



2017 Presentation/Conference Manual

Produced by the cooperative efforts of the:
Alabama Nursing Home Association

and

ANHA Education Foundation

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Program Outline

7:30 am – 8:30 am	Registration
8:30 am – 9:15 am	Oak Trace Care & Rehab Center “Fall Prevention”
9:15 am – 9:30 am	Bill Nichols State Veterans Home “It’s Never Too Late” Crowne Health Care & Rehab of Montgomery “Iron Bowl Cornhole” Falkville Healthcare & Rehab Center “Tailgate with Us”
9:30 am – 10:15 am	Marshall Manor Nursing Home “Friday Free for All”
10:15 am – 10:30 am	Refreshment Break
10:30 am – 11:15 am	Crowne Health Care of Mobile “Healthy Seniors Dental Program”
11:15 am – 11:30 am	Greenbriar at the Altamont SNF “Focused Laughter Programming” Generations of Vernon “Alabama Virtual Library”
11:30 am – 1:00 pm	Lunch

1:00 pm – 1:45 am	Cullman Healthcare & Rehab Center “All Work and More Play”
1:45 pm – 2:00 pm	Special Recognition and Remarks Millie McDonald Ms. Alabama Nursing Home 2016
2:00 pm – 2:45 pm	Albertville Nursing Home & Rehab Select “Changes Ahead: Activities Re-Enhanced”
2:45 pm – 3:00 pm	Refreshment Break
3:00 pm – 3:25 pm	Village at Cooks Springs, LLC “Medication Reduction to 8 Per Resident” Sylacauga Health & Rehab Services “Birthday Celebration – All About You” Decatur Health and Rehab “You’ve Got Mail”
3:25 pm – 4:15 pm	Roanoke Rehab & Healthcare Center “Celebration of Healing”
4:15 pm – 4:30 pm	Special Closing Video and Closing Remarks



**Thank you to the following individuals for serving on the
2017 Best Practices Steering Committee:**

Carol Knight, Chairman
Noland Health Services

Linda Robertson, Past Chairman
Regency Health Care

Katrina Magdon
Alabama Nursing Home Association

Jamie Backensto
Henry County Health & Rehabilitation Facility

Sal.Lee Sasser-Williams
Andalusia Manor

Jerolyn Herron
Mitchell-Hollingsworth Nursing & Rehab

Jennifer Agee
Northport Health Services

Tamala Lee
Andalusia Manor

Armelia Oliver
Lighthouse Rehab & Healthcare Center

Amber Detamore
Crowne Healthcare of Mobile

Endya Gibbs
Cherry Hill HealthCare Center

Misty McCollough
Arbor Springs

Cherise Wilson
Arlington Rehabilitation & Healthcare Center

Pam Penland
Best Practices Director



Thank you to the following individuals for serving on the 2017 Best Practices Professional Review Panel:

Beth Greene

Alabama Quality Assurance Foundation

Kenny W. Keith, Esq.

Harbuck Keith & Holmes, LLP

Gretel Felton

Alabama Medicaid Agency

Patrick Nicovich

Nursing Home Administrator

Carol Hill

Hill Educational Services, Inc.

Virginia Bell

State Ombudsman



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 and 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 11 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 the scores by the judges. ANHA then matches the blind nominations with the facility information. The top nominations with the highest scores are determined as presenters.



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Bill Nichols
State Veterans
Home





“Fall Prevention”

Administrator:

Ms. Trina Vines

Oak Trace Care & Rehabilitation Center

325 Selma Road

Bessemer, Alabama 35020

(205) 428-9383



“Fall Prevention”

In 100 words or less, briefly describe your Best Practice

Our Best Practice involves a campaign to decrease the number of falls in our home. In July 2015, we reached an all-time high 24 falls. While we did not have any significant injuries from any of these falls, we knew we had to do something drastic and do it quickly or we would have a serious situation. We also wanted to learn how to develop and implement a PIP (Process Improvement Plan) and see if we could make it work for us. We started with our July falls and took each incident report and drilled down to determine a root cause, asking 5 why's, fishbone and everything else we could think off. We brought in CNAs and LPNs from each hall, dietary, maintenance, activity, social service and housekeeping staff. We all sat down and put our heads together to find out what was going on and what could we do differently. Lo and behold we did find a pattern, one of the CNAs said “you do realize that we are all in the dining room, getting trays picked up and not on the halls when these falls are happening?” Most our falls were happening between 12:30 pm-1:30 pm. Sure enough, this was the case and we needed to find out how to turn it around. The entire team decided to start what we called a "Fall Watch". Starting at 1230 pm and ending at 1:30 pm we had someone on each hall to answer lights and prevent falls. All Departments took turns for this hour and it worked. We set our goals to reduce the number of falls 5% per quarter and additionally to reduce the number of falls 2% each month. We started by increasing awareness, staff education and in-servicing. Our falls the very next month in August went down to 13 and we were below threshold!!! We have stayed below threshold each month and met or exceeded our goal to reduce falls each quarter. We have met our goal EVERY QUARTER since we started !!! Our Falls PIP was a success. Our Champion for the Fall PIP was our ADON and she kept us on track with weekly meeting and she made sure we kept our staff recognition ongoing. In September 2016, we only had 6 falls. A huge part of our Fall PIP and what we really believe was the main reason for our success, the staff education piece. We had a "Fall Festival" and our focus of course was on education and preventing falls. We had the absolute best attendance of any in-service ever because we made it fun. We had participation from all Departments once again to make this happen. We had teams for the awareness areas. We divided into 7 teams and had booths set up all around the nursing home. Housekeeping-bingo card sign-in, Purple Dot Team (ongoing fall prevention program) -Nursing, Slip, Trips, Falls-Activities and Social Services, Do's and Don'ts-Business Office, Fall Prevention Tips-MOS, Therapy Interventions-therapy staff, Stop and Watch-Administrator and Restorative CNA, Putting it All Together-DON. As you can see, this was truly an across the board buy-in and it worked!!!

What Problem Does Our Best Practice Address?

Fall Prevention. We all struggle with falls and how to prevent falls, how to prevent injuries and the key is EDUCATION! Our Best Practice addressed the very real problem of not only educating our staff but getting a real "buy in" from the stakeholders in our home. As we figured out how to get information to staff, we developed a “QAPI spot.” This area became the “go to”

place for information. In addition, we had graphs and information boards that we kept in the break room so the staff could see how we were doing and where we were with our falls in real time. This kept us working in a proactive way rather than a reactive way. The goal was to reduce falls and we could do that.

What groups of residents and others were involved?

All residents and all staff were involved and we all benefitted. Since we had a “Fall Festival” we had lots of candy and goodies for residents as well. Falls occur on all shifts so we made a special effort to recognize each shift when they had the least number of falls. We started weekly, went to bi-weekly and just kept the awareness and focus on fall prevention. We also had fun with recognizing our small successes. Since we had the Fall Festival near Halloween, we bought things like chocolate covered eye balls and put them on little cards with a note “thanks for keeping an eye out for falls” and little paydays on a card that said “hard work pays off” and that sort of thing. The staff loved it!!! We also did the usual pizza parties and biscuits and coffee for 11-7 but we tried to keep it fun.

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

We had a reduction in falls the very first month and have consistently met our goals. In September 2016, we had 6 falls for the month. You can see the Fall PIP has been successful since the beginning and continues now. The PIP is working!!! Another measure of the success of this program was being selected to talk about our “storyboard” which we submitted to Atom Alliance. We had never been on a webinar so this was another first!!!

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

I'm not aware of other homes that have this type of Fall PIP or the accompanying education. I can see it being a challenge with getting a buy-in from all departments and line staff to actually put in the time and effort to be a part of the solution. We had support from our Housekeeping Director who encouraged and empowered her staff to be a part of the fall watch, as well as Activities and Social Service Managers taking a turn and supporting everyone else. It truly was a TEAM effort. We even had our Chief Operating Officer involved. This was honestly so much more powerful and more successful that we had hoped it would be. We had absolutely no adverse effects. The results have exceeded our expectations.

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

We had some expenses with the Fall Festival but not a significant amount. Each team responsible for an awareness area decorated their spot and provided candy and goodies and we spent about \$20 at each area. Staff were reimbursed for their expenses. We held this Fall Festival in place of our monthly in-service and we had a \$50 bill for a door prize. Every staff member who went to all booths and completed the training marked their bingo cards and they went into a drawing for the door prize. We had the best turn-out EVER!!! With the little celebrations along the way maybe \$10 week to start we spent around \$500 over the year.

