CATHERINE MORLEY
Chief Executive Officer, Rural Northwest Health

WENDY WALTERS
Clinical Services Manager, Rural Northwest Health
Warracknabeal is a wheatbelt town in the Victoria. Situated on the banks of the Yarriambiack Creek, 330 km north-west of Melbourne. Population of 2,500.
Rural Northwest Health

Warracknabeal Campus –
- 17 bed acute unit
- 60 bed aged care home with a 15 Bed

Memory Support Unit – Wattle Crescent
The Journey

1. Acknowledged improvement required
The Journey

2. A dementia consultant was contracted

• Anne Kelly from Alzheimer's Australia Tasmania

• Expert in Montessori Methods for Dementia
The focus of Montessori Methods for Dementia is on the

- abilities, needs, interests and strengths of people living with dementia.
- these methods focus on creating worthwhile roles, routines and activities for the person, while also supporting the person’s environment.
- Research has shown that people living with dementia can learn and relearn tasks.
The Journey

3. Project manager appointed to drive and implement the changes
4. Action plan developed
5. Staff team for the unit – clinical, lifestyle staff, environmental staff
6. Education provided
7. Development of shared roles and responsibilities
8. Resident Stories collected and shared
The Journey

9. Admission protocol developed

10. Communication meetings – staff, residents/relatives, CEO

11. Changes to the physical environment
The Journey - Cont

10. Pre implementation data

- Relatives and Friends comments
- Psychogeriatric Assessment Scales (PAS
- Medications
- Cohen Manisfield agitation scale
- Staff Survey
Relatives and Friends

Comments pre implementation

• Mum isolated and distressed, doesn’t like wandering residents, reluctant to put anything out worried other residents will take things.

• It is an institution, ‘patients’ not stimulated

• Can be depressing when residents crying.
Relatives and Friends - cont

- Antiseptic stark, like a hospital ward
- Wouldn’t like to live there if had dementia
- Doesn’t feel homely.
- No activities a little bit better than a hospital, he comes because there is nothing for his wife to do
Psychogeriatric Assessment Scales (PAS)

June 2011

Mild (4-9) 1
Moderate (10-15) 4
High (16-21) 10

Feb 2012

Mild (4-9) 2
Moderate (10-15) 6
High (16-21) 7
Medications

- 78% of residents on antipsychotics 100% ceased
- 67% of residents on sedation decreased to 22% on sedation.
Cohen-Mansfield Agitation Inventory

Residents Behaviours of unmet needs - June 2011

• 6 residents - Paced, aimless wandering
  *Several times an hour or Several times a day*

• 4 residents displayed physical aggression
  *Several times a day or Several times a week*

• 6 residents displayed verbal disruption
  *Several times an hour or Several times a day*
Cohen-Mansfield Agitation Inventory – cont

5 residents displayed behaviours of unmet needs of
• Inappropriate dress or disrobing, Hiding things
  & Hoarding things

February 2012
• All the residents behaviours of unmet needs reduced significantly from
  - several times an hour to once or twice a day
  - several times a day to less than a week
  - Several times a week to never
Pre-implementation data

• Staff Survey
Tool for Understanding Residents’ Needs as Individual Persons (TURNIP)
Tool developed by
- David Edvardsson,
- Deirdre Fetherstonhaugh,
- Rhonda Nay
published online: April 2011
## RNH Results
### The Care Environment

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The environment supports residents to express their personal identity</td>
<td></td>
<td></td>
<td>24%</td>
<td>100%</td>
</tr>
<tr>
<td>2. The environment feels chaotic.</td>
<td>54%</td>
<td>93%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. There is a homely feel to the place.</td>
<td></td>
<td></td>
<td>8%</td>
<td>100%</td>
</tr>
<tr>
<td>4. The environment supports personal choice.</td>
<td></td>
<td></td>
<td>31%</td>
<td>93%</td>
</tr>
<tr>
<td>8. I would like to live here if I had dementia.</td>
<td></td>
<td></td>
<td>8%</td>
<td>80%</td>
</tr>
</tbody>
</table>
## The Care Organisation

