



Newsletter

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Special points of interest:

- Grant money
- Making stories out of pictures
- Paradise found
- Goodbye to a friend
- An update on GEMS

The Newsletter is a project of the N.C. Coalition for Long-Term Care Enhancement. To respond to articles, contact the editor: Jill Nothstine, Shoreline Healthcare Management LTC, (352) 250-7687 or at j.nothstine@shorelinehcm.com.

Inside this issue:

<i>TimeSlips</i>	2
<i>Paradise at N.C. Special Care Center</i>	3
<i>A Life Lived Well</i>	3
<i>An Update on the GEMS Program</i>	4
<i>Grant Facilities Use Money Well</i>	5

Future Enhancement Grants...Stay Tuned!

By Nadine Pfeiffer, R.N.

On May 31, 2006 The North Carolina Coalition for Long-Term Care Enhancement together with the Division of Facility Services (DFS) ended their contracts for their third round of enhancement grants. Using federal civil money penalties, 15 nursing homes were awarded grants ranging from \$6,000 to \$25,000 to implement various enhancements to improve resident quality of life or quality of care. Many successful outcomes were demonstrated as a result of these initiatives and the Coalition and DFS have made the decision to offer these grants again, early next year.

The grants that are offered are culture change philosophy-based and afford facilities the opportunity to implement different enhancements to enrich the lives of the residents and the care of the residents as they embark on their culture change journeys. Per the Center for Medicare and Medicaid Services' directive, civil money penalties can only be used for facilities with a history of a deficient practice and to those receiving Medicaid funding. While DFS is the agency responsible for the funding of these grants, the Coalition is responsible for the distribution of the grants and for setting up the criteria for the grants.

Each grantee contracts with DFS for a two-year time period to receive the funding for these grants. It is mandatory for all state contracts to be performance-based. Each grantee is required to monitor the success of their enhancements project by monitoring their choice of indicators and sending reports quarterly on their progress. We also require the progress report to include monitoring data of those indicators accompanied by analysis of data demonstrating improvement or decline, with explanations for the conclusions. Coalition members take on active roles in the monitoring of the grantees through the

entire grant period. On-site visits are made as a means of monitoring the planned enhancements.

Facilities wishing to enhance their facilities may want to start thinking of what culture change philosophy they would like to instill in their facilities and what projects or programs they would like to fund with a grant. Currently, the grant guidelines are in the process of being reviewed and amended. We are anticipating offering all Medicaid receiving nursing homes the chance to apply for grants early next year in a Request for Applications format. We will be notifying each Medicaid receiving home of this opportunity and of the time frame for submission of their application. However, we are unsure at this time, exactly when that date will be. So, stay tuned, more information will be coming soon!

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Aston Park Health Care Center in Asheville used grant money to purchase this beautiful aviary.

TimeSlips

Its storytelling time and clearly the residents and staff of Whittier, the nursing unit of Friends Homes at Guilford, are enjoying themselves. The atmosphere is fun; people are laughing; and there is a special camaraderie between the staff members and the residents participating.

More than just having fun, this storytelling session is an innovative way to encourage creativity in people with dementia. The program is called TimeSlips and for 10 weeks residents and staff have been participating for one hour each week. The Department of Gerontology at UNC-G received a grant to introduce the program into area nursing homes. Ten facilities are participating in the study. In five of the facilities, including Friends Homes, staff is receiving training. At the end of the program, results will be compared in the five facilities with the trainers and the other five facilities.

Merilyn Lang, director of nursing at Friends Homes at Guilford, says, "This program could not have come at a more opportune time. It has given our staff a chance to open the door of education and training and gain a comfort level in working with residents who have dementia. With our own special Memory Care Unit under construction, this program has shown the staff how creative storytelling might be used to enrich the lives of our residents."

Merilyn continued by saying, "A person with dementia can be unpredictable and typically has a very short attention span. It is amazing to see the residents stay engaged in the storytelling for one hour. Through their participation, the residents give us a glimpse into their backgrounds and it makes it easier for staff to work with them."

For the storytelling session, 15 residents are gathered in a circle with staff members placed between every two or three residents. At the beginning of the session, each resident is called by name and thanked for participating. The staff member leading the session says, "We're here to have fun, to tell a story. We want you to help us." Stories are always centered on a picture. The leader shows the picture from last week and reads the story that the group created to describe the picture. At that point, the staff members circulate copies of a new picture among the group. According to Ellen Cosby, one of the facilitators, the more unrealistic the picture, the better. She likes large, colorful pictures that are odd or include animals mimicking what people do. On this particular day, the picture shows a man riding an ostrich.