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

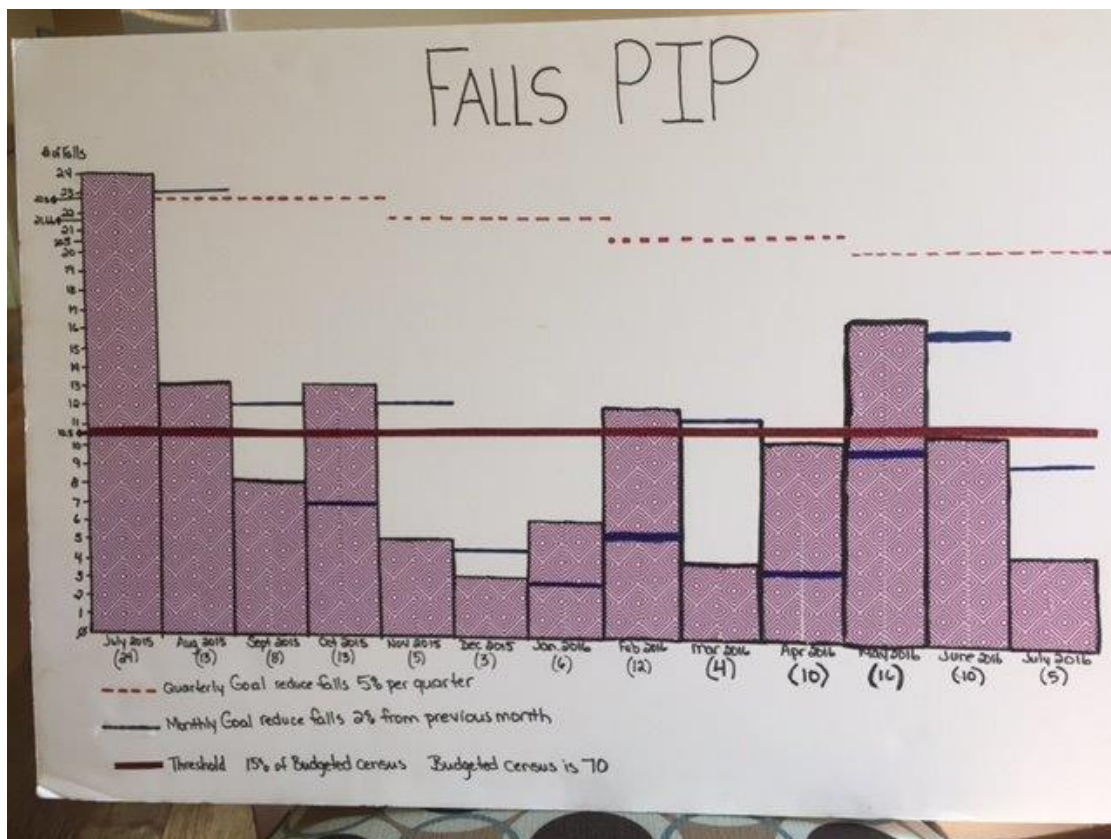
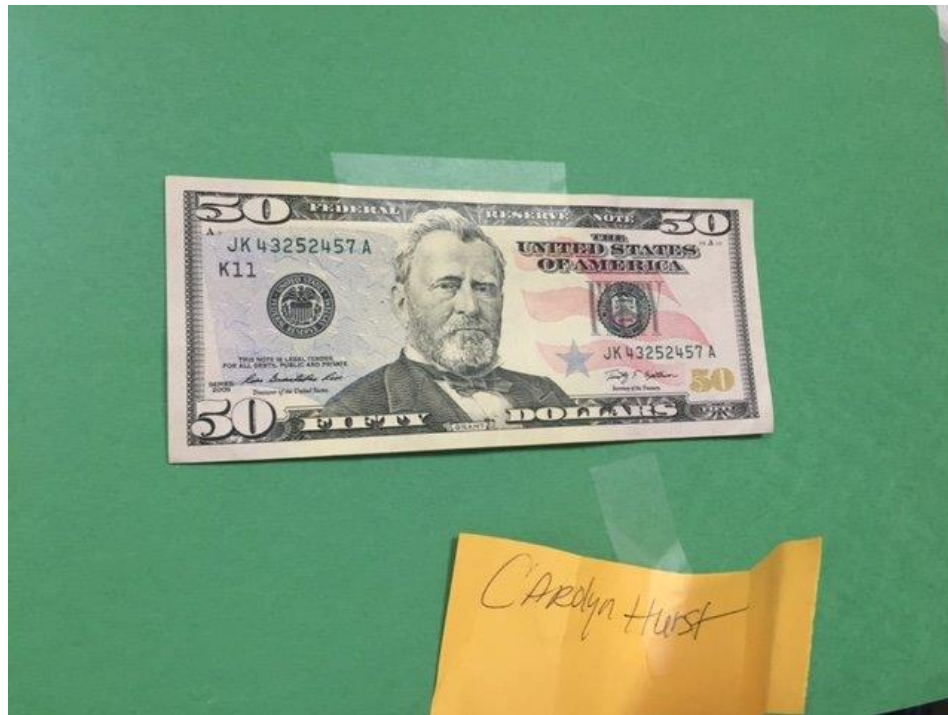
I believe having the TEAM approach to this problem to be the best part of this Best Practice and we also had a good time with it. We completely believe in the QAPI process and it does work. Just look at the charts and you can see the success!!











We had an all-time high number of falls in July, a total of 24 !!!

We had to do something different but what ???

We drilled down to a simple problem, the majority of our falls occurred between 1:00PM and 2:30PM when CNAs were finishing up in the dining room, putting our residents in bed for a nap, routine rounds and

NO ONE WAS ON THE HALL TO ANSWER ROUTINE CALL LIGHTS !

We started a "Fall Watch" during those hours and our Dept. Heads, Nursing Managers and Housekeepers were the "watchers" and answered call lights.

SUCCESS !!!

We asked ourselves
**WHY, WHY, WHY,
WHY, WHY ?????**

QAPI Spot
"How Can We Do It Better ?"

Fall Festival

Employee Recognition



**FALLS
THIS
MONTH**

0 3

IT'S BEEN

0 2 DAYS

**SINCE OUR
LAST FALL**



Friday Free for All

Administrator:
Ms. Pam Vogt

Marshall Manor Nursing Home
3120 North Street
Guntersville, Alabama 35976
(256) 582-6561



Friday Free for All

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

Development is an intrinsic part of living and conducive to what makes life worth living. Everyone, regardless of age or circumstance, must continually advance. Growth is imperative at any phase in life but is especially crucial in our midlife years. Our Best Practice, “**Friday Free for All**,” was inspired primarily by focusing on the seventh stage of Erickson’s Theory of Psychosocial Development: **Generativity versus Stagnation**. This period occurs during middle adulthood between the ages of 40-65. “**Friday Free for All**” is a weekly activity which promotes quality interaction between our younger residents and a variety of individuals within diverse settings.

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

Erickson suggests that **generativity** is the necessity to “make our mark” on the world by creating and nurturing those things which advocate for making the world a better place. Those persons who take on the challenge and make an effort to promote the things and relationships that will outlast them generally feel more productive and satisfied as they continue to develop individually. However, **stagnation** refers to a sense of failure when we realize our lives have not contributed to society. These individuals may feel incomplete and also disconnected or uninvolved with their families, the greater community, and even themselves.

The biggest grievance among our younger residents is that of boredom. The primary purpose of our Best Practice is to help younger residents feel as if they are contributing to others within and outside our organization. “**Friday Free for All**” involves different ways to serve these residents by encouraging generativity and making a concentrated effort to avoid stagnation.

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?)

Although every resident in our facility is welcome to participate, this particular best practice is geared towards those who are between the ages of 40-65. Currently, there are ten (10) residents under our care who are within this middle adulthood juncture. “**Friday Free for All**” has many benefits which foster generativity for our residents by encouraging a commitment to invest time and energy into others. The residents are given an opportunity to pour valuable traits into their care givers and even the next generation as they celebrate fond memories and pass down traditions from their own.

Implementation of the practice routinely involves approximately ten (10) staff members from activities, nursing, and dietary as well as our therapy department. To love someone is to listen to them. **“Friday Free for All”** is a constant benefit to our staff simply because they can experience the enrichment that comes from being taught by the residents they care for on a daily basis. This only helps to improve communication, build strong bonds of friendship, and provide an endearing atmosphere of love and care between the staff and resident.

Volunteers from the community and other health care providers also play a substantial role in the program’s execution. This is a valuable aspect to the best practice as it provides an extra dynamic to the relational features of bridging the gap that often exists between those who reside inside the facility and those in the local community.

“Friday Free for All” takes place every Friday afternoon in our facility Community Activity Room. The activity consists of a variety of interactive segments such as “minute to win it” games or dancing and singing to music from the 70’s, 80’s, or 90’s while sipping on non-alcoholic beer and “mocktails”. Our staff and other contributors may learn how to do the bump, twist, tootsie roll, and maybe even the shimmy from Baby Boomers and/or Generation X. It might also include a cooking class, karaoke, or baking and bagging cookies for the local fire, EMS, and police departments.

