



# *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

<b>7:30 am – 8:30 am</b>	<b>Registration and Exhibits</b>
<b>8:30 am – 9:20 am</b>	<b>Terrace Oaks/Oak Trace <i>“Walk and Roll”</i></b>
<b>9:20 am – 10:10 am</b>	<b>Folsom Center for Rehabilitation &amp; Healthcare <i>“Juggle Flavors”</i></b>
<b>10:10 am – 10:25 am</b>	<b>Refreshment Break</b>
<b>10:25 am – 11:15 am</b>	<b>Oak Park Nursing Home <i>“Senior to Senior”</i></b>
<b>11:15 am – 12:05 am</b>	<b>Cullman Healthcare &amp; Rehab Center <i>“My Facebook”</i></b>
<b>12:05 am – 1:00 pm</b>	<b>Lunch &amp; Nurse Recognition</b>
<b>1:00 pm – 1:50 pm</b>	<b>Generations of Red Bay, LLC <i>“Rooster Club”</i></b>
<b>1:50 pm – 2:40 pm</b>	<b>Marshall Manor Nursing Home, LLC <i>“Look Who’s Talking Too”</i></b>
<b>2:40 pm – 2:55 pm</b>	<b>Refreshment Break</b>
<b>2:55 pm – 3:45 pm</b>	<b>Birmingham Nursing and Rehabilitation <i>“Medication Reduction”</i></b>
<b>3:45 pm – 4:25 pm</b>	<b>Hanceville Nursing &amp; Rehab Center <i>“WE Can Do It!”</i></b>
<b>4:25 pm – 4:30 pm</b>	<b>Closing Remarks</b>



***The Alabama's Best Practices Program would like thank the following individuals for serving on the 2015 Best Practices Steering Committee:***

***Donna Guthrie, Chairman  
North Hill 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***

***Sandra Keener  
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***Gail Gunn  
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***Carol Knight  
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***Sal.Lee Sasser  
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***Mary Anne Parsons  
Highlands Health & Rehabilitation***

***Jennifer Agee  
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***Jo Ann Smyly  
Thomasville Nursing Home***

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

***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 2015 Best Practices Professional Review Panel:*

*Beth Greene  
Alabama Quality Assurance Foundation*

*Karen Guice  
Ombudsman*

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

*Gretel Felton  
Alabama Medicaid Agency*

*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.



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## Walk and Roll

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**Administrator:**  
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## Walk and Roll

### ***In 100 words or less, describe your Best Practice***

Our Best Practice involves a campaign to raise awareness for breast cancer, increase visibility in the community and provides an activity for staff and residents to participate in together. In addition, both homes on our campus joined forces to work together to raise funds and awareness for breast cancer. We had a cookout, local vendors and community leaders as well as senior citizen centers were on campus to see some of the good things that can happen in nursing homes.

### ***What Problem Does Our Best Practice Address?***

We addressed 2 very real nursing home industry problems (1) marketing/admissions and (2) activity involvement for residents. Our residents from both of our homes on campus had an opportunity not only to get together and visit/interact with one another but they welcomed the guests, met community leaders and raised funds for breast cancer awareness. Due to the Walk and Roll, we had an excellent opportunity to market our campus. This activity was appropriate for all ages and our younger residents really enjoyed the DJ and dancing.

### ***What groups of residents and others were involved?***

Our Walk and Roll is an Annual Event and this was our 5<sup>th</sup> year. We include the local senior citizen centers and this gives these seniors an opportunity to meet our staff and to get comfortable with our campus and get to know our admissions/marketing director. All of our residents were encouraged to come outside around the campus and either Walk or Roll for a Cure!! Several of our vendors came and had booths where their services are featured i.e. hospice, home health, dieticians and we had a breast cancer awareness booth as well. We also involve local figures, one year our Master of Ceremonies was Mickey Ferguson and this past year was Judge Lynnie Washington who is a breast cancer survivor herself. Because Judge Washington was involved with our Walk and Roll and we have been a presence in the community we were asked to be a part of the first City of Bessemer Parade for Breast Cancer and Domestic Violence. We had 2 vehicles for the parade, one for each home. One home had their King and Queen represented with a balloon arch !!!! It was great fun for our residents and staff who were involved and also excellent publicity for our homes. Due to our involvement with the parade and community leaders, Mike Hale's pink sheriffs' car was a part of our Walk and Roll!! We had our photo in the local paper and this was another great marketing tool. We involved local community leaders, media, senior citizens, residents, staff and the entire Bessemer community.

### ***What has your Best Practice Accomplished and how have you been able to tell this?***

We have seen referrals and admissions from the local senior citizens centers, our residents had a great time and we raised over \$700 for breast cancer. Our vendors appreciated the opportunity to be a part of this campaign and it was a HUGE success. Our best one ever!!! Our campus is small and we encourage our residents to develop relationships not only within their home but "across the street" as well. This particular event provides an avenue for our staff and residents to get to know one another and it is an excellent socialization opportunity.

***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?***

I am not aware of any other homes who have a Walk and Roll for a Cure. This was started after one of our employees had breast cancer and she did not survive. This campaign was started to honor her memory. This year was better than ever and the weather did cooperate. It is a challenge to get local community leaders to the homes and to have our potential residents get to know the place before it is needed. Having a program like this, a cookout and the pink sheriffs' car was a draw to the community and helped bring a larger crowd. An event like this would be easy to replicate, most everyone knows someone who has been touched by breast cancer and any space can be used to "Walk and Roll for a Cure".

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

We did spend some money on the t-shirts. We order shirts for residents that we did pay for and the staff buys their own. The shirts were about \$8 each and we purchased about 100. The food was provided by the dietary department and we did pay a DJ \$100 to come and play music for the event. Since this event was hosted by our campus, the cost was shared between the two homes. The estimate is about \$500 per home toward this event. It was well worth the expense.

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

I consider this to be an excellent and innovative Best Practice most importantly because it gets our residents, our staff, our community and our potential customers (residents) together for a good cause which is breast cancer awareness. This was a GREAT source of positive publicity for nursing homes which is greatly needed. Walk and Roll shows that our residents can have fun, be active participants in the community and be a part of something important for the future such as breast cancer research.





**Seth Holloway  
News Editor**

Oak Trace and Terrace Oaks Care and Rehabilitation Centers hosted the 5th Annual Walk and Roll for a Cure on Monday, October 20th.

Tamala Jones, who is the Admissions Director for the homes, started this event in honor of her friend, the former Activity Director at Oak Trace Care and Rehabilitation Center, Sheree Walker who lost her battle with breast cancer in 2005.

This year Sherriff Mike Hale, sent his pink State Trooper Car, to add to the festivities. Local vendors from Expect Care Hospice, Element Health, Comfort Care Hospice, Southern Care

Hospice, Shoals Ambulance and Rural Metro Ambulance participated by setting up booths and having gifts for the guests and residents..

There were close to 100 who were Walking or Rolling for a Cure as they made laps around the campus. The residents were so excited for the walk this year, the weather was perfect. The residents and staff wore pink and white tie-dyed shirts for the event and they were a big hit.

The Brighton Senior Citizen Center and several local officials came out for the event and it is getting bigger and better every year. So far, Oak Trace and Terrace Oaks have raised over \$500 and plan to add at least \$200 to that amount. The funds are sent to the Susan G. Komen Foundation.





## **“Juggle Flavors”**

**Administrator:**  
Ms. Hannah Brown

### **Folsom Center for Rehabilitation & Healthcare**

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## **“Juggle Flavors”**

### ***In 100 words or less, briefly describe your Best Practice***

In our Best Practice we “Juggle Flavors” by delivering hand-dipped ice cream to residents and staff every Friday. This practice began several months ago and was designed to promote weight gain, increase social activity, enhance staff morale and satisfy every palate. Juggle Flavors not only tastes good, it is good for you and entertains everyone involved. In this collaborative effort all departments pull together to Juggle Flavors for residents, staff members, and visitors. Like the childhood saying ... I scream... you scream... we all scream for ice cream!

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

Juggle Flavors addresses concerns related to weight loss, boosts hydration, and cognition. In addition to increasing the participation and social interaction of residents this activity boosts staff morale and customer satisfaction. All long-term care facilities face weight loss and hydration issues on a daily basis.

The ice cream offered increases calorie intake and decreases dehydration. When we deliver this wonderful, delicious treat we also deliver social interaction, show stopping entertainment and laughter along the way!

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

### ***Who and how many are helped, what are the benefits to these people? And what methods or procedure /protocols are used to get results?***

All residents have benefited from this Best Practice in some way or another. Around 2:00 pm we begin making rounds with our old fashioned ice cream cart which plays the old ice cream truck music. Staff wearing clown costumes

All residents have benefited from this Best Practice in some way or another. Around 2:00 pm we begin making rounds with our old fashioned ice cream cart which plays the old ice cream truck music. Staff wearing clown costumes follow along with the ice cream cart providing juggling, dancing, and entertainment. Residents remember that it is Friday when they hear the music and see the colorful cart. They know that soon they will taste and choose from a variety of hand dipped ice creams, such as chocolate, coffee, birthday cake, etc. Not only the residents look forward to this event, staff and visitors do too!

***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.)***

Instituting our Best Practice has resulted in the improved happiness and support of our residents, staff members, and visitors. Reviewing our records and meeting monthly, we determined that the numbers of residents experiencing excessive weight loss has declined over the past 6 months from 15 to 2.

Resident participation in out of room activities has increased by approximately 64% and social interaction has improved about 48%. As far as staff morale is concerned, we have found that staff members look forward to receiving ice cream and that more staff members are becoming involved in Juggle Flavors on Fridays.

***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 facilities which have tried this or similar best practice idea?***

Any new idea or activity involves problems and/or challenges. We have a couple of residents who cannot have milk products, for them we provide a snack cake and a drink. Another challenge are the different ice cream flavors. This concern was resolved during Residents Council where we let the residents decide the flavors.

To the best of our knowledge, no other facilities utilize Juggle Flavors.

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

The facility budget absorbed the cost connected with our Best Practice.

The cost is priceless!

