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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The Alabama's Best Practices Program would like thank the following individuals for serving on the 2014 Best Practices Steering Committee:

Donna Guthrie, Chairman
Florence Nursing & Rehab Center LLC

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

Katrina Magdon
Alabama Nursing Home Association

Gail Gunn
Oak Park Nursing Home

Carol Knight
Noland Health Services

Sal.Lee Sasser
Andalusia Manor

Mary Anne Parsons
Highlands Health & Rehabilitation

Jennifer Agee
Northport Health Services

Jo Ann Smyly
Thomasville Nursing Home

Armelia Oliver
Lighthouse Rehab & Healthcare Center

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 2014 Best Practices Professional Review Panel:

Beth Greene
Alabama Quality Assurance Foundation (AQAF)

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.

BEST PRACTICES

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

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Road to Quality Improvement

Administrator:
Ms. Melba Freeman

Falkville Healthcare Center & Rehab

10 West 3rd Street
Falkville, Alabama 35622
(256) 784-5291

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Road to Quality Improvement

In 100 words or less, describe your Best Practice

Ensuring the safety of our residents is a high priority at our facility. But what's the best way to ensure safety? Nursing home residents may sometimes be unsteady and forgetful. Various types of alarms have been used it attempts to prevent falls and injuries. We have used these devices in the belief that they were acting in the best interests of their loved ones. New information, however, indicates that there are more effective safety methods that can be substituted for physical restraints. Over the last 10-15 years, medical research has produced strong evidence that alarms do not prevent injury, and may in fact represent a safety hazard for the resident. Along with the concern about the quality of life in nursing homes and ensuring they have a more home like environment has challenged us to stop using alarms in this building.

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

To assure the resident maintain their dignity. To work toward an alternative fall prevention program. With alarms they tell the resident to NOT MOVE with can lead to Increase in loss of muscle tone, Pressure sores, Decrease in mobility, increased agitation, and increased stiffness, Loss of dignity, incontinence and constipation. Studies have shown that alarms did not stop falls, but rather agitate and disrupt sleep that is making them tired the next day. It is also a known fact that it makes some residents believe their clothes dryer is signal them that it is going to stop. So the resident is trying to get to the dryer before their clothes wrinkle.

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

All alarms in this building have been removed. The staff now walks with residents that want to get up and they walk them to dine. Alarms traditionally cause responses from staff of “Sit Down” now we say “what do you need” thus improving quality of care and life. We have also noticed less agitation among the residents with less noise in the facility from what the alarms caused.

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

Getting the families on board. They did not want us to remove the alarms. I took some time for them to see that we were working to improve quality of life so they would feel more like they were at home and not in an institution. We still have some families not happy and have bells on their family members chair and shoes. One family wanted to know if he could bring a cow bell to put on his mother so the staff would know when she was up. I simply took the

material from the in-service we received through the Nursing Home Association and shared with the families. Our falls did go up when we got rid of the alarms. We started with five residents per week on each floor that had not fallen we removed the alarms and observed them for a week if anyone had a fall we would leave the alarm on them for another few weeks. We took thru the QA process each week until we had successfully removed all alarms.

What are the reasons you consider this Best Practice to be excellent and innovative?
In order to shift into the culture change and make our homes more home like and give our residents a sense of home we felt like getting rid of the alarms was a giant step towards making this happen. We feel like it has decreased agitation in our home. Staff has moved from sit down to "How can I help them get what they need" We have put our staff on a focus shifts from safety at all costs to the staff figuring out what the needs are and attempt to meet them being it walking, hungry, toileting, pain or thirsty.

Daily Shift Huddle

Administrator:
Ms. Elizabeth Hayes

Cullman Health & Rehab Center

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

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Hill Educational Services Inc
Turning "I Didn't Know" into "Now I Know".

Daily Shift Huddle

In 100 words of less, describe your Best Practice:
Every winning football team knows you take the field with your plays already in mind, but it's in the Huddles that game changing plays are developed to accommodate the changes on the field. Huddles are brief, concise and can happen at any moment. Health care isn't a game, but minutes tick off the clock just the same. Each resident's health situation depends on our team's ability to come together quickly, assess the situation concisely and prevent fumbles. Our Huddles help make the right call helping our residents achieve a winning outcome.

What problem does your Best Practice address, and what is its primary purpose?
The problem our Best Practice addresses is ineffective communication resulting in delay of care. With this Best Practice, our staff can identify residents' subtle changes for immediate response to health issues and other problems that may arise during their stay in our facility.

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?)
Utilizing the Interact's "Stop and Watch" form that our facility has implemented has made the subtle changes identifiable by the team members closest to the resident. Every department has an opportunity to be involved by sharing information. For example Dietary recognizing changes in eating habits and intake patterns to Housekeeping reporting a change in the resident's routine. With this team approach quick recognition promotes early intervention benefitting all residents.

What has your Best Practice accomplished and how have you been able to tell this?
Through this process we are utilizing our opportunities to communicate changes in our residents' status more effectively. By using this tool all residents benefit from early intervention decreasing the need for acute hospitalization. This prevents adverse effects associated with those hospitalizations such as anxiety related to change in environment and structure, potential for isolation that may lead to depression or increased behaviors and possible unnecessary medication. In addition this allows the Medicare days to stay within the facility promoting the goal of continued improvement without interruption, which in turn improves the quality of life of our residents. It has the added benefit of identification of changes in our residents that place them at high risk for repeat falls, skin tears, UTI's and weight loss.

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?
Our biggest challenge is motivating staff to participate, keeping them motivated and new employee education/training. We have not identified any adverse effects; in fact, it reflected a better outcome in a shorter period of time than we had anticipated. This Huddle system is a new corporate wide initiative.

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

The only supplies needed are a 3 ring binder ($7.99 ea.) for each hall, one sheet of standard copy paper ($4.28/500 sheets) for form replication per each shift, each day, and the Interact Stop and Watch forms ($5.20/50 sheets) already in place on each hall. The Huddles take place on each hall with all daily scheduled personnel and no additional staffing is required. The cost was covered by the Nursing Department's daily operational funds. This cost is minimal compared to the potential increase in revenue for the facility by utilizing Part B therapy. It also decreases the potential for loss of revenue by treating outside of our facility. By being good stewards of our residents' resources we are providing them the opportunity to utilize the benefits for which they are entitled.

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

We consider this process to be excellent, because it encourages us to rely on the fundamentals of assessment, communication, planning, implementing and reassessing which are hallmarks of healthcare. It is innovative in its simplicity and ease of use. The Huddles encourage all staff members to participate as a team with the common goal of providing our residents the Excellent Health Care they have trusted us to provide.

Stop and Watch
Early Warning Tool

INTERACT
Version 3.0 Tool

If you have identified a change while caring for or observing a resident, please **circle** the change and notify a nurse. Either give the nurse a copy of this tool or review it with her/him as soon as you can.

S	Seems different than usual
T	Talks or communicates less
O	Overall needs more help
P	Pain - new or worsening; Participated less in activities
a	Ate less
n	No bowel movement in 3 days; or diarrhea
d	Drank less
W	Weight change
A	Agitated or nervous more than usual
T	Tired, weak, confused, or drowsy
C	Change in skin color or condition
H	Help with walking, transferring, toileting more than usual

Name of Resident

Your Name

Reported to	Date	Time ☐ AM ☐ PM
Nurse Response	Date	Time ☐ AM ☐ PM

Nurse's Name

Form # MP5640-3 (01/13) Reorder From: MED·PASS 800-438-8884

Daily Shift Huddle

Shift 7-3 3-11 11-7 Date _____

Charge Nurse_____ Unit_____

- It is the responsibility of the charge nurse to initiate a daily "huddle" at the beginning of every shift to pass on relevant information about residents, families and the work environment with the team.
- The information should be initially shared between the charge nurses during report at beginning/end of the shift.
- The huddle should be short (2-5 minutes). The goal is to collect and share information with all RNs/LPNs/CNAs on the unit about resident changes in condition and current equipment, linen, staffing concerns on a daily shift by shift basis.

Residents who have an "**Extreme Risk**" for a fall, death or hospitalization. Resident is currently receiving treatment for an acute change in condition or is currently on "fall watch".	
Residents who are at a "**High Risk**" for an event such as a fall, decline in status or hospitalization. Resident has had a change in condition reported (Stop & Watch) or is a new admit or readmit <72 hours.	
Family issues or concerns	
Equipment concerns	
Linen concerns	
Staffing concerns	
Education	

Signatures of those attending shift huddle:

Shift concerns

Resident_____

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Equipment_____

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Linen_____

_____

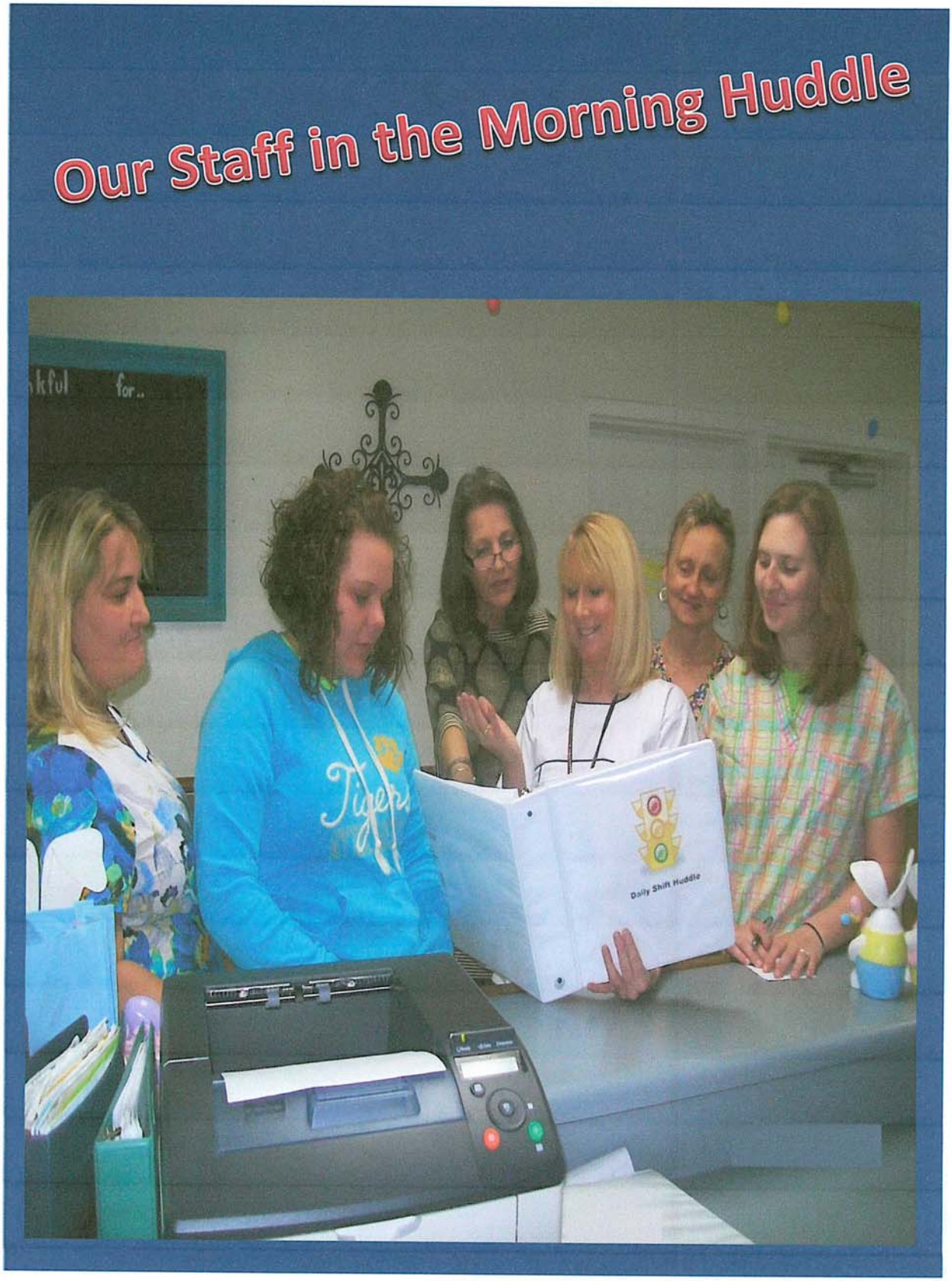
Staffing_____

_____

Reviewed by

RN Supervisor_____

Our Staff in the Morning Huddle



“Juggle Flavors”

Administrator:
Ms. Hannah Brown

Folsom Center for Rehabilitation & Healthcare

401 Arnold Street
Cullman, Alabama 35055
(256) 739-4409

Sponsored by:

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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

