

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.

**Fenelon Court by Revera
Leading Practices in Person-Centred Care
For their Residents with Dementia**

Fenelon Court, located in the village of Fenelon Falls in Ontario's Kawartha Lakes, is home to 67 residents and is one of the family of long term care homes owned and operated by Revera Inc. In May of this year, Fenelon Court celebrated its tenth anniversary, as did four of the Home's residents, Executive Director and 15 staff members who were all there when the centre opened in 2002.

The centre has three neighbourhoods, named after local lakes, and residents living with dementia are free to explore each. In 2011, Fenelon Court received the Exemplary Accreditation Canada Award and the Revera Best Performance in Long-Term Care Award.

A. Management Style

1. Root-cause approach

a) Objectives

- Identify the underlying causes of resident and staff behaviours to:
 - Better support and assist them.
 - Treat them in a person-centred way.

b) Approach

- The Executive Director (ED) leads by example and the staff report (citing specific case examples) that they have adopted this philosophy with the residents as well.
 - Both the ED and her staff say that the ED is "nosy", always striving to get to the root causes of issues and behaviours with both residents and staff.
 - The ED makes it her job to know and be involved with each resident.
 - Their history.
 - Root causes of behaviour.
 - The ED believes there is always a root cause to behaviours that needs to be uncovered to:
 - Find the best possible person-centred solution.
 - Help staff take full and proactive accountability for residents and their care.
 - The union rep at the home told us, if there is an employee issue, the ED will dig until she gets to the root cause of it (the reason behind the behaviour). She reports that this frequently helps avoid disciplinary steps.

2. Open door policy

a) Objectives

- The senior leadership team to be as accessible as possible to residents, staff, and family members to listen, and be as responsive as possible, to their needs and issues.

b) Approach

- The family caregivers we interviewed said that they always feel welcome to go into the ED's or Director of Care's office – no appointment necessary.
 - They say they are listened to and action is taken to solve their issues or concerns.
 - *"They are so approachable and welcoming when you go to ask a question, and they have great follow-through."*
- The staff we interviewed said that management has a really good open door policy.
 - *"It's encouraged"*.
 - *"I can walk into the Director of Care's office and just vent issues, problems, and frustrations with him when I need to. It's therapeutic"*.

B. Management Processes

a) Objectives

- Set goals for and achieve specific outcomes across all aspects of operations, and resident, family member, and staff care.
- Keep the management team focused on their quality plan based on the 4 pillars and areas for improvement.

b) Approach

- On an ongoing basis:
 - Setting specific, measurable goals.
 - Developing action plans to achieve each of these goals.
 - Regularly monitoring performance against these goals, and revising action plans as required.

c) Processes

- **Daily meetings of the management team**
 - Every morning the management team meets to discuss and develop action plans for:
 - Staff issues.
 - Resident updates and issues.
 - Family concerns.
 - Risk issues.
 - Other day-to-day issues/concerns that arise.
- **Annual strategic planning session**
 - Off-site, one-day strategic planning done by the management team each year.
 - *"Like doing a care plan for the Home for the coming year."* (Executive Director)
 - Agenda includes:
 - Goal setting and action planning for key performance benchmarks, including clinical outcomes.
 - Current status.

- What management wants to achieve in the coming year.
 - Goal setting and action planning on implementation of new initiatives and processes.
 - From Revera.
 - Home specific.
 - Ministry mandated.
 - Action planning on facility/physical plant opportunities and issues.
 - Action planning for major events planned at the Home over the coming year.
- **Balanced scorecard**
 - The senior administrators use a Balanced Scorecard as part of its performance management toolkit. It is used to monitor, evaluate and guide progress in order to meet business plan objectives.
 - Action plans are developed by the Home, based on a business plan exception report.
 - The Balanced Scorecard metrics vary each year based on the quality plan objectives. Data is collected from various sources including:
 - Point Click Quality Indicator Reports;
 - Resident/Staff Satisfaction Surveys;
 - Web-based Reports: Grievances, WSIB / WCB, Incident Reports, E-Portfolio;
 - Financial Statements; and
 - Reports from regulatory bodies.
- **Continuous quality improvement (CQI) process**
 - The senior administrators also use a CQI process as part of its performance management toolkit.
 - It contains a list of auditing tools and management practices, quality improvement and auditing tools to monitor and manage:
 - Resident care and safety.
 - Clinical outcomes.
 - Financial outcomes.
 - Human resources.
 - Risk.

C. Initial Intake

a) Objectives

- Get to know each resident faster and better, and ease their transition to their new home.
- Develop care plans that are optimally suited to each resident's unique needs, preferences and strengths.

b) Approach

- This home has developed customized assessment forms in the following areas:
 - Recreation Therapy.
 - Dietary.

- Physiotherapy.
- Rehab.
- Recreation Admission Checklist (**See Appendix A: “Recreation Admission Checklist”**)
 - Checklist of tasks that should be completed within specific time-lines by the Recreation team related to newly admitted residents.
- “Getting to Know” sheet (**See Appendix B: “Getting to Know”**)
 - Put at the front of the Care Plan and a plasticized copy is put in the residents’ flow sheets for the Personal Support Workers (PSWs).
 - Helps to introduce each resident to staff (especially new/temporary staff) and provides conversation starters and potential prompts to help calm resident when they are emotionally or behaviourally agitated.
 - Contains a series of statements to be completed by the resident and/or family members.

