Disclaimer

“Culture Change in Long Term Care” is an initiative of the Alzheimer Society designed to enhance the quality of life of people with dementia living in long term care homes in Canada and their families.

To enact this direction, the Alzheimer Society of Canada (ASC) funded an exploratory qualitative research in 6 long term care homes across Canada, which were selected by external subject matter experts on the belief that they are striving to provide elements of leading-practice, person-centred care to their residents with dementia.

ASC does not endorse or recommend any of the 6 homes which participated in this market research, nor the processes or services put into practice. The views and opinions included in the reports do not necessarily state or reflect those of ASC, and they may not be used for endorsement purposes.

Please note that the information contained in the following reports is not intended to serve as professional advice.
Delta View
Leading Practices in Person-Centred Care
For their Residents with Dementia

Delta View Life Enrichment Centres (referred to as just Delta View throughout this document) is a privately-owned, family-run, resident care facility with 212 beds. It is located in a rural area of East Delta, British Columbia.

There are 8 “Homes” or units at Delta View, each specializing in different disciplines. These 8 Homes are located on 2 floors, with 4 Homes per floor. Each Home has 2 sides with 13 or 14 residents on each side. 6 of the 8 Homes are for residents with varying degrees of cognitive impairment due to dementia.

A. Management Philosophy and Values

1. Vision and mission

a) Objectives

- Create long-term Vision and Mission statements aimed at instilling the organization’s values, beliefs, and philosophy into all of its stakeholders and into all that is done in the provision of care to residents at Delta View.

b) Approach and Processes

- In 1998, the organization created long-term Vision and Mission statements.
  - **Vision**: A global leader in person-centred care.
  - **Mission**: Nurturing Excellence Together – Enriching the lives of those we serve and those who serve with us.
     - Caring from the heart.
     - Passionately pursuing learning.
     - Challenging the process.
     - Exceeding the expectations.
     - Modelling the way.
     - Fostering partnerships.

- **Sunflower**: The Vision and Mission are communicated in a pictorial Sunflower representation, which reflects all the elements senior management feels are required for the organization’s growth and progress towards the mission of “enriching the lives of those we serve and those who serve with us”.

  Descriptions of the elements are as follows.

  - The residents and staff are the focus of the organization and thus represented by the centre of the flower. As the flower blooms, with all the petals extended, the residents will bloom and experience a great quality of life.
  - “Person-centred care is an attitude. It’s about the people we are serving every day, helping enhance their dignity and uniqueness, and being the best they can be. And we are person-centred with our staff too. We rely on them.” (Director of Therapeutic Services)
- The stem of the flower represents the support provided by all the stakeholders involved, working synergistically.
- The petals represent the quality outcomes of the care, and therapeutic and social environment Delta View provides: Healthy, Safe, Heard, Valued, Included, Comfortable, Special, Autonomous, Dignified, Spiritual, Supported, Unique, Understood, Respected, and Empowered.
- The soil (with all the nutrients) represents the skills and expertise of all the disciplines that work together to achieve extraordinary results: Advocacy, Competency, Communication, Ethics, and Safety.
- The sun represents a pure energy summed up as “caring from the heart” and is the main attribute required of all Delta View’s staff when dealing with residents.
- The watering can is the need for support from the leadership team to provide the necessary building blocks for all to bloom.

**(See Appendix A: Mission & Vision Pictorial)**

- This representation was developed with the input of all staff at in-service meetings with management.
  - “The quality outcomes are the things we want to make sure we’re doing to make the residents feel special and to live our vision.” (RN)
- This pictorial adorns the walls throughout Delta View, is part of every new hire’s orientation binder, and is used as an ongoing training tool by management. – “How do we make this resident bloom more fully?” (CEO/Administrator)
- This pictorial is used in annual, interactive staff workshops to review the mission and determine:
  - How Delta View is performing against its Vision and Mission, as depicted in the graphic.
  - If and where improvements need to be made.
In these workshops, the staff sit according to their Home. Data on each Home is provided to help staff identify areas for improvement.
- This sunflower concept is also an integral part of first-person care plans that are developed for each resident.
  **(See Appendix B: 1st Person Care Plan)**
- “Part of the focus of all our meetings at Delta View is on our mission and values or components thereof. We use the sunflower as a tool to help improve our person-centred care.” (RN)
- “When I started here, Mrs D (the CEO) explained the mission and vision to me. She constantly reinforces our mission and vision in meetings...Keeps reminding us.” (RN)
- “During management in-services, we will refer back to the flower to help apply the philosophy and concepts to specific issues we are dealing with.” (RCA (Care Aide))
- “It’s very important for us to respect our residents and maintain their dignity...Many other long-term care homes automatically put Depends on their residents. We monitor usage of Depends. If usage is going up, we know we are not doing our job properly.” (CEO/Administrator)
- “Mrs D (the CEO) always tells us that we learn and enrich ourselves in our work, care, and relationships with residents.” (RCA)
• “This is their (the residents’) home. We are the intruders, outsiders. We need to see ourselves as the optimizers, working with our residents’ strengths and understanding their weaknesses.” (CEO/Administrator)

• “Verbal and non-verbal communication is very important. A resident is not aggressive, they are scared. If we see them as aggressive, we want to withdraw and protect ourselves. If we see them as scared, we want to approach and comfort them in a gentle way. We have a resident who is hard of hearing. She yells a lot and is hard to understand, but if you take the time to actually listen to her and figure out what she is saying, it’s I love you. It’s not how she is saying it; it’s what she is saying.” (CEO/Administrator)

• “The CEO always has the vision, that’s what great about her. Her focus is always about improving the life of the residents.” (Physiotherapist)

2. Leadership team support of staff and involvement in the lives of residents

a) Objectives

• Give staff the freedom and accountability to make real-time decisions in the provision of person-centred care to residents and to deal with issues as they arise.

• Encourage staff to come forward with suggestions and recommendations for enhancing the quality of residents’ lives at Delta View.

• Let staff know that the leadership team is always there to help with the care of each resident, and for staff to feel free to involve them if needed.

b) Approach

• Delta View is a family-run business and the leadership team treats all of their staff like members of the family. (This philosophy also translates into how the leadership team would like staff to treat residents – See #3 directly below)

• The leadership team:
  - Has an open-door policy with staff.
  - Leads by example, especially in the staff’s team approach to care (and role flexibility in providing care) that is cited in the last 5 quotes that appear on the next two pages.
  - Is always very up-to-date with the situation and care of each resident, and gets involved when asked by staff or when they see opportunities for improving the person-centred care of any particular resident.

The processes by which the leadership team does these things are described in the next section of this document entitled “Management Processes”.

• “Mrs D (the CEO) allows us to make our own judgements to deal with any situation. I am given the freedom to deal with issues and make decisions.” (RN)

• “Management gives me a lot of freedom. I wrote a proposal for the Bell Choir – goals and objectives, staff, and equipment required. I took it to the Director of Therapeutic Services, and she said go ahead, tell me what you need. She wrote a proposal to the Volunteer Society to get the funding for an extra set of hand-chimes that we needed.” (Music Therapist)

• “We get lots of support from management.” (RCA)

• “Whenever I have any need, question, or concern I go to the Director of Therapeutic Services. She’s available when I need her and always tries to accommodate me. She’s very supportive of me and my programs.” (Music Therapist)
“I feel open and free to get Mrs D (the CEO) involved if we need help. She knows what’s going on with each resident in each Home.” (RN)

“Members of the senior leadership team constantly come to our Home to visit and see how things are going.” (RN)

“Mrs D is very involved in the care of each resident. Management really cares about the residents. Mrs. D reads all the 24-hour reports each day. She’s on the floor. She wants Delta View to be the best, so we need to be the best.” (RCA)

“We are always out there. We’re accessible. We model the behaviours we expect from our staff. We will always ask, ‘Why is this good for our residents?’ You can’t know the residents here by sitting behind a desk looking at statistics. The stats are important, but you need to be with the staff, residents and families. You need to be visible and seen engaging in the process of care.” (Director of Therapeutic Services)

“I tell staff that the time they spend learning about the resident, from the resident and their family, is money in the bank. It will help them as much as it will help the resident.” (Director of Therapeutic Services)

“We ask our staff, ‘What should the morning be like? Does this feel good to you? How might it feel to a resident? Let’s do this together. How might we do it differently?’” (Director of Therapeutic Services)

“Management keeps reminding us about the vision and mission of Delta View. I have four care aides. My job is to show them what person-centred care is all about.” (RN)

“Permission for creativity and innovation comes from the leadership at Delta View. If it’s for the best interests of the resident and the outcomes are positive, do it.” (Director of Spiritual Care)

“When you see management involved in resident care, doing the stuff we do, staff notice. It shows we’re all here for the residents. We’re all here to make this place comfortable for them.” (RCA)

“If I needed to talk to someone in the senior management team, they are always available. I would talk to the caregivers, as they are the ones spending time with Mom. [The CEO] is very open and asks, ‘Is there anything I can do?’” (Family member)

“RNs are just as involved as the RCAs in the day-to-day care of the residents... in time spent with residents. We rely on each other... Very much a team approach... Very close knit... We all help each other out... We all do a little bit of everything. It all starts at the senior leadership. We feel free to go to them with issues and recommendations. We’re not afraid to give them suggestions. They have an open-door policy and are always willing to try something new. They pump us up, get us thinking about things we wouldn’t necessarily think of on our own. They are always thinking of new activities for the residents, both individual and group ones. They are great support to us.” (RN)

“I’m a nurse, but I make the residents breakfast and serve it to them. If you do those kinds of activities with the residents, when it comes time for a medical procedure, they’re a lot more comfortable with you.” (RN)

“Between 6 and 7 in the morning, residents will come into the day room and the RN will make them coffee or a muffin.” (RCA)

“I’ll ask a nurse or a housekeeper to watch the resident in his wheelchair without a restraint, if I need to attend to another resident.” (RCA)
• “Person-centred care is not just a care aide’s job. L’s toilet needed fixing so Maintenance had to come. L was watching the Maintenance guy very carefully and wouldn’t leave her room. ‘I can’t leave my room unattended,’ she said. So the guy from Maintenance said, ‘It’s okay L, I’m finished now’ and L was quite happy. Once L left the room to attend the music program, the Maintenance fellow came back to her room and finished the job.” (Care Aide)

3. Treat the residents as part of your family

a) Objectives

• Have staff treat the residents like they are members of their own family, providing the care, respect, and love they deserve.

b) Approach

• The senior leadership team members constantly reinforce this philosophy in their interactions with staff.
  - “If my loved one was here in front of me, how would I want to treat them? Mrs D (the CEO) always asks us this. We appreciate how valuable the residents’ lives are even though their health is failing. We respect this and try to find ways to enrich their lives.” (RCA)
  - “Staff are here for residents. This is their home now. We try to make it home-like. They’re heading toward the last days of their lives. We want to provide the best we can do for them. We’re here to build relationships...Treat the residents like they are ours, our grandparents...How I would take care of my own grandparents...Respect, dignity...How I would like to be treated when I get older.” (RN)
  - “Sometimes residents surprise me and say, ‘I love you.’” (RCA)
  - “You need to have passion in this job. Treat residents like family. Give them hugs. You need to like what you’re doing.” (RCA)
  - “My Mom will take my hand and kiss it. ‘You look lovely’, she’ll say. I know that the staff here must be saying that to her.” (Family member)
  - “This is a pleasant environment to visit. I feel good when I visit Mom. I feel very comfortable with the care. I feel she is in good hands here. Since she came here, I want to visit my Mom, instead of feeling like I have to.” (Family member)

4. “Hugs Not Drugs”

a) Objectives

• Reduce, with a target to eliminate, the use of pharmacological restraints with residents.

b) Approach

• As part of its no restraint policy, Delta View has a policy called “Hugs, Not Drugs” that restricts the use of drugs to manage residents’ behaviour.
  - “Hugs, Not Drugs” is a Gentlecare™ treatment protocol to which Delta View ascribes and in which the staff have been trained.
Management and staff try to find and remove the root cause(s) of residents’ behaviours to avoid the symptomatic treatment of these behaviours with drugs.
- “Hugs, Not drugs” training teaches staff to identify and reduce the sources of resident fear and anxiety that provoke the behaviours, rather than resorting to the use of pharmacological restraints.
- First and foremost, staff need to do their best to understand what the resident is trying to communicate through their behaviour – Identify and satisfy the unmet need of the resident.

The family is consulted, alternative interventions are explored, and a full medical review is conducted to determine whether prescribing drugs to ameliorate resident behaviour is the right course of action.

If all non-pharmacological interventions are unsuccessful, then a physician is engaged. If medication is ordered:
- The resident’s chart is immediately flagged for review in 30 days for efficacy and to ensure the dose is appropriate.
- The behaviour of the resident is also monitored by nursing staff, the physician and the pharmacist to assess the medication’s effectiveness and necessity.
- All prescribed medications are reviewed at the residents’ quarterly care conferences to assess if they are still necessary.

