

### 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.

## **Sherbrooke Community Centre Leading Practices in Resident Directed Care For Residents with Dementia**

Sherbrooke Community Centre, home to 270 residents, is a Special Care Home and an affiliate of the Saskatoon Health Region. Residents of Sherbrooke either live in the Village, comprised of 11 Houses of 9 to 10 residents each, or in the Marleau-Wyant Residence, comprised of 8 Neighbourhoods of twenty residents each in a four-storey building, connected with the Village.

The Paradise Cove, Prairie Lane and Reminiscent Way neighbourhoods in the Marleau-Wyant Residence are designated specifically for residents living with dementia, as are specific houses in the Village, although residents with milder forms of dementia live elsewhere, in both the Village and Marleau-Wyant Residence.

### **A. Management Culture, Philosophy, Principles, and Behaviour Expectations**

#### **1. Values-driven organization through the development of core care and organizational principles**

- Twenty-three years ago, the current CEO realized that the culture at Sherbrooke needed to change to become more aligned with the organization's mission of creating an environment where residents can live full and abundant lives.
- Charged with "making the vision live" at Sherbrooke, she has worked diligently over the years to move the organization from an institutional or system-centred model of care to being resident-directed.
  - *"It's a journey and we'll never get there."* (Manager)
- The senior administrators see resident directed care as being more than just resident centred.
  - *"We believe that with person-centred care, the focus can still be that we know what's best for them."* (Leader, Resident Care Services)
  - *"Here, as much as possible, the resident directs their care, they make the choices, their agenda... They eat when they want... They go to bed when they want."* (Leader, Resident Care Services)
- *"Sherbrooke is a values-based organization. Our values are used to inform our decisions and are the basis of our behaviour expectations."* (Education Leader)
  - *"The practices that we incorporate are successful because of the culture change that has occurred over the years in terms of moving away from the institutional model of care into a model where the person we are serving is at the centre."*

a) Objectives

- Create and sustain a culture of resident-directed care for the elders at Sherbrooke Community Centre.

b) Approach

- Engage staff members at Sherbrooke in developing core Principles of Care to guide all staff in:
  - Their day-to-day decision-making and behaviours.
  - The provision of care and service for residents.
- Engage staff members in developing Organizational Principles, derived from and aligned with the Principles of Care, to:
  - Set behaviour expectations.
  - Guide all staff in day to day operations and assist in meeting the mission of Sherbrooke.

c) Processes

- More than two decades ago, staff were surveyed and asked to indicate what values they believed should direct the care of elders at Sherbrooke. The result was the three core principles of care.
  - Individuality – Each person is embraced as an individual with unique abilities, characteristics, choices, needs, and opportunities for growth.
  - Normalcy – What is normal for a person is based on their unique life experiences, relationships, culture, and society.
  - Reality – Care, while based on individuality and normalcy, is practical, appropriate and delivered within available resources.
- Staff members were then engaged to develop organizational principles and behaviour expectations that were aligned with the cultural values, Principles of Care and mission of Sherbrooke. The organizational principles are:
  - Continuous Improvement – To gradually and constantly enhance all aspects of the organization.
  - Communication/Feedback – To seek and provide information and exchange viewpoints so that good decisions can be made.
  - Accountability – To be answerable for one's own actions and be responsible for the results of one's efforts.
  - Respect, Love and Kindness – To treat each member of the community with respect, dignity, love and kindness.
  - Empowerment/Participation – To create an environment with opportunities to express personal values and passions in work.
  - Safety – To ensure one's own safety and the safety of others.
- Finally, behaviour expectations were set for the above three Principles of Care and six Organizational Principles. **(See Appendix A)**

- Almost ten years after the development of the Sherbrooke’s core principles and behaviour expectations, the senior executive team discovered the Eden Alternative™ philosophy, which was a good fit as it aligned closely with their resident-directed approach. The Eden Alternative philosophy was adopted throughout Sherbrooke.
  - *“With the Eden Alternative, we saw a match with what we were doing.” (CEO)*
  - *“It was about making Sherbrooke more of a home than an institution. (Eden) provided us with a plan and it matched our thinking.” (Resident Advocate)*
- Sherbrooke’s philosophy, principles and behaviour expectations are:
  - Incorporated in the Sherbrooke mission, vision and annual leadership and area objectives.
  - The driving force behind their strategic planning; every strategic objective is tied to a principle.
  - The basis for their Quality Improvement Program.
  - Built into job descriptions and policies and procedures.
  - Part of their performance management system.
  - Part of the introduction to Sherbrooke in the interview process.
  - Part of welcoming workshop for new employees.

#### d) Results

- Staff and family members affirm that management’s philosophy, principles, and behaviour expectations are ingrained in the organizational culture, with significant benefits accruing to both residents and staff.

##### Staff Comments

- *“Our residents are given choices.”*
- *“I work in their home.”*
- *“What they want is what they get... We don’t force anyone to do anything... Needs to be on their terms... If they want to sleep in to 2pm, that’s what they get ... Benefits both staff and residents... Everyone is a lot happier.”*
- *“Incontinence products are there for emergencies. We look for cues to help residents so they don’t have to use them. We try not to take this (dignity) away from them.”*
- *“When I first started here, everything was very regimented... Everyone had to get up and eat at a certain time... We had a routine we followed... Initially it was really hard for us to change from this... a lot of education was required for us and family members... I feel better about my job now, it’s all about the resident, and the residents are happier... More job satisfaction... More of a homelike atmosphere.”*

##### Family Member’s Comments

- *“This place is the answer to old age with dignity.”*

- *“In the previous home where my husband was, his health deteriorated quickly and significantly to a horrible situation where he sat drooling in a chair. Within a month of being moved to Sherbrooke, he had started to improve... He was taking one quarter of the meds he had been taking at the other home and he was back walking again... He was happy... I thank this Home for giving my husband back to me. My children and I are forever grateful. He got absolutely fabulous care here, personal care.”*
- *“They personalized my husband’s care... Adapted it to his personality... Never an early to bed guy and likes to sleep in... When he stayed up late the staff took him with them to their coffee breaks... They let him sleep in here and have his breakfast whenever he got up... He always liked to help in the kitchen at home. They let him do this here... They encouraged him to use his mind and didn’t force him to do anything. He was a fussy dresser, so the staff always made sure he looked good.”*
- *“He never lost his dignity... They worked hard to help him keep it... They tried hard to always get him to the washroom in time so he didn’t have to use his incontinence product.”*
- *“He felt like this was his home... He came to trust and depend on the staff.”*
- *“I called the PT here his angel... She shared in the enthusiasm and pride in everything he accomplished with her help... She was so patient with him... She took him from being a vegetable – not being able to lift a spoon to his mouth and find it, to dancing with her at the Air Show just before he died.”*
- *“I could not pass up an opportunity to tell someone how grateful I am for this place. They enabled him to enjoy the world around him in his own way.”*
- *“I was phoned and told he had had a heart attack and to come right away... The staff member stayed with him and held his hand as he passed away... When I arrived we (staff member and I) hugged and cried together.”*

## **2. Reinforcing the philosophy, principles, and behaviour expectations**

### **a) Objectives**

- To sustain and reinforce the existing culture at Sherbrooke through senior administrator actions and language.

### **b) Approach**

- Each of the senior administrators see key components of their jobs to be:
  - Modelling the appropriate behaviours – aligned with Sherbrooke’s mission, values and principles – with both residents and staff.
  - Challenging decisions and behaviours contrary to the philosophy and principles.
  - Observing staff members and exploring with them how their language, decisions and behaviour could have been more aligned with Sherbrooke’s philosophy and principles.

### c) Processes

- Examples of this type of behaviour by senior management include:
  - Knocking on residents' doors before entering.
  - Greeting residents by name in the hallways.
  - Always making eye contact with residents and staff.
  - Demonstrating some knowledge about a resident through the conversation.
    - *"I model for managers how I expect them to behave."* (CEO)
- Management scrutinizes the actions and decisions of staff members in a respectful manner, and provides coaching where appropriate.
  - *"I will ask a staff member, 'Help me understand how this [behaviour or decision] fits with our values'".* (CEO)
  - *"I will ask, 'What are some other ways you could have approached that?'"* (Resident Advocate)
  - *"I ask staff, 'How can I help you?' Part of my job is coaching staff and helping them do the best job they can."* (Resident Advocate)

There is zero tolerance at Sherbrooke for continued deviation from the behaviour expectations. [***See the Management Processes section***]

- Language is an important tool at Sherbrooke for reinforcing the cultural values of the organization. The senior administrators are careful that the words they use always show respect and preserve the dignity and humanity of residents. As well, they continually monitor and correct the use of inappropriate language, labels and terminology among themselves and staff.
- In the heat of daily living, staff may use verbal shortcuts, in referring to residents, to communicate an important attribute or special need. Some of these expressions can be perceived as disrespectful or dehumanizing, for example:
  - *Instead of saying "I need to toilet Mr. Smith", say "I'm going to assist Mr. Smith in the washroom".*
  - *Instead of saying "I'm going to feed Ms. Smith", say "I'm going to assist Ms. Smith with her dinner."*
  - *"In referring to a resident, one of the staff said to me, 'He's an overhead lift' to communicate how we would help him into the tub. I responded, 'He looks like a human being to me.'" (Special Care Aide)*
- Using a term such as "diaper" can undermine the dignity of elders because of its association with infants, infantilism and helplessness. Instead, this term is replaced by a more neutral expression such as "incontinence product" or its brand name (e.g., Depends™).
  - *"It may sound trivial, but language does change things."* (Special Care Aide)

- Management and staff use expressions such as “fighting the institution” to communicate the daily challenge of keeping Sherbrooke a home for their elders, rather than an Elders’ Home or facility. For example, this expression might be used to remind a staff member of the organization’s values when they appear to be focused on task completion, rather engaging a resident who seems lonely or bored.
  - *“Relationships trump tasks.” (Occupational Therapist)*
  - *“It’s the residents’ home, not our workplace.”(Daily Living Assistant)*

### 3. Empowering staff

- Staff empowerment is one of the most important components that make up the management culture at Sherbrooke and is embedded in the organizational principles and behaviour expectations of staff.
  - *“We manage based on our mission and set of principles. We teach managers and staff how to use them. That’s how we empower staff. We give them formal training on how to use them in decision-making in the provision of care to our residents. We teach that relationships are more important than tasks.” (Leader, Resident Care Services)*
  - *“The way we empower residents is to empower our staff... as management does to staff, staff do to residents.” (Education Leader)*
  - *“As we treat staff, they treat residents... We encourage staff to bring their passions, pets and kids to work with them... If you love to play guitar, bring it and play.” (Leader, Resident Care Services)*

#### a) Objectives

- Having all staff freely and independently making decisions and taking initiative to improve the quality of life of residents.