D. Environment of the Home

1. Overall

- This home’s philosophy is that “this is the residents’ home”, not just an LTC facility.
 - This has led to their “Integration” program and their “Keep it Normal” program, both of which are described below.
- Staff told us that management reinforces this philosophy with all staff.
 - *“Told this when we are hired...always remember this is their home...ingrained in us.”*
 - *“We are a family, all of us, residents and staff.”*
- Family members affirmed this philosophy.
 - *“Right at the front door of Fenelon Court, I got a different impression from other nursing homes...This is a beautiful place...Everybody on staff speaks to you, even the cleaning staff...The people here are warm...It’s not an institution...It’s a home for people who need long-term care.”*

2. Integration program – residents with dementia are integrated within the home with the rest of the residents, physically and in programs and activities

a) Benefits

- Reduction of stigma for those residents with dementia, and for the attitudes and beliefs attached to a “dementia ward”.
 - For example we were told that the president of resident’s council came to the ED and requested that a particular resident be moved to the dementia ward (when the home had one of its home units dedicated to residents with dementia).
 - *“Put her away so we don’t have to deal with her.”*
 - Real stigma attached to this home area (dementia ward) that ED wanted to end
 - *“We don’t want those crazies from that unit around here.”*
- Provides a sense of community and belonging for all residents.

- Promotes a type of college-dorm atmosphere, where residents feel responsible for each other.
- Many of those without dementia look out for those with dementia. A family member told us that “the residents look after each other”.
- Encourages and makes it easier for families to visit their resident with dementia.
 - Staff told us that some families didn’t like going into the dementia home area when they had it.
 - Stigma attached to it.
 - Made them uncomfortable and even scared in some cases.
- Allows residents with early-stage dementia to have conversations with other residents (as opposed to being kept in an area with a lot of later-stage residents who have lost their ability to communicate).
- Has created a better understanding and acceptance of residents with dementia among all residents and staff.
- Has got rid of the “we belong here, you belong there” mindset and attitudes.
- Has created one community of residents and their family members, not 3 (when used to have 3 separate home areas).
- Provides a more positive experience for staff as they work with a more diverse population of residents, rather than just those with dementia or physically/medically-challenged. As well, staff members learn new skills and behavioural strategies to be able to work with all types of residents.

b) Rationale

- The ED told us: *“This is their home. We wouldn’t lock one of these residents in a room in their own home, so why would we lock them in a designated area here”.*

c) Facilitators/enablers

- Had residents and their families go through ASC dementia training.
 - To teach them about dementia and how to interact with residents with dementia, including how to approach them and, when necessary, how to redirect them.
- Because residents are free to roam around the home, those with dementia wear devices that set off alarms when they approach an entrance to, or exit from, the home.

d) Family member comments

- This is one of the key elements of person-centred care that this home provides to her husband.
 - *“The freedom they give him to walk the halls...It would be horrible if he was in a lock-down unit...This is his home and he should be able to go wherever he wants to without restraint...If he was confined to one little area it would trigger stress, anxiety and aggression.”*
 - *“He’s never in his room, but they always know where he is.”*
 - *“My husband has always been on the move...The big thing for me is they let him wander free...That’s who he is... He likes to be able to walk around the entire home...All the staff knows him...They all greet him and talk to him when he comes by...He is never ignored.”*

- *“This is one of the ways that the residents look after each other...It gives them a purpose...One of the other residents even says that it’s his job to patrol to make sure everyone is OK.”*
- *Another family member said: “It’s better for everybody...The wife of a resident here had dementia...She was a resident here as well...I used to see her in a wheelchair among the other residents...People need to recognize that she’s a person too...She lives here...She shouldn’t be hidden behind a locked door.”*

e) Staff comments

- *“This is their home...It’s freedom to go where they want...It’s freedom to join any activity they want no matter where it is taking place in the home (e.g., gardening happens in one area, cooking in another because these are the best home areas for these activities).”*
- *“If you restrict their freedom, some of these residents get frustrated, agitated and even aggressive.”*
- *“Every staff member monitors every resident...If a resident comes into the home area I’m working in, they’re my responsibility...If they are in my area when it’s time to eat and there is a space available, they eat there. If there is no space, we take them back to their own home area.”*
- *“All residents can interact with each other.”*
- *“We don’t treat our residents with dementia like there is something wrong with them... We try our best to include them, not segregate them.”*
- *“The residents are healthier and happier under this arrangement, and the families are too.”*
- *“It’s good for the people with dementia. All of them have their lucid moments. Think what it would be like if you awoke in a locked dementia unit.”*
- *“When I listen to staff who worked at other facilities say they worked in the locked dementia ward, they say it with sadness in their voice.”*

3. “Keep it Normal” program

a) Objectives

- The “Keep it Normal” philosophy attempts to accommodate residents’ pre-Fenelon Court habits and preferences, to the extent possible in their new home.
 - Less a formal program, “Keep it Normal” is a guide that encourages staff to know their residents better and explore ways to make them feel more at home.
- Helps to ease the transition of residents to their new home.
- Helps to maintain their functional levels by keeping everything as familiar as possible.

b) Approach

- Based on the belief that if the resident had it at their former home, then they should have it here at their new home.
 - *“One resident came with a dog. As this resident’s health declined, staff took over care of the dog.”*
 - *“If resident had a glass of wine every day at 4pm, then that’s what happens here.”*

- Offering residents with dementia choices is also part of the “Keep It Normal” philosophy, as it respects their individuality and dignity. The choices presented each resident are tailored to what staff know about the resident, their history, goals and needs.
 - Offering choices can be used to modify behaviour, such as encouraging socialization and activity participation. Instead of posing a simple “yes/no” question, a resident might be asked whether they would like to join the Sing-a-long or watch the other residents sing.
- Kawartha Lakes Dairy is a long-established local business that would be familiar to most residents of Fenelon Court who came from the area. Sysco, who supplies Fenelon Court with dietary and other products, had contracted with a multinational dairy. One of the residents of Fenelon Court lobbied for the familiar products of Kawartha Lakes to be made available in the home – their milk, coffee creamers and ice cream. To support the sense of community and respect the “Keep it Normal” philosophy, Fenelon Court now serves Kawartha Lakes Dairy products.

