



# OASIS at The Boston Home

## Building Teamwork and Community



The Boston Home • 2049 Dorchester Avenue  
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### BASIC OASIS PRINCIPLES

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



### ⚡ Keeping It Alive ⚡

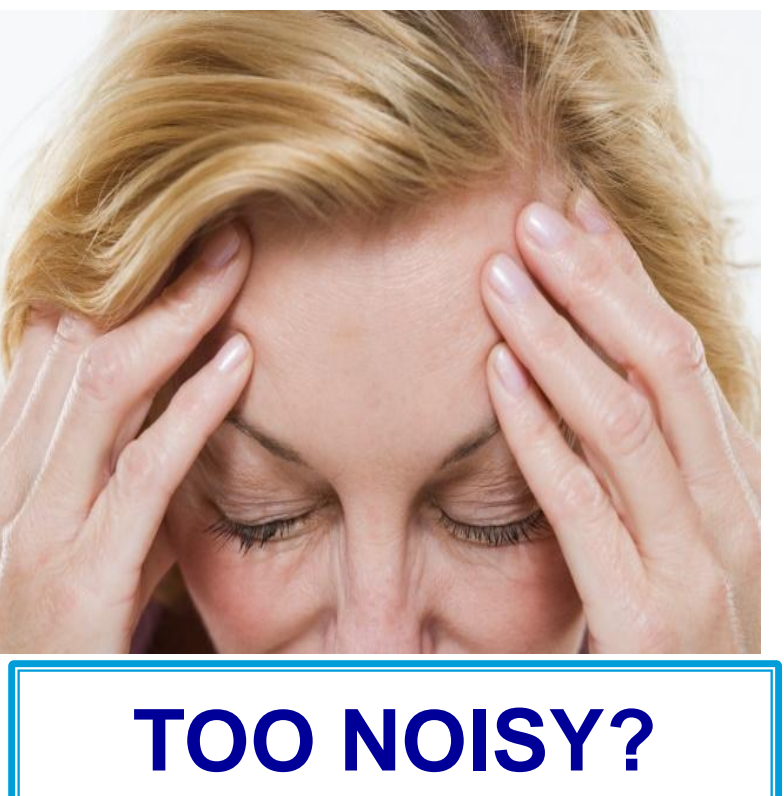
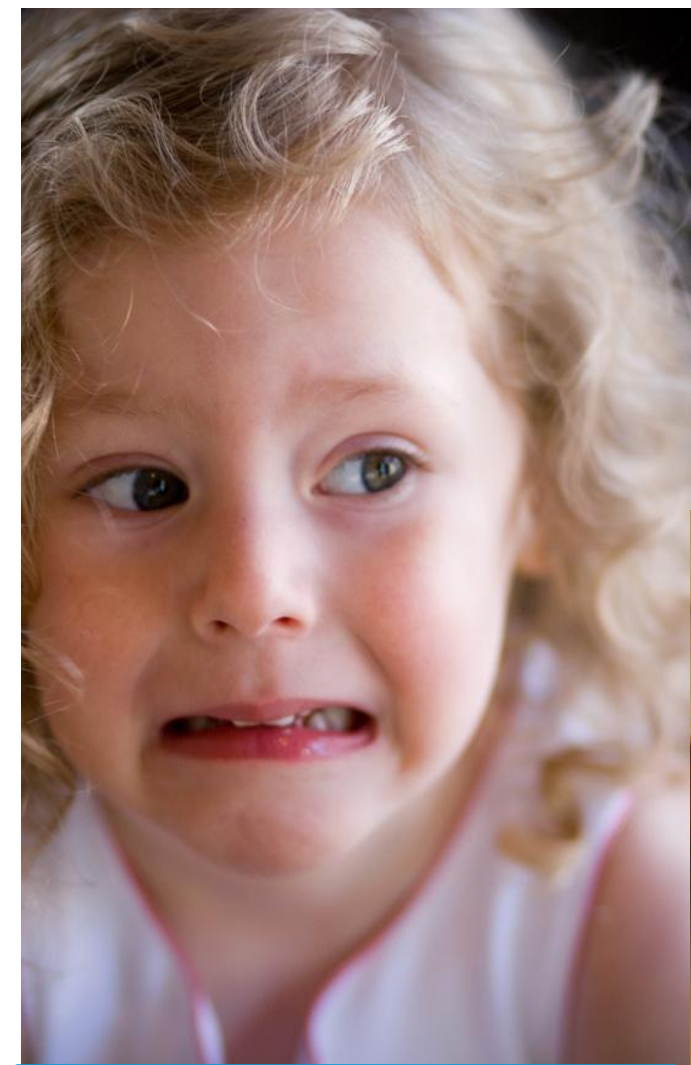
#### PURPOSE