#### b) Approach

- Instilling the sense of empowerment among staff is approached formally and informally in Sherbrooke:
  - Empowerment, as well as continuous improvement, is part of Sherbrooke’s written Organizational Principles derived from the original three Principles of Care: individuality, normalcy and reality.
  - Empowerment and continuous improvement are also part of the behaviour expectations of all staff, and are assessed through the 360-degree feedback questionnaire and discussed in annual employee performance reviews. (Described in a later section)
  - The “Caught Doing Good” Award recognizes and rewards personal initiative in improving life in the Sherbrooke community. (The award is described in a later section)
  - The structural autonomy of Sherbrooke’s Houses and Neighbourhoods – the small numbers of residents living together with consistent staff contact, and the close relationships that can develop – fosters staff empowerment and initiative.

### c) Results

- ***The Altered Responses tool:*** This is a tool developed by one of Sherbrooke's managers, based on the Spark of Life approach from Australia. The tool consists of thought-provoking questions to help caregivers try to understand what might be the root causes of a resident's behaviour and develop options for helping better meet the resident's needs.
  - **(See Appendix B: Altered Responses)**
- ***The New Resident Computer Room:*** This was an initiative developed and executed by one of the Recreation Coordinators at Sherbrooke. She got the idea from time she spent at another LTC home, where she saw the potential.
  - She was encouraged to present her idea to management.
  - Management and other staff (e.g., Occupational Therapy, for ergonomics) gave her their full support.
  - She never relinquished ownership of this project or had it taken away from her.
  - With management support and encouragement, she presented her initiative at a Sherbrooke fundraising gala.
  - She got the entire credit for this initiative – recognition and appreciation.
  - Sherbrooke held a grand opening of the new computer room.
  - It continues to be her ideas and vision for the future use and development of this computer room.
  - She describes this new computer room as follows:
    - *“Part of our normalcy philosophy – computers are part of everyone's life these days.”*
    - *“Helps to relieve residents' boredom and loneliness.”*
    - *“Includes Skype to help residents maintain relationships with family who live in different cities.”*
    - *“Residents learn how to use the different apps on the computers for fun and engagement, e.g., games and photography.”*
    - *“Adapted to fit different resident's needs, e.g., head-mounted mouse, quad joy stick, Corel touch.”*
  - The Leader, Resident Care Services described this initiative as follows:
    - *“The new computer room was totally the Recreation Coordinator's idea and initiative.”*
    - *“Before we only had 3 computers that weren't very accessible or user friendly.”*
    - *“We helped her use our principle of reality... We had no money for this, so we helped her figure out how to get it. She did presentations to the Rotary Club. She did change-collection all over our Home. She got an OK from our Foundation to get corporate Sponsors. She got support from the Sherbrooke team in all this. For example, our CEO knows the president of the Rotary Club and made this introduction.”*
    - *“We all got behind her to help her in any ways we could.”*
    - *“The new computer room gives residents the opportunity to connect with the world outside.”*
    - *“Staff are available to teach and help all residents use the computers.”*

- *“It helps residents build and keep connections.”*
- **Ballet Show:** A Daily Living Assistant at Sherbrooke is currently creating a ballet show for all the residents to attend this fall.
  - Her initiative is based on her passion for and expertise in ballet, which she studied at school.
  - She has recruited a group of volunteers to perform from the network of ballet dancers she has developed over the years.
- Empowerment is also commonly experienced at Sherbrooke in the day-to-day relationships and behaviours between residents and staff, such as simply comforting a resident by holding her hand instead of focussing on changing her bed linens, or identifying and initiating an activity that might engage a resident (like going through a closet and throwing out old clothes).
  - *“At Sherbrooke, if someone from the maintenance department sees a resident who looks sad, they’ll stop and talk to them.” (Family member)*
  - *“I have been here nine years... I love it... They (management) treat me well... Are open to my ideas, new ideas to make things better... They praise you for your work and let you know you are appreciated... They really want you to succeed and do everything in their power to make it happen... They support me to be the best I can be and to apply all my qualities to my job... They make it fun to work here... If I have an idea, they (management) support me to implement it... I have the freedom, empowerment to do what I think is right... We’re encouraged to always look for ways to change to be better, so I’m not afraid to change because that’s what’s normal here.” (Recreation Coordinator)*
  - *“Selling ideas isn’t sustainable. We need to let the group pick up the ball and run with it.” (CEO)*

## **B. Management Processes**

### **1. Strategic plan**

#### a) Objectives

- Chart a 3-year direction, and measure progress against it, to help Sherbrooke fulfil its mission and vision.
  - Mission is to create an environment where residents can live full and abundant lives.
  - Vision is to be the best place to live and work.

#### b) Approach

- The 3-year strategic plan is created by the Board of Directors with input from residents, families, staff members, Saskatoon Health Region, and partner agencies.

- The current plan contains five core directions and, for each, describes the specific strategic objectives and measurement tools or indicators to be used to gauge progress against them. The five core directions are as follows:
  - Core Direction #1: To create a healthy community whose foundation is love and kindness.
  - Core Direction #2: To create a healthy community that supports the highest quality of life for residents and participants.
  - Core Direction #3: To create a healthy community that supports quality of life for staff and volunteers.
  - Core Direction #4: To create a healthy community in an environment that fosters opportunities for members to grow.
  - Core Direction #5: To create a healthy community that generates, implements and shares ideas and expertise that enrich quality of life for those requiring, receiving and providing care.
- **(See Appendix C: Strategic Plan 2012-2015)**

c) Processes

- Each fiscal year in December, with input from others in the Sherbrooke community, the senior leadership team sets the next year's Leadership objectives, which are aligned with the core directions of the strategic plan.
- Each manager of the clinical, support and administrative areas of the Home then reviews the Leadership objectives and sets annual objectives for their individual areas, if applicable, with team input to support the organizational objectives.
  - An example of a leadership objective, that all clinical, support and administrative areas would be able to adopt, would be reducing sick days so Sherbrooke could apply the saved funds to improve resident or staff quality of life.
    - *“As one part of our objectives, we saved about \$250,000 of our sick time budget through the efforts of our teams.” (CEO)*
  - An example of an objective that the clinical areas might be expected to adopt, but not the support or administrative areas, might be reducing the use of hypnotic drugs or sedatives to ameliorate residents' behaviour.
  - The leadership objectives related to education are spearheaded by the Education Leader at Sherbrooke with support and coordination from each area. Examples of Education objectives would include initiatives such as training the trainers in the Gentle Persuasive Approach and then utilizing them to train all staff in the approach.
- Progress against the annual objectives is measured and tracked, and some of the key measures are included in the organization's Quality Improvement Program reporting (discussed in a section below). Staff, resident and family caregiver satisfaction are examples of annual objectives that are tracked:
  - Sherbrooke measures employee engagement using the Gallup survey and has a high response rate of over 60% (i.e., 320 of circa 500 employees).

- Sherbrooke also surveys staff, residents and family caregiver satisfaction, using the Eden Alternative™ survey instrument. Volunteers assist residents in completing the survey.

## 2. Performance reviews

- Staff and management performance reviews are directly linked to Sherbrooke’s philosophy, principles and behaviour expectations as described earlier.

### a) Objectives

- Help employees identify and overcome the barriers to doing the best job possible in helping Sherbrooke achieve its vision and mission.

### b) Approach

- Annual performance reviews are conducted in which the employee and their manager discuss the employee’s progress towards meeting Sherbrooke’s vision, mission, and behaviour expectations.
  - *“Part of the focus is on how the employee is making a positive contribution using specific resident examples, which is one more way of imbedding empowerment.” (Leader, Resident Care Services)*
  - *“It’s about rewarding the right behaviours and discouraging those that don’t match our values.”(CEO)*

### c) Processes

- Employees are asked to review Sherbrooke’s behaviour expectations prior to the performance review and to come prepared to discuss them.
- For the first three annual reviews, a 360-degree evaluation is conducted with the questions linked to Sherbrooke’s behaviour expectations. The 360-degree evaluation includes feedback from the employee’s peers and manager(s). The subsequent discussion focuses on actions and behaviours that the employee will work on over the next year.
- Annual reviews, subsequent to the first three, focus on discussing the following.
  - Sherbrooke’s values, vision, mission and behaviour expectations, how the employee made a positive difference, and where they would like to do more.
  - How things are going today, including what they:
    - Are proud of.
    - Do well.
    - Feel recognized for.
    - Feel makes it hard for them to do their job well.
  - Moving forward, what actions they will take to meet Sherbrooke’s vision and mission in the next year and what support their manager can give them to help them do their job as best as possible.
- **(See Appendix D: Annual Reviews)**

### 3. Quality improvement program

- This program was designed by the management team at Sherbrooke to operationalize their Continuous Improvement organizational principle.
  - Includes staff and resident surveys, and resident clinical care and quality of life components.

#### a) Objectives

- To set standards on the level of quality service desired, measure the level of achievement against these standards, and take action to correct identified differences.

#### b) Approach

- Engage all employees in continuous quality improvement at Sherbrooke through the Quality Improvement Program. The program focuses on issues and improvements in the following seven areas.
  - Clinical outcomes.
  - Labour utilization (workload, productivity or volume).
  - Resident and family satisfaction.
  - Community partners and relations.
  - Human resources.
  - Programs offered at Sherbrooke.
  - Physical facility and other non-direct resident care services.