<table>
<thead>
<tr>
<th></th>
<th>June 2011 Disagree</th>
<th>Feb 2012 Disagree</th>
<th>June 2011 Agree</th>
<th>Feb 2012 Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>27. Labels (e.g. wanderer and screamer) are used here to describe individuals</td>
<td>62%</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. We are free to alter work routines based on residents’ preferences</td>
<td></td>
<td>62%</td>
<td>90%</td>
<td></td>
</tr>
<tr>
<td>29. I simply do not have the time to provide person-centred care</td>
<td>69%</td>
<td>92%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## The Content of Care

<table>
<thead>
<tr>
<th></th>
<th>June 2011 Disagree</th>
<th>Feb 2012 Disagree</th>
<th>June 2011 Agree</th>
<th>Feb 2012 Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>32. We have formal team meetings to discuss residents’ care</td>
<td></td>
<td></td>
<td>46%</td>
<td>93%</td>
</tr>
<tr>
<td>33. In my workplace residents are given opportunities to perform tasks according to their abilities.</td>
<td></td>
<td></td>
<td>38%</td>
<td>100%</td>
</tr>
<tr>
<td>34. The life history of the residents is formally used in the care plans we use.</td>
<td></td>
<td></td>
<td>31%</td>
<td>93%</td>
</tr>
<tr>
<td>35. Assessment of residents’ needs is undertaken on a daily basis.</td>
<td></td>
<td></td>
<td>46%</td>
<td>100%</td>
</tr>
<tr>
<td>36. Residents can wake up and start the day when they prefer</td>
<td></td>
<td></td>
<td>54%</td>
<td>100%</td>
</tr>
<tr>
<td>38. Residents are offered the opportunity to be involved in individualised everyday activities.</td>
<td></td>
<td></td>
<td>38%</td>
<td>100%</td>
</tr>
<tr>
<td>39. Residents can choose between interacting with others and being alone.</td>
<td></td>
<td></td>
<td>62%</td>
<td>93%</td>
</tr>
</tbody>
</table>
Hiccoughs along the way

1. Education – too early
2. Staff
   - in the unit
     - inappropriate staff
     - changing of roles
     - night duty – staff
   - Outside the unit
     - Discontent towards Wattle staff
4. Doctors
5. Lifestyle staff
   - introduced Rehabilitative Therapist
6. Documentation – care plans
Challenges of Wattle

1. Physical layout of Wattle
2. Compliance – infection control
3. Policy & Protocol – challenge to maintain – change in residents condition
4. Challenges of seeing it through Montessori eyes.
5. Staffing
6. Day to Day – ACFI, ROD,
The next steps

1. Not to give up

2. To work on
   - developing a sustainable mentoring and leadership model to support staff to implement the Montessori principles
   - focus on a rehabilitative and capability model of care for people living in residential care and in the community
• This will involve
  ➢ Ensuring the right staff are working in the unit
  ➢ Further training for new staff and specialised training for the right staff who demonstrate the right attitude, commitment and passion
  ➢ The development of a mentoring and peer support program for units introducing the program
  ➢ The development of a leadership training and development program for Montessori experts
The next steps

3. Using the resources we have to improve their expertise and support to effectively demonstrate a change in practice

4. Expansion of the project to Dunmunkle Health Service, community services and the Heath Street project
The next steps

6. The next project.
Expansion of the project to also include the Heath St project. This project will allow for specialised training, a specialised environment and equipment to support people living at Yarriambiack Lodge with increased physical, emotional and care needs to have an enhanced quality of life and a life that focuses on their capability, choice and decision making and their wholistic wellbeing which is based on the rehabilitative and capability model.
The next steps

• Expanded volunteer and intergenerational programs
• Research project with a recognised research consultant/university
• Further work to be undertaken on the physical environment to allow greater options for residents, staff and family members
Partners

• We are looking to work with like minded organisations to improve the model and develop sustainable change management model.

• This includes

  ➢ an agreed understanding of what a rehabilitative and capability service model is
  ➢ how that is implemented in the aged care residence in the community.
Partners

• To be a partner you will need to be able to demonstrate organisational support for the required
  – environmental changes
  – The appointment of a Project Manager
  – The training of staff in the model
  – The ability to undertake the necessary research
  – The ability to be attend and contribute to the mentoring and leadership program
  – The ability to celebrate success
Rural Northwest Health
Contacts

- Catherine Morley  ceo@rnh.net.au
- Wendy Walters  wendy.walters@rnh.net.au