

Wellbeing

TOOLKIT



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We believe that **wellbeing is critical for older adults living in long term care**. And that having wellbeing can improve residents' clinical condition and functional abilities. We offer this Wellbeing Framework and its companion Conversation Guide, as a way to systematically put wellbeing at the center of care for all people living in nursing homes. This toolkit offers a process for nursing home staff to learn about what matters to residents beyond their medical care needs and then use that information to implement activities and care plans that support wellbeing.



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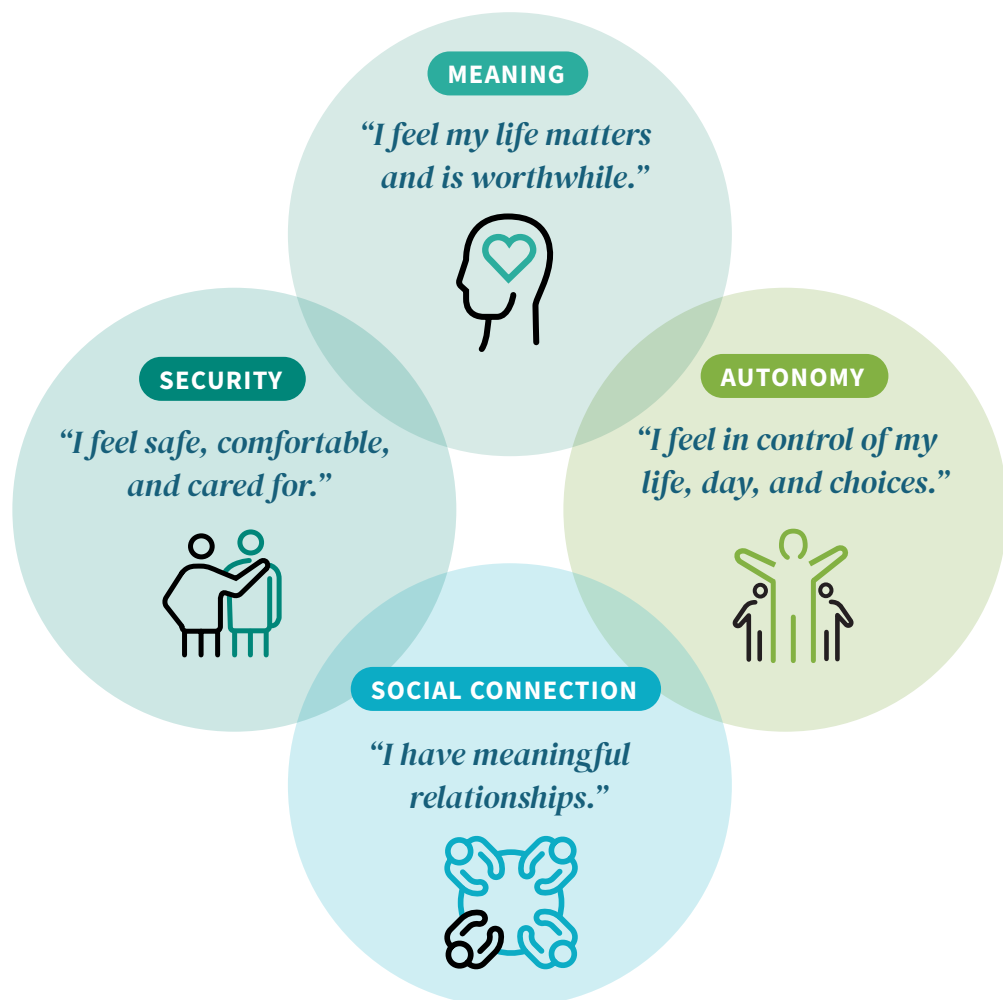
Why Prioritize Wellbeing

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Our Wellbeing Framework focuses on four domains:

Meaning, Social Connection, Autonomy, and Security.

Though all of these are important to all of us, they may be expressed differently by each of us. Consider thinking about what you do to support your own wellbeing in these four areas. And think also about how it feels when you cannot have these things.