Flip This Room

Administrator:
Ms. Diane Gatlin

Thomasville Health Care & Rehabilitation Center
1425 Mosley Drive
Thomasville, Alabama 36784
(334) 636-5614

Sponsored By:

Felder SERVICES

"Flip This Room"

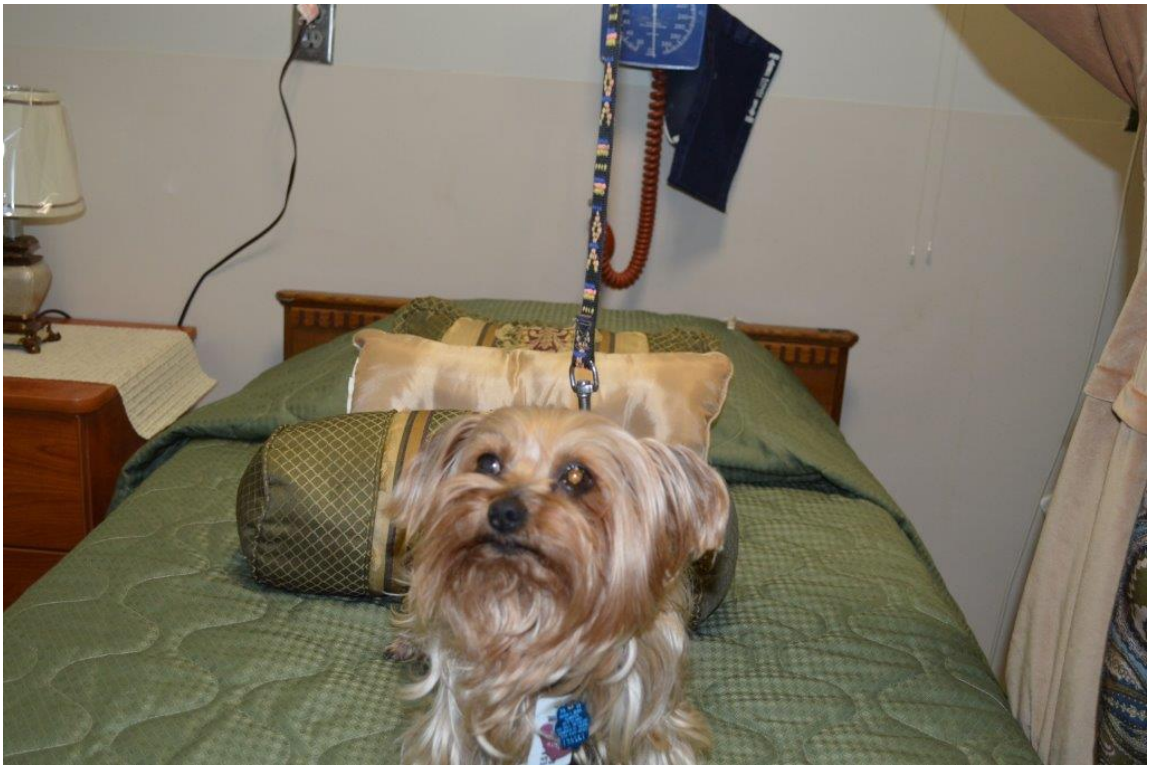
Our social services director identified a need. Our facility had several rooms that did not present a home like appearance. Since our LTC facility has also become a therapy center. We have many more short term stays. These residents are high functioning and very aware of their surroundings but tend not to bring things from home to make their rooms cozy as do our LTC residents. Of course there is always the need to provide for those who do not any one nor the means to provide some of the niceties of life.

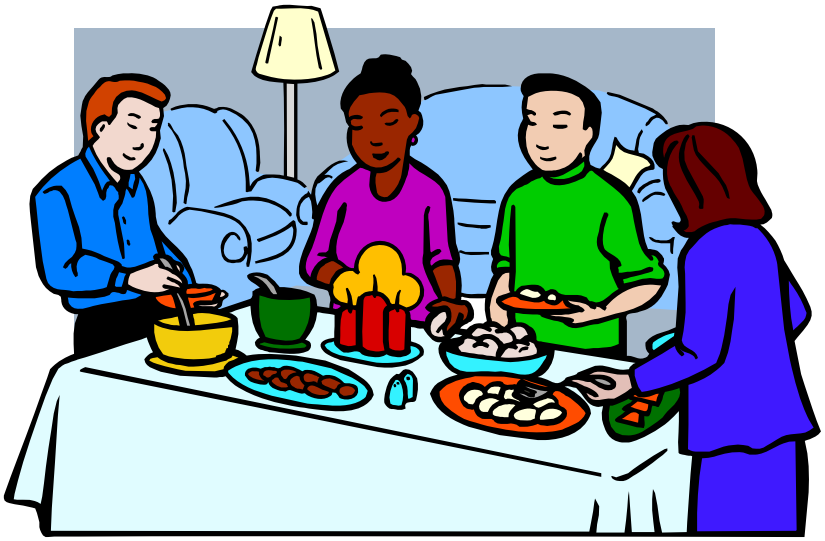
Out of this need was born "Flip this Room" our version of HGTV's "Flip this House". Our first order of business was to secure funding. Our Local civic auxiliary gifted us with $1,000 in seed money. Next we developed rules to the makeover to ensure we complied with our own policies as well as applicable regulations. We developed teams by involving family members, vendors and employees alike. We used Local members of our community as judges.

The prizes and the "after party was hosted by our Local Hospice companies. Family members, members of the community as well as residents were invited to attend. Participation was at an all-time high. A spirit of togetherness and oneness permeated our hall ways.

You will need to ensure you involve as many cross sections of customs employees and vendors as you can. This fosters a since of cooperation and respect for each other's role in your facility long after the event is over.

Funding can be as little or as much as you desire. Each team had $50.00 seed money. However, every team spent more than that. We used items that were already on hand. People donated items from home or made something slightly used appear brand new. After speaking with employees and resident it even appeared that one of our more difficult to please residents a brighter outlook. So many family members and residents alike were complementary and grateful. We once again dispel the myth that LTC Facility are dull drab and without life. Please log onto to watch a short video of our experience at http://thomasvillenursinghome.org/video-player.html.





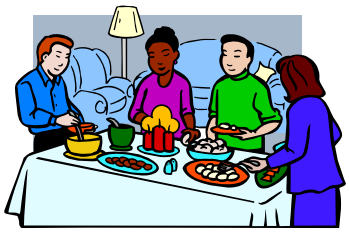
Party with Purpose

Administrator:
Mr. Tom Kent

Fair Haven Retirement Center
1424 Montclair Road
Birmingham, Alabama 35210
(205) 956-4150

Sponsored by:

Pharmacy Care Associates



"Party with Purpose"

In 100 words or less describe your Best Practice:
Much of southern life centers around our love for food. We eat at parties, holidays, prefer special dinners and menus for each season and enjoy each other's company at meals. The Life Enrichment team and household staff members have added the aroma, texture, residents' taste preferences, family style seating and food to all events. Food is the center of Life Enrichment events and everyone is getting in on the action. Residents assist in planning menus, setting party dates, designing their table settings and serve to encourage each other to attend events like the Supper Club, birthday parties and holiday or religious meals.

What problem does your Best Practice address, and what is its primary purpose?
Party with a Purpose addresses the two-fold problem of social activity involvement in a diverse environment and weight loss prevention are addressed through this practice. Caloric needs of residents to support weight loss prevention and specialized cultural interests and planning are addressed through the "party with Purpose Programming" including: aromatherapy for appetite stimulation where foods are cooked on the unit adding the scent of home, a multi-cultural spiritual environment where Passover Seder and Easter dinner are served, holiday themed parties celebrating Irish and Black history and of course college football tailgate parties from schools around the country to name a few. This increased variety of foods and events has broadened our residents' taste buds with their cultural exposure and social environment beyond bingo games and karaoke!

What groups of residents and others are involved in your Best Practice, and how does it work who and how many are helped, what are the benefits to these people and what methods or procedures/protocols are used to get results?
Certified nursing assistants, Life Enrichment Champions, physicians, families, residents, charge nurses, student nurses and unit managers collaborate to identify desired events, meal plans and timing to incorporate the sounds, sights, smells, tastes and themes that involve the most members of the household or the facility possible. This multi-level involvement has included physicians playing musical instruments at events, families attendance and involvement in planning, community religious leaders including rabbis, priests, chaplains and lay ministers getting in on the action and staff planning special events and lots of food indoors and outdoors too for everyone. Life Enrichment Champions and household members work together to collect ideas and execute the theme. The following examples include: Pajama Pizza Party Day, Easter Egg Hunt, Fiesta Theme Birthday party, Passover Seder, Patio Ice Cream Social, Lemonade Stand, Cookie Socials, Hot Dog Supper, Supper Club, Tailgate Party, Crock Pot Club, Household Birthday Party, Hanukah, and Cookies with Santa.

What has your Best Practice accomplished, and how have you been able to tell this?
Resident driven event planning has increased social interaction, cultural exposure, and variety in themes and encouraged increased family and interdisciplinary involvement while adding calories at each life

enrichment event. This practice increased male participation through the attraction of food, social interaction and a voice in planning the party food! Party with a Purpose succeeded with an eye toward fun focused hydration and nutrition opportunities. These events simply line up with the way elderly people live outside the nursing home and make the fun inside the nursing home.

Prior to Party with a Purpose activity involvement was at 5-10% overall throughout the facility with an even lower interest by male residents. Including food, multi-cultural dynamics, interdisciplinary planning, mixed gender interest events life baseball and football parties and music in the programming we have seen that resident involvement has increased over 50%. Simple additions of piano music, popcorn and even cookie baking have really made a difference. The increased calories have further augmented the war against weight loss and its consequences with permission of liberalized diets by physician services.

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

One obstacle noted was motivating staff members to get on-board and bring their residents in on the action was the most obvious obstacle faced throughout the facility. Once the front-line staff supported the move, their residents bought in and participation dramatically increased overall.

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

Reducing the cost impact was managed through acquiring vendor donations, family donations, staff participation and use of the Life Enrichment budget to meet the needs of the various events.

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

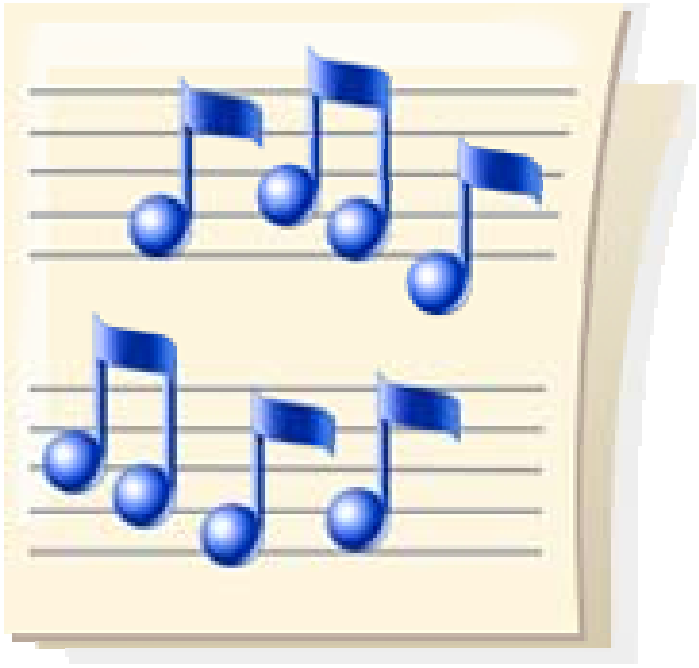
1. This is a resident driven practice.
2. This practice is cost-effective as the residents choose the food, the party and therefore waste is eliminated.
3. This is an effective means of boosting participation, eliminating wasted opportunities to offer calories and utilizing the Life Enrichment budget to promote nutrition, socialization, and staff involvement in meeting the multicultural needs of the resident population.
4. This practice is fun! Everyone loves food!


Trick or Treat
Happy

2 North Pajama Party!

Families were invited to participate in the 2 North pajama party and have lunch with their loves one. Everyone played games, popped popcorn and made tacos for lunch. Most of the residents enjoyed wearing their pajamas all day!

Fiesta Time!



Music and Memory

Administrator:
Ms. Trina Vines

Oak Trace Care & Rehab Center

325 Selma Road
Bessemer, Alabama 35020
(205) 428-9383

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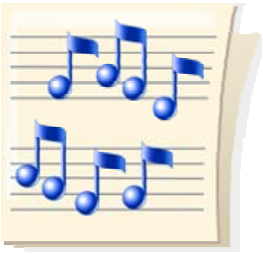
results matter



Music and Memory

Briefly Describe Your Best Practice:
Our Best Practice involves using the Music and Memory training from Dan Cohen to provide iPod music to help enhance the lives and overall well-being of our residents.