#### c) Processes

- Quality Improvement (QI) targets that are aligned with the organization's goals and objectives are set by the Leadership team at the beginning of the reporting year.
- A Quality Improvement Committee compares results against QI targets.
- Gaps between actual and target performance initiate a Quality Improvement Action Report which outlines actions taken, reasons for the performance gap and proposed future actions.
- A Quality Improvement Report showing the current status of progress against targets is presented to the Board of Directors five times a year.
- The Quality Improvement Report is circulated to all staff for review at team meetings.
- Staff members are invited to raise quality concerns or improvements via a Quality Improvement Action Request for submission to the Quality Improvement Committee. Submissions are acted on within seven days.
- **(See Appendix E: Quality Improvement Program)**

#### **4. Learning circles**

##### a) Objectives

- To develop management and staff skills to apply Sherbrooke's principles successfully.

##### b) Approach

- Principle-based problem solving around real issues of resident care, like a resident who has started manifesting inappropriate behaviours.

##### c) Processes

- Done on an ad hoc basis as part of other meetings or as a stand-alone meeting.
- All staff members in attendance are encouraged to actively participate.

#### **5. "Caught Doing Good" award**

##### a) Objectives

- Celebrate and reward staff members who demonstrate the cultural values of Sherbrooke.
- Reinforce the Sherbrooke cultural values, vision and mission.

##### b) Processes

- Staff members are nominated by other staff for behaviours that exemplify the cultural values of Sherbrooke in meaningful ways.
- The winner receives a "Caught Doing Good" Award and \$100. The nominator receives \$50.

### **C. Initial Intake**

#### **1. Resident and family welcoming**

##### a) Objectives

- Introduce prospective residents and their families to, and educate them about, Sherbrooke Community Centre.

##### b) Approach

- Introductory meeting and tour of Sherbrooke, and a review and discussion of "A Guide to Living at Sherbrooke" booklet.

##### c) Processes

- Prospective residents and/or their families meet with members of the Sherbrooke team and have a tour of the home.
  - Prospective residents and/or their families are given the opportunity to see how care is provided at Sherbrooke so they can see how it is different from other long-term care homes.

- Prospective residents and their families review with staff “A Guide to Living at Sherbrooke”, a 35-page booklet that includes:
  - Sherbrooke’s mission, vision, principles of care, and the Eden Alternative™ philosophy.
  - An overview of the home, its neighbourhoods, residents and the amenities and activities available.
  - The relevant policies and procedures related to living at Sherbrooke, including the least restraint policy.

#### **D. Environment of the Home**

- Sherbrooke practices a resident-directed model of care that is based on their core value of recognizing and respecting each resident for the unique person they are.
- Inherent in this model is the belief that residents – whether elderly, frail or living with a cognitive impairment – have a fundamental right to make the decisions that impact their day-to-day lives.
- For residents living with a cognitive impairment, those who know them best – family members or other members of the Sherbrooke community – help in the decision-making.
  - The goals are to have the authority for making decisions about their day-to-day lives in the hands of the resident, or in the hands of those closest to them, and to work hard to accommodate residents’ choices.
    - *“Bill, one of our residents, had dementia. Bill just hated bathing. We tried everything to get him bathed and he liked none of it. One of the team brought her dog, Diesel, to work one day. She realized that Bill had always had a dog, from childhood and through adulthood. Bill loved dogs. She said to Bill, ‘Diesel needs a bath. We’ll give you one too.’ Bill followed Diesel down the hall, got himself undressed and had a shower with Diesel. Twice a week Bill would sit in a chair with Diesel in his lap and have a shower.” (Special Care Aide)*
- The Sherbrooke leadership team believes that the optimal environment for resident-directed care consists of small autonomous communities of residents and staff. In such communities, the close and consistent contact between residents and staff fosters the creation of relationships and trust, and learning about the histories, personalities and needs of each other. In such communities, residents are empowered to make decisions about how they want their day to unfold and the staff team knows the residents well enough to help them do so.
  - *“We make things small, like the size of our houses and neighbourhoods, so that people (staff and residents) are well known and important to each other.” (Leader, Resident Care Services)*
  - *“It’s about asking, rather than telling. The residents make the decisions.” (Special Care Aide)*
  - *“It’s about letting them be free to be themselves; residents and staff.” (RN)*
  - *“It’s about residents having choices and making choices.” (Manager)*

- *“We try to maximize each resident’s independence and freedom to choose.” (Daily Living Assistant)*
- *“It’s about helping residents realize that being here is about living, not dying.” (Special Care Aide)*

## 1. Small communities of residents and staff members

- The newest part of Sherbrooke Community Centre is referred to as the Village, as it consists of eleven distinct Houses that are accessed from branching streets (internal corridors).
- Each House is home to between 9 and 10 residents who are supported by a consistent team of staff. Sherbrooke has found that the smaller scale afforded by these communities and their purpose-built environments – along with consistent staffing – make them highly amenable to resident-directed care (i.e., more so than larger groupings of residents in more traditional hospital-like settings).

### a) Objectives

- Create small self-directed and autonomous communities of residents and staff to promote resident independence, decision-making, and overall quality of life.
  - *“Each house is allowed to be individual – it’s their (the residents’) house... They need to be and are involved in the decision-making. It makes it real. It’s their home.” (RN Coordinator of Care)*

### b) Approach

- Build largely self-contained environments for small groups of residents (between 9 to 10 residents).
- Create consistent day and evening staff assignments per each group of residents.
- Train each staff member to be able to fulfill most of the residents’ needs (i.e., “universal worker” approach).

### c) Processes

- With community support, Sherbrooke built eleven self-contained Houses that can accommodate 9 to 10 residents each – each of these small homes has its own kitchen, dining and recreation areas, washrooms and bedrooms. Being self-contained and quite autonomous fosters the creation of a small and intimate community and a sense of belonging together.
- Staff members are permanently assigned to a house. The close and consistent contact between residents and staff members in each house promotes relationship building and the development of trust. It also allows, over time, staff members to really get to know the residents and their histories, needs and preferences, which helps in the provision of resident-directed care.
  - *“We work at building and enabling connections to foster meaningful relationships between staff and residents and among the residents themselves.” (Daily Living Assistant)*
  - *“The more you get to know a resident, the more you know how to approach them and when to back off.” (Special Care Aide)*

- *“When you work that closely with people, you develop a relationship. As a nurse, I realize this is antithetical to nursing, where there is a professional detachment from the patient. But here, residents get to know staff, just as much as the staff get to know the residents.” (Resident Advocate)*
- *“They build families here.” (Family member)*
- Sherbrooke has trained the staff in the Houses to be “universal workers” (called Daily Living Assistants or DLAs) with responsibility for dietary, light housekeeping, recreational, personal care and medication administering duties.
  - The DLAs will prepare or help residents prepare meals according to each resident’s timetable and preferences.
  - The DLAs have the training and equipment necessary in their house to keep the premises tidy, and will engage residents interested in light house-cleaning tasks.
  - Each of these eleven houses is responsible for creating their own fun, whether planned or spontaneous, or a big or small event (e.g., an excursion off the property or simply baking a cake).
  - The DLAs administer medications, within their scope of practice, to the residents in their neighbourhood. The nurse administers any medications that require assessment prior to administration.
    - *“The DLAs have been empowered to administer medications and nursing staff have embraced their new role. Nurses may not go into a House if there’s no reason to. Instead of administering meds, they’re out there helping the DLAs out and solving problems. They’re talking with the families.” (Professional Practice Leader)*
- The Professional Practice Leader reports that the next step is to explore, with residents and staff, creative ways of making smaller distinct communities at the Marleau-Wyant Residence (which currently has eight Neighbourhoods of about 20 residents each on four floors) to permit greater levels of resident-directed care in this part of Sherbrooke. The size of the Neighbourhood communities and current facility inhibit some of the intimacy and flexibility found in the smaller Houses.
  - These Neighbourhoods currently have a “relaxed breakfast”, prepared by Special Care Aides, and lunch and dinner are prepared in the kitchen by dietary staff and served at specific times each day.

## **2. Normalcy or accommodating residents’ unique needs**

- Normalcy is one of Sherbrooke’s three Principles of Care that guide facility design and staff in the provision of care and services for residents.
- Normalcy is part of the shift from “top down” authority to empowerment and autonomous decision-making, among both residents and staff members. As well, it is part of the drive to de-institutionalize Sherbrooke – to make a home for residents out of the institution, both physically and in how things get done (i.e., processes).

a) Objectives

- Create an environment of normalcy, spontaneity and unpredictability – fighting routine, being task-driven and anything overtly institutional.

b) Approach

- Normalcy is an integral part of the resident-directed care practiced at Sherbrooke, in its recognition that the unique needs of residents need to drive how their days unfold (within the reality of the healthcare regulatory environment in which Sherbrooke operates).
- Normalcy is one of Sherbrooke’s Behaviour Expectations, and is part of employees’ annual performance review discussions.
- The fight to diminish and eliminate the symbols of the institution and build a human habitat for residents is verbally reinforced by the senior leadership team and employees.

c) Processes

- The Behaviour Expectations associated with normalcy provide direction to guide employees’ actions:
  - *“We realize that it is not normal for people to live in an institution.”*
  - *“We make everything as normal as possible, guided by the creation of the human habitat and the idea of home for the individual.”*
  - *“We understand the elders determine our work schedules, based on their unique needs.”*
  - *“We realize that staff works in the elder’s home, as opposed to the elder living in our workplace.”*
- All staff members are encouraged to identify and take initiative in eliminating all aspects of “the institution” from Sherbrooke. Staff remind each other of the ongoing struggle to “fight the institution” in making Sherbrooke truly the residents’ home.
- Examples of how the normalcy principle is applied at Sherbrooke include the following:
  - ***The “relaxed breakfast”***: Residents at Sherbrooke can have a light breakfast at a time of their choosing, prepared by one of the staff in their area, with the resident’s help if they so choose.
    - Team members will prepare toast, oatmeal or other resident choices and the kitchens are stocked with the residents’ favourite foods (and a list of their allergies).
    - *“It’s about letting them be free to be themselves, residents and staff.”* (RN)
    - *“They personalized my husband’s care... Adapted it to his personality... Never an early to bed guy and liked to sleep in... When he stayed up late the staff took him with them to their coffee breaks... They let him sleep in here and have his breakfast whenever he got up... He always liked to help in the kitchen at home. They let him do this here.”* (Family member)

