

IT'S PARTY TIME



Celebration of Healing

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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."