What Problem Does Our Best Practice Address?
Memory loss that comes with dementia oftentimes robs us not just of the ability to recall certain events, dates and places but sometimes takes away the ease of finding a "happier place and a happier time" to remember and revisit. Using familiar music from those "happier times" and reaching those memories that have not yet been erased helps bring joy to our residents and address some of the problems/behaviors associated with dementia.

What groups of residents and others were involved?
In collaboration with the Jefferson County Ombudsman's Office and the Lawson State Student Government Association we focused on our residents with a dementia diagnosis who were receiving an anti-psychotic medication. The DON, Social Services Director and Activities Director together with the Care Plan Team worked as a group to identify the residents we believed would benefit from the Music and Memory program.

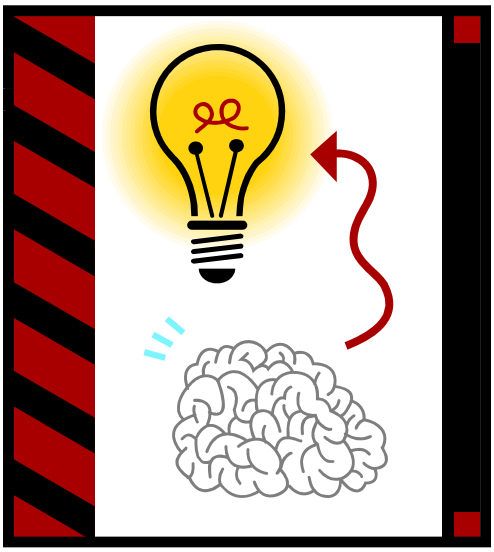
What has your Best Practice Accomplished and how have you been able to tell this?
We have seen relationships develop between the SGA volunteers and their resident. We have seen those who have dementia taken back to a happier time. We have watched one gentleman use his iPod daily and one of our folks who goes to dialysis was initially resistant to the music and now that he has been listening to his iPod, he takes it to dialysis and keeps it in his room and charges it himself!!!! Overall, our use of anti-psychotic medications has continued to decrease and we believe the music and memory program is a part of that.

What problems, obstacles, or challenges might other facilities face in replicating part or all of your innovation? Were there any adverse effects or any ways that things turned out differently than you had planned? Do you know of any other facilities which have tried this or a similar best practice idea?
The primary challenge is to gather the music choices for the residents, especially difficult with those who cannot communicate. We had a music inventory questionnaire and the students gathered this information. There were questions about year you were born, what year did you turn 16 etc. so we could have a best guess as to the type of music that was popular at that time. The introduction of technology was a bit of an obstacle early on. The iPods are small and we had to teach our residents how to use

them. We didn't have any "adverse effects" with any of the residents but we did have 2 residents who passed away and the students who were working with those residents had become attached and were very saddened by this. In our industry, we sometimes forget how profound loss can be. At the time we started, I was not aware of any other homes in our area with this project.

What was the cost to implement your Best Practice? How did you pay for it?
The iPods we started with were $149.00 each and the headphones were about $5.00 each. The iPods added after the initial start-up were $49.95. The initial 10 iPods and 10 headphones, laptop computer for the music storage and $100 in iTunes gift cards were provided through a grant from the Jefferson County Ombudsman's Office. The total cost of the start-up was approximately $2,140.00.

What are the reasons you consider this Best Practice to be excellent and innovative?
We believe this is an excellent practice because we are bringing technology to our residents in a very creative and engaging manner, using the latest technology. Dan Cohen was in Birmingham to present his work over the last few years and we were able to see how effective and meaningful music could be. Through a grant from the Jefferson County Ombudsman's Office, we were able to participate in the training from Dan Cohen and 6 of our staff are now "Certified Music and Memory Specialists". It was a new idea to our home and I consider very innovative. In addition to the iPod music that has benefitted our residents, we are now using the laptop computer for an "internet café". We have had Wi-Fi connected and have helped one of our more alert residents set up a Facebook!!! We believe this is most definitely a Best Practice and we are bringing our residents a whole new world with the internet and technology.



Dementia Assessment and Management

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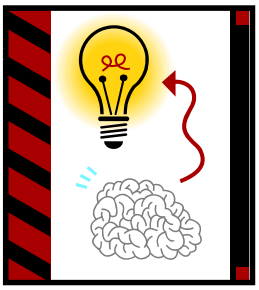
RESTORE THERAPY SERVICES



Dementia Assessment and Management

Our best practice actually began last year, as we struggled, along with other nursing facilities, to start the mandated reduction of antipsychotic drug use for dementia related behavior. As with any change, we initially evaluated how many long term residents had dementia. We determined that around 85% of our residents had a diagnosis of some form of dementia. As we set up a plan for antipsychotic drug reduction, it was determined that we had to also needed to update our behavior management techniques and procedures to meet the increased number of residents with dementia and behaviors. Secondary to the high percentage of residents with dementia, our quality measure for "behaviors affecting others" was also over 75%.

We utilized a QAPI/PDSA plan to work with this problem. An action team was developed, which included both direct care staff and leadership from activity, nursing, RAI and social service departments. Also included on the team were members of each skilled therapy discipline, a member of the facility's administration, and the medical director. We also added our consultant pharmacist and nurse practitioner as ad hoc members of the team.

Our identified target group was each resident with a dementia diagnosis. The team's focus was to set up an individualized plan for each of these residents' behaviors. Initially we developed an assessment process. Each dementia resident, from admission, would have a speech therapy evaluation to identify at what stage of dementia the resident was currently functioning. The Global Deterioration Scale (GDS) was utilized to identify the level of dementia progression. GDS is a nationally recognized assessment scale for identifying clinical characteristics of primary degenerative dementia. We identified five stages of dementia, from mild cognitive impairment to end stage dementia. To make it easier for staff to readily identify which stage the resident was currently functioning, primary color designations were assigned for each of these five stages. A designated color sticker was applied to the resident's care plan, assignment and care guide to communicate to CNAs and other disciplines what stage of dementia the resident was functioning at. We also posted on each unit some written guidance on identifying what each color represents .Staff from all disciplines were provided in-service instruction on the GDS scale, the color code designations, and what clinical characteristics and cognitive function were displayed for each stage of dementia.

GREEN indicates the resident has early stage dementia. These residents need cues and prompts, but are still generally able to function easily with others. Behaviors may occur due to increased anxiety or frustration at their own perceived cognitive deficits. Duplicate personal items (i.e. wallets, purses, glasses, etc.) may be effective in helping calm the resident when the person accuses others of stealing. Structured activities and tasks that the person can perform without reading may also be useful.

BLUE indicates the resident has middle stage dementia. These residents are generally still high functioning in mobility, toileting and eating skills, but have disorientation and memory recall

difficulties. Cognitive issues may lead to anxiety and behaviors. Resistance to care, combativeness, elopement, rummaging, hoarding, and refusals are common. Meaningful activities or "jobs" that the resident can perform successfully and safely may manage some of these behaviors. Exercise and safe places to walk are provided. Redirection and validation are helpful for disorientation.

YELLOW indicates the resident has late stage dementia. These residents may recall their own name, but not much other information. Personality and emotional changes occur, including delusions, paranoia, obsession, and sometimes violent behavior. Walking and exercise, therapeutic touch, music, pleasurable stimulation, redirection and validation may help with behaviors.

ORANGE indicates the resident has end stage dementia. These residents have now lost basic psychomotor skills. Generalized and cortical neurological signs are frequently present. The resident may no longer be able to communicate verbally. Crying, moaning, and yelling occur sometimes with these residents. They respond to sensory stimulation (touch, music, massage).

Based upon the resident's dementia level, social activities were planned. These were initiated by skilled therapy services and then incorporated into the facility's activity program. The activity program was completely restructured. Smaller group programs were planned for residents functioning at lower cognitive level than some of the larger group activities. Each day, activity staff had assignments for 1:1 and small group activities on the unit for each color group. In addition, due the increased behaviors occurring late in the afternoon (sun downing), activity times were scheduled 1PM – 4PM. Examples of activities for blue and green groups (early and middle stages) included: special cooking, arts and crafts, exercises, games, and pampering time. Examples of activities for yellow and orange groups (late and end stages) included: music, the 5 sense stimulation, and pampering time. Some exercise activities were also incorporated into restorative care, to include the dementia residents. These were initiated and set up into a functional maintenance plan (FMP) by occupational and physical therapies.

Activity "busy boxes" with items designed for use with each color/stage were put together for use by staff for 1:1 activity time. Some individualized busy boxes were placed in the resident's room for use by staff when 1:1 redirection is required for behavior. In addition, storage drawers were placed on each unit with posted examples of activities to follow with each color/stage. This enables staff to have items available on the hall for the staff to use with diversional activities for dementia residents. All staff was provided in-service instruction on how to utilize the busy boxes.

Social Services and Activities assess each resident from admission, to identify the resident's past social history and interests. An activity plan is set up for the resident, incorporating these past interests. Individual "memory books" are sometimes put together for the resident. These books contain pictures of familiar items for the resident to see or textured items for the resident to feel. The book is individualized to the resident's interests and can be flipped through by the resident or the staff. These are utilized to help redirect the resident.

If you visit our facility, you may see Mrs. T, who worked in the sewing department at Walmart for many years. She continues to work for the Activity Department at Athens Rehab and Senior Care. Mrs. T has her own employee ID badge and wears the facility uniform shirt. She is given tasks to complete for activities, such as helping pass out newspapers, mail or other items. She also assists the staff at group activities. She loves to talk about sewing and home life. Mrs. T has been assessed at blue level of dementia.

Mr. C is a resident at Athens Rehab and Senior Care. He suffered a stroke a few years ago and has dysphasia. Mr. C has functional deficits which require him to walk assisted by a merrymaker. He has been assessed at blue level of dementia. Mr. C worked as a carpenter before retiring. He enjoys "working" and fixing things. His busy box is a toolbox containing simple work tools (i.e. hammer, level, ruler, etc.). He also has a side pouch attached to his merrymaker, so that he carries his tools with him. Mr. C is frequently measuring and leveling out the nurse station, the walls, or other items.

Each discipline sets up the care plan, goals and interventions based upon that resident's dementia level and their functional level. As the resident's condition changes, the dementia level is reassessed by speech therapy. As we do the quarterly care plan review/MDS the resident is referred to therapy to assess their dementia stage and set up a functional maintenance plan (FMP) for that resident. It is a continual circle of assessment, planning, action, and evaluation with our dementia residents.

We have had some difficulties in establishing this program, which we are still working on. Staff has required repeated instruction and follow up regarding the use of behavioral techniques VS drug use to manage inappropriate behaviors. Activity staff work hours had to be changed to incorporate later afternoon activities and weekend activities. Administration support has been effective. Additional activity staff and nursing staff were hired and trained to accommodate the additional duties.

The progress with this program has been great for our residents and has been well worth our attempts. The late afternoon activities have drastically helped ease the "sun downing" seen with many early and middle stage (green and blue) dementia residents. The families have also been on board and have been grateful for the assistance and guidance provided by the staff. Family members have assisted with the memory books and obtaining personal interest items for the busy boxes and for individualized activities. Quality measures for antipsychotic drug use and for behaviors affecting others are being monitored each month as benchmarks for improvement.