- ***Let the Day Unfold***: Instead of approaching the day with a focus on completing their tasks by the end of their shift – helping residents awake, bathe, get dressed, eat breakfast, participate in a recreational activity – Sherbrooke’s small communities have been empowered to let the day unfold, according to the direction and needs of their residents.
  - *“They [the staff] are constantly reorganizing their day. To not get tasks done is a huge shift for some staff.” (Resident Advocate)*
  - *“Let it happen when the resident wants it to happen.” (Resident Advocate)*
  - *“There’s a sense of accomplishment in getting tasks done, but resident-directed care is about not getting stuck in the duties.” (Resident Advocate)*
  - *“You can get so mechanical in what you’re doing. Getting the residents up, getting them their meals, changing them. It gets to be so routine. We try to make this place kind and gentle.” (Special Care Aide)*
- ***Housekeeping carts***: Household cleaning equipment and supplies used to be stored inside each House of the Village to make it easier for staff to maintain the premises. Staff identified the carts as being institutional and unnecessary. A minimum of cleaning equipment and supplies are now stored in a small closet within each House, much like they would be at anyone’s home outside Sherbrooke.
- ***Medication carts***: Medications are no longer distributed via medication carts. Medications are stored in a cupboard in the houses in the Villages. In the Marleau-Wyant Residence, medications are stored in small communication rooms in the neighbourhoods. Narcotics are stored in a separate medication cabinet that only the nurse has access to.
  - (i) The Daily Living Assistants of each House have been trained to administer medications to residents, and at times of residents’ choosing.
  - (ii) There are no medication carts in the building. The carts have been repurposed as maintenance carts, plant care carts, bar carts, etc.
    - *“We try very hard to make it look like a home, not an institution. We use overhead lifts. We tuck away unnecessary things like linen carts and garbage cans. We have mailboxes at the front door of all our Houses. The mailman comes every morning. He’s a resident. We encourage residents to do things to their level of capability that they would like to do, like peeling potatoes or folding laundry.” (DLA)*
- ***The Least Restraint Policy***: Sherbrooke practices a policy of least restraint, only using physical and/or chemical/medication restraints under the following conditions:
  - To manage high-risk behaviours in the short term (that is, while alternative approaches are explored),
  - With the informed consent of the resident and/or responsible party, and
  - Under the direction of the Physician.
  - Full and three-quarter side rails on beds constitute restraints at Sherbrooke and, therefore, their use is not an acceptable practice.

- Initiatives to minimize the use of restraints are part of Sherbrooke’s Quality Improvement Program.
  - *“We need to let residents live their lives, instead of trying to protect them now from risks that may never occur.” (Resident Advocate)*
  - *“We’ve moved away from the medical model.” (RN)*
  - *“It’s about not making here an institution.” (Special Care Aide)*

## **E. Recreation Therapy – Programs & Activities**

### **1. Resident-directed spontaneous activities**

- Creating an environment where spontaneous activities occur among residents and staff members is part of the resident-directed approach to care practiced at Sherbrooke and key to creating the normalcy of being at home. The recreation team consults with and supports residents and staff in planning and undertaking recreational experiences.

#### a) Objectives

- Having residents free to create and/or choose activities of their liking, as they would at home, to fight helplessness and boredom.

#### b) Approach

- Smaller resident groupings permit more flexibility, spontaneity and variety in activity planning (i.e., each of Sherbrooke’s 11 Houses in the Village has 9 to 10 residents and each of the Neighbourhoods in the Marleau-Wyant Residence currently has 20 residents). The smaller resident groupings also make planning and undertaking activities more easily manageable.
- The resident-directed approach practiced at Sherbrooke places the primary responsibility for resident activities inside each House and Neighbourhood.
- Assigned and consistent staffing per House and Neighbourhood promote close relationships between residents and staff, where both learn about and from each other. This intimacy with, and knowing of, each other creates an environment where spontaneous activities can unfold among residents, much like they would at home.
  - *“Staff members include residents in their conversations about their children, just like what happens when families are sitting around the dinner table.” (Family member)*

#### c) Processes

- In addition to Sherbrooke-wide and other large-group activities or one-on-one specialized therapeutic activities, the Houses and Neighbourhoods are responsible for their own recreational pursuits.
- This means, for example, that recreational activities occur throughout the week, including after 5pm on weekdays and on weekends.

- Staff members in Sherbrooke’s Houses and Neighbourhoods are free to respond to residents’ suggestions for activities and to create their own. Activities might include such things as baking cookies, tidying a closet and sorting through clothes, having a barbecue, folding laundry, peeling potatoes, going for walks or going on an outing using one of Sherbrooke’s buses.
  - *“I can take the bus whenever I want for both planned and spontaneous activities, like to go shopping, to get ice cream, or to go for a walk by the river.” (Recreation Coordinator)*
- The recreation team at Sherbrooke helps the residents and staff members think of new ideas for activities, plan for and organize the logistics of activities, and participate in activities.
  - *“I do what the residents want to do. For those residents with dementia who have a hard time articulating what they want, I give them choices of things to do, which I know they like based on past experiences with them.” (Recreation Coordinator)*

## **2. Intergenerational program called “Oak Trees and Acorns”**

- Sherbrooke has a children’s day-care on the premises. They have used this as an opportunity to develop a program between the children and the residents with dementia.
- a) Objectives
- Enrich and add fun to the residents’ day through engagement and interaction with children.
- b) Processes
- Once a week they have children from the day-care come with their supervisor to visit the residents in the Royal Bank Cottage, a home for residents living with dementia.
  - Activities are planned in advance – things like games, baking, crafts and walks.
  - Children also accompany the residents in going to a singsong in the chapel.
  - Children call the residents grandpa and grandma to help reinforce the homelike atmosphere.
    - *“I know the residents love this program. You should see the smiles on their faces.” (Recreation Coordinator)*

## **3. The arts**

- a) Objectives
- Focus is to help residents tap into their own creativity, regardless of their artistic or other abilities.
- b) Processes
- Sherbrooke has a large art room and an artist in residence (much like having a writer at a library).

- It's an open studio concept that is open to residents all day.
- Residents can come and go as the spirit moves them.
- The art room has special devices to make it accessible and usable by residents at all levels of cognitive and physical abilities.

#### **4. Gardening**

##### a) Objectives

- One of many of the ways that Sherbrooke enacts its normalcy principle of care.
  - *“We make everything as normal as possible guided by the creation of the human habitat and the idea of home for the individual.” (CEO)*

##### b) Approach

- Sherbrooke has a greenhouse and a full-time master gardener, whose focus is to build relationships with residents by engaging them in his passion for plants and flowers.
- The Home also has flower boxes and garden spots available to each resident.
  - Residents can plant what they want in their own flower box or garden area and put their name on it.
  - Often this is an activity that family members participate in as well.
  - *“They give each resident their own garden spot. My husband (resident) and I planted flowers together.” (Family Member)*

#### **F. Staff Education and Training**

- Sherbrooke has always considered itself to be a learning institution.
- The senior administrators believe that ongoing education and training are important to keep all staff informed and engaged, and also to reinforce the behaviours critical to its cultural values and principles.

##### a) Objectives

- Being a continual learning organization by constantly seeking out and applying information, approaches, and best practices to improve the quality of life of residents.

##### b) Approach

- The senior leadership team at Sherbrooke includes an Education Leader, whose primary role is to accomplish the above objective.
- The strategic objectives that support the Core Directions in the Sherbrooke Strategic Plan include both education objectives and progress measurements.
- The Eden Alternative™ requires that Sherbrooke document the milestones and accomplishments of its transformation, including their plan for and provision of education.

- Sherbrooke has staff members who are champions in key aspects of the approaches learned in the training programs. Their job is to lead, mentor and coach other staff in the successful application of these approaches.
  - *“Training must be visibly supported and reinforced by our senior administrators. We can not abdicate the culture change we are seeking through our training and education initiatives. We must lead it by example.” (Education Leader)*
  - *“We teach things seven times in seven different ways to help seed the concepts and their application.”(Education Leader)*
  - *“They give us proper education here... We learn different ways to interact with residents and to understand them and their needs better... Help us learn to be patient.” (Recreation Coordinator)*

### c) Programs and Workshops

- ***Gentle Persuasive Approach (GPA)***
  - Sherbrooke has trained trainers and staff in the Gentle Persuasive Approach to help staff members understand the relationship between the disease process of dementia and residents’ behavioural responses, and give staff the skills and strategies to help diffuse and manage responsive behaviours with respectful, non-violent, self-protective techniques.
    - *“It’s all about residents with Dementia...A one day (8 hour) program...Involves all staff regardless of their job...Helps us understand better our residents with Dementia, where their mind is...Teaches us how to invite them to do things and participate...Helps change things for the resident from a “have to” to a “choose to/want to”...Makes a huge positive difference for the residents.” (RN)*
    - *“I use GPA... Invite residents... It works... It’s all in your approach.” (SCA)*
    - *“Teaches you the language to use to invite residents.” (Leader, Resident Care Services)*
- ***Spark of Life Program***
  - This program, developed by Dementia Care Australia, is designed to “improve the social, emotional and spiritual well-being of people with dementia”.
  - Its focus is on the concept that residents’ responsive behaviours are often a result of their trying to communicate or satisfy an unmet need.
  - The program explores how to become better detectives and problem-solvers in identifying and satisfying residents’ unmet needs.
  - It helps members of the Sherbrooke team develop new approaches for communication with residents.
  - Incidents of resident-staff conflict have been reduced since the introduction of this training at Sherbrooke.
    - *“This program is all about Dementia... Focuses a lot on unmet needs... If a resident is upset, it’s because they have an unmet need... I find this to be very true... Teaches a process for trying to uncover these unmet needs.” (RN)*

