

ST. ANN'S HOME

SPECIAL CARE UNIT

PHILOSOPHY OF CARE

St. Ann's Home believes each person is an image bearer of God and that individuals with Alzheimer's disease/dementia require sensitive care over the full progressive course of their illness. We accept responsibility to acknowledge increasing client needs and to respond with a compassionate, caring and comforting environment. In recognition of the fact that there are many ways to serve individuals with dementia, memory loss, or impairment of other cognitive skills, approaches to care are best determined by the needs of each individual the program serves. As a provider of specialized dementia services, St. Ann's Home's philosophy is predicated on knowing its residents, understanding the disease process, and providing appropriately designed programs that are structured to meet individual needs.

STATEMENT OF PURPOSE

A specialized dementia program unit has been created at St. Ann's Home for the following purposes:

- X To provide quality Christian services to our residents.
- X To maintain and/or enhance each resident's highest level of function.
- X To create a living environment that meets the physiological needs of aged adults and compensates for cognitive deficits caused by dementia/memory loss.
- X To conduct daily programs designed so that each resident can enjoy a feeling of success, and structured to provide therapeutic stimulation.
- X To respect each resident as a mature adult capable of contribution.
- X To honor individual likes, dislikes, tolerances and abilities.
- X To establish effective verbal and nonverbal communication skills between staff, families and residents.
- X To aid in the promotion of autonomy, self-worth and dignity among residents..
- X To help staff and family cope with the emotional and psychological stress of caring for cognitively impaired men and women.

PRE-ADMISSION EVALUATION

Family members who have served as the primary care-givers of the person with dementia can offer a great deal of information about the resident and are interviewed when an admission to the unit is being considered. Due to the fact that the anticipated resident has impaired memory, thinking, judgment, ability to reason and make decisions as well as other diminished functional abilities, the family or the person who has cared for the resident will be ultimately involved in pre-admission issues.

Prior to admission, must have legal Responsible Party and local contact person if different from Responsible Party. Suitable placement in the Unit is determined only after the person's level of functioning, in all its complexity, has been assessed. Awareness of all necessary therapies, nursing care and treatments (including medications) will be evaluated prior to admission to determine if the potential resident would benefit from placement in the Unit.

ADMISSION & DISCHARGE/TRANSFER CRITERIA

I. Admission Criteria:

Persons displaying symptoms of early Alzheimer's disease/dementia/memory loss:

- A. Must be 60 years of age or older unless an approved age waiver from the department is obtained.
- B. Must be able to feed self with minimal staff assistance, consisting of preparation of food, cutting food, pouring liquids, cueing, etc.
- C. Must be able to ambulate by own means, independently with an assistive device (walker/ wheelchair/ cane).
- D. Must be able to understand and follow simple directions with staff prompting.
- E. Must be able to live harmoniously in a group setting with other residents (non-abusive/combatative).
- F. Must be continent of bowel; bladder continence may be via usage of disposable products.
- G. Must be able to voice wants and needs.

- H. Must be able to “assist” with self hygiene, i.e.:
1. Cooperate with bathing
 2. Washing hands
 3. Brushing teeth
 4. Combing hair
 5. Dressing
 6. Toileting

Prior to admission, residents must have a history and current physical from their primary physician and a current TB test and chest x-ray.

II. Discharge Criteria:

When a resident no longer meets the above requirements (i.e.; a medical condition requiring daily medical intervention, increased disruptive behavior, incontinence of bowel and/or bladder on a daily basis, decreased independent mobility, etc.), the family will be notified that the resident no longer meets the philosophy for placement in the Unit and an alternative placement must be sought. A 30 day period will allow ample time for family to seek alternatives. The Unit is intended and designed to accommodate persons who are able to meet the above (A-G) requirements. The staff of the facility will be available to assist, as needed, with communicating with other facilities regarding the resident’s personality, etc., therefore, assisting family and/or responsible party in locating a suitable living environment in an appropriate room if not available in Joachim’s Place and/or Elizabeth’s Place (nursing units of St. Ann’s Home).