- Ice cream \$35.00 to \$50.00 per week
- Ice cream cart \$400.00 (prices vary)
- Costumes décor and music \$230.00

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

When we started Juggle Flavors we had only one goal, decreasing excessive weight loss. For this program our team has observed several positive outcomes, one of the most important is the way the residents' face lights up when the cart, clowns, and juggler enter their rooms.

Other benefits of our Best Practice include increase in:

- Social interaction
- Participation in activities
- Hydration
- Team effort/staff morale
- Customer satisfaction









## **“Senior to Senior”**

**Administrator:**  
Mr. Jason Banks

**Oak Park Nursing Home**  
1365 Gatewood Drive  
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(334) 826-7200

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## **“Senior to Senior”**

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

“Senior to Senior” is a program connecting senior high school art students with the senior citizens (residents) of a nursing home. Twice a month, both sets of “seniors” meet during the scheduled activity time and create art together. If the resident is physically not able to create the art, the student then encourages the resident to contribute to the art by choosing colors or design. Some works have ended in collaborations of all the residents participating that day (i.e., vase of hand-drawn and painted flowers) or residents have taken individual works back to their room to enjoy.

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

The project addresses getting residents engaged in an activity and in conversation, and actively contributing to the creation of art.

***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?)***

Mostly nursing home residents are participants in this collaboration with 12<sup>th</sup> grade art students from a nearby school. The number of residents participating depends on the number of students coming in that day to work with them. There have been sessions with as few as 4 students who worked a small group or residents. Our largest session had about 14 students and around 18 residents in attendance. Weather and illness seem to impact the number of residents attending a session on any given day.

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

Observing our senior residents interacting with the high school students has been very rewarding. The nursing home residents have enjoyed showing off their artwork, talking to the young seniors about their life, and connecting it with things that may have brought back memories to them. The young seniors enjoy listening to the stories our residents tell and have witnessed them improve in their motor and social skills.

***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?***

I can't see many challenges in another facility replicating this program. I think everyone one involved was pleasantly surprised how smoothly the implementation of the program happened. Even with temporary staff changes, the program continued. Both sides have to be willing to be flexible with dates. Students were unable to attend one planned session due to weather. The nursing home associates asked to reschedule due to some event that was planned beyond their

control. Having Senior to Senior twice a month allowed sessions to be rescheduled within a reasonable time frame. It worked out for the students to be able to come during the already scheduled activity time.

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

The basic cost of the project was free for this nursing home, as the school paid for the supplies and brought the volunteers. Even if the school could not afford the extra supplies, the cost is very low (8 color watercolor sets and watercolor paper, Sharpies, scissors). Auxiliary members are contributing to the framing of the finished artwork and an art wall is being developed for all the hanging of the artwork. This gives the residents the opportunity to continue sharing their Senior to Senior experiences and be proud of their contributions.

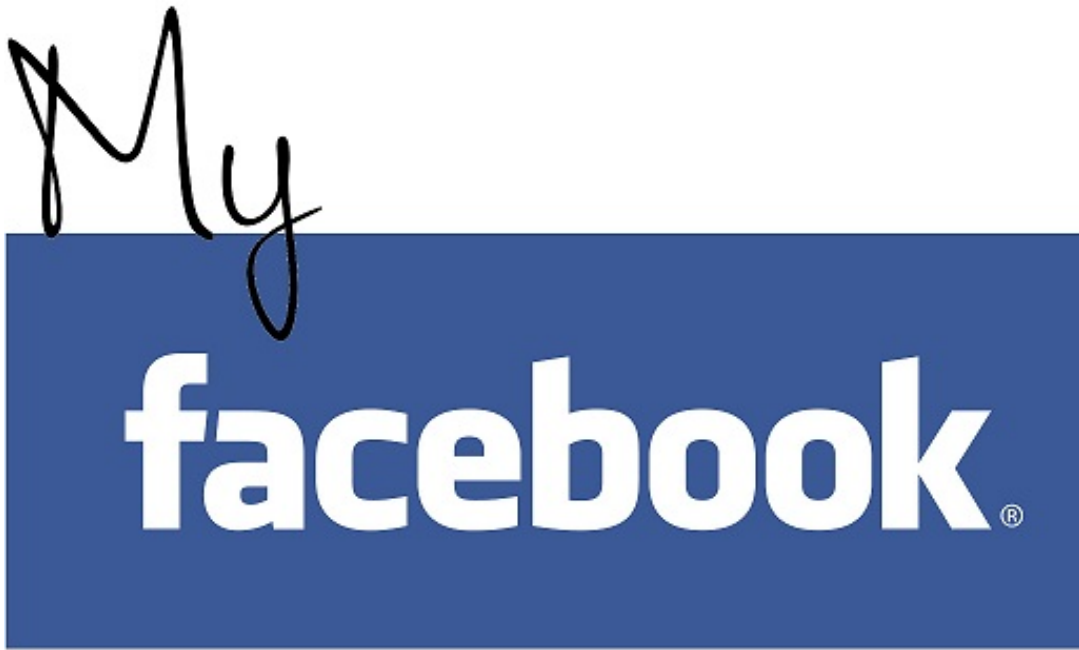
***What are the reasons you consider this Best Practice to be excellent and innovative?***

Senior to Senior: When first presented with this idea, my own father was in early stages of dementia. The idea of connecting these two special groups of people touched my heart. One group is just beginning to live their lives as they prepare to go off to college, the other group having lived out a long life. After connecting with this particular facility, we met and were presented with ways to engage and connect with the elderly residents through creating art together. We set out to pilot the program with the nursing home's assisted living. Quickly, associates began to see the residents were capable of doing more than they anticipated. The residents were trying watercolor painting or sharing memories triggered by the particular theme. The first four trial session went well and sessions for the next school year were planned. Shortly after the program began, one woman who had never left her room to participate in an activity, joined in to come make art. I particularly enjoyed watching the nursing home activities associates stand behind the hall window and rejoice over each of their residents engaged in conversation, actively creating, or simply smiling.

During one of the sessions before Christmas, our "seniors" were drawing and painting watercolor ornaments to attach to a tree. One of the students asked his partner a question about going back and doing anything she wanted to over again. (He was creating the artwork for her because she was blind.) She replied she wanted to sing. After a little coaxing, she broke into a beautiful spiritual. It was so quiet except for her voice and the voices of the women who had quietly joined in song with her. Shortly after this, a gentleman stood, professed his love to his wife of over 60 years and proceeded to serenade her. What gifts of the season! The blind woman shared her beautiful voice and the man showed the students what a lifetime of loving looked like! So much has been given on both sides of this program and everyone is looking forward to continuing this beautiful relationship.







**Administrator:**  
Ms. Elizabeth Hayes

**Cullman Healthcare & Rehab Center**  
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***In 100 words or less briefly describe your Best Practice.***

How do you bridge the gap between older and younger residents? How can connections be made between residents and staff? We have found that reminiscing about the past in a present format is answering these questions. MyFacebook is a memory book and bulletin board that has been inspired by the Facebook format. MyFacebook can be used during therapy or activities, but any department can utilize them. They are also effective when communicating with families. Our bulletin board keeps residents interested and families informed about upcoming activities. Don't tell our residents this isn't how it really works they may unfriend you!

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

- How do you keep residents interested in activities?

The MyFacebook bulletin board has been our answer. This board gives updates on what is going on in activities. It is used to show residents crafts, give menus for restaurants that residents can order from, information about upcoming resident outings, tell jokes, and encourage residents to attend through "posts" of residents who attended activities and enjoyed them. Staff uses this board to stay current on what is provided for their residents activities so that they can encourage and assist with resident participation. This board is colorful, and depending on the crafts and items posted at times it can be three dimensional grabbing everyone's attention.

- I wish I could encourage residents to explore their history and background with so that I can have answers to their behaviors.

The MyFacebook memory book does just this. Writing prompts, which can be used in an activity setting, can glean insight from your residents as you casually converse with them during in or out of room activities or they can use independently to pass time. It encourages residents to tell their story. This information can in turn be used to answer the Why's of behavior investigation or give redirection ideas to staff when their resident has a behavior.

- Families ask me all the time why their loved one says he/she hasn't been to: therapy, activities, beauty shop, etc.

Looking back in the MyFacebook you can find "Status Updates" that tell about therapy sessions, activities, beauty shop appointments, etc. This can update and reassure families and ease their worries.

- I have residents who love to talk about the old days and they get in little groups in the hall but will not come to scheduled activities. What do I do?

Using the MyFacebook to build a rapport with these residents as a small group you can over time introduce them to socials, and other activities. If they are familiar with you and others in the group they may be more receptive to new activities.

We have found that we have a few residents with Facebook accounts through laptops and cell phones. So using this format gives them a feeling that the program is more social than personal, but it is personal. As we have younger or more technologically savvy residents come in this is used for bridging the gap in ages. We enjoy the multifaceted areas of this program and believe you will too!

***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?)***

- Residents with memory problems

We find that some residents with memory problems can be hard to relate to and they may have behaviors relating to their orientation and their knowing that they are forgetting things.

MyFacebook helps these residents as they have a memory book to remind them or for staff to use when reminding them about meals, therapy, activities, etc. It can also be used to assist staff when a resident talks about their past and people from it. This gives us insight into the resident's current reality and can assist us in caring for these residents.

- Residents in need of social encouragement

The information gathered through MyFacebook assists staff in building relationships with residents, gaining information about residents so that staff can pair them with others with similar interests and backgrounds. Starting in small group settings where a resident can feel comfortable enough to open up and get to know those in their small group with prompting of various questions from staff.

- Residents with behaviors

As you are sure to see MyFacebook places a lot of interest in the resident's background and personal history, exploring ultimately who they are. This does help with behaviors and redirecting these behaviors. MyFacebook uses prompt questions that either staff or residents can write on. These prompts ask about memories, life histories, lifestyles, and really anything we could need to know or explore.

**EXAMPLE:**

Behavior- Mr. Resident is trying to find his truck at 3:00am several nights a week. He is out of bed and looking for an exit.

MyFacebook has a prompt that states he used to leave work at 3:00am go to a truck stop, eat a ham sandwich and go home and to bed.

