

Jenkins Living Center

- 158 Beds
- Multi-Story Facility
- Memory Care Units
- Transitional Care Unit (TCU)

**Jenkins Living Center Continuum
of Care**

Congregate Living Apartments

HUD Subsidized Senior Apts.

Assisted Living

SNF

Jenkins Living Center Unique Features

Challenge of multi-story facility

Specialized Units

High number of memory care residents


In-House Rehab (PT/OT/ST)



MAIN STREET


- Chapel
- Bandstand
- Soda Fountain
- Beauty Shop
- Library
- Playground
- Fireside Room
- Gift Shop
- Historic Mural






Jenkins Living Center

- CSI team:
 - ◆ Loren Diekman, CEO/ADM
 - ◆ Shawn Gilman, RN/DON
 - ◆ Mary Rassmussen, CNA
 - ◆ Buffy Neuberger, ACT
 - ◆ Andrea Vosberg, SLP/QA
- Team process: interdisciplinary, learning circles, QI/QM data




Goal

- Aim statement: To increase quality of care based on goals set in the 4 clinical areas and affect culture change to create resident-centered care.
- Population of focus: All Residents
- STAR target: Restraints 1.0%



Changes

- Developed a pre-restraint assessment
- Interdisciplinary team (SS, Nursing, PT/OT, QA, Restorative) reviews assessments/recommendations.
- More focus on resident as an individual



Changes

- Purchased assist bars
- Led to increased PT/OT referrals
- Increased usage of other devices such as low beds, fall mats and edged mattresses
- Chose the changes targeted based on an area identified as needing improvement and POC per survey

How Changes Have Made a Difference

QI/QM Reports

January, 2006 *3 restraints*

February to May, 2006 *1 restraint*

June to October, 2006 *0 restraints*

Components of NHIFT Tool Involved in Change

**SS and nursing are more focused with new admissions*


**Good NHIFT reports in this area*

**Regular re-evaluations*




Learning from “Failed” Tests of Change

- Met some resistance with idea from residents and families, however, have found enough alternatives to make happy
- Needed to re-educate staff as put lap buddy's on with “sun downing”
- Needed to find alternatives for some residents when removed side rails




Benefits of Collaborative

- Introduced learning circles
- Networking
- list serve
- Face to face learning sessions
- Drawn more people into interdisciplinary process




Benefits

- Self respect in knowing we are truly doing things to affect resident care.
- Staff coming in outside of regular hours and/or volunteering in facility wide events




Barriers

- Overcoming the “status quo” and trying something new
- Resistance from residents and families
- Residents that were used to side rails in hospital



Culture Change


- Open wake/dining
- Less “institutional”, more homelike
- Work satisfaction as efforts are helping residents
- Main Street



Resident/Family Satisfaction

- Families leaving complimentary letters/notes
- Acknowledgement of good care
- Family comment

“Some people say, there's no place like home. I say, there's no place like Jenkins.”



Vision for Future

- Expand open wake/dine
- Affect more culture change
- More physical plant changes: update shower/tub rooms, remodel dining room, new resident lounges
- Continue to stay on top of progress made with changes to avoid any 'backsliding’

Larimore Good Samaritan Center:
0% Physical Restraints

Rita Raffety, Administrator
Peggy Bares, DON
Bobbie Olson, Rehab Nurse
DeAnn Amyx, Social Service

Larimore Good Samaritan Center

- Larimore, North Dakota
- 45 beds
- 5 assisted living apartments

The Beginning

Why?

- Risk factors of restraints
- Paper trail—keeping up with who did/did not have restraints
- Restraint use growing—“If Resident A has a restraint, why can’t my Mother?”

The Beginning

How?

- Decision was made by care plan team to set goal of 0%
- Need entire management team on board
- Systematically began process, one resident at a time

Process

Remove side rails, geri-chairs, seat belts—one resident at a time

Provide Alternatives

- Mats on floor, low beds
- Raised-edge mattresses
- Noodles, pillows
- Grab bars for turning, toileting bars
- Self-release seat belts, self-releasing Velcro vests, positioning cushions, drop seats, etc.
- Hip guards

Individualized Care Plans

- Implement toileting schedule
- Review medications and times
- PT and OT evaluations for positioning aides/devices/strengthening
- Seating residents in supervised areas
- On occasion, have to ask family or volunteers to come in to be “sitters”

Education

- Families—process must begin on admission
- Staff
- Doctors, hospital discharge planners, general public

Barriers

- Residents coming from the hospital where bed rails are routinely used
- Family/staff/resident resistance
- Continual policing—families/hospice bringing in equipment, staff finding equipment

Tips for Success

- **Stick to your decision—Don't give in!!**
- Partner with therapists and have a strong restorative program—keep residents moving/walking/strengthening
- Accept the fact that there will be falls. Use each one as a learning tool for re-evaluating the **individual plan of care**
- Educate, educate, and re-educate

For more information

Rita Raffety
Larimore Good Samaritan Center
701-343-6244
rraffety@good-sam.com

Pocatello Rehabilitation and Care Center

527 Memorial Drive
Pocatello, Idaho 83201
208-478-3333

LaRee Dunn, RN, DNS ldunn@ensigngroup.net

Derrick Glum, NHA dglum@ensigngroup.net



Fairview Manor

255 F Street
Fairmont, Nebraska 68354
402-268-2271

Tami Scheil, NHA
tscheil@fairviewmanor.org

Kristen Ruhl, RN, DON
kruhl@fairviewmanor.org

Jan O'Brien, RN, ADON
jobrien@fairviewmanor.org