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Our Wellbeing Framework focuses on four domains:

Wellbeing is important to all of us. This Wellbeing Framework offers a concrete way to identify and prioritize wellbeing. This framework can be used in regards to both resident and staff wellbeing.



MEANING

"I feel my life matters and is worthwhile."



SOCIAL CONNECTION

"I have meaningful relationships."



AUTONOMY

"I feel in control of my life, day, and choices."



SECURITY

"I feel safe, comfortable, and cared for."

Though these four areas are important to all of us, they will be experienced and expressed differently for each person.

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How to Support Wellbeing

Many residents of long term care facilities are not fully able to create their own wellbeing. They may have cognitive impairment or physical limitations that prevent them from easily connecting to friends and family; they may not be able to connect to purpose or meaning in the same way because they no longer be active in the ways they're used to; they may feel they can no longer make choices about their personal space, routines or meals; and they may not feel secure as they are no longer in their own homes. By asking residents about what matters to them in these four domains, we can learn how to improve resident quality of life and wellbeing.



Our Conversation Guide offers a structured approach to identifying and addressing elements of wellbeing for residents. This conversation can lead to a more holistic view of a resident that in turn helps support person-centered care. It can also lead to concrete actions that can be put in place to improve the daily quality of life for residents.

In using these materials, one provider learned that a resident needed their ketchup packets opened on their lunch tray. Another nursing home learned that many residents felt that being outside was important to their quality of life, and thus undertook an extensive team project to enable residents to spend time outdoors on a regular basis.

Over time, as attention to wellbeing is built into the fabric and culture of a facility, we (nursing home staff) recognize that these domains are part of the care we provide every day, from passing meds to providing meals to giving baths. We provide care and support in ways that help residents feel connected, secure and in control, with respect, dignity and meaning.

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Impact on Staff

Nursing home staff have reported that using this guide has helped them feel more connected to residents and feel more positive about their work and their ability to support the residents. Attending to wellbeing gives us all a set of achievable goals and a concrete way to contribute to someone's quality of life.

Impact on Residents

It is also important to note that improving wellbeing can improve clinical outcomes such as unintentional weight loss, mobility and pressure ulcers. Improving social connections, meaning, security and a sense of control can be levers to improving mood and engagement and may prevent behaviors related to fear or anxiety from loss of routines. Conversations about wellbeing can build trust between patients and providers. The Wellbeing Guide offers a concrete model of what is important to help guide medical decision making and evaluate tradeoffs of medical interventions.

“It helps our frontline staff slow down for a second and really connect, and think about why we do what we do. You may have diabetes or congestive heart failure, but that’s not all we are here to care for. We are here to care for you as a whole.”





OPENING

- We'd like to learn more about you so we can better support your quality of life and wellbeing. Can I ask you some questions about what is important to you and your sense of wellbeing?
- We know a lot about your medical history. Tell me three things about you or your life that you would like me to know that aren't about your medical conditions.

Ask: What makes you happy?

PROMPTS: As you use this guide, feel free to try out some of these questions in addition to or instead of the questions above. We have tried to keep the guide simple, but know that different language and different approaches to a complex question can be helpful.

MEANING

We want to support the things that give your life meaning and purpose.

Ask

- What gives you a sense of meaning or purpose in your life?
- Are there things about your life story or your culture that are important for us to know to support you?
- **ALTERNATIVE WORDING:** What are you proud of?

- Some people find meaning in faith or spiritual practice. If this is true for you, is there a way we can support your faith or spiritual practice here?
- Are there ways you would like to contribute to the community here—tasks, roles, support?
- Is there anything you would like to accomplish in the next few months?

SOCIAL CONNECTION

We want to support the relationships that are important to you.

Ask

- Who are the people you want to stay connected with?
- What is the best way for you to stay connected to them?
- **ALTERNATIVE WORDING:** Who are you close to? How can we help you maintain those relationships?