Behavior Redirection: Offer Mr. Resident a ham sandwich when he begins his early am wandering.

- Concerned Loving Families

MyFacebook can be used to log activities, therapy, beauty shop trips, etc. through "Status Updates" so families can see what is going on during the day. No medical information is given of course, but staff can include positive statements of encouragement and acknowledgement, such as, "Great to see Mrs. Resident in Bingo today, she even won a game! Hope to see you again soon." Families can often play times to visit their loved ones when there are extra special activities going on as these are posted on the bulletin board. Families gain opportunities to see their loved one first hand interacting with others and gain insight on how their family member is doing.

- Staff and Activities

The MyFacebook bulletin board is used by staff to stay updated on upcoming activities as well as encourage residents and assist in their participation in out of room activities. This benefits the staff, activities, and our residents, as well as eases concerned families. The MyFacebook memory book is used to provide background topics to deter behaviors, such as before like wandering. It can be used to provide encouragement for residents to attend group activities.

Through group and one to one interactions we assist residents in reminiscing so that staff can have an understanding to the resident's life. This assist's us in building relationships, encouraging appropriate activities, and possibly assisting with behaviors. MyFacebook also serves the resident as a tool to look back for recent events for memory recall.

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

Our original idea was to simply encourage residents to attend. We had a few residents through internet access on their phone used Facebook but couldn't quite navigate it, and there were residents who would watch the others using Facebook. They looked so interested and we wanted to provide a social group that they could carry out with or without staff, so we came up with the MyFacebook. Striving to provide as much independence as possible in our facility to maintain and promote a higher quality of life is a goal that we set for ourselves. Residents who wouldn't usually come out of their rooms began dining with other MyFacebook users, then they began attending group activities, now they independently plan nights of activity times. We knew when staff told us that groups of residents would hang out in the activity room watching television, playing cards, working on art projects, or just reminiscing about old times much later than normal, without staff encouragement or prompting that it served our main goal.

While working with the MyFacebooks we began exploring the residents pasts. We discovered things about our residents that we would have never known had we not got involved and began to dig a little deeper than normal. We are allowed to discover past routines that can assist in investigating behaviors. When we know more about our resident's reality we can assist with activities that relate to those reality situations too.

We have also incorporated Status Update Sheets, if a resident is forgetful of new information utilizing these pages can assist in memory recall of daily events.

**Example:** Do you have had residents who forgot that they had been to a meal and were telling everyone that they have not been fed? We do, so we assist the resident to the dining room or wherever they wish to dine and sometime during their meal we jot down on their Status Update: "I ate in the Fine Dining for lunch and had a wonderfully cooked chicken breast, with my favorite sweet potatoes. I ate with my neighbor Mrs. Resident." So later after lunch has been cleaned up and our residents stated, "Help me, I haven't been fed all day." We can stop pull out that MyFacebook and remind the resident of their meal and then offer a snack, because there still a need there to be met.

This can work for therapy and beauty shop visits, as well as looking at activities attended. The same idea and principal that assists in memory recall can calm the fears of a worried family member.

We know the MyFacebook Bulletin Board works because we have residents come in and ask about events, crafts, and outings posted on it. We see staff using the board to encourage resident's attendance, and wandering residents stop to see the colorful art on the boards.

***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?***

We expected that there would be residents who would misplace their MyFacebook memory books but we were expecting this so it posed no real problems. There really weren't any problems, it can be a little timely setting up the MyFacebook memory books, but it was well worth it.

It did take some encouraging and explaining, and re-explaining to residents and staff what the MyFacebook memory book was. Once the residents caught on they have appeared to enjoy it very much as they show others on the hall, use it during afterhours for discussions. It has really brought some of our residents together.

We know that memory books can be used in many different ways, but we do not believe there is anyone doing them in a Facebook format such as ours or used in correlation with a bulletin board.

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

We did not find much cost. We used binders that no one wanted, printed our own materials in facility, used Activity Scrapbooking supplies, resident's photographs or left over pictures from Scrapbooking activities, out dated magazines. Though if you wanted to use new materials you could and it may break down as the following:

Binder: Walmart.com Avery Economy Reference View Binder \$ 3.53

Copy Paper: Walmart.com Hammermill Copy Plus Copy Paper, White 500 Sheets/Ream \$7.56

Scrapbooking Materials: These can come at any cost, from many different stores. The Dollar Tree has some papers, stickers, glue sticks, scissors, etc. You can go to Hobby Lobby and purchase almost anything you heart desires when it comes to scrapbooking. We really didn't consider this as a cost as we used left over materials from other activities.

Magazines: We only used left over magazines, no reason to purchase a brand new one just to cut up!

Bulletin Board: We had several in the facility ready to use, you can purchase a new one at uline.com 4'x3' for \$70.00. You can create an attention grabbing piece any number of ways though, just be creative!

Bulletin Board materials: Again, no cost to us as we used the scrapbooking materials.

Things to hang on the board: That all depends on what you have going on at your facility. We posted future crafts (no cost to MyFacebook), outings, special events, fun information, facts, and jokes, and uplifting materials found in magazines or printed materials. We wanted it to look like a Facebook wall.

As there were no costs for us to start and maintain this program it was easy, cost at any rate should be low enough to cover by an activity budget or small fund raiser monthly.

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

We feel that it is of utmost importance to promote and maintain as much of the residents' independence as possible. To create environments where they feel at home, and like they are

known for who they are. Their past is part of who they are and it is needed to relate and answer many questions about our residents. Socialization is crucial to residents as we fight depression and isolation. MyFacebook prompts residents to engage in social activities one to one or in group activities. This also makes residents feel that staff is interested in who they are as a person, it builds relationships, and a level of trust from staff to resident, which can be a vital component to providing necessary care. We feel that MyFacebook does this well. It is cost effective and can be done in many different activity situations, with anyone on staff or volunteer status. It also bridges a gap between the new and the old. No one wants to be left behind, so we felt incorporating the idea of applications used in today's time to bring yesterday's memories forward would give our residents the sense of being "up to date". We truly hope you enjoy MyFacebook as much as we do!



**Bulletin Boards with bright colors, inspirational quotes, and information about upcoming events draw attention in!**



## About Me

My

facebook

Name:

Birthday:

Employment:

School:

Relationship Status:

Children:

Likes:

Dislikes:

My

facebook

Time line-

Events of my life

Get started quick &  
easy with  
printed forms

My

facebook

Status Update

Page \_\_\_\_\_

Date

Date

Date

Date

Date

Date

My

facebook

Friends List



First Date  
Memories



My First Car



**Writing prompts can  
give residents topics  
to explore. Our  
residents have exciting  
stories to share!**



New Baby  
Memories



Farming





# Rooster Club

**Administrator:**  
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**Pharmacy**



## **“Rooster Club”**

***In 100 words or less describe your Best Practice:***

Any Activity Department will tell you that there are challenges they face in providing activities to residents. One is to provide meaningful activities to our male population, and another is to have activities that will bring our community into the facility. Our Rooster Club accomplishes both. The Rooster Club is a multidisciplinary program that brings male members of the community in to eat breakfast with our male residents once a month. By having the men of the community come to eat breakfast with the men of the facility, we are addressing both these challenges with success.

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

The Rooster Club addresses the problem of meaningful activities and socialization for the male residents in our building. It also addresses the challenge of involving community members in the activities in the facility. We identified several years ago that we had many gentlemen from the community who visited their family members, who were residents in the facility. These gentlemen developed relationships with the male residents of our facility and we adopted these men as part of our facility family. After several lost their family member, we noticed they continued to visit. We made a decision to start a breakfast club and call it the Rooster Club in an effort to continue the relationships with these men and to continue those friendships with the male residents of our facility. The primary purpose of the club was to provide support and inclusion of the gentlemen who lost their family member as well as continue the already established relationships with the facility residents. The purpose has also been to grow the Rooster Club by inviting more men from the community and fostering new relationships. We feel we are serving our purpose and average approximately 25 men in our monthly Rooster Club breakfast meetings.

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

Male residents are often difficult to involve in group activities. They tend to choose to stay in their room and not participate with a population that is primarily female. The Rooster Club allows men from the community to join the male residents for breakfast in a private dining area. The male residents get to catch up on all the local “gossip”. Most of the residents know the men from the community and their family members. Some of the men from the community have had loved ones in the facility previously and want to stay connected to the facility. The Rooster Club meets the socialization needs of the male residents and allows the men from the community to give back to the facility with their time once per month. The men from the community remind each other of the breakfast. This may be the only time many men from the community socialize with each other.

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

The Rooster Club has allowed men who have lost loved ones that were residents in the facility to continue to be a part of the facility. The mood of the male residents on Rooster Club day is excited. They know that they have a special day just for them, where they can feel like they are part of the community. For the men from the community, they can feel like they are giving back.

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

We have a sister facility that has a Rooster Club also. Any facility wanting to begin this activity may find it challenging if the men from the community do not feel a connection to the male residents in the facility. Since the breakfast is provided by the dietary department, we encountered an obstacle when our dietary department was contracted out to another dietary service. This activity is multidisciplinary and requires all the departments to be united in making it successful. We recently resumed the management of our dietary department and this problem has been corrected. We would suggest for another facility starting this program to begin identifying the male sponsors and family members who visit frequently. Ask them to join the Rooster Club and invite them to breakfast. Encourage them to bring a friend from the community. This is how we started our program and we continue to have participation from several of the men who were among the founding members of our program in 2009 even after their loved ones have passed.

***What was the cost to implement our Best Practice?***

The cost of implementing Rooster Club was included in the facility budget. The activities department included seasonal decorations in their budget. The dietary expense was approximately \$2 per person to provide breakfast for the men from the community. No extra staff was used. Administration and management staff help serve the men. So there is no staff expense. To make our men feel special, the facility purchased dishes with roosters on them for approximately \$50. However, this is not a necessary expense.

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

Activities for our male residents are always a challenge, as is getting the community to be involved in the facility. We believe Rooster Club meets both these challenges with minimal expense to the facility. We believe this activity has enhanced the lives of both the men in our facility as well as the men in our community.