“Hugs not Drugs” is a big part of our philosophy at Delta View. We try and find the root cause, try to figure out and remove the cause of anxiety, aggression, and agitation. The behaviour is the outcome of the cause.” (RN)

“K (a resident of Delta View) is a good example. K is hard of hearing and refuses to wear a hearing aide. She’s very loud. We couldn’t medicate K’s likes and dislikes away if we tried. But, can we provide her with relief without resorting to medication? Yes. She has her own work-room in the Home where she is comfortable and can be loud. She’s happy and the other residents are less disturbed by her loud voice.” (Director of Therapeutic Services)

“My mother is hard of hearing, but she won’t wear a hearing aid. She keeps pulling it out, so she’s loud and disturbs the other residents. Delta View gave her a room, like the office she used to work in. She’s quite happy in there, observing the other residents and staff. It was a real win-win.” (Family member)

“Medication is the last resort, in terms of resident behaviour. There are other options to try if you really know the resident. It takes a lot of creativity. It takes patience. One of our residents was quite aggressive when he came here. He was hitting staff. He was in a new environment and probably didn’t feel safe. But after some time, as he became comfortable, he stopped completely.” (RN)

5. Staff and family member comments

The following quotes from staff and family members provide further illustration as to how management’s philosophy and values translate into person-centred care for residents, family and staff at Delta View.
- “The staff are very positive here and want to help. They are glad to see you. They’re always approachable, whatever they are doing.” (Family member)
- “Helping residents makes me happy.” (RCA)
- “We go into their (the residents’) world instead of trying to bring them into our reality.” (RN)
- “One of my residents doesn’t talk. You might think he doesn’t understand, but I talk to him.” (RCA)
- “I see the one-on-one care here.” (Family member)
- “My aunt was born deaf. She had 14 cases of documented assault at the previous home she was in. The Social Worker there said she is the meanest person she has ever met. A lot of the staff there hated her. The staff wanted her out. They told us another case of assault and she would be out. When that happened they put her in an ambulance to Emergency and told us she was out for good. We were told no home would take her, but then we were told there was a bed available at Delta View. We knew nothing about Delta View at the time. It’s been perfect ever since. The staff love her here. They have such a positive attitude and are so gentle and kind to her. One of the physiotherapists here knows sign language. My aunt and he have become good friends. He visits her when he can, even when he is off shift. She is fussy about her food, coffee that’s too hot or too cold, or her steak not cooked right. If it’s not to her liking, they will try and accommodate her. They have her participating in activities here like bowling and bingo. The staff constantly engage her in social things—gardening, picking flowers, arts and crafts, taking her to movies in the movie room here. They take her to the music activities. They put her hand on the piano so she can feel the music. We can’t believe this place, and our incredible good luck that she is here.” (Family member)

B. Management Processes

1. Strategic plan

a) Objectives
   - To achieve Delta View’s mission and vision by:
     - Determining strategic areas for improvement.
     - Setting goals and outcome measures/indicators for each area of improvement.
     - Managing to achieve these goals and outcomes by incorporating them into the yearly operational plans.

b) Approach
   - A new strategic plan is developed every 3 years.
   - The leadership team meets as a group to develop the strategic plan.
     - The plan is developed with the overall mindset of moving the organization towards its vision of becoming a global leader in person-centred care.
     - Safety is incorporated throughout the development of Delta View’s strategic plans, as well as a focus on continually improving quality.
     - Part of this planning process involves determining strategic areas for improvement, using a SWOT approach to identify key organizational strengths, weaknesses, opportunities and threats.
   - Various tools are used in identifying and making decisions about organizational strategies, including:
     - Licensing guidelines.
     - Accreditation Canada Requirements.
     - Strategic direction and goals of the Health Authorities.
- Community needs.
- Emerging Opportunities.
- New Research relating to clinical best practices, which will help optimize outcomes for residents.

• The Strategic Plan groups goals by the:
  - Optimal acquisition and maintenance of resources (human, physical, fiscal).
  - Effective use of systems and processes.
  - Delivery of high quality, safe and effective person-centred care to the residents, families, staff and community.

• Members of the leadership team each work on/lead various standing committees and work groups to create and implement action plans related to the strategic plan and identified areas for improvement.

• The leadership team reviews the operational plan annually, and each member reports monthly on the progress of the action plans they lead.

2. Weekly leadership team meetings

a) Objectives
  - Conduct status updates and go-forward action planning to achieve the goals and outcomes in the operational plans.
  - Connect the leadership team more visibly and tangibly with staff on a regular basis.
  - Help the staff to feel more connected to, and heard by, the leadership team.
  - Conduct interactive huddles with the staff in each Home to brainstorm and action plan opportunities for improvement in the person-centred care of residents.

b) Processes
  - The leadership team is made up of the CEO, Director of HR, Director of Hospitality, Director of Care, Director of Therapeutic Services, Director of Plant, and the 2 Care Coordinators (each of whom manages 4 of the 8 Homes).
  - This team holds 2-hour meetings each week.
    (i) First hour is for the leadership team meeting.
      - Each week, one of the leadership team members reports on their operational plan indicators, and the team action plans accordingly to help ensure the goals are met.
    (ii) Next 30 minutes is for interactive “huddles” with the staff in each of the 8 Homes.
      - Huddles are focused on a particular mission-based theme that the leadership team determines, based on opportunities they see for improvements in resident care.
      - Leadership team members come prepared with the topic theme and any accompanying materials.
      - One leadership team member is assigned to each Home for these huddles.
      - After introduction of the theme and reviewing of the materials, the leadership team members engage staff in an interactive conversation on implications and action planning.
      - Members of the leadership team rotate between Homes on a regular basis so that staff in each Home get to see and work with each leader.
- The challenge is engaging all staff regardless of shift. The leadership team is working on how to do this.
- “Every week we have a huddle with the leadership team member who is assigned to our Home. They come prepared with an opportunity to discuss. We brainstorm how to apply the opportunity in our Home.” (RN)
- “(During these huddles) if we have any concerns, we get answers. We feel very open to do this.” (RCA)
- “We may have an open discussion of a current issue or relevant topic, or perhaps a review of a procedure. It’s a forum for staff to talk with us and share their concerns. It demonstrates the commitment of the senior team to resident person-centred care and our visibility to staff.” (Director of Therapeutic Services)

(iii) Last 30 minutes is for the leadership team to regroup and debrief on the results from the huddles in each Home.

3. **24-Hour report**

a) Objectives

- Enhance the care of each resident by providing daily online updates on each resident that are available to the entire care team, including the senior administrators (leaders).
- Provide a mechanism by which the CEO and other members of the leadership team can involve themselves proactively in individual resident care and problem solving.

b) Approach and Processes

- An online report, which provides updates each day on each resident.
  - Incidents and other important care events are red-flagged on this report.
- The RNs in each Home complete this report daily.
- During the daily shift meetings in each Home, action plans are developed to address any implications from the information in the 24-Hour report.
- The CEO reviews the 24-hour reports, resident-by-resident, each morning to determine which residents she needs to see/inquire about or ask the Care Coordinators to follow up on – e.g., excessive behaviour, falls, trends in condition (e.g., constipation), use of anti-psychotic drugs.
  - “I’m looking for trends or things we may have missed that are impacting the care of each resident.” (CEO/Administrator)
- “It’s a 24-hour log of each resident’s behaviour that helps identify patterns over time and allows us to figure out what might be the underlying issue and develop strategies to help.” (Director of Therapeutic Services)
- “It’s a log we use to record changes in behaviour... Exceptions. It goes from the care aide to the RN and sometimes to [the CEO]. She reviews the resident’s behaviour and will come to the unit with suggestions.” (RCA)
- (See Appendix C: 24-Hour Report)
4. Shift meetings in each Home

a) Objectives
   • Develop action plans to:
     - Address any implications from the information in the 24-Hour report.
     - Improve the person-centred care of each resident.

b) Approach
   • These meetings happen every day on every shift in each Home.
   • All care staff on the shift attend (RNs and RCAs).

c) Processes
   • The following process happens in each of these meetings.
     - First, the 24-Hour report is reviewed and action plans are developed on any implications from the report.
     - Then, one specific resident in that Home is discussed and actions are brainstormed on how to improve the person-centred care of that resident.
     - That resident’s “Resident Day Form” is referred to as an aid in the discussion (See Resident Day Form in Initial Intake section below)
     - In each Home, residents are chosen sequentially by room number for discussion in each meeting. All Homes have the same room-number scheme. Each day, all Homes talk about the resident from the same room number. That way management knows which resident is being discussed in each Home on any given day, and will attend these meetings when they wish to give input on that particular resident.
     - Outcomes from these discussions are captured by shift in the 24-hour report – with subsequent shifts building on the outputs for that resident from the prior shift(s).

   • “In our Home we have a meeting at the start of each shift. We review the 24-hour report and determine any resulting actions we need to take. Then, we focus on one particular resident in each meeting...Who they are, behavioural solutions, effective redirection techniques. We share experiences, what works and doesn’t work with this resident.” (RN)

5. Ceiling-mounted video cameras

a) Objectives
   • Use video-recordings as a diagnostic and learning tool for staff education to improve practice and person-centre care.
   • Help to determine the root cause of any resident incidents that occur in common areas of the Home.

b) Approach
   • Delta View has 216 cameras installed in all the common areas throughout the home.
     - After every incident at Delta View, the camera footage is reviewed to help determine why and how the incident happened, and what can be done to prevent future occurrences.
“There was an incident report of a resident who fell. I looked at the camera footage and saw that this gentleman was in his wheelchair in the hallway during the night. No one engaged him and he had to go to the bathroom.” (CEO/Administrator)

- Staff in-services are done using camera footage for actual case studies in resident care, especially concerning fall-prevention.

6. **Person-centred care committee**

a) **Objectives**

- Lead and coordinate improvements in person-centred care, services, support, and quality of life across the organization.
- Determine and act on opportunities to improve resident and family person-centred care throughout the continuum of each resident’s stay at Delta View.
  - Admissions process.
  - Life at Delta View.
  - Discharge or end-of-life process.

b) **Processes**

- Started by the Director of Hospitality who saw opportunities for improvement in the above 3 areas.
- The Director of Hospitality presented her ideas at a leadership team meeting. The CEO liked what she heard and instructed her to form a committee and move forward.
- The Director of Hospitality asked for volunteers to participate in the committee from all levels and functions within the organization.
  - Anyone who volunteered was allowed to be part of the committee.
  - The committee has had about 15 members since it was set up, with members rotating in and out to try to accommodate all staff who wish to participate.
- The first job of the members was to determine the committee’s overall purpose, areas of initial focus, and meeting frequency.
  - Terms of reference for the committee were developed.
  - Initially, the committee met every 2 weeks for about half an hour. The timing was at shift change to permit as many day and afternoon staff to attend as possible.
  - The terms of reference state that the committee will meet a minimum of 10 times per year, or at the call of the chair – although project groups set up by the committee may meet more frequently.
- Minutes are kept of each committee meeting and distributed to all committee members and to the CEO.
- Not all members may be able to attend every meeting, but they have to commit to read the minutes from all meetings to keep themselves up to date.
- So far, the committee has studied the following areas and has made recommendations for improvement in person-centred care in each, which have been implemented by Delta View. The specific improvements are detailed in the appropriate sections of this document.
  - Admission process.
  - Care conferences.
- End-of-life care.
- Age-friendly services for residents, their family members, and staff.
- Home standardization (so every Home at Delta View has the same home-like feeling and look).
- “K F C: Tips for Care” – An easy-reference, person-centred care tool for staff education.
- Specific projects to enhance resident, family, and/or staff experience.

• The committee has standing sub-committees in the following areas, and also establishes special project groups as the need arises.
  - Admissions
  - Palliative/Discharge
  - Care conferences
  - Volunteers
  - Recreation therapy

• “The Person-Centred Care Committee looks at issues and barriers to person-centred care. We give the committee suggestions and ideas. A resident wouldn’t eat her food so we talked to the dietician and she took the issue to the Person-Centred Care Committee. They asked the kitchen to prepare a different menu and serve it to the resident using different coloured plates and cups. We needed new floor mattresses for residents, to protect them if they fell out of bed. The old ones were too heavy for staff to move. So the Committee got us new ones.” (RCA)

7. Ombudsperson

a) Objectives

• Provide residents, their family members and staff with an arms-length independent agent to receive, investigate and make recommendations to the CEO to address concerns and complaints about Delta View, in confidence.

• Demonstrate to residents and families that Delta View takes their concerns and complaints seriously.

• Build and maintain a healthy workplace at Delta View by giving staff members an independent avenue for addressing unresolved issues and concerns.

b) Approach

• In striving to be at the forefront of providing exemplary care to their residents, management asked their former Director of Spiritual Care to create a proposal for an ombudsperson role at Delta View. The proposal was accepted and the position established.

• To preserve the arms-length independence of the position, the ombudsperson is not a member of the leadership team or an employee of Delta View. The position is a 3-year contractual agreement.

• The ombudsperson reports only to the CEO (or her designate).
c) Processes

- The ombudsperson is available to listen and respond to complaints which have not been satisfied, from the perspective of the affected resident, family member or staff person. The ombudsperson is also available for residents, family members and staff who might feel intimidated to bring forth issues to anyone employed by the Home.

- The ombudsperson has the authority to fully investigate complaints and make recommendations to the CEO about possible responses.

- “He investigates families’ complaints and checks in with staff. He does focus groups with staff to understand their needs and issues.” (Director of Therapeutic Services)

- “We have an ombudsman, that if a staff person has a concern, they can go to him. He talks to the staff and then to management.” (RN)

C. Initial Intake and Care Conferences

1. Admission process

a) Objectives

- Improve the admission process for each resident and their family, critiquing what was currently in place to determine:
  - Value-added improvements in person-centred care.
  - How to better engage both the new resident and their family through this process to make the resident’s transition to their new home easier, less stressful, and more welcoming.

- Develop an admission process that is personal, inviting, organized and shows that Delta View cares.

- Provide a ‘first class’ experience to each new resident and their family.

b) Processes

- Initiative was part of the work of the Person-Centred Care Committee.

- An interdisciplinary team was invited to participate, including the Social Worker and Admission Intake Coordinator.

- Family members were also invited to participate as part of the team.

- The team walked through the admission process.
  - Put themselves in the shoes of a new resident, role-playing the whole process until the new resident arrives in their room for the first time.
  - Reviewed this process from a number of perspectives.
    - New resident.
    - Family members.
    - Residents who have the rooms next door to the new resident and these residents’ family members.
    - Care Aides (RCAs).
    - Nursing staff.

- Each member of the team individually wrote up their findings from each of the above perspectives and shared them with the full team.
• Team developed recommendations from their findings, including:
  - A draft plan of ‘the ideal admission’ process.
  - An admission checklist.

• The draft plan and admission checklist were shared for input and feedback:
  - With the leadership team.
  - At a nurse practice meeting.

The input and feedback were used to revise and finalize each.
  - (See Appendix D: Admission Checklist)

• The team reviewed and revised all brochures related to admission, and information about Delta View:
  - The different Homes at Delta View.
  - General tour information.
  - Moving in day.
  - Respite.

• The team also reviewed and revised facility tour information and tour times. As part of this work:
  - Tour scripts and checklists were developed, based on the type of tour (general interest, private pay, respite, etc.).

• Scripts were developed for staff as part of ‘welcoming’ process, aligned with the admission checklist.