The Global Deterioration Scale for Assessment of Primary Degenerative Dementia

Level	Clinical Characteristics
1 No cognitive decline	**No subjective complaints of memory deficit. No memory deficit evident on clinical interview.**
2 Very mild cognitive decline (Forgetfulness)	**Subjective complaints of memory deficit**, most frequently in the following areas: (a) forgetting placement of familiar objects; (b) forgetting names one formerly knew well. **No objective evidence of memory deficit** on clinical interview. No objective deficits in employment of social situations. Appropriate concern with respect to symptomatology.
3 Mild Cognitive Impairment Developmental Age- Teens- 20's ACL 5	**Earliest clear-cut deficits. Deficit manifest in more than one of the following areas**: (a) **getting lost** when traveling to an unfamiliar location; (b) co-workers aware of **relatively poor performance**; (c) **word and name finding deficit** evident to intimates; (d) **reading** a passage or a book **and retain relatively little** material; (e) **decreased facility in remembering names** upon introduction to new people; (f) **lost or misplaced** an object of value; (g) **concentration deficit** may be evident on clinical testing. Objective evidence of memory deficit obtained only with an intensive interview. Decreased performance in demanding employment and social settings. **Denial begins to become manifest** in patient. **Mild to moderate anxiety** accompanies symptoms.
4 Early Stage Dementia Developmental Age- 4-10/12 year old ACL 4	**Clear-cut deficit on careful clinical interview. Deficit manifest in following areas**: (a) **decreased knowledge of current and recent events**; (b) may exhibit some **deficit in memory of one's personal history**; (c) **concentration deficit** elicited on serial subtractions; (d) **decreased ability to travel, handle finances, etc.** Frequently **no deficit in following areas**: (a) orientation to time and person; (b) recognition of familiar persons and faces; (c) ability to travel to familiar locations. **Inability to perform complex tasks. Denial is dominant** defense mechanism. **Flattening of affect and withdrawal** from challenging situations occur.
5 Middle Stage Dementia Developmental Age – 18 months to 3 year old ACL 3	**Patient can no longer survive without some assistance. Unable during interview to recall a major relevant aspect** of their current lives, e.g., an address or telephone number of many years, the names of close family members (such as grandchildren), the name of the high school or college from which they graduated. **Frequently some disorientation to time** (date, day of week, season, etc.) or to place. An educated person may have difficulty counting back from 40 by 4s or from 20 by 2s. Persons at this stage **retain knowledge of many major facts** regarding themselves and others. They invariably know their own names and generally know their spouses' and children's names. They require **no assistance with toileting and eating**, but may have some difficulty choosing the proper clothing to wear.
6 Late Stage Dementia Developmental Age– 1 year to 18 months ACL 2	**May occasionally forget the name of the spouse** upon whom they are entirely dependent for survival. **Largely unaware of all recent events and experiences** in their lives. Retain some knowledge of their past lives but this is very sketchy. **Generally unaware of their surroundings**, year, the season, etc. May have difficulty counting from 10, both backward and, sometimes, forward. Will require **some assistance with ADLs**, e.g., may become incontinent, will require travel assistance but occasionally will display ability to familiar locations. **Diurnal rhythm frequently disturbed. Almost always recalls own name**. Frequently continue to be able to distinguish familiar from unfamiliar persons in their environment. **Personality and emotional changes occur**. These are quire variable and **include: (a) delusional** behavior, e.g., patients may accuse their spouse of being an impostor, may talk to imaginary figures in the environment, or to their own reflection in the mirror; (b) **obsessive symptoms**, e.g., person may continually repeat simple cleaning activities; (c) **anxiety symptoms**, agitation, and even previously nonexistent violent behavior may occur; (d) **cognitive abulla**, i.e., loss of willpower because an individual cannot carry a thought long enough to determine a purposeful course of actions.
7 End Stage Dementia Developmental Age– Infant ACL 1	**All verbal abilities are lost**. Frequently there is no speech at all – only grunting. **Incontinent of urine**, requires assistance toileting and feeding. **Lose basic psychomotor skills**, e.g., ability to walk. The brain appears to no longer be able to tell the body what to do. **Generalized and cortical neurological signs and symptoms** are frequently present.

Reisberg, B., Ferris, S.H., Leon, M.J. & Crook, T. The global deterioration scale for assessment of primary degenerative dementia. *American Journal of Psychiatry*, 1982, 139:1136-1139.

The Global Deterioration Scale for Assessment of Primary Degenerative Dementia

The Global Deterioration Scale (GDS), developed by Dr. Barry Reisberg, provides caregivers an overview of the stages of cognitive function for those suffering from a primary degenerative dementia such as Alzheimer's disease. It is broken down into 7 different stages. Stages 1-3 are the pre-dementia stages. Stages 4-7 are the dementia stages. Biginning in stage 5, an individual can no longer survive without assistance. Within the GDS, each stage is numbered (1-7), given a short title (i.e., Forgetfulness, Early Confusional, etc. followed by a brief listing of the characteristics for that stage. Caregivers can get a rough idea of where an individual is at in the disease process by observing that individual's behavioral characteristics and comparing them to the GDS. For more specific assessments, use the accompanying Brief Cognitive Rating Scale (BCRS) and the Functional Assessment Staging (FAST) measures.

Level	Clinical Characteristics
1 **No cognitive decline**	No subjective complaints of memory deficit. No memory deficit evident on clinical interview.
2 Very mild cognitive decline **(Age Associated Memory Impairment)**	Subjective complaints of memory deficit, most frequently in following areas: (a) forgetting where one has placed familiar objects; (b) forgetting names one formerly knew well. No objective evidence of memory deficit on clinical interview. No objective deficits in employment or social situations. Appropriate concern with respect to symptomatology.
3 Mild cognitive decline **(Mild Cognitive Impairment)**	Earliest clear-cut deficits. Manifestations in more than one of the following areas: (a) patient may have gotten lost when traveling to an unfamiliar location; (b) co-workers become aware of patient's relatively poor performance; (c) word and name finding deficit becomes evident to intimates; (d) patient may read a passage or a book and retain relatively little material; (e) patient may demonstrate decreased facility in remembering names upon introduction to new people; (f) patient may have lost or misplaced an object of value; (g) concentration deficit may be evident on clinical testing. Objective evidence of memory deficit obtained only with an intensive interview. Decreased performance in demanding employment and social settings. Denial begins to become manifest in patient. Mild to moderate anxiety accompanies symptoms.
4 Moderate cognitive decline **(Mild Dementia)**	Clear-cut deficit on careful clinical interview. Deficit manifest in following areas: (a) decreased knowledge of current and recent events; (b) may exhibit some deficit in memory of ones personal history; (c) concentration deficit elicited on serial subtractions; (d) decreased ability to travel, handle finances, etc. Frequently no deficit in following areas: (a) orientation to time and place; (b) recognition of familiar persons and faces; (c) ability to travel to familiar locations. Inability to perform complex tasks. Denial is dominant defense mechanism. Flattening of affect and withdrawal from challenging situations frequently occur.

5 Moderately severe cognitive decline **(Moderate Dementia)**	Patient can no longer survive without some assistance. Patient is unable during interview to recall a major relevant aspect of their current lives, e.g., an address or telephone number of many years, the names of close family members (such as grandchildren), the name of the high school or college from which they graduated. Frequently some disorientation to time (date, day of week, season, etc.) or to place. An educated person may have difficulty counting back from 40 by 4s or from 20 by 2s. Persons at this stage retain knowledge of many major facts regarding themselves and others. They invariably know their own names and generally know their spouses' and children's names. They require no assistance with toileting and eating, but may have some difficulty choosing the proper clothing to wear.
6 Severe cognitive decline **(Moderately Severe Dementia)**	May occasionally forget the name of the spouse upon whom they are entirely dependent for survival. Will be largely unaware of all recent events and experiences in their lives. Retain some knowledge of their past lives but this is very sketchy. Generally unaware of their surroundings, the year, the season, etc. May have difficulty counting from 10, both backward and, sometimes, forward. Will require some assistance with activities of daily living, e.g., may become incontinent, will require travel assistance but occasionally will be able to travel to familiar locations. Diurnal rhythm frequently disturbed. Almost always recall their own name. Frequently continue to be able to distinguish familiar from unfamiliar persons in their environment. Personality and emotional changes occur. These are quite variable and include: (a) delusional behavior, e.g., patients may accuse their spouse of being an impostor, may talk to imaginary figures in the environment, or to their own reflection in the mirror; (b) obsessive symptoms, e.g., person may continually repeat simple cleaning activities; (c) anxiety symptoms, agitation, and even previously nonexistent violent behavior may occur; (d) cognitive abulla, i.e., loss of willpower because an individual cannot carry a thought long enough to determine a purposeful course of action.
7 Very severe cognitive decline **(Severe Dementia)**	All verbal abilities are lost over the course of this stage. Frequently there is no speech at all -only unintelligible utterances and rare emergence of seemingly forgotten words and phrases. Incontinent of urine, requires assistance toileting and feeding. Basic psychomotor skills, e.g., ability to walk, are lost with the progression of this stage. The brain appears to no longer be able to tell the body what to do. Generalized rigidity and developmental neurologic reflexes are frequently present.

Reisberg, B., Ferris, S.H., de Leon, M.J., and Crook, T. The global deterioration scale for assessment of primary degenerative dementia. American Journal of Psychiatry, 1982, 139: 1136-1139.

ACL	GDS	Color Designation
1	7	Orange
2	6	Yellow
3	5	Blue
4	4	Green

ACTIVITY GRID

EARLY STAGE DEMENTIA Level 4	MIDDLE STAGE DEMENTIA Level 5	LATE STAGE DEMENTIAL Level 6	END STAGE DEMENTIAL Level 7
RESIDENTS	RESIDENTS	RESIDENTS	RESIDENTS

Dementia Program
Activities Color Code*
*For use with Activities Planning book

Activity	Green	Blue	Yellow	Orange	Can be Adapted to Sensory Stim Program by Therapist
Arts & Crafts	√	√			√
Board/Table Games	√	√			√
Cooking/Baking/Barbecuing	√	√			√
Current Events	√	√			√
Dancing	√	√	√		√
ADL: Dressing and Bathing	√	√	√		√
General Exercise	√	√	√		
Exercise: Walking group	√	√	√		
ADL: Eating & Drinking/Dining	√	√	√		√
Fix/Repair Household Items	√	√			√
Gambling	√	√			√
Gardening	√	√			√
ADL: Grooming & Nail Care	√	√			√
Ironing	√	√	√		√
Laundry	√	√			√
Light Housekeeping	√	√	√		√
Music: Listening	√	√	√	√	√
Music: Playing an instrument	√	√	√		√
Music: Sing-a-longs, Choirs	√	√	√	√	√
Parties - Attending	√	√	√		√
Parties - Planning & Hosting	√	√			√
Puzzles	√	√			
Reading	√	√			√
Religious and Spiritual	√	√	√		√
Sewing/Crochet/Knitting/Needlework	√	√			√
Shopping	√	√			√
Spending time with Children	√	√	√		√
Spending time with Pets	√	√	√		√
Sports: Active Participation Group	√	√	√		√
Sports: Watching/Listening	√	√			√
Traveling	√	√	√		√
Trivia	√	√			
Visiting and Reminiscing	√	√			√
Watching TV/Movies	√	√			√
Writing	√	√			
Yardwork	√	√	√		√

√ = Appropriate for the activity

Restore Clinical Services

Dementia Kit Ideas for Activities

Famous People Kit
Items to include:

- Photos of movie stars
- Movie Ads (old and new)
- Ticket stubs
- Newspaper/magazine articles

Card Player Kit
Items to include:

- Decks of cards
- Dice
- Rules to games
- Books on card playing

Faith Kit
Items to include:

- Hymn book
- Tapes of spiritual music
- Prayer books
- Bibles
- Pictures of sacred figures
- Inspirational verses
- Rosaries

Music Kit
Items to include;

- Sheets of music
- Audio tapes
- Instruments
- Radio
- 8-tracks/cassettes/CDs
- Old record player

Baseball Kit
Items to include:

- Baseball
- Batting glove
- Baseball mitt
- A base
- Baseball trading cards
- Minature baseball bat
- Pictures of different playing fields
- Baseball videos/movies
- Trophies
- Replicas of baseball figures

Dementia Kit Ideas for Activities

Baby kit
Items to include:

- Baby doll or pictures of babies
- Bottle and pacifier
- Baby blanket and diapers
- Tape of lullaby music
- Baby powder

Cleaning Kit
Items to include;

- Broom
- Dust pan
- Feather duster
- Paper towels
- Apron
- Spray bottle
- Sponges

Kitchen Kit
Items to include:

- Placemats
- Rolling pin
- Plastic utensils
- Cloth napkins
- Tablecloth
- Cookbooks (old and new)
- Cutting board
- Spices

Laundry Kit
Items to include:

- Laundry basket
- Socks
- Colored dish towels
- Empty bottle of soap
- Dryer sheets
- Clothing
- Sheets
- Soap

Sorting Kit
Items to include:

- Playing cards (2 sets)
- Socks (matching sets)
- Holiday cards
- Plastic colored utensils (3 colors)
- Empty container for sorting

Dementia Kit Ideas for Activities

Office Kit
Items to include:

- File folders
- Envelopes
- Papers to stuff
- Stamp and ink pad
- Phonebook
- Labels
- Accounting forms

Reading Kit
Items to include:

- Poems
- Books
- Bookmarkers
- Library cards
- Reading glasses
- Newspapers (old and new)

Gardening Kit
Items to include:

- Watering can
- Bird feeder
- Gardening tools
- Packs of seeds
- Plastic pots
- Gardening gloves
- Pictures of gardens
- Silk flowers

Football Kit
Items to include:

- Football
- Team banners
- Football trading cards
- Pictures of different football stadiums
- Trophies
- Table football and goal
- Score cards
- Football keychain kits

Activities for ORANGE

End Stage Dementia – Level 7

Suggested Activities

1. Hang a mobile for visual stimulation.
2. Look at photos from magazines that relate to their likes/past.
3. Read to resident. Choose topics interesting to them.
4. Provide hand held objects of different colors, textures, etc.
5. Heated water bottles wrapped in fleece.
6. Provide stuffed animals for sensory stimulation.
7. Use "See & Feel Books" to stimulate visual and tactile senses.
8. Use scented candles.
9. Aroma therapy, provide different smells, fruits, herbs, etc.
10. Invite children to sing songs; ensure residents attend those activities or have the children visit rooms.
11. Participate in pet therapy.
12. Get dressed up to take to church activities.
13. Planned TV activity such as I Love Lucy, westerns, musicals, etc.
14. Talk to resident in calm, soothing voice about daily events.
15. Make eye contact with smiles.
16. Use sound machines to stimulate auditory senses.
17. Weighted blanket for soothing or use a warm blanket.
18. Swaddling with blanket to soothe the resident.
19. Have finger food snacks.
20. Brush resident hair.
21. Provide baby doll.
22. Provide colored balloons for visual stimulation.
23. Gently rock in back and forth motion.
24. Provide manicures, rub lotion on hands/arms.
25. Massage with scented lotions.
26. Hold resident's hands or gently stroke face for tactile stimulation.
27. Provide hand held objects of different colors, textures, etc.
28. Sing-a-longs.
29. Provide scheduled time for sitting outside.
30. Provide time for listening to music.
31. Listen to audio books or favorite music through headsets or earphones.
32. Go for a ride in Geri Chair or wheelchair to see the sky or hear the birds.

