

DementiAbility Implementation at Royal Rose Place



Changing The Way We Approach Care

Administrator: Helen Jovicich

Life Enrichment Coordinator: Carina Ervine CTRS, BRLS (Major
in Therapeutic Recreation)

Jarlette Health Services

Everything we do is with
Commitment and Passion

We Treat People with Respect

We are Proactively Accountable
and Responsible

We Always Strive to do the
Right Thing



Jarlette Health Services

"It was much more than a business to Bobbie and I, it became something of a family legacy. Two generations of our family all play a critical part in continuing our work. Our core philosophy of caring has extended throughout our corporate culture all the way to our vendors, partners and employees, and is one of the keys for our continued success."

- Alex Jarlette - Founder

Our Core Purpose is to make an outstanding difference in the lives of others.



Jarlette Health Services

Alex and Roberta Jarlette purchased their first long-term care home in Midland, Ontario in 1970. Within 48 years, together they have built 14 long-term care homes and 6 retirement lodges across Ontario. It was the success of providing a family orientated and giving compassionate care in their facilities that allowed them to build a successful healthcare service industry. We are looking forward to celebrating our 50th anniversary in 2020!



Royal Rose Place

- We opened our doors on June 28th, 2016 with 4 residents moving in per day until we were at our 96 resident capacity within a months time.
- Our home is fully integrated with residents ranging in various cognitive and physical abilities.
- What does this mean?
 - We do not have a designated “Dementia Care Unit”.
 - All three home areas have required passcodes in order to exit the unit. If a resident is able to memorize the code they can exit independently.



Royal Rose Place

Why is integration important and what are the benefits?:

- Compassion is a natural instinct in most individuals. We are able to watch residents support one another without encouragement from staff members.
- Our residents with a higher cognitive ability are able to find meaning as it gives them a sense of purpose when assisting one another. This allows us to provide a family like environment within the home.
- As the residents abilities change, we firmly believe that their living environment should remain
 - Adjusting to a new environment for any individual can be challenging especially for those diagnosed with Dementia.
 - Friendships and rapport are built over time, between staff members and residents. When new staff members are assigned to residents, it can alter the care being given and responsive behaviors can arise.
 - If a resident were to transfer units once their Dementia progresses, it may become difficult for staff to explain to one another the specialized care they provide to the resident. Example - recognized personality traits of one staff member cannot be transferred to another, resulting in confusion to the resident.

Royal Rose Place

Why is integration important and what are the benefits? (Continued):

- Our All About Me posters support the residents sense of belonging within the home.
 - It can become difficult for residents diagnosed with a form of Dementia to retrieve memories about their family, career and hobbies. With the All About Me Poster, residents can read one another's biographies to learn about one another.
- We are able to accept a wide range of individuals into our home as we do not segregate.
- We provide our residents with coping strategies on how to live with residents who have a form of Dementia
 - We facilitate a program titled “Sharing Our Home” which is a support group solely for our higher cognitive residents
 - Within this program we facilitate a cognitively stimulating activity such as Jeopardy
 - After the Jeopardy game, we will ask residents how their experience has been living in an integrated home. They are able to share stories with one another and provide support.
 - The facilitator will provide residents with coping strategies in regards to residents wandering into their rooms, how Dementia affects different individuals and how to converse with residents living with Dementia

Dementia Ability at Royal Rose Place



What is Dementia?

“According to the Alzheimer’s Association”, Dementia is a term that describes a decline in cognitive ability that causes a progressive inability to engage in activities of daily living. Dementia causes and affects each individual differently. Symptoms such as; memory loss, a decrease of attention span, difficulty conversing, loss of visual perception, loss of ability to reason and problem solve are a few examples. These symptoms are caused by progressive damage to the cells in the brain, which in turn does not allow the cells to communicate properly. Depending on the location where the brain cells are damaged, it determines the type of Dementia that the individual is diagnosed with.

Changing The Way We Approach Care

At Jarlette Health Services we believe in creating an environment that focuses on **abilities** rather than impairment, we are able to promote success for our residents living with dementia. In essence, our staff puts great effort into preparing and staging the environment around the individuals in our care to ensure that experiences are both meaningful and rewarding every day.



Changing The Way We Approach Care



By combining individualized interest and past experiences, we place an **emphasis** on the **abilities** that are often left intact as dementia progresses.

Our professional and trained staff is able to create opportunities for residents to maintain a level of independence within their own home. In turn, positive emotions and a sense of fulfillment will be experienced during a task.

Changing The Way We Approach Care

This philosophy of care is not unique to our Life Enrichment Department and our approach to recreation service delivery. As we change the way we approach care, all departments providing services to our residents will look to implement DementiAbility Methods into their daily operations.



What is DementiAbility?