- Do you have the tools you need to communicate with people—technology, hearing aids, glasses, conversation board, etc?
- What would help you feel like you belong to a community here?



What makes you happy?... continued

AUTONOMY

We want to support you feeling in control of your daily life here.

Ask

- What do you do that makes you feel good about yourself?
- What things do our team do for you that you would like to do for yourself?
- **ALTERNATIVE WORDING:** If there are things we need to help you with, how can we help you feel in more control as we are helping you?

PROMPTS: As you use this guide, feel free to try out some of these questions in addition to or instead of the questions above. We have tried to keep the guide simple, but know that different language and different approaches to a complex question can be helpful.

- *Where do you get a sense of satisfaction from the ability to do something yourself?*
- *Where or how would you like to have more control over your daily life here?*

SECURITY

We want you to feel secure and comfortable here.

Ask

- What helps you feel secure or safe?
- What would make you feel more comfortable here, physically or emotionally?
- **ALTERNATIVE WORDING:** Is there anything that makes you feel unsafe here? What do you worry about?

- *Are there routines in your day that are important to continue or to start here, that make you feel more at home?*
- *What do you worry about?*
- *Are there times you feel unsafe or not secure here? What would help with that?*

CLOSING

- Is there anything else you want to share about how we can support your wellbeing?
- Thanks for sharing what is important to you. I appreciate getting to know you better and understanding what contributes to your wellbeing.
- I've heard you say that __, __ and __ are very important to you. Is that right?
- I would like to share this conversation with the team so that we can together support your wellbeing. Is that okay? Would it be okay if we talked like this again?

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INTRODUCING THE TOOLKIT IN YOUR NURSING HOME

- Identify champions who are passionate about wellbeing to introduce the toolkit to the nursing home and encourage its use.
- Ideal champions are those who have good relationships with and are respected by the staff members who will be using the Wellbeing Toolkit and sharing back the information that they learn. The best champions are often informal leaders rather than those in an official leadership position.
- Consider spending the day at a nursing home that has already implemented the Wellbeing Toolkit to learn how they incorporate it into their workflows.
- Have staff practice the Conversation Guide with each other, answering authentically rather than roleplaying, as part of the training for the Toolkit. It improves familiarity with the Conversation Guide, illustrates how much they can learn about each other in a short conversation, and may improve working relationships.
- Start small. Users have found that staff are initially resistant to having these conversations and think that they will take too long. However, after having one or two conversations, staff often find that conversations did not take as much time as they thought and that time was worth it.

SETTING UP THE CONVERSATION

- Create the space. Find a quiet, private place when both you and the resident have the time and energy for this conversation. Users have found that the conversation takes 15-20 minutes, on average.
- Keep in mind that some residents will give different answers depending on the time of day that they're having the conversation. Try to have the conversation during a time of day when the resident is able to be more engaged.
- You do not need to go through the entire conversation guide in one sitting. Feel free to ask the questions over the course of a few days if that's what works best for you and the resident.
- Gather the tools and support you will need before the conversation, including hearing aids or a pocket talker, family members you hope to include, a way to document your conversation (a note-taking sheet is included in this Toolkit), and a copy of the Wellbeing Framework.
- Posting the Wellbeing Framework in public areas can help staff, residents, family and community members understand that attending to wellbeing is a priority for your nursing home.

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WHEN TO HAVE THE WELLBEING CONVERSATION

- Users have found that residents' thoughts on their wellbeing change over time. They have found it helpful to conduct an initial conversation upon admission, annually as part of the resident's care planning process and with any significant change in a resident's health or physical and mental status.
- This Guide can be used by a team member or a behavioral health specialist as a way to explore contributing factors to behaviors and mood. The Guide offers a structured approach to explore non-pharmacologic interventions for common issues.

