

## WHCA ANNUAL CONFERENCE

April 16-17, 2015

Jean Curtis

### **Understanding Principles of Transformational Change to better Define, Design, Implement and Sustain a Culture of Person-Centered Care and Resident Choice.**

**Ray Miller – Educator, Direct Supply**

Talked about empowering your staff to LEAD. You need to listen to front line staff, know your residents life story and passions to learn the cause behind behaviors. Staff need to have “Fun”. He suggested reading “If Disney Ran Your Hospital”. Your facility should not be “home like”, it is “HOME”.

He stated there are Key Responsibilities:

Clinical Practice – body mind, spirit, emotion

Work Place Practices –hire, train staff every day, mentor, retain

Environment – five senses, safety, comfort, cleanliness, compassion, every resident is their own environment

Leadership – vision, team, culture, finance, process, education, develop, human resources, physical plant

Culture – trust, quality, patience, sanctuary, friendship, fulfilment, engagement, Compassion

Families are part of the care – inform them of good things as well as bad

Include CNA’s in care conferences

Community and Family – home, society, connection, engagement

Compliance – knowledge, aware, experience, preparation, consistency

The most important things you can do for staff as a manager is when they need help “you are there”. Facilities that use consistent assignments have fewer Quality of Life sites. Treat staff as they are and they will remain as they are, treat as they could be and they will become as they should be. The better care you take of your staff the better care they will take care of the residents. Culture is all about Relationships!

### **Are We Really offering the Resident their Choice?**

**Susan LaGrange – Pathway Health**

Resident’s care plans need to include preferences. Culture change takes planning, time, digging, patience and creativity. You need to collaborate with family.

You need to do a really good Admission Assessment. Look at things about resident even before they are admitted to hospital or your facility. Do a Preadmission Assessment. Talk with family and resident, go to hospital, have the residents room all set up like they would like it before they come in. Let resident know how information is communicated. Make sure RN is looking at all admission information.

You need to do an Admission Care Plan within 24 hours. You need specific care plans and approaches. Do a 24 hour report, talk to resident when things happen, communicate to all staff.

Person Centered: resident directed, preferences, habits, routines, history of medication management, the residents understanding of medication management and condition, resident goals.

Discuss care plan with resident and/or family before care conference to make sure you are doing what resident and family want.

Care plan essentials: based on comprehensive assessment and resident choice and preferences. Goal need to be realistic and measurable. Approaches should be unique to the resident. They should be individualized and specific about how will do consistent implementation.

Make it the “cool thing to do” to follow the care plan. Upon admission teach all staff of resident choices and preferences.

Teach staff person centered care:

Have them make a pizza – everyone likes different things on pizza

Have them plan a vacation – camp, Caribbean vacation, everyone likes something different.

Have them plan a shopping trip – Fleet Farm, Macys, how much time to shop

Have them decorate a room – everyone has different styles

Educate shift to shift, department to department.

Ask resident if you are meeting their needs.

How do we verify we have included choice: chart audits, interview resident, interview staff, observations, 24 hour report. Make sure you are updating care plan and goals. Have an action plan on what to do with audit information, areas of concern, plan, date due and responsible party. Ensure new problems are added timely and staff is aware of changes.

## **Keynote**

### **Engaging Leadership Strategies for Positive Winning Performance**

**Lisa Thomson, NHA**

#### **Pathways**

200 attendees at WHCA Conference

Energy and passion are the fuel for change. Most people get into health care for the people, residents drive our passion. Our team is the staff, residents, families, volunteers. You need to “Ignite” the fire in your staff and yourself. Change the problem from what’s wrong to what’s going right?

Strategy: turn potential to positive potential.

1. Inform: inform yourself with education, keep up to date
2. Listen: unplug, feel the pulse of facility, get out on the floor, ask questions, understand distractions, listen to verbal and nonverbal, don’t interrupt
3. Acknowledge: give credit to all that contribute, unleash their potential
4. Involve: stakeholders, engage, give them ownership, change from me model to we model.
5. Innovate: sparks action, encourage others to learn, allow them to create

Focus on what works. Create an environment for increased performance. Engage, Acknowledge, Inform.