4. Restraint-free program

a) Objectives

- Foster a balance between managing risk and independence, while maintaining safety, dignity, and autonomy.
 - This program tries to manage the risk of incidents where residents fall and are injured and the potentially more dangerous outcomes from employing restraints (e.g., residents tipping over wheelchairs when attempting to stand up with a seatbelt on).
- This program is also designed to eliminate any emotional and physical agitation of the residents by the use of restraints.
 - *“The seatbelts on the wheelchairs often make the residents agitated.” (PSW)*

b) Outcomes

- Have accomplished zero restraints without an increase in the number of falls.

c) Key components

- Outcome-based physiotherapy customized to each resident to improve their strength and mobility.
- Use of chair and bed alarms.
- Improved/proper seating to improve posture and balance.
- Staff education and training.

d) Family member comments

- *“My husband has an alarm on his wheelchair that goes off if he tries to climb out...Staff are alerted and respond to the alarm...The alarm is attached near his belt and covered with his sweater...If my husband is restrained, he’ll try to get out of the chair and might tip it over.”*

E. Recreational Therapy – Programs & Activities

1. Montessori program for residents with dementia

a) Objectives

- Engage each resident with dementia in activities that:
 - Are within their level of capability and range of ability.
 - Stimulate them, maintain their level of engagement, and help them remain active and engaged in positive experiences.
 - Give them experiences that are meaningful to them – that allow them to express themselves, connect with others, feel a sense of freedom and purpose, and have fun.
 - Reflect their choices, preferences and lifelong interests, and also their functional levels whenever possible.

b) Approach

- Develop one-on-one programming that is:
 - Personalized to each resident with dementia, based on who they were and are.
 - Customized to each resident's strengths and current abilities, and flexible enough to be adjusted for increasing or diminished resident capacity.
 - Designed to achieve specific goals for each resident.
- Candidates for the Montessori program are those residents exhibiting responsive behaviours, such as wandering, isolation, attention-seeking, and aggression or if a resident's social or recreational participation wane.
- An assessment is conducted on candidates to measure their reading comprehension, cognitive performance, social engagement and other attributes, and to help design an appropriate program.

c) Examples

- One resident's career was with a major airline. He was being frustrated and agitated by his aphasia. A program was designed to help him remember once-familiar terms from his work-life. Tools used included:
 - Using flash cards to separate capital cities and countries, to match capital cities to their countries, and to sort countries or capital cities into alphabetical order.
 - Presenting airline industry terms and asking the resident to non-verbally communicate the term, since he had trouble finding the word (e.g., flapping his arms for the word "fly" or pointing to the sky for the word "air").
 - The family member of this resident says that the activity planners come up with things that they think would be relevant to her husband and ask her if he would like it. *"They're always thinking about things to engage him."*
- A female resident would use lipstick as eyeliner, and eyeliner as lipstick, and was upset with the results. Recreation Therapy staff said to her, "Let's work on that". Using paint chips from the hardware store, staff asked the resident to match the colour black and different shades of red to the appropriate places on a graphic representation of a face. This successfully helped the resident remember where eyeliner and lipstick were to be applied.

2. Intergenerational programs

a) Objectives

- Realizing the positive relationship between the elderly and the young, children from two classrooms at the neighbouring elementary school visit Fenelon Court weekly to engage in joint activities with residents
 - Residents enjoy the diversion of having children in their home.
 - The children's energy and enthusiasm makes the day more pleasant and fun for the residents.
 - Staff in the home gets a boost and change of pace from seeing children in the workplace.
 - The children participate in novel learning experiences, outside of their typical learning environment, and experience the elderly in ways different from how they might otherwise.

b) Approach

- Students and teachers visit Fenelon Court to participate in activities that involve both students and residents, and that are mediated by the teachers.
- While all residents, including those with dementia, are asked if they would like to participate in the intergenerational programming, each resident's level of participation is largely a function of their capabilities. Not every resident with dementia has the cognitive ability to participate fully in every intergenerational program. However, the staff at Fenelon Court believes that even those residents, who appear only to be passively observing the activity, benefit from being among the children (as evidenced by their body language and other non-verbal cues).
 - Some residents begin to gather in the lobby of Fenelon Court on Tuesday mornings, in anticipation of the children's visits.

c) Examples

- Large group activities such as listening to a teacher read a story, followed by a question and answer period, or participating in seasonal events like Halloween trick or treating or Easter parties, and an end of the school year pizza party.
- Small group activities such as one or two students and a resident working on school assignments involving reading or writing, or working on crafts.
- One-on-one activities such as students asking a series of questions of residents to create a keepsake memory book (the Memory Book project).
 - The Memory Book project involves the school children interviewing residents, using a prepared interview form.
 - The children and their teacher will produce a book of each resident's history and stories, to which will be added photos and other memorabilia contributed by the family members.
 - At the completion of the project, the Memory Books will be handed over to residents at a party. The Memory Books are intended to help residents recognize and remember key parts of their histories.

3. Education programs

a) Objectives

- Programming that educates, enlightens and entertains residents and recognizes and respects their abilities and interest in on-going personal development.

b) Approach

- “Bringing everyone together” is Fenelon Courts’ philosophy; all residents are invited to participate in educational programs, regardless of their level of cognitive functioning. While not every resident will actively participate, even those who are more passively involved are encouraged to participate at some level.
 - For example, in a discussion of the history of the Hudson’s Bay Company, some of the more cognitively impaired residents with dementia were given Hudson’s Bay blankets to hold, so they could feel the texture of the material and see the patterns and colours.

c) Examples

- Butterfly program: Cage made of netting with pupa in chrysalides and food for the emerging butterflies.
- Hudson Bay Company: History of the Hudson Bay Company in Canada and their blankets.
- Maple Syrup: Different grades of maple syrup, how it’s captured and processed, sugaring off maple syrup, and making toffee tasting the different grades of syrup.
- Scotch tasting: Learning about the distillation process and scotch varieties, including tastings.
- Wine appreciation: For example, the wines of Argentina.