- *“Its focus is about looking for unmet needs.” (Leader, Resident Care Services)*
- ***Investment in Excellence™***
  - All staff members at Sherbrooke are invited to attend the “Leaders for Life” program, which focuses on helping people recognize their personal accountability in decision-making, an important cultural value at Sherbrooke. So far, 350 members of the Sherbrooke team have taken the 4-day course, 2 days of which are paid by Sherbrooke and 2 days by each member of the team.
- ***Eden Alternative™ training***
  - Staff members are offered the chance to participate in 3-day training in the Eden Alternative philosophy. This training is not a mandatory requirement and is offered to staff members who demonstrate leadership and dedication to resident-directed care.
- ***Language and Labelling***
  - This video explores the use and impact of language and labelling within the context of changing the paradigm from the institution to the human habitat.
- ***Untie the Spirit***
  - A one day workshop for all staff that incorporates key elements from each of the following:
    - Eden Philosophy.
    - Spark Of Life.
    - The Sherbrooke culture change journey.
    - GPA.
    - Investment in Excellence.
  - ***The objectives for, and outline of, this workshop are detailed in Appendix F.***

## **G. Staff Scheduling**

- Critical to the resident-directed care approach practiced at Sherbrooke are staff having intimate knowledge of, and strong relationships with, residents. The small autonomous communities at Sherbrooke are an important enabler, as is the staffing model that supports these communities.
- a) Objectives
- Develop intimate and trusting relationships between residents and staff and to provide a continuity of care.
- b) Approach
- Permanent assignment of staff (DLAs and SCAs) to specific Houses/ Neighbourhoods at Sherbrooke and specific residents within these Houses/ Neighbourhoods.

c) Processes

- As much as possible, full- and part-time DLAs and SCAs are assigned to work all of their shifts in one specific House or Neighbourhood at Sherbrooke.
- Full- and part-time DLAs and SCAs are also designated to be the primary caregivers to a small number of specific residents. They are the primary contact with the family of these residents as well.
  - Each full-time staff member has about 3 residents for whom they are the primary caregiver.
  - Each part-time staff member has 1 or 2 residents.
  - *“Part of my job as the primary caregiver is to ensure my residents’ care plans are up to date... Once a month I go through a checklist for my residents to ensure the following are up to date:*
    - *Transfer direction that is over each resident’s bed,*
    - *Care plan that is inside their closet, and*
    - *Diet plan that’s in the kitchen.” (SCA)*
- Staff coverage across the different Houses and Neighbourhoods is tailored, depending on the residents’ profiles and needs. For example, in one of the mini-communities, many of the residents leave Sherbrooke each morning for a sheltered workshop in the community. Staff coverage in this community reflects the diminished number of residents.

## **Appendix A: Behaviour Expectations**

**SHERBROOKE GENERAL POLICY MANUAL**

**NUMBER: 50.13.1**

**DATE (O): 01-08-80**

**DATE (R): 02-11-10**

### **Behaviour Expectations for Sherbrooke:**

**Our Mission is to create an environment where residents can live full and abundant lives.**

**Our vision is to be the best place to live and work.**

**We work to alleviate loneliness, helplessness, and boredom by creating a human habitat where elders and staff grow and mature.**

**Our principles are:**

#### **Individuality**

We treat each person with love and kindness.

We treat each person as an individual and value their uniqueness.

We develop deep and meaningful relationships with the elders.

We take direction for care and service from the elder.

#### **Normalcy**

We realize that it is not normal for people to live in an institution.

We make everything as normal as possible guided by the creation of the human habitat and the idea of home for the individual.

We understand the elders determine our work schedules based on their unique needs.

We realize that staff works in the elder's home as opposed to the elder living in our workplace.

#### **Reality**

We work creatively within established standards, legislation, policies, procedures and principles.

### **Continuous Improvement**

We look for opportunities to make things better for elders and staff.

We question the status quo.

We embrace changes that are improvements.

We make efforts to learn and improve our knowledge and skills.

### **Communication**

We take responsibility to share and acquire important information.

We never gossip but rather build up our residents' and coworkers' self esteem.

### **Accountability**

We ensure we have the knowledge, skills and correct tools to do our work.

We take responsibility for performing our work to a high standard.

We come to work when scheduled to be here.

We take care of our health so that we can perform our work.

### **Respect and Dignity**

We are respectful to all community members and treat all with dignity.

### **Empowerment and Participation**

We show initiative in improving life for elders and staff

We bring our passions and gifts to work.

We participate positively on our teams.

We work to help everyone succeed.

### **Safety**

We work to keep all community members safe.

We follow established policies and procedures for safety.

We take responsibility for our own safety.

## Appendix B: Altered Responses

### ALTERED RESPONSES

#### Solution focused planning using Spark of Life approach

**Brief resident history:** passions, simple pleasures, family, occupation, lifestyle, important interests/hobbies, or significant life events

**What is happening?** Identify the challenges for the resident. What are the concerning altered responses?

\*\*\*Ask...Does it really matter?, if no, then everything is right and nothing is wrong. Do we need to intervene (so what)? How does the challenge affect others?

**Successes.** Has anyone had a different experience with her/him? Is there a time that this challenge is minimized or not happening? Describe those times.

**Search for the unmet need she/he is attempting to communicate with us.**

\*\*difficult behaviour is an attempt to communicate an unmet need\*\*\*-start detective work

#### I. FIVE UNIVERSAL EMOTIONAL NEEDS AND THE THREE PLAGUES

- Ask yourself the following questions about the person:

1. Does she/he feel needed and useful?
2. Does she/he have the opportunity to care?
3. Does she/he experience love and to be loved?
4. Does she/he have the opportunity to have his/her self esteem boosted?
5. Does she/he have the power to choose?
6. Is she/he lonely
7. Does she/he feel helpless?
8. Is she/he bored?

- Plan: With care and compassion, determine the unmet need and brainstorm possibilities on how to meet that need:

-Remember what and how I communicate has an affect on the person  
– What approaches are successful? What words really help to connect with the person? **What if** I give you a hand...May I **invite** you...Today is it...I have come to see if there was anything you needed? While I'm here, what if I gave you a hand to get into the shower?...May I offer you...?

-Validate the person's feelings. Remember this person sees the world differently than I do. If someone is looking at a photo ask... what are your thoughts about this picture? Or tell me about this picture?

-Look for meaningful jobs for him/her – keep in mind past history, what is important to him/her.

-Ask yourself, can this person do more than I realize: - let him/her help, go slowly.

-‘Whisper zone’(SHR) – approach with a smile; make eye contact; take a moment to cue and orient –‘I’m Robin and I am here to help you get ready for the day’; Let them know what you are doing before you do it; as able, ask resident to participate – “would you help me by holding this facecloth?”

-Offer choices – “Today is it.....”

-Boost self esteem: I am so glad to see you; it is wonderful to see you; You look wonderful today, that is a great color on you., etc.

-Find out resident’s “simple pleasures”

-Provide comfort and reassurance when needed – look to creative options for this – maybe there is another resident that could hold her hand.

-Lead by following – i.e. if they back up, you back up – let them lead you...dance.

#### General approaches to support respect and dignity

-Before entering a room, knock, identify yourself and ask permission to enter

-Re-introduce yourself each time you interact.

-When talking to the resident, sit face-to-face-eye level

-Create physical space, comfort, quiet “Eye of the hurricane”

-Optimize hearing and seeing

-Center yourself

- Speak slowly and clearly (not loudly)

-Allow time for processing and response

-Remember eye contact, facial expression, and non verbal cues

## **II. SOCIAL**

- Ask yourself the following questions about the person: How does this person's life story, accomplishments, culture, and interests affect what is happening? Is there discomfort for this person as a result of co-resident altered responses?

- Plan: Find out more about the person and how we can support their individuality and promote positive interactions between residents: Incorporate what you know about the resident's history into how you care for them and communicate with them every day; continue to talk with them and with family for more valuable insights that we may not know; Support interactions between residents by intervening if progressing negatively – possibly invite the person to do something meaningful to them and focused if co-residents are causing concern for the person (i.e.: sit with music and fold baby clothes; help you to fold towels; or sort through a rummage box to find a specific item for you).

## **III. ENVIRONMENTAL**

- Ask yourself the following questions about the person's environment: Too much distraction? (noisy, crowded, cluttered); Confusion? (poor lighting, can't find his/her way); Not enough stimulation – is the person bored?

- Plan: Develop ways to modify the environment to support the person's confidence, independence and comfort: consider ways to make the environment familiar and comforting (i.e.: play music; limit hustle bustle and confusion; put up bathroom/resident room signs; consider rummage boxes, reminiscence items, coffee table books – what would this person enjoy given their interests and history?)

## **IV. PHYSICAL**

- Ask yourself the following questions about the person: Are basic needs being met (eating, drinking, sleeping, toileting)? Does he/she express pain, discomfort, either generalized or during care (i.e.: rigidity, arthritis)? What changes in physical condition do I see when experiencing altered responses (i.e.: energy level, eating patterns, facial grimacing) Any signs/symptoms of infection? Any sensitivity to temperature?

- Plan: Promote physical comfort: make the person as comfortable as possible (including basic needs and special conditions affecting care – i.e.: vision, hearing, acute illness treatment); Adjust care approach to accommodate person's pain;

## **OUR GUIDE**

**Resident:**

**Date:**

**History:**

**What is happening?**

**Successes:**

**Unmet need/plan:**

- a. **5 Universal Emotional Needs and the Three Plagues**
  
- b. **Social**
  
- c. **Environmental**
  
- d. **Physical**

**OUR PLAN**

Resident:

Date:

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**Appendix C: Strategic Plan 2012-2015**

**SHERBROOKE COMMUNITY CENTRE**

**Mapping the Journey**



**STRATEGIC PLAN 2012-2015**

*Board of Directors Approved – November 23, 2011*

## INTRODUCTION

This strategic plan sets out Sherbrooke's direction to the year 2015.