• A ‘room set-up’ protocol checklist was also developed and shared with all housekeeping and support services staff:
  - Full room carbolization and fresh linens.
  - Welcome card.
  - Hospitality cart with coffee/tea/snacks.
  - Support Services supervisor final room check.

• A ‘mock admission’ was set up in one of the Homes to test the process.
  - The process was reviewed and revised to add changes noted in the mock admission.

• The new admission process was then implemented.

• The leadership team did “shadows” of the new process with staff to help infuse and reinforce the change.

• Finally, a satisfaction survey was created and is being used to keep adding improvements to the admission process by getting family and resident feedback on their admission experience.
  - (See Appendix E: Family Post-Admission Survey)
2. “Personal Care Book” and “Life Story”

a) Objectives

• Families to share critical information about their resident, so that staff and the interdisciplinary team can get to know the resident as quickly, thoroughly and holistically as possible in order to:
  - Ease them into care.
  - Customize their care to their specific needs and preferences.
• Begin establishing the ‘family’ as a key partner in the care continuum of their resident.
• Helping families to feel they are still an integral and continuing partner in the care of their resident.

b) Approach

• This booklet is given to families to complete prior to admission.
• The resident’s “Life Story” is developed from the Personal Care Book.
  - The Director of Spiritual Care contacts the family to get more information about the resident (e.g., pictures, accomplishments, interests, etc.), and then captures everything in one summarized, narrative document called the “Life Story”. The resident’s “Life Story” is kept in the Care Aide Binder.
• “We try to understand their reality as much as possible.” (RN)
• “We need to get to know each resident really well. For each new resident, I study their Life Story in the Care Aide Binder.” (RCA)
• (See Appendix F: Personal Care Book)

3. “Resident’s Day” form

a) Objectives

• Get to know each resident quickly and holistically in order to customize their care to their specific needs and preferences.

b) Approach

• The Resident’s Day form is a journal describing a 24-hour day for that resident, written in the first person. It includes their preferences, likes, desires and needs from the time they wake up right through to bed time – things like:
  - What time they like to wake up.
  - How they like to be woken.
  - What their preference is for breakfast.
  - Etc.

b) Processes

• Within the first few weeks of admission, this form is completed by the RN in the Home/unit where the new resident is living, through discussions with:
  - The resident and their family about the resident’s habits, diet, likes & dislikes, and needs & preferences.
- Other staff in the Home to gather their observations on the resident.
- The form goes into the Care Aide Binder along with the Activities of Daily Living, Transfer sheets and Life Story.
- This form is:
  - Used to customize each resident’s Activities of Daily Living and overall care to their specific and unique needs and preferences.
  - Referred to in the shift meetings when that resident is being discussed.
- (See Appendix G: Resident’s Day Form)

4. Care conferences

a) Objectives
- Conduct care conferences that are goal oriented, inclusive, and enrich the lives of the residents.
- Improve the care conference to make it more engaging and valuable for residents, family members, and staff.

b) Approach and Processes
- Initiative was part of the work of the Person-Centred Care Committee.
- The work was started by brainstorming the components of an “ideal” care conference.
  - The existing care conference policy was reviewed.
  - Then, the Director of Hospitality kicked off the brainstorming process by giving an overview of the existing process, her critique of it, and her vision of what an ideal care conference would be.
- Outputs from the brainstorming process included:
  - A draft format for the care conference.
  - Roles for each of the interdisciplinary team members attending the care conference.
- The care conference draft was shared with the clinical best practice team and CEO for their input and feedback, which was integrated into a revised draft.
- The trial new care conference format was pilot tested in 2 of the Homes, and further revised based on the results.
- Finally, the new care conference format was implemented throughout Delta View.
  - Part of the implementation included staff education on the “ideal” care conference.
- As part of this process, tools were developed to:
  - Help staff members prepare for each care conference and maximize their contribution in the care conference.
  - Achieve the new objectives for care conferences.
These tools are attached to this document in the following appendices:
- Appendix H: Care Conference Resident Summary – Care Aide
- Appendix I: Care Conference Checklist – Nurse
- Appendix J: Assessment and Care Conference Summary
Based on the education that staff received on the “ideal” care conference, an evaluation form was developed.

- In the past, the Director of Hospitality and, in some instances, the Clinical Care Coordinator would complete the evaluation form. This occurred during and after the care conference. After the care conference was over, the Director of Hospitality would review the results with the nurse and/or care aide.

- Currently, this evaluation form is used for new nurses and care aides to help them with conducting the care conference and/or sharing information.

- (See Appendix K: Care Conference Evaluation)

c) Results

- Before the improvement.
  - No one member of staff was leading these conferences resulting in a somewhat haphazard approach, according to the Director of Hospitality.
  - Conference started with the RN reporting and then went around the table based on who happened to be sitting where.
  - Care Aides (RCAs) were not very involved or engaged in the process.
  - The focus of the conference was very clinical.
    - A functional reporting of the resident’s status by mainly reviewing their chart.

- After the improvement.
  - Goals are now set for each care conference based on what Delta View wants to achieve for that resident across all areas of care – pharmaceutical, clinical, nutrition, physiotherapy, recreation therapy and engagement, and activities of daily living.
  - The focus of the conference is on go-forward “life planning” for the resident to optimize their person-centred care.
  - The conferences continue* to be held quarterly for each resident to ensure the “life plan” continues to achieve the best in person-centred care for the resident throughout the continuum of their:
    - Stay at Delta View.
    - Dementia or other disease state.
  * Delta View has always held care conferences every 3 months for each resident, even though licensing only requires one annual conference for each resident.
  - There is now an ordered plan for the meeting, including which staff member speaks in what order to best accomplish the goals for the conference.
  - The RN coordinates and facilitates the meeting.
  - The Care Aide (RCA) is acknowledged as a very valuable contributor.
    - They see and interact with the residents most and have a lot to contribute and knowledge to share as a result.

- The process for the care conference is now as follows. The RN:
  - Welcomes participants, introduces his/herself, and describes their role as facilitator.
  - Invites those present to introduce themselves, starting with the resident (if present), family, and/or Health Care POA.
  - Explains the purpose of/reason for the care conference and briefly describes the process that will be followed.
- Leads a discussion on the resident’s diagnosis and medical history (e.g., previous fractures, infections, transfer to acute care, etc).
- Invites the Care Aides (RCAs) present to share their perspectives – This is different from the description of medical facts in that the Care Aides express what they believe is best for the resident given their experience and knowledge of the resident.
- Describes the medical facts – current care plan, resident’s response to current treatments, impending/future treatment decisions, etc.
- Invites other members of the multidisciplinary team who are present (e.g., Dietician, Physiotherapist, Social Worker, Pharmacist and Care Coordinator) to add to this information as appropriate.
- Invites the resident (if present), family, and/or Health Care POA to share their perspectives.
- Leads in the development of the go-forward care or life plan based on the discussion, and logs the next steps on the Care Conference Summary Form.
  - A clear plan based on agreed upon issues, stating what needs to be done, by whom, and when.
  - Summarizes the discussion of each issue, noting what was agreed to and what issues are still outstanding.

• After the care conference, the RN:
  - Debriefs with the Care Aides immediately after the conference and also following each shift for the next 3 days.
  - Documents the proceedings by placing the Care Conference Summary Form in the Care Conference Binder until all follow-up items have been completed. Once completed, the Care Conference Summary Form is placed in the resident’s chart.
  - (For resident’s whose family were not present) Makes a phone call to the family or Health Care POA to provide a summary of the discussion and go-forward plan from the care conference.

D. Environment of the Home

1. Grouping residents with similar conditions and diagnoses in the same Home at Delta View

a) Objectives
  • Enhance the resident experience and achieve a greater customization of care, based on each resident’s needs.
  • Have each resident reside in the Home at Delta View that best meets their particular care, cognitive and social needs as they age-in-place at Delta View.

b) Approach
  • Delta View is a village of 8 specialized Homes. Residents with similar conditions and diagnoses are grouped together in the same Home as follows.
  - Alpine Meadows is a 27-bed Home. The beds are subdivided into 19 beds for long-term residents, 6 beds for long-term residents requiring various forms of dialysis, and 2 beds purchased by the Worker’s Compensation Board for rehabilitation of injured workers from across British Columbia.
- The residents in Alpine Meadows are generally more independent with activities of daily living and are more cognitively and socially able.

- Baycrest is a Home for 26 residents who may have mild to moderate degrees of cognitive impairment due to dementia, and perhaps may also be faced with physical or medical challenges.

- Cascades is a 26-bed Home for residents who may suffer from some increased degree of cognitive impairment due to dementia, with associated physical or medical illness.

- Dorothy’s Meadows is a 27-bed Home for residents who suffer from cognitive impairment due to dementia, with associated physical or medical illness and behaviours. This Home is cozy and homey without being over-stimulating.

- Eagle Point is a 27-bed Home for residents who suffer from cognitive impairment due to dementia, with associated physical or medical illness, and who experience physical restriction or need for total care. This Home is also home to a small community of South Asian, Indo-Canadian residents and prides itself on providing individualized care with cultural and lingual sensitivity.

- Forest Grove is a 26-bed Home for residents who suffer from some degree of cognitive impairment due to dementia, with associated physical or medical illness.

- Garden Grove is a 27-bed Home, of which 12 beds are largely dedicated to respite stays. The other 15 beds are for long-term residents.
  - Respite provides access to short-term residential services for families and caregivers during vacations, illnesses, or for personal stress-relief from the caregiving process.
  - This Home is a busy one, with a wide spectrum of residents who are generally active and mobile, but also hosts complex care.

- Heather Point is a 27-bed Home. Residents in this Home suffer moderate to severe cognitive impairment and are generally immobile or require total care for all activities of daily living.
  - This Home promotes security and comfort as well as sensory stimulation and enrichment.
  - It also focuses on supporting individualized resident needs and personal strengths.

- Through the ageing process and the progression of dementia or illness, the constellation of individual residents’ needs change over time. With those changes, the pressure of their Home environment on them, also changes. This is part of the ageing-in-place process.

  - When this occurs, Delta View will move residents internally within the 8 Homes to the “Best Fit” Home – The Home that best meets the care, cognitive and social needs of each resident as they age-in-place at Delta View.

2. **Home standardization**

a) Objectives

- ‘Brand’ the experience of living at Delta View by implementing a standarized physical template in each Home, which results in the best home-like feeling and look across all Homes.

b) Approach

- Initiative was part of the work of the Person-Centred Care Committee.
• Inspections were conducted in each Home at Delta View to identify differences and determine the standardized template required, which would result in the best home-like feeling and look across all Homes.

• A trial Home was chosen to test the standardized template.
  - Staff from all areas of Delta View (and across all disciplines) were invited to review the template and give their feedback.
  - The template was revised and finalized based on the staff feedback.

• Staff education was conducted on the finalized template, improvement plan, and rollout dates.

• The template has now been installed throughout all the Delta View Homes.

• Ongoing Home inspections continue to ensure the template and resulting home-like look and feeling are kept up.

3. Restraint-free policies

a) Objectives
  • Reduce, with a target to eliminate, the use of any form of resident restraint at Delta View.

b) Approach
  (i) Physical restraints
  • A risk-for-falls assessment is done on all residents upon admission or on request by a staff RN when there is a change in a resident’s condition.
  • Therapeutic Services makes recommendations on chairs that are best suited to each resident.
  • RCAs and Therapeutic Services staff provide walking programs of recommended time and frequency when a resident is no longer safe to ambulate independently or is having frequent falls.
  • When a resident becomes restless, all staff members are required to consider the following points and take the appropriate action. If the resident is able to respond, verbal and non-verbal communication is encouraged.
    - Do they have to go to the bathroom?
    - Are they constipated?
    - Do they have any pain or are they uncomfortable?
    - Are they hungry or thirsty?
    - Are they lonely?
    - Are they tired?
  • When a resident, who is unsafe to walk independently, is trying to get out of their chair, the RCA must immediately take that resident for a walk and then return them to another chair – preferably a soft chair rather than a wheelchair.
  • Programming is planned around residents’ more restless periods (e.g., at the end of the day or at “sundowning”).
• Each resident’s care plan indicates the approach and action plan to keep them restraint-free, including a physiotherapy plan to build and/or maintain their strength and mobility.
  - The physiotherapy plans are customized by resident and, for those with dementia, by stage of the disease.
• At no time is the resident to be indirectly restrained with the use of a reclining chair or positioned at a table where the resident feels wedged in.
• (See Appendix L: Freedom of Movement Policy)

(ii) Chemical restraints
• As stated previously, one of the philosophies at Delta View is “Hugs Not Drugs”.
• The principle they adhere to at Delta View is that each resident has the right to freedom from chemical restraints, except as authorized in writing by a physician for a specified period of time or when necessary to protect the resident from injuring themselves or others.
• The procedure for the use of a chemical restraint at Delta View is described in Appendix M: Chemical Restraint Policy.
• “We do not have any physical or chemical restraints at Delta View.” (RCA)
• “We try to mobilize right away when we see a resident who is agitated in their wheelchair... an RCA, a PT, whoever is there. We have training and education to make sure every staff member feels accountable for immediate response.” (PT)
• “Hugs not Drugs” is a big part of our philosophy at Delta View. We try and find the root cause, try to figure out and remove the cause of anxiety, aggression, and agitation. The behaviour is the outcome of the cause.” (RN)
• “As an example, there was a gentleman who came to us a number of years ago from another long-term care home. In the past he had had a stroke and he has cognitive deficits. When he arrived, he couldn’t stand or transfer. We put him on a physiotherapy program that included components such as range of motion, stretch and strength, weight bearing, and balance and coordination. He now stands and transfers on his own, and walks independently with the help of a walker. What’s rewarding for me is, even though he came to us 4 years ago, he still remembers what it was like in the other home and the progress he has made here. He continually thanks me for what I was able to do for him.” (PT)

E. Recreational Therapy – Programs & Activities

1. Specific projects to enhance resident, family, and/or staff experience
   a) Objectives
      • Enhance and enrich resident, family, and/or staff experiences at Delta View.
   b) Approach
      • Initiative was part of the work of the Person-Centred Care Committee.
      • An interdisciplinary work group was identified.
      • This group brainstormed ideas of viable programs and initiatives to enhance Delta View community members’ experiences.
• Focus groups were conducted with staff and families to share ideas from the brainstorming sessions and identify needs and gaps in service.