The group leader starts by asking open-ended questions. The wording of the questions is even more critical than the image because in this program, there are no wrong answers. By asking, "What shall we call this person?" "Where are they going?" "What do you think will happen when they get there?", the leader encourages imaginative answers, not answers that are right or wrong. Every response is recorded on a large piece of poster paper, and the person's name noted. Frequently, the leader reads the comments, noting the residents' names. With each mention of his name, a residents smiles appreciatively. Staff members lean down and listen to a soft murmur from a resident, repeating that comment loudly to the group. The atmosphere seems chaotic at first with several people talking at once but one quickly sees that people are having fun.

Ellen Cosby emphasizes, "The whole idea is to open up the

thought process. The story doesn't have to make sense but staff members will gain new insights into who their residents are and what their lives may have been like by listening to residents' comments. Frequently, people with dementia have stopped talking because they are afraid they do not have the right answers." Research has shown that the longer people with dementia communicate, the slower they progress into the deepest phases of the disease. Being a storyteller helps people with dementia have a role and feel they have something of value to contribute.

As Merilyn Lang points out, "The program also puts some fun into the day for staff members. Staff members still have their tasks to do: making the beds, giving baths, etc. But this program puts the emphasis on the residents as a person and away from routine tasks." Ellen Cosby has been facilitating as a trainer for 18 months and adds, "We had fun today. Everybody needs a little fun. I've done this program in a number of different facilities now and the results are the same. It is just magical."

This article was published in the July 2005 issue of Friends Homes, Inc. UPDATE newsletter and is reprinted here by permission.



The Snoozelen concept has been shown to create a more relaxing atmosphere for some residents. At Brian Center in Brevard the therapy department manages the use of the room.

Paradise at NC Special Care Center

By Renee Bates, RN

The North Carolina Special Care Center is a state-operated 248-bed long-term care facility located in Wilson, North Carolina. Its mission is to provide care to residents from across the state who are not easily served by private health care facilities. Most of the residents were previously cared for in the state psychiatric hospitals.

In 2004, the facility sought and received a grant from the North Carolina Coalition for Long-Term Care Enhancement for the establishment of an Eden Alternative Day Habitat. Office space was converted into a kitchen, living room, activity area, dining room, and bathrooms. Twenty residents were selected to be the first participants in the Habitat. In May 2005 the habitat became operational. The residents and associated staff chose a name for their new environment. They call it *Paradise*.

Following the Eden philosophy, top-down authority is de-emphasized. Decisions rest primarily with residents and health care technicians associated with the process. In order to facilitate ease of decision making, teams of residents and staff have been formed to manage the operations of the Habitat. For example, in the early stages of the operation, a decorating team was formed to select paint colors for the walls, and choose pictures and furnishings. As the project began to develop, other teams included an Electronics Team, which selected and shopped for televisions, a stereo, video equipment, favorite movies and music. The Kitchen Team was responsible for the purchasing of a refrigerator, microwave, griddle, coffeemaker, and can opener.

There is an Arts and Crafts Team, which chooses craft supplies and board games, and a Plant Team that select, purchase and care for the plants in the area. A Fish and Bird Team and a Dog Team were responsible for selecting the tropical fish, the six finches and the

two dogs. They also take care of them.

The two dogs in the Habitat, Chet and Sally, were adopted from a local organization named *For the Love of Dogs*. Residents and staff are responsi-



At North Carolina Special Care, residents can enjoy the company of animals now. Resident Wayne Williams enjoys teaching Sally new tricks. Dogs give residents opportunities to provide care as well as have some fun.

ble for feeding, grooming, and walking the dogs. An article regarding the success of integrating the dogs into the Eden project was featured in the *Wilson Daily Times*.

The ladies have established *The Red Hat Society of Paradise* and hold monthly tea parties. They recently held a bake sale. The gentlemen have gone on a fishing trip, participate in checker tournaments and have races with radio controlled cars.

At present, the project is operated as a daytime habitat which is open from the hours of 9 a.m. to 2:30 p.m. There the residents engage in activities in a home setting with comfortable and casual furnishings and amenities already mentioned. Active participation

replaces directed activity.