- Based on the research and findings of Dr. Maria Montessori and Dr. Cameron Camp, Gail Elliot founded DementiAbility Enterprises Inc. in 2012.
- Over the years, Gail has been traveling the world educating long-term care homes, retirement homes, seniors day centers and others on how they can create a “home like” atmosphere and focus on the individual's abilities and set them up for success.
- With the use of environmental cues, activity setup and other DementiAbility materials, organizations can work together as a multidisciplinary team to ensure the proper implementation of DementiAbility Methods: The Montessori Way.
- “What we do for you, we take away from you”

Changing The Way We Approach Care

- Life Enrichment Department -

Resident Recreational & Social Activities Assessment Profile:

- The Life Enrichment Department is the main driver of DementiAbility Methods within our home. When a Resident moves in, we collect the Residents information through an initial assessment which includes questions about the residents leisure attitudes, past leisure experiences, preferred environments and programs of interest.

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JARLETTE HEALTH SERVICES
Resident Recreational & Social Activities Assessment Profile
(Including 'All About Me' – My Life in Facts and Photos Information)



Section One: Personal Background Information

Name: Mr./Mrs./Miss/Ms: _____ Preferred Name: _____ Room #: _____

Admission Date: _____ Admitted From: _____

Date of Birth: _____ Place of Birth: _____

Hometown: _____ Ethnicity/Culture Values: _____

Religion: _____ Place of Worship: _____

Worship Attendance: Daily Weekly Monthly Special Occasions Never Participated in the past

Marital Status: Never married Married Common-Law Divorced Separated Widowed Unknown

Anniversary Date: _____ Name of Spouse: _____ If widowed, date of when: _____

1. Information about family (parents, children, grandchildren) and other family or friends. Do you have support from family?

2. Information about early years of life, education (what level), programs studied, school memories, childhood memories, pets?

3. Former occupation, first job, volunteer work, accomplishments, awards (personal, career), associated with clubs/organizations?

Resident
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4. Information about adult years (social events, first dates, dances, favourite memories special celebrations, traveling, friends)?

5. My favourite things (food, pets, things I collect, books, people, movies, songs, sports, destinations)?

6. Things I do not like (phobias, fears, food, people, traumatic life experiences)?

7. Things I like to do or liked to do in my past? How did or do I spend my free time (vacations, trips, sports, arts, culture, movies, concerts, television shows)?

8. What do you want me to know about you (special skills, talents or interests, personality, favourite saying, fashion and style, biggest risk you ever took, greatest adventure, cultural/ethnic values or practices)?

9. What are you most proud of?

Created: November 2012 Revised: September 2017

Resident
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Section Two: Recreation Participation Level

Recreation Barriers: Perceived (P) or Actual (A)	
• Language	• Vision
• Inappropriate Behaviours	• Hearing
• Lack of Confidence	• Mobility
• Religious Beliefs	• Communication
• Lack of Interest	• Pain
• Attention Span	• Literacy
• Attitude towards Leisure	• Family Support

Other barriers to be aware of?

Participation Level		✓
Active	Actively participates, responsive/eye contact, alert, enthusiastic, willingly participates	
Passive	Fringe participant; prefers to observe only requires staff encouragement	
Independent	Does not require physical support from staff or peers to participate- special adaptations	
Dependent	Requires special adaptation and physical assistance from staff to participate	

Setting	✓
One to One	
Small Group	
Large Group	
Own Room/Independent	

1) What time of the day works best for you? __ morning __ afternoon
__ evening __ anytime

2) Are there better days of the week for you (medical)? __ Mon
__ Tues __ Wed __ Thurs __ Fri __ Sat __ Sun

3) Are there any supplies that the Life Enrichment Staff could provide you to help you pursue your recreation interests (books, word searches, trivia, crosswords, computer access, transit information, library information)? _____

Section Three: Leisure Interests

Cognitive <input type="checkbox"/> Cards <input type="checkbox"/> Dice <input type="checkbox"/> Board Games <input type="checkbox"/> Bingo <input type="checkbox"/> Puzzles <input type="checkbox"/> Checkers/Chess <input type="checkbox"/> Trivia <input type="checkbox"/> Orienteering <input type="checkbox"/> Other _____ _____	Creative <input type="checkbox"/> Painting-Watercolour/Acrylic <input type="checkbox"/> Drawing <input type="checkbox"/> Knitting <input type="checkbox"/> Crocheting <input type="checkbox"/> Sewing <input type="checkbox"/> Cross stitch <input type="checkbox"/> Wood working <input type="checkbox"/> Metal Work <input type="checkbox"/> Cooking/Baking <input type="checkbox"/> Photography <input type="checkbox"/> Other _____	Music, Art & Social <input type="checkbox"/> Classical <input type="checkbox"/> Country <input type="checkbox"/> Old Time <input type="checkbox"/> 1970's <input type="checkbox"/> Rock <input type="checkbox"/> Singing <input type="checkbox"/> Dancing <input type="checkbox"/> Museums <input type="checkbox"/> Playing Instruments <input type="checkbox"/> Concerts <input type="checkbox"/> Other _____
Emotional <input type="checkbox"/> Group Discussion/ Reminiscing <input type="checkbox"/> Library- Visiting / In house <input type="checkbox"/> Meditation <input type="checkbox"/> Family Visits <input type="checkbox"/> Skype/Facebook/Facetime <input type="checkbox"/> Intergenerational programming	Spiritual/Relaxation <input type="checkbox"/> Spiritual Services <input type="checkbox"/> Religious Study <input type="checkbox"/> Prayer <input type="checkbox"/> Visitation by Religious Leader <input type="checkbox"/> Spiritual Singing <input type="checkbox"/> Yoga/TAI CHI	Physical <input type="checkbox"/> Fitness <input type="checkbox"/> Walking <input type="checkbox"/> Bowling <input type="checkbox"/> Shuffleboard <input type="checkbox"/> Horseshoes/Ring Toss <input type="checkbox"/> Sport Played