## Look Who's Talking Too

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**Sponsored By:**





## Look Who's Talking Too

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

The most basic right of every individual is the right to be heard and understood. When others take the time and effort to listen then we know they truly care about us as a human being. It was in consideration of this fundamental truth that we conceived and implemented our facility's **Best Practice**. Shortly after admitting a young Resident faced with the challenges of Cerebral Palsy, we began seeking a way to improve his ability to communicate. This led to the initiation of another practice to increase communication with Residents who, due to memory loss, have chronic difficulty with expression.

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

Communication and the ability to successfully convey thoughts, feelings, opinions, needs, and desires in order to engage with others in conversation from day to day have a direct influence on our dignity and quality of life in any environment. But this is especially true in the unique *Skilled Nursing* environment. Our Resident coping with CP is extremely intelligent and became acquainted with staff and other Residents quickly. He is always on the lookout for interaction with others yet his ability to communicate was limited. Due to his high cognition, he needed a device that would allow him to communicate as close to conversationally as possible.

Additionally, we reached out to Residents struggling with Alzheimer's and dementia in an effort to create physical, mental, and emotional sensations thus promoting the stimulation of endorphins within the brain. This experiential **Best Practice**, affectionately known in our facility as "**MEMORY LANE**", quickly became a proactive way to increase communication and recall in the minds and hearts of these Residents.

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

Initially, our Speech Therapist arranged for a technology specialist from the *United Cerebral Palsy Foundation* to come to the facility and research a proper communication device for the Resident to try. He was the most successful with an android based tablet or iPad. These were the only devices that would allow for a limitless amount of vocabulary options. Subsequently, the entire staff at our facility on every level became involved in the implementation of the communication device.

Our entire facility dining room is transformed into **MEMORY LANE**. Here, our Residents enter a bastion of stimulus and motivation all intended to help them remember the simplest pleasures in life. The environment is transformational in many ways. First of all there is music playing throughout the whole experience. These are songs they would be very familiar

with such as, “*Peg of my Heart*” or “*I’ll be Loving You Always*,” and they create an authentic mood in the room providing a catalyst for recall. There are tables or stations set up throughout that center on a particular theme and the Residents are escorted by staff to the theme that captures their particular interest. The themes range from costume jewelry to kittens and puppies to sanding blocks and wood. Residents remain at a station as long as their attention is engaged and once they lose focus they are encouraged to move to another station that draws their interest.

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

The primary accomplishment of our iPad device **Best Practice** was affirming to the Resident that we wanted to accurately hear what he had to say. He now knows we care about what he is thinking and feeling and that we wanted to give him the opportunity to communicate with us thoroughly. For instance, prior to receiving his communication device, this Resident could only use gestures to convey his thoughts and these were, at times, simplified to assumptions based on certain sounds he might inflect. But now he is able to effectively communicate with much greater detail exactly what he wants to say. It has also helped on a social level. Upon implementation of the device, his mood drastically changed as it seemed to bring him out of the unique isolation that was brought on by a communication barrier. He was also able to communicate negative experiences as well such as bad dreams.

However, the greatest accomplishment of our **Best Practice** was raising awareness among facility staff to the constant need for seeking new ways to communicate with all our Residents regardless of their cognition or disability level. Our **Best Practice** is about creating a **Culture of Communication** within our Skilled Nursing Facility. The iPad device and **MEMORY LANE** enhance this culture in unique ways. To see the determination and excitement on the face of a Resident as they sand smooth a rough block of wood or witness wonder on the face of another as they pet a soft, cuddly animal is evidence that **MEMORY LANE** fosters communication that is both effective and endearing.

***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 facilities which have tried this or a similar Best Practice idea?***

The greatest challenge of our **Best Practice** is actually maintaining a constant awareness and sense of urgency when it comes to communication with Residents. We consistently attempt to inspire our staff to practice a **Culture of Communication** with every Resident they care for. We accomplish this perpetual epiphany through “*Sensitivity Training*” and regular in-service meetings. In one such training, we asked volunteers who are CNA’s to wear glasses that had been coated with Vaseline in order to replicate a Resident who may have impaired vision. This exercise allowed the care giver to get a sense of what it would be like to try and communicate within such realities and promoted awareness of the circumstances that many of our Residents face daily. “*Sensitivity Training*” is very effectual and stays with the staff long after the training is complete.

***What was the cost to implement your Best Practice? How did you pay for it? When word got around regarding what was needed for the iPad, everyone wanted to help! Donations were made by local church congregations and the United Cerebral Palsy Foundation. Vendor donations and the facility budget also chipped in. There were even personal donations made by members of our staff and other family members. The total cost of the initial iPad practice was around \$1300.00.***

iPad: \$900.00

iPad Communication Application: \$300.00

iPad Holder / Custom Wheel Chair Accessory: \$100.00

It's true that the best things in life are free! **MEMORY LANE** required no additional cost to implement. The facility staff brought items from home that they were no longer using to create the themed stations.

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

Our iPad device **Best Practice** is excellent in nature simply because it directly improves the Resident's quality of care, dignity, and quality of life. He has begun the journey of learning how to use a new means of communication. He is making great progress as the Speech Therapist and other facility care givers continue to work alongside him in the effort. The innovation of our **Best Practice** speaks for itself every time the Resident conveys clearly what he desires to say! We look forward to all the conversations we will have with him in the future.

By creating and maintaining a **Culture of Communication** in our facility, our entire staff looks forward to hearing the thoughts of all our Residents, regardless of their capabilities or limitations, through the gift of meaningful interaction. As we practice **MEMORY LANE**, we are already beginning to realize that communication is far more than mere words. Because of our **Best Practice**, we can now more completely comprehend that communication must sometimes be created and the effort it takes to listen and understand is beneficial to both our Residents and the entire staff.



iPad Device is introduced to the Resident for the first time.



Resident enjoys using his new communication device daily.

Below: Endorphin boosting photos and costume jewelry are set up at different table stations for ***"Memory Lane"***.





A Resident enjoys ***“Memory Lane”***.

Residents and staff are fully engaged during the activities of ***“Memory Lane”***.



***“Memory Lane”*** encourages Resident socialization as well as good moods.

Here, a Resident remembers and sings the lyrics to ***“I’ll Be Loving You Always”***.





Residents dance down ***"Memory Lane"***

***"Memory Lane"*** helps Residents rediscover lost excitement.



A Resident is determined to get a block of wood as smooth as he possibly can.

Endearing moments shape ***"Memory Lane"***.





## Medication Reduction

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*Providing Person Centered Care  
By Reducing the Medication Pass  
A Best Practice Approach*

### ***Why Reduce the Medication Pass?***

Poly pharmacy is associated with significant adverse effects, disability, hospitalization and death. Approximately 30% of elderly patients are prescribed  $\geq 5$  drugs. In addition, 20% of commonly used drugs in older patients may be inappropriate. This estimate increases to 33% of residents living in nursing homes. The most important predictor of adverse events is the number of drugs the patients is receiving. (*Alabama Alliance Rx Notes April 6, 2015*)

A reduction in the medication pass, a “bundling of services” equates to decreased interruptions and better quality of life for residents.

A reduction in the medication pass may decrease total medication pass time by 50%. Giving nurses this additional time allows for more thorough and frequent assessment of at risk residents. A reduced medication pass also decreases nurse stress.

### ***Target Population:***

Long term residents

### ***Planning the Improvement:***

Collaboration between ED, DNS, Medical Director, Nation Support Office, Primary Care Physicians, Facility Pharmacy Provider, Consultant Pharmacist, Samford University McWhorter School of Pharmacy, Facility Medication Safety Team and Dr. Geary

Selection was made for a small pilot group of long term residents

Education of all staff and residents involved in the pilot

Collect data on current number of scheduled medication administration times

Collect data on length of time required for current medication pass

Collect data for nurses’ level of satisfaction with current med pass (stress level)

Facility Medication Safety Team met to review and reduce medications as appropriate prior to piloting the revised medication pass

After reducing the total number of medications, consideration of the following was addressed:

- Antihypertensives requiring 8 hours between doses
- Scheduled pain medications
- Anti-Parkinson medications
- Anticonvulsants requiring 12 hours between doses
- Dialysis patients
- “Upon Rising” and “At Bedtime”

***Doing*** the Improvement:

Implementation began at the start of October with 30 residents on 1 medication cart with stable nursing staff for all shifts.

***Studying*** the Improvement:

Numerator = Total length of time with reduced medication pass = 1.5 hours

Denominator = Total length of time with current medication pass = 3 hours

**50% Improvement/Reduction in Length of Medication Pass**

Numerator = Total number of medication times after the reduction = 9

Denominator = Total number of medication times before the reduction = 13

**31% Improvement/Reduction in Total number of scheduled times**

Numerator = Average Level of Nurses' satisfaction after Reduction in Medication Pass = 1

Denominator = Average Level of Nurses' satisfaction before Reduction in Medication Pass = 5

**80% Improvement in Nurses' Level of Satisfaction**

*\*\*State Survey witnessed the new medication pass and NO DEFICIENCIES were noted\*\**

***Acting*** to hold the gains and continue to improve:

Med Pass Reduction was continued on Pilot Hall 1 for 2 months before spreading to Hall 2.

In May, 2015, The New Med Pass will spread to Hall 3. By July 2015, all long term residents will experience an improved medication pass designed around their waking, sleeping patterns.





*The revised Medication Pass  
may mean “tracking down”  
your residents during their day*







**WE can Do It!**

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**Sponsored By:**





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

“The role of leaders is not to get other people to follow them, but to empower others to lead.” In having great leaders within our staff, we have learned that it is equally important to allow our residents the opportunity to lead. Our Best Practice, “WE Can Do It” offers activities that are led completely by our residents. Not only do great leaders create and maintain bonds of trust; they act as the centerpiece that keeps great relationships on track. Having our residents become the leaders of these programs has proven to be far more successful than we thought possible!