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

For every resident, but especially for middle adult age residents, finding meaning within the daily struggles of needing long-term care can be perplexing to say the least. There are many added detriments to wellbeing, peace of mind, and quality of life that can accumulate over time if stagnation is not dealt with first hand. **“Friday Free for All”** has been effective in accomplishing the search for meaning in the lives of our younger residents. It has given them the venue and occasion to reach out beyond themselves and give to themselves by contributing to others, grow by cultivating others, and know more about who they are by knowing others.

This Best Practice has afforded our staff the great gift of distinctive interaction with these residents that transcends the typical paradigm which exists between care giver and resident. Thus it enhances the environment of care that our facility strives daily to provide. **“Friday Free for All”** also presents a unique approach to overcoming certain stigmas that can inhibit and even prevent interaction with residents of skilled nursing facilities and others on the outside.

We have witnessed firsthand that our younger residents receive great fulfillment in being blatantly recognized for who they are – younger! It’s a wonderful thing to see a smile come across their faces as our Assistant Director of Nursing sings karaoke to one of their favorite songs from when they were back in high school. This is quickly outdone by the further gratification that comes from the residents themselves getting to sing karaoke either as soloists or with a group of other participants. It is quite a moving experience to watch a resident teach one of our CNA’s how to dance. Yet, this is commonplace during **“Friday Free for All.”**

Our Activities Directors lead them in favorite games such as trivial pursuit by playing theme songs from popular movies in their childhood or adolescent years and giving them the satisfaction of correctly naming which movie it came from. We have watched delight come back

into the eyes of our middle adult residents as they experience the competition of the “minute to win it” games. Laughter abounds as everyone enjoys the challenge of neatly stacking 25 pennies on a table without them falling to the floor before 60 seconds expires. The resident who can bounce the most ping-pong balls into a Red Solo cup in a minute wins the “Pong Game” and there’s nothing like a “mocktail” or other beverage prepared by our dietary staff for the winning prize.

“**Friday Free for All**” as a best practice is really true to its name because it creates a free environment for the participants to simply be themselves. It serves to be a perpetual ice breaking activity! We’ve observed that some of our younger residents who don’t say much or might be shy will often times break out of their shell during these activities. One such instance was the amazing moment a resident who is wheelchair bound (due to a bilateral trans-femoral amputation) taught our Activities Director the hand and arm movements to John Travolta’s choreography in the 70’s hit, “Stayin’ Alive,” from the motion picture, “Saturday Night Fever.”

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?

So far, there have been no obstacles or challenges. This best practice started out with a singular activity and blossomed into a whole variety of events. Although things did turn out differently, the outcomes have been very positive. As stated earlier, the idea of creating something special for our younger generation residents was inspired by Erickson’s Theory of Psychosocial Development. This theory was a main point of consideration at an **AMDA - The Society for Post-Acute and Long-Term Care Medicine** sponsored training event which was attended by our Administrator, Director of Nursing, and Social Service Designee and was explicitly aimed at “The Younger Adult in The Long-Term Care Setting.” Some of the activities featured in “**Friday Free for All**” are not original and there’s no doubt that other skilled nursing facilities conduct music therapy, games, etc. However, we are unaware of any facilities that are specifically reaching out to their younger residents.

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

As always, our staff is willing on multiple levels to contribute personally to the well-being of our residents. Costs have been kept to a minimum and equipment / supplies, when needed or used, have been donated:

Non-Alcoholic Beer	\$20.00 per month
Margarita Mix	\$20.00 per month
XM Radio	\$20.00 per month (donated by management)
Food Items	(donated by our Dietary Contract Company)
Misc. Supplies	(donated by staff)

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

Excellent is defined as “very good.” We all would agree that anything we can do to think of someone other than ourselves, or go beyond ourselves to give something that will last long after

we're gone is an ultimate good. This is also true if we can encourage others to do the same! **"Friday Free for All"** is excellent by nature and stays true to the great aspiration of being good by making the world a better place. Our Best Practice solidifies its excellence in a wonderful way by allowing those who participate to experientially realize the wonder of it all presently as well as over time.

"Friday Free for All" is innovative because of its potential for growth. The same program meant to nurture development in others has the ability to expand! For instance, we are currently in the process of introducing a monthly program entitled "Daycare to Eldercare" in cooperation with **"Friday Free for All."** This structured activity will involve relationship building and mentorship between our residents and the children of a local pre-school and could potentially be a Best Practice in and of itself.

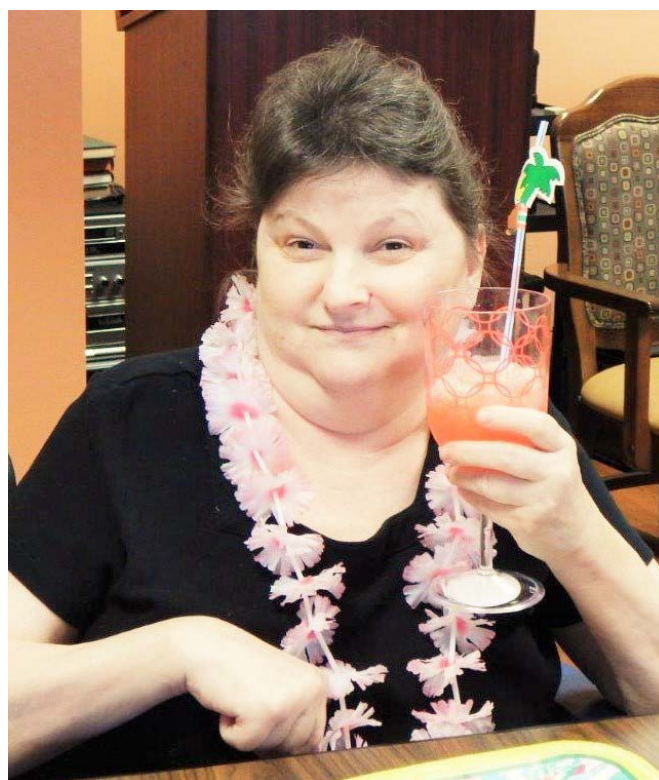
Additional topographies could continually supplement this Best Practice such as a formal dance or prom, late night movies, educational seminars, the involvement of younger residents in quality improvement teams or in charities, and even makeover programs. The amount of structured programs the innovation can support are as abundant as the opportunities it provides to overcome **stagnation** and promote **generativity** in our middle adulthood residents - truly endless!



Younger Residents and staff enjoy a free style dance to Van Morrison's *"Brown Eyed Girl"* during **"Friday Free for All."** Wish you could feel the energy and see the moves!



A younger resident sings “*Purple Rain*” in Tribute to **PRINCE** during Karaoke.



This resident enjoys a fresh “mocktail” as part of The “**Friday Free for All**” experience.



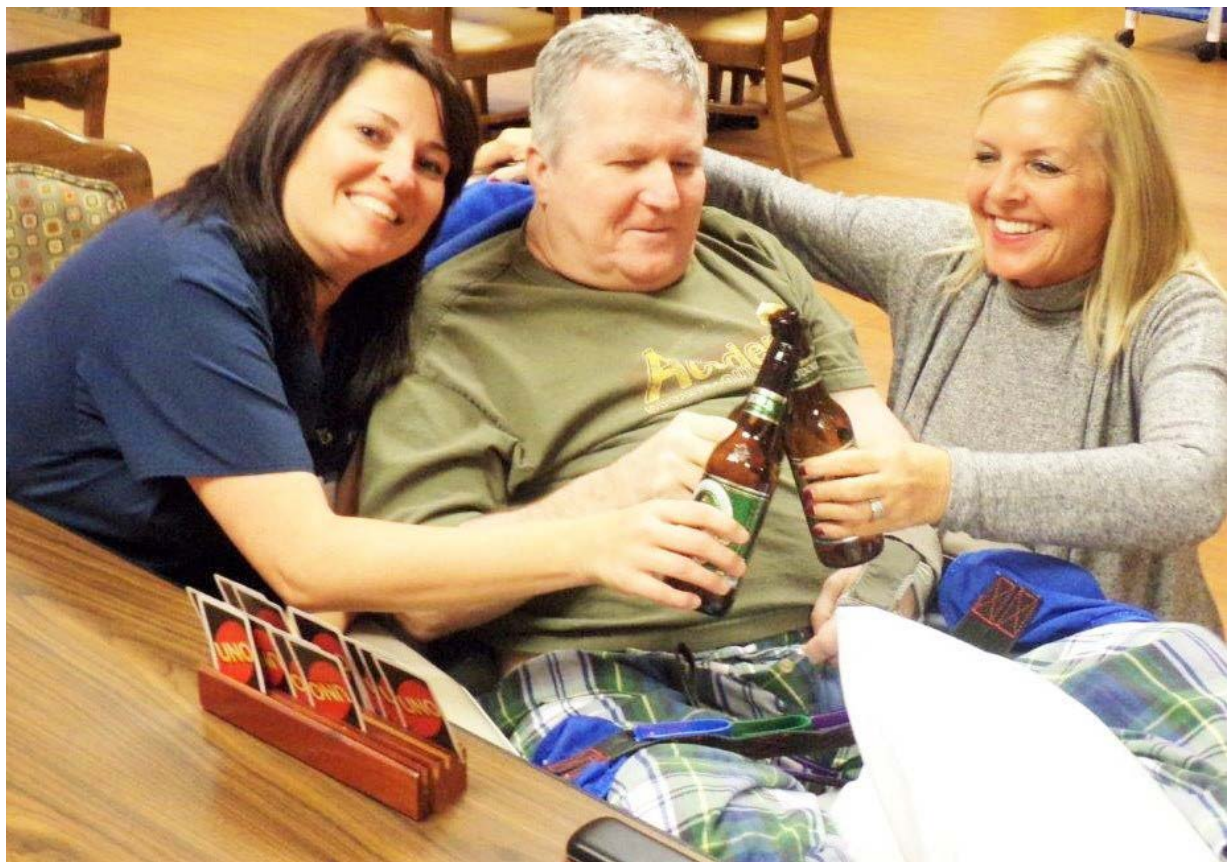
Residents engage in good conversation while shelling peas during a cooking class that is led by our QA nurse and Activities staff – a favorite feature of “**Friday Free for All.**”



