DARE to Care Program

Administrator:
Mr. Nick Beckham

South Haven Health & Rehabilitation, LLC
3141 Old Columbiana Road
Hoover, Alabama  35226
(205) 822-1580

Sponsored By:

SENIORx CARE pharmacy
Where Solutions Create Value
DARE to Care Program

In 100 words or less, describe your Best Practice
(Dementia Activities Resources and Enrichment) to Care is a program which reduces behaviors, increases safety, and sustain residents’ functional activity level. Residents are assigned to 3 groups, based on cognitive level, using the GDS and/or BIMS assessments. Each group has an activity box containing a variety of items that are appropriate and individualized for their level of mental abilities and skills. Residents are brought to a large activity/dining room each day so that continuous observation can be provided, this reduces falls. A schedule was established that provides an outline of how to utilize the program and the activities in the boxes.

What problem does your Best Practice address, and what is its primary purpose?
The primary purpose of DARE to Care is to improve the process of caring for residents with varying levels of cognition/dementia by providing different types of tools that will improve their quality of life outside of scheduled facility activities.

DARE to Care addresses the following challenges:
- Falls
- Inactivity
- Physically non-aggressive behaviors - pacing, general restlessness, and repetitious mannerisms.
- Verbal and vocal agitated behaviors - complaining, constant requests for attention, negativism, repetitious sentences or questions, and screaming.
- Aggressive behaviors
- Decreased social contact

Our goal is to keep residents safe, experience optimal stimulation, show signs of improved interaction, and reduce isolation and inactivity.

What group(s) of residents and others are involved in your Best Practice and how does it work?
Residents are assessed by the speech pathologist and/or occupational therapist using the GDS (Global Deterioration Scale) scale. The BIMS (Brief Interview for Mental Status), which is a part of the MDS, can also be used if your home does utilize therapy. The BIMS is done by the Social Worker in the nursing home. These measurements allow us to identify the appropriate group for each resident. Residents are re-evaluated every 6 months or as needed for changes in cognitive status.

Residents are allocated to either the Red, Yellow or Green group. This system simulates a traffic light. Those residents in the Green group are able to initiate activities independently, essentially self starters. Those in the Yellow group require “caution” or mild to moderate assistance or set up. Caregivers addressing the Red group are expected to “stop” and assess best activity for which residents are to engage.

Below is a more detailed breakdown of the 3 groups:

GREEN Group - GDS score of 1-3 or BIMS score of 11-15. These residents experience some mild cognitive
impairment or have no cognitive impairment.

YELLOW Group- GDS score of 4-5 or BIMS score of 6-10. Early to moderate dementia is beginning to show. They are slightly more confused or anxious than the green group.

RED group – GDS score of 6-7 or BIMS score of 1-5. Moderately severe to severe dementia. These residents require extensive assistance and monitoring.

As we developed this program, several team members were included to achieve a multidimensional approach to issues faced on a daily basis within our facility. Nursing, Restorative, CNA, MDS coordinator, activities, therapy staff, administrator and families/sponsors were all included in the process.

*What has your Best Practice accomplished and how have you been able to tell this?*

Our best practice has allowed us to lower our number of falls by keeping residents engaged in activities at all times. We are able to use our activities/dining room to keep residents spread out and busy with their chosen activities. This leads to an increase in quality of living and happiness of residents that is visible when touring the facility.

We also have seen residents that are higher functioning help set up some of the activities for residents that are not as quite high functioning. This allows our residents to meet each other and interact as well.

*What problems, obstacles, or challenges might other facilities face in replicating part or all of your innovation?*

One of the benefits of this program is the ease and simplicity of it.

Other facilities would need to locate a central area where residents can be observed, which can include the dining room, activity hall, or common area. We are fortunate to have an activity/dining room that allows us to do this. There are really no major obstacles to implementing this type of program and the benefits from the health and safety aspect as well as the subjective happiness of residents is clear.

*What was the cost to implement your Best Practice? How did you pay for it?*

Three different lists of objects where developed individualized for each color group.

In addition to utilizing items in our Activities department, caregivers, staff and sponsors were asked to bring items from home that could be used in the activity boxes. Music, dolls, stuffed animals, blocks – Legos, board games, cards, visually and auditory stimulating items, etc. A list of Activity materials is listed below.

**RED**
- Sensory Cloth
- Bubbles
- Wonder Tubes
- Musical Instruments
- Stuffed Animals/Dolls
- Bead Maze
- Music
- Activity Apron
- Picture Books
- Color & Shape Learning Cards
- Football
- Color Pages/Crayons
- Interactive toy (talking Elmo)
This program is easy to replicate in other facilities since items used are easy to obtain and inexpensive to purchase.

*What are the reasons you consider this Best Practice to be excellent and innovative?*

This program facilitates the following:

1. Positive mood
2. Social interactions and contact
3. Ability to experience and express a range of positive emotions
4. Creativity and self-expression
5. Enhances opportunities for self-initiated activities
6. Enhances social contact and interactions
7. Reduces isolation, inactivity and agitation
8. Prevent or alleviate agitated behaviors
9. Helps the resident feel safe and comfortable
10. Aid residents in feeling valued as a person
## “DARE to Care” Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity Description</th>
</tr>
</thead>
</table>
| 9:00 am – 10:00 am | Transfer residents to activity/dining room  
-Utilize DARE to Care Activity Boxes |
| 10:00 am – 11:00 am | Snack, Facility scheduled activity - Review Calendar                             |
| 11:00 am – 12:00 pm | Rounds – Vital signs, Bathroom care, Prepare for lunch                             |
| 12:15 pm – 1:30 pm | Lunch                                                                              |
| 1:30 pm – 2:30 pm | Utilize DARE to Care Activity Boxes                                                |
| 2:30 pm – 3:00 pm | Facility scheduled activity - Review Calendar  
Shift Change, Rounds               |
| 3:00 pm – 3:30 pm | Snacks                                                                             |
| 3:30 pm – 4:15 pm | Utilize DARE to Care Activity Boxes                                                |
| 4:15 pm – 5:00 pm | Rounds, Bathroom care, Prepare for dinner                                          |
| 5:30 pm – 6:30 pm | Dinner                                                                             |
| 6:30 pm - 7:30 pm | Utilize DARE to Care Activity Boxes , Play soothing music                         |