Created: November 2012 Revised: September 2017

Resident Recreational & Social Activities Assessment Profile

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Department -*

	Name: _____		
	Date: _____		
Interests	Past	Present	Notes
Gardening			
Playing cards			
Cooking			
Baking			
Animals			
Children			
Volunteering			
Helping others			
Listening to Music (what type?)			
Reading (what does he/she like to read?)			
Swimming			
Browsing the internet			
Yoga			
Crafts (Favourite types?)			
Dancing (Favourite types?)			
Wood working (what types of projects?)			
Nature (specify)			
Collecting (stamps, coins etc.)			
Watching Movies (what types?)			
Travelling (favourite destinations?)			
Fishing			
Knitting (basic/advanced?)			
Hockey (Playing or watching)			
Bowling			
Planning parties			
Attending parties			
Outer space/Astronomy			
Scrapbooking			

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Nutrition and health			
Wine tasting			
Photography			
Playing an instrument (guitar, piano etc.)			
Camping			
Riding a motorcycle			
Working out (specify)			
Golfing			
Fashion (hair and makeup)			
Shopping (for what?)			
Celebrity news			
Bingo			
Comedy (elaborate)			
Going to the cottage			
Going to the theatre			
Acting in a play			
Hiking			
Puzzles			
Painting (what types?)			
Creative arts (elaborate)			
Writing (what does he/she like to write about?)			
Bird watching			
Learning new things			
Keeping my brain active			
Talking on the phone			
Doing email			
Surfing on the computer			
Using a tablet/iPad/etc.			
Sending text messages			
Trivia			
Singing			

Other:

Top 5 – 10 Interests: (list or circle or rate 1 – 5 or 1 – 10)

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Life Enrichment
Common Programs - Initial Assessment
Colborne & Robinson

Sunday

Holy Communion
Euchre
Manicures
Moving to Music

Monday

Sit & Be Fit
Reading Circle
Pet Visits
Faith Welland Church Programs
Knitting Club
Cutlery Rolling

Tuesday

Pet Visits
Sit & Be Fit
Men's Shed
Music Therapy
Bingo Night

Wednesday

Breakfast Club
Special Take Out Lunch
Sit & Be Fit
Bowling
Entertainment

Thursday

Chaplain Visits
Sit & Be Fit
Catholic Mass
Meal Prep
Pet Visits
Nursery
Moving to Music

Friday

Sit & Be Fit
Bingo
Movie Night

Saturday

Chaplain Visits
Non-Denominational
Service
Baking Club
Moving to Music

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I am fine.

How are you?

What a nice day.

Tried and true.

Live, laugh and learn.

Smile and the world smiles with you.

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Sight and Reading Ability Assessment

Client Name: _____ Phone: _____

Address/Room Number: _____

INSTRUCTIONS:

First of all, you should try to find out the following before you begin:

- Could this person read prior to being diagnosed with dementia?
 - Yes
 - No
- What language(s) did he/she read?
 - English
 - French
 - Other
- Does he/she need glasses? () No () Yes
 - For distance
 - For reading
- Are his/her glasses clean? If not, please clean them before you begin.

Ask this person if he/she **would** help you to determine the best size of print needed for people to see. Point to one sentence at a time, starting at the top of the page, with the largest size font. Use only the sheet with the six statements. Record your findings after you have completed the assessment.

Size of Font	Check if he/she read full sentence.	If he/she didn't read full sentence, circle which words were seen.
72 point	I am fine.	I am fine.
48 point	How are you?	How are you?
36 point	What a nice day.	What a nice day.
24 point	Tried and true.	Tried and true.
16 point	Live, laugh and learn.	Live, laugh and learn.
12 point	Smile and the world smiles with you.	Smile and the world smiles with you.

() Could not read these sentences.

Resident
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Changing The Way We Approach Care - Life Enrichment Department -

All About Me- Questionnaire :

- Upon admission, our Residents and Family Services Coordinator provides the resident and family the “All About Me” questionnaire .
- Once completed and returned, we combine all of the information from the initial assessment and the All About Me questionnaire to create a care plan specific to their needs in order to maintain or improve their quality of life.
- We are also provided with the information needed to create an “All About Me” poster for the resident.

All About Me!

This is a booklet about my life!

Share life stories with family, friends and staff!



Name: _____

Date: _____



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THE EARLY YEARS

1. Details about when and where I was born.
2. Information about my parents and other family members.
3. Life at home in the early years of my life, including memories about siblings, friends, school memories and other childhood memories.
4. School memories, educational pursuits, first job, career and/or volunteer work.

