

STRATEGY 3:

CONNECT WITH RESIDENTS CELEBRATE LIVES



Change Concepts

- 3.a Treat residents as they want to be treated, remembering that your facility is their home.
- 3.b Foster relationships.
- 3.c Create connections with the community.
- 3.d Provide compassionate end of life care.

3.a Change Concept: Treat residents as they want to be treated, remembering that your facility is their home.

Action Items

Welcome new residents

- 3.a.1 Prior to or soon after a new resident arrives, gather not only clinical information but also personal history, preferences, etc. Do so in a way that is more of a welcome than a business or clinical encounter.
- 3.a.2 Welcome new residents by creating opportunities for them and the staff to get to know each other. For example, have a welcome gathering to introduce the new residents. Even people anticipating a short stay will benefit by being known by others who live and work at your home. Ask residents, and their families as appropriate, what information they would be comfortable having you share about their history with others who live there. Share about their psycho-social assessments and preferences with staff.

Know residents as individuals

- 3.a.3 List residents' choices and preferences related to all aspects of their daily lives. For example, wake time, food preferences, activities, bathing and sleep time.
 - Have the information available before the first evening so staff can honor the resident's preferences for going to sleep and waking up from the first day onward.
 - Keep all disciplines/staff informed and updated on residents' preferences and progress so they can relate to the whole resident using processes such as 24-hour report, daily stand-up, huddles, and interdisciplinary team meetings.
 - Use this information to schedule appointments and organize daily care and services.

Know
Residents as
Individuals

- 3.a.4 Develop communication strategies where all staff can make observations or share information about a

resident with other staff to support individualized quality care. Use the information gained to update the individualized care plan, by the end of the shift in which the information is gained.

- 3.a.5** Create a household notebook that provides information about the person's life (similar information you may see in an obituary but don't have to wait till they die to learn it; for example, attributes, hobbies, accomplishments of resident's life). Make sure to get the residents permission to share this and follow all data security and confidentiality requirements. Make sure this information has been incorporated in the individualized care plan.
- 3.a.6** Publish a birthday list that includes resident and staff birthdays to honor and celebrate each others' special day.
- 3.a.7** Create a game to help people get to know each other. For example, share pieces of a biography of a resident and ask staff to identify them (or vice versa), or identify a baby picture.
- 3.a.8** Learn from family members to care for residents as they know them.

Set expectations and support staff to meet those

- 3.a.9** Organize and align operations with residents' routines. Ensure staff can honor resident preferences and have the expectation that everyone will help them (staff and residents) do so.
- 3.a.10** Make prompt response to resident's needs as top priority.
- 3.a.11** Train staff that their appropriate response to resident's requests are positive, for example, "Thank you for asking. Let me see what I can do."
- 3.a.12** As part of the first day orientation for new staff, tell stories on how residents' desires have been met. For example, how an opportunity was found to provide a way for a resident to do something special.
- 3.a.13** Create an environment where greeting with a smile and making eye contact is the norm to show that you value residents.
- 3.a.14** Use words that reflect that this is the resident's home. For example:
 - Use avenue, neighborhood, or household instead of unit.
 - Describe the resident as moving in rather than being admitted.
 - Use the word 'encourage' that supports the concept that residents are in control of their own choices.
 - Explain that staff assists with eating rather than feeds the resident.
 - Consider term like "resistance to care" to be a red flag that something is not working for the resident instead of that they are "resistant."
- 3.a.15** Conduct care conferences in the location most comfortable to the resident and best promotes openness and sharing. For example, in the resident's room. This also makes it accessible to the CNA caring for the resident, and promotes their attendance.

Provide structures for resident engagement

- 3.a.16** Promote bi-directional relationships between residents and staff. For example, a buddy or guardian angel program that matches residents and staff persons in a long-term relationship. Allow staff paid time to nurture these relationships.