• The feedback from the focus group was used to plan the following projects, which are detailed in the appropriate sections of this document:
  
  (i)  **Resident birthday stories.** (See Section F. Celebrating Residents)

  (ii) **Resident video life stories.** (See Section F. Celebrating Residents)

  (iii) **Snapshots of care** – Using mini-surveys to get snapshots of family members’ experiences while visiting Delta View. *(See Section I: Family Engagement)*

  (iv) **Slideshow music therapy program.** *(See #5 in this section)*

2. **Music therapy – for larger groups**

a) Objectives

  • Improve residents’ quality of life through participation and engagement in an enjoyable group activity to which they can relate.

  • Provide a mechanism for resident socialization and maintenance of fine motor skills.

  • Engage residents who are unable to participate in other activities.

    - They are able to ‘find the words’ to songs they identify with from their past.

  • Provide an outlet for residents to expend their energy.

b) Approach

  • These sessions are offered 5 days a week for 45 minutes in Dorothy’s Meadows, the Delta View Home for residents who suffer from cognitive impairment due to dementia, with associated physical or medical illness and behaviours. Soon, they hope to offer this program 7 days a week.

    - Staff have found that the benefits from music therapy are much more significant for the residents in this particular Home.

    - “These residents respond very well to music.” *(Music Therapist)*

  • The sessions are offered 2 or 3 days a week in the other Delta View Homes.

  • These sessions are:

    - Run by the staff music therapists, all of whom have degrees in music therapy.

    - Interactive with the music therapist and residents.

    - Conducted in the large common area in each Home.

c) Processes

  • All residents in the Home are invited to participate.

  • The music therapist brings in a number of instruments (mainly percussion – drums, rhythm sticks, tambourines, maraca’s, hand chimes, etc.).

  • The residents pick the instruments they want to play.
• One resident will start a beat, and the music therapist will then accompany on piano, picking a piece of music that is well known to residents that goes with the beat that has been established.
• Singing, and dance and movement to the music are encouraged.
• Many families plan visit times around these sessions.

3. Music therapy – for smaller groups

a) Objectives
• Engage residents who are less social in order to decrease their isolation.
• Allow residents to express themselves:
  - Through singing, helping to increase their confidence in expressing themselves.
  - By reminiscing, based on memories related to the songs.
• Make the residents feel good by helping to bring them back to “their time” through the choice of familiar songs that are part of the their era.

b) Approach
• Offered on an ad hoc basis for about half an hour at a time in each Home.
• Run by the music therapists.
• Done in the small sitting area in each Home.

c) Processes
• 5 or 6 residents at a time are invited to participate.
• Music therapist will start by chatting with the residents to gauge their mood.
• She will then pick a song she knows they are familiar with, which matches their mood.
• She will play the song on her guitar, sing, and invite the residents to sing along.
• She uses the songs to help facilitate conversation and reminiscences between songs.

4. Slideshow music therapy

a) Objectives
• Provide residents with music therapy programming in the evening, when music therapy staff are not on shift.
• Allow for residents to hear their favourite songs more frequently.

b) Approach
• Photos of the residents engaging in different activities and program offerings were used to create a slideshow DVD.
• A CD of music to accompany the slideshow was also created.
  - It consists of songs popular with the residents – easy for them to recognize and sing to.
  - The songs were purchased and downloaded from iTunes.
c) Processes

- The DVD and CD allow for residents to have their favourite songs played more frequently – not a substitute for music therapy, but a support to having more music as part of residents’ day.
- The DVD and CD are also used in evening programs run by an RCA or recreation therapist, if music therapy is not available.
- Staff play the DVD and CD and the residents sing along to the music, as they view their photos.

5. Bell choir

a) Objectives

- Maintain residents’ socialization skills and opportunities.
- Enhance residents’ sense of belonging by creating a group identity – like being part of a team.
- Enhance residents’ sense of ownership, control and decision-making concerning the choir.
- Promote residents’ sense of well being.

b) Approach

- Open to residents in all 8 Homes – no musical talent required.
  - Family members accompany those residents with more advanced dementia.
- Choir includes 15 to 20 residents at any given time.
- Instruments are hand-chimes.
- Choir members take a lot of ownership and control of the choir, including the repertoire for each performance they do.

c) Processes

- Choir meets once a week for 1 hour to practice.
- Choir puts on performances for other residents, family and staff.
  - Each performance has a story line and includes instrumentals, singing and speaking.
- One of the members of the choir acts as Master of Ceremonies.
- “The residents get very enthused and excited about the choir and the performances. They always are asking when they can put on their next performance. They want to make a CD” (Music Therapist)
- We have been told that a CD is already in the works.
  - The recording session has been completed and the CD should be available to residents and families by December 2012.
F. Celebrating Residents

1. Resident birthday stories

a) Objectives
   • Celebrate the richness of residents’ accomplishments and life histories as part of their birthday celebrations.
   • Further enrich the care process as all staff learn and celebrate the residents on a continual basis.

b) Approach
   • The Director of Spiritual Care gathers information about each resident from family members, staff and from any other information on hand at Delta View.
   • Based on the gathered information, the Director writes a birthday story about the resident.

c) Processes
   • On the last Wednesday of each month, a celebration is held to acknowledge residents whose birthdays are in that month.
   • Birthday story information is gathered by the Director of Spiritual Care from the life story on the chart, The Personal Care Book, and interviews with the resident, staff and family members.
   • Family members are invited to join in these birthday celebrations.
   • The Director of Spiritual Care reads the birthday stories at the party to the residents, staff and attending family members.
   • These stories are also kept in the residents’ charts.
   • “On Canada Day, we have a Celebration of Life memorial service to celebrate residents who have passed away over the preceding twelve months. As well, we have monthly memorials for residents who have passed in the previous month. We realized that some of the details we were learning about residents, through the Eulogies shared at these services, would have been nice to have known while they were alive. So, now we have celebrations that utilize this kind of information on each resident’s birthday.” (Director of Therapeutic Services)

2. Video life stories

a) Objectives
   • Humanize residents, to staff and visitors, by showing different aspects of their lives and history through photographs set to music.
   • Stimulate residents and their memories through their photographs and the accompanying music.

b) Approach
   • Using the Life Story from the Care Aide Binder and working with the birthday stories, families are being invited to bring in photographs and asked to list the favourite songs of their resident at Delta View.
• The IT staff at Delta View are creating video-based slideshows, using the photographs with sub-titles to explain the particular place, situation and/or people in each photograph in order to create a video life story of the resident.
• Each slideshow is set to the favourite music of the resident.

c) Processes
• The slideshows are shown on wall-mounted screens in the residents’ Homes at Delta View.
• “One of our residents walked by his slideshow and said, ‘Hey, that’s me’ and had a smile that went from ear to ear. We want to show staff and families that our residents are more than their behaviour triggers.” (Director of Therapeutic Services)

G. Human Resources Practices

1. Hiring interview guides for care aides

a) Objectives
• Determine the values, attitudes and beliefs of potential care aide employees, and how they match with those that are needed to deliver excellent person-centred care.
• Develop an understanding about how potential care aide candidates will most likely respond to situations at Delta View, with residents and other staff.
• Assess potential candidates’ self-reflective skills and honesty.

b) Approach
• Delta View created a structured interview guide that includes the following types of open-ended questions.
  - Person-centred care: “Tell me about the last resident who did not respond when you wanted them to do something. How did you resolve the issue?”
  - Behavioural/situational response: “You enter Mrs. O’s room and find Mr A., who has Alzheimer’s, is in her room rummaging through her dresser drawers. How do you respond?”
  - Probing honesty: “Tell me about the last time that you had difficulty working with a peer. How did you resolve that conflict?”
  - Self-reflection: “What five words describe you best?”
  - Role rigidity: “How do you think the role of the care aide relates to the program of activities?”
  - Task-oriented/Flexibility: “How do you organize your work for the day?”

c) Processes
• As part of the job applicant screening process, management uses the open-ended interview questions to explore and assess the values, attitudes and beliefs of care aide candidates.
• The open-ended nature of the questions is intended to start a dialogue, in which management uses any particular question to tease out of the applicant their values, attitudes and beliefs about providing person-centred care to residents with dementia.

  - Management also assess applicants’ honesty and capability for self-reflection through the open-ended questions. For example, when asked to talk about the most frustrating resident they have ever looked after, some applicants will respond by saying they have never been frustrated by a resident. This can be a clue, suggesting that the applicant may not be self-reflective or at least is being guarded in their answers.

• Management also uses the questions and resulting dialogue to share with and educate applicants about the Delta View philosophy and approach to care.

• “We’re looking for values and how people would respond in a situation. A lot of what is required for person-centred care is teachable. Values aren’t. We’re also looking for honesty and self-reflection. It’s okay to have felt frustrated with a resident, as long as you learn something from it.” (Director of Therapeutic Services)

• “We look for attitudes and beliefs of potential staff. These are formed from people’s experiences. Initially, they may not have all the necessary technical skills, but as long as we feel that they have the right beliefs, attitudes, and an ability to learn, we can work on developing their skills. If the values are there, you’ve won half the battle. You can teach the medical side, but the philosophy, values and ethics can only be slightly tweaked, not fundamentally changed.” (Director of Human Resources)

• “They need to understand the tasks but, more importantly, be able to prioritize them. Ultimately though, you need to actually see [the new hires] in action. There’s always a risk, so we try to use the interview as a training tool. The more we take the time to learn about them in the interview, the more we understand their strengths and weaknesses, and can teach them our philosophy and share the skills they need to know to succeed.” (Director of Human Resources)

• “In terms of continually improving the quality of care and services we provide, we seek to recruit and retain staff members who embody our culture of respect, compassion, and love for our residents and their families. We all should be committed to serving our residents first and foremost, their families and one another. By continually educating and developing our staff, they will be enabled and empowered to feel ownership, to be heard, and to be responsible for providing quality person-centred care.” (Director of Human Resources)

• (See Appendix N: Care Aide Interview Questions)

2. 30-, 60- and 90-day orientation

a) Objectives

  • Ensure probationary care aides and nursing staff have received and internalized the fundamentals of Delta View’s philosophy, policies & procedures, and competencies (including the mission and vision, emergency procedures, health and safety processes, care aide/nursing practice, and human resource policies).

b) Approach

  • Delta View had tried different staff orientation approaches in the past – including classroom sessions, on-the-job education and scavenger hunts – to engage them and introduce them to Delta View.
• Management perceived past efforts as being too didactic (i.e., a teacher relaying information to a passive student), not necessarily actively engaging the probationary care aide/nurse and not involving the peers they would be working with on the unit.

• Management explored best practices in staff orientation and is currently experimenting with a checklist-based orientation that involves the probationer’s supervisor and has 30-, 60- and 90-day feedback meetings.

c) Processes
• Probationary care aides/nurses are provided with a booklet that outlines the key competencies required to pass the Home’s 90-day probationary period.

• At end of each of three 30-day periods, the care aide/nurse meets with their supervisor to discuss their progress on each of the competencies in the booklet.

• The supervisor and probationer discuss their assessments of the probationer’s competencies.
  - The supervisor bases their assessment on discussions with the probationer’s peers on the unit and their own observations.

• The supervisor can suggest that further learning/improvement is necessary, identifying the necessary resources available, or mark that the probationer has fulfilled the specific competency requirement. Human Resources is involved throughout the process to ensure:
  - The correct resources and tools are available as necessary.
  - That both the probationer and supervisor are supported appropriately.

• (See Appendix O: Care Aide 30-60-90 Day Probation Checklist)

H. Staff Education and Training

1. Staff huddles and in-services

a) Objectives
• Encourage open communication and approachability between the leadership team, care team, visitors, and residents on each Delta View Home/unit.

• Provide an opportunity for the staff to dialogue with the leadership team.
  - Enhance staff/management communication.

b) Approach/Processes
• Each member of the leadership team is responsible for sharing information in one of the Delta View Homes.

• These huddles and in-services are usually short (15-20 minutes) interactive sessions with the interdisciplinary team in each Home, including the RCAs, RN/LPN, Recreation Therapist, Physiotherapist, Music Therapist, Housekeeping and Dietary staff, and any visitors to the unit.
  - Residents who are able to participate are encouraged to join in the dialogue.