III. Use of kitchen facilities:

The kitchen was designed in this unit to be used for activity/occupational therapy type programs. Primarily, residents will use this area to participate in simple projects as an activity, under the guidance of staff. All resident meals will actually be prepared by our Dietary Department and transported to the specialized unit, using the same menus utilized in the rest of the facility. Residents will eat together in the dining room. The premise of the entire unit is to maintain a home-like environment and have the Alzheimer resident participate in familiar, routine daily living tasks according to their capabilities. The cupboards contain dishes, the refrigerator may contain fruit, the microwave may be used to make popcorn, etc. For safety precautions, any knives or other sharp cooking utensils in this area will be kept in a locked drawer in the kitchen and will not be used without staff supervision.

IV. Medications:

Registered Nurse will assume overall responsibilities for care and will delegate to staff medication administration. All resident medications will be kept in a locked

cabinet. (Level I and II controlled narcotics will be kept under double lock). Medications will be administered and recorded by the SCU shift employees. Upon admission, a list of ordered medications shall be provided to the unit by the resident's personal physician. Refills may be obtained via the facilities contracted pharmacy. A monthly review of such will be conducted by the consultant pharmacist.

V. Medical (or other) emergencies:

All individual resident bathrooms have an emergency call light installed. This is connected to a light in the hallway directly above the resident's door. It also lights in the Unit's office on a call light panel. Emergency call lights are also installed in the whirlpool bather room. There is an intercom system installed in the unit which communicates with the entire facility.

VI. Accessibility/Safety:

The doorways out of the unit are secured by an alarm, whereby alarms are activated if a SCU resident attempts to wander out of the area. Carpeting has also been installed, with a darker color near each doorway, to deter the SCU resident. As previously stated, the concept of the unit was to provide as much normalcy as possible for the resident, while still providing supervision, guidance and safety. An outside door has been installed leading from the Day Room/Dining Room into a completely enclosed courtyard (3 sides are building structure, the 4th side is secured by a gate). Residents will have free access to use this door to go in and out as they please (under the supervision of staff).

VII. Staffing:

Staff will receive general facility orientation, specialized unit orientation/training and specific training on Alzheimer's disease and working with people afflicted with such. Staffing will consist of a minimum of one direct care giver (depending on census in the unit, and needs of residents) for each of three 8-hour shifts. Staff may consist of NA's, Activity Therapists, or other general personnel. Unless an emergency arises, staff will be totally separate employees than that of the facility (with the idea of working around a social/activity model, than that of a medical model). All staff will receive specialized training as listed and be cross trained. In addition to the constant staff above (one person per shift), a full time RN will assume responsibility for resident care. Housekeeping, Laundry, Social Services, Activities, Dietary and Maintenance services and staff will be utilized from the facility.

STAFF TRAINING AND DEVELOPMENT

Training provides a base knowledge that allows staff to understand the needs of aging individuals and the particular needs of those with Alzheimer's disease and related

disorders. It includes instruction in the purpose, philosophy and goals of St. Ann's Home dementia program. Our commitment to staff development, encourages growth, participation, learning, team functioning and creativity. St. Ann's devotion to dementia programming is manifested by provision of the following:

- X Knowledge of the physiological and psychological aspects of aging.
- X An understanding of dementia and its impact on the aging process.
- X Communication techniques.
- X Skills in appropriate interventions for a variety of behaviors (i.e., aggressiveness, repetition, wandering).
- X Training in the concept of team functioning.
- X Knowledge in care giving that promotes resident independence.
- X Support for staff involvement in the decision making and planning process of resident care.
- X Continuing in-service training programs to enhance and update care giving skills.
- X Encouragement and support to staff for multiple care giving options.
- X Adequate staffing levels to ensure that dementia programming goals are met.
- X Provide resident and family support.

SUPPORT SYSTEM

St. Ann's Home recognizes that each of our residents has a support system outside the facility. It is from this support system, in conjunction with St. Ann's Home, that residents will draw strength emotionally, spiritually and physically.