## **Home Safe Home... Internal & External Factors of Fall Prevention Part I**

**Kristin West NCA**

**Mike Delaney, Argent**

Wisconsin has the highest death rate from falls, 2x the national average. According to the CDC the reasons for falls is due to:

1. muscle weakness
2. gait issues
3. environmental hazards such as wet floor, poor light, incorrect bed height, improperly fitted or maintained w/c
4. Medications esp. within 1<sup>st</sup> 3 days of medication changes
5. Poor foot care
6. Poor fitting shoes, improper use of walking aide.
7. vision

Challenges of aging has risk factors such as age, medications, previous fall history, depression, stroke, dementia, incontinent of bowels or bladder, perceptual impairments.

You need to start the conversation prior to move into your facility. Share with family the reality of falls. Don't make promises you can't keep, ensure assessment includes fall risk and fall history, ask and ask again what family expectations are for fall prevention.

There is information on the WHCA/WiCal website on "Conversations about falls in Assisted Living". Review fall information before admission, at admission and 2 weeks after resident moves in. Orientate family every month as to what you do to prevent falls, what family can do to prevent falls and how to have an enjoyable meaningful visit. Make frequent checks with family to let them know how things are going.

Prevention of falls needs assessment and follow up, staff training and change and maintaining the environment inside and out. Keep residents moving by giving them useful things to do. You should also train staff what to do if a resident starts to fall and how best to get them up after they have fallen to prevent injury of staff.

90% of injuries to staff with residents is due to not following the care plan. Alzheimer's patients have 2x the rate of falls and those with depression have 2.2x the rate of falls. There is a 40% higher death rate for men who fall than women. 40% of admission to a facility is due to falls. 1 in 3 adults age 65 and older fall each year. 20-30% suffer moderate to severe injury.

Snow is often not a priority in Midwest, we live with it. Take the time to walk around your parking lot. As little as 1/4 in rise in parking lot can cause a trip. Get low lip dumpsters rather than high ones. Assign accountability to ensure parking lot is free of snow and ice. Design out problems. Put in sidewalks where people are walking. Watch for worn paths in grass, sign people are walking there on regular basis. Recommend staff not wear crocks, there are a lot of slip and falls with them.

## **Effectively Improving Healthcare with Natural Options, an Introduction to Utilizing Essential Oils in a Clinical Setting**

**GINNA CROSS RN**

**KATELYN NEIL, PARAMEDIC**

Essential Oils are things the plant produces to protect the plant and are created by nature.

Some essential oils are antiviral and are a decongestant. You can breathe them, use them as a topical application or internal usage. They can go into cells in the body and destroy virus. Quality and purity are most important. There is no FDA regulation at this time. Even if they say "Pure" they might not be. Choose only oils that have been 3<sup>rd</sup> party tested with Mass Spectroscopy, Gas Chromatography, FTIR Scan, or Microbial testing. If they are not a good quality and pure they will cause headaches and respiratory issues.

There is a synthetic grade, food grade and therapeutic grade. Two web sites to check out are: [pubmed.gov](http://pubmed.gov) and [www.aromaticscience.com](http://www.aromaticscience.com).

Citrus Oils can be uplifting and anti anxiety without being a stimulant or sedative. It can go into water. It is also an antibacterial, anti-viral, anti-fungal, anti-depressant, antiseptic and antioxidant. Diffusing wild orange is a good choice for long term care population. Wild Orange helps to stimulate appetite. 86% of residents could get off appetite stimulants if used wild orange. Put on cotton ball and put on resident during meal.

Proteins are taken out when made so allergens are taken out. Citrus oils do increase sun sensitivity if put on skin. If you would get a local reaction to lavender you will also likely get one from lemon and peppermint.

You can add essential oils to coconut oil or olive oil to put on topically.

Lavender can be used for calming, mood stabilizer, sleep aide, pain relief, burns, cuts, scrapes, antihistamine, anxiety, headaches. It is good to apply on feet.

Peppermint can be used for stimulating the mind and calm nerves, cool fever, hot flashes, relieves headache and sinus pressure, uplifting, energizing, ease digestion discomfort nausea and vomiting. You can inhale vapor of peppermint or ginger for nausea or vomiting.