The Day Habitat has been an extremely positive experience for residents and staff. The residents enjoy selecting and planning activities that they would like to do. They enjoy the socialization they have as a group. The residents are caregivers to the birds, fish, dogs and plants. It has made a positive impact on them to be giving back to others. Paradise has certainly had an impact on all of our lives in combating the three plagues of loneliness, helplessness and boredom, which may be seen in nursing homes.

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A Life Lived Well

A few weeks ago we were deeply saddened to learn of the death of Sandi Hargette. Sandi served the residents and staff of The Oaks at Forsyth as their staff development coordinator. But Sandi's special talents were shared across our state and this region as she worked tirelessly to bring a better life for all nursing home residents.

Sandi was full of life and creativity. One colleague has shared that she gave new meaning to the word energy. If you attended the conference and trade show put on by the coalition in June 2005, you'll remember how she led us all in the laughing exercise while we fixed some technical difficulties. Sandi traveled around the state and the Southeast to share her expertise in team building and staff empowerment. She approached teaching as something to have fun with, and those of us who learned from her have lessons we'll never forget.

We will miss Sandi, but probably not as much as those who had the pleasure of working with her on a daily basis. The residents of our state's long-term care facilities are better off because of what she taught those who work in those settings. If our goal in life is to leave this world better than we found it, then Sandi certainly did her part. Her life truly was a life lived well.

An Update on the GEMS program

By Kim H. Harris, NHA

Compelled by the incessant desire to improve the quality of life for its dementia and Alzheimer's residents, a program entitled Generating Enhanced Memory Support or GEMS, was launched in May 2004. The program stresses areas of improvement on several levels including: evaluating the cognitive ability for each resident, training for staff and family members to deal more effectively with residents at each stage, developing activity programming specific to each stage of dementia, and improving the existing facilities for the care of the residents.

Many facilities use different symbols to identify residents who are at risk for falls, etc by attaching colored dots or other symbols to their doors. Since it was decided our new program was going to be called GEMS, why not use gemstones as identification of cognitive abilities? We decided on 4 colored stones: Diamonds (clear), Emeralds (green), Citron (yellow) and Rubies (red). These gemstones were readily available at a local craft store. The idea was to get stones that were large enough to be visible without being so obvious. 18mm circular stones seemed appropriate since circular magnets were easily glued to each one. This allowed for the stones to be attached to each resident's metal door frame (A bed on left top corner; B bed on right top corner).

Staff could easily identify the cognitive abilities of our residents with little "tricks" regarding the coloring of these gemstones. Diamonds represent residents who are "clear" and have no signs of dementia. These residents are appropriate for all activities and function fairly independently with most ADLs. Since green equals "Go", Emeralds were used to represent residents who are appropriate to attend most activities and don't require a lot of assistance with

ADLs. The Citron stands for "CAUTION". This yellow stone warns staff that special attention needs to be given to these residents, who may not be appropriate for all activities, but could function pretty well in most that don't require a lot of mental involvement. They probably need help with some of their ADLs on a regular basis. Red indicates "Stop", and identifies residents in the later stages of dementia. Activities must be appropriate for the residents to attend and would have to be geared to their mental capacity. By thinking in terms of a traffic light, the staff could easily remember these colors and what they represent.

The first step in the process was the training of staff, family members, residents, and volunteers. This training included educational sessions taught by an individual that has credentials and extensive experience in the study of dementia. Ms. Teepa Snow, Master Trainer and co-author of Accepting the Challenge, conducted training sessions for our facility. The use of "tool kits" provided in both programs helped with understanding the concept by including a variety of materials that were copied or adapted for training programs. These tools included warm-ups, program pointers, and games for learning, as well as Knack and No-Knack exercises. All support staff attended a two-hour seminar and nursing staff attended an additional two-hour session. Teepa returned later and gave front-line staff more hands-on training.

An additional "Family Night" gave family members and visitors from the area a chance to hear Teepa present a discussion on Alzheimers and other types of dementia. There were over 100 in attendance at this program.

Nursing Staff were also trained on how to screen residents using the Allen scale, which we found to be the best screening tool after evaluation of others. Residents are currently being screened and identified as to their cognitive abilities upon admission and also during assessment periods.