St. Ann's Home wants to nurture these relationships by recognizing our responsibilities to the emotional needs of these key individuals. To that end we will:

- X Provide open visitation
- X Encourage involvement in as many appropriate ways as possible (i.e., attending field trips, sharing meals, attending care conferences etc.)
- X Alzheimer's Association Support
- X Provide emotional support to these individuals through education, active listening, and referral to other appropriate resources.

COMMUNITY

St. Ann's Home dementia programming, while self-contained, remains a part of the greater community. This community includes, but is not limited to, other service providers, volunteers and regulatory agencies. Our dementia programming occupies a position in this area's service delivery system and can best maintain its community profile by:

- X Maintaining professional relationships with other agencies having similar interests and/or needs.
- X Providing opportunity for residents to participate in community activities as deemed appropriate.
- X Serving as an educational resource within the community by working in conjunction with other professional groups to raise community awareness and understanding of dementia.
- X Alzheimer's Association Support

PROGRAMMING

Programming includes all elements of daily living from care to leisure pursuits/hobbies. Programs are established to meet each resident's physical, mental, emotional, social and spiritual needs.

- X To encourage/promote resident participation in a wide spectrum of activities allowing for freedom of choice that manifests itself in various levels of participation.
- X To provide structured recreational and therapeutic activities that focus on abilities rather than disabilities.
- X To allow residents to participate in organized activities as well as those that are self-initiated.
- X To provide consistent group activities and 1:1 programs that meet resident needs, interests and abilities.
- X To encourage resident independence, while providing assistance as needed.
- X To encourage individuality and creativity.
- X To provide opportunities for establishing and building relationships.

- X To provide opportunities for social and sensory stimulation.
- X To provide age appropriate activities that enhance resident self-esteem, provide success and satisfaction that contribute to resident quality of life.

SUCCESS INDICATIONS

The level of contentment, health, and well-being of the resident is the best measure of the effectiveness of the program. An ongoing audit of the following indicators will be conducted.

- A. Are we dementia-capable?
 - 1. Staying informed
 - 2. Keeping residents and family interest at heart
 - 3. Keeping our mission in focus.
- B. Do the residents feel at home?
 - Does the schedule conform with presumed former schedule of resident?
 - Do the activities give meaning - current or relate to their past?
 - Are family members comfortable with program?
 - Is staff comfortable with program?
- C. Medical Care
 - 1. Number of falls
 - 2. Medications - sedation
 - 3. Urinary Tract Infections
 - 4. Dehydration
 - 5. Maintenance of weight, muscle strength, mobility, ability to do ADL's
 - 6. Depression
- D. Program
 - 1. Moment by moment comfort of residents - a program activity that makes use of each individuals retained ability and avoids challenging deficits.
- E. Staff
 - 1. On going education
 - 2. Satisfaction
 - 3. Manner of care

F. Environment

1. Unlocked access to outdoors
2. Safety
 - a. Hallways clear
 - b. Floors dry - not slippery
3. Autonomy
 - a. All staff knock
 - b. Allow choice of whereabouts
4. Overhead paging at minimum
5. Odors controlled

RESIDENT ENVIRONMENT

Our special care unit encompasses among other things, a customized living environment that is designed to meet the unique needs of older adults with dementia. This includes: the utilization of space to meet the needs of residents and staff, furnishings that are designed for and maximize the functioning of older adults, and a physical design that enhances programming. Manifestation of this approach is exhibited in:

- A home-like atmosphere that allows residents to personalize individual living space areas.
- Living areas that are safe, well lit and minimize the possibility of over stimulation.
- Access to a secured outdoor area.
- Living areas that are peaceful, with minimal noise and confusion generated by caregivers and visitors.
- Establishment and maintenance of the dignity and privacy of residents.
- Fostering social relationships and roles, promoting pleasant and positive interactions between residents and staff.
- Availability of adaptive equipment to assist residents in overcoming physical and cognitive limitations, thus encouraging and promoting independence.

The per diem rate is \$110.73.