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

### REINFORCING OASIS

- Team Leader Meetings (CNAs/Nurses)
- General Orientation for Staff
- All Staff Meetings – OASIS exercise
- Leadership Meetings – educate and feedback
- Resident Council
- One-to-One Coaching
- Performance Evaluations

WHY DO I FEEL THIS WAY?



### STAR

Stop, Think, Act, Review

### What's a HUDDLE?



WAS ROUTINE UPSET?

**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?

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!"

- Before We Medicate –
- Before We Call The MD –
- Before We Get The Supervisor –

### WE THINK OASIS

Give Your Full Attention

Stay Calm

Listen

Comfort

TAKE A BREATH

Distract

### 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

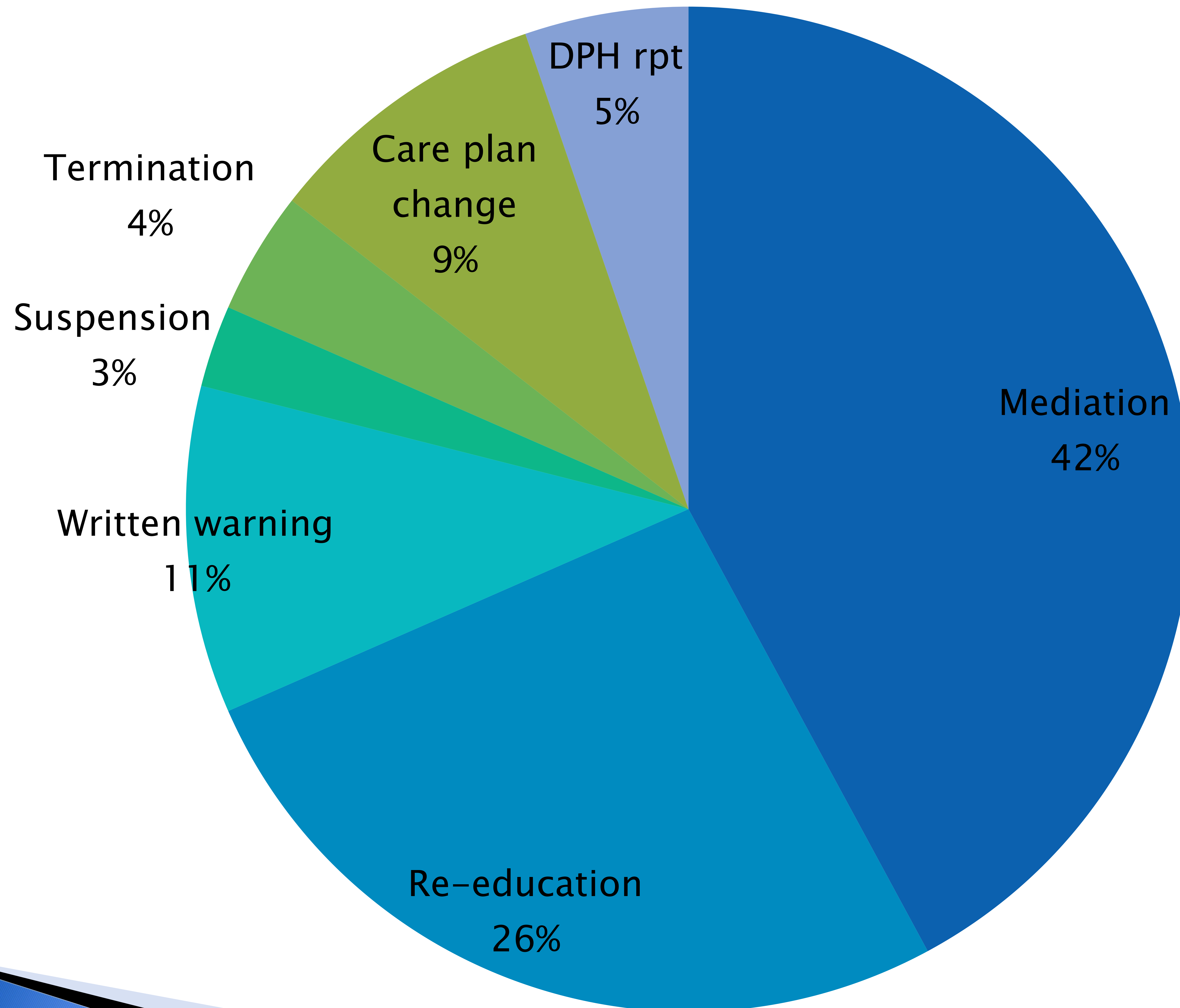
OASIS Coordinators:

Lucille Haratsis, M.Ed., LCSW  
Judy Bellevue, BSN, RN

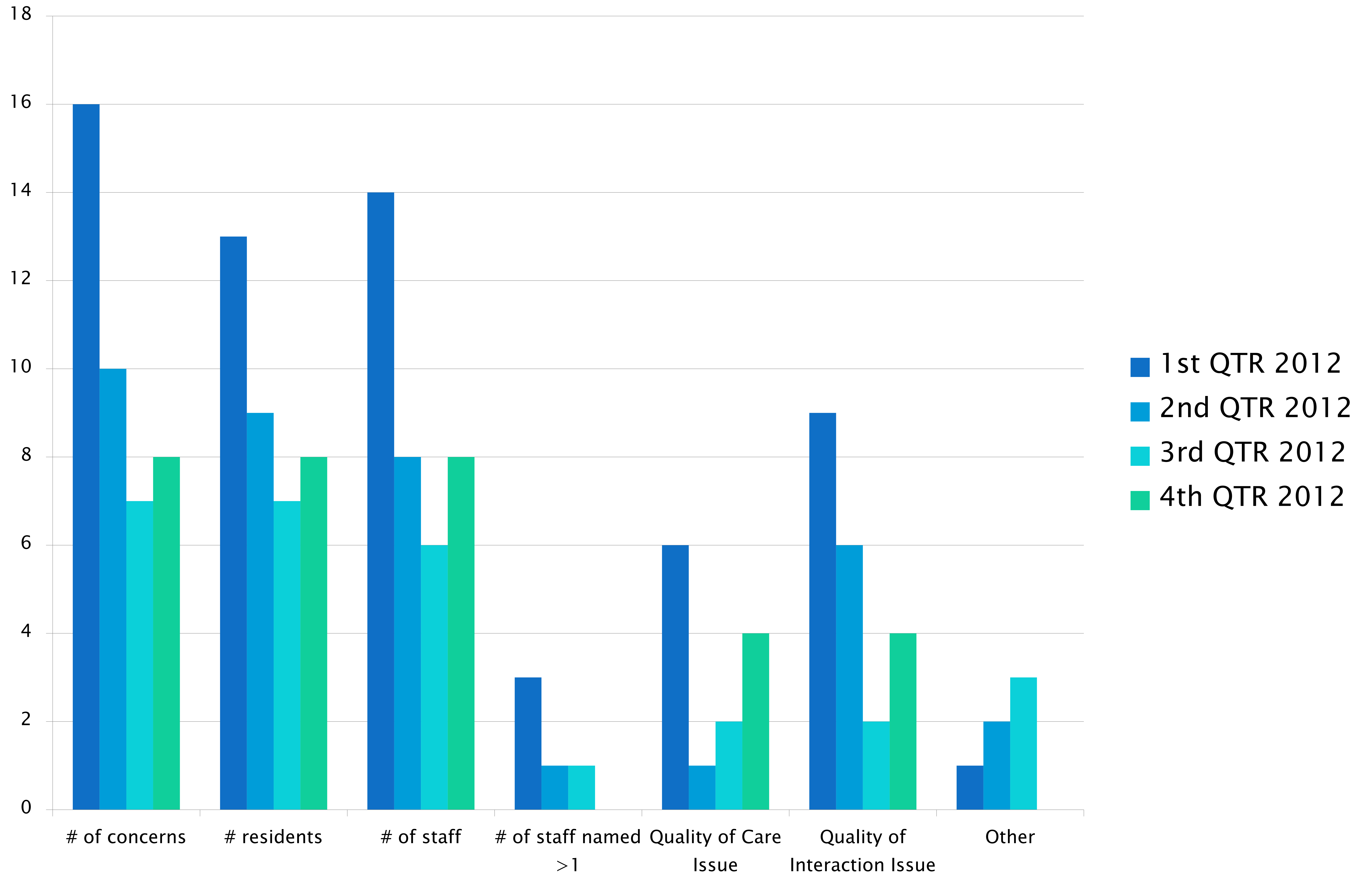
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Ask What Were The TRIGGERS?