• Topics for these sessions are drafted and prioritized based on:
  - The Delta View education calendar;
  - Any issue/change that has come up; and/or
  - Safety concerns that staff would like to share.
2. “KFC: Tips for Care”

a) Objectives

• Provide more detail about Delta View’s mission and vision, making them more tangible for staff.
• Create an easy-reference, person-centred care tool for staff education.

b) Outcome

• A poster-sized card entitled “KFC: Tips for Care”.
• Trades on the well-known “KFC” brand-initials to make it memorable.
  - K – Stands for “Know me!”
  - F – Stands for “Focus on me!”
  - C – Stands for “Calm and Safe Environment!”
• Written in resident first-person, where “me” is the resident.
• Beneath each of the K, F, and C headings are key tips for staff to help them provide person-centred care to residents.
  (See Appendix P: “KFC: Tips for Care”)

c) Approach

• Initiative was part of the work of the Person-Centred Care Committee.
• Current educational resources related to person-centred care used for staff in-services were reviewed, as well as other resources from the Fraser Health Authority, Crane Library, and Alzheimer Society.
• Key areas of focus for the tool were identified.
• A focus group was conducted with staff on the reference tool format and need.
  - Do staff feel they need a reference tool?
  - If so, what information would be useful to have accessible?
• A draft of this resource tool was created and shared with staff and the leadership team for feedback.
  - The tool was edited and revised based on this feedback, and further feedback was obtained on the revisions.
• The “KFC” tool was rolled out through staff huddles.
• This tool has been shared at a recent family council meeting and also at family education sessions.
• “We all need to know our residents in a holistic way. We need to focus on applying what we know about them, to help them thrive. Finally, we need to care about them. The KFC is a reminder to staff, and especially to our casual staff, of our beliefs and values.” (Director of Therapeutic Services)
1. Palliative Care

1. Person-centred ‘End-of-Life Care’

a) Objectives
   - Identify and create a world-class standard of excellence in person-centred ‘End-of-Life Care’.

b) Components of the program that was developed
   - Comfort carts/baskets.
     - These include an array of items to help support residents and their families in the ‘actively dying stage’ of care, including the following.
       - CD players with soothing music CDs.
       - A bible (or other religious book).
       - Inspirational readings.
       - Mouth-care supplies for residents to help with end-of-life oral care.
       - Lotion to promote therapeutic massage and touch/care & comfort.
       - Magazines for families/visitors keeping vigil.
       - A wash kit (including toothpaste/brush, soap, wash cloth, and mints) for families keeping vigil.
       - Scent kits for Aromatherapy.
       - Soothing lamp for ambience.
       - Brochures for family reference.
   - End-of-Life policy practice binder.
   - Dignity robes.
     - Satiny pink and blue gowns used by staff, instead of a shroud, to prepare the body for final viewing by family before being taken by the funeral home.
     - Sewn by a local volunteer.
   - Hospice Vigil Services.
     - A volunteer hospice service offered through Delta View’s local community partnership.
     - Available to help support families and residents keep vigil.
   - Updated brochure for families about what to expect when their resident is actively dying.
     - Used to help prepare families for the hours/days ahead.
   - Tools and a role-play video for staff on how to approach difficult conversations with families when their resident is actively dying.

c) Processes
   - Initiative was part of the work of the Person-Centred Care Committee.
   - An interdisciplinary working group and team-lead for the end-of-life program planning was appointed.
   - Stakeholders were identified and strategies developed for their engagement.
• World-standard person-centred care end-of-life strategies were researched and cutting-edge facilities and practices were identified.
  - A comparative analysis was then conducted with Delta View’s current practices and policies.
• Focus groups were conducted with the following stakeholders to learn about services provided and needed.
  - Residents.
  - Staff and medical advisors.
  - Families.
• Dimensions of end-of-life care were identified and tools for education and support were developed.
  - To whom is care extended?
  - What training will be necessary for staff?
• Staff education sessions on end-of-life tools were conducted (huddles and nurse practice meetings).
  - Comfort carts/baskets.
  - End-of-Life policy practice binder.
  - Dignity robes.
  - Hospice Vigil Services.
• Delta View’s education brochure for families, about what to expect when their loved one is actively dying, was reviewed and updated.
• Current Spiritual Assessment forms were reviewed and resident charts were updated.
• A Fraser Health Authority directive, entitled “Caring for Residents in Final Days: An Actively Dying Protocol”, was reviewed by the end-of-life working group and incorporated into the current policy and practice binder.
• The Director of Spiritual Care developed a tool and role-play for staff on how to approach difficult conversations with families (i.e. resident actively dying).
  - This tool and role-play were shared with nurses at a nurse practice meeting.
  - A ‘video’ of the role-play is being developed for staff to use as an ongoing education tool to help increase their comfort and skill with difficult conversations.
• All resident charts were audited to ensure all information (i.e. funeral home, primary contact information, DOI) is current and up to date.
• End-of-life experience questions were added to Delta View’s Family Post-Discharge survey.
  - (See Appendix Q: Family Post-Discharge Survey)

J. Family Engagement

1. Family education sessions

a) Objectives
  • Connect with families of residents, offer them support, and guide them to resources to help both themselves and their resident.
• Provide education and information to families about the disease (dementia) their resident is facing, the progression of this disease, and the health status of their resident.

b) Approach/Processes
• These sessions are offered at different times throughout the year.
• Some of these sessions are delivered through partnerships with the Alzheimer Society (e.g., “Dementia Education/Heads Up For Healthy Brains”) and other groups.
  - Delta View will advertise and host these sessions for families to attend.
• Delta View also hosts education sessions through its family support group called Friends of Delta View and through its Family Council.
  - Topics are based on the needs of the audience, for example:
    - Caregiver stress and self-care.
    - Things to do with your loved one when visiting.
    - Disaster education.
• As well, Delta View hosts large events throughout the year in which families are invited to participate (e.g., Canada Day, Christmas Party, Fall Festival, Family Partners Luncheon, etc.).
  - At these events, Delta View sets up a series of booths that visitors and families can visit.
  - The booths cover a variety of topics such as: infection control; hand hygiene; emergency preparedness; nutrition & hydration; chronic disease management; spiritual care; falls; Delta View’s mission/vision/values; and end-of-life care.
  - Community partners are also invited to set up booths. Examples include:
    - Corporation of Delta Fire Department;
    - Alzheimer Society; and
    - The University of Victoria – Chronic Disease Management Program.
• Delta View’s quarterly newsletters contain health tips and information to help family members of residents (topics can include things like tips for the cold & flu season, sun smarts, healthy recipes, heart health, etc.).

2. Family feedback surveys

(i) Family Feedback – General Form

a) Objectives
  - Invite families to freely share their opinions about, and experiences at, Delta View so that management can continually review and improve the processes at Delta View.

b) Approach/Processes
  - This survey is available for families to complete.
  - All completed forms are tracked in a database.
  - Survey results are addressed by the relevant departments at Delta View, i.e., those most responsible for initiating any needed changes based on the results.
  - Action plans for change are initiated where process improvement is identified.
  - (See Appendix R: Family Feedback – General Form)
(ii) Family Post-Admission Survey

a) Objectives
- Solicit family member and resident feedback on their admission experience to:
  - Continually improve the admission process at Delta View.
  - Address any needs Delta View may have overlooked.

b) Approach/Processes
- This survey is given out to family members at the 6-week care conference.
- *(See Appendix E: Family Post-Admission Survey)*

(iii) Family Post-Discharge Survey

a) Objectives
- As part of Delta View’s continuous quality improvement process, solicit feedback from family members of residents about the overall care journey they and their resident experienced at Delta View.

b) Approach/Processes
- This survey is mailed out after every discharge. Delta View’s experience is that:
  - More than 90% of families complete and return the survey.
  - Families are candid in their comments about care.
  - All completed forms are tracked in a database.
  - Survey results are addressed by the relevant departments at Delta View, i.e., those most responsible for initiating any needed changes based on the results. Where families have given a suggestion for improvement:
    - They are called to get more information; and then
    - Contacted again to apprise them with the results of change brought about by their feedback.
- *(See Appendix Q: Family Post-Discharge Survey)*

3. “Fresh Eyes Approach”

a) Objectives
- Have family members complete a short survey to get a “snapshot of care” related to their just-completed visit to Delta View in order to identify ways to continually improve the services and person-centred care provided – almost like a “mystery shop”.
  - Get feedback from family members on the quality of care and service they witnessed and experienced during their visit.
- Use the results of these snapshots:
  - As staff coaching tools.
  - To better target the management team’s education efforts and focus.
- Help staff achieve the level of person-centred care that the senior leaders at Delta View are expecting by reinforcing at all times the importance of providing the best possible care – “Because you never know when you will be mystery shopped”.
- Provide an opportunity to connect with families and let them know what level of care they and their loved ones should expect from Delta View.
b) Approach

- Mini-surveys are used to get family members’ feedback on the visit they have just made to Delta View.
- This is currently in pilot-stage at Delta View.
- Surveys can be designed to cover a wide variety of topics.
  - Each department can come up with a few areas that need focus and 4-5 targeted questions can be asked with the Yes/No format or a 1-7 scale.
  - Initial focus is on reception, overall Home ambience, grooming/ADL, infection control, RN and RCA communications, dining/food services, and laundry.
- Family members may be incented to participate by offering them a complimentary coupon for coffee/muffin/cookie/lunch/or something else.
- (See Appendix S: Creating Exceptional Care Experiences With A Fresh Eyes Approach)

4. Family focus groups

a) Objectives

- Obtain family members’ observations about:
  - Life in the Delta View Home/unit where their resident lives.
  - Their visits to Delta View.
  - Their possible needs.
- Use the findings and insights obtained from these groups to improve person-centred care at Delta View for both residents and their family members.

b) Approach/Processes

- Family members are invited to attend.
  - Letters of invitation are mailed out and also passed out to family members while visiting Delta View.
- As detailed in the sections above, family focus groups were used in many of the initiatives undertaken by the Person-Centred Care Committee.
Resident Daily Plan Focus Sunflower

Resident's Preferred Name: Dick
Resident's Best Time of Day: 4 pm - 6 pm

Date of Plan: July 2015 (to be reviewed every 3 months)

I prefer to get up in the morning at: 8 am.

I prefer to go to bed at night at: 10 pm.

I need you to help me the most with: my personal care.

My Primary Care Aide is named: [Redacted]
Daily Care Plan Foci

I will be comfortable each day if... I had a proper bowel movement, a full night’s sleep and enough fluids. I need help with my ADL’s and encourage me to drink fluids.

I will be happy each day if...

I can participate in music therapy with helping me enjoy playing the drums and singing. I also like to attend yoga class with Jamie, as I used to be in a choir.

I will be pain-free each day if...

I participate in music, gym and stay active.

I will be socially connected each day if... you offer me choices and invite me to participate in decision making. Engage me in conversation about the war,Peace time, music.

I will be safe each day if... I stay free from falls by making sure I have my chair 舒服 and a fall mat beside my bed when I am in bed. If I am distressed, stop what you are doing and validate and reassure me and adapt your approach in care to my current emotional state.

Name of Staff Writing Plan (please print): [Redacted]

Signature of Staff Writing Plan: [Redacted]
## Appendix C: 24-Hour Report

### Cascades Unit Status Page - Wednesday, Oct 10, 2012

<table>
<thead>
<tr>
<th>Room</th>
<th>Name</th>
<th>Notes</th>
<th>Room</th>
<th>Name</th>
<th>Notes</th>
</tr>
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<tbody>
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<td></td>
<td>No Vomit ☐ Diarrhea ☐ Cough/Fever ☐ Incident</td>
<td>C3</td>
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<td></td>
<td>No Vomit ☐ Diarrhea ☐ Cough/Fever ☐ Incident</td>
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<tr>
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<td></td>
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<td></td>
<td>No Vomit ☐ Diarrhea ☐ Cough/Fever ☐ Incident</td>
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<tr>
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<td>C12</td>
<td></td>
<td>No Vomit ☐ Diarrhea ☐ Cough/Fever ☐ Incident</td>
</tr>
</tbody>
</table>

- **C1**: 2nd day no BM
- **C5**: R/O from Dr. Davidson L. Continue with same INR.
- **C7**: Settled in behaviour, came out for breakfast. Dtr. came in to see. No Vomit ☐ Diarrhea ☐ Cough/Fever ☐ Incident
- **C8**: 2nd day no BM
- **C10**: Sister phoned and suggested to place pull ups in her room
- **C12**: Stayed in bed as per request.
<table>
<thead>
<tr>
<th>Date: 10/10/2012</th>
<th>Alpine Meadows Unit Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Duties: Warden/Deputy/Runner</td>
<td>Safety Discussion: hh:mm</td>
</tr>
<tr>
<td>Security Check:</td>
<td></td>
</tr>
<tr>
<td>Staff Concerns:</td>
<td>Maintenance Concerns:</td>
</tr>
<tr>
<td>Vocera Concerns:</td>
<td></td>
</tr>
<tr>
<td>Pointclick/Goldcare Concerns:</td>
<td>Keys Returned:</td>
</tr>
<tr>
<td>Nurse From: Shift / Name</td>
<td>Nurse To: Shift / Name</td>
</tr>
</tbody>
</table>

3455Home  Search old Census Items  New Incident Report
**Appendix D: Admission Checklist**

**Nursing**

<table>
<thead>
<tr>
<th>TO BE COMPLETED WITHIN 24 HOURS</th>
<th>DATE</th>
<th>INITIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greet resident and family upon arrival to the unit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Introduce resident and family to staff and fellow residents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide comfort measures (e.g., pain management)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Place resident ID band on wrist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admission Agreement (Form to be signed by Resident/Representative)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consent for Care and Treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Degree of Intervention (i.e., Discuss comfort care, transfer to hospital, etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Determine the attending Physician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Release of Medical Records</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensitivity/Risk Sheet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADL bedside care plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moving-in day interview/Resident’s day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Security – valuables marked, documented, signed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discuss bowel and bladder routine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discuss excessive behaviour and management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discuss about call bell, emergency exits, fire disaster</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inform Dietary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication Reconciliation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Pharmacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Physician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perform assessment of vital signs and weight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete the following assessment forms:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Falls</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Excessive Behaviour * Only if they have history of excessive behaviour*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Braden Scale</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Oral Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Bowel Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document admission on interdisciplinary progress notes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiate Resident Assessment Form</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TO BE COMPLETED WITHIN 48 HOURS</strong></td>
<td><strong>DATE</strong></td>
<td><strong>INITIAL</strong></td>
</tr>
<tr>
<td>------------------------------------</td>
<td>----------</td>
<td>-------------</td>
</tr>
<tr>
<td>Needs assessment done and Interdisciplinary Care Plan initiated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continue Resident Assessment Form</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>TO BE COMPLETED WITHIN 72 HOURS</strong></th>
<th><strong>DATE</strong></th>
<th><strong>INITIAL</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Update Family/Representative of resident’s status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan Care Conference date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete Resident Assessment Form <em>Reassess Q3 months</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Resident Care Attendants**

<table>
<thead>
<tr>
<th><strong>TO BE COMPLETED WITHIN 24 HOURS</strong></th>
<th><strong>DATE</strong></th>
<th><strong>INITIAL</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Assist in unpacking – Suitcase taken home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clothes labeled, washed * dry cleaning is family’s responsibility*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dining table assigned to Resident</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide lunch for family if staying with resident</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admission bath given</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix E: Family Post-Admission Survey

Family Post-Admission Survey

1. Please share some of your contact information with us so that we can follow-up with you on your experiences and how we can improve in the future:
   Name: 
   Email Address: 
   Phone Number: 

2. If your loved-one moved into Delta View Life Enrichment Centre, into which home did they move?
   - Alpine Meadows
   - Baycrest
   - Cascades
   - Dorothy's Meadows
   - Eagle Point
   - Forest Grove
   - Heather Point

3. If your loved-one moved into Delta View Life Enrichment Centre (DVLEC), do you feel the home they moved into is the appropriate placement?
   - Yes
   - No
   Other (please specify): 

Page 1
Family Post-Admission Survey

4. If your loved-one moved into Delta View Habilitation Centre (DVH), which unit did they move into?
   - Special Care Unit (SCU)
   - Extended Care Unit (ECU)

5. Is the accommodation in our facility as you expected?
   - Yes
   - No
   - Other (please specify)

*6. Did you take a Pre-Admission Tour with a representative of Delta View?
   - Yes
   - No
   - Other (please specify)

*7. If you answered YES, that you did take a Pre-Admission tour, did your tour provide adequate information which you feel prepared you for your loved-one’s admission day?
   - Yes
   - No
   - Other (please specify)
8. Please share with us your admission experience once your loved-one reached their home unit. Choose all that apply:

- We were warmly greeted at Reception.
- We were NOT warmly greeted at Reception.
- We were greeted by house care staff upon our arrival at the house unit.
- We were NOT greeted by house care staff upon our arrival at the house unit.
- My loved-one's room was welcoming.
- My loved-one's room was NOT welcoming.
- Staff provided appropriate assistance in helping my loved-one settle-in on move-in day.
- Staff provided little assistance in helping my loved-one settle-in on move-in day.
- I was offered a complimentary lunch by staff.
- I was NOT offered a complimentary lunch by staff.