4. Tools used by the recreational therapy team for these activities and programs

- **Activity Engagement Form (See Appendix C: “Activity Engagement Form”)**
 - Records depth of residents’ engagement with specific activities which Recreational staff is monitoring.
 - Name and objective of activity.
 - Resident’s level of engagement or participation: Not at all/up to 50%/More than 50%.
 - Did something other than the specific activity: Not at all/up to 50%/More than 50%.
 - Slept/Eyes closed/Stared off: Not at all/up to 50%/More than 50%.
 - Pleasure: Not at all/up to 50%/More than 50%.
 - Used to assess changes in resident engagement levels and to help match programming to residents’ capabilities.
- **Program Participation Record (See Appendix D: “Program Participation Record”)**
 - Records and tracks which specific activities residents participated in over the course of a month.

- Each day, program staff completes this quick checklist of which programs each resident participated in, as well as how active they were or why they did not participate.
- Programs/activities offered at Fenelon Court organized under following headings (with examples):
 - Comfort care: Massage
 - Music Therapy: Sing a Long
 - Spiritual Care: Pastoral Visit or Church Service
 - Intellectual: Crossword Puzzle or Reading
 - Emotional: Intergenerational or Pet Visits
 - Social: Happy Hour or Bingo
 - Restorative Care: Exercise Group or Montessori
- Engagement quickly assessed for each activity offered that day, using the following:
 - Active, Passive, Refused, In hospital, With family, In bed, Sleeping, Not ready/unavailable, With volunteer, Unwell, and Independent activity.
 - Used to track engagement/activity levels over time, per day over 1-month period.
 - Changes recorded in Flow Sheet and trigger Program Meeting discussion and trouble-shooting.
- **Montessori Based Program for Dementia (See Appendix E: “Montessori Sight and Reading Ability Assessment”)**
 - Tool used to assess residents for inclusion in Montessori program and to help plan for programming.

F. Palliative Care

1. This home developed its own palliative care program

a) Background

- Developed by a team made up of volunteers, family members, the chaplain, and nursing and programming staff.
- Team met and did research to develop this program, which has now been adopted by a number of other LTC homes in the area.

b) Objectives

- Treat palliative residents with as much dignity, consideration, respect, and person-centred care as possible through their end of life and death.

c) Components

- Standardized pre-done palliative order sheets developed to smooth process and allow staff more time to spend with the resident. (**See Appendix F: “Palliative Care Orders”**)
- Hotel-like room provided to family members, if they want to stay at the home over the palliative period.

- Palliative information cart for family members as an education tool, which can be brought into resident's room. Contains information on:
 - What to expect.
 - What to plan and how to plan for it.
 - Things that need to be done after death.
 - Resources that may need to be contacted, for example:
 - OHIP.
 - CCRA.
 - Funeral Homes.
 - Veterans' Affairs.
- Customized gowns in flannel or cotton for the palliative residents instead of the standardized "hospital blue".
 - Looks nicer.
 - Gives comfort to the family that we care about how their resident looks and feels.
- Supportive body cushions for the resident to ease their time in bed.
- Portable music player and soft music for the resident and/or their family.
- Logos on the door of the resident's room to let staff and other residents and their family members know.
 - A sunset to indicate palliative care.
 - A dove when the resident has passed.
- "Deceased goes out the front door with dignity, not the back door."
 - *"The only thing that goes out the back door at Fenelon Court is garbage. When our residents pass away, they leave through the front door."* (Director of Care)
- Huge quilt over the casket or a Canadian flag for veterans.
- Each quarter there is a customized memorial service for all residents who have passed in the quarter.
 - Memorial contains poems and fond memories about each resident who has passed.
 - Memorial developed and delivered by one of the programming staff.
 - Develops the memorial on her own time.
 - Uses information and memories about each resident that she gets from family members and staff.
- At the front of the home is a metal tree (tree of life idea) with every resident's name on the tree in the form of a leaf. When a resident dies their "leaf" is taken down and put in a "memory book" that is kept at the home.
 - A way of honouring, commemorating and remembering each resident.
- Checklist of all the activities related to this program that need to be completed upon the resident's death. (See **Appendix G: "Recreation Discharge Checklist"**)
- This program is reviewed and refined based on survey feedback from the families of the residents that have passed. (See **Appendix H: "Palliative Care Services Evaluation Form"**)

G. Family Engagement

1. Education days

a) Objectives

- Involve and engage family members with what's happening at Fenelon Court.
- Educate family members about issues pertinent to their resident like dementia.

b) Approach

- Family and resident education days are conducted twice a year on topics of interest, any new directions the home is taking in care, and anything else that helps to involve and engage family members.
- Includes in-services, like ABC dementia training.

2. Events, activities, and programming in the home

a) Objectives

- Encourage family members to be an active part of the community at Fenelon Court and life of their resident.

b) Approach

- Family members are encouraged to be part of the activities and programming, and also encouraged to eat with their resident.
- Families are invited to all events and activities, with a monthly calendar that goes out to families in advance.
- *"We encourage families to book our "Harvest room" for family events (no charge)."(ED)*
- There are annual family events where they are encouraged to come and bring other family members too (no charge for these events).
 - Fall Dinner.
 - Christmas party with a Santa, where grandchildren of residents are encouraged to come.
 - Easter egg hunt.
 - Plastic eggs are hidden by residents and staff.
 - Children/grandchildren of residents and staff who come are given a sheet telling them what colour of eggs they have to hunt for.
- The home does annual "glamour shots" of the residents.
 - A family member says that the women residents love it. This family member does the make-up for the glamour shots. She says it's a fun day in which she gets to know and learn about the other residents.