Activities for YELLOW

Late Stage Dementia – Level 6

Suggested Activities

Creative Activities

1. Provide picture books – identify colors, animals, family members.
2. Tactile therapy – fur, fabrics, textures.
3. Painting activities
4. Coloring.
5. Playdough activities.
6. Memory books – Important people/events to elicit conversation.
7. Beading – necklaces, bracelets.
8. Make ornaments.
9. Gardening.
10. Shape sorter.
11. Sand art.
12. Building blocks.
13. Stacking boxes or blocks.

Group Activities

1. Listening to music/sing-a-longs with clapping and stomping.
2. Dance.
3. Men's/women's Coffee Clubs.
4. Blowing bubbles.
5. Pet therapy.

Intellect Activities

1. Month/holiday quiz
2. Birthday quizzes.
3. Read books, poems, etc. to them.
4. Separate papers by colors.

Occupational Activities

1. Folding (napkins, aprons, diapers, children's clothing, towels, pillow cases).
2. Provide finger foods for snacks.
3. Shell peas, roll dough, make cookies.
4. Dusting, matching socks, ties, safe tools, straighten drawers, exchange purses.

Activities for YELLOW

Late Stage Dementia – Level 6

Physical Activities

1. Exercise using dance, walking, etc.
2. Massages
3. Sweeping floors.
4. Balloon toss.
5. Ball toss.
6. Shake maracas.
7. Ringing bells.
8. Bean bag toss.
9. Walk to dine.

Recreational Activities

1. Looking at the fish tank.
2. Sling shot contest using soft items/targets.

Activities for BLUE

Middle Stage Dementia – Level 5

Intellect Activities

1. "What's That Sound?" game.
2. Object Identification Boxes – baby stuff, men stuff, cooking stuff, gardening stuff.
3. "Tic Tac Toe" game.
4. Fill in the blank games.

Occupational Activities

1. Getting their clothing items.
2. Folding laundry – towels, pillow cases, etc.
3. Roll yarn.
4. Shell peas.

Physical Activities

1. Play ball.
2. Dancing.
3. Sweeping.
4. Wash windows.
5. Gardening.
6. Bean bag toss.
7. Bowling.
8. Play volleyball.
9. Ball toss.

Recreational Activities

1. Cookie decorating.
2. Ride a tricycle.
3. Fishing.
4. Sing-a-long.
5. Musical instruments – cymbals, drums, etc.
6. I Spy game – identifying objects.
7. Treasure Bowl – sensory (taste, smell, feel).
8. Cooking (mixing/stirring simple things).

Volunteer Activities

1. Hall monitor volunteer.
2. Greeting / welcoming visitors.
3. Cooking – personal pizzas, cookies, muffins.

Activities for BLUE

Middle Stage Dementia – Level 5

Suggested Activities

Creative Activities

1. Playdough activities.
2. Photo albums/picture books.
3. Rhyme time.
4. Shaving cream activities.
5. Lincoln logs.
6. Glue and paste activities.
7. Make bird feeder.
8. Finger painting.
9. Dressing "paper doll".
10. Shape sorter.
11. Dressing baby doll.
12. Puzzles.
13. Crafts.
14. Reminiscencing (long term places/things).
15. Coloring (color by number).
16. Stacking boxes or blocks.

Group Activities

1. Walking group
2. "Simon Says" game.
3. Exercise program
4. Musical program.
5. Pet therapy.
6. Blowing bubbles.
7. Tea Party.
8. "Mother May I" game.
9. "Hokey Pokey" game.
10. Circuit classes with music – musical chairs.
11. Identifying objects by touch with eyes closed.
12. Stringing items – cheerios, beads, etc.
13. "Father Abraham" game.

Activities for GREEN

Early Stage Dementia – Level 4

Creative Activities

1. Create jewelry; necklaces, bracelets.
2. Make Christmas ornaments.
3. Coloring.
4. Painting.
5. Make cards for grandchildren.
6. Make wreaths for doors.
7. Decorate activity boards.
8. Sewing – hoop and loop.
9. Create own memory book.
10. Seasonal decorating.
11. Organize library books.
12. Make birdfeeder.

Group Activities

1. Walking group through neighborhood or facility.
2. Dancing group.
3. Reading a story to a group.
4. Planning/directing small groups.
5. Planning a party.
6. Playing bingo or assisting others playing bingo.

Intellect Activities

1. Trivia games.
2. Reading.
3. Spelling bees.
4. Puzzles.
5. Identify states and capitals (discuss who has traveled or lived other places).
6. Remember great inventions.
7. "Name that Tune" game.

Volunteer Activities

1. Deliver birthday balloons.
2. Snapping green beans and shucking corn.
3. Tours with new residents after admit.
4. Makeovers on other residents.
5. Deliver mail.
6. Write thank you notes

Activities for GREEN

Early Stage Dementia – Level 4

Occupational Activities

1. Set up dining room.
2. Washing dishes.
3. Making up beds.
4. Folding laundry.
5. Make peanut butter sandwiches.
6. Shell peas.
7. Coupon cutting.
8. Housekeeping.
9. Walk and dine.
10. Sort coupons / recipes.
11. Simple filing.
12. Crack pecans.

Physical Activities

1. Wii sports.
2. Obstacle course game
3. Cleaning tables.
4. Dance or Tai Chi Class.
5. Walking inside or out.
6. Play horseshoes.
7. Indoor golfing game.

Recreational Activities

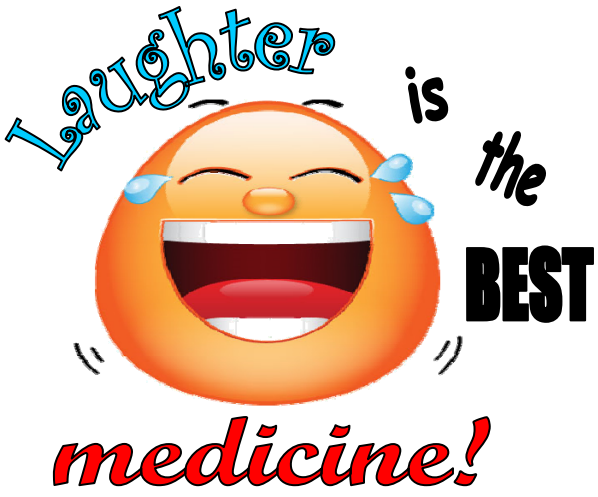
1. Play board games or card games.
2. Scavenger hunts.
3. Cooking.
4. Shopping trips.
5. Watch evening news or read morning newspaper.
6. Outings – movies, mall.
7. Fishing.
8. Gardening/watering plants.

APPROACHES TO BEHAVIORAL SYMPTOMS BY COGNITIVE LEVEL

Level/Stage of Dementia	Common Behavioral Symptoms	Suggested Approaches
ACL 1/End Stage GDS 7	Crying Moaning Yelling	-Therapeutic touch -Quiet environment -Swaddling -Ensure hierarchy of needs is met -Soothing music or sounds -Sensory stimulation program that promotes pleasurable responses
ACL 2/Late Stage GDS 6	Resistance to care Hitting, pinching Grabbing	-Therapeutic touch -Quiet environment -Ensure hierarchy of needs is met -Soothing music or sounds -Sensory stimulation program that promotes pleasurable responses -Walking groups/exercise groups -Re-direction -Validate feelings -Waiting for a response -Allow time for person to respond to postural changes during ADLs/transfers -Use grab bars & railings to provide feelings of safety, i.e.., postural stability -Provide safe objects for person to hold

APPROACHES TO BEHAVIORAL SYMPTOMS BY COGNITIVE LEVEL

ACL 3/Middle Stage GDS 5	Resistance to care Combative behaviors Elopement Rummaging, hoarding Refusals	-Therapeutic touch -Remove distractions -Ensure hierarchy of needs is met -Soothing music or sounds -Walking groups/exercise groups -Re-direction -Validate feelings -Use familiar products during ADL care -Safe places to walk with uncluttered paths -Cabinets or closets with safe items the person can rummage through or take -Use one-step-at-a time directions -Use nouns and avoid pronouns -Provide meaningful activity or "jobs" the person can perform successfully
ACL 4/Early Stage GDS 4	Elopement Accidents Blaming others	-Ensure needs are met -Anticipate hazards/problems and put plans and systems in place to keep person safe -Validate feelings -Re-direction -Structured activity groups with purposeful tasks -Easy facility "jobs" the person can perform that require little to no reading -Keep duplicates of valued items the person accuses others of stealing, i.e.., purses, wallets, glasses, etc.



"Dr. Feel Good"

Administrator:
Mr. Michael Vickers

Hanceville Nursing and Rehab Center

420 Main Street
Hanceville, Alabama 35077
(256) 352-6481

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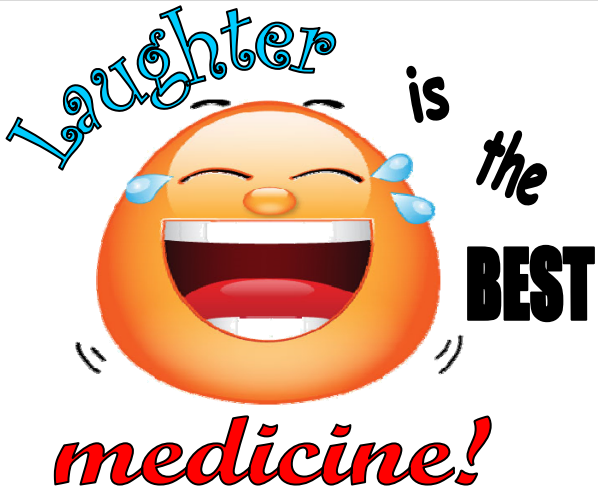


"Dr. Feel Good"

In 100 words or less, briefly describe your Best Practice.
It is more contagious than a cough or sneeze…it relaxes the whole body…it triggers the release of endorphins…and can promote an overall sense of well being. What is it? LAUGHTER! Our Best Practice is an overall wellness program for our residents with an emphasis on "Laughter Yoga," which is a new twist on an ancient practice. Additionally, regular exercise and a variety of healthy snack choices provides a multitude of health benefits for residents. Our Best Practice, Dr. Feel Good, incorporates laughter yoga, tai chi, healthy snacks and light weight training to promote a healthier lifestyle.

What problem does your Best Practice address, and what is its primary purpose?
Sometimes living in a nursing home can become a little monotonous, with all of those habitual activities on the calendar day after day, month after month. Our Best Practice directly addresses the lackluster day-to-day activities that a resident typically encounters. With laughter yoga, there is never a dull moment! We started by listening to the voices of our residents. Many of them expressed a desire for healthier diet choices, and several even stated that they wanted more challenging activities. We went right to the drawing board. We decided that not only would "Dr. Feel Good" address their wants and needs, it would also provide many health benefits for a wide range of residents.

In particular, laughter yoga exercises are one of the best things seniors can do for their heart. Laughter has the ability to decrease the effects of cardiovascular disease, which can lead to heart attacks. Studies have also shown that laughter has many positive effects on the entire body. It can help control pain, relieve tension, lower blood pressure, and boost the immune system. In fact, one minute of laughter burns the same number of calories as 6 to 10 minutes on the treadmill. Additionally, studies validate the theory that there are psychological benefits connected with laughter. With laughter yoga, it has the power to change a person's mood within minutes by releasing endorphins. We have come to find that when a resident's mood is good, they feel good and remain cheerful throughout the day. Quite frequently people view a nursing home environment as a place for serious treatment. Residents, families and staff are all surrounded by difficult and complicated situations on a daily basis. By encouraging opportunities for laughter and joy, we feel we are creating an environment that is more pleasant and upbeat. The primary purpose of our Best Practice is to ensure that our residents' quality of life are continually improved and enhanced.

