow resident is hospitalized.

Everyone wants to be loved and accepted and that is exactly what our best practice aims to accomplish. We know we are impacting our residents based on comments from family members and residents. One resident commented, “I really liked seeing the welcome sign, and I really appreciate it.” Before the We Care Group was formed, new residents were not identified in any special way. Since the formation of the group, all new residents receive a care package, visit from a member of the group and a welcome banner with balloon on their door at arrival. Our group has impacted the residents who are participating in that they feel a sense of accomplishment and well being, knowing that they helped someone else.

Our best practice is innovative and excellent because the simple gesture of reaching out and saying welcome can change the outlook of a new resident from fear and anxiety to one of feeling loved and comforted. This activity does not require a lot of supplies or expenses just a little love and support from one resident to another. The simplicity of our activity makes it easy to implement. Since it was proposed by a resident we know it impacts others because who knows the feeling of loneliness and isolation someone may feel better than a resident that has been through this. Our best practice demonstrates how much a little kindness can do to help others through a difficult time.



Santa Claus is Coming to Town

Administrator:

Ms. Trece Mays

Andalusia Manor

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Andalusia, Alabama 36420
(334) 222-4544

We all know that Christmas is the most wonderful time of year. So, at our facility we keep those memories alive all year long! Christmas is a big event at our facility.

Our Christmas Party has to be planned with great detail to ensure that Santa can make it from the North Pole in time to pay our residents a visit. The month of December is filled with visits from school aged carolers and church choirs bringing Christmas cheer. Trees are decorated throughout the facility with magnificent detail for residents to enjoy. Our Activities staff helps to prepare wish lists for each resident, to ensure that Santa arrives with the perfect gift. Nursing assistants and other staff members are asked to give ideas of gifts that residents might enjoy as well. Also during the month of December, we invite children into our facility to have cookies with Santa and our residents. Our residents are overflowing with excitement and anticipation by the time Santa actually arrives for our Christmas party. Our residents enjoy rocking around the Christmas tree to the best Christmas tunes, and they always brag on the wonderful snacks that are prepared for them to munch on as they anticipate Santa's arrival. "Ho, Ho, Ho!" he exclaims as he enters the main dining room to see the smile on each face. He visits and gives hugs, checks his list twice and then begins to call out the names of each resident as he gives them their gift. Each resident is invited to attend the party, but even those who choose not to, will receive a gift and special room visit from Santa himself.

Who wouldn't love a visit from Santa to remind them of younger days? As we age, we sometimes forget those overwhelming feelings of happiness and love that come with believing in the spirit of Christmas. We consider this to be an excellent choice for Best Practice because of the team work that goes into making each Christmas the best one yet for our residents. Remember he is making his list, checking it twice... better hope he finds that you've been nice!



Money Well Spent

Administrator:

Mr. Stephen Raines

Prattville Health and Rehab

601 Jasmine Trail

Prattville, Alabama 36066

(334) 365-2241

Whenever any of our residents attends one of our facility special events or other group activity, they earn a P H & R (Prattville Health and Rehab) \$1 bill for their participation. Residents accumulate their P H & R dollars every month. Then the last Wednesday of each month the residents have an opportunity to spend those P H & R dollars at our own little Country Store. All items in our Country Store are donated by staff, outside vendors, area businesses, and families.

If a resident brings a friend or another resident to a group activity, then they earn an extra P H & R dollar. Employees can earn something too if they bring residents to a food themed activity. For instance, at Movie time with popcorn, the employee can receive a bag of popcorn for bringing a resident to the event.

This Best Practice encourages all of our residents at any cognitive level to participate and be an active member of our facility community. It has decreased complaints to staff about care and mediations, isolation, depression, falls. This Best Practice has increased resident self worth, independence and productivity.



BEST PRACTICES