3. The Alzheimer Society support group

a) Objectives

- Encourage family members, and also residents where possible, to come together and support each other in understanding and coping with Alzheimer's.

b) Approach

- One of the family members of a resident started this group for other family members and also residents.
 - She says the home has been very supportive of her and her group. The group meets at the home, which also provides refreshments and other supports.
- Staff reports that this support group has done a world of good for residents and their family members.
 - *“I’ve seen a very positive change in how the family members relate to and interact with their residents with dementia.”*
 - Better visits.
 - Improved family members’ ability to cope.
 - Better relationship with their resident.
 - More accepting of their resident and their dementia.
 - Less stressful and embarrassing for family members.

Appendix A: Recreation Admission Checklist

Fenelon Court Long Term Care Centre Recreation Admission Checklist

Resident name: _____

Room # _____ Admission Date: _____

Day 1 (within 24 hours)

- ___ Meet with resident and provide with calendar
- ___ Invite resident to upcoming programs
- ___ Document in progress note
- ___ Insert tick sheet
- ___ Insert sign in sheet at Welcome Centre
- ___ Insert sheet in tuck shop
- ___ Note for Library cart
- ___ Gift Bag(bag, Resident Council book mark, coupon for tuck, Kleenex, pen, pad, Resident Rights brochure, welcome booklet)
- ___ Note in Volunteer /Physio Office

Within 1 week

- ___ Complete "Getting to Know You" (Person Centred Care), place one copy in Binder, place one copy in plastic protector and insert into PSW flow sheet book
- ___ Initial Ax, completed on Point Click Care
- ___ Print and put Ax in communication book in back hall and in Program initial Ax book

Two days following 'r' date

- ___ Careplan completed and signed

Within 2 weeks complete at least 6 visits date and record any activities participated in

- _____
- _____
- _____
- _____
- _____
- _____

Initial when completed



Getting to Know

I was born on -
I was born in -
My Family name -
Siblings -
Special Friends -



I married _____, the
love of my life!
In _____
on _____

Life work



My Children

My Grandchildren

Great-grandchildren



Things I Love To Do
Do
(Past & Present)

ACHIEVEMENTS



My Faith



Clubs & Organizations

PETS



Favorites

Season -
Holiday -
Time of Day -
TV /Movie -
Food -
Books -
Sports -
Music -

Appendix C: Activity Engagement Form

Fenelon Court Long Term Care Centre Activity Engagement Form

Client Name:	
Activity:	Date:
Objective:	Completed By:
Time:	

Notes:

Level of Engagement Participation <ul style="list-style-type: none"> • Not at all • Up to ½ • More than 1/2 	Did something other than activity <ul style="list-style-type: none"> • Not at all • Up to ½ • More than 1/2 	Slept/Eyes closed/Stared off <ul style="list-style-type: none"> • Not at all • Up to ½ • More than 1/2 	Pleasure <ul style="list-style-type: none"> • Not at all • Up to ½ • More than 1/2
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Activity:		Date:
Objective:		Completed By:
Time:		

Notes:

Level of Engagement Participation <ul style="list-style-type: none"> • Not at all • Up to ½ • More than 1/2 	Did something other than activity <ul style="list-style-type: none"> • Not at all • Up to ½ • More than 1/2 	Slept/Eyes closed/Stared off <ul style="list-style-type: none"> • Not at all • Up to ½ • More than 1/2 	Pleasure <ul style="list-style-type: none"> • Not at all • Up to ½ • More than 1/2
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Activity:		Date:
Objective:		Completed By:
Time:		

Notes:

Level of Engagement Participation <ul style="list-style-type: none"> • Not at all • Up to ½ • More than 1/2 	Did something other than activity <ul style="list-style-type: none"> • Not at all • Up to ½ • More than 1/2 	Slept/Eyes closed/Stared off <ul style="list-style-type: none"> • Not at all • Up to ½ • More than 1/2 	Pleasure <ul style="list-style-type: none"> • Not at all • Up to ½ • More than 1/2
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Activity:

Date:

Objective:

Completed By:

Time:

Notes:

Level of Engagement Participation <ul style="list-style-type: none"> • Not at all • Up to ½ • More than 1/2 	Did something other than activity <ul style="list-style-type: none"> • Not at all • Up to ½ • More than 1/2 	Slept/Eyes closed/Stared off <ul style="list-style-type: none"> • Not at all • Up to ½ • More than 1/2 	Pleasure <ul style="list-style-type: none"> • Not at all • Up to ½ • More than 1/2
--	--	---	---

Appendix D: Program Participation Form

Fenelon Court Long Term Care Centre Program Participation Record

Name: _____

Month: June 2012

PROGRAMS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Food Comm. Resident's Council																														
1:1 Visits																														
Sparkling Specs																														
COMFORT CARE																														
Massage																														
MUSIC THERAPY																														
One to One																														
Open Group																														
Sing a Long																														
SPIRITUAL CARE																														
Pastoral Visits																														
Church Services																														
Spiritual Groups																														
Communion																														
INTELLECTUAL																														
Cards/Board Games																														
Crosswords/Puzzles																														
Current Events																														
Discussion Group/ Word Games																														
Reading																														
EMOTIONAL																														
Intergenerational																														
Pet Visits/Pet care																														
Spa																														

Montessori
Sight and Reading Ability Assessment
(When printing copies of this form, remove this heading.)

I am fine.

How are you?

What a nice day.

Tried and true.

Live, laugh and learn.

Smile and the world smiles with you.

Sight and Reading Ability Assessment

Client Name: _____ Phone Number: _____

Address/Room Number: _____

INSTRUCTIONS:

First of all, you should try to find out the following before you begin.

