OASIS at The Boston Home
Building Teamwork and Community

BASIC OASIS PRINCIPLES
- All individuals have strengths
- Getting to know a patient as an individual fosters person-centered care
- All behavior has meaning

Why do I feel this way?
- Family away?
- Too noisy?
- Overtired?
- Not what you expected?
- Frustrated?

WHAT AM I REALLY TRYING TO SAY OR DO?
IT IS NOT ENOUGH TO SIMPLY SAY “CALM DOWN” OR “HE’S JUST HAVING A BAD DAY!”

STOP, THINK, ACT, REVIEW

START

MEASURABLE GOALS
- Reduction in use of anti-psychotic and psychoactive medications
- Reduction in immediate referral to psychiatrist for “behavior” concern
- Reduction in patient concerns related to staff interactions

What’s a HUDDLE?
Stop – This is not working. We need to talk.
Think – Find team members who can help.
Act – Get together for even 5 minutes.
Review – What is working and what is not?

KEEPING IT ALIVE
PURPOSE
- Improve the quality of interactions between staff, patients and families
- Respond to challenging behaviors without medications

Before we medicate – CROSS OUT
Before we get the supervisor – CRICKET
Before we call the MD – INTERSECTION

WE THINK OASIS

Give your full attention
Stay calm
Listen
Comfort
Distract

Ask what were the triggers?

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2 year Summary of Facility Response to Resident Concerns (2010–2011)

- Mediation: 42%
- Re-education: 26%
- Written warning: 11%
- Suspension: 3%
- Care plan change: 9%
- Termination: 4%
- DPH rpt: 5%
- Care plan change: 9%
- Termination: 4%
- DPH rpt: 5%
Resident Concerns in 2012

<table>
<thead>
<tr>
<th>Category</th>
<th>1st QTR 2012</th>
<th>2nd QTR 2012</th>
<th>3rd QTR 2012</th>
<th>4th QTR 2012</th>
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<tr>
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<tr>
<td>Quality of Interaction Issue</td>
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<tr>
<td>Other</td>
<td>3</td>
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</table>
Post Oasis Training

- Re-education: 42%
- Mediation: 25%
- Written warning: 17%
- Care plan change: 8%
- Other: 8%
- Suspension: 0%
- Termination: 0%
- DPH rpt: 0%
OASIS – Susan Wehry, MD
Commissioner, Department of Disabilities, Aging and Independent Living, VT

- Quality of Care is influenced by quality of the work place
- Quality of Life requires person centered care
- Recovery = the ability
  - to have hope
  - to trust my own thoughts
  - to enjoy the environment
  - To feel alert and alive
- Care is centered on the person – not the disease.
- Focus is on strengths not losses.
- Quality of life is defined from the individual’s perspective.
- Care provided nurtures relationships.
- Care plan gives equal attention to psycho-social context.
- Care that reduces EXCESS disability.

Philosophy

Person Centered
Cognitive Impairments in MS

- Common in all stages of the disease.
- Dysfunction often in long term memory, speed of information processing, working memory and abstract thinking.
- Such problems may be the source of considerable disability but may not register on standard tests (MMSE).
- As in Alzheimer’s disease, earlier symptoms can produce high anxiety and paranoia.