- 3.a.17** Create a “Resident Life Committee” composed of residents and staff who come together to discuss any issues or ideas created by individual neighborhoods or the overall nursing home. Use their suggestions to make changes that contribute to the residents’ quality of life. For example, adding their favorite foods to the menu, arranging for a requested music event, etc.
- 3.a.18** Create opportunities for the residents to “give to others” and promote meaning in life. This is about reciprocity, fundamental to relationships. For example, garden and produce food that is part of the meal, help gather food for food shelf drive, participate in creating a gift when someone living or working at the home has a family baby arriving, select name from local or internal giving tree at holiday times so that staff and residents share the holiday as a community, help staff with English as a second language needs, collect or provide donations for individuals/groups in need.
- 3.a.19** Feature a resident monthly at household meetings along with their family present to provide an opportunity to meet everyone and talk about their lives and interests.
- 3.a.20** Celebrate different staff and resident cultural traditions as a way to better understand and appreciate differences and similarities. For example, sharing foods, customs, and traditions.
- 3.a.21** Support residents to become involved and celebrate life events of staff such as weddings, births, etc.

3.b Change Concept: Foster relationships with families.

Action Items

- 3.b.1** Welcome and encourage family members to communicate with staff and the resident.
- Provide staff contact information, including who to contact when.
 - Proactively initiate frequent communication with family members (regular calls or meetings) and discuss all aspects of resident care and life.
 - Create “two-way” communications – sharing with family and listening to their opinions and concerns.
 - Provide feedback to families – if you say you are going to follow-up, do so, and let them know what you found out.
- 3.b.2** Encourage families and friends to feel welcome and “at home” when visiting.
- Invite family and friends to visit anytime, eliminating visiting hours for resident’s family members.
 - Give family information on how to access the building at times when doors may be locked.
 - Provide access to beverages, comfortable places to visit.
- 3.b.3** Provide family members with ideas of activities to do with residents when visiting, especially for family members of residents with dementia who may not be able to express their needs in words. For example, help them decorate their room, bring in the family pet for a visit, share family photo albums, share stories, or join them for coffee in the dining room.
- 3.b.4** Invite family members to activities that the resident enjoys and would enjoy having family members with them at as well.
- 3.b.5** Invite family members to witness and provide care as they and the resident desire and in accord with the resident’s wishes.
- 3.b.6** Routinely seek resident/family input and participation in your continuous improvement efforts.

3.c Change Concept: Create connections with the community.

Action Items

- 3.c.1** Ask for suggestions from residents and families about activities they would like to attend in the community and follow up on their suggestions and provide transportation. For example, trips to see the changing colors of the leaves, a shopping trip, attend religious services, attend a community event, or attend a local play.
- 3.c.2** Ask for suggestions from residents and families about community members or groups they would like to invite to the nursing home and follow-up on their suggestions. For example, invite local social, religious, business, and other special interest groups (Red Hat Club, Ladies Aide groups, Kiwanis, Masons, card clubs, schools) so residents can participate and be informed about community news, activities, and events.
- 3.c.3** Make use of available technology. Use video streaming to broadcast the religious services at the nursing home allowing residents to participate in real time. Provide easy access to the internet to residents.
- 3.c.4** Be active in your local community to increase awareness and understanding of the services and care you provide and who your residents are. For example, at health fairs, with the Chamber of Commerce, or at the senior center(s).
- 3.c.5** Establish discussion groups of interest to residents. For example, an ecology club. Invite community members to participate.

3.d Change Concept: Provide compassionate end of life care.

Action Items

- 3.d.1** Provide on-site training for staff on the death and dying topic to aid them in providing compassionate care to the dying resident and supporting family members and each other. Share all the ways you support the resident, family and staff through the process and seek any ideas for more that can be done.
- 3.d.2** Encourage empathy by training staff to ask themselves what they would want if they were in the resident's or family's position.
- 3.d.3** Support the staff members as they provide care for the dying resident and after the resident passes away, acknowledge their care and presence and feelings.
- 3.d.4** Develop a system for ensuring that the dying resident is not alone (honoring resident's preference) – include family, staff and volunteers. Have a signup sheet for volunteers/staff to take shifts if the family is not available. Encourage the family to step away from the bedside for their meals, etc. by providing someone to sit with their loved one while they are gone. Be present with the resident and family so that they are not alone.
- 3.d.5** Provide comfort items for the family/representatives staying with the resident. For example, food, water, and/or blankets.
- 3.d.6** Involve clergy/pastoral care staff in support of staff as well as resident & family during the dying process. Also, provide access to faith resources 24-hours a day.