The strategic plan is the vision of the Board of Directors based on input from residents, families, staff, Saskatoon Health Region and our partner agencies. The plan is founded in the Christian tenets of our sponsoring churches and aims to promote a compassionate, healing and loving community integrating spiritual, mental, physical and social well-being.

It is not a set of rules that we must live by, rather it is a guideline that will assist us in achieving our vision. The strategic plan will be used in developing specific actions to fulfill the mission.

In these constantly changing times, we feel confident moving forward with a strategic plan that will assure quality of life and work for this dynamic community of people.

### ***ROOTS: WHERE WE HAVE BEEN***

Sherbrooke was founded on sponsorship of the faith community. Sherbrooke has been a leader in long term care and has brought many new initiatives to long term care in the Saskatoon Health Region, Saskatchewan and Canada. Sherbrooke's initiatives include:

#### *In the Saskatoon Health Region:*

- The first Aboriginal representation on a Board of Trustees
- The first long term care facility voluntarily affiliated with SHR
- Partnership Agreement with Saskatchewan Indian and Metis Affairs Secretariat and Saskatoon Health Region signed February 21, 1995

#### *In Saskatchewan:*

- The first Adult Community Day Program
- The first Respite Care Program
- The first facility to offer Physical, Occupational and Music therapy to residents
- The first therapeutic pool (1987)
- Specialized neighbourhood for the cognitively impaired
- The first long term care facility to serve residents with AIDS
- The first licensed child day care in a long term care home; Oak Trees and Acorns Child Care Centre opened January 2000
- The first aviary in long term care opened in 2002 - home to budgies, lovebirds, cockatiels, parakeets and canaries
- The first radio station in long term care operated by residents, volunteers and staff went on air in June 2002

- The first wheelchair accessible playground for children in long term care opened in 2002

*In Canada:*

- The first Resident's Council
- The first residents as voting Board members
- Creation of a new model of care in the Sherbrooke/Veterans Villages called the "Sherbrooke Village Model."
- The first facility in Western Canada to register as an Eden Alternative™ Home

*Other:*

- *Contract management - Cheshire Homes ( May 1994-April 1997), Sisters of Sion (Mar 15, 2005 – Mar 31, 2008 )*
- *Wicihitowin Place - community based home for Aboriginal clients with acquired brain injuries (May 1995-June 1999)*
- *Veterans Home - Transfer Agreement from Veterans Affairs Canada to Saskatoon Health Region/Sherbrooke (March 1996)*
- *Master Gardener Position (December 2002)*
- *Artist in Residence (2006)*
- *Merged with Central Haven Special Care Home (April 1, 2007)*
- *Assumed control of Central Place Senior Citizen's Home Inc. through appointment of Board members by Sherbrooke Community Society Inc. Board of Directors (April 1, 2007)*

- Implemented numerous innovative concepts, policies and programs
  - Principles of Care
  - Organizational Principles - an empowerment model for staff
  - Degrees of Intervention
  - Least Restraint Policy
  - Respect and Dignity Policy
  - Critical Incident Stress Debriefing
  - Eden Alternative™
  - Artist in Residence

Awards

- Accredited with Canada Council of Health Facility Accreditation since 1981
- Saskatchewan Health Quality Council Award, Stellar Award for Quality: Category - Quality Improvement Environment 2004
- Hygea Award, 2005
- Saskatchewan Healthcare Excellence Award: Category: Client – Centered 2005
- 100 Best Companies – (top 200 semifinalist) 2005, 2007
- Master Gardener Nomination – Eden Conference Ohio June 2008
- Golden Heart Award – 2008 (celebrating seniors)
- Master Gardener – Eden Conference Denver June 2010
- Saskatchewan Healthcare Excellence Award: Category – Stewardship/Sustainability 2010
- Saskatchewan Waste Reduction Council - Waste Minimization Award 2010

## MISSION

**Sherbrooke Community Centre creates a community that supports people to live full and abundant lives.**

## VISION

***“Sherbrooke: The best place to live and work!”***

Sherbrooke will be a rich and diverse habitat where children, plants and animals are a natural part of everyday life. Sherbrooke will support quality of life and growth of each individual and the Sherbrooke community as a whole. We will strive to provide each resident with loving and kind companionship, opportunities to give and receive care and a diverse environment rich with spontaneity and variety.

The environment will support the health and well-being of employees. Sherbrooke will be an organization where staff can make a difference. We will value and care for our staff as individual community members and encourage them to develop their strengths and passions in meeting our mission. Their work will be meaningful and rewarding.

Sherbrooke, in its continuing role as a learning and teaching organization, will contribute to the body of knowledge that improves quality of life for elders and their caregivers. We will embrace opportunities that make the organization stronger and benefit the wider community.

Sherbrooke will fulfill its mission within an external environment that is shaped by the changing expectations of the public, limited resources, and a focus on primary prevention where consumers become partners in their own health care planning.

Inherent in this vision is a commitment to:

- Love and kindness
- Community need
- Quality of life through the Eden Alternative™ Philosophy
- Person-directed care and services
- Supportive and nurturing work environment
- Diversity
- Education and research
- Innovation and partnerships
- Fiscal responsibility
- Leadership in the community
- Organizational and environmental sustainability

## CORE VALUES

The values are the basic principles that help us make day to day decisions.

### **The Eden Alternative™ Philosophy**

The Eden Alternative™ is a total philosophy that seeks to eliminate the three plagues of long term care – loneliness, helplessness and boredom. The creation of a “*human habitat*” that includes: pets, plants and children, provides residents with opportunities to care for other living things, and the variety and spontaneity that makes life worth living. The ten principles of the Eden Alternative™ are:

1. The three plagues of loneliness, helplessness, and boredom account for the bulk of suffering among our Elders.
2. An Elder-centered community commits to creating a human habitat where life revolves around close and continuing contact with plants, animals, and children. It is these relationships that provide the young and old alike with a pathway to a life worth living.
3. Loving companionship is the antidote to loneliness. Elders deserve easy access to human and animal companionship.
4. An Elder-centered community creates opportunity to give as well as receive care. This is the antidote to helplessness.
5. An Elder-centered community imbues daily life with variety and spontaneity by creating an environment in which unexpected and unpredictable interactions and happenings can take place. This is the antidote to boredom.
6. Meaningless activity corrodes the human spirit. The opportunity to do things that we find meaningful is essential to human health.
7. Medical treatment should be the servant of genuine human caring, never its master.
8. An Elder-centered community honors its Elders by de-emphasizing top-down bureaucratic authority, seeking instead to place the maximum possible decision-making authority into the hands of the Elders or into the hands of those closest to them.
9. Creating an Elder-centered community is a never-ending process. Human growth must never be separated from human life.
10. Wise leadership is the lifeblood of any struggle against the three plagues. For it, there can be no substitute.

## **The Principles of Care**

**These principles guide all community members in the provision of care and service for residents and community day program participants.**

### **INDIVIDUALITY**

Each person is embraced as an individual with unique abilities, characteristics, choices, needs, and opportunities for growth.

### **NORMALCY**

What is normal for a person is based on their unique life experiences, relationships, culture, and society.

### **REALITY**

Care, while based on individuality and normalcy, is practical, appropriate and delivered within available resources.

## **Organizational Principles**

**These principles guide us in day to day operations and assist us in meeting the mission of Sherbrooke.**

### **CONTINUOUS IMPROVEMENT**

To gradually and constantly enhance all aspects of the organization.

### **COMMUNICATION/FEEDBACK**

To seek and provide information and exchange viewpoints so that good decisions can be made.

### **ACCOUNTABILITY**

To be answerable for one's own actions and be responsible for the results of one's efforts.

### **RESPECT, LOVE\* AND KINDNESS**

To treat each member of the community with respect, dignity, love and kindness.

### **EMPOWERMENT/PARTICIPATION**

To create an environment with opportunities to express personal values and passions in work.

### **SAFETY**

To ensure one's own safety and the safety of others.

## **CORE DIRECTIONS AND STRATEGIC OBJECTIVES**

The *Strategic Objectives* clearly outline our long term strategies. The *Progress Measurements* are in place through the Quality Improvement program and focus on providing information about significant aspects of the operation in order to make good decisions.

### **CORE DIRECTION #1**

**TO CREATE A HEALTHY COMMUNITY WHOSE FOUNDATION IS LOVE AND KINDNESS.**

#### **Strategic Objectives:**

- Create a welcoming, accepting, and diverse community
- Encourage and support healthy relationships among residents/family/staff/community
- Encourage the golden rule –“Do unto others as you would have them do unto you.”
- Ensure policies and procedures are loving and kind
- Develop and maintain partnerships with aboriginal community, Veterans Affairs Canada, community organizations, schools and others as appropriate that enhance quality of life for our residents
- Develop new initiatives that support human growth and health
- Provide education for staff on loving approaches, relationships, and communication
- Facilitate each resident to balance personal safety and freedom

#### **Progress Measurements**

##### **Indicators and information will focus on:**

- ◇ Resident, family, staff opinion
- ◇ Staff retention
- ◇ Transfer Lists/Wait Lists
- ◇ Organizational image
- ◇ Partnerships
- ◇ Initiatives
- ◇ Education statistics
- ◇ Board Self Evaluation
- ◇ Complaints from neighbours
- ◇ Security Incidents
- ◇ Written complaints to the CEO
- ◇ Volunteer statistics

### **CORE DIRECTION #2**

**TO CREATE A HEALTHY COMMUNITY THAT SUPPORTS THE HIGHEST QUALITY OF LIFE FOR RESIDENTS AND PARTICIPANTS.**

Quality of life is the perceived ability of opportunity to have autonomy

(individuality and control), security (comfort and needed care), and relationships.