- Could this person read prior to being diagnosed with dementia?
 - Yes
 - No

- What language(s) did he/she read?
 - English
 - French
 - Other _____

- Does he/she need glasses:
 - For distance
 - For reading

- Are his/her glasses clean? If not, please clean them before you begin.

Ask this person if he/she **would** help you to determine the best size of print needed for people to see. Point to one sentence at a time, starting at the top of the page, with the largest size font. Use only the sheet with the six statements. Record your findings after you have completed the assessment.

Size of Font		Check if he/she read full sentence	If he/she didn't read full sentence, circle which words were seen.
72 point	I am fine.		I am fine.
48 point	How are you?		How are you?
36 point	What a nice day.		What a nice day.
24 point	Tried and true.		Tried and true.
16 point	Live, laugh and learn.		Live, laugh and learn.
12 point	Smile and the world smiles with you.		Smile and the world smiles with you.

Form completed by: _____ Date: _____

If this is a re-test:

Form completed by: _____ Date: _____

**Program Participant Profile
A Focus on Knowing the Person Behind the Dementia**

Date: _____ Form Completed by: _____

Name: _____

Address: _____

Date of Birth: _____ Place of Birth: _____

Where has she/he lived & for approximately how long?

--

Name(s) of Partner(s): _____

Employment/Volunteer History:

--

Languages spoken:

English French Spanish Other:

Children/Grandchildren (If you need more space attach a separate page.)

Name	Age	Where do they live?	Details about their relationship. (Do they visit or phone? How often, when, etc.)

Important Friends:

Identify important friends that continue to be involved in this person's life. If there are friends this person likes to remember and talk about include that information too.

--	--

Health Status:

Cognitive	Physical								
<p><input type="checkbox"/> Dementia</p> <ul style="list-style-type: none"> <input type="checkbox"/> Alzheimer's <input type="checkbox"/> Vascular <input type="checkbox"/> Frontal Lobe <input type="checkbox"/> Lewy Body <input type="checkbox"/> Other: <p><input type="checkbox"/> Stage:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Advanced <p>Orientation to time, place & person:</p> <p><input type="checkbox"/> Fully oriented</p> <p><input type="checkbox"/> Oriented in familiar surroundings</p> <p><input type="checkbox"/> Needs some orienting</p> <p><input type="checkbox"/> Needs orienting information most or all of the time</p> <p>Are there any situations that create heightened levels of anxiety? If yes, elaborate.</p> <p> </p> <p><input type="checkbox"/> Memory Cueing recommended Elaborate:</p>	<p>Abilities:</p> <p>Note: Check off the appropriate column</p> <ul style="list-style-type: none"> • Not applicable • Independently • With Assistance • Total Assistance Required <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center; font-size: small;">Indepnt</td> <td style="text-align: center; font-size: small;">W assist</td> <td style="text-align: center; font-size: small;">Total</td> </tr> <tr> <td></td> <td style="text-align: center; font-size: x-small;">NA</td> <td style="text-align: center; font-size: x-small;"></td> <td style="text-align: center; font-size: x-small;">assist</td> </tr> </table> <p>Walker</p> <p>Walks: () needs cane</p> <p>Wheelchair</p> <p>Toileting</p> <p>Needs help eating</p> <p>Dressing</p> <p>Bathing</p> <p>Grooming: Hair</p> <p>Grooming: Face & hands/nails</p> <p>Transfers (to chair or bed)</p> <p>Teeth</p> <p>General neatness/hygiene</p> <p>Knows what to do with objects</p> <p>Can handle own finances</p> <p>Uses a phone</p> <p>Uses a computer</p> <p>Other:</p>		Indepnt	W assist	Total		NA		assist
	Indepnt	W assist	Total						
	NA		assist						

	Does this person like to be helped?
<p><input type="checkbox"/> Depression</p> <ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Significant <p>Provide details about stage & treatment & impact on engagement in life and motivation to be involved in activities.</p>	<p>Arthritis Identify limitations & describe what needs to be done to ensure that function is maintained</p> <p>Ability re:</p> <p>Excellent Moderate Poor</p> <p>Reaching</p> <p>Grasping</p> <p>Manipulating Objects</p>
<p>Delirium A sudden change in status has been checked to ensure a delirium has been treated. Follow up:</p>	<p>What hand is used?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Right hand <input type="checkbox"/> Left hand
<p>Pain</p> <ul style="list-style-type: none"> <input type="checkbox"/> Often in pain. Where? <input type="checkbox"/> Sometimes in pain. <input type="checkbox"/> Seldom shows signs of being in pain. <p>Note: Always observe to make sure that pain is being treated. Pain may be contributing to behaviour – make sure it is reported.</p>	<p>Vision & Hearing</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sight & Reading Assessment completed: Date _____ <input type="checkbox"/> Needs glasses to read <input type="checkbox"/> Needs glasses always Size of font required: _____ <input type="checkbox"/> Needs hearing aid Date batteries last checked: _____

<p>Motivation:</p> <input type="checkbox"/> Usually wants to be involved in activities <input type="checkbox"/> Sometimes interested <input type="checkbox"/> Sometimes interested but needs encouragement <input type="checkbox"/> Never interested in activities but will observe <input type="checkbox"/> Just wants to be left alone Comments:	<p>Communication Skills:</p> <input type="checkbox"/> Able to hold a conversation <input type="checkbox"/> Some ability to hold a conversation <input type="checkbox"/> Minimal ability to hold a conversation
	<p>Enjoys talking about:</p>

Interests:

Identify the things that this person enjoys/ed.