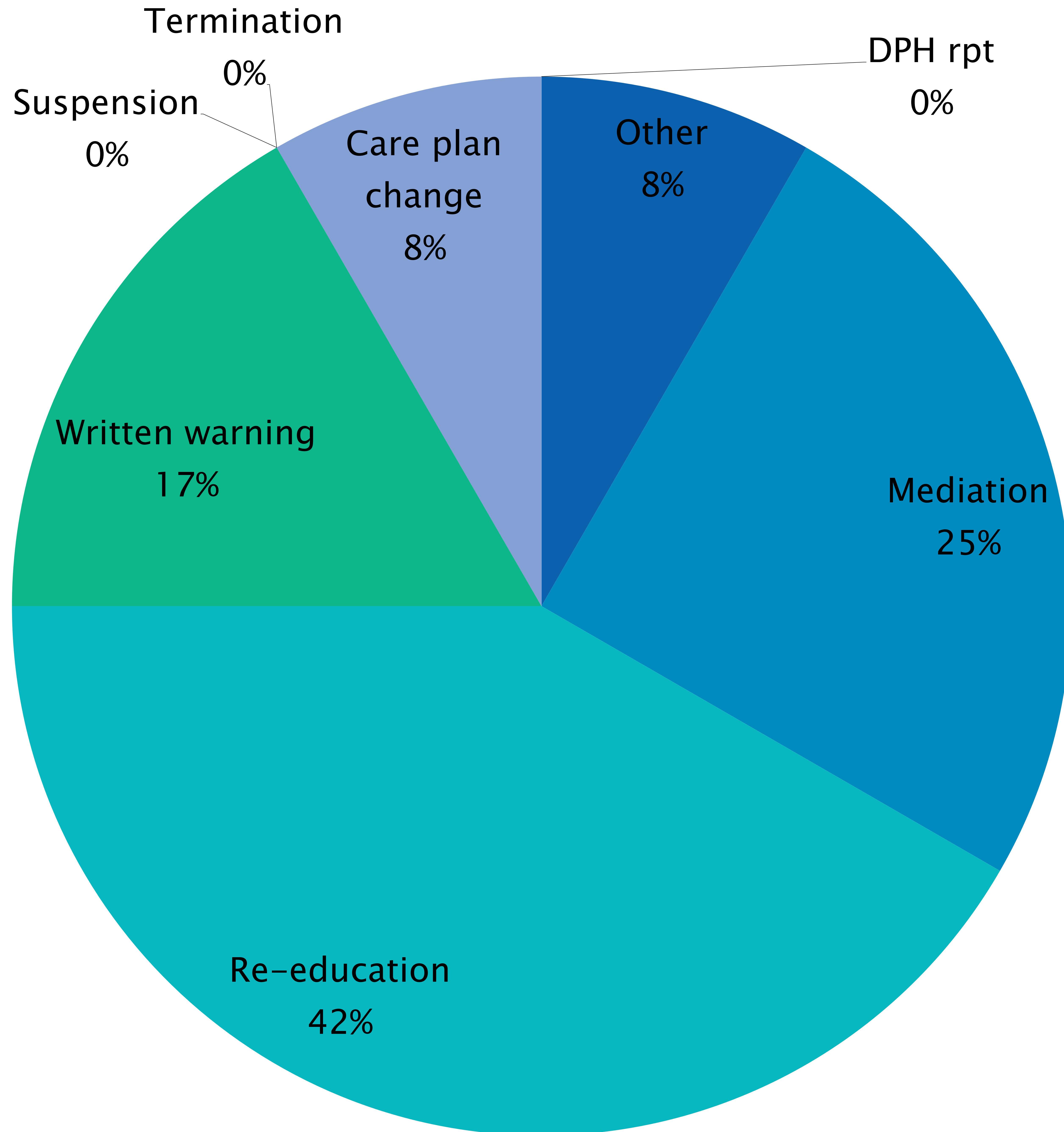
## 2 year Summary of Facility Response to Resident Concerns (2010-2011)



# Resident Concerns in 2012



# Post Oasis Training



# 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.