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

We love and provide wonderful activities, just as any other facility. But one thing we have questioned is this... have we been allowing all of our residents to reach their full potential with what we offer in our day-to-day activities? Then we began brainstorming on how we could find ways to let our residents take control. Our Best Practice addresses the issue of giving our residents with higher skill capabilities a purpose, with objectives and meaning, to what they are doing day in and day out. We have numerous long-term residents in our facility that are completely cognizant and able to function on a higher level. As part of our Resident Council, it was brought to the attention of our staff that many of these residents felt the need to have more meaningful and challenging activities offered. We immediately thought of all the amazingly talented, skilled, gifted, and creative residents that we have in our facility! What better way to offer these new activities than to allow our own residents to be the leaders of them?

The primary purpose of our Best Practice is to give our residents the opportunity to reach their full potential. And one of the most important aspects of this is to encourage our residents to overcome the feeling of dependence. These activities are ones that the residents have come up with themselves, and they are genuinely proud of what they do in their activity groups.

***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?)***

This Best Practice has the potential to reach a majority of our residents. The leaders of the activities are our higher-functioning residents, and the residents attending can be classified in any skill level, they simply have a love or interest in the class being taught. We also have resident-led activities such as Prayer Circle, which reaches a large variety of residents, all with a passion for prayer. The leader of this activity also plays the piano for our Sunday church services. She says that “the Lord started the group, and it makes me feel more purposeful to lead the group. It makes me feel wonderful to be able to connect to our residents with dementia. I am delighted that God put within me a helping hand, and it makes me feel needed when I can serve by playing the piano and leading our Prayer Circle group.” Another wonderful aspect of this Best Practice is the fact that it can reach such a large audience of residents. There are so many different resident-led classes that are offered, such as: photography, painting, jewelry making, cooking, domino tournaments and prayer circle, there is just about something for everyone!

The way we make this program work is very similar to our typical daily activities. We reach out to any resident who has a special talent, skill or interest and invite them to be an activity leader. From this point, the resident is able to take the class in any direction they may choose. If the class needs supplies/materials (such as cameras for the photography class) then our staff and facility helps to arrange this as needed. Once we establish a class leader, then our Activities Director puts the class on the calendar and the activities staff will try to reach out to anyone that may be interested in learning about and attending the upcoming resident-led activity. When the actual activity is held, we make sure to have an activity leader present during the entire activity, even though they are not the ones responsible for leading the class; they are there to support and assist the residents if necessary.

This program has been made possible and has enjoyed much success through a multi-disciplinary approach. Our Activities Department is responsible for ensuring the activities take place and for providing any necessary materials for the classes. We rely heavily on our nursing staff to get the residents to and from activities, and they are also very helpful in finding out about new resident talent and potential leaders throughout our community. Dietary plays an essential role with food, ingredients and supplies needed for all of our cooking classes. They were also a valuable piece of a resident-led fundraiser that was held last fall. These residents got together and decided to bake fried apple pies to sell, raising over \$300. They then donated the money to our local Victim Services Department which is a non-profit organization that offers a host of services for victims of domestic violence or sexual assault. This impressive act of generosity by our residents was recognized throughout our community and truly gave them a strong sense of accomplishment.

Staff from each and every department has played a role in the success of this program. They have purchased pieces of art done by our residents, ordered custom jewelry made for gifts at Christmas time, and numerous employees contributed to the successful fried apple pie sale. Our employees sincerely see our residents as their own family. It warms our hearts to see this program in action. When you have residents putting their hearts and souls into these classes and projects, then have employees who support and encourage them by purchasing and even simply complimenting on what great work the residents have accomplished, it makes us feel so proud to be a part of something this meaningful.

***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.)***

Our Best Practice has seen a host of wonderful accomplishments unfold, and even more than what we initially set out to achieve! First, starting with the residents who are the actual leaders of the activities, we have seen positive results. For some of these residents, it has fulfilled a sense of purpose while living in our facility. One resident, who happens to be our Resident Council President, is the leader of our Photography Class. In his younger days, he was a photographer for the Navy. Now, he is able to teach our residents how to capture special memories and fun events in a way that is far more meaningful to them. He is always snapping photos, and now he has the opportunity to reach out and share his love of photography with others. He prepares power point presentations for his classes, and is a wonderful instructor! He says “it makes me feel good to share my experiences with others and makes my hard work feel like its paying off. I love being around people and enjoy helping others. It makes me feel like I have a purpose at the nursing home.” Secondly, it has been a joy to see our staff learning new things about our residents. We have one resident who is an extremely talented painter, and she is the leader of our Painting Class. There were very few employees who knew of her capabilities, until she began showing us her skill by painting beautiful canvases of birds and flowers. We were awestruck! She told us

that “I enjoy teaching the class. It makes me feel needed and makes my life have meaning.” Lastly, it has truly been a great advantage for the residents that participate in the classes. It gives them a chance to mingle and come together with one another, all while learning and sharing common interests. It is great to simply mix things up a bit.

***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?***

This Best Practice has run extremely smooth, for the most part. So far, we have only experienced a problem with having to cancel classes due to health issues. One challenge that other facilities may face in attempting to replicate our Best Practice is finding willing and capable leaders for these classes and activities. We are a large facility; therefore we have a large pool of residents to solicit leaders. We have not seen any adverse effects. Things have turned out better than we had planned, and in a wonderful way! We have seen a great response from offering this to our residents and we are hoping to grow the program in the future. Some of our future plans include offering a wider variety of classes and finding more resident leaders, and we also hope to host an Arts and Crafts Show where residents can display their work and sell it to our employees, other residents and even the community.

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

For our Best Practice, the cost involved was exactly the same as any cost for a regular activity. Some of our expenses were for things such as paints and crochet tools, which all came out of our regular activity budget. The only difference is that we held these classes in addition to our regularly scheduled activities, but we still did not have to increase our activity budget to accommodate for these new activities. We paid for all supplies out of our regular monthly activity budget.

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

So often when a resident enters a nursing home, there is a negative stereotype that residents are given little to no choices, and that they are going to spend the rest of their life where they have absolutely no input on the events of their day by day existence. One of the most wonderful accomplishments of our Best Practice is that it empowers our residents. In this program, they have all the input and make all the choices. They have goals for their groups and are working to achieve something great. This simple, yet significant, idea has meant the world to many of our residents. And to those who are the ones attending the new activities and classes, it has given them a fresh outlook and energizing change of pace. We reach out to our residents as if they were family; this gives us a means to love and assist them in any way we can. And if that means handing over the reins, then that is exactly what we will do! Our goal is to satisfy our residents to the best of our ability, so that in every aspect they can find joy in sharing their lives with us and others. We truly believe that there is no act too small to make a difference, they are all worthy in our book. “Never stop doing little things for others. Sometimes, those little things occupy the biggest part of their heart.”

“WE Can Do It” has helped us take one more positive step on our huge journey of culture change. We genuinely feel that changing the way we think and acting upon those instincts will only help facilitate a more positive connotation for nursing homes all around the state. In sharing our empowering practices, we can only keep getting better and better! “If you want to change the culture, you will have to start by changing the organization” ~ Mary Douglas.

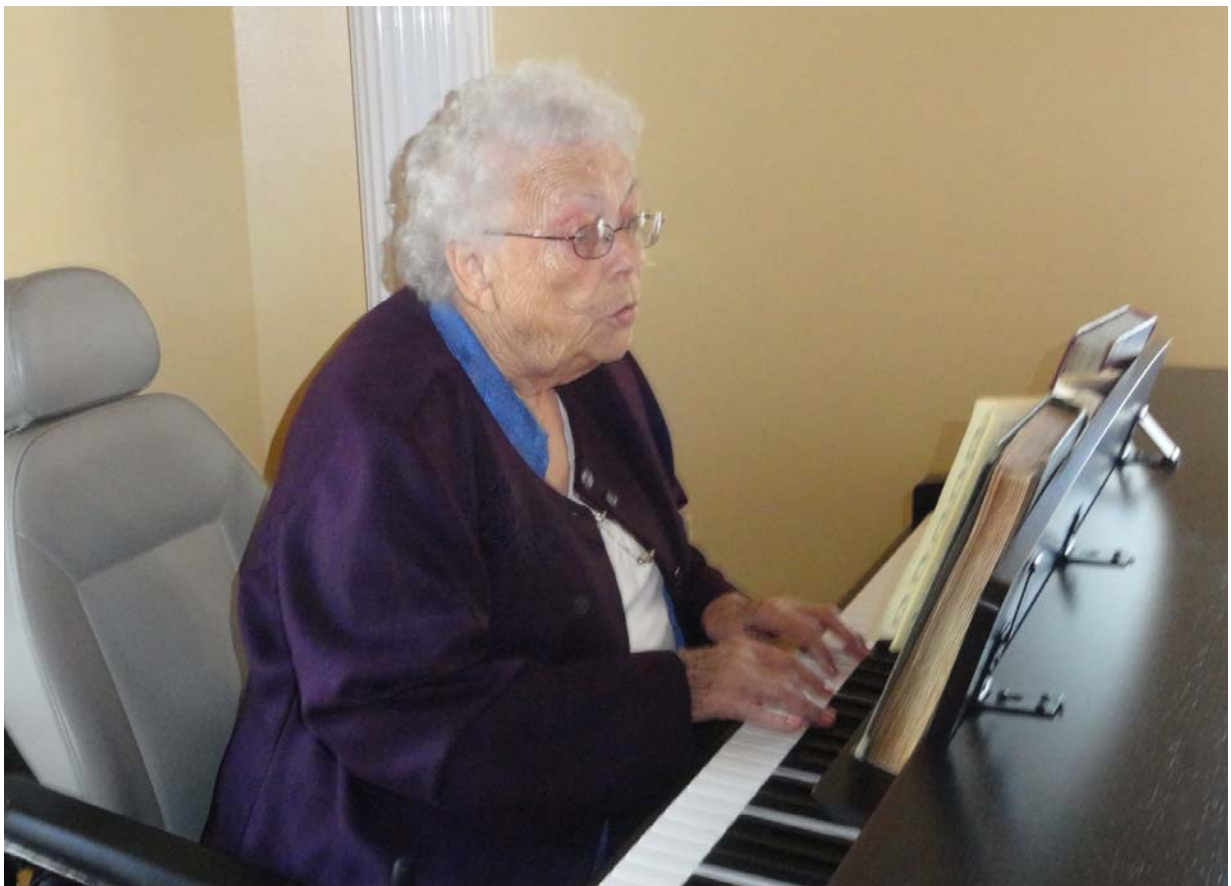
# Painting Class



# Photography Class



# Prayer Circle





## IN2L: It's Never Too Late - "Help for a Winning Experience"

### **Administrator:**

Mr. Garrette Woodham

### **Bill Nichols State Veterans Home**

1784 Elkahatchee Road  
Alexander City, Alabama 35010  
(256) 329-0868

Who said I am too old to learn? Who doesn't want the best of everything for their resident's? The disciplinary team searched for ideas to implement and to create a great atmosphere for our residents, families and staff, volunteers and community. Our Best Practice "IT'S NEVER TOO LATE" gives us the opportunity to work with our residents, families, staff, volunteers and the community. "IN2L" is designed to increase knowledge about the resident and the facility, improve communication, decrease behaviors and most importantly improve relationships and connections.