Other (please specify)

9. Did you receive a copy of the Resident Family Handbook?

- Yes.
- No.

10. On admission day, did the House Nurse explain and answer questions about the following items:
- Degree of Intervention
- Medication Reconciliation
- Safety policies and Safety Brochure

- Yes, we discussed the Degree of Intervention.
- No, we did not discuss the Degree of Intervention.
- Yes, we discussed the Medication Reconciliation.
- No, we did not discuss the Medication Reconciliation.
- Yes, we discussed safety policies and I was given the safety brochure.
- No, we did not discuss safety policies and I was NOT given the safety brochure.

Other (please specify)
Family Post-Admission Survey

11. Did a house nurse contact you with an update on how your loved-one was settling-in?
   ○ Yes
   ○ No
   ○ Yes, but only because I called to ask
   
   Other (please specify)

12. What services or programs would you liked to have known about pre-admission or earlier in your loved-one’s residence at Delta View?

13. Is there anything we could have done to make the transition easier for your loved-one?
   ○ Yes
   ○ No
   
   Other (please specify)
Family Post-Admission Survey

2. Thank You!

You have completed the Post-Admission feedback survey. Thank you for taking the time to help us continually improve. Your comments and concerns are important to us and we will strive to address each and every one.

Sincerely, Delta View Administration
Appendix F: Personal Care Book
(Double Click to Open: Requires Adobe Reader™)

Personal Care Book

This book is about _______ & is written by the person that knows them best.

Delta View Life Enrichment Centers
2221 Burns Drive, Delta, British Columbia V4K 3A3
Telephone: 503-561-6700 Fax: 503-561-7613
Appendix G: Resident’s Day Form

SAMPLE
Resident’s Day

RE: HAZEL

Our mother has been a gentle dignified lady well groomed and well dressed. She thinks of herself as totally independent and can maintain this independence with gentle cues and minimal discreet assistance. She is the center of our family and we love her dearly.

Hazel likes to be wakened at 0700 hrs. And be cued to wash and dress. She washes from head to toe daily. She used tepid water and Dove Soap. She never uses soap on her face; water only then dries and applies Oil of Olay cream. She then continues to wash, rinse and dry each part of her body. Her skin is very fragile and dry, therefore this regime is followed daily. She needs cuing to dress in appropriate order, and wears a small white pad in her panties for comfort, and it needs to be checked approx. Every 4hrs. To assure she is dry.

Following morning A.D.L’s Hazel enjoys breakfast at 0800. She is a very small eater but enjoys juice (never prune), one slice of toast and black coffee. For a change she may have juice, cold cereal and black coffee. She is socially appropriate and enjoys good mealtime conversation.

Hazel then enjoys reading the daily newspaper in her recliner. Possibly a 15-30 min nap, then watch T.V. She enjoys the Price is Right, curling, baseball, figure skating in season.

Hazel has a keen interest in knitting, crocheting and sewing. She is very social and likes to feel there is a purpose for activities, besides pleasure. She likes the outdoors in the shade with skin protection at all times, (would prefer a light long sleeved blouse when outside.)

For lunch, she will eat ½ a sandwich, dessert and black coffee. Following lunch, she will snooze for 15-30 min. in her recliner.

Tea (black) and 2 cookies are a special treat for afternoon tea at 1500 Hrs.

Hazel will enjoy almost any outing but will require a wheel—chair for transportation. She will walk holding staff hand and no aid in facility.

Dinner once again is small portions. She does not like gravy on anything and does not like green beans. Presentation of the meal is important and no two food items are to touch on her plate. She enjoys coffee and dessert to finish her meal.

Following dinner she likes to watch B.C. T.V. News at 1800hrs, then Wheel of Fortune and Jeopardy, unless interested in recreation programs. Enjoys musical entertainment (live or T.V.) Would enjoy Happy Hour with a glass of 7-up. No longer drinks alcohol.

Prefers to get into her night attire at 2100. Cue her to apply Nivea Lotion to entire body and assist in applying to her back. She wears a pull up brief during the night, then gets into her housecoat until bed. She enjoys 2 cookies and hot chocolate at this time. She then cleans her teeth and upper and lower partial dentures. She wears her dentures at night.

May get up to B.R. 1-2 times during the night. Does not need assistance in the B.R.
SAMPLE
Resident's Day

Hazel is a lifetime member of the Reberan Lodge and will attend meetings the 2nd and 4th Tue. of each month, except July and August. She has a white blouse, skirt, vest and shoes reserved for these meetings. She will be picked up by a lodge member (Beth Ames) at 1800 and return at 2230. Please make sure she is ready.

Hazel is also a member of the U.C.T. and will be picked up on the 3rd Sat. of every month, except July and August at 1900 hrs. by her brother & sister in law ( ) and will return between 2330-2400 Hrs. Please cue her to dress appropriately—dresses only.

Bathing—Please be quick (no soaking) due to her very dry skin. Apply Nivea Lotion to her entire body, following her bath and Oil of Olay to her face. (No soap on her face, Dove soap to rest of body). DO NOT WASH HER HAIR.

Daughter or granddaughter will pick Hazel up every Sat. @ 1000 Hrs. for hair appointment and lunch. Will return by 1400 Hrs. Unless special occasion.

Son will visit monthly or more on weekends and possibly take her out for lunch or drives etc.
**SAMPLE**
Resident’s Day

RESIDENT: HAZEL

Floor 3rd
Room # 324

<table>
<thead>
<tr>
<th>MOBILITY/TRANSFER: Independent</th>
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<tr>
<th><strong>IMPORTANT DAYS AND NOTES</strong></th>
<th><strong>TREATMENTS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bath day:</strong> Monday—quick bath, Dove Soap and Nivea lotion to body</td>
<td>No Rx treatment</td>
</tr>
<tr>
<td><strong>Oral care:</strong> upper and lower partial—remind to clean</td>
<td>Nivea lotion to entire body at HS.</td>
</tr>
<tr>
<td><strong>Hairdresser/barber:</strong> Family will take every Saturday at 1000 then to lunch, returning at 1400hrs.</td>
<td>Oil of Olay cream to face.</td>
</tr>
<tr>
<td><strong>Toileting:</strong> on waking up and before going to bed, before and after meal</td>
<td>AM—white pad (check every 4 hours)</td>
</tr>
<tr>
<td><strong>2nd and 4th Tuesday:</strong> Reberan Lodge (white skirt, vest, blouse and shoes) 18302230</td>
<td>Eve—white bad (check every 4 hours)</td>
</tr>
<tr>
<td><strong>3rd Saturday:</strong> UCT, brother will pick up. 1900-2400.</td>
<td>PM—white pull up</td>
</tr>
<tr>
<td><em>No meeting in July and August</em></td>
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</table>

<table>
<thead>
<tr>
<th><strong>TIME</strong></th>
<th><strong>RESIENT’S WISHES</strong></th>
<th><strong>CAREGIVER’S RESPONSIBILITIES</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>0700</td>
<td>Please wake up at 0700 so I can get to breakfast on time. I like to wash from head to toe every AM. I like to be toileted on time I need mouth care.</td>
<td>Likes to wash and dress. I wash, rinse then dry. I wear clean clothes daily, we can take turns choosing. White pad in panties for comfort. Must use the toilet.</td>
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<tr>
<td>0745</td>
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<tr>
<td>0800</td>
<td>BREAKFAST I enjoy breakfast, juice (never prune) 1 slice of toast and black coffee or fruit, cold cereal. Egg.</td>
<td>No assistance required with meals. Enjoys conversation. Prefers napkin—cover up would be an insult. Assist with toileting.</td>
</tr>
<tr>
<td>0900</td>
<td>Need to use bathroom. I enjoy reading the newspaper in the recliner in my room. I will nap 15-30mins.</td>
<td>Please turn my TV on to the appropriate channel for the Price is Right.</td>
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<tr>
<td>1000-1030</td>
<td>Remind me that I need to go to the bathroom. I like to read, knit, crochet or attend craft programs—sports on TV in season.</td>
<td>Assist with toileting. Please inform me daily of recreation programs that are available, so I can choose.</td>
</tr>
<tr>
<td>1200</td>
<td>LUNCH I am a small eater. ½ sandwich, dessert and black coffee.</td>
<td>Napkin please. No other assistance is required. Please seat me with others who converse.</td>
</tr>
<tr>
<td>TIME</td>
<td>RESIDENT'S WISHES</td>
<td>CAREGIVER'S RESPONSIBILITIES</td>
</tr>
<tr>
<td>-------</td>
<td>---------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------</td>
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</tbody>
</table>
| 1200-1300 | Remind me that I need assistance with toileting.  
I like to have a quick 15-30 min nap in my recliner.  
I need to rinse my mouth. | Assist to the bathroom.  
Assist with mouth care. |
| 1400  | AFTERNOON TEA  
I enjoy reading, knitting, crocheting or watching TV for an hour after my nap. | Please put my TV on PBS, Discovery or History channel. |
| 1500-1530 | Black tea and 2 cookies are a special treat at this time.  
I will exercise by walking the halls for 15-30 mins. | Please use cookies from tin in my room.  
Phone my daughter when the supply is low.  
Please take me to the bathroom. |
| 1700  | SUPPER  
Small portions—no gravy or green beans. Do not allow servings to touch on my plate. Black coffee and dessert. | Napkin please. Table mates who converse. |
| 1800  | I watch the 6pm TV News on BCTV. Then Wheel of Fortune and Jeopardy. I will read or watch TV if no recreation programs. I enjoy musical entertainment. Happy Hour, card games and Bingo. | Please turn my TV to BCTV News.  
Inform me of evening recreation programs so I can make a choice. Please give me gingerale at Happy Hour as I no longer drink alcohol. |
| 1900  | HS SNACK  
I would enjoy hot chocolate and 2 cookies. I enjoy lounging in my housecoat till bed. | Please assist me into my night gown, slippers, housecoat and small pull up prior to HS snack and apply my body lotion. Remind me to clean my teeth and partial dentures following HS snack. |
| 2000  | I prefer to wear my partials at night.  
I will read, knit and watch TV until 2300 |  |
| 2300  | I like to watch the BCTV News. | Please turn my TV to the appropriate channel. Check my TV at 2330 and turn it off. |
| 2330  | I will go to the washroom and then to bed. Thank you for a great day. | No assistance required |
| 2400-0800 | I may get up 1 to 2 times to go to the washroom. I do require assistance | On rounds, please keep flashlight down. I am a light sleeper and easily disturbed. |
| ** ** | Daughter does all laundry. Please put clothes removed by HS in her clothes hamper.  
Daughter supplies all bedding and will wash. |  |
Appendix H: Care Conference Resident Summary – Care Aide

Tasks to complete AFTER
- Are there any challenges?
  - Incontinence, etc.
- Skin condition (e.g., reddness, irritation, friction)
- Transfer
- Tolieting - Incontinence, Lady
- Sleep pattern – Needs? Days up late?
- Meal time – Licks and dribleks
- Oral hygiene
- Mood
- Back clothing, ability to perform self-care?
- Dressing and grooming (e.g., does resident require open bathroom/shower experience)
- Puzzles, Reading materials, etc.
- Other special activities (e.g., music therapy, crossword

Tasks to complete BEFORE
- Each shift must write a summary for the following areas:
- Care Conference Date
- Resident Label
### Tasks to Complete Before

<table>
<thead>
<tr>
<th>Care Conference Date:</th>
<th>December 8, 2011</th>
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</thead>
<tbody>
<tr>
<td>AM Shift</td>
<td>PM Shift</td>
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</tbody>
</table>

### Tasks to Complete After

- Are there any challenges?
- Kindness, Lotion, etc.
- Skin condition (e.g. Redness, irritation from
- Transfers
- Ticking – Continence, Routine
- Medication – Naps, Sleeps up late
- Meal time – Likes and Dislikes
- Med intake
- Mood
- Open back clothing, ability to perform self-care
- Dressing and Grooming (e.g. Does resident require
- Bathing/shower experience
- Cosmetics, make-up, clothing accessories, etc.
- Meaningful activities (e.g. Exercise, music therapy,
- Each shift must write a summary for the following areas:
Appendix I: Care Conference Checklist – Nurse

**Care Conference Checklist - Nurse**

**Pre-Conference**

☐ Familiarize yourself with Resident’s medical history through chart review.

☐ Talk with attending Physician and other health care team members to determine key issues to address. These might include:
  - Resident/family desires or expectations
  - Treatment options and goals of care
  - Risk factor management
  - Code status
  - Pain and symptom management
  - Update quarterly MDS assessment

☐ Inform Resident, family and/or Health Care Power of Attorney (POA) of need for care conference, explain purpose of/reason for care conference and determine a time for meeting.

**Care Conference**

☐ Welcome participants, introduce yourself, and describe your role as facilitator.

☐ Invite those present to introduce themselves, starting with Resident (if present), family, and/or Health Care POA.

☐ Explain purpose of/reason for the care conference and briefly describe the process that will be followed.

☐ Set time limits (15-20 minutes maximum).

☐ Discuss Resident’s diagnosis and medical history (e.g., previous fractures, infections, transfer to acute care, etc).

☐ Invite care aides to share their perspectives – this is different from the description of medical facts in that the care aides should express what they believe is best for the Resident given their experience and knowledge of the Resident.