Lemon Balm is good for people with Alzheimer's as will calm, and helps with anxiety and insomnia. It is also the most potent antiviral.

Frankincense can be used for healthy immune response, highly anti-inflammatory, crosses blood brain barrier so helps with depression and mood disorders, good for skin age spots, helps with agitation and depression, expectorant and cell cleanser.

Oregano is a good antibiotic, helps with bronchitis, cough, colds, flu, pneumonia, cold sores, warts, skin tags, moles. Always dilute heavily when applying to the skin. This is a "HOT" essential oil. Also don't use for an extended time.

Tea Tree Oil – Melaleuca is used as 1<sup>st</sup> aide for skin, antifungal, antibacterial, acne, warts, boils, mouth ulcers, sore throat, and psoriasis. This is also good for MRSA.

Rosemary is good for memory and uplifting.

There are essential oil blends for respiratory, digestive, protective, soothing, grounding and massage.

They suggested using 1 drop of oil of choice in basin of water and get washcloths wet & put in warmer and use them to wash face in AM. To use as behavior prevention use essential oil an hour before behavior times.

Do staff training and keep good records. Develop a behavioral assessment tool.

Residents taking blood thinners should avoid pine essential oils as cause's issues.

Keep essential oils out of heat and light.

## **Life Enrichment**

**Patricia Boyer, MSN, RN NHA**

**Wipfli**

### Top 10 elements for Life Enrichment

1. Person centered care philosophy  
Find out as much as you can about the resident as able, share a memory that reminds them of who they are, spend time reminding dementia resident who they are and what they enjoy while creating new memories to cherish for today. Promote privacy, respect, choice and independence. Provider should modify care routines based on desires of resident, not what is best for institution.
2. Opportunities for Socialization  
Loneliness and isolation are the leading causes of depression, sickness and overall decline. Provide opportunities for friendships to form.  
Coffee/cookies/conversation, arts & crafts. Time and opportunity to connect benefit by reducing cardiovascular problems, reduce risk for Alzheimer's, lowers blood pressure, gives a sense of belonging, increases self-confidence and improves mental health.
3. Technology  
6 in 10 seniors go online. 47% have high-speed broadband connections. They use Smartphones, Tablets, Skype, Facebook and Wii games.
4. Community Outreach for Residents  
Build self-worth and create leaders. Volunteering has proven to help residents live longer and improve brain function. Community benefits seniors.
5. Resident Driven Philosophy  
Staff should act as advisors for residents to create and engage with programming. Celebrate and promote individual skills and talents.
6. Creative Leadership  
Life Enrichment Coordinators, Talent management

Tool Box for Activity Managers and Leaders: include skills in marketing, community relations, strategic planning, hiring, leading creative team, advocating against ageism, public speaking.

7. Diversity in Programming

Social engagement, recreation, having fun, wellness is a way of life, focus on here and now as well as tomorrow.

- a. Mind: memory games, word games, brain teasers, reminiscing and discussion groups, cultural and language study, lecture series, current events discussion group, journaling and creative writing.
- b. Body: low-impact aerobic exercises, strength training with light weights and bands, flexibility and balance classes, dancing, Wii Fit, bowling, golf, walking club, wellness and nutrition education, Go4Life clubs
- c. Spirit: music program, art classes, poetry group, drama club, volunteering and community service opportunities, culinary arts, intergenerational programs, book clubs and theater groups, tai chi, yoga and meditation, gardening club, religious service, bible study, Shabbat service, rosary, talent show

8. Partnerships

Break down “silos”. Have partnerships between departments. Have community partnerships by involvement in local churches and not for profits and hold Annual Silver Games.

9. Benchmarking

Marketing creates a promotional message. The Activity Department is the PR wing of your organization.

Programs that are:

More than just physical fitness, choices of how to live life, personal journeys of growth and experience, programs that impact families, neighbors and communities, tools to help each individual grow.

10. Creativity

Activity associates have to be artists to get away from the normal activity plans. They are responsible for creating a culture through effective programming opportunities. They act as a counselor, spiritual guide, teacher, mentor, fitness guru, expert in pop culture and current events. They must go beyond the Birthday Party, card games and holiday parties. They need to create a culture of celebrating life.