Residents embrace the challenge of “*minute to win it*” and card games during “**Friday Free for All.**” Of course, there’s always time for a toast! Here are a few examples...



“As many years as I’ve worked here, I’ve never heard such laughter pouring from this room!” –
Facility Staff Member





Healthy Seniors Dental Program

Administrator:
Ms. Amber Detamore

Crowne Health Care of Mobile, LLC
954 Navco Road
Mobile, Alabama 36605
(251) 473-8684



OVERVIEW OF THE BEST PRACTICE

Our Best Practice is the Healthy Seniors Dental Program, which addresses our residents' dental hygiene. With this program, a local dentist and hygienist provide services onsite. The program benefits numerous departments. From a nursing aspect, it reduces the risk of oral infection and related antibiotic usage, reduces the risk of weight loss and respiratory illness related to poor oral hygiene, and allows missing/broken dentures to be replaced onsite. From a social aspect, it improves residents' self-esteem and dignity related to good oral hygiene. Also, it reduces the amount of transportation that would be required to take residents to dental appointments.

BENEFITS OF AN ONSITE DENTAL PROGRAM

The Healthy Seniors Dental Program offers many benefits to the enrolled residents. Under the program, residents receive routine dental cleanings including extractions, if necessary. Residents who have been enrolled in the program for at least six months will be allowed to utilize the denture benefit, which includes an initial set of dentures as well as denture replacement and repair if the dentures are lost or broken.

Nursing

From a nursing standpoint, the program improves the residents' oral hygiene thereby reducing the risk of oral infection and related antibiotic usage as well as the risk of weight loss. Since 2013, the dental program at our facility has provided 82 appointments related to dentures and 56 appointments related to extractions and debridement.

Social

Obtaining routine dental care improves the overall dental hygiene of the resident thereby improving the self-esteem and dignity of the resident. Likewise, residents who have the ability to obtain dentures through the dental program are likely to have improved self-esteem by having a more confident smile than when they were edentulous. Another social benefit of an onsite program is that residents are seen in the comfort of their own home, which helps reduce the anxiety that some residents face when leaving the facility to attend appointments. Similarly, another social benefit is that residents are seen in their own wheelchair, which eliminates the need for residents to transfer into a traditional dental chair. This is truly beneficial for residents who have difficulty with transfers.

Transportation

Having an onsite dental program significantly improves the strain placed on families and the facility to transport residents to appointments. A sample of 100 policyholders who have been

enrolled in the Healthy Seniors Dental Program across the state of Alabama for around five years was taken to analyze the benefits of an onsite dental program in nursing facilities. Over the course of the five years, the dental program provided 1,938 various services to the selection of residents analyzed.¹ Having an onsite dental program eliminated the need for transportation for nearly 2,000 procedures as well as having to provide extra staffing to assist residents to and from dental appointments outside the facilities involved.

COST OF AN ONSITE DENTAL PROGRAM

Oftentimes, residents and their family members are hesitant to enroll in the dental program because they are under the impression that there will be an out-of-pocket charge related to the program. However, residents and their families are relieved to find out that the dental program premium is paid through a reduction in the resident's financial liability to the facility, instead of being incurred as an out-of-pocket cost to the resident.² Just as there is no out-of-pocket cost to the resident for enrolling in the program, there is no out-of-pocket cost for the facility to provide the Healthy Seniors Dental Program. Through the program, a local dentist and hygienist provide all the necessary tools and equipment for each dental clinic. The facility does not have to provide any medical supplies for the onsite dental clinics.

CHALLENGES OF IMPLEMENTING AN ONSITE DENTAL PROGRAM

There are a few potential challenges that other facilities might face while implementing an onsite dental program. The facility will need staff members with knowledge of the overall program to properly explain it to families and residents, staff members to assist in completing application to enroll residents in the program, and staff member to coordinate with the dental team prior to upcoming visits. Staff members will also be necessary to transport the residents to and from the clinic area on the day of the visit to ensure the clinic runs smoothly. Likewise, teamwork between nursing and the dental team will be required to ensure residents receive proper care and follow up. The facility will also need a space to fit all dental equipment necessary, including electric plugs and running water. The clinic may also need a geri-chair, stools, table for dental equipment, and regular chair.

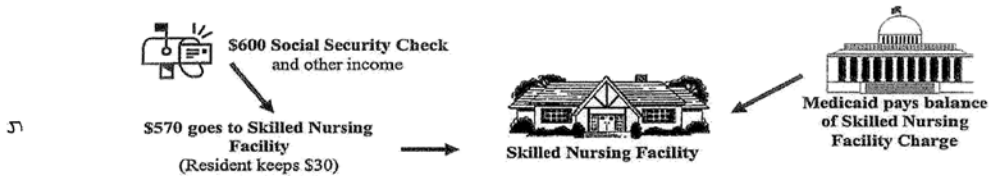
¹The services provided to the 100 policyholders were as follows:

- Examinations and Follow-up Visits: 667
- Regular Cleanings, Debridement, and Denture Cleanings: 534
- Extractions: 280
- New Dentures and Partial Dentures: 64
- Denture Adjustments, Realignments, Repairs, Rebases and Other Denture-Related Services: 282
- X-Rays: 61
- Fillings and Other Tooth Restoration Procedures: 50

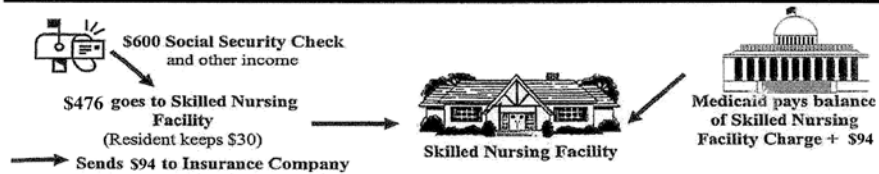
² For a full illustration of how the dental program premiums are paid see the chart on page 5.

Medicaid Resident Participation

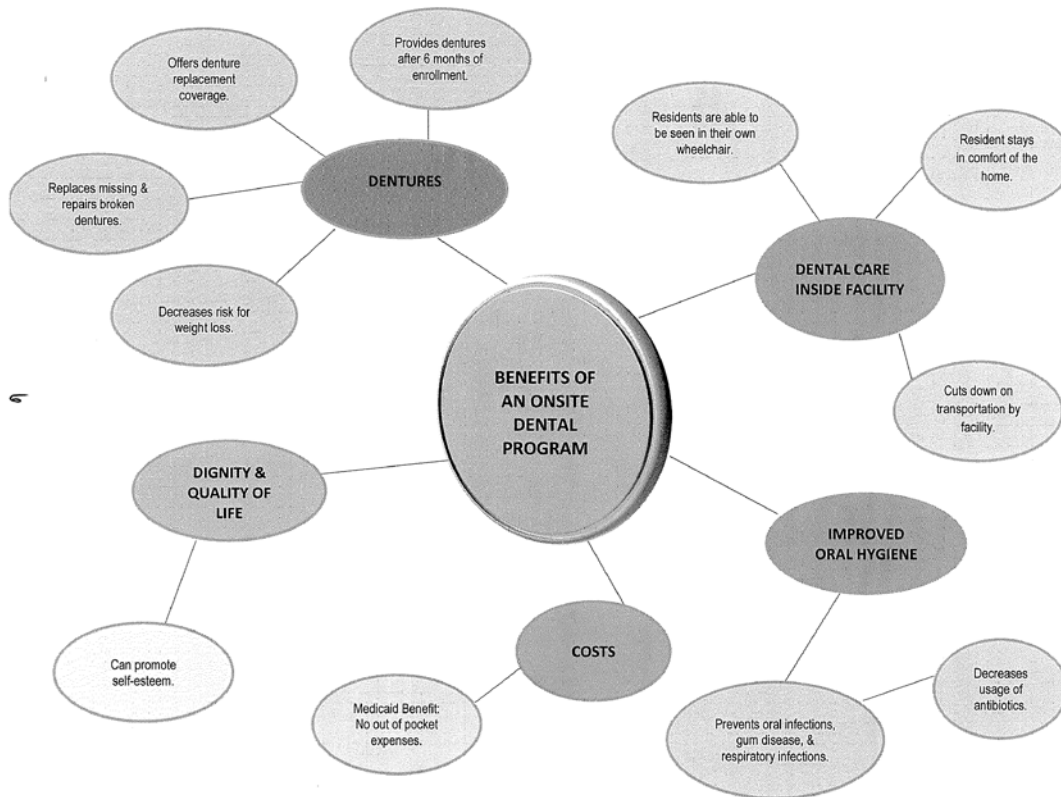
Resident without Dental Insurance



Resident with Dental Insurance



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All Work and More Play

Administrator:
Ms. Elizabeth Hayes

Cullman Health & Rehab Center
1607 Main Avenue Northeast
Cullman, Alabama 35055
(256) 734-8745



