

Dementia Special Care Unit

Frequently Asked Questions

Disclosure

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Hebrew Health Care, Inc. has a 42-bed secured, dementia special care unit (SCU) located on the south wing of the fourth floor (4 South). Below are answers to frequently asked questions about what makes the unit a special care unit, including programming, staff training, environment and our unique GeriCentric Care approach to caring for persons with dementia and their families.

1. What is the philosophy and mission of the SCU?

The Dementia Special Care Unit (SCU) first follows the mission of Hebrew Health Care which provides the community with a broad spectrum of exceptional health care and aging services tailored to the needs of each individual. Until there is a cure for Alzheimer's disease and other dementing illnesses, we focus on improving the well-being of individuals and assisting them in meeting the challenges of their late-life stages. The staff of the SCU has written their own mission statement: 4 South Provides an Environment for Adults that is Caring, Endearing, Friendly, Understanding and Loving (PEACEFUL). We live our mission through meaningful activity, a supportive environment, function-oriented care and comfort management. The framework of the SCU is based on unconditional positive regard for all persons. We believe that people living on the SCU are still completing stages of life, and we are here to support them, within their individual capacity and culture, by anticipating needs and providing comfort, love and security.

Our SCU philosophies are grounded in Hebrew Health Care's GeriCentric Care philosophies, where the best interests of the older adult are in the center of all decisions. We base our approaches on the most up-to-date, best practices in dementia care from evidenced-based research. We utilize interventions such as establishing structure and routines, simplifying tasks, redirecting and providing environmental controls. We also know that communication, coordination and cooperation with the health care team, residents and families are crucial.

2. Are there specific admission criteria?

Yes. All applicants must provide general admission information required for all Hebrew Health Care admissions (required state forms, financial documents, pre-admission physical, etc.). In addition, SCU applicants are assessed prior to admission to determine how we can best meet their needs. This assessment includes personal interview, meeting the applicant and medical report obtained from applicant's physician or health care professional. For an applicant to be admitted to the SCU she or he must:

- ☐ have a diagnosis of Alzheimer's disease or related dementia;
- ☐ be able to follow simple, one-step directions independently or with verbal or physical cueing;
- ☐ be able to understand the mechanism of toileting;
- ☐ be able to complete at least one activity of daily living (ADL) in addition to toileting with minimal assistance (e.g. bathing, grooming, dressing, eating, ambulating, or transferring, etc.);
- ☐ benefit from a structured environment and special activity programs;
- ☐ not require frequent transfers out of the unit for diagnostic testing and treatment;

- ☐ not have feeding tubes.

Since wandering is a frequent problem for people with middle to late stage dementia, the SCU is a secured unit with magnetic-controlled locks on the main and stairwell doors (see question 7). We are skilled at behavior management and we believe that all behavior has meaning, yet we know that certain behaviors result in significant risk. Our ongoing assessment determines if: a) behaviors have an identifiable trigger; b) the kind of action the trigger results in (e.g. vocally disruptive, aggressive); and c) whether or not the trigger can be managed through validation, redirection and diversional activities.

3. Under what circumstances are residents discharged from the SCU?

Appropriateness of placement on the SCU is reviewed at each interdisciplinary meeting. Discharge is considered on a case by case basis. Residents may be discharged when any of the following criteria are met. The resident is: unable to benefit from the structured environment; unable to benefit from unit activities; a danger to self or others; is in need of total care for completion of ADL's (e.g. toileting, bathing, grooming, dressing, eating, ambulating or transferring) *and* another resident in the building requires transfer to 4 South for safety (e.g. wandering). Residents may also be transferred when a medical condition requires alternate placement (e.g., hospitalization, IV therapy or feeding tube placement).

4. How do you determine what care residents need?

The nursing staff cares for each resident in a holistic manner, using an interdisciplinary approach. The staff completes a comprehensive assessment of many areas, including nutrition, cognition, mood, functional abilities, medical care needs, and preferred activities. The interdisciplinary care plan team consists of medical staff, nurse, social worker, dietitian, recreation therapist, resident, and family (and other health professionals and clergy as needed). The team meets to review assessments and goals. A plan of care is developed based on needs with specific interventions or approaches to help the resident meet the goals. We consider the resident and designated family members integral and important members of the care planning team. Input of family and advice of other professionals is encouraged. The care plan is created within the first 21 days of admission, and is then revised as needed and reviewed at least quarterly. Resident and family rights are considered at all times. If a resident's condition changes, the nurse reviews the care plan and adjusts approaches or goals. If the change is significant, the nurse will call together the entire team, including resident and family, to review how the change affects each area of the resident's life.

5. Are the staffing ratios different on the SCU?

Yes, they are higher than on other long term care units. The regular schedule is increased by one certified nursing assistant (CNA) on day and evening shifts, in addition to an activity aide who works from 10am-6:00pm seven days a week. The resident to CNA ratio for day shift is 7:1 and for the evening shift is 8:1. In addition, we frequently adjust staffing to acuity and may add other staff at flexible shifts (e.g. 4a-noon). When you add in the other staff regularly on the unit (2 nurses, a nurse manager, a unit secretary, the activity aide, housekeeper, and porter) the resident ratio to staff members is more like 4:1. Other care providers on the unit may include physicians, nurse practitioners, medical students, dietitians, social workers and therapeutic recreation directors.