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The Adult years

5. Special memories about adult life (such as first love; special friends; favourite people; special celebrations).

6. Favourite social events and activities. My favourite memories.

7. My favourite things (foods, pets, things I collect, destinations, books, people, movie stars, singers, movies, etc.)

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Things I do not like!



Things I like to do. How do I like to spend my free time? Vacations, trips, sports, arts, culture and travels.

Special skills, talents and/or interests.

Other: Favourite memories; things I want people to know about me; etc.

Created by:

Gail Elliot, BAsC, MA, © 2012
Dementiability Enterprises Inc.

To order additional copies:

www.dementiability.com

or info@ndementiability.com

Changing The Way We Approach Care - Life Enrichment Department -

Changing The Way We Approach Care - Life Enrichment Department -

All About Me – Poster:

- An “All About Me” poster is then created and placed outside the residents room for all staff and visitors to view.
- We have created a basic template that describes what information should be placed in each section of the poster. This allows for consistency and simplicity.
- Working alongside the resident and family members during the creation of the poster is crucial. Especially when collecting the photos, they wish to place on the poster.

All About Me Poster Examples

Rachel 

-Room 



Birthdate: February 13, 1922
Hometown: Willow Bunch,
Saskatchewan
-Has 5 children

*The very first resident of
Royal Rose Place, arriving June
28, 2016.

and...

-I became a hairdresser and joined my mother at her "Paris Beauty Salon" and enjoyed that career until my retirement.
-I inherited the most remarkable singing voice from my father, and from the age of eighteen I sang solos at churches and at different social events.



Things I like: Piano, growing roses & knitting, crocheting and embroidery. I love to play cards (Euchre & Rummy)

Things I want people to know about me: I like and enjoy people and that I notice and sincerely appreciate all the services (big or small) rendered to me.



Chester



Room



I was born July 20th, 1925 in Poland and moved to Canada at age 2.
I love talking about my loving wife Ann and family.

I enjoy music, especially Polka
I love Polish Culture, and its food like pierogies, and cabbage rolls
I use to travel across the world, my favourite place was Fiji. I also took a lot of pictures and involved in a photo club

I am a Veteran of the navy
I worked in a paper mill for 42 years and was a volunteer firefighter and also assisted the Red Cross as an instructor.
I was a part of four separate tennis clubs with my wife.



Changing The Way We Approach Care - Life Enrichment Department -

DementiAbility Activities:

- Create and implement DementiAbility activities with its assigned “Cueing-Card” and “How To Setup” document. Placing them on the unit activity tables daily and hourly with the assistance of other departments.
- Life Enrichment will organize and maintain DementiAbility activity buckets and shelves on each unit daily.



"How To Setup " Document

Cutlery Sorting Activity

1. Invite resident to join the activity by saying "Would you like to sort the cutlery?"
2. Do not overwhelm the resident with too many items to sort. You want to set them up for success. Start with a small pile .
3. Empty the cutlery tray on the table in front of the resident. Place one utensil in each compartment. One large spoon, one fork, one knife and one small spoon. Keep the remaining cutlery off to the side of the tray. 4. Demonstrate activity to the resident by placing the cutlery in the correct compartment. Do this as many times as needed.
4. Give resident a piece of cutlery to place in the tray on their own (with assistance if needed).
5. Once Resident is engaged, understands the activity and is able to complete the activity independently, they can be left alone.
6. Upon return , if the resident has completed the activity, be sure to tell the resident "Thank you! You did a great job! Would you like to organize more cutlery together?" - If resident requires further assistance, please provide it.
7. When the Resident has completed the activity, place it back in the bucket labelled- Cutlery Sorting Activity.
8. Set Resident up with another activity