*DVLEC – Form updated on November 2011*
Care Conference Checklist - Nurse

- Nurse to describe the medical facts — current care plan, Resident’s response to current treatments, impending/future treatment decisions, etc. Other members of the multidisciplinary team (e.g., Dietician, Physiotherapist, Social Worker, Pharmacist and Care Coordinator) present should also be invited to add to this information as appropriate.

- Invite Resident (if present), family, and/or Health Care POA to share their perspectives.

- Develop care plan based on discussion and determine next steps on the Care Conference Summary Form.
  - Outline clear plan on agreed upon issues, stating what needs to be done, by whom, and when.
  - Determine how and when to address outstanding issues.

- Summarize the discussion of each issue, noting what was agreed to and what issues are still outstanding.

- Thank participants for attending and adjourn.

Post — Conference

- Debrief with care aides for 3-5 minutes and following shifts for the next 3 days.

- Document proceedings.
  - Place Care Conference Summary Form in the Care Conference Binder until all follow-up items has been completed. Once completed, then place the forms in the Resident’s chart.
  - Document in Progress Notes about Care Conference, family who attended and issues for follow-up.
  - For Resident’s whose family were not present, make a phone call to the family or Health Care POA and provide a summary of the discussion from Care Conference.

DVLEC – Form updated on November 2011
Appendix J: Assessment and Care Conference Summary

Assessment and Care Conference Summary

Family Attending: ____________  Time: _____

Date: __________

As part of the attendance list, ensure that the discipline of the attendee is written beside the name.

<table>
<thead>
<tr>
<th>ATTENDANCE LIST</th>
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Please review resident's diagnosis to ensure they are current.

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<thead>
<tr>
<th>DIAGNOSIS</th>
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<table>
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<tr>
<th>ALLERGIES</th>
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Care aide will discuss the resident's life story to the team and provide an overall description of the resident's current status.

<table>
<thead>
<tr>
<th>FOCUS OF CARE</th>
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</table>

- ☐ Cognition
- ☐ Pain
- ☐ Circulation

- ☐ Emotional Status
- ☐ Skin
- ☐ Bowels

- ☐ Mobility
- ☐ Oral/Nutritional Status
- ☐ Sleep Pattern

- ☐ Behaviour
- ☐ Respiratory Condition
- ☐ Agitation
### CHECK LIST:

1. ON THE DAY OF CONFERENCE, please bring the resident’s chart and MAR to the family meeting room (beside Heather Point on 2nd floor) 30 minutes prior to Care Conference
2. Ensure care aides bring the ADL binder with current ADL flow sheets.
Appendix K: Care Conference Evaluation

## Care Conference Evaluation

(10 minutes per resident or 20 minutes if family present)

<table>
<thead>
<tr>
<th>Present at Meeting</th>
<th>Satisfactory</th>
<th>Excellent</th>
<th>Needs Improvement</th>
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<tbody>
<tr>
<td>Charts in Meeting Room 30 minutes prior to meeting</td>
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<tr>
<td>Current MAR</td>
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<tr>
<td>Standing Order lab work up to date</td>
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<tr>
<td>Graphic Sheets complete (i.e., weight, pulse, BP, Temp)</td>
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<tr>
<td>Pharmacist is aware prior to care conference of family attending</td>
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<table>
<thead>
<tr>
<th>Nurses</th>
<th>Satisfactory</th>
<th>Excellent</th>
<th>Needs Improvement</th>
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<tbody>
<tr>
<td>Arrives on time</td>
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<tr>
<td>If family present, introduce to the team, explain purpose, frequency, and time limit</td>
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<tr>
<td>Begins by discussing the age, current diagnosis and allergies</td>
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<tr>
<td>Up to date diagnoses and allergies (Front sheet in chart, MAR, Dr's notes, Care Conf. Sheet)</td>
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<tr>
<td>Head-to-toe assessment done and issues/concerns presented</td>
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<tr>
<td>Care Plans up to date</td>
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<tr>
<td>MDS up to date</td>
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<tr>
<td>Standing orders on MARs</td>
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<tr>
<td>Reviewed MARs, and TARs prior to meeting (e.g., PRN usage, TAR with care-aide)</td>
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<tr>
<td>BM's and SUPPs reviewed prior to meeting and a plan is in action to decrease SUPP use</td>
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<tr>
<td>If family present, summarize outcomes of meeting and thank the family for coming. If more time needed, suggest setting up an appointment with the particular discipline.</td>
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<tr>
<td>Leads the meeting by addressing concerns with the appropriate discipline.</td>
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<td>Finishes on time</td>
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<table>
<thead>
<tr>
<th>Physician</th>
<th>Satisfactory</th>
<th>Excellent</th>
<th>Needs Improvement</th>
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<tbody>
<tr>
<td>Arrives on time</td>
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<tr>
<td>Shares information about the resident's life story, and current status (e.g., cooperation, care plan, skin condition, agitation, pain, eating/feeding, toileting (bladder and bowel continence)</td>
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<tr>
<td>Strengths</td>
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<th>Weaknesses</th>
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<th>Learning Plan</th>
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1.0 Purpose

The objective of this policy is to ensure that each resident at Delta View Life Enrichment Centres remains free from any form of restraint.

2.0 Scope

This policy applies to residents of Delta View Life Enrichment Centres and all staff employed within the organization's clinical programmes.

3.0 Policy

1. A risk-for-falls assessment will be done on all residents on admission, and on request by RN, when there is a change in condition.

2. Therapeutic services will make recommendations regarding chair that is best suited to the resident.

3. Care Aide & Therapeutic services staff will provide walking programs of recommended time and frequency when a resident is no longer safe to ambulate independently or is having frequent falls.

4. When a resident becomes restless, all staff members are required to consider the following points. If the resident is able to respond, encourage verbal / non verbal communication:

   a) Does s/he have to go to the bathroom?

      **Action**: Toilet resident immediately.

   b) Is s/he constipated?

      **Action**: Follow bowel protocol.

   c) Does s/he have any pain or is s/he uncomfortable?

      **Action**: Pain management – RN and physician are responsible. Care Aide – adjust position in chair.
d) Is s/he hungry or thirsty?
   **Action:** Offer something to eat or drink.

e) Is s/he lonely?
   **Action:** Provide one-on-one by family, staff, volunteer or another resident. Move the resident to a different space in the environment that may be more interesting.

f) Is s/he tired?
   **Action:** Resident may want to go back to bed. May want to sit in recliner. May want to move to quiet area.

5. When a resident, who is unsafe to walk independently, is trying to get out of his / her chair, Care Aide must immediately take that resident for a walk then return him / her to another chair (preferably a "soft" chair rather than a wheelchair).

6. Plan programming around more restless period, i.e. music, massage, tea-time.

7. One-on-one with Care Aide / Recreational Therapist, volunteer or family member.

8. Keep family member, physician, and team members well informed of goal and planned approach.

9. Each resident will be treated as an individual with unique needs.

10. A detailed Care Plan will indicate approach and action plan for each resident.

11. Every resident will have the opportunity to use outside area. Supervision needed in both areas. Care Aides check every 30 minutes when resident is using any outside space.

12. At no time is the resident to be 'indirectly' restrained with the use of a reclining chair or positioned at a table where the resident feels wedged in.

REFERENCES:

- Community Care Facility Act
- GENTLECARE – by Moyra Jones  (pages 260, 263, 264, 165)
Appendix M: Chemical Restraint Policy

PHARMACY/DRUG ADMINISTRATION

Section: SPECIAL ISSUES

Subject: CHEMICAL RESTRAINTS

PRINCIPLE

"The resident has the right to freedom from chemical restraints, except as authorized in writing by a physician for a specified period of time or when necessary to protect the resident from injuring self or others."

SUMMARY

When providing drug therapy for the elderly, it is important to recognize that physiological and pharmaco-kinetic changes may alter drug dosage, produce common adverse reactions, and compliance problems.

NOTE: DO NOT APPLY PHYSICAL RESTRAINTS.

"A chemical restraint is a pharmaceutical which is prescribed for the specific and sole purpose of inhibiting specific behavior or movement."

NOTE: When the medication is used solely to control socially disruptive behavior, it is considered a restraint.

SET UP

• Physician's Order
• MAR

PROCEDURE

NOTE: A chemical restraint may be used as a component of care and should be so indicated on the Nursing Care Plan.

Physician

1. Orders in writing the use of a chemical restraint indicating the form, dosage and period of time.

Registered Nurse

2. Administers as you would any oral, sublingual, rectal or intramuscular medication.

Date: August 2008
3. Where indicated, monitors blood pressure before and after the resident receives the medication.

4. Documents
   - Behavior Intervention Mapping form to medical consultant
   - Behavioral patterns on progress notes
   - Medication ordered

5. Charts and signs on MAR

6. Uses supportive nursing measures to enhance the effects of the drug
   - Back rub
   - Warm drink
   - Quiet
   - Pleasant atmosphere
   - Empathetic attitude

7. Provides a safe environment.

8. Assists resident when walking since they may have an unsteady gait and/or be confused.

REFERENCE  Resident Care Manual – Non Restraint – Section 10
Appendix N: Care Aide Interview Questions

CARE AIDE INTERVIEW QUESTIONS

<table>
<thead>
<tr>
<th>NAME:</th>
<th>DATE:</th>
</tr>
</thead>
</table>

1. Why are you interested in working at Delta View Life Enrichment Centres?

2. Why did you leave your last job?

3. What do you like about working with the elderly?

4. What is your previous experience in gerontology?

5. What care would you give a sick resident on bed rest?

6. Tell me what you did the last time a resident refused to have a bath on his/her bath day.

7. Tell me the approach you would use dealing with aggressive residents.

8. Tell me about the most frustrating resident that you have ever looked after. How did you resolve the problem?

9. What is meant by the term A.D.L.?

10. What would you do if a resident complained to you that another care aide had been rough with him/her?

11. How do you think the role of the care aide relates to the program of activities?

12. What would you do if one of the residents, who was diabetic, did not eat his/her meal?

13. If a resident slapped you, what would you do? Give me your reaction, step by step.

14. Describe how you would transfer this resident from a bed to a wheelchair ...250-lb lady who can weight bear but needs assistance.

15. Tell me about the last resident who did not respond when you wanted them to do something. How did you resolve the issue?

16. How often should you take a resident to the toilet to prevent incontinence?

17. What would you do if you found a resident on the floor by the bed?

18. Tell me about the last time that you had difficulty working with a peer. How did you resolve the conflict?
19. How many residents have you looked after previously on a day shift?

20. How do you organize your work for the day?

21. What do you consider is a reasonable amount of absenteeism?

22. How is your health?

23. How many days sick time did you have in the last year?

24. Have you ever had a work-related injury?

25. Have you had any back or shoulder problems?

26. What do you do to maintain your physical fitness?

27. Working in a health care facility can be very stressful. What do you do for relaxation in your leisure time?

28. How much work are you interested in doing?

29. Which shifts can you work?

30. When would you be available to start?

31. Are you presently working elsewhere?

32. What are three things that you would report to the RN?

33. What are three rights of the resident?

34. What do you understand “dementia” is?

35. You enter Mrs. O’s room and find that Mr. A., who has Alzheimer’s, is in her room rummaging through her dresser drawers. How do you respond?

36. What is Standard Precaution?

37. When do you need to use gloves?

38. How will you manage to come to work (transportation)?

39. Are you willing to work any shifts and weekends?

40. What five words describe you best?

41. What kind of supervisor you would like to work with?

42. What does Team Player mean to you?

43. If you could change 1 thing in your last organization which would it be that would make it better?
Appendix O: Care Aide 30-60-90 Day Probation Checklist
(Double Click to Open: Requires Adobe Reader™)
Appendix P: “K F C: Tips for Care”

**KNOW Me!**

- Who am I?—what are my likes and dislikes?
- What is my past history?
- What makes me happy?
- Communicate with my Interdisciplinary Team (RN/LPN, Dr., RCA, Therapeutic Services, Dietician, Support Services) so you can provide me with the best care
- Include my family and friends in discovering who I am
- Know my strengths, and promote my sense of well being. What are my triggers? (know OUR supportive interventions)
- Use behavior pattern record tool to create and update my care plan so it is always current
- Notice my verbal and non-verbal behaviors

**Anticipate My Needs!**

*Ask:* Am I…

- Thirsty? Hungry?
- In pain? Constipated? Needing to go to the bathroom?
- Possibly suffering from delirium and/or an infection [i.e. UTI]?
- Finding it too noisy? Assess my environmental triggers
- Needing more sleep? Tired? Bored? Sad? Lonely?

**FOCUS on Me!**

- Provide Person Centered Gentle Care!
- Make eye contact with me & approach me from the front
- Speak directly to me. Speak calmly, slowly and clearly
- Position yourself at the same level as me
- Maintain RESPECT & DIGNITY of me at all times!
- Offer me choices
CALM & Safe Environment!

❖ Speak to me in a calm manner using a normal tone
❖ Always maintain positive & effective teamwork when working with me
❖ Help redirect me
❖ If I am anxious, provide reassurance and validate my feelings
❖ Provide personal space as needed

❖ **Never argue or insist**: “If you don’t insist, I won’t resist!”

You are My Reason to Smile!
Appendix Q: Family Post-Discharge Survey

**Family Post-Discharge Survey**

1. **DELTA VIEW**
   - HABILITATION CENTRE
   - LIFE ENRICHMENT CENTRES
   - CROSSROADS ADULT DAYCARE

It is important to us that we provide the best possible quality of life and care to the residents entrusted to us. Please help us continually improve by responding to the below questions.

1. Please share some of your contact information with us so that we can follow-up with you on your experiences and how we can improve in the future:
   - Name: 
   - Email Address: 
   - Phone Number: 

2. *Your loved-one has been discharged from our care, please tell us why:
   - My loved-one passed away.
   - My loved-one has moved to another care facility.
   - My loved-one has moved back home with family.
   - Other (please specify)
Family Post-Discharge Survey

2. End-of-Life Experience

This section relates to the end-of-life experience and should only be filled-out if your loved-one passed away while in our care at Delta View.