As residents' abilities are identified, gemstones are put in place on their doors.

Appropriate activities and activity stations have been designed by an interdisciplinary team to meet the residents' specific needs at each stage. Activities are focused on resident abilities and strengths rather than their disabilities. The activities are coded with an emerald, diamond, citron, and/or ruby on the monthly activity calendar so that the staff, residents, family members, and volunteers know which activities are best suited for residents placed into the each of these categories.

As the evaluating, educating and programming began to be implemented, the final stage of the plan was dedicated to enhancing a courtyard for inclusion in the activity programming. The facility had an enclosed courtyard adjacent to the memory support unit that could be improved to further support the GEMS program. Through recommendations from the GEMS team, the area was graded flat and a portion paved with an even brick surface to create areas of interest in the courtyard such as plants, rockers, outdoor furniture, etc. This environmental enhancement has opened up new opportunities for dementia residents to visit each other and/or family members, to be involved in activity stations, or to provide opportunities to wander and discover the various elements in the surroundings at the residents' leisure. It has been proven that such an environment can provide for distraction, thus reducing agitation, and stimulates the mind, thus reducing boredom. At the completion of the renovation, the staff, residents, and family members were educated on the optimum use of the courtyard improvements.

The GEMS program has been a wonderful success for our facility. The facility has seen improvements in several quality indicators, including Prevalence of Little or No Activity, Use of Restraints, ADL Decline, Decline in ROM, Falls, Mood/Behavior, and Use of Psychotropic Medication.

With increased activities specifically designed to meet the needs of dementia residents, the residents are more mentally stimulated and less bored. The residents have opportunities for discovery with established activity stations, as the environment will encourage interaction for both residents and staff. Quality indicators showed:

- a 5.7% decrease in prevalence of falls within a 12-month period
- prevalence of weight loss, which is often associated with residents who have cognitive impairment decreased from 12.3% to 9.8% within a 12-month period
- prevalence of anti-anxiety/ hypnotic drug use has declined due to activities that are geared specifically to cognitive abilities
- prevalence of little or no activity has been directly impacted through the GEMS program. We currently have the lowest percentage ever of those residents who previously triggered out as having a prevalence of little to no activity.

In addition to the quality indicators, satisfaction surveys have been conducted with staff and family members prior to and after implementing the program to further document changes in satisfaction and program acceptance.

We continue to monitor the success of the GEMS program, but without a doubt, it has become a "gem" within our organization.

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Do you have something different and unique you are doing? Do you want to tell others of your success or share experiences you learned valuable lessons from? If so, contact the editor and tell us about it. We'd love to hear your story.

Grant Facilities Use Money Well

Nadine Pfeiffer from the Division of Facility Services visited the facilities that received money from our latest round of grants. The evidence is in that the money has been well-spent, and we applaud those folks who worked so hard to accomplish great things for their residents. You can see from the variety and unique ideas that grant money can be used for many things. When you receive your notice of their availability early next year, consider what you might do to make life better for your residents.

Information about the grants should be mailed out to each Medicaid-certified facility in North Carolina sometime after January 1, 2007. The letter will be mailed to the administrator of each facility. All applications will be reviewed by members of the North Carolina Coalition for Long-Term Care and representatives from DFS will make the final approvals. All applications submitted by the deadline will be considered. Those facilities interested in applying should begin discussions now with staff, residents, and their families about what plausible, measurable improvements could be made using the money.



At Brookside Rehabilitation and Care in Burnsville, an artist turned dull walls into meaningful scenery in their dining area. The tropical theme serves as a relaxing oasis and makes meal times more pleasurable.



THE NORTH CAROLINA COALITION FOR LONG-TERM CARE ENHANCEMENT

In this issue of the Newsletter:
Future Grants
TimeSlips
Paradise at NC Special Care
Farewell to a Friend
Update on GEMS Program

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At Brookside Rehabilitation and Care in Burnsville, plain cinder block walls have become windows onto scenery residents can relate to in this mountain community. Changing the culture can begin by changing the way we see things. Here, staff realized a rolling hill with a mule-drawn wagon could transport residents back in time and give them something to remember and talk about. Brookside used grant money to enhance their building. In this edition of the newsletter, read about our next round of grants, which will be offered early next year. Also read what other facilities have done with the money. And be sure to share this newsletter with interested staff, residents, and families.

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