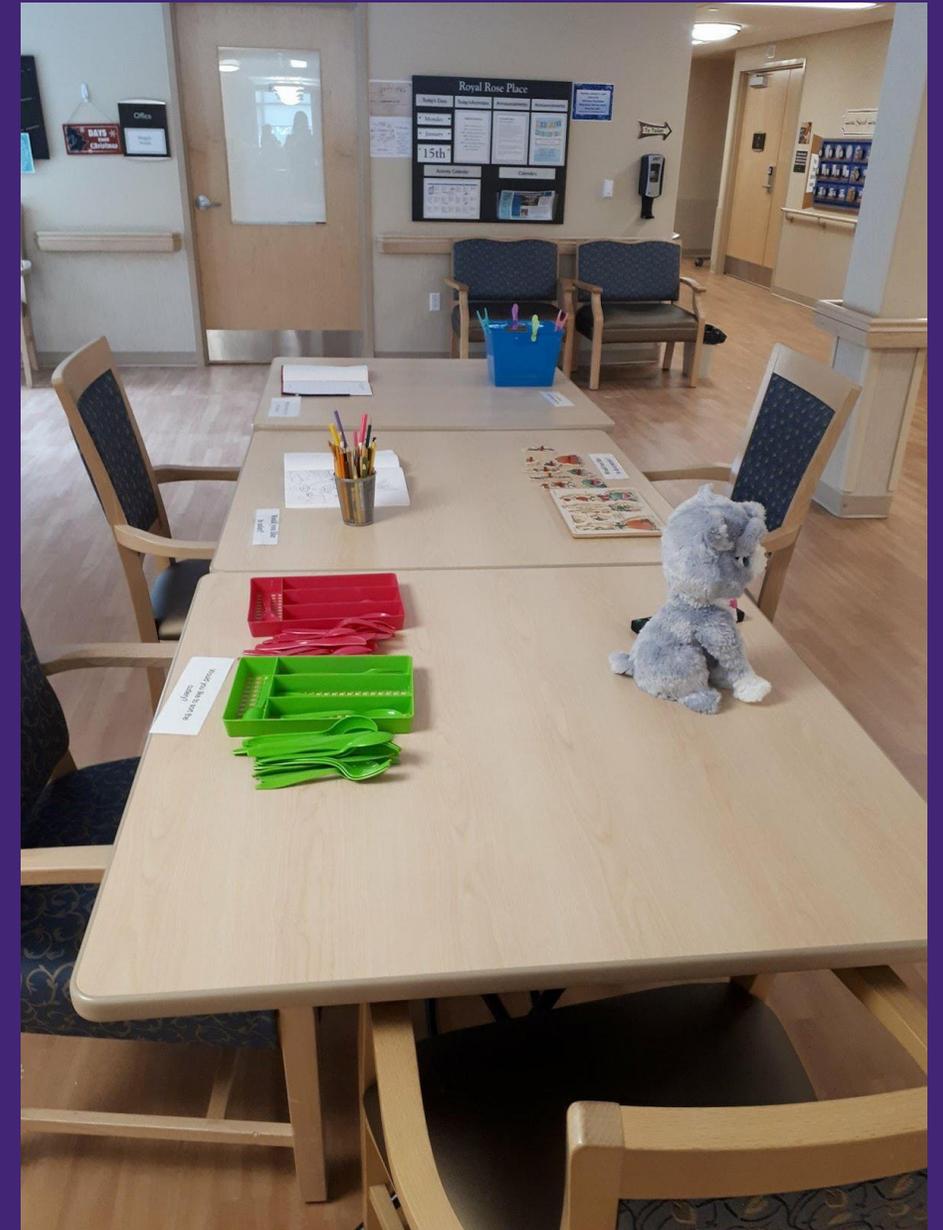
"Cueing- Card" Examples

Would you like to sort
the poker chips?

Would you like to
colour a picture?

Would you like to sort
the cutlery?

Changing The Way We Approach Care - Life Enrichment Department -



How we setup an activity table

Changing The Way We Approach Care - Life Enrichment Department -



Puzzle Activity



Clothes Pin Activity

What Will Change?



- When using Montessori activities do not ask ‘Can you’ as most resident’s with dementia do not think they can OR will just say no.
- When asking ‘Would you help me with this” the resident is more open to helping and attempting this activity. When resident is ready to independently complete the task or has completed it do not forget to say **THANK YOU!!**

Changing The Way We Approach Care *- Life Enrichment Department -*

Staff Orientation:

- During staff orientation Life Enrichment Coordinator introduces the importance of DementiAbility Methods within the home. In addition, have a hands on segment which allows the new staff to role play and have an idea how to implement activities once they are on the floor.
- Orientate volunteers and students by pairing them with residents to engage them in DementiAbility activities within the home.
- Encourage and provide education to other departments on new roles and ideas throughout .

Changing The Way We Approach Care - Life Enrichment Department -

Work alongside other Departments to:

- Create social roles for residents who wish to become more involved in the home, or allow a resident to know that they can still contribute to their home.
- Examples:
 - Garden Upkeep
 - Snack Cart Helper
 - Household chores
 - Bingo Cage Rollers
 - Meal Preparation & Cutlery Rolling
 - Newspaper & Mail Delivery
 - Resident Council Coffee Cart Attendants

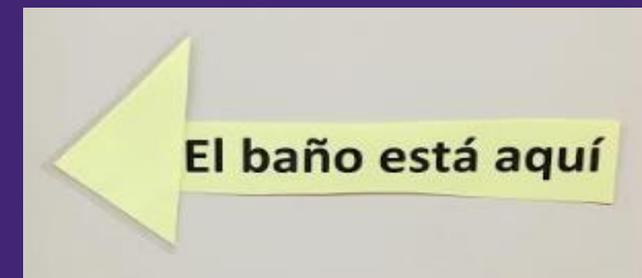


Changing The Way We Approach Care - Life Enrichment Department -



Environmental Cueing Signage:

- Ensure that the environmental cueing signs around the building are updated and placed appropriately
- All public areas will have environmental cueing signs
- During admission the resident will be assessed to see if they would benefit from cueing signs within their room



Changing The Way We Approach Care - Environmental Services Department -

The Environmental Department will:

- Environmental Services will utilize the residents abilities by giving them the opportunities to help maintain their home. They can do this by giving a resident a broom to sweep the dining room, a cloth to wipe the tables and a duster to dust the picture frames



Changing The Way We Approach Care *- Dietary Services Department -*



The Dietary Department will:

- Dietary Services will involve the residents during meal prep such as peeling carrots and potatoes, cutlery rolling before meals, placing table clothes on the tables, folding clothing protectors and clearing the tables after meals.