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?)

Initially, one of our employees had a friend who had recently become a Certified Laughter Yoga Instructor. The instructor was interested in "practicing" her laughter coaching on our employees. This staff member immediately thought it would be a wonderful experience for our residents as well as employees. For our very first classes, we offered one session for residents then immediately following that we held a session for our staff. We felt it was crucial for our employees to understand the program to ensure their full support with what we were trying to accomplish for our residents.

Every resident in our facility is welcome to participate in any part or all of the wellness program. This program works similar to a regular activity. Our Activities Director posts the activity on the calendar twice a week. The residents can come to the class, and afterward enjoy some healthy snack options. Some of the snacks we have offered include: fresh fruit, yogurt, "Fit" popcorn, baby carrots, granola bars, fruit smoothies and flavored water, among many more options. This wellness program will help anyone who attends the classes or snack sessions by allowing them the opportunity for outside-the-box activity choices and at the same time engaging their bodies in excellent muscle stimulation. Laughter yoga specifically provides a wonderful way of engaging core muscle groups for those residents who are in wheelchairs or even confined to their bed.

During laughter yoga, the classes typically start with some socializing and talking about laughter. Then the group warms up with stretches and breathing exercises. After warming up, the laughter games start! Generally, the laughter yoga classes contain these four basic steps: clapping and chanting, laughter yoga breathing, uncomplicated playfulness, and laughter yoga exercises.

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.)

Every day that our classes take place, our residents who attend feel a sense of joy and a positive state of mind. There are numerous residents who look forward to participating each time the laughter yoga classes are held. One resident stated, "My favorite thing about the class is ALL of it and I love it!" Some residents have laughed so hard that they cried tears of joy. To us, even if we can make one single resident's day a little better and brighter, then it is all worth it.

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

One of the most difficult challenges we faced during the implementation of our Best Practice was the reality that there were a few residents who did not enjoy laughter yoga. Even though we were extremely upbeat when promoting this innovative idea, not all residents took to it equally. This was one adverse effect that we did not foresee when we began the program. When we originally started the wellness training, we put it on the activity calendar three days per week. This was mainly due to our thoughts of a typical person's workout program being the most beneficial if done more frequently. After the first month, we learned that it was better received by our residents if we offered the classes only two days per week.

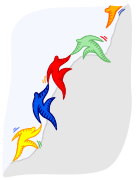
We feel certain there are numerous other facilities that have had tai chi classes, and even offered healthy snacks just as we had done in the past. However, the main difference in our program is the addition of the laughter yoga combined with all of the other wellness activities.

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

The cost to implement our program was minimal. The only actual cost involved was for the purchase of additional healthy snacks, which we used out of our activity food monthly budget. We also bought light weights and exercise equipment such as dumbbells, ankle weights, weight balls, stretch loops and wrist weights for the weight training classes of our program, and for this purchase we held a facility-wide fundraiser. Our activities staff conducts the classes during normal activity times. The certified laughter yoga instructor came to teach the first class for us at no cost, which worked out wonderfully for us and she also gained more teaching experience. It truly has been a win-win for everyone!

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

Our Best Practice took a common, everyday familiar activity and created an exceptionally innovative twist with the addition of laughter yoga and weight training, merged with the satisfying healthy snack bar! It has been such a pleasurable experience for all the residents that participate. Our day-in and day-out motivation is committed to ensuring that our residents are always living a happy, meaningful life. In the eyes of our residents, life satisfaction has nothing to do with money, success or possessions…it has much more to do with fostering healthy relationships and connecting with each other. Our Best Practice enables these residents to feel an emotional acceptance within the group, and since laughter is naturally contagious, it creates the positive environment and bonding behaviors that we all continually strive to give our residents day in and day out.



Teamwork = Together

Administrator:
Mr. Garrette Woodham

Bill Nichols State Veterans Home
1784 Elkahatchee Road
Alexander City, Alabama 35010
(256) 329-0868

TEAMWORK=TOGETHER
The primary purpose is our best practice supports effective teamwork can improve the quality of patient care, enhance patient safety and reduce workload issues that cause burnout. To support the movement to make teamwork a reality, we outline characteristics of an effective team, what interventions have been successful, and health care challenges.

TEAMWORK = TOGETHER increases professional satisfaction, encourages innovation, decreases burnout/turnover, empowers residents as partners in care, uses time more efficiently and most of all **ALL AROUND HAPPINESS & APPRECIATION!!!**

TIME! COMMUNICATION! Choosing the right time AND communicating needs when incorporating **TEAMWORK = TOGETHER** is the most difficult. Our best practice incorporates all disciplines, residents and their loved ones. Our vision is to include EVERYONE. When everyone is coming together is a beginning, keeping together is process and working together is success.

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

Making the time to communicate is KEY!

- Monthly meetings & newsletters to families
- Monthly meetings with residents
- Daily Departmental meetings with all staff

Yellow T-shirts with facility name and promoting teamwork were bought for all disciplines, residents and families. These T-shirts were sold at minimum cost of $10. All proceeds raised were donated to our residents. So every FRIDAY, we play our HAPPY song over the intercom and all disciplines, residents, and families wear their YELLOW T shirts to represent **TEAMWORK=TOGETHER**.

Zumba Gold

Administrator:
Ms. Dana Runager

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1350 14th Avenue SE
Decatur, Alabama 35601
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Zumba is a dance fitness program that takes exercising to a whole new level. The program is inspired by Latin dance and aerobic elements and comes from a Colombian word that means to move fast and have fun. Now there is Zumba Gold. Zumba Gold has been modified from the old Zumba program. The new moves give people a better chance for success and increased safety, and can be done from a chair if needed.

Exercising can be a challenge for us all, but being an elderly person with physical disabilities it becomes more than a challenge. Inactivity increases with age, by the age of 75 only about one in three men and one in two women engage in physical activity. Becoming less active during aging is the cause of loss in strength and stamina. Zumba Gold can improve one's muscle strength, posture, mobility and coordination. Older adults can benefit from regular physical activity. Physical activity does not have to be strenuous. As most of us know long term facilities have a lot of residents who are wheel chair bound and we are constantly searching for exercise programs to meet resident's capabilities. We are also seeing a younger generation coming into our facilities and in order to meet their needs and appeal to their desires, we look beyond sit-down dancing.

The idea came when the Activity Director asked for funding to provide the class to the residents. Administration thought it would be a good idea to involve employees from the entire facility to join. Hoping to improve staff burnout and improve turnover by engaging the staff with the residents in an unconventional manner.

When the music starts it draws everyone to the activity room and before you know it, you are totally involved. Proponents of Zumba Gold claim that it is safe for all ages and is so easy to follow that everyone any age can do it. At our facility we are also offering Zumba Gold classes for employees only two times a month for our staff as a time to get together socialize while benefiting from exercising and reducing stress to those staff who can't j during the resident sessions.

Zumba improves balance, coordination, motor control and performance also helps weight control or weight loss. The psychological benefit of Zumba can enhance self-esteem, relaxation; reduce depression, stress and anxiety. It also increases opportunities for social interaction and to dance and have fun. The Zumba Gold program is specifically aimed at the elderly people to help them build strength improve motion and posture.

The challenges we face are getting our resident and employees interested in the program, once they are there it is no problem getting them involved. The other obstacle we may face is working around the schedule of the Zumba instructor and keeping the cost within budget. The cost to provide this Best Practice both Zumba Gold for our residents/staff twice a month and Zumba classes for staff only is around $160.00.

High Five

Administrator:
Ms. Trece Mays

Andalusia Manor
670 Moore Road
Andalusia, Alabama 36420
(334) 222-4544

What is a high five? A noun commonly used to describe a gesture in which you slap the palm of your hand against the palm of someone else's hand in the air, usually to show that you are happy about a victory or an accomplishment. At our facility, high fives are given to employees that go above and beyond, have outstanding attitudes, and help our facility to be the best it can be for our residents.

In departmental meetings, we're constantly discussing ways to improve employee morale and to hopefully, decrease turnover rates. It is human nature to enjoy a pat on the back, a job well done, or in this case, a "high five" when you're giving 100% in the work place. In the fast pace of long term care, we felt that sometimes we may not always take time to applaud the effort of those staff members that go above and beyond. The high five program shows our staff members that their hard work doesn't go unnoticed. We have also been able to increase morale by including our employees in the selection process for our high five candidates. Because we realize that administration can't be everywhere all of the time, we have asked that our employees nominate any other employee that they feel excels at their job. We have found that when our employees feel that their hard work is noticed, they continue to work towards going the extra mile for our residents, which in turn improves the quality of care that we are able to give to our residents.

Any employee is eligible for nomination of a "high five". We ask that staff members see our human resource manager to make their nominations. We have also expanded our program to include the families of our residents in the nomination process. Each month, we will reward 5 employees for their hard work. There may be more nominations submitted than this so our department heads will meet weekly to review nominations and ensure that the most deserving 5 are chosen for that month. Once approved, the nominated person then has their name put on a display board in our facility for sponsors, residents, and other staff members to see and applaud their hard work. The people on this board are given a $20 WalMart gift card to reward their efforts. There will also be a quarterly pizza party to recognize each high five rewarded. We also hope to be able to have a casual banquet with a motivational speaker at the end of the year for all of the employees rewarded within that year. At the banquet, we plan to reveal the specific reason given for their nominations as they are recognized individually. Once chosen as a high five, employees are no longer eligible for the honor within that same year. We feel that this will give more employees the opportunity to have their hard work recognized.

Residents Encouraging Residents

Administrator:
Mr. Jason Banks

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Auburn, Alabama 36830
(334) 826-7200

Getting residents involved in activities will enhance their life, prevent boredom, develop new friendships and make their life more fulfilled. They also give us suggestions on what outings they would like to go on and what activity programs to schedule.

Our Best Practice is to prevent loneliness and promote self-worth in our residents.

The group of residents that are involved in our Best Practice are the more cognitive residents. These residents take the time to go and visit residents who are unable to attend a group activity due to health reasons. This program is beneficial to all the residents, staff and family members.

Our program has enhanced the life of nursing home residents. One of our residents would always complain about everything from food, nursing, housekeeping and activities. She liked coming to exercise. One day she asked if she could have a copy of the exercises we do. Activity staff gave her a list of the exercises and we asked her one day if she could lead the exercise. Well! From that day forward she leads exercise 3 times a week, she visits other residents to encourage them to attend activities. The residents have developed a great relationship with each other.

The only problem we can see someone having is not having or taking the time to work with a resident's and to encourage them to take the opportunity to enrich their life and the life of others in a nursing home. We do not know of any other nursing home where the residents are this involved with other residents.

The only thing this program has cost is a badge and lanyard that we present to the residents who try to encourage and lead an activity program. The staff talks to other residents about joining in. During an activity program lead by a resident there is always an activity staff member present.

In the past year we have witnessed the difference it has made in our residents lives to get involved with other residents, to encourage them to participate and invite other residents to programs, to visit with residents who are unable to attend or have few visitors. We have a lady who has had a stroke and is wheelchair bound leading an exercise program, we have a resident who has bilateral amputation who is leading a singing program and will walk to the exercise program with her prosthetic legs, we have a gentleman who does research on subjects for the residents, and we have a gentleman who monitors the activity room to ensure all residents are there and accounted for.

Movie Time

Administrator:
Mr. Tony Culberson

Haleyville Health Care Center
2201 11th Avenue
Haleyville, Alabama 35565
(205) 486-9478

Who doesn't remember going to the movies as a child. Smelling that fresh popped movie popcorn, hanging out with friends and maybe, just maybe meeting that special someone the makes your heart want to jump out of your chest.

That's what MOVIE TIME is all about. Taking our residents, male, female, young and old. It takes them back to the old days, when they were young and carefree. They enjoy being out of the facility, getting to meet other people, reminiscing about when they were young and how they would walk to the dime store and buy a milkshake, then meet up with friends and walk to the movies. This involves all of our resident's, it helps with morale and gives them something to look forward to each month.

It addresses issues like boredom, morale, loneliness, sadness. Its purpose is to get residents out of the facility, get them thinking about their past, opening up chances for them to meet new people and make new friends while still remembering their old friends. It gives them something to look forward to and know that they are going to get to relive some of their past, we have had so many that have said it makes them feel like a kid again. That pulls at your heart to see them happy, laughing, smiling, having a good time with friends.

This activity helps every resident that is living at our facility. All groups can be involved, we have a wheelchair van so all resident can go if they wish. It works by boosting morale because they know they are going to get to go each month, it helps with boredom, loneliness, and it takes them back to the times when they were a child and how simple life was back then. Some of them say they go just for the popcorn and coke, some go for the socialization, some go just to "get way" for a while, the benefits go on and on.