All Work and More Play

In 100 words or less describe your Best Practice:

All Work and More Play for does make for an exciting day. As important as consistent routines are they can become boring. To truly build a strong team we have found that grouping staff together in exciting and thought provoking settings helps to build relationships and bonds. All Work and More Play has helped our facility build team morale, improving call in rates and turn over directly related to staff burn out. As a result of better morale resident and staff rapport and resident care have seen great improvements. We hope that you enjoy All Work and More Play!

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

All work and More Play is designed to resolve staff morale concerns, build team working skills, and create a more enjoyable atmosphere in our work place. We had noticed a decline in team work on the halls between staff and departments. Work was complete and working relationships in place but it just wasn't what it could be. We wanted more for our staff and we understood how changing work attitudes could be a positive influence for residents and their families as well.

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

All Work and More Play is directed by many different departments in our facility, everyone plays a role which is vital to building team work. Activities assists in scheduling, Administration provides the much-needed support and encouragement to maintain and promote this best practice, Staffing is important to help ensure all staff has a turn in the fun. Dietary helps provide snacks and hydration during events as needed, Restorative and Housekeeping were a big part in getting all staff involved, when they totally bought into this best practice it became a huge success. All staff members (along with residents and their families) submit ideas for events or programs. It takes team work to direct a best practice to promote team work; we feel that is why it is so successful. Everyone is focused and making sure everyone else is having a great time! All Work and More Play is based on team and morale building activities and events. We know how much fun Nursing Home Week is and we try to focus so much attention on positive promotion of Nursing Homes in our community but it is a great time to encourage staff. Dress up days, games, and meals are great place to start; even an occasional water fight.



But why stop at Nursing Home Week? Why spend so much time on just one week, why not continue through the year? Nursing Home week we see a lot of memories made, and relationships formed as staff play silly games, that they must work together to complete. That's when it hit us, why not keep it going?



We can recognize special holidays for departments, like 80's day during Housekeeping week.



Choose staff that doesn't get to go on outings and have them assist in taking residents to the fair.



Catch staff off guard by hosting a resident scavenger hunt where they need the Administrators signature or staff name badges.



Host a trunk or Treat, having staff decorate their trunks, bring their children, or play games.

Our favorite so far, of staff, residents, and families have been our Battle of the Air Bands! Our staff is encouraged to put together a band, come up with their name, dress up, and perform facility appropriate songs, that they lip sync to while playing air instruments. Staff members have to work together and practice with their band to get their performance just right. Residents love to watch staff do something out of the norm and become part of their environment, families get a sense that we are all in for their loved ones, and it is just FUN! Prizes, of course, are awarded for different goals at different events. Some staff feels the sense of team work and memories made at the events is the best prize!



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.)

All Work and More Play has created work place bonds and a sense of togetherness in our facility. Staff is more willing to jump in and help each other out because of relationships in place in place of sheer necessity. Smiles are contagious throughout our facility.

The change in atmosphere makes our facility a fun place to work. Something is always going on, like taco salad day, blue jean days, or staff bingo.

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 only challenge we faced with All Work and More Play was getting staff to buy in and try it. At first outside of Nursing Home Week it was hard for staff to get out of their shell and be silly, to lighten up.

We heard, “We are so busy,” everyone on board answered, “We will help you, have fun for a minute!”

We heard, “I don’t want to do that, I’ll look ridiculous,” everyone answered, “No sillier than the rest of us, we can be ridiculous together!”

We offered prizes and encouraged staff like crazy, then Housekeeping and Restorative bought in, these departments deserve credit for spreading the spirit of All Work and More Play! They are our “Class Clowns” and once they were in everyone began joining in. We still have some that it just isn’t their thing but they come in and assist residents, take the hall, and support the program in their own way, which is important to us as well!

We haven’t experienced anything adverse through All Work and More Play. Everyone on staff knows that the events and contests are for fun. What we had not considered was the complete effect it would have on our residents and their families. We knew that changing the atmosphere in a positive way for staff would have positive effects on staff, but we did not expect residents wanting to dress up with us, encouraging staff at events, wanting to participate themselves and observe at contests. Residents invited their families to come watch “my girls/guys” at the air band competitions, or bring the grandkids to this trunk or treat. Our residents noticed how much happier staff looked. They knew when we were under stress and they can also tell when we enjoy our jobs. This can influence their emotions as well.

We understand that at different times all facilities experience staff morale concerns but we are unaware of any facility approaching it the way All Work and More Play does.

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

This is one of the best parts of All Work and No Play, the cost was so little and almost completely fund raising provided!

We needed paper for notices and flyers, which the facility already had on hand.
We needed candy and prizes, which came from donations and fund raising!

Staff made their own costumes for dress up days and their own decorations for different events.

We scheduled events and games throughout the month so that staff that was already in facility got to play, and everyone had a chance!

Taco Salad Day and other in facility meals were on a donation basis so we had a great meal with each other and raised money for this best practice at the same time.

Blue Jean day, we paid a dollar to wear the jeans; again, money went to this best practice.

Our favorite weekly event is staff bingo, we buy a bingo card for \$2.00, \$1.00 goes toward prize money for the bingo game, the other \$1.00 go toward our fundraising for this best practice.

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

All Work and More Play is considered to be excellent because it has worked for us! Our outcomes were more than we had anticipated, the atmosphere in our facility has changed for the better, the cost was almost none, and our residents had fun with us.

Let the water fun begin!



Totally Rad 80's Day!



Fun at the Fair!!



TRUNK OR TREAT!



Facility Concert With Battle of the Air Bands!





Change Ahead: Activities Re-Enhanced

Administrator:
Ms. Mary Meeks

Albertville Nursing Home & Rehab Select
750 AL Highway 75 North
Albertville, Alabama 35951
(256) 878-1398



Change Ahead: Activities Re-Enhanced

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

Declining Activities raised a concern that the residents may not be enjoying activities to its maximum experience. It became our wish to revamp our activity program in order to encourage residents to not only enjoy new and exciting activities, but to invite their neighbors to have fun as well. Our Best Practice is to open a new world for our residents and to invent new activities that our residents have not experienced before and to move beyond Bingo. We would like to enhance our program to maximize enjoyment and help keep our resident's minds sharp, bodies strong and their spirits high.

What problems does your Best Practice address, and what is it's primary purpose?

We had a decline in Activities and the residents stated that other than Bingo, they seemed to play the same old things. They wanted something new and exciting. There was no basic camaraderie between the residents. They see each other at Bingo, but more than a few did not know each other's names or anything about them. We felt we had a lot to tackle. We wanted to increase activity participation, bring the outside world in and to build a kinship between the residents.

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)?

We began with an Each One Reach One Program where each resident is responsible for inviting their roommate and their neighbors to activities. If their roommate or neighbor wanted to participate, they are responsible for asking the CNA's to help them get there. Next we asked CNA's to help. Once a month we meet with the residents and ask if there is any new activities they would like to try. We then began incorporating our volunteers for new ideas, CNA students twice a month, utilized our community resources, encouraged family members to join in and finally, we added the outside world with Guest Speakers once a month.

The Each One/Reach One was the most beneficial aspect as it encouraged all to participate, and was beneficial in getting the word out. Once we had increased participation, we received new suggestions from the residents on new activities. Hosting guest speakers, brought in the outside world, and in turn stimulated their thought process and pride during the question and answer periods.

At this point in time our outside world has brought in a Pilot, Aubie Tiger, Matthew Scott/Elvis Impersonator, McDonalds, The Mayor of Fyffe, Hospice and an Army Veteran, Vintage Gospel (once a month) and also Mr. Robert Stephenson (Song writer, artist and entertainer) twice a month. We have also had the R.O.T.C. Color Guard.