1. If your loved-one moved to another care facility or moved back home with family, please share with us the reason(s) why?
   [Space for answer]

2. IF your loved-one passed away while living at Delta View, do you feel their end of life experience was comforting?
   ○ Yes
   ○ No

   Other (please specify)
   [Space for answer]

3. IF your loved-one passed away while living at Delta View, do you feel that you and your family were given the resources you needed from our staff during this difficult time?
   ○ Yes
   ○ No

   Other (please specify)
   [Space for answer]

4. IF your loved-one passed away while living at Delta View, what do you think would have made their end-of-life experience as comforting and gentle as possible?
   [Space for answer]

5. How could we support our residents' families more during the end-of-life experience?
   [Space for answer]
Family Post-Discharge Survey

3. How Did We Do?

The following questions relate to our ongoing efforts for quality improvement in many aspects of our organization.

1. Did you know whom to contact in the organization if you had a question or concern?
   - Yes
   - No
   - Other (please specify) [ ]

2. Were your suggestions welcomed?
   - Yes
   - No
   - Other (please specify) [ ]

3. Did you and your family feel welcomed when you visited your loved-one in our facility?
   - Yes
   - No
   - Other (please specify) [ ]

4. Was there sufficient "Information Transmission" from the organization to you? I.e. Did you find the newsletters, bulletins, brochures etc. helpful?
   - Yes
   - No
   - Other (please specify) [ ]

5. Did we enable you to be as actively involved with your loved-one as you would have liked?
   - Yes
   - No
   - Other (please specify) [ ]
Family Post-Discharge Survey

6. Did our staff work collaboratively with you to best care for your loved-one?
   - Yes
   - No
   - I didn’t know we could collaborate
   - Other (please specify)

7. True or False: We were regularly updated by staff on our loved-one’s care and condition.
   - True
   - False
   - Other (please specify)

8. True or False: When you had a question or concern, it was resolved or dealt with promptly and to your satisfaction?
   - True
   - False
   - Other (please specify)

9. Do you feel our staff go the extra mile to make residents and families welcome and happy?
   - Yes, they go the extra mile.
   - No, they give the basic requirements.
   - Other (please specify)

10. Do you feel your loved-one’s rights were respected and upheld?
    - Yes
    - No
    - Other (please specify)
Family Post-Discharge Survey

* 11. Do you feel that your loved-one lived with us in a safe, clean and comfortable environment?
   - [ ] Yes
   - [ ] No
   - Other (please specify)

12. Were your expectations regarding quality of care met? If not, how would you like us to improve?
   - [ ] Yes
   - [ ] No
   - You could improve care by...
Family Post-Discharge Survey

4. Parting Thoughts...

Please share with us just a little bit more on how we have done and how we could do better...

1. Something I/my family particularly like about Delta View is:

2. Delta View would be a better care facility if it...

* 3. I would rate my family's experience at Delta View, from pre-admission to discharge as:

Please choose one number which corresponds most closely to your experience at Delta View.

Other (please specify)
Family Post-Discharge Survey

5. Thank You & Please Keep In Touch!

Thank you kindly for taking the time to complete our Family Post-Discharge survey.

Your feedback is important to us and is essential in our quality improvement efforts.

Delta View values each and every family relationship we have built and we view you as part of our extended family.

Please keep in touch!

Sincerely, Delta View Administration & Staff
# Appendix R: Family Feedback – General Form

## 1. Introduction & Demographics

**DELTA VIEW**

<table>
<thead>
<tr>
<th>HABILITATION CENTRE</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIFE ENRICHMENT CENTRES</td>
</tr>
<tr>
<td>CROSSROADS ADULT DAYCARE</td>
</tr>
</tbody>
</table>

1. Please tell us a little about yourself so that we can follow-up with you about how to continually improve your experiences with Delta View.

Name: 
Email Address: 

2. Please share the name of your loved-one living with us at Delta View.


2. How are we doing with the daily necessities?

The following questions will relate to daily necessities in our facility.

1. Are you greeted at Reception when you arrive and sign-in to the village?
   Please choose the response that most closely matches your experience:
   - Never greeted
   - Greeted occasionally
   - Greeted most every time
   - Greeted every time
   Other (please specify)____________________

2. Please rate the visual appeal of our meals:
   - Poorly plated and looks okay, but not appetizing
   - Appetizing
   - Well-plated and tasty
   - Well-plated and mouth-watering!
   - N/A
   Choose one of the following options that best describes your thoughts on our meals.

3. Please share with us any comments or concerns about our Food Services and Meals:
   ___________________________________________________________
   ___________________________________________________________

4. Please share with us any comments or concerns about our Laundry Services:
   ___________________________________________________________
   ___________________________________________________________

5. Please share with us any comments or concerns you have about our Housekeeping Services.
   ___________________________________________________________
   ___________________________________________________________
3. Care Goals & Priorities

This section will cover questions and concerns you may have about your loved-ones care goals and priorities.

* 1. Are you satisfied with the care provided to your loved-one?
   
   □ Yes.
   □ No.

   Other (please specify)

* 2. Please choose one or more health objectives that are priorities for your loved-one:
   
   □ Increasing mobility
   □ Maintaining mobility
   □ Ensuring proper nutrition
   □ Improving intake at meals
   □ Enriching lifestyle through music, activities etc.
   □ Increased social connectivity with co-residents
   □ Safety
   □ Comfort

   Other (please specify)

3. Have you discussed the care goals and priorities for your loved-one with the Care Coordinator and/or House Nurse?
   
   □ No, it has never come up.
   □ I didn't know I could do that.
   □ It has been mentioned, but not in detail.
   □ We have discussed each goal and priority.

   Other (please specify)

4. Have the care goals or priorities for your loved-one changed recently?
   
   □ No, they have not changed.
   □ Yes, they have changed within the last three months.
   □ Yes, they have changed within the last six months.

   Other (please specify)
5. Have you attended a Care Conference for your loved-one?

- Yes
- No
- What is a Care Conference?

6. Have you met with your loved-one's physician in the recent past?

- Yes, in the past three months.
- Yes, in the past six months.
- Yes, in the past year.
- No, I have not met with my loved-one's doctor recently.

Other (please specify)  

7. If you answered YES, that you have met with your loved-one's physician recently, please tell us whether the physician provided you with helpful information regarding treatment and expectations:

- Yes, the physician was informative.
- Yes, the physician was informative and provided clear information about expectations.
- No, the physician was not informative.
- No, the physician was neither informative nor gave information on clear expectations.

Other (please specify)  

8. Do you receive regular updates on the care of your loved-one from the House Nurse & Care Staff?

- Yes.
- No.
- Only if I call to ask.

Other (please specify)  

4. The Role of Family in Making Us Better

This section will ask questions and provide an opportunity for feedback on our quality improvement efforts and how you can help!

1. Do you know about the family council group called "Family Matters"?
   - [ ] Yes.
   - [ ] No.
   - [ ] I'd like information on family council and how I can participate.

   Other (please specify) __________________________

2. Are you interested in volunteering some of your time to facilitate Enrichment Activities in your loved-one's home?
   - [ ] Yes.
   - [ ] No.

   Other (please specify) __________________________

3. My loved-one's life at Delta View would be better if Delta View could...what?

   ______________________________________________________________________

4. Our family would feel more supported if Delta View offered...what?

   ______________________________________________________________________

5. If I were able to share advice with someone who's loved-one is new to Delta View, I would tell them...what?

   ______________________________________________________________________

6. If I could change one thing about my loved-one's life at Delta View, I would change...what?

   ______________________________________________________________________
5. Survey Completed

Thank you for taking the time to share your feedback with us. Your thoughts and concerns are very important to us and we will endeavour to address each and every one.

Sincerely, Delta View Administration
Appendix S: Creating Exceptional Care Experiences With A Fresh Eyes Approach

Delta View Life Enrichment Centre
Creating Exceptional Care Experiences With A Fresh Eyes Approach

Date: ________________  Time of Visit: ____________  Unit of Loved One: ________________

Section A:  Reception

Please circle the best response

1. If applicable, were your phone calls answered in a prompt manner (i.e. within 3 rings)?
   Yes  No

2. If applicable, when the reception staff answered your phone call, did they use an appropriate telephone greeting?
   Yes  No

3. When you called, were the reception staff able to help you with your inquiry? If not, were they able to direct you to the correct person?
   Yes  No

4. When visiting your loved one, were you greeted by the reception staff in a cordial manner?
   Yes  No

5. When visiting your loved one, did the reception staff make your visit personalized (i.e. greet you by name)
   Yes  No

6. Upon entering the facility, did you feel that the environment of the common areas were warm and welcoming (i.e. the lobby, the solarium area)?
   Yes  No

7. Did you find any of the resources available in the common areas to be useful?
   Yes  No

8. If yes, which ones did you find to be particularly useful?

9. If no, which resources would you find to be useful of beneficial?

Section B:  Unit Overall Ambiance

Please circle the best response

1. Upon entering the unit, were you greeted by a staff member?
   Yes  No
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2. Upon entering the unit, did you notice any soft music playing for the resident?
   Yes    No

3. Upon entering the unit, did you notice staff engaging with residents (i.e. helping with meals, engaging in meaningful activities)?
   Yes    No

4. Upon entering the unit, did you feel that the overall environment to be pleasant? (I.e. clean, clutter free, well maintained)?
   Yes    No

5. If applicable, upon entering the unit, were you easily directed to your loved one?
   Yes    No

6. Upon entering the unit, did your observe residents sitting in the lounge watching T.V? 
   Yes    No

7. Upon entering the unit, did you observe residents participating in an activity?
   Yes    No

8. Upon entering the unit, did you observe residents sitting at the dining table waiting for their meal?
   Yes    No

9. Upon your visit, did you notice any recreation/enrichment activities occurring?
   Yes    No

10. If yes, were you invited to participate in these activities with your loved one?
    Yes    No

11. Do you have any suggestions for any recreation/enrichment activities that you feel would benefit your loved one?

Section C: Grooming/Housekeeping

Please circle the best response:

1. Upon your visit, did you notice your loved one wearing clean and well maintained clothing?
   Yes    No

2. If applicable, upon your visit, did you notice that your loved one was clean shaven?
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3. Upon your visit, did you notice that your loved one’s basic oral hygiene needs were met?
   Yes       No

4. Upon your visit, did you notice that your loved one’s nails were neatly trimmed and clean?
   Yes       No

5. Upon your visit, did you notice that your loved one’s bathroom was well clean, and equipment well maintained?
   Yes       No

6. Upon your visit, did you notice that your loved one’s bathroom well stocked with paper towel, toilet paper etc.
   Yes       No

7. Upon your visit, did you notice that your loved one’s bedroom was well cleaned (i.e. dust free)
   Yes       No

8. Upon your visit, did you notice that the cupboards, bedside table and window seat were tidy and in good order?
   Yes       No

9. Upon your visit, did you notice that their bed was made
   Yes       No

10. On a scale of 1 to 10 (1 being low, 10 being high), rate your impression of the overall cleanliness of
    your loved one’s room and bathroom
    1  2  3  4  5  6  7  8  9  10

Section C: Dining/Meal Service (if applicable)

Please circle the best response

1. Were you satisfied with the presentation of your loved one’s meal?
   Yes       No

2. On a scale of 1 to 10 (1 being low, 10 being high), how would you rate the overall ambiance/mood during your loved one’s meal time?
   1  2  3  4  5  6  7  8  9  10

84
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3. Upon your visit, did you notice that the tables were nicely set for the meal?
   Yes  No

4. Upon your visit, did you notice care staff engaging with residents during their meal time?
   Yes  No

5. Upon your visit, did you feel that the meal looked appealing to the residents?
   Yes  No

6. Upon your visit, did you notice warm towels being offered to your loved one?
   Yes  No

7. On a scale of 1 to 10 (1 being low, 10 being high), how would you rate the overall quality of the food offered to your loved one during their meal time?
   1  2  3  4  5  6  7  8  9  10

8. Do you feel that the meal provided to your loved one meets their nutritional needs?
   Yes  No

Section D: Laundry

Please circle the best response

1. Do you feel that your loved one’s clothes are well maintained and are in good condition?
   Yes  No

2. Are the clothes of your loved ones free of visible tears/rips?
   Yes  No

3. Are all the clothes that you initially brought into the facility neatly kept and stored in the cupboard when not in use?
   Yes  No

4. While your loved one’s stay at our facility, have any of their clothing or personal items gone missing?
   Yes  No

5. If you answered yes to the previous question, did the staff resolve this issue in an effective and timely manner?
   Yes  No
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6. Do you take your loved one’s clothes home to clean?

   Yes   No

7. If you answered yes to the previous question, what is your reason for doing so? (i.e. clothing have gone missing, resident allergies/sensitivity to detergent, damages to clothing).

Section E: Nursing/Care Communication

*Please circle the best response*

1. Upon visiting my loved one, I am always warmly welcomed by care and nursing staff.

   Yes   No

2. I know the names of my loved one’s Primary Care Staff

   Yes   No

3. I am provided with updates on my loved one’s status on a regular basis

   Yes   No

4. I am informed of any changes to my loved one’s Care Plan in a timely fashion

   Yes   No

5. If applicable, when I call the unit directly, the nursing staff answers the phone using an appropriate phone greeting

   Yes   No

6. If applicable, when I call the nursing staff, they are able to deal with my inquiries or care concerns in a satisfactory to exceptional manner

   Yes   No

7. I am given opportunities to participate in my loved one’s Care Plan

   Yes   No

8. If applicable, any concerns that I have with my loved one’s Care Plan are heard, addressed and/or taken into consideration by my loved one’s care team

   Yes   No

Section F: Infection Control

*Please circle the best response*
Delta View Life Enrichment Centre
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1. When I visit my loved one, I observe staff washing their hands before meal service
   Yes       No
2. When I visit my loved one, I observe staff washing their hands after providing care
   Yes       No
3. When I visit my loved one, I observe staff following proper hand washing procedures
   Yes       No
4. If applicable, during an infectious outbreak in my loved one’s unit, the staff seems knowledgeable in how to follow standard precautions
   Yes       No
5. If applicable, during an infectious outbreak in my loved one’s unit, the staff provided me with the appropriate information to allow us to be safe during the outbreak
   Yes       No

Section G: Feedback

1. What are some things that our facility does well?
2. What are some areas of opportunities for our facility?
3. Additional Comments