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Best Practices Q&A:

AnnaMarie Barba, Director of Resident Health Services, Walnut Village

In recognition of November being National Alzheimer's Disease Awareness Month, we interviewed AnnaMarie Barba, Director of Resident Health Services at Walnut Village, a CCRC in Anaheim, California, that is owned and operated by Front Porch. Barba supervises the medical care of the residents of Walnut Village, which opened just one year ago, and oversees Summer House, the community's memory support neighborhood. She is responsible for program development and implementation for residents suffering from Alzheimer's disease and dementia.

Tell us about Summer House, your memory support facility.

Our memory support facility is a 14-unit neighborhood within the CCRC. It's a small living area that can accommodate 14 residents in a private setting or up to 28 residents in a companion-living setting. Before putting two residents in a companion setting, however, I would have to meet with the family to confirm that they are agreeable and then determine if the two individuals would be compatible. And, of course, we would not put an end-stage Alzheimer's patient with one who is at stage one or two.

At the present time, we have just 14 residents in private accommodations, which enables me to make specifically tailored programs to meet the needs of each individual instead of having to rely on a generic or "cookie-cutter" care plan. I think that's what sets our program apart from other communities in this area. For example, we have three moderate-stage individuals who are still interactive, so they help with daily tasks such as folding laundry or wiping down the table after a meal—activities or programs similar to what they might do in their own home.

How do you determine the program for each new resident?

I start by meeting with the family members and learning the individual's life story. It's an opportunity for the family to tell me about Mom or Dad or their sister or brother. I start by getting to know about the person from when they were a child, because we're working with a disease where patients don't remember what they did 10 years ago but definitely remember what they did as children. They may have had lemonade stands as kids, for example, so we make that an activity. And while it may be a little challenging for

them to do it, it's still a task or an activity that pulls on a memory from way back.

I gather information from the resident, too, but that comes over a longer period of time. And as I learn something new about the resident, I change the activities. So the care plan continually evolves.

What activities might be different from one resident to another?

Some of the women patients were very aware of their looks, for example, so we allow them time in the morning to put on their lipstick and pearls and broaches and so forth. We encourage them to do it themselves, although we help them as necessary.

Then, we have one resident who used to play the piano but, as her disease has progressed, had become fearful of it. We have a grand piano in Summer House, and one of our caregivers is a pianist. So part of this resident's programming is that we sit down with her by the piano just about daily and talk to her about it. She also loves roses and used to have a rose garden. So we clip flowers, or have her clip flowers, and put them by the piano.

Now she has begun to tap on some keys. And more and more, she's starting to say, "I used to play but not anymore." That's a big difference from when she moved in seven months ago and didn't even recognize the piano. So it has been positive reinforcement. Showing her the piano daily, placing the roses on it, having her sit by it, giving her a cup of warm tea while she's sitting there...we try to find little things that will help her remember when she used to play the piano. It takes time, but there are small moments of success. And that's the goal.

What triggers an adjustment to the individual's program?

To introduce something completely brand new and foreign to an individual suffering from the disease is a struggle. We're dealing with people who may not remember what happened yesterday. But a type of programming that reintroduces something simple, such as catching a ball, is not so stressful on the individual. For some patients, of course, catching a ball may not be an appropriate activity; but for someone who used to play ball, it might be the perfect activity. That's the key. That's the concept of relearning. And when we're designing new programs or adjusting programs for individual patients, we always look at their personal history to see what types of things they used to like to do.

We also have quarterly assessments, which is a state protocol. But in between, I get daily reports from my staff. We also have weekly staff meetings, where we go over everyone's health, any changes, anything new, or something the resident said or did that might give us a hint about what they might like to do differently. And whenever a staff member witnesses a resident participating in something that might be out of his or her norm, that's immediately reported to me.

How do you select your staff?

That's the question the families always ask. We have one caregiver for every three residents. Our caregivers have a background of working at skilled nursing facilities, adult day programs for the disabled, and assisted living environments. When I interview prospective staff members, though, I also consider their personality. And I look for a genuine smile. Smiles make a huge difference. A warm and endearing smile can often calm down an agitated or distressed resident.

What results have you noticed after being in operation for a year?

We still have our original residents. We haven't had any turnover. We've seen little steps forward over the months, whether it's a woman who insisted she was allergic to paint but just painted a pumpkin for Halloween...or the woman who was afraid of the piano and is now sitting at it and recalling that she used to play...or another resident who was very shy and never spoke to men but now sits next to a gentleman at the dining table and laughs. Those are very good results.

How does your individualized memory support programming compare to programs in other facilities?

I think individualized programming is always the goal. Whether or not it actually happens is a different story. There's a lot of what I call generic programming throughout the industry. Music therapy and pet therapy are talked about the most, and those are fine. But we must involve more than that when trying to help people who are suffering from Alzheimer's and dementia. We need to focus on more individualized activities. In my opinion, that's a more successful kind of program and one that we believe is more likely to succeed in a small community such as Summer House.

So we're adapting our programming to meet the individual needs of each particular resident. And I believe that's what sets our memory support program apart from the programs in other communities. □