In addition, we have incorporated Armchair Travels, utilizing personal vacation videos, pictures, guest speakers who went on the trip and foods from around the world.

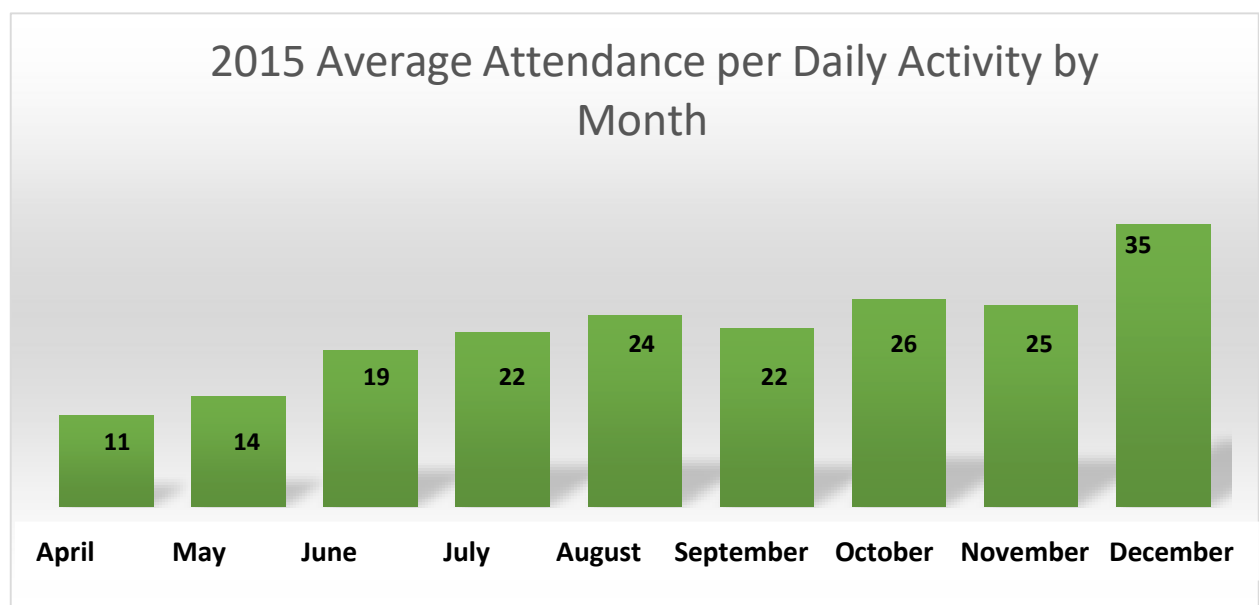
Our residents have developed a love of painting, and paint the most beautiful pictures.

In Resident Council, we have started a “You Have A Voice” program, where every person’s opinion or suggestion matters.

What has your Best Practice accomplished, and how have you been able to tell this (you may give numbers and/or specific “before and after” examples)?

We began to revamp our program in April. At that time, we only had a maximum of 11 residents participating on a daily basis. We had 3 men participants in the men’s “Rooster Club”, and 12 ladies in the “Red Hatters”.

We now have an average of 35 residents participate on a daily basis (on some days as many as 48 participants), 8 “Rooster Club” members and 29 “Red Hatters”.



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

There has been only one obstacle at this point – TIME. Our programs have been so positive that we are having an issue to fit everything in. But it has been exciting and we have learned so many new things, met so many new people and experienced so much joy.

On certain days, we have so many in attendance that we need more room.

What was the cost to implement you Best Practice (include dollars, supplies, equipment, etc.)?

Basically, to start our participation increase, past our normal budget there was no additional cost involved. Most of our additional materials are donated through our volunteers, and community resources, and there has been no charge for Guest Speakers.

The only additional cost at this time was for the Elvis Impersonator and Aubie the Tiger. The cost for these two activities are based on mileage which would depend on your location.

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

This Best Practice has opened a whole new world to our residents, staff and visitors.

Our new programs have not only increased our resident participation, but has increased our staff, visitor and volunteer participation. More importantly, it has increased our family environment and achieved a kinship among all.

Our enhanced program has strengthened morale and altered the way we look at problems. This approach has changed the way we look at aging, has taken away the negativity and opened the door to positive views with endless possibilities.

Our residents will tell you that Activities makes them feel that life is worth living. Our residents seem happier, wiser, smarter, and stronger and enjoy so many more things. They can pretty much tell you everyone's name. They laugh, sing, dance and paint. They like to Whip & Nae Nae and do the Quan. Not only do they enjoy life, but they have enhanced our lives as well. Our Residents Are Awesome!!!



*1SG Roy M. Sosebee
Hildredge Swords
(Hildredge made
ammunition for the
military.)*



*Robert Stephenson
(Always lets the residents
sing with him.)*



*Thomas Rayam
Former Alabama Linebacker
Penny Auction*

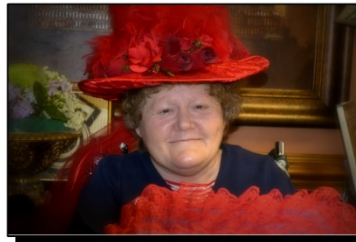
A Few Of Our Wonderful Guest Speakers



*Ms. Kathleen Mason
Librarian
(Ms Mason Donated and maintains
Library for our residents in her mothers
honor.)*



*Dan Whitlock
Pilot - Net Jets
(Dan also brought a special video from
Jerry Sceinfeld)*



Red Hatters

Gloria Barwick, Cecilia Bellew and Magdalene Wilson



CHARLES

PROPS



MYRTLE

ACTIVITIES



Ms. Ollie Mae Dunn Painting



*Gladys Mason & Hildredge Swords
Making New Friends*



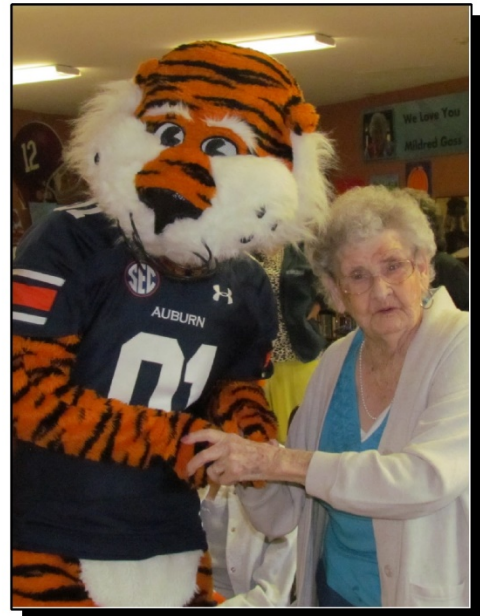
*Mr. Byron Talton
Drawing & Coloring*



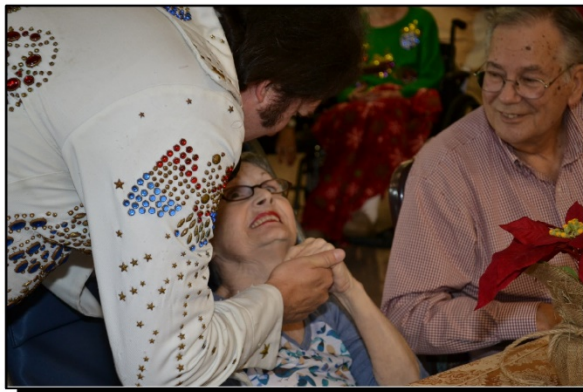
*Martha Bell
Making Buttons*



**WHIP
&
NAE NAE
WITH
AUBIE**



**MATTHEW SCOTT
("Our Hunka Hunka Burning Love")**



IT'S PARTY TIME



Celebration of Healing

Administrator:
Ms. Emilee Fenaes

**Roanoke Rehabilitation & HealthCare
Center, LLC**

680 Seymour Drive
Roanoke, Alabama 36274
(334) 863-6151



Celebration of Healing

We named our Best Practice program "Celebration of Healing." This celebration is a party planned for the resident, staff, and family to celebrate a wound free status. The party is planned by the resident with all the foods they would like and it is enjoyed by everyone in the facility. This program assists in building teamwork, improving moral, and building a bond between the family and staff along with the staff and resident. Often times when residents come in that have several wounds at varying high stages they are very time consuming and frustrating for the staff. This program is designed for residents that have five or more pressure ulcers; either admitted or acquired stage 2 or higher. All residents are at risk and monitored for skin concerns. The program benefits include a clearly defined goal, ongoing monitoring of all of the staff, shift cooperation and correlation of care between the staff. This program helps CNAs and Nurses see how effective following the plan of care is and reminds them of the purpose of care plans. The procedures and protocols include weekly measurements, active treatment changes until the right one is found, debridement (chemical or sharp debridement), weekly documentation along with weekly updates to the family, heel lift boots, heel protectors, heel floating, charge nurse rounding, turning and repositioning along with alternating/low air loss mattresses.