The challenges we have is that is takes several staff member and volunteers and sometimes it's hard to find volunteers to help. We only have one wheelchair van so it takes several trips when we have a lot of residents in wheelchairs but the Theater is very close so it doesn't take long for us to transport them there.

We always pay for it out of our petty cash or activity budget. Resident's never pay. Sometimes we have fund raisers but most of the time it comes from our budget. The cost is $5.00 per person and that includes admission to the movie, popcorn and a drink.

It's My Privilege – Resident Volunteers

Administrator:
Ms. Ouida Gandy

Magnolia Haven Health & Rehabilitation Center
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(334) 727-4960

Our Best Practice "It's My Privilege. Resident Volunteers" consists of residents helping residents with staff encouragement and praise. Groups often form inside groups. The welcoming committee has always been a part of Residents Council where residents visit new residents to the community. With staff encouragement and praise seven of our residents wanted to take it a step further and become resident volunteers. It was decided to not only just welcome new comers to the community but to take time out of their day and visit with others both old and new to the community. Finding that each of these residents often had prior histories of serving others 'It's My Privilege' seemed like the most likely name for the group as each felt privileged to do what they could for others.

This Best Practice addresses resident depression, isolation and the psychosocial well-being of the residents. Everyone wants to feel loved, appreciated, needed and cared for. Not only the residents being visited benefit but the resident volunteers also feel needed and that they still have a purpose in life. Its primary purpose is to increase socialization and residents moods in the community.

Our best practice has improved residents mood and participation in community activities. It has developed lasting friendships and decreased depression, boredom and isolation. The number of residents receiving in room activities has decreased as more residents are out of their rooms and involved in group activities. It has decreased residents exhibiting behaviors. It gives residents a sense of self-worth and accomplishment.

The only obstacle or challenge in replicating part or all of this Best Practice is finding residents willing and able to give their time for the benefit of others.

There was no cost involved in implementing this Best Practice. All seven residents were honored at our communities annual 'Dream Rally'. Family and community members attended the event. The local paper published an article on the event.

We feel it is excellent and innovative because the residents enjoy this so much. It encourages camaraderie and promotes community involvement. It has accomplished increased resident satisfaction and worth. Our community has several volunteers that visit on a regular basis but the residents benefit from talking and sharing with each other.

Who better understands your situation than those that are going through it as well?

Excellent Environment for Care

Administrator:
Ms. Mary Kay Polys

Robertsdale Rehabilitation & HealthCare Center
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(251) 947-1911

Our Best Practice is an Excellent Environment for Care. Nursing Homes strive to give the best quality of care. We consider the environment as one aspect that contributes to excellent care. A continual message at the facility is that this is the residents' home and we need to respect it and treat the facility as we are in someone's home. It is therefore the culture at the facility to act as a guest and make sure that we keep the environment neat, clean and desirable for the residents and their families.

As part of the Survey process, the surveyors are asked to do a general observation of the facility to assess the effect of the facility's overall environment on the resident's quality of life, health, and safety. The surveyors are asked to observe the resident's rooms as well as the common areas. Our facility emphasizes the environment is important based on the same reason as the surveyors look at this; the environment affects the resident's quality of life, health, and safety.

The environment at the facility is not the responsibility of one person or one department. Creating an excellent environment and maintaining it is the responsibility of every employee and is supported by the owner and administration. The message as to the importance of having the facility look clean and presentable has been well communicated by the owner. When the owner visits, the facility is walked and observations are made. This is true for the other people that assist ownership. As an extension of ownership, it then becomes the Administrator's duty on a day-to-day basis to keep the message clear that the residents' home is to be kept in a way that respects where they live. This message has been so clear that it is part of the culture. Everyone is responsible for picking up items that have fallen on the ground, rub out the black mark on the floor, wipe up a spill immediately and make sure no dried spills remain, adjusting tablecloths so they are straight and helping a resident store their belongings so that they have no obstacles in their way. Housekeeping may do the deep cleaning but everyone must maintain it.

The ideas of a home-like environment has been a concept that we are all to strive achieve. This project not only achieves this goal, it has gone beyond with the innovative way of using paint to add light and heighten the ceilings. It has also created the environment with the use of art, greenery, accessories and linens. As our resident said, it rivals a top hotel in New York.

Additionally, this is a best practice in that the idea of a safe, healthy and quality environment has been in-grained in the culture of the facility. Everyone one from the time of orientation and throughout their employment hear monthly messages related to the environment and the expectation for adhering to the standards. This is looked at an entire team approach, not just one department's responsibility. We include all of our residents and their families in the communication about the standards and how they can help keep a safe environment.

Murals On the Walls..Made Talk!

Administrator:
Ms. Cathy Swanson

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Marion, Alabama 36756
(334) 683-6141

For Best Practice we have chosen our Dementia Unit's wall decor. What got the wall decor started was in 2009 we added a Dementia Unit to our facility and it seemed to us to have a very bland appearance. The residents going to be living within these walls needed a cheery, colorful, uplifting atmosphere. We needed decor that couldn't be removed from the walls, broken or damaged in any way; thus we came up with a plan and boy did it make talk!!!... Sketches and paint started being added on the walls and before long murals were being completed!

Our best practice addresses the Psycho-social well-being of our residents living within this unit. These residents are generally confined to this unit. They were in need of a more cheery, colorful and uplifting atmosphere in their "home". Like your walls speak something about you when someone comes to your home; these residents were able to experience stories of where these murals took them deep within their hearts and minds! The old saying, "If walls could talk!" These murals on the walls made talk!!! Resident's reminisce of farms days, church days, gardening, old furniture, animals, pets, receiving mail, clothes line days, old cars, phone booths, straw hats, old claw bathtub with overflowing bubbles, family time and even deer hunting! If you research what does a painting say, you find the answer of: passion, high energy, animation, genuineness, warmth, harmony, comfort, socialization, entertaining, uplifting and to tell a story. These answers are exactly what our residents, staff and visitors see and experience!

The cost of this practice would vary depending on your artist(s) fees. You could be *very* fortunate like we were and have artists within your staff (our Activity Coordinator) that are already on the clock. Your facility may know an artist(s) outside of their building that would donate their time as well (we were fortunate to use our Activity Coordinator's Daughter-In-Law). You would have to price and purchase the paints and brushes. We were able to get some of our paints donated from a local hardware store. Another cost for us was the wood that we purchased, cut and painted/stained and our Maintenance Department measured and framed off some of our paintings to look like actual pictures in the resident's rooms. Framing is an option, but not a must.

We feel that by adding these murals and paintings in our Dementia Unit, our Beauty Shop and one of our shower rooms that it gives our facility a cheery, colorful and uplifting atmosphere. This artwork has been a way to make the residents and *even* staff, family and visitors sense a home-like feel, uplift moods, act as conversation pieces, distract behaviors, ease any loneliness and anxiousness, help in redirection and are just fun for all!

Speedy Recall

Administrator:
Ms. Mandy Shaddrix

Woodland Village Rehabilitation & Health Care Center
1900 Olive Street
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(256) 739-1430

One of the biggest challenges facing Activities Directors these days is how to keep games fresh, fun, and interesting for our residents as well as finding ways of keeping them involved, motivated, and meeting their needs without breaking the bank to do it. Well, this game is just the ticket! For one thing, it is affordable and when paired with a set of the hand buzzers becomes an entirely new game in itself. It is a fun, innovative game that is also very versatile at the same time because it appeals to every age, physical, and cognitive level. So get ready for "SPEEDY RECALL!"

Finding activities that can be adapted for a variety of groups, levels, and cognitions is always a challenge. Also, pairing residents up with someone besides their "buddy" or a higher functioning resident with someone that may need a little encouragement and/or help gives them the chance to get to know other residents better as well as showing our residents that it is o.k. to step out of the box. While the game "SPEEDY RECALL" may seem to be just another trivia game, it's not. The primary purpose is to not only open up new socially active opportunities for our residents but also to promote healthy competition and comradery while being mentally, physically, emotionally, and therapeutically beneficial all at the same time.

The game "Speedy Recall" can be as challenging or as easy as one would like to make it. It can be easily adapted to Levels 1's, 2's, and 3's; in small, medium, or large groups settings; 1 on 1; in room; even involving the staff in a challenging game to help lift the moral in your facility; everyone loves to claim bragging rights until "next time." We make the activity into a "game show setting" pairing the game with a set of "answer buzzers" (set of 4) that make various noises. Our residents are paired off in teams; two to three on each team with a maximum of four teams. The game has two sets of cards; one set with the "ABC's" on them, the other set with the clues. The "host" draws a card from each stack and reads them. For example: 1st card – the letter C; 2nd card is the clue card – "Name an article of clothing starting with the letter C?" This is where the "answer buzzers" come into play. The first team to hit their buzzer gets a chance to answer the question; if they get it right, their team earns 5 points; if they get it wrong the team that rang their buzzer second gets a chance to answer. The first team to 50 points wins the 1st round; then four new teams get a chance to play. The game consists of four rounds. The four winning teams from the previous rounds then play for the championship and "bragging rights". The "host" job is to hold up the cards and call out the clue, along with a "ta-da person" that keeps up with the score and the teams that won the previous rounds on the dry erase board. They also help judge which team hit the buzzer first in case it is hard to tell. Our residents have a lot of fun with this game, they enjoy the funny sounds that the buzzers make, sometimes hitting them just to hear it. In fact during our recent state survey, one of the lady surveyor's played the game with the residents and loved it; the residents got a big kick out of it also.

The supplies needed for the game "SPEEDY RECALL" are as follows: a dry erase board, marker, and eraser; which most of us have. This is used when the game is played in a group setting and/or in the "game show" aspect. The game itself "SPEEDY RECALL" - $14.99; a set of hand buzzers - $ 19.99/batteries not included; both can be purchased at S&S Worldwide. The smiles, fun, and laughter; PRICELESS!!

Guardian Angel Program

Administrator:
Mr. Zachary Wood

Floyd E. "Tut" Fann State Veteran's Home

2701 Meridian Street
Huntsville, Alabama 35811
(256) 852-5170

Floyd E. Tut' Fann State Veteran's Home started a practice called the Guardian Angel Program. This program is conducted by the Department Managers at the Facility. There are 150 beds at Tut Fann State Veteran's Home and 16 Department Managers. The facility divided 150 by 16 and every department manager has 6 angels to check on per week.

The angel starts out on Monday and visits with 2 of his/her angels and reports back to the different disciplines in morning meeting of any activity that is new with the resident. On Tuesday through Friday the angel visits the remaining residents (1per day) and reports back the findings through morning meeting.

During the interview with the residents, the angel straightens up their room, makes sure everything is up to State and VA regulation and the facility is asking questions such as,

- How was your night's sleep?
- How is the food?
- Are you enjoying your stay with us?
- Is there anything we can be doing differently? Better? Worse?
- What do you recommend?
- Any praises on operations or for staff members?
- Are you happy with the services at Tut Fann?

Basically, this is the conversation piece that we are having with the residents. If there are any issues or problems then we approach these in our Department Manager meetings and we discuss as a team and the key personnel /guardian angel has 24 hours to respond back to them on how the facility addressed the concern.

In addition to these visits with the residents, our department managers also call the families or sponsors of our veteran's. The department manager will call 2 families on Monday and the remaining throughout the week. The staff are asking the same questions to the families and are reporting back the findings during our morning meeting. If there is an issue, then we have 24 hours to return the call to the family and the department manager /angel responds to the issue and let the family know that the concern is taken care of.

The staff at Tut Fann State Veteran's Home understands the complexity and stress that can come with LTC. The angel program stays proactive so the facility can be ahead of any problem or occurrence that can happen and meets the need before it becomes a need. The veteran's and families love this program and we have been very successful in our customer service since we started this in December, 2013.

Fostering Fun and Family…"

Administrator:

Ms. Debbie Stalnaker

Adams Nursing Home

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

How many times have you walked through the halls of a nursing home and heard laughter? Our best practice was surrounded by intentionally creating spontaneity and laughter on the job. It was about surprising the staff by creating "fun" and laughter at every opportunity, as well as, recognizing the good things that our staff does.