WHO CAN HAVE THE WELLBEING CONVERSATION

- This Guide has been used by physicians, nurse practitioners, nurses, nursing assistants, social workers, rehabilitation therapists, activity coordinators and others.
- Users found that experienced employees, people confident in their jobs, were more effective in leading these conversations with residents than less experienced employees. We recommend having less experienced staff shadow others who are leading the wellbeing conversations as part of their training.
- Users have found that the conversations are most productive when led by a person who already has a relationship with the resident, such as a member of a resident's regular care team.

DOCUMENTING THE WELLBEING CONVERSATION

- We encourage you to document this conversation in your chart and EHR.
- The Nursing Home Reform Act mandates that facilities **"provide services and activities to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident in accordance with a written plan of care."** Documenting this conversation and new activities supporting wellbeing can highlight your team's adherence to person-centered care and federal regulations.
- We have created a note-taking sheet as part of this Toolkit to support documentation of the conversation.

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SHARING THE WELLBEING CONVERSATION WITH YOUR TEAM

- Staff and residents benefit most when the information gathered from the wellbeing conversations is shared with the full team. This keeps the resident's wellbeing and preferences top of mind during all of their interactions.
- Teams have found success sharing these learnings at their daily huddle, morning meeting, risk meeting, and/or care plan meeting. We encourage you to choose a consistent meeting that works best for your nursing home.

HAVING THE WELLBEING CONVERSATION WITH RESIDENTS WITH COGNITIVE IMPAIRMENT

- This guide has been used successfully with residents with cognitive impairment and dementia, who may need more explanation of the questions and time to respond. It can be helpful to ask the questions in the Guide over multiple days so the resident does not become overwhelmed.
- To get a complete picture of a resident, consider bringing a family member or support person into this conversation.
- Consider interviewing nursing assistants who know the resident well and spend the most time with residents.

INCORPORATING THE WELLBEING CONVERSATION INTO CARE

- Again, we strongly encourage you to share the learnings from conversations with your team. Share new background that you learned about a resident or what matters to them in their daily life. You might simply take away a feeling of being more connected to a resident than you had before the conversation.
- Use these conversations to identify activities to improve quality of life for residents and to add to the care plan. Please see the Putting It Into Practice sheet for examples of activities that have resulted from these conversations.
- Notice themes and common issues that arise across conversations with multiple residents that may lead to a broader change to support everyone in your home.
- Incorporate the Wellbeing Toolkit into existing processes or projects. This tool can be used to support Purposeful Rounding initiatives and to identify and document resident Goals, Preferences, and Priorities.
- Users have also found that it effectively complements routine admission assessments done by nursing and social work.

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Shifting our focus to supporting wellbeing may require paying attention to different things than many of us are taught in our clinical training. This Putting It Into Practice tool aims to bring to life the four Wellbeing Framework domains with concrete examples of what you might hear in wellbeing conversations.

Meaning...

SOUNDS LIKE

- Sharing with others who I am and what matters to me
- Having a role in our community
- Engaging in purposeful rituals
- Spending time in enjoyable activities
- Practicing my religion or spirituality
- Contributing to something bigger than myself

FEELS LIKE

- I have a sense of identity and feel connected to who I have always been.
- I feel that I matter.
- I have a reason to get up in the morning.
- I am happy with how I spend my time.
- I feel at peace.
- I feel fulfilled.

EXAMPLE

Some interviews were with families because the elders couldn't answer questions. That was phenomenal. We learned things about the elders that the elder couldn't tell us. We have these ladies whose dementia is severe but they can sing and know the words to their favorite songs. It's rewarding for staff — for those can't verbally express themselves well but staff see them sing and they know every word. We wouldn't have known their favorite song without the Toolkit.

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What you might hear

What brings me meaning is:

- **Identity:** “I was the first in my family to go to college.”
- **Family:** “My kids and grandchildren are my world.”
- **Education/Work:** “I am an engineer and worked on...”
- **Beliefs:** “My faith guides me.”
- **Strengths:** “I am a connector.”
- **Interests:** “I love cooking.”
- **Outdoors:** “I feel most alive when I am in nature.”