The resident that we developed this program for exceeded our greatest expectations. His journey began in February 2015 with 14 wounds ranging from stage 2 to unstageable wounds. He had wounds on pressure points of heels, trochanters, ankles, side of foot, iliac crest, and sacrum. He was malnourished, underweight and was very sick with a poor prognosis. Not only did he have all these wounds, he was primarily bed bound, a tube feeder, and in chronic pain. His primary physician did not even believe that he would live long enough to see all of the wounds heal. He had doppler studies that showed he had poor circulation which only made the already complicated situation harder. But against all odds his wounds started to improve and heal. At this time is when the Celebration of Healing came to mind, we decided if we could get the lower extremities to heal with all of these odds stacked against us then everyone deserved a reward. The wound nurse gathered all the staff and gave them an extra incentive by telling them that if we get him wound free then we would have a party. The primary care takers stepped up to the challenge the wound nurse put in front of them. Immediately we noted the certified nursing assistants and the nurses working together and harder to ensure he got his party. All of his wounds were healed without the use of wound vacs or visits to a wound clinic. Not only was the party a success, he is wound free, gets up to a wheelchair that he self-propels, eats a regular diet, drinks thin liquids and has reduced pain. His overall quality of life has improved thanks to the effort and work put in by the staff.

The hardest part of replicating the program will be having the facility staff to buy in to the program and allow the risk of a high acuity wound patient. The wound nurse in charge of the program would have to be a very strong leader who is determined to see the program succeed. The wound nurse will have to take ownership of the program, they would have to be the person to lay out the responsibility of the staff and require the staff to follow care plans, Staff turnover

would be a major obstacle. This program works best with consistent assignments and a stable staff. When we set this program in place we only had one resident on the program. Determining the price of the program is very difficult due to how long the program takes and the changing of orders. One of the ways we helped control costs was if a treatment was not producing results within 2 weeks then we would get with the doctor and changes the treatment.

This should be considered a Best Practice because this completes the circle of communication and team work. The program included the residents, family, staff, and community. The program gave the resident a reason to stay positive about their situation and the staff an extra incentive to take care of a more time consuming and difficult resident. When the goal of wound free was reached everyone got to celebrate together. The resident gave a menu of food that he wanted and everything listed was provided. The resident on the program and his family got to eat first and then all staff and other residents got to participate in the food and celebration. At the party the daughter of the resident made a statement and she allowed us to share the statement with the Best Practice.

“Dear Staff,

I am the daughter of Mr. M. My father is a resident here that came in as a bed bound, tube feeder, with sores. The staff here has gotten my father to where he is today. Mr. M is out of the bed, off the tube and in a wheelchair eating solid foods. I'm so glad my father ended up at your facility. The staff here is nice and caring, and the facility is clean and well ordered. Now my father is so happy and blessed to be back to his self again because he was so determined to get better.











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

Administrator:

Mr. Garrette Woodham

Bill Nichols State Veterans Home

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

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

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

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

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

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



Iron Bowl Cornhole

Administrator:

Ms. Wanda Allie

Crowne Health Care & Rehab of Montgomery, LLC

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

Our best practice combines two of the South's biggest and most popular traditions. We call it "Iron Bowl" Cornhole! Everybody from the south, especially in Alabama know of the "Iron Bowl" and also the fun game of Cornhole, the bean bag toss game. We combine the two for one of our most fun and exciting program that has become out most attended program too!

"Iron Bowl Cornhole" was developed to think of other recreational ways to get all of our residents involved and to interact in a fun and social way. We also wanted to develop a program that would encourage our male residents to want to attend. Many of our male residents are not very fond of Bingo, so we wanted to create a program that involved sports and fun! As the game became popular we have decided to get Social Services involved and try to get the community and other facilities to play with us.

This program is open to all of our residents and is easily adapted to most levels of physical and cognitive function. It is geared to residents of all ages and gender. Cornhole is a bean bag toss game that is very popular in the south. It consists of two board that lay at an angle and has a hole cut out towards the top. It is played with two teams of two players. We pair up teams of Alabama fans against Auburn fans. Each player is given two bean bags that they toss onto the board that is placed anywhere from 10 to 20 feet apart, which can be adjusted according to resident's physical ability. We have one "Crimson Tide" board and one "War Eagle" board. The object is to toss your bean bag onto the board and through the hole. Bean bags are stuffed with corn, hence the game "Cornhole." If the resident gets their bag through the hole they are awarded three points. If their bean bag just lands on the board without falling off, they are awarded one pint. After each player has thrown both of their bean bags, the team scores are added for that round. Since we have a football theme we consider each round a "quarter." After 4 quarters of throwing the scores are totaled and the team with the highest score has won the game! We keep track of which team, either Alabama or Auburn, wins each game and after everybody has played we then total how many games Alabama has won, and how many games Auburn has won. The team with the most wins is declared the Iron Bowl Champion! Assistance is given to the participants according to their level of physical and cognitive abilities.

We believe "Iron Bowl" Cornhole can be an excellent addition to any facility due to the outcomes that we have seen! "Iron Bowl" carries a huge tradition in Alabama and even if you are not a sports fan, we are sure you have heard and know what it is about! The increase in resident participation alone makes this a huge success and asset to any program. It is adaptable to different physical and cognitive abilities by slightly changing the distance of the boards. The atmosphere and energy that your residents will display is reward enough! It has truly been a hit for our facility and we can guarantee that it will be a positive addition to any other! The most important thing is our residents, and seeing them happy and having fun is the goal!



Tailgate with Us

Administrator:

Ms. Melba Freeman

Falkville Healthcare Center & Rehab

10 West 3rd Street

Falkville, Alabama 35622

(256) 784-5291

On Friday's we have tailgate parties with staff and residents. We have also involved our community and a sister facility. Our high school band came to our facility during homecoming week and did a street performance for the residents. Our office staff has come together to be our facility cheerleaders. They perform each Friday at our morning huddle meetings and do a cheer for the staff and residents. We also have a pot luck lunch.

Our Best Practice gets the morale up and gives staff, residents, and community something to look forward to each week.

Our office staff gets together each week to decide on a cheer then practice it until time to perform on Friday morning. For the most part our whole facility is involved including residents. They perform in the hall and everyone gathers around to watch. They interact with our cheerleaders and at the end, the floor that interacts the most wins the Spirit Stick. There are 11 office staff members that perform for the facility.

Our Best Practice has accomplished bringing our staff and residents together more as a family and not as a resident and caregiver relationship. This Best Practice helps with staff and resident involvement and interaction. The cheers often bring happy memories to our residents; they are taken back to a time when they themselves were in school or college cheering on a team or even when their children were involved in sports.

For replicating our Best Practice at another facility it would be relatively easy to do. We called out one of our sister facilities to join us and by the end of the day they were on their way to making it a weekly rivalry. There were no obstacles to overcome with our Best Practice. This Best Practice costs little to no money for us to accomplish. The cheerleaders eventually bought their own matching shirts but it is not necessary. The only other expense was our pot luck lunch and we all bring a dish each Friday. The kitchen staff also pitches in to ensure everyone is fed.

Our Best Practice is excellent because our overall morale at our facility has increased. This Best Practice gives not only staff but residents also something to look forward to each week. Having good morale reduces absentees and the residents feel like they are a part of something and they have more of a purpose. We understand that running a nursing home is about so much more than simply managing a business; caregivers are the backbone of the senior living industry. Their care is just as important as the residents they serve.



Focused Laughter Programming/Laughter Therapy

Administrator:

Ms. Jennifer Shunnara

Greenbriar at the Altamont SNF

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Birmingham, Alabama 35205
(205) 323-2724

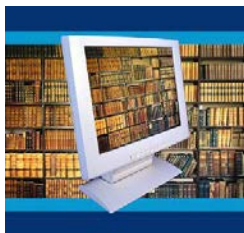
Laughter has been shown by studies to have health benefits such as enhanced oxygen intake, releasing endorphins, stimulating the creative and social bonding centers of the brain and a vast number of other benefits. Once a week we will sit in a circle or semi-circle and complete three rounds of "Fake it till you make it", mock laughter exercises. In-between the three sets, we share jokes we know or jokes we gathered from the internet. The leader of the group always has planned material but residents are often eager to share their own. In addition to the once a week group we offer more laughter by tailoring it to other activities, like telling jokes with our snack cart. We didn't create laughter but we absolutely make space for it to thrive!

Increased laughter exercises will stimulate a sense of wellbeing amongst residents, like a pot on high heat; it steeps the pot to prevent boiling over. This effect spreads through care givers, family and staff. Since we know that perception is reality to the person perceiving it, laughter groups helps promote positivity in the care environment and changes the outlook of all involved to be more positive. To find out more on the wellness benefits of laughter, google the topic, see for yourselves all the wonderful things that laughter therapy and increased laughter programming can do for your residents. My favorite study came from, Cancer Treatment Centers of America.