## **Autonomy**

- individuality
- Physical independence
- control (over environment)
- ability to take part in appropriate and meaningful activities

## **Security**

- physical safety and comfort
- order and structure
- the provision of needed care

## **Relationships**

- interaction
- friendship
- staff relations
- expression
- respect

## **Strategic Objectives:**

- Care plan resident direction is always consistently executed by all staff members.
- Approach all people and situations with love and kindness
- Promote healthy and positive relationships as central to quality of life
- Nurture the Eden Alternative™ Philosophy to alleviate loneliness, helplessness and boredom through implementation of the 10 principles
- Reinforce the "Principles of Care" and "Organizational Principles".
- Review and revise Quality Improvement Program to focus on important measures of quality, utilization and risk to enhance problem solving.

## **Progress Measurements**

### **Indicators and information will focus on:**

- ◇ Resident, Family, Participant, and Staff opinion
- ◇ Accreditation
- ◇ Registration status as an Eden Alternative™ Registered Home
- ◇ Quality Improvement (QI) program
- ◇ Written complaints
- ◇ Infection control audits
- ◇ Legislated inspections
- ◇ Bouquets (written)
- ◇ Referrals to SHR Client Representative
- ◇ Clinical Monitors

- ◇ AEMS stats
- ◇ Clinical Record audits
- ◇ Physician practice
- ◇ Trips to hospital emergency
- ◇ Coroner's cases

### **CORE DIRECTION #3**

## **CREATE A HEALTHY COMMUNITY THAT SUPPORTS QUALITY OF WORK LIFE FOR STAFF AND VOLUNTEERS**

### **Strategic Objectives**

- Reinforce Sherbrooke/Central Haven's behaviour expectations
- Nurture the Eden Alternative™ Philosophy to empower staff through love, kindness, respect, dignity and decision making authority
- Foster healthy coworker relationships in a diverse community
- Create a learning environment by providing education, learning opportunities and support for trying new initiatives
- Reinforce Organizational Principles.
- Work towards a representative workforce through partnerships with unions, aboriginal community, Human Rights Commission and others.
- Create a culture of safety by fostering an environment where the values and behaviours emphasize the safety of group members as well as accountability for personal safety.
- Support a culture where employees are accountable for maintaining their personal health.
- Support collaboration and teamwork
- Provide maximum support and caring for new staff
- Develop alternate strategies and work arrangements for experienced workers
- Streamline and simplify processes whenever possible (LEAN)
- Create and encourage fun and laughter
- Provide sufficient numbers of staff

### **Progress Measurements**

#### **Indicators and information will focus on:**

- ◇ Staff opinion
- ◇ Recruitment and retention Statistics
- ◇ Attendance Statistics
- ◇ WCB Statistics
- ◇ Overtime
- ◇ Filled positions
- ◇ Innovations
- ◇ Accreditation
- ◇ Education stats
- ◇ Analysis of the workforce
- ◇ Professional development
- ◇ Controlled products without MSDS sheets
- ◇ Grievances

## **CORE DIRECTION #4**

### **TO CREATE A HEALTHY COMMUNITY IN AN ENVIRONMENT THAT FOSTERS OPPORTUNITIES FOR MEMBERS TO GROW**

#### **Strategic Objectives:**

- Develop the human habitat through initiatives such as neighbourhood development and enhancement of internal and external spaces.
- Raise appropriate funding as required through the Foundation for capital and special projects.
- Focus on creating a diverse and engaging world for residents
- Maintain a safe environment.
- Renovate the Marleau/Wyant Residence to support relationships and community
- Seek diversity in work and leisure opportunities for resident/participants (arts...)
- Develop sustainability strategies for physical environment (building and equipment maintenance) replacement, green initiatives
- Use technology to improve quality of life for community members

#### **Progress Measurements**

##### **Indicators and information will focus on:**

- ◇ Human Habitat Measures
- ◇ Appearance of the facility
- ◇ Fundraising
- ◇ Partnerships
- ◇ AEMS
- ◇ Utilization and risk
- ◇ New initiatives and opportunities for residents
- ◇ Accreditation

## **CORE DIRECTION #5**

### **TO CREATE A HEALTHY COMMUNITY THAT GENERATES, IMPLEMENTS AND SHARES IDEAS AND EXPERTISE THAT ENRICH QUALITY OF LIFE FOR THOSE REQUIRING, RECEIVING AND PROVIDING CARE**

#### **Strategic Objectives:**

- Grow as a Centre of Excellence for Long Term Care
- Create a learning environment for all
- Develop and protect intellectual property
- Improve practice through research, evaluation, and collaboration with others
- Provide learning opportunities for students and practitioners and the public
- Record and publish knowledge
- Value and support creativity as essential for human growth
- Monitor and respond to shifting population dynamics
- Seize opportunities for development that are consistent with Core Directions

#### **Progress Measurements**

##### **Indicators and information will focus on:**

- ◇ Educational stats
- ◇ Learning Center stats
- ◇ Partnerships
- ◇ Information is copyrighted and protected
- ◇ Initiatives
- ◇ Quality improvement outcomes
- ◇ Number of published items
- ◇ Outside groups using the facility
- ◇ Student placements
- ◇ Speaking engagements

## **Appendix D: Performance Reviews**

**SHERBROOKE GENERAL POLICY MANUAL**

**NUMBER: 50.20**

DATE (O): 01-08-78

DATE (R) 06-02-10

### **ANNUAL REVIEWS**

Performance reviews will be completed for all staff based on the purpose and the procedure outlined below.

### **PURPOSE**

The focus of the annual review is to have the manager and employee discuss the progress of the employee in meeting Sherbrooke/Central Haven's vision, mission and values. The annual review is a time for the employee to have undivided attention and focus on how they make a difference. The outcome will be a time to focus on what is important and to have them make a commitment on what they feel they can contribute that will make a difference to help us move forward.

Managers have ongoing coaching with staff outside of the annual review process to identify barriers that prevent employees from doing the best job they can do and to address performance issues. The annual review would be a time to discuss how this is going and to provide help and guidance in dealing with any issues that are ongoing.

### **Procedure for Formal Performance Review**

1. Reviews are completed annually for all employees.
2. The manager gives the summary of Behaviour Expectations form (50.13.1/50.13.1 CH) to staff prior to the review and asks the staff member to come prepared to discuss the items.
3. The manager and employee have a discussion and document comments and actions items the staff member will work on over the next year. The questions under #2 and #3 are a guide only – change them as needed to suit the situation.
4. The manager and employee date and sign the form and submit it to HR to be filed in the employee personnel record.

## **Annual Review Questions**

1. **Review vision, mission and values.** The manager and employee review the statements in the “Summary of Behaviour Expectations”. Discuss how the employee’s efforts made a positive difference and where they would like to do more.

2. **How things are going ...**

- What are you proud of? What do you feel you do well?
- Do you feel recognized for all you contribute? What helps you feel valued and appreciated?
- Are there things that make it hard for you to do your job well?

3. **Moving forward...**

- What actions will you take to continue to meet our mission and values in the next year?
- If you could name one change you could make that would help your team improve, what would it be and what do you see as a first step to getting there?
- Is there any support I can give you to help you in your job?

**Attendance # days absent in last 12 months:**

4. **Comments and actions:**

**Employee signature:**

**Manager signature:**

**Date:**

## CO-WORKER FEEDBACK QUESTIONNAIRE

This form is to be used for input on the performance of **your co-workers**. Your identity will be kept confidential. Only signed forms will be accepted so that clarification can be obtained if needed.

Probation     Self Evaluation

**REVIEW FOR:** \_\_\_\_\_

**COMPLETED BY:** \_\_\_\_\_      **POSITION** \_\_\_\_\_

We alleviate loneliness with **companionship**, both human and animal.

We alleviate helplessness by looking for **opportunities for residents to give care**. Insure residents are doing those things for themselves that they are able to do.

We alleviate boredom with **variety and spontaneity**.

A habitat for living is an **environment designed for human beings** where residents can **live full and abundant lives**. We use **plants, animals, children, art work, photographs, decorations and household items** to enhance our neighbourhoods. The elements of the habitat give us **opportunities for companionship, giving and receiving of care, and variety and spontaneity**.

**THIS PERSON:**

<u>Please Read Questions &amp; Scale Carefully</u>	Always	Very Often	Sometimes	Seldom	Never	N/A	Don't Know
1. Treats residents as individuals.	1	2	3	4	5	N/A	D/K
2. Looks for ways to provide companionship, both animal and human.	1	2	3	4	5	N/A	D/K
3. Looks for opportunities for residents to give care to themselves and others.	1	2	3	4	5	N/A	D/K
4. Receives care from elders.	1	2	3	4	5	N/A	D/K
5. Encourages variety and spontaneity.	1	2	3	4	5	N/A	D/K
6. Responds to the needs of the individual rather than adhering to rigid task-oriented routines.	1	2	3	4	5	N/A	D/K
7. Is respectful to community members.	1	2	3	4	5	N/A	D/K
8. Is caring and gentle with residents.	1	2	3	4	5	N/A	D/K
9. Tries to eliminate symbols of the institution in order to create a human habitat.	1	2	3	4	5	N/A	D/K
10. Is receptive to the introduction of plants, animals and children to the environment.	1	2	3	4	5	N/A	D/K
11. Can be trusted.	1	2	3	4	5	N/A	D/K
12. Follows policies and procedures or challenges them appropriately.	1	2	3	4	5	N/A	D/K

**THIS PERSON:**

	Always	Very Often	Sometimes	Seldom	Never	N/A	Don't Know
13. Takes responsibility to have the tools, knowledge and skills needed to do the job.	1	2	3	4	5	N/A	D/K
14. Demonstrates good skills and abilities.	1	2	3	4	5	N/A	D/K
15. Looks for ways to improve the way work is done and/or care is given.	1	2	3	4	5	N/A	D/K
16. Shares information appropriately.	1	2	3	4	5	N/A	D/K
17. Seeks opportunities to learn.	1	2	3	4	5	N/A	D/K
18. Listens and values others' opinions.	1	2	3	4	5	N/A	D/K
19. Encourages and praises others.	1	2	3	4	5	N/A	D/K
20. Encourages fun in the workplace.	1	2	3	4	5	N/A	D/K
21. Is accountable for personal safety (e.g. identifies potential hazards, follows procedures, uses TLR, uses equipment properly).	1	2	3	4	5	N/A	D/K
22. Is accountable for the safety of others in the workplace (e.g. helps co-workers work safely).	1	2	3	4	5	N/A	D/K
23. Participates positively in the team or neighbourhood.	1	2	3	4	5	N/A	D/K
24. Is a good role model.	1	2	3	4	5	N/A	D/K
25. I like working with this person.	1	2	3	4	5	N/A	D/K

**Comments:**

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Something I like about this person is \_\_\_\_\_

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## MANAGEMENT FEEDBACK QUESTIONNAIRE

This form is to be used for input on the performance of **your manager**. Your identity will be kept confidential.  
Only signed forms will be accepted so that clarification can be obtained if needed.