Changing The Way We Approach Care *- Restorative Care -*

The Restorative Department will:

- Restorative Care will have a greater understanding of how to uncover ability and celebrate individual success. Staff members will incorporate DementiAbility activities such as sorting common items and using wall ambient boards throughout their sessions.



Changing The Way We Approach Care *- Behavioral Support Ontario -*

- Our BSO Staff Members have been an amazing asset to our team here at Royal Rose Place. They have fully embraced DementiAbility Methods and work closely alongside each department to ensure our residents quality of life it at its peak.
- When making recommendations, they utilize the residents interests and are able to create tailored social roles or activities for them to engage in.
- They have provided the Life Enrichment Department with excellent ideas to implement with each resident. Whether it be independent roles/tasks within the home or assisted roles with a staff member, student or volunteer.

Changing The Way We Approach Care - Volunteers, University /College Placements & High School Coop Placements-

Who are our Students?

- We have collaborated with a local High School, College and University
 - Students are from the following:
 - High School Coop Class
 - High School Drama Class
 - High School Health & Nutrition Class
 - Therapeutic Recreation Students & Interns from College and University
 - RN, RPN & PSW Students from College and University

Who are our Volunteers?

- Church Groups
- Outside individuals within the community
- Family & Friends of Residents
- Family & Friends of Staff
- Family & Friends of Students who wish to learn about their future career prior to student placements



Changing The Way We Approach Care - Volunteers, University /College Placements & High School Coop Placements-



How do they assist with our DementiAbility Methods Philosophy?

- Each volunteer or student has completed our DementiAbility Orientation
- Volunteer Church Groups are briefed on our DementiAbility philosophy and trained during program facilitation on how to interact with our residents to always set them up for success
- Each volunteer or student has designated duties that align with their program or future career interest

Changing The Way We Approach Care - Management -



The Management will:

- The Management will ensure their staff members are adhering to the DementiAbility Methods and proper implementation. In addition, management can also create meaningful activities for the residents to engage in such as; filing papers, handing out flyers, organizing office supplies and completing inventory