We decided to focus on how to address the issues that our staff was facing which in turn could eventually impact our residents. We started with these simple concepts that have made big impacts! They are not new to us as an industry, but often we need to dust these ideas off and put a new spin on them:

1. ***Acknowledge small wins, not just big ones.***
   We started the "shout out" program. These were simple small notes that supervisors could use to recognize someone that has been going above and beyond and then post the "shout out" on a board at the facility front entrance for all to see.
2. ***Surprise your employees/Catch them in the act!***
   You know it is easy to walk to the hall of our facilities and point out our imperfections, but so many times we see things being done in an "over the top" way and we often don't take the time to make a big deal about it. Our managers started the "Token program". If caught going over the top, you are given a token that you can cash in for a free candy bar, chips, coke etc…We also allow our residents to use the token program to reward someone for going "over the top" for them.
3. ***Change the Scenery***
   How many of us have pictures of our family in our office? We love to show our families off, especially those children and grandchildren. As managers, we post pictures in our office to personalize our work space, but what about your nurses, aides, housekeepers, laundry workers, and dietary. Where can they post pictures and show off their families in their workspace. We have 2 nurse's stations and have put one board on each end. Residents have also posted pictures that they wanted on the board as well. It has become a FAMILY collage. It has sparked communication between employees and residents as well. It is something that *Changes the Scenery* which everyone can enjoy, makes you laugh and smile, and brings a little of the employees home into our resident's home.
4. ***Make it a Team Effort***
   Each week, the management team comes together to write a thank you card and in it we write personalized messages to 3 employees that we feel have put forth 100% effort, that is a great leader, and shows wonderful teamwork. The key to this is "PERSONALIZED". You must know your employees and be specific in why you feel they are needed on your team and an asset to your facility and residents.

If you laugh-you change; and when you change-the world changes! *(S. Shah)*
Humor brings insight and tolerance! (A. Repplier)
We cannot really love anybody with whom we never laugh! *(A. Repplier)*
Appreciation is a wonderful thing: It makes what is excellent in others belong to us as well!

Hip Hop Balloon Bop

Administrator:
Ms. Carla Taylor

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

This Best Practice, Hip Hop Balloon Bop, is a fun and exhilarating approach to get residents involved in activities and to reap the benefits of exercise. The activity staff plays fun and lively music and gives each resident a noodle (the foam kind used in pools). Several balloons are used to toss around in the room and the residents are to hit them with their noodles. The object of the activity is to keep the balloons in motion and in the air. Most of the residents are in wheelchairs and can roll about to chase the balloons. There are at least two residents who can stand and "chase" the balloons.

Elderly and younger residents often suffer from joint pain, chronic pain, and loss of strength and flexibility in their upper and lower extremities. Hip Hop Balloon Bop addresses these issues by allowing residents to exercise, increase their range of motion and have fun while doing so. Sometimes the activity calendar will reflect exercise programs where residents will sit in their wheelchairs and flex their arms, necks and so forth, which often becomes routine and monotonous. Hip Hop Balloon Bop allows residents to move about and have fun and laugh. Music plays a big part of this program. You must have fun and lively music playing in the back ground so they can get into a rhythm. We play anything from oldies to today's hip hop songs. Our favorite is "Happy" by Pharrell Williams. The nursing home staff also gets involved and cheers the residents on as they play. The majority of the residents, who participate are in wheelchairs and are able to propel themselves around the room to hit the balloons. Some are unable to propel so they are stationary, but they participate just the same. Hip Hop Balloon Bop works the resident's upper body to maintain their strengthening and flexibility. There are two residents who are ambulatory and this promotes both upper and lower body strengthening and coordination for those residents.

The cost for Hip Hop Balloon Bop is very minimal.
25 Foam Noodles at $1.00 = $25.00
1 Bag of Balloons = $ 1.00
Music – Several CD's were downloaded and donated by staff.

Staff time is regular pay with no overtime or extra pay.

All of this was a facility cost from the Activity Department Budget. Depending on how many residents would be participating would determine the cost. Most facilities can do this activity for less than $50.00. The only thing you would have to buy more of would be balloons.

Moments in Motion

Administrator:
Mr. Brandon Upshaw

Eastview Rehabilitation & HealthCare Center
7755 4th Avenue South
Birmingham, Alabama 35206
(205) 833-0146

We would like to introduce you to a new way to celebrate and remember our residents. Moments In Motion is a visual reflection of the activities and events at the facility on a daily basis. We believe, "A picture says a thousand words". This visual record allows families, staff and residents an opportunity to visualize actual experiences at the facility. We came about the idea because of a long time resident who was diagnosed with a terminal illness. The staff began to collect photos of different activities and events during the residents stay. After the resident passed away we put all of the photos together and the remaining pages were left for staff to give their condolences and words of encouragement to the family members. We then presented the book to the resident's daughter. The book has evolved because not only do we focus on those that are terminally ill but also our rehabilitation clients as well. For our rehabilitation cases, it provides them with a keepsake of their journey.

The Moments In Motion also provides a sense of closure for the staff, residents, and families. Most residents are here for years and therefore have strong bonds with the other residents and staff. It is often a very emotional time for them to adjust to the loss. Family members often experience guilt after a loved one dies because they felt as if they missed out on those golden years. This keep-sake book gives family members who couldn't be involved on a daily basis a subtle sense of actually being present.

The book is a collaboration of all departments in the facility. Each discipline is touched by the memory book because of the numerous interactions captured throughout the day. All residents are involved in the project. The activity department is the overseer of the book and is responsible for capturing the moments. After completion it is passed through each department for words of encouragement and inspirational insights.

The great thing about the book is that we start the book early so the resident can see it in development. We allow them to be a part of the planning process and help design and configure the book. This help the resident who may be in the denial stage to come to terms with their prognosis.

This Best Practice is unlike anything currently being done at other facilities. It not only touches family members but the staff as well. It helps show family members who entrust their love ones to us that we do what we do from our hearts. They then have the feeling that they didn't leave their loved ones with strangers but with an extended family. The Moment in Motion program is emotionally powerful yet inexpensive. It displays a visual of the Quality of Life that we preserve amongst our residents and proves the saying that, "A picture is worth a thousand words".

Library Outreach - CHECK it OUT – *literally*!

Administrator:
Mr. Ken Holmes

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

If we can't go to the library then the library will come to us. There is a wealth of FREE resources that can be utilized at the local library. This extraordinary institution offers SOMETHING for EVERYONE. As a result, the residents at our facility have experienced positive outcomes. Our simple library card opens the door to amazing materials that benefit our residents. These materials provide not only mental and visual stimulation but also auditory stimulation for those with impaired vision.

The primary purpose of utilizing our local county library is to serve our resident's and enhance their quality of life. Library materials can help reduce the following challenges: isolation, boredom, inactivity, negative behaviors – constant requests for attention/pacing, depression and decreased social contact.

The wonderful thing about accessing the library resources is that there is literally SOMETHING for EVERYONE. Many of our residents are introduced to library resources in speech therapy. Residents with significant hearing loss, major visual deficits, and severe dementia benefit. They are applicable for our younger residents, as well as our elder ones. Both men and women enjoy the varied materials.
Furthermore, each month a librarian from the library, comes to our building as a scheduled facility activity. Our activity director contacts the librarian and a date is set. The librarian sets up a screen and projects images and videos related to very interesting topics. It is always a hit at our facility… it doesn't hurt that the librarian is a wonderful story teller and dynamic speaker. She also provides us with a small library of books (approximately 75) that are given to the facility to keep. A simple paper log can be created to keep up with which resident's have certain materials. Another log can document specific items requested by residents, should they want a particular author or topic.

There is also a service that we have not utilized, but could be accessed. It is Books-by-Mail, which is a free service provided by our county library cooperative. It is a unique service that services those who are unable to go to the public library in person. Most books-by-mail users are elderly or housebound, but patrons of any age who are unable to travel to a library may use this service. No library card is needed. Materials are checked out for 4 weeks. There is a limit of 4 items. Renewals can be made over the phone. No overdue fines are charged.

The greatest thing is that libraries are FREE. Where else can you go into an establishment empty handed and come out with bags of amazing materials? Our library allows up to 100 items to be checked out! Another potential cost is the time and gas it takes to go to the library. This is generally completed on a volunteer basis. Fortunately our library is only 2 miles away.

Plus if the library closest to us does not have a particular title you can request it and they will locate it from another library and bring it to your library for pick up. You can also drop off materials at any library in the county.

Relaxation Spa

Administrator:
Ms. Robbie Barnett

Decatur Health and Rehab
2326 Morgan Avenue Southwest
Decatur, Alabama 35601
(256) 340-5765

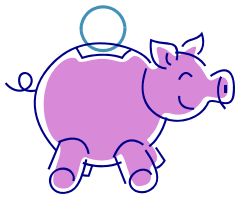
For our best practice we turned one of our tub rooms into a relaxation spa. It was setup to provide a calm atmosphere for residents' with dementia experiencing increased stress or behaviors. In our spa we have music therapy, aromatherapy therapy, massage therapy, and whirlpool therapy. The spa is a great way to provide a calm soothing atmosphere that triggers relief and relaxation for the resident. We decorated the room with scenery images, lamps, and placed thick robes and towels in the room on shelving to provide an inviting feel.

The problem our spa addresses is dementia related behaviors. Adults with dementia have feelings that are often difficult to express due to cognitive impairments in language, memory, and executive function. Communicating frustration, boredom, fear, loneliness, anxiety, or pain may be expressed as resistance, agitation, wandering, frequent requests for assistance, and repetitive calling out. It is increasingly recognized that pharmacological treatments for dementia should be used as a second-line approach and that non-pharmacological options should, in best practice, are pursued first. Potential side effects of these medications increase the risk of falls, stroke, and extrapyramidal symptoms. Good clinical practice requires the clinician first to exclude the possibility that behavioral or psychological symptoms are the consequence of concurrent physical illness (e.g. infections, constipation), and second to try non-pharmacological approaches before considering pharmacological interventions.

Aromatherapy is one of the fastest growing of all the complementary therapies. It appears to have several advantages over the pharmacological treatments widely used for dementia. It has a positive image and its use aids interaction while providing a sensory experience. The main essential oil used in aromatherapy for dementia is extracted from lavender. They also have the advantage that there are several routes of administration such as inhalation, bathing, massage and topical application in a cream. This means that the therapy can be targeted at individuals with different behaviors: inhalation may be more effective than massage for a person with restlessness, for instance. There have been some positive results from recent controlled trials which have shown significant reductions in agitation, with excellent compliance and tolerability.

Many elderly patients become sensory deprived as their faculties fade but the basic need for touch remains constant. Touch often remains the last form of communication when all other avenues have surrendered to the disease. When massage therapy is administered to patients with behaviors resulting from dementia it fosters feelings of intimacy and emotional connectedness for the patient.

Our spa has been effective in reducing behaviors associated with dementia. It has also been a positive experience for other resident’s not exhibiting behaviors. It has provided relaxation and stress reduction and promoted psychosocial well-being. Our resident’s love to feel pampered and the extra attention is just what they need. The cost of setting up this spa experience was less than $100, but the benefit for the residents has been very rewarding.



Taking Care of Our Own

Administrator:
Ms. Cindy Cline

Cherokee County Health & Rehab Center

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(256) 927-5778

CCHRC Values their employees and considers them as family. As with all families financial hardships can occur. Thru a volunteer Benevolence program our employees are able to help each other. This has increased a feeling of teamwork and caring which flows down to our residents. Employee hardships cause increased stress on employees and their families. Studies have shown that stress can and does contribute to illness thus increased absences and decreased work productivity. In some hardships it may be the simple fact of not having a way to come to work.

The benevolence committee being available enables employees to focus on care to our residents rather than stress on their hardships at hand. Teamwork and sense of family has increased among employees. Nine (9) employees from all departments serve as volunteer members to be on the benevolence committee. When an employee that participates in the program is in need of assistance, a letter can be presented to a committee member or they may choose to come in person. The employees' request and their identity are kept confidential. Assistance is based on level of need. Usually, cash assistance is not provided; rather bills are paid, medication purchased or food and gas vouchers are given. The committee also provides benefits for all employees. For the last two years, school supplies were purchased and all employees with school age children or grandchildren were given the opportunity to get needed supplies. Christmas assistance has also been provided.

The benevolence committee has a policy and procedure that addresses the collection, recordkeeping and the disbursement of funds. The facility currently has **150** employees who contribute. Contributions are deducted voluntarily from their payroll. The minimum donation is $1 per pay period. In the last year, **43** employees have received assistance totaling approximately **$14,000.00.** Employee's word of mouth about the program has been the biggest motivator for participation. While the committee keeps information confidential, staff often times express their appreciation openly. During orientation and in-services, the program participation requirements are explained.

We have had great success with our program. As with any assistance program there have been instances of employees' miss-using funds. With the adoption of the NO CASH disbursement policy, this has been beneficial in eliminating this practice.

As with any new program policies, procedure and education is vital to its success. Committee members who are chosen should be carefully evaluated to ensure they could be objective and keep information confidential. We have chosen to use employees from a variety of departments. The payroll deductions and signed consents must be set up. A separate checking account and reconciliation procedure developed. Beyond this "passing the hat" turns into family helping family. The only expense we have is the checking account fee of **$25.00** per month and the cost of checks.