How I am doing right now:

- Resident may seem depressed when they lack meaning.
- “I’m just not sure what I am doing here anymore.”
- “I spend a lot of time doing nothing in my chair.”
- “I wish I had an oven and could bake you some cookies.”

I could have more meaning by:

- “It’s hard for me to hear these days. Facetime is easier.”
- “I miss playing the piano.”
- “I’d really like to find a way to contribute here. I could help fill the soap dispensers.”
- “I’m used to taking care of other people.”

“It’s been such a long time since I’ve talked about my brother. Even though I cried, some of those were happy memories.”

— A COMMUNITY ELDER

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Ways to Approach Solutions

Reframing something you do now:

- Highlight when you see a resident doing something you know is meaningful to them.

Bolstering something you do now:

- Ask the resident questions about themselves and their past while you are caring for them.
- Formalize a role that a resident is already playing.
- Add supports to get residents to activities that matter most to them.
- Use technologies to help residents best experience the activities that matter most to them.

TRYING SOMETHING NEW:

- Explore ways to showcase what brings the resident meaning in their space.
- Create opportunities for the resident to engage in actions that bring them meaning on a regular basis.
- Design activities and groups based on common resident interests.
- Find ways for residents to contribute to something beyond themselves no matter how small.

Engaging With Residents

Reframing something you do now:

- “How was your call with your family? I know how much they mean to you.”
- “I’m so glad you attended service today. I know how much purpose that brings.”

Bolstering something you do now:

- “Tell me more about your past work as an engineer.”
- “What are your favorite things to cook?”
- Give an outgoing resident the role of social director.
- Help residents walk down the hall for a piano sing-a-long.
- Ensure resident has hearing aides and Facetime for their virtual calls with family.

TRYING SOMETHING NEW:

- Post pictures of family around the resident’s room.
- Start a small activity groups.
- Assign resident to the role of checking for empty soap dispensers.
- Ask resident to play their favorite song for you.
- Assign residents a plant to care for.
- Add flexible schedule / staffing to get residents outside more.
- Bring in groups or leaders from a resident’s faith to talk with them.
- Place a bird feeder outside the window for a resident who loves bird-watching.

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Social Connection...

SOUNDS LIKE

- Being seen—having eye contact and exchanging smiles with others
- Sharing meals
- Engaging in shared activities
- Participating in community events
- Having conversations
- Visiting with family and friends
- Having close friends

FEELS LIKE

- I feel seen.
- I feel heard.
- I feel valued.
- I feel supported.
- I feel loved.
- I feel I belong.
- I feel part of a community.

“This is a new home for this resident and I gave the Toolkit to the CNA, and she called me and said thank you. “I thought I knew her. I learned several things. We are buds for life. We are best buds.”

— ADMIN

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What you might hear

What brings me social connection is:

- **Family:** “I love visits and video calls with my family.”
- **Friends:** “My friend Milly calls every night after Jeopardy.”
- **Staff:** “The staff are my family.”
- **Residents:** “My trivia team wins every week.”
- **Community:** “I love talking to students who volunteer in the dining room.”

How I am doing right now:

- Resident may show depression symptoms.
- “I just don’t belong here.”
- “All my friends have died.”

- “I would like to feel more part of the community here.”
- “I eat dinner with the same group each night.”
- “I help Sue (fellow resident) with her depression.”

I could have more social connection by:

- “It’s hard for me to find people at my same level.”
- “I wish the staff had more time to just sit and talk with me.”
- “I used to talk to Sue everyday. Now, I can’t get to the phone in time.”

EXAMPLE

When asked about social connectedness, one resident stated that her daughters would visit separately and each one would complain about the other. Their conflict caused great suffering for their mother, the resident. The staff at her nursing home spoke with the daughters and let them know and the daughters no longer complain to their mother about the other sister. This has made a big difference in the residents’ quality of life.



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Ways to Approach Solutions

Reframing something you do now:

- Highlight and celebrate moments when residents gather together.
- Reframe care as a social connection opportunity – talk with residents while you are helping them.