The primary purpose of IN2L is that it can be used to help maintain and strengthen relationships, keep residents active and involved, and ensure the comfort of knowing your love one matters and staff cares; such as, (1) upon admission to assist families with separation experiences, (2) help the residents to connect with each other and facility, (3) assist staff (especially new hires) to become familiar residents and families (4) involves all residents with various cognitive levels.

Everyone could benefit from the creation of the It's Never Too Late. "IN2L" provides a history of the resident, family, facility, volunteers, community, and staff which enables all to have an avenue of better understanding and communication. "IN2L" has given our residents and all involve a connection. This feeling of connection has combated feelings of isolation, depression, low self-esteem, and behaviors and. This connection lifts each other up and day-to-day increase activity and therapy participation and most of all family connection.

More IN2L's are needed. The IN2L system is a portable oversized interactive computer system that travels from place to place for residents, families, and staff to utilize. In order for all residents and families to have equal sharing time with system, there is a day set aside daily for resident, staff, and family use.

We consider our Best Practice excellent and innovative because it improves residents quality of life, improve communication, decreases behaviors, and continues to builds successful relationship with all involve(residents, families, volunteers, staff, and community). Most importantly, with time and effort this idea can be done by any facility. Your outcome depends on your effort-you get out what you put in!



## Ice Cream Truck

### **Administrator:**

Ms. Wanda Allie

### **Crowne Health Care & Rehab of Montgomery, LLC**

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

Our Best Practice is simply called, “Ice Cream Truck.” It is a throwback to the good old days when neighborhoods had the almost forgotten “Ice Cream Truck.” Our Activity department has created an innovative and fun way to develop a mobile “Ice Cream Truck” that visits every resident. It is an entertaining and creative way that, along with providing snacks and hydration, triggers memories of childhood.

The purpose of the “Ice Cream Truck” is twofold. It helps bring back memories of our resident’s childhood. It is a great reminiscing tool for our residents and provides staff the opportunity to socialize with the resident. Our “Ice Cream Truck” has the authentic sounds of an old-fashioned ice cream truck from back in the day. Another purpose is that our “Ice Cream Truck” is a fun way to encourage our residents to eat a high calorie snack and get extra hydration. It is very beneficial for those residents who also may be at risk for weight loss. It also helps to prevent dehydration.

This practice is specifically designed for our facility residents that are able to receive oral nutrition. We offer a wide variety of items on our ice cream truck that meets the diet needs of all our residents. Residents that are on special diets, (Mechanical soft, pureed, thickened liquids, etc.) are all able to enjoy some type of treat! We buy sugar free items for our residents who are diabetic or prefer a sugar free snack. We coordinate with our nursing staff, and our CNA’s assist those residents that need assistance with feeding. We offer ice cream in cups for those that may not be able to physically handle a cone due to physical limitations such as arthritis or contractures. Cups are also helpful for those that need extra time eating as compared to a cone that may cause a slight mess due to melting. And nobody likes to waste ice cream!

The Ice Cream Truck has created much enjoyment and excitement among both our residents and staff as well as family members! The residents get excited when they can hear the sounds of the ice cream truck approaching in the hallways. The music can be heard throughout the facility and staff members have commented on how their residents start to get excited with the anticipation of the truck getting closer. Residents with dementia have shown remarkable verbal and physical cues when they hear the sounds of the old-fashioned ice cream truck. It triggers memories from their childhood and they remember things that they used to buy and eat from the ice cream truck back in their day! The joy and happiness that fills the air along with the music encourages our residents to select something to eat, even for those residents who tend to refuse their daytime snack. The residents tend to congregate at the ice cream truck with much eagerness and it truly looks like a line of young people anxiously waiting to put in their order! Residents can be heard reminiscing together and talking about their childhood when they would chase the ice cream truck down the street! Residents seem to be encouraged by others and feel obligated to enjoy a refreshing treat!



## Keeping Us Posted

### **Administrator:**

Ms. Trece Mays

### **Andalusia Manor**

670 Moore Road

Andalusia, Alabama 36420

(334) 222-4544

Many residents often have little contact with the outside world. It's not uncommon for them to lose track of what's going on in the community, regardless of the steps taken by staff and families to keep them connected. "Keeping Us Posted" was designed to remind the community that these people are still a part of what's going on around them. Many residents were active in the community and we often hear that they miss being a part of those groups. Thanks to this Best Practice, they are able to continue being a part of the upcoming events in our community.

First, our Best Practice addresses a lack of community involvement. Once a person is admitted to a facility, life continues to press forward and sadly enough, they are sometimes overlooked by the world around them. Our Best Practice has been used to remind the community that our residents may have a new address but they are still very much a part of this community. They're still willing and eager to participate in as much of the outside world as they can. Secondly, "Keeping Us Posted" keeps our residents aware of the different programs and services being offered in the community and allows them to take part in things that they may not have otherwise been able to.

Our Best Practice has brought the community back into the lives of our residents and all it took was one invitation to get the ball rolling. Within a month of sending letters, 10 spots were filled by local agencies, willing to go the extra mile for our residents. They have graciously taken time out of their busy schedules to provide our residents with extra activities. Each month, a local agency member comes to our facility to decorate a board posted in our main hall that allows them to inform our residents about their services and what they're doing for the community on a monthly basis. So far, we have had a canvas painting, fried ice cream social, southern style tea party and bingo games at no cost to us. We have attended a community Senior Appreciation Day and are currently hosting a school supply drive for a local elementary school. We have plans throughout the remainder of the year to keep our residents included in things happening in the community. Our Best Practice has far exceeded our expectations!



## MEN'S GROUP

### Motivated Men

#### **Administrator:**

Mrs. Jennice Crowell

#### **Florence Nursing and Rehab Center**

2107 Cloyd Boulevard  
Florence, Alabama 35630  
(256) 766-5771

Our Best Practice is coming up with different ways to keep the male population in our nursing home more active. By doing this we have started different clubs, some only for men and then also others that pertain to male interest such as cars, sports, working, and wildlife.

The primary purpose of our best practice is too keep all of our males active and happy and to assure there are activities that meets their interest. By offering a wide variety of different activities that males can relate to, they are more likely to participate and to have more to discuss while attending these activities.

Our Best Practice has helped us accomplish ways to keep men more active. We can tell these have been more affective ways to get men involved because we have better participation from men for these activities than others. Male residents request these activities and state how much they enjoy them. A few examples of some of our more male oriented activities include:

*Game Time Concessions* - Men are encouraged to meet and watch different sports events together such as football, basketball, or baseball games. As they watch, activity aides pass out snacks to the men. This is especially popular during college football season.

*Fishing Club* - The staff takes men to the local park for fishing days and assists them as needed.

*Men's Club* - These are meetings for only men to spend time together and talk while enjoying things like pizza, barbecue and coke or non-alcoholic beer.

*Men's Workshop* - Offers a variety of different activities pertaining to jobs they may have had in the past or by offering hands on activities of interest. The Maintenance department also allows alert male residents to observe and assist with small tasks.

*Card Club*- Men gathering to play different types of cards games and provide snacks to the participants.

*Gardening Club*- Garden area for men in which the men care, tend, and grow the garden.

Our Best Practice incorporates popular male activities of their interest and is carried out each month. Our Best Practice is innovative due to the ample amount of members who provide positive comments and feedback.



## Out on the Town

### **Administrator:**

Mrs. Jennice Crowell

### **Florence Nursing and Rehab Center**

2107 Cloyd Boulevard  
Florence, Alabama 35630  
(256) 766-5771

One of our Best Practice Ideas that contributes to the social, mental, and physical well-being of our residents is their participation in group outings. This best practice idea consists of different activities outside of the facility. It is good to get the residents outdoors where they are able to socialize and interact with others while enjoying themselves. Having outings in the community is exciting and entertaining for the residents.

Sometimes, residents in nursing facilities may not be able to get out very much with families and friends. Thus, this may lead to depression and less involvement from the resident in day-to-day activities. As a facility, providing various outings for the residents as part of our activities program helps them tremendously. They become more sociable and more willing to get involved in the on goings around them. They want to be more active and their participation outside of their room increases.

Outings for the residents include both long-term men and women who are more cognitively and physically able to leave the facility with assistance provided by the staff. These residents can benefit from still feeling like they are a part of the outside world and outings help to remind them that they continue to be members of the local community though they live in a nursing home. Some of the outings are exclusively for men. Past outings have included taking them to see a more male oriented movie at the theater or going on a fishing trip. The ladies sometimes like more conversational activities such as going out to lunch with their fellow Lady Bug Club members or just taking a stroll at the local park to see the flowers in bloom.

This Best Practice Idea “Out on the Town” provides residents with a sense of involvement with the community. Residents get excited about going places and this gives them something to look forward to. The residents will talk about the planned activity weeks before the scheduled date. Residential outings are fun and it encourages the residents to be more active and lets them enjoy themselves and have a wonderful time.

One of our goals for this year is to have even more outings and trips with our residents. Especially outings that include art, music, education, helping others, fun, and giving back to our community. We are in the process of offering more residential group outings for the future and we are hoping to see our residents get more involved and look forward to every outing. The activities department looks forward to seeing all those beautiful smiling faces “Out on the Town!”