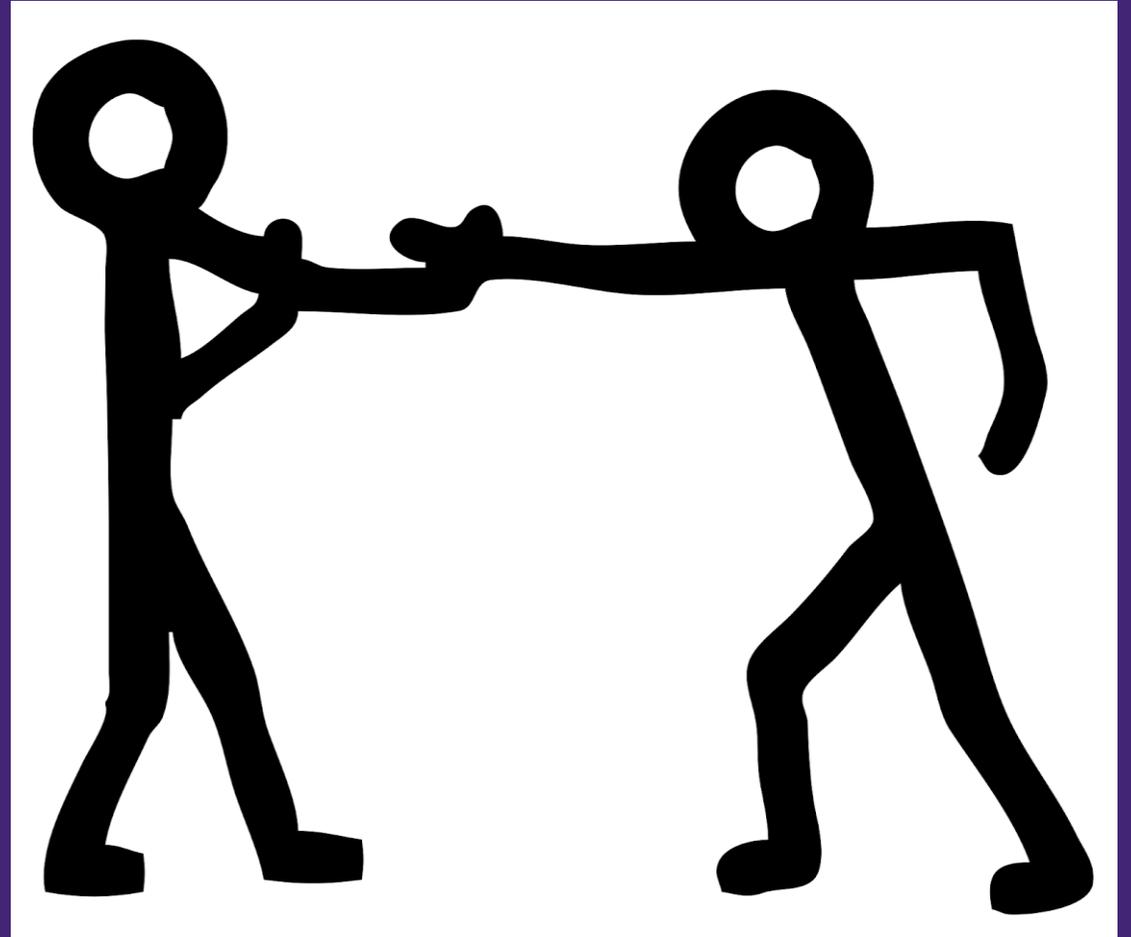
Changing The Way We Approach Care

All departments working together are striving to provide residents with opportunities to contribute and maximize potential for feelings of self-worth. We are also striving to expand on our interdisciplinary approach by using the DementiAbility Methods in the way we approach responsive behaviors and dementia. Residents deserve the opportunity to thrive with **dignity** and **respect** in a manner that does not impede their ability to reach their greatest potential.

What are Responsive Behaviors?

Examples of Responsive Behaviors:

- Agitation
- Swearing
- Hitting
- Anxiety
- Pacing
- Yelling
- Repetition



What Causes Responsive Behaviors?

1. Dementia is a result of changes that take place in the brain which affect memory, judgement, orientation, mood & behavior.
2. Changes taking place in the person's physical or social environment
3. Invasion of space, poor lighting, new to long term care.
4. May be a result of an unmet need that the person with dementia is experiencing, but is unable to express
 - Emotional/responsive behavior may be a form of communication that a person with dementia uses to communicate their needs
 - Boredom & loneliness are two top reasons for behaviors
 - Each individual requires needs specific to one another, however there are basic needs for every individual
 - The NEEDS
 - Physiological - toileting, eating, bathing and dressing
 - Social - to be with people, to feel loved, to feel accepted
 - Safety and Security - to feel safe in home and within the community
 - Independence - have something to do and to do things for self

What is the WOW Model?

- A focused assessment that can be conducted on an individual that has frequent responsive behaviors
- Understand how to better cater to the residents individual needs (Body, Mind & Spirit)
- A framework for putting DementiAbility Methods into practice.
 - Find out the reasons as to why the resident having responsive behaviors?
- Brainstorm new approaches to assist resident throughout the day to minimize responsive behaviors
 - Bring back meaning into the residents life

What is the WOW Model?

Who?

Who is/was this person?

What do you know-

Past & Present?

CONSIDER:

Needs – Interests – Skills -
Abilities

Observations?

What is

happening?

Why? When

is it

happening?

When is it not

happening?

What are you going to do?

- Roles

- Routines

- Environmental

- Supports

- Social Connections

- Activities

The WOW Model



**THE HOW
IS IN THE
WOW!**

A framework
for putting
DementiAbility
Methods into
practice!

Who?

Who is/was this person?
What do you know – past & present?
Consider: Needs – Interests – Skills – Abilities.

Observations

WHAT IS HAPPENING? WHY? WHEN IS IT &
WHEN IS IT NOT HAPPENING?

What are you going to do?

ROLES – ROUTINES – ENVIRONMENTAL
SUPPORTS - SOCIAL CONNECTIONS –ACTIVITIES

Follow the principles. Focus on adding meaning and purpose – take needs, past and present interests, skills and abilities into account. Support the person in a prepared environment with cueing (for finding their way, finding things and completing tasks) and provide opportunities to do for self. Add meaning by providing roles and having things to do (and that these things are available and accessible).

Body, Mind & Spirit

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DementiAbility WOW Model/Program Plan		
W – Who?	O – Observations	W – What will you do?
<p>What do you know about this person? Consider interests, skills, abilities – likes and dislikes – things the person would like you to know about him/her – past and present. This information will help you to plan what to do.</p> <p>Date:</p> <p>Participant Name:</p> <p>Location:</p> <p>Contact Person:</p>	<p>What do you see? Engaged: responsive behaviours – when and why? What are the key needs to be addressed (boredom, cueing, agenda, social, etc.)</p> <p>Ask:</p> <ul style="list-style-type: none"> What is happening? What do you see? Why is this happening? When is this happening? When is this not happening? <p>Consider boredom and environmental cues. Ask yourself if DementiAbility Methods have been adhered to, and if not what can be done to change the behaviour? What are your priorities in addressing the individual's needs?</p>	<p>What are you going to do? Think about body, mind & spirit when addressing the needs.</p> <ul style="list-style-type: none"> Body: Practical Life (don't forget about task breakdown, sequencing & cueing) & Sensory Mind: Cognitive & Memory Spirit: Social/Cultural/Spiritual <p>Programming What do you need to do? Follow the principles:</p> <ul style="list-style-type: none"> CREATE PRESENT
<p>Needs (past and present):</p> <p>Interests (past & present):</p> <p>Skills/Strengths/Abilities:</p>	<p>Needs:</p> <p>Abilities/Strengths:</p>	<p>Roles:</p> <p>Routines:</p> <p>Activities:</p> <p>Cueing:</p> <p>Social Connections:</p>