6. What kind of training does the staff receive?

Hebrew Health Care has a comprehensive orientation for new employees and annual mandatory classes on infection control, residents' rights, abuse prevention, safety and other state and federally mandated minimum inservices. In 2003 we initiated minimum dementia competencies for all staff, and since then those competencies on dementia care have been integrated into our

new employee orientation. In addition, the staff assigned to the SCU receives an additional eight hours of specialized training in dementia care annually, plus two hours of training annually on recognition and management of pain symptoms. Annual training is also provided to staff members of the environmental services, laundry and plant operations departments. Information updates are available: through our email-based newsletter “Alz You Need to Know” which is generated for Hebrew Health Care employees; through our “Companion Radio” program stations; through monthly inservices throughout our health care system; and finally through our dementia care resources library. Several key staff throughout our organization have also participated in extra national credentialing and are Certified Dementia Practitioners (CDPs).

7. What is special about the environment on the SCU?

We strongly consider the environment in the holistic care of residents with dementia. We know that too much stimulation, or too little, has a strong impact on the well-being of anyone, but especially people with dementia. While a secured door may seem severe, we strive for the environment to be prosthetic; we adjust the environment to support the changes or needs of our residents. For example, time clocks are not on the SCU. We made the change in 2002 when we realized how many residents became agitated or restless with change-of-shift. Simply by removing the time clocks, and subsequently the conversations that residents heard at shift change, we significantly reduced negative effects on the residents. We also have a stringent overhead-paging policy; because paging is intrusive, disruptive, and not at all homelike, paging is utilized only under certain circumstances. We also try to control the environment to minimize other triggers to agitation. A perfect example of this is the television: we have an “approved stations” list. We do not want residents watching negative talk shows, soap operas or news programs with content that is upsetting to them. If a resident specifically wants to watch a soap opera for example, we will help the resident to his or her room, or to the TV lounge; in the large day room, we discourage such programming. We do have an extensive library of movies and music appropriate for our residents’ ages, stage of dementia and interests. We utilize movies and music in a planned schedule of the day. In general, we hope the environment is PEACEFUL and supportive for the diverse needs of our residents.

8. Are different activities available on the SCU?

Yes. In addition to regular activities provided by the recreation department, we have an activity aide who works 10:00 a.m. to 6:00 p.m. daily. That position was designed to enable residents to have meaningful activity throughout the day, to stimulate engagement on the unit and specifically to cover the hours of “sundowning” when residents can become more restless, more apt to wander. We utilize Montessori-based approaches in many of our activities, layering familiar items from the environment to help stimulate preserved memory and cognitive skills. Some of our residents’ favorite activities include: Zen Yoga, reading groups, Mind Stretchers, Zen gardening, Time Slips (creative writing), word games, musical memories/sing along, among various other activities.

We are also currently able to offer a special program on the SCU. Through a grant from the Jewish Community Foundation made possible through the generosity of Albert and Rachel Shulman and family, ***A Fresh Canvas: Alzheimer’s Arts Program*** is an innovative new program. Each week, residents are offered activities in music therapy, art therapy, and dance/movement therapy provided by contracted consultants. The consultant therapists work with residents and staff to help encourage constructive engagement and track well-being indicators.

Our activity program is designed and implemented by multiple disciplines, including recreation therapy, nursing and dementia care services. Our first goal is that activities be meaningful to the residents. Our next goal is to meet more than leisure needs: residents need to feel useful and have

life-skills utilized if possible; residents need cognitive stimulation; residents need physical activity. Above all, we focus on the process, not the product. We design programs that foster opportunities for success. We also adjust programs based on residents' expressed feedback as well as non-verbal reactions.

We have also added a multi-sensory environment (like a Snoezelen Room). On the unit we have a special space with activities to stimulate or relax the residents. The families can also be trained to utilize these techniques during visits.

9. How can I stay involved with my family member?

When someone is admitted to a long term care facility, we believe that families do not give up their caregiving responsibilities, but become a different kind of caregiver. Beyond being a member of the care planning team, families help us gain insight to help maintain the personhood of our residents. We rely on families for things as simple as helping make the residents' rooms homelike and familiar to them, to more important things like explaining cultural rituals or family traditions. While we know that families want to stay involved, we also recognize that families have other dynamics which may become an issue at some point. Please work with us and let us know what we can do to help you. If a family member is uncomfortable coming into a nursing home, we can help arrange for visits outside of the unit. If a family member is grieving over losses, we can refer you to our Alzheimer's Association-affiliated support group. Perhaps this is the first time you have had for respite and you need a break from visiting. We will work out a schedule to help you stay informed and reassure you that we are caring for your family member without coming in to visit and staying for hours. The best thing you can do is develop a relationship with our family: the nursing staff and other professionals caring for your family member. As we earn your trust, we know that you will start to feel that our families are united, under the most difficult circumstances, to provide the highest quality of life for the person you love.

10. How much is the cost difference for residents on the dementia SCU?

At this time there is no cost difference. The room rate is the same as all of our other long-term care units.