## CRETEducation

### **Administrator:**

Mr. Tim Taylor

### **Golden Living Riverchase**

2500 River Haven Drive  
Birmingham, Alabama 35244  
(205) 987-0901

CRETEducation is a creative, efficient, convenient and cost-effective teaching method that allows long-term care staff to acquire knowledge during their work hours at the facility. CRETEducation is a poster or board presentation of topics to provide an alternative method for knowledge transfer. However, this method is not restricted to use software produced documents. Props, drawings, and artwork are all utilized to attract attention of the reader. All board presentations are evidenced-based.

A monthly educational board is created and displayed that presents topics in geriatric care, infection control, and chronic diseases. Boards are designed to be visually stimulating, encourages interest, and facilitates learning. In addition, the subject matter is presented in a manner that is appropriate for any educational level by utilizing association and creative displays. Staff members may read the material any time. A poster session provides a relaxed assessment environment that can reduce anxiety and enhance learning outcomes. Most often the board is displayed in the bathroom where staff can multi-task!! They are also placed in and around the nurse's stations.

The CRETEducation method solves the issues often associated with providing continuing education classes for staff. It has becoming increasingly difficult for staff to attend education programs due to time off assigned units, residents with increasing demands and emphasis on reducing overtime. Education is actually not built into an employees' assigned shift or even the shift is completed due to overtime restraints. This reality leaves the employee without learning opportunities. Utilizing posters, boards and bulletin boards provides staff with valuable information that is convenient, and solves the issues of time constraints, and overtime.

Simplicity is often viewed as lacking, however educational presentations can be advantageous when presented in a convenient and simplistic manner. Today, the acuity of residents in long-term care facilities has greatly increased. The pace, demands and time constraints challenge educators and management to maintain a well informed and educated staff.



## Black Jack!

### **Administrator:**

Mr. Tony Culberson

### **Haleyville Health and Rehab**

2201 11<sup>th</sup> Avenue

Haleyville, Alabama 35565

(205) 486-9478

Black Jack! Our residents love to play Black Jack every Tuesday. We play for an hour and we have a first, second and third place winner. They get so excited waiting to see what the next card is going to be and when they get Black Jack they yell out very loudly in excitement.

Our Best Practice addresses issues like boredom, low morale, loneliness and sadness. Its purpose is to get residents out of their rooms and socializing with others, get them thinking about their past, opening up chances for them to meet new people and make new friends. It gives them something to look forward to and know that they are going to get to play each week, we have so many that ask “when is Black Jack?”

This activity helps every resident that is living at our facility. All groups and ages can be involved. It works by boosting morale because they know they are going to get to play each week, it helps with boredom, loneliness, and it takes them back to the times when they were younger and could get out and go and do the things they use to do. Some of them say they just want to watch because they enjoy watching others get so excited when they Black Jack.

We have a resident that used to meet with his “buddies” once a week and play Black Jack and now he is not able to do that because of his health and he states that playing Black Jack here has really helped him adjust to being here and it has helped him to meet new people and make new friends. It gives him a sense of being on his own again and being able to do what he loves.

We have a first place, second place and third place winner. Everyone plays for one hour and whoever has the most chips at the end of that hour wins. We give each player 20 chips to play with. We had the chips and cards donated to us. We have refreshments such as drinks, chips and dip, pretzels or whatever the residents request for each game. We give the winner \$3.00, second place \$2.00 and third place \$1.00. At the end of the month we have a playoff game where we take all of our first place winners and they play for \$10.00.

People love getting together with their friends/family and spending ours with them happiness, to hear them laugh and socialize with friends, it just touches the heart and makes you feel like you have accomplished something, to see them so happy and for some of them this is one of the things that make them happy and content. They even motivate others to come out and play with them. And for a while, just a little while they are back to being independent on themselves again, meeting with friends and “hanging out”. They are happy.



## Virtual Dementia Tour

### **Administrator:**

Ms. Lycrecia Patterson

### **Arbor Springs Health & Rehab Center**

1910 Pepperell Parkway  
Opelika, Alabama 36801  
(334) 749-1471

The “Virtual Dementia Tour” (VDT) is set up like the inside of a home with a bed, kitchen table, closet, bathroom area, and laundry space. Before the participants begin the tour, we put gloves on both of their hands and wrap them with tape to demonstrate the pains of Arthritis. Corn is placed in the shoes to demonstrate neuropathy. Goggles are covered in matte-finished tape and a headphone and radio set playing static is placed on their ears to reduce their ability to see, hear, and focus. Each participant is assigned a simple task to complete once entering the VDT.

Our Best Practice focuses not only on the constant struggles dementia residents face, but also the battles of aging in general. Many elderly who have not been diagnosed with dementia can often experience issues with their vision, hearing, feeling, and develop pain in their hands and feet. The only way to truly understand the struggles is to walk in their shoes. In an effort to demonstrate these every day challenges for dementia residents, we created a simulation for our employees, families, and the community. It is essential that caregivers and family members truly understand the undesirable battles nursing home residents often face. This simulation forces participants to find alternative methods to complete the task at hand with no regard to their impaired senses.

The Virtual Dementia Tour is designed to accommodate eight participants at a time. Each participant is read a specific task after the hearing is distracted with static. The tasks include setting the table, making the bed, putting on pajamas, hanging clothes, folding laundry, rinsing mouth with mouthwash, cleaning dentures, and sweeping the floor. All of these tasks seem simple, but the participants struggle to complete them.

Since we have restructured our VDT so that we can travel, we have every intention of setting up the tour for other organizations. We are also excited to set up the simulation on family day and will encourage all family members to participate. We have seen where other facilities have provided the Virtual Dementia Tour in other states, but we are not aware of any other tours that are able to travel.

Dementia is becoming more prevalent and significant in our society, and there is a growing need for caretakers to assist with this population. Our Virtual Dementia Tour is admirable because we have the capabilities to take our simulation to health fairs and community events. This provides the opportunity to educate the community and raise awareness for the desperately needed empathetic approach for dementia care.



## The Auction

### **Administrator:**

Ms. Cathy Swanson

### **Southland Nursing Home**

500 Shivers Terrace  
Marion, Alabama 36756  
(334) 683-6141

THE AUCTION has been chosen as our BEST PRACTICE. This program was established in order for the residents to be able to purchase a gift for their family, friends (or even themselves) with no cost to the resident. This program is presented two times a year, in June and December. The December auction is a big hit with the residents due to the fact that their target is to purchase gifts for Christmas. The auction is set up with the same similarity to a real live auction. The residents bid on items with the money that they have earned over a period of time.

THE AUCTION addresses independence in decision making, in turn, increasing self-esteem, self-worth, and confidence. The Auction addresses the Psychosocial and Physical well-being of the resident and in turn increases activity involvement. The residents still yearn to be able to purchase gifts for a friend, family or themselves, however most nursing home residents do not have the funds available to purchase gifts or their funds are designated to be used for their own personal needs. The purpose of the auction is to give back to the resident a sense of self-esteem, self-worth, independence, and accomplishment. We all remember how it feels to give a gift. As the saying goes, "it is always better to give than to receive". The excitement and appreciation that the recipient of the gift displays to the resident, gives the resident a blessing for the thanks given to them for such thoughtfulness.

We consider our Best Practice to be excellent and innovative because of the success of the program based on our residents' participation and their repeated anticipation for the next scheduled auction. We have witnessed how the residents' self-worth, self-esteem and confidence has increased! Just by the resident being able to afford to purchase a gift for whomever, for whatever reason, and because they earned the funds to purchase that gift gives them the feeling of independence and accomplishment. We, as a team at our facility have felt the emotions of that warm-fuzzy-feeling of success for enabling our residents.



## The Art Guild

### **Administrator:**

Ms. Dana Runager

### **Glenwood Center**

211 Ana Drive  
Florence, Alabama 35630  
(256) 766-8963

The Art Guild was established a few years ago to promote additional involvement in the life of the facility, spark creativity with new ideas, provide an avenue for residents to "give back" to the community, and enhance the quality of life for the residents. Art-focused activities are offered routinely, however, The Art Guild has facilitated additional interest and excitement for higher functioning residents. The group has provided the perfect opportunity for philanthropy and pride!

The residents involved in The Art Guild meet frequently, discuss ideas, plan events, and create masterpieces. The Recreations, Dietary, Housekeeping, and Maintenance Departments are all involved.

The Art Guild was initially established as a committee from a Resident Council meeting when the Recreation Director solicited ideas for new activity interests. A few ladies who had some quilting experience began talking and sparked interest for other residents. A committee was formed and ideas began to flow. The group decided to make tie-blankets as their first project. They requested having a jewelry sale to raise money for materials. The facility's staff members and resident's families also donated materials. Staff, families, and volunteers assisted the residents with putting the blankets together. Dietary staff served refreshments during each meeting and work session.

The Guild has made well over 200 blankets which have been donated to the St. Jude's Children's Wing of Huntsville Hospital, The United Methodist Conference for tornado victims in Phil Campbell, Safe Place, and the children's floor of Eliza Coffee Memorial Hospital. In addition to blankets, The Guild made prayer tie-pillows to sell as a fundraiser for St. Jude's donations, and door decorations for bedfast residents within the facility.

The Art Guild is open to all residents. Male residents are active at times. They select different types of materials and prints for blankets, assist with fundraisers, etc. Even residents with limited physical abilities participate by recommending colors and patterns, and giving verbal encouragement as others work on the projects. Cognitively impairment residents are also able to assist with cues and supervision from staff and other cognitively intact residents. Over time, there have been many participants in the work sessions but there has always been a core group of ladies involved in The Art Guild. The charity shown to the community has caught the eye of the media. The Art Guild was featured on WAFF 48 News Program called "Bobby's Bama" with Bobby Shuttleworth. The Art Guild has been a success because it offers the committee members a purpose and an avenue to serve others.



## Therapy All Star

### **Administrator:**

Ms. Debbie Stalnaker

### **Adams Health and Rehab**

1555 Hillabee Street  
Alexander City, Alabama 35010  
(256) 329-0847

Well your 21 day rehab has come to an end! You have passed with flying colors and ready to get back to your daily life at home. Our facility wanted to do something special for our residents so that they would continue to be successful at home and then remember us if they ever needed to return!