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The WOW Model - Resident Support Example

How Do Agendas Work?:

- Depending on the results of each individual's WOW Model Assessment, it may be beneficial for a resident to use a daily agenda
- A simple agenda with a timetable, task and completed item sections are the most common type to create. It is simple, easy to read and to understand for both the resident and staff member

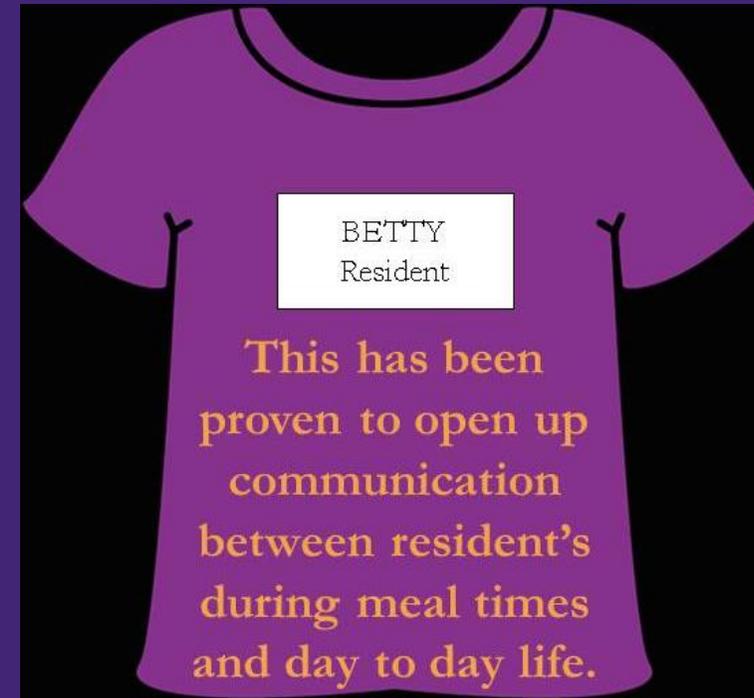
Charlie's Daily Schedule		
Time	Task	Check mark when complete
8:15am	Breakfast	
9:15am	Listen to MP3 player by the window in the living room	
10:30am	Snack/Coffee Time	
12:00pm	Lunch	
1:30pm	Nap in Bed (Mon, Wed, Thurs) Movie/Show Time (Tues, Fri) in Conference Room	
2:30pm	Snack/Coffee Time	
5:00pm	Dinner	
6:00pm	Listen to MP3 player by window in the living room	

Resident Support - Name Tags for Staff

- At Royal Rose Place we wear two sided name tags. On one side, the name tag shows our name in a large print font with a simple department description. On the other side it is a more professional look. It shows our name and job title with a Royal Rose Place logo in smaller print font.
- During working hours, we insure that the large print side is showing for the residents to see clearly and have the ability to read our names.



Resident Support - Name Tags for Residents



Resident Support - Name Tags for Residents

- Wearing name tags go beyond dining room service. It allows the resident to freely communicate with one another without the need to ask what the others name is over and over. It can become embarrassing for those who have a form of Dementia engaging with residents who are cognitively intact and may become angry having to repeat themselves.
- In addition, having the resident's wear name tags assist the staff members with care. In one aspect, it can assist the new staff members and in the other aspect it can assist existing staff members. Working with residents that are diagnosed with a form of Dementia may become confused when the staff member already knows their name.



Lessons Learned

- Ensure all Initial Assessments & All About Me documents were 100% completed upon return.
- Upon admission week, require families to provide at least 4 photos of the resident
- During tours, inform families of our philosophy in regards to DementiAbility and the items we would require upon admission
- Print draft All About Me posters prior to lamination and discuss with resident and family
- Create a folder of “ How to Documents” and Cueing-Cards for easy replacement at an later date
- Provide mandatory quarterly education on DementiAbility Methods to staff
- Conduct random DementiAbility Audits with all staff members

Lessons Learned

- Reward “Shout Outs” to staff that engage and utilize DementiAbility techniques
- Provide constructive feedback/ teachable moments to staff members that are not utilizing or engaging in the program
- Reinforce the importance of maintaining the activity buckets daily during the initial implementation of Activity Buckets
- Importance of reaching out to our community partners
- Educating staff members and sending them to the two-day DementiAbility Methods course as a short orientation does not encompass all DementiAbility techniques and education
- Change DementiAbility orientation date to day one of orientation to allow for more exposure
- Impact of publicly reported indicators
- Upkeep and reinforce the DementiAbility task force and its members
- Understand that IT TAKES TIME TO MAKE TIME. This is an ongoing process.

*Thank you for
your time!*

Any Questions?