Having more laughter on the unit reduces the stress on staff and resident alike and affects the entire unit towards a more positive day. Happy staff, happy residents, joyful workplace, reduced staff turnover, a feeling of accomplishment when your joke is read or shared, endless possibilities for a more productive and healthy environment.

I have personally been involved in studying and conducting laughter therapy since 2006 and in 2011 I generated a "How To" DVD as a joint effort with my church, so that that we could freely pass it out to different organizations. I have trained several Activities

Directors/Marketers and been a consultant to more than a few companies outside my employer. Laughter works! It is our natural healer! After all, quality of life is what we are in the business to ensure, to sustain that is our prime goal and the only way ensure this is happening is to schedule it on the calendar and make an environment that is welcoming.



Alabama Virtual Library

Administrator:

Ms. Darlene Miller

Generations of Vernon, LLC

1050 Convalescent Road

Vernon, Alabama 35592

(205) 695-9313

It is often a challenge to find meaningful, economical forms of entertainment for residents that don't participate in group activities. Before entering a Skilled Nursing Facility, many residents filled their hours with imaginative trips to other times and places through books. Administration and Activity Departments are challenged with purchasing books or finding ways to transport residents to libraries. Residents that once purchased books online are now limited to \$30 per month to supply all their wants. Diminishing eyesight is another challenge to avid readers. The Alabama Virtual Library is a solution to these challenges.

This Best Practice addresses the challenge of finding meaningful, economical forms of entertainment for residents through literature.

The Alabama Virtual Library is open to anyone with a library card from a participating library in the state. Ebooks or audio books can be virtually borrowed for a 2 week period, just like borrowing from the local library. These virtual books can be accessed from a smart phone, tablet, or laptop. The facility has purchased several tablets to allow residents that don't have devices of their own to access the virtual library. Residents that are visually impaired can increase the font size for easier reading or borrow books and listen to audio books. There are two library cards issued per resident. The resident keeps one and the Activity Staff keeps the other in case the resident misplaces their own card.

This program has enhanced the quality of life for several residents. Our residents, who have limited resources, tell us how thankful they are that they are that they now have access to books from their room without having to purchase or arrange transportation to the library.

The only challenge faced was keeping the tablets charged. The Activity Department maintains, keeps them charged and in working condition and checks them out to residents.

The Alabama Virtual Library is free of charge. A local library partnered with the facility to provide library cards to the residents. The facility purchased 3 tablets at a cost of less than \$50 for all 3 tablets. In order to work with the virtual library, the tablets must have the capability of WIFI connections and each tablet required its own email. The facility established an email account for each tablet. Several residents had their own tablets or laptops, therefore only needing a library card. The Activity Department or Administration is able to help residents that need assistance with borrowing the books, such as connecting to the internet or navigating the web site. Some residents have requested assistance on choosing which book to read. No extra staff is used for this Best Practice.

Often in our profession, we lose sight of the fact that our residents find joy in the same things we do. Being able to enhance the quality of life for our residents for a minimum investment of time and money makes this Best Practice excellent and innovative.



Medication Reduction to 8 Per Resident

Administrator:
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The over use of medications has reached significant levels in our nation. One of the greatest populations of people affected is geriatrics. Knowing this, we chose to decrease the average number of medications our resident received to eight or less per day.

When residents receive multiple medications there is an increased risk of adverse reactions. Some of which are: Side effects of the medication, medication to medication interaction, residents having to swallow multiple medications at one time. Having knowledge of this we, as the medication administration team, began to seek ways to decrease the number of medication each resident received.

The facility pharmacist observed possible risk of adverse reactions to some residents in the facility. The observation was shared with the Director of Nursing who then summoned the Assistant Director of Nursing, Social Services Director, Pharmacist and the facility Medical Directors to form the medication reduction team. Because every resident is at risk for multiple medications, all residents were included in our reduction protocol.

The team first gathered every Medication Administration record (MAR) and viewed each one individually. Each resident that received nine or medications were then placed in the possible reduction group. Once the candidates were selected for reduction the process began on a case by case basis. The team initially gathered all the pertinent information for each candidate, and used all medical histories and data collected to determine if the candidate was appropriate for a reduction trial. Each medication was scrutinized for effectiveness, possible interactions, and usefulness for the geriatric population. Once the initial trial reductions were made, any positive or negative results were discussed during the multi-disciplinary morning team meeting. The medication reduction team continues to meet each month to continue to monitor our progress.

When the team initially met to discuss the benefits of reducing the risks to our residents by way of eliminating the over use of medication, our medication to resident ratio was significantly greater than eight and has now been safely reduced to an average eight (8) meds or less per resident. The overall reduction in medication has helped in reducing the risk of hospital admissions due to overmedication, or drug interaction. It has also increase the quality of life for the residents in our facility. The nursing staff has more time engaged with our residents as a whole instead of using so much time during the day and night to pass medications.

The reduction of medications per resident has had a positive effect on our resident population. It has overall increased the quality of life for the resident and created a "home like" environment. Not only has it been a positive change for the resident but also to nursing staff. Nurses are no longer focused on giving multiple medications but have time to provide more individualized care for the resident. The effects are not only physically sound but financially prudent as well. For these reasons we have chosen the reduction of medications as a "Best Practice".



Birthday Celebration – All About You

Administrator:

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One of the things that we at our community feel is a "best practice" is making our residents feel special as individuals. We want our residents to feel special every day, but especially on their birthdays. This birthday best practice includes our interdisciplinary staff, volunteers, residents and their loved ones. On each resident's birthday we celebrate; making the day 't all about you', the birthday guy or gal. We gift the birthday resident with a wreath on the door, balloons, cards, song, and a special meal (or small gift for those who are unable to eat).

Our Best Practice addresses our residents as individuals not forgotten. It serves to remind them that no matter what changes in life, circumstance and environment have occurred they are still remembered, loved, and valued!

Our interdisciplinary staff, volunteers, other residents and family members join together to celebrate each resident's birthday. We list the month's birthdays on bulletin boards and celebrate on each individual's day, as well as during a large group activity at the end of every month. At the large group activity, we celebrate all birthdays that occurred during the month with cake and a party. Each birthday celebrant's family members are sent invitations to the party. Throughout the month, on the resident's birthday, our staff places a "birthday wreath" on the resident's door, sings a happy birthday song to the resident, and helps to provide a special meal of choice. Our dietary department either prepares the special meal or staff will go pick something specific up for the resident depending on the preference of each individual. If a resident is not able to eat, the facility will provide a small gift to the birthday guy/gal which has been donated to the facility by local volunteers. The special meal is served to the resident in each person's preferred setting.

Being able to watch the joy on a resident's face, seeing them know they are loved & that they feel special and remembered is all the evidence we need to know we are doing our best to serve & celebrate them as individual people. The hugs and thanks we are given by our residents are worth more than any amount of money we could be paid to celebrate life!

Difficulty we have experienced in this celebration of life has been almost nonexistent. It has been "difficult" when we have had more than 3 birthdays at once, but that is rare and absolutely workable, just a little time consuming.

Our social services department made, provided and keeps up with the "birthday wreaths" we hang on the resident's doors. Our activities staff provides and blows up the balloons for each birthday. Gifts are donated to the activities department by volunteers. Other volunteers provide birthday cards to each celebrant. Our dietary staff orders & prepares for the special meals. These things have certainly not negatively impact our budget. Caring is free!

We consider this a best practice because we feel that this is just one way we promote a feeling of individualism, dignity, worth and love to each resident. We feel that this celebration of life is a great way to let the residents know they are indeed special to us, and not just a "body in a bed" or a number to us!



You've Got Mail

Administrator:

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We decided for our Best Practice this year we would focus on bringing a piece of our resident's home to our facility. After brainstorming and watching some of the habits of our residents, we decided to implement a mail system within the facility.

Let's face it: who does not enjoy receiving a thoughtful card in the mail? We have several residents who enjoy delivering the mail so we thought it would be neat if we added mailboxes outside of the resident's rooms. We also gave the halls names so they would have a personal address, i.e; John Smith lives at 118 Memory Lane.

We purchased sheets of plywood and created custom mailboxes and fixed them to the wall so that they would be able to identify their mailbox and know which room was theirs. It also gave them something to look forward to at the designated "mail time". They would await their mail and you could see the joy on their faces as they eagerly checked their boxes for their mail. The staff enjoyed sending special cards to the residents as well. All facility events are typed up and put on flyers inviting residents by mail to attend the event. We have noticed by doing this we have a larger turnout than before. Those residents that liked to deliver mail prior to our mail system really enjoy it now. The activity department picks up mail by 9am and then delivery of the mail runs by 11am.

We realized how much this small act gave a bit of the resident's lives back to them. What we take for granted like stopping by the mailbox brings immense satisfaction for our residents because they are able to go out and get their mail. We look forward to mail time every day!



Everyone's A Winner!