Our Best Practice addresses the need to assure that each resident continues a successful recovery when they return home and that if our services are ever needed in the future, then we are their first choice! It also indirectly allows opportunity for the facility's name visually to be out and in our community as the resident uses the contents of the bag, as well as the bag itself. So what is it and what is in it?????

It is a goody bag (with our name and logo printed on it) that can be used to take to the grocery store, senior centers, used on trips etc ...that each resident receives on day of discharge that contains:

- 1 Helpful information to help transition back into community; brochure of home health chosen with contact numbers, facility brochure and phone numbers if needed, appointment reminders, discharge instructions, meals on wheels information etc....
- 2 Fun items; such as their favorite snacks, a deck of cards, a stress ball, note pad and pen
- 3 A thank you card signed by staff for allowing us to care for them
- 4 Exercise Instruction sheet that was specifically done with that resident in mind that gives simple exercises that they can continue to do at home
- 5 A Water Bottle (with our facility name and logo)
- 6 And the most favorite item: the coveted T-Shirt that declares and congratulates that resident for completing their therapy here and becoming A Therapy All Star!

We found that our residents going home benefited from that little extra "farewell gift" that kept giving way beyond their discharge.

Our Best Practice allows our residents to know that we are invested in their recovery and want to help in their continued ability to recover even after they leave our facility. We want them to have all the tools they need to stay home, but also providing those visual constant reminders of where they received that care and in hopes that our facility will always remain their first choice if they need us again.



## Addressing Medication Side Effects: Xerostomia (Dry Mouth)

### **Administrator:**

Ms. Robbie Barnett

### **Decatur Health and Rehab**

2326 Morgan Avenue SW

Decatur, Alabama 35601

(256) 340-5765

In the population that we serve there is a common problem that we face known as drug induced xerostomia, AKA, dry mouth. There are ways to reduce dry mouth like gum, mouthwash, and lubricating gels. These have limited use due to the need to remove the stimulant from the mouth during swallowing. We decided to seek alternative interventions that would be easy to implement and cost effective and that would stimulate salivation and decrease the effects of xerostomia in long term care residents. With the help of our registered dietitian we decided to start serving sorbet before our lunch and dinner meals in the dining room to decrease dry mouth and hopefully to increase weight gain.

Many older adults living in nursing homes suffer from inadequate food intake secondary to xerostomia. Persons with xerostomia have difficulty forming a food bolus, swallowing, and tasting food, all of which contribute to diminished nutritional status. Sorbet is composed of water, juice from a fruit, and a sugar substitute. The natural citric acid component in the sorbet has the ability to stimulate salivation by "irritating" or exciting the nerves. The primary purpose of serving the sorbet prior to lunch and dinner is to increase salivation to make it easier for the residents to swallow and to actually taste their food.

We served sorbet in the dining room on each of our halls to all residents, but our target population consisted of the residents who were age 65 and above, took at least two medications associated with xerostomia (anticholinergics, psychotropics, diuretics, etc.), those with a mini mental between 12-30, and those residents who were able to feed themselves in a hour. If they had a diagnosis of dysphagia, major depression, or ate a pureed diet they were excluded from the target population. Our restorative aides weighed residents and obtained a baseline then weighed those residents monthly to track weight gain. The nurse aides charted meal percentages following each meal and those percentages were tracked for the month.

Although we are continuing to gather results of our best practice, serving the sorbet prior to those meals has made a difference in meal intake for the residents being tracked. Residents have showed much delight in getting a "treat" before they eat their meals. This has become something the residents are starting to ask for so I believe this will be something they will stick with!

Polypharmacy is known to have a negative impact on nutritional intake. While discontinuation of many of these types of medications may not be feasible for most but with the simple addition of a calorie-free citrus sorbet prior to meals, we have shown that nutritional intake could be improved without having to modify the medical profile. After researching xerostomia we have learned a lot about the effects of polypharmacy on the elderly's diet and we will be doing more education with staff as to the potential risks of reduced food intake inherent to many medication classes.



## Alzheimer's/Dementia Support Group

### **Administrator:**

Ms. Cindy Cline

### **Cherokee County Health & Rehab Center**

877 Cedar Bluff Road  
Centre, Alabama 35960  
(256) 927-5778

Over 5 million or nearly one in every 3 seniors are living with Alzheimer's disease or dementia. This poses challenges for the care giver and family which spans all across generational lines. Long term care facilities and assisted livings are trained in dementia and Alzheimer's care, however, it is still challenging to meet their needs. The community where the majority of care is provided have no training, little or no support and feel isolated. The disease alters family members and what they have come to know and love throughout the years. They do not know how to react when someone they have known and loved their whole life no longer responds as he or she did before. It is especially difficult when the individual \_ doesn't even recognize them anymore. Alzheimer's disease takes away pieces of a loved one, sneaking up little by little until one day the family does not recognize the person.

Our facility, along with our Assisted Living facility wanted to provide services to our community for this devastating disease. We came together and established the Alzheimer's/Dementia Support Group in February of 2009. The purpose of the support group is to assist family members, care givers and residents that have a diagnosis of Alzheimer's and/or dementia. The support group assist the community with encouragement, education and awareness of available assistance in the journey of Alzheimer's. We meet on the third Thursday night of each month. During the meeting, care givers are educated by a variety of our professional staff from both the Long term care facility and the assisted living facility. Social Services, Activities, Dietary, Nursing, Administration and outside sources provide educational programs. These educational programs are kept to approximately 30-minutes to allow our participants time to share their personal stories and ask questions. During this time, families will express their feelings of grief, frustration, and helplessness. The time of sharing allows for the group to give encouragement and examples of how they are coping and what is working for them with their loved one. This is often a very emotional time and you can see the family member's release of anxiety as they realize that they are not alone. Youth is also involved in the learning process which reduces their fears of what is happening with their loved one and the family dynamics that have changed.

This best practice has provided a community and facility service to raise Alzheimer's/Dementia awareness. Alzheimer's effects and/or will effect each of us in some way. As health care professionals, we are able to reach out and touch the lives of our residents, their families, community and the surrounding area. The money we raise goes toward research for possible new treatments and hopefully to one day find a cure to this debilitating disease. Together we can and we will make a difference.



## Tick Tock Turn Back the Clock to the 1950s

### **Administrator:**

Ms. Carla Taylor

### **Coosa Valley Nursing Home**

315 West Hickory Street  
Sylacauga, Alabama 35150  
(256) 401-4332

This year we went above and beyond thinking of something different that would stimulate the mind as well as create a host of fun for our residents. When we did this event **Tick Tock Turn Back the Clock to the 1950s** we didn't have best practice on our mind, even though we knew the title was a catcher.

As we studied our practices, we found the music brought about sensory stimulation for the ages in our facility 30-100. The event brought on singing, dancing, clapping, foot tapping, bobbing of heads, laughter and fun. There were many people involved working promoting unity and teamwork.

We have accomplished a desire to have more related activities. The residents, staff, volunteers, community and sponsors enjoyed the Fifties Celebration so much until they would like to have more celebrations of different decades. We made the first page of the Daily Home Newspapers and it was the talk of the town for little Sylacauga Alabama.

Our **Fifties Celebration** was awesome. God blessed us with beautiful weather and willing hearts. It involved work but the nursing home rocked. Everybody was truly committed to make the celebration outstanding. We had no problems or adversity. If the weather had been bad then it might have put a damper on the event but we had it inside and outside the facility. The grill was going and the food was cooking and tasting good. As far as other Nursing Home doing an event like this I haven't heard.

The props, entertainers, food, antique car show, tents, attire were donations and willingness from staff, staff members, coworkers, other departments and the community vendors.

The reason I know that the fifties celebration was a hit is because the residents, staff, entertainment and community have requested other celebrations like this again moving it up yearly. Everybody was happy and everybody had fun.

The segment of our presentation, photos, CD shows residents being sung to by Elvis (staff), entertainer (singer), who is on the activity calendar monthly, flyers, vendors, (community) antique car show (community) and family members having a wonderful time. A list of acknowledgements of everybody who helped to make this event possible is included.



## Activities A la Carte

### **Administrator:**

Ms. Mary Tuberville

### **Talladega Health & Rehab**

616 Chaffee Street

Talladega, Alabama 35160

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Activities A la Carte is an individualized activity program. Residents can engage themselves in meaningful and stimulating activities, without leaving the comfort of their rooms. The program is run by our Social Services and Activities department and caters to a wide range of our residents. Activities A la Carte would be best described as a mobile activity station. These mobile stations contain activities ranging from magazines to Wi-Fi hot spots. Activities A la Carte in industry would be compared to room service of an upscale hotel. Our program is designed to be highly individualized and focuses on the specific accommodations of the residents it serves. The resident just simply makes activity wants known, and resident service members deliver activities accordingly, through daily scheduled sessions.

Our best practice addresses the problem of providing activities to attain or maintain the highest practicable mental and psychosocial well-being of each resident in accordance with a written plan of care.

Activities A la Carte, provides a service to any resident in need of it. This could include, but not limited to, bed bound residents, residents who have declined, or residents who do not wish to attend our scheduled calendar events. Residents can request this service or be referred to this service by social worker assessment.

This best practice has been able to accomplish the task of providing our residents preferred, age appropriate, and modern activities, in which to participate. Furthermore, through this practice, we have been able to form bonds with our hardest to reach residents. For example, a resident may have trouble acclimating to nursing home placement, and isolate themselves from the rest of the population. These specific residents often form trusting bonds with our staff, which allows them to be encouraged to join activities with other residents. Many of the residents who utilized this service; opted to participate in scheduled activities.

Our best practice is excellent, because the primary focus is to enhance our resident lives. We find it innovative, because it is modeled after a practice found in industry. Our practice delivers a service to our residents while keeping their specific needs in mind. We believe our practice meets the residents where they are and helps them acclimate to and maintain engagement in the life of the facility.



# Alabama's Best Practices

*Everyone's A Winner!*