<p>Household tasks:</p> <input type="checkbox"/> Cooking <input type="checkbox"/> Laundry <input type="checkbox"/> Cleaning <input type="checkbox"/> Shopping <input type="checkbox"/> Doing dishes <input type="checkbox"/> Decorating home <input type="checkbox"/> Home repairs <input type="checkbox"/> Other:	<p>Social</p> <input type="checkbox"/> Visiting family <input type="checkbox"/> Visiting friends <input type="checkbox"/> Planning social functions <input type="checkbox"/> Entertaining <input type="checkbox"/> Reminiscing: Are there any topics of preference/enjoys most?	<p>Reading:</p> What does/did he/she like to read?
<p>Leisure Activities</p> <input type="checkbox"/> Travel <input type="checkbox"/> Games <input type="checkbox"/> Sports <input type="checkbox"/> Crafts <input type="checkbox"/> Reading <input type="checkbox"/> Photography <input type="checkbox"/> Gardening <input type="checkbox"/> Genealogy <input type="checkbox"/> Watching movies (what kind?)	<p>Games:</p> <input type="checkbox"/> Cards <input type="checkbox"/> Board games <input type="checkbox"/> Puzzles	<p>Sports/exercise:</p> <input type="checkbox"/> Hockey <input type="checkbox"/> Football <input type="checkbox"/> Soccer <input type="checkbox"/> Volleyball <input type="checkbox"/> Curling <input type="checkbox"/> Croquet <input type="checkbox"/> Horseshoes <input type="checkbox"/> Shuffleboard <input type="checkbox"/> Golf/mini golf <input type="checkbox"/> Yoga <input type="checkbox"/> Walking <input type="checkbox"/> Jogging <input type="checkbox"/> Dancing <input type="checkbox"/> Other:
<p>Culture, Religion & Spirituality</p> Does he/she like to participate in: <input type="checkbox"/> A religious service? <input type="checkbox"/> Quiet prayer <input type="checkbox"/> Guided prayer <input type="checkbox"/> Singing hymns <input type="checkbox"/> Other:	<p>Music:</p> <input type="checkbox"/> Likes to listen to music <input type="checkbox"/> Likes to play music What kind of music? Did he/she play an instrument?	<p>Crafts:</p> <input type="checkbox"/> Knitting <input type="checkbox"/> Sewing <input type="checkbox"/> Woodworking <input type="checkbox"/> Painting <input type="checkbox"/> Sculpting <input type="checkbox"/> Ceramics <input type="checkbox"/> Other:
<p>Pets</p> Does he/she have a pet now? <input type="checkbox"/> Yes <input type="checkbox"/> No Did he/she have a family pet? Elaborate.	<p>General interests not included elsewhere:</p> <input type="checkbox"/> Fashion <input type="checkbox"/> Giving back to the community <input type="checkbox"/> Volunteering <input type="checkbox"/> Helping family	<p>Room Environment:</p> <input type="checkbox"/> Room feels like home <input type="checkbox"/> Room reflects former self <input type="checkbox"/> Phone is usable <input type="checkbox"/> TV available (if interested) <input type="checkbox"/> Radio (if interested) <input type="checkbox"/> Orienting info available Modifications Required:

Routines:

Routines are important in our lives. Identify routines & consider what can be done to add routine to this person's day. An important part of this is to ensure that the routine is communicated and understood by the client, with the objective of adding meaning to life.

Fears, losses, and tragic events. These can be important to know about. This information may need to be taken into consideration when selecting activities. The purpose is to be aware – but not necessarily to address these issues – unless you are qualified to do so.

Ask, "Is there anything you would like me to know?" or "Is there anything you would like me to know about you?" This is a very open-ended question. There may be something important that he/she wants to share with you have his/her life, health, work and/or family.

Information collected from:

- Client/resident
- Family member(s) Please elaborate: _____
- Friends
- Work or volunteer colleagues
- Client files
- Other: _____

Form updated:

Date: _____ By: _____
Date: _____ By: _____
Date: _____ By: _____
Date: _____ By: _____

Additional Notes:

Appendix F: Palliative Care Orders

Fenelon Court LTC
(FENEL)