**REVIEW FOR:** \_\_\_\_\_

**Probation**

**Self Evaluation**

**COMPLETED BY:** \_\_\_\_\_

**POSITION** \_\_\_\_\_

We alleviate loneliness with **companionship**, both human and animal.

We alleviate helplessness by looking for **opportunities for residents to give care**. Insure residents are doing those things for themselves that they are able to do.

We alleviate boredom with **variety and spontaneity**.

A habitat for living is an **environment designed for human beings** where residents can **live full and abundant lives**. We use **plants, animals, children, art work, photographs, decorations and household items** to enhance our neighbourhoods. The elements of the habitat give us **opportunities for companionship, giving and receiving of care, and variety and spontaneity**.

**THIS PERSON:**

<u>Please Read Questions &amp; Scale Carefully</u>	Always	Very Often	Sometimes	Seldom	Never	N/A	Don't Know
1. Encourages me to live the mission.	1	2	3	4	5	N/A	D/K
2. Puts the resident first.	1	2	3	4	5	N/A	D/K
3. Follows the principles of Sherbrooke.	1	2	3	4	5	N/A	D/K
4. Talks to me using the words loneliness, helplessness and boredom.	1	2	3	4	5	N/A	D/K
5. Makes a positive difference for residents at Sherbrooke.	1	2	3	4	5	N/A	D/K
6. Makes worker safety a priority.	1	2	3	4	5	N/A	D/K
7. Consistently role models safe work behaviour.	1	2	3	4	5	N/A	D/K
8. Clearly explains what is expected of me at work.	1	2	3	4	5	N/A	D/K
9. Helps me to get the materials and equipment I need to do my work right.	1	2	3	4	5	N/A	D/K
10. Holds me accountable for my work.	1	2	3	4	5	N/A	D/K
11. Provides recognition or praise for doing good work.	1	2	3	4	5	N/A	D/K
12. Encourages my development.	1	2	3	4	5	N/A	D/K

	Always Often	Very	Sometimes	Seldom	Never	N/A	Don't Know
13. Provides opportunities at work to learn and grow.	1	2	3	4	5	N/A	D/K
14. Talks to me about my progress.	1	2	3	4	5	N/A	D/K
15. Involves me in decisions that affect me.	1	2	3	4	5	N/A	D/K
16. Values my opinion.	1	2	3	4	5	N/A	D/K
17. Responds to my ideas.	1	2	3	4	5	N/A	D/K
18. Is accountable to follow through on commitments.	1	2	3	4	5	N/A	D/K
19. Gets the important things done in a timely fashion.	1	2	3	4	5	N/A	D/K
20. Works as part of the team.	1	2	3	4	5	N/A	D/K
21. Spends enough time with me.	1	2	3	4	5	N/A	D/K
22. Shares information with me that I need.	1	2	3	4	5	N/A	D/K
23. Facilitates my relationships with my co-workers.	1	2	3	4	5	N/A	D/K
24. Treats me with respect and dignity.	1	2	3	4	5	N/A	D/K
25. Is creative and innovative.	1	2	3	4	5	N/A	D/K
26. Encourages fun in the workplace.	1	2	3	4	5	N/A	D/K
27. Is brave and takes risks to improve things at Sherbrooke.	1	2	3	4	5	N/A	D/K

**Comments:**

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## Appendix E: Quality Improvement Program

SHERBROOKE GENERAL POLICY MANUAL

NUMBER: 40.10

DATE (O): 22-11-83

DATE (R): 01-04-06

### QUALITY IMPROVEMENT PROGRAM

Sherbrooke Community Centre shall implement and maintain a Quality Improvement Program. All employees are responsible for quality improvement at Sherbrooke and will report problems, issues and suggestions for improvement.

#### **Definition**

Quality Improvement is a process in which, based on Sherbrooke's philosophy and objectives, standards describing the level of quality service desired and feasible, are set; the level of achievement of those standards will be measured; and action will be taken to correct identified differences.

There are four basic components to the program:

1. standards/criteria
2. identifying trends
3. an evaluation system
4. remedial action

A. The purpose of the Quality Improvement Program is to:

1. Support and promote the mission and principles
2. Improve resident relations
3. Improve quality of life
4. Encourage strong leadership
5. Reduce unnecessary activities and cost
6. Motivate staff and volunteers
7. Support decision-making based on fact
8. Improve communication
9. Respond to community needs
10. Create a culture of safety
11. Reduce risk of injury or liability

B. The Quality Improvement Program shall be reported by themes including:

1. Clinical Outcomes Issues and Improvements - quality of care for residents.
2. Utilization Management Outcomes Issues and Improvements - workload, productivity or volume.
3. Resident/Family Opinions and Community Relations Issues - resident & family satisfaction and partnerships & associations within the community.

4. Human Resource Issues and Improvements - human resource activities within the Centre.
  5. Program Evaluation Issues and Continuous Improvement - evaluation of programs offered and progress made.
  6. Environmental Issues and Improvements - physical facility and other non-direct resident care services.
- C. The Board of Directors shall be provided with reports five times during the year. These reports will be based on the themes previously listed, resulting in similar topics addressed and concentrated on during each reporting month.
- D. The Quality Improvement Program shall be internally administered, on-going, specific to the Centre, structured and co-ordinated throughout the facility.
- E. The criteria that determine the monitors reported include high risk, high volume, problem prone, or high cost indicators.

## **GLOSSARY:**

General Indicators - predetermined measures that identify the satisfaction or dissatisfaction of everyone within the facility, including staff, residents and families.

High Risk - aspects of care and treatment or service delivery, which if incorrect, will place residents at risk or deprive them of substantial benefit.

High Volume - aspects of care and treatment or service delivery, which occur frequently or affect large numbers of residents.

Indicator - measurement tool used to monitor and evaluate the quality of important functions.

Management Indicators - predetermined measures that identify how well each department operates with the allocated resources.

Operational Indicators - predetermined measures that identify potential problems in the departmental operations or management such as non-compliance with policies or repeat requests for diagnostic procedures.

Outcome Indicators - predetermined measures that identify potential problems related to the end result of direct resident care, indirect support service or performance.

Quality Improvement Committee - group of stakeholders available for consultation on Quality Improvement Program issues and receive departmental QI reports and disseminate these reports to the Board.

Risk Indicators - predetermined measures that identify potential adverse occurrences and potential liability.

Risk Management - systematic process of identifying, assessing and taking action to prevent or manage clinical, administrative, property and occupational health and safety risks in an organization.

Sentinel Event - an event that is so serious that it requires immediate reporting to Administration and the Board for each occurrence.

Sentinel Issue - a potentially serious problem, issue or trend that needs to be reported to Administration before its scheduled reporting time.

Threshold for Action - the level at which a stimulus is strong enough to signal the need for organizational response to indicator data and the beginning of the process of determining why the threshold has been crossed.

Volume Indicators - predetermined measures that identify how much work is carried out by each department and their productivity.

\*The above definitions have been adapted from Primer on Indicator Development and Application and Quality Monitoring and Reporting with Critical Indicators.

## **QUALITY IMPROVEMENT PROGRAM-PROCEDURE**

Reporting Procedure:

1. At the beginning of each reporting year the Leadership Team will revise the *Quality Improvement Program* monitors to reflect the goals and objectives of the organization.
2. When a monitor is scheduled to be reported the Quality Improvement Committee will send out a report sheet two to three weeks prior to the due date.
3. All statistical reports will be returned to the Committee the first day of the month they are due.
4. All *Quality Improvement Action Reports*, required when a Threshold for Action (TFA) is not met or there is a significant variance in the outcome, will be submitted to the Quality Improvement Committee for review.
5. The Quality Improvement Committee will meet on the first Wednesday of the month and prepare the *Quality Improvement Program* document for presentation to the Board of Directors.
6. The Committee will circulate the results to all staff for review at team meetings.
7. Employees wishing to raise “quality” issues and concerns shall complete a *Quality Improvement Action Request* and submit it to the Quality Improvement Committee. These concerns shall be acted on within seven days.

Teams

1. Resident care teams review QI results specific to their area each month at a team meeting.
2. The team problem-solves around issues and puts action plans into place.
3. The team submits a report to the Team Manager - Nursing Practice. This manager is a member of the Quality Improvement Committee.

## **Appendix F: Untie the Spirit**

### **One Day Workshop**

#### **Objectives**

- *To bring our mission, vision and values alive*
- *To keep peoples spirits alive*
- *To enhance our communication with people living with dementia*
- *To experience the joy of recognition*
- *“To change our minds about people whose minds have changed”  
Dr. Al Power, Dementia Beyond Drugs*

#### **Outline**

Introduction and Overview – Our Culture Change Journey

Spark Of Life Core Principles

Shift your focus

Share your heart

Shine your light

Universal Emotional Needs

Communication

Sending and receiving

Non-verbal

Listening

Approach

Dangers of Anti-psychotic drugs

Sexually Challenging Behaviours

The Person who does not Speak

Labels and Language

Basic Approaches – Respect and Dignity

Problem Solving – Case Studies