1320 Heine Court
Burlington, ON L7L 6L9
Tel: (905) 631-9027
1 (800) 677-4053
Fax: (905) 631-9217

PALLIATIVE CARE ORDERS – CHECK ALL THAT APPLY

RESIDENT _____ HC # _____
 PHYSICIAN _____ ROOM _____ DOB _____
 ALLERGIES _____
 ADVANCED DIRECTIVE _____

DATE:	TIME:																
<p>Agitation</p> <p><input type="checkbox"/> LORazepam (Ativan) 1mg tabs: 1-2 tabs (1-2mg) po/sl q6-8h PRN for dyspnea, agitation or restlessness</p> <p><input type="checkbox"/> LORazepam (Ativan) 4mg/mL inj: 0.25-0.5mL (1-2mg) IM q6h PRN (coverage available via EAP/TRS)</p> <p><input type="checkbox"/> Methotrimeprazine (Nozinan) 25mg/mL inj: 0.5mL (12.5mg) SC q8h PRN</p> <p><input type="checkbox"/> Midazolam (Versed) 5mg/mL inj: 0.1-0.2mL (0.5-1mg) SC q2h PRN for end stage delirium or agitation (coverage available via EAP/TRS)</p> <p><input type="checkbox"/> Or _____</p> <p>Nausea, Vomiting</p> <p><input type="checkbox"/> Haloperidol (Haldol) 0.5mg tabs: 1-2 tabs (0.5-1mg) po q4-8h PRN for nausea, vomiting and agitation</p> <p><input type="checkbox"/> Haloperidol (Haldol) 5mg/mL inj: 0.4mL (2mg) SC q4-6h PRN for nausea, vomiting and agitation</p> <p><input type="checkbox"/> Dimenhydrinate (Gravol): 25-50mg po/pr/IM q4-6h PRN (injection coverage available via EAP/TRS)</p> <p><input type="checkbox"/> Or _____</p> <p>Terminal Secretions, Drooling</p> <p><input type="checkbox"/> Isopto Atropine 1% eye drops: 2 drops sl q3h PRN for terminal secretions</p> <p><input type="checkbox"/> Scopolamine (Transderm-V) patch: 1 patch every 3 days for excessive drooling or increased secretions (not covered by ODB)</p> <p><input type="checkbox"/> Scopolamine 0.4mg/mL inj: 1mL (0.4mg) SC q4h PRN for terminal secretions (coverage available via EAP/TRS)</p> <p><input type="checkbox"/> Or _____</p> <p>Pain Management:</p> <p><input type="checkbox"/> Regularly dosed analgesic (MD must specify): _____</p> <p><input type="checkbox"/> PRN analgesic for breakthrough pain (MD must specify): _____</p> <p>Additional Orders:</p> <p><input type="checkbox"/> O₂ at 2-4 LPM via NP PRN for comfort and respiratory distress</p> <p><input type="checkbox"/> SC LOCK for each medication change q72h and PRN</p> <p><input type="checkbox"/> Other _____</p>																	
<p>PHYSICIAN'S SIGNATURE: _____</p>																	
<table border="1" style="border-collapse: collapse; width: 100%;"> <thead> <tr> <th style="width: 50%;">NURSE #1</th> <th style="width: 50%;">NURSE #2</th> </tr> </thead> <tbody> <tr> <td>SIGNATURE</td> <td>SIGNATURE</td> </tr> <tr> <td>DATE / TIME</td> <td>DATE / TIME</td> </tr> <tr> <td colspan="2" style="text-align: center;">Please initial as performed</td> </tr> <tr> <td style="font-size: small;">Phcy. FAXed</td> <td style="font-size: small;">MAR</td> </tr> <tr> <td style="font-size: small;">TAR</td> <td style="font-size: small;">DRB</td> </tr> <tr> <td style="font-size: small;">DIET / LAB / XRAY</td> <td style="font-size: small;">POA NOTIFIED</td> </tr> <tr> <td colspan="2" style="font-size: small;">DIC MEDS PULLED Direction Change Sticker</td> </tr> </tbody> </table>		NURSE #1	NURSE #2	SIGNATURE	SIGNATURE	DATE / TIME	DATE / TIME	Please initial as performed		Phcy. FAXed	MAR	TAR	DRB	DIET / LAB / XRAY	POA NOTIFIED	DIC MEDS PULLED Direction Change Sticker	
NURSE #1	NURSE #2																
SIGNATURE	SIGNATURE																
DATE / TIME	DATE / TIME																
Please initial as performed																	
Phcy. FAXed	MAR																
TAR	DRB																
DIET / LAB / XRAY	POA NOTIFIED																
DIC MEDS PULLED Direction Change Sticker																	

All PRN's 30 doses unless otherwise specified. New orders renewable for 90 days unless otherwise specified

Classic Care Pharmacy FAX: 1-866-564-9550

Revised date 02/16/2012

Appendix G: Recreation Discharge Checklist

Fenelon Court Long Term Care Centre Recreation Discharge Checklist

What to do when a resident dies checklist - Initial as completed

Name: _____

Date of discharge: _____

- ____ Put current tick sheet and MBPD sheets in resident chart immediately
- ____ Inform Cecil of death and he will lower the flag, if it is poor weather
inform Cecil but do the flag yourself
- ____ Find out funeral arrangements and put in Communication Book
- ____ Order flowers from DeeJays 887-2874
- ____ Put Note in Physio Communication
- ____ Put note in Volunteer office
- ____ Program Manager to call Pastor Ross
- ____ Remove sign out sheet from Welcome Centre Book
- ____ Remove tuck shop sheet
- ____ Put resident photo and leaf from Memorial Tree in picture frame
- ____ Remove initial assessment out of assessment book and place in file
- ____ call Pastoral Volunteer's
- ____ Remove "Getting to Know You" from binder and place in Memorial file
- ____ Take quilt and Flag (if Veteran) to resident room before funeral home arrives
- ____ Remove photo from frame and place in Memorial file following service
- ____ Raise flag following funeral, if no funeral then raise flag after 3 days

Appendix H: Palliative Care Services Evaluation Form



Fenelon Court LTC Centre Palliative Care Services

Evaluation Form

Palliative Care seeks to provide compassionate care, comfort and support to individuals at the end of their lives and to their families. We, at Fenelon Court value your input. Please answer the following questions by circling the response that best describes how you feel so that we can continue to improve our Palliative Care Services. There is room for comments if you wish.

1. Were you informed of the services and the information that our Palliative Care Team provides? Yes No

2. Were you offered the Palliative Care Cart? Yes No

3. Did you receive adequate information regarding the medical condition of your loved one?
Strongly agree Agree Undecided Disagree Strongly disagree Not applicable

4. Did you have input in this area?
Strongly agree Agree Undecided Disagree Strongly disagree Not applicable

5. Do you feel that your loved one's physical needs were met?
Strongly agree Agree Undecided Disagree Strongly disagree Not applicable

6. Did you have a visit from our Chaplain and/or your minister? Yes No Not applicable

7. Were your religious/cultural beliefs met?
Strongly agree Agree Undecided Disagree Strongly disagree Not applicable

8. Do you feel that staff were accessible to answer any questions and concerns?

Strongly agree Agree Undecided Disagree Strongly disagree Not applicable

9. Do you feel that your loved one was as comfortable as possible through the last stages?

Strongly agree Agree Undecided Disagree Strongly disagree Not applicable

10. Were our staff available to you for emotional and bereavement support?

Strongly agree Agree Undecided Disagree Strongly disagree Not applicable

11. Was there anything else you could suggest to help this team serve our Residents and families better? Please use the back of this page if needed.

Name: _____

(Optional)