Bolstering something you do now:

- Pair roommates together based on compatible needs.
- Actively pursue ways to decrease communication barriers including: vision, hearing, speech, and language.
- Add structured social interaction to meal times, such as specific topics / questions for discussion.
- Normalize staff and residents eating and socializing together.

TRYING SOMETHING NEW:

- Match social connection opportunities with residents' preferences for 1:1, small group, and large group settings.
- Connect residents with shared interests.
- Hold floor parties.
- Invite families to get to know and support each other.
- Engage outside community members and organizations.

Example Activities

Reframing something you do now:

- "I saw you at trivia. What a fun time! Did your team win?"
- "Who's in this picture with you? Where was it taken?"
- "Would you like to see a picture of my family too?"

Bolstering something you do now:

- Ask residents and CNAs about their needs as key input for roommate assignments.
- Check that residents have technologies, such as hearing aides, pocket talkers, and glasses, for social interaction.
- Turn rehab into a social event.

TRYING SOMETHING NEW:

- Survey residents social preferences and interests.
- Invite residents and families to join a shared directory.
- Create a resident or family social committee.
- Hold a monthly family potluck.
- Have a local card club come play with residents.
- Invite local green thumbs to build a community garden with residents.
- Explore bringing in animals and lifelike robotic pets.
- Invest in a tablet that residents can use to video chat family and friends.

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Autonomy...

SOUNDS LIKE

- Making choices about my day, such as when I get up, what I wear, what I eat, how I spend my time
- Doing for myself as I am able
- Using supports that help me continue to do things for myself
- Sharing what I want for my care

FEELS LIKE

- I feel at the center of my life.
- I feel competent.
- I feel respected.
- I feel I am treated with dignity.
- I feel my environment supports my ability to keep doing things for myself.

“They will know we care to ask these questions. We care about wellbeing, not just about their medicines that they take, their schedules. It goes a long way for trust.”

— ADMIN

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What you might hear

What brings me autonomy is:

- **Routine:** “I like to get up whenever I want.”
- **Food:** “I like having my own menu.”
- **Choice:** “I know what I like.”
- **Self-Efficacy:** “I am used to being independent and taking care of myself.”

How I am doing right now:

- Residents may make unfriendly comments or refuse to do things when they feel a loss of control.
- Residents may do things that you don’t understand like packing to go home when there is no trip planned.
- “I don’t feel like anything is in my control anymore.”

- “I feel like people are just telling me what to do all day.”
- “I decide when I get up, I can enjoy a quiet evening when I want, and then go to bed when I am ready.”

I could have more autonomy by:

- “A good day is when I’m free of leg pain.”
- “I like when the staff opens the ketchup packets for me so I can put them on myself.”
- “I like to make my own bed.”

EXAMPLE

One facility staff member mentioned that they could have elders fold their own clothes or walk to the dining room instead of using their wheelchair, even though it took more time.



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Ways to Approach Solutions

Reframing something you do now:

- Highlight the resident preferences you remember.
- Call out choices given to resident.
- Explore how to balance autonomy and risk vs. always defaulting to minimizing risk.
- Let residents do the things that help them feel in control, even if you don't understand why they are doing them.

Bolstering something you do now:

- Offer more choices around schedules, timing and activities when possible.
- Add supports that help residents do for themselves.
- Encourage eating with staff or other residents (which can reduce need to be fed).

- Optimize occupational therapy enhancements.
- Try mirroring or showing how an activity is done instead of just doing it for a resident.

TRYING SOMETHING NEW:

- Focus on what matters most to resident in their care.
- Break tasks into smaller parts and assist at the places where residents most need support.
- Enhance flexibility in schedule for residents who need more time to do things on their own.

Example Activities

Reframing something you do now:

- "Here's your very own menu."
- "We have three choices today. What would you like?"
- "I know you like to walk to dinner. We'll walk together and go at our own pace to get there safely."
- "How's the packing going? Do you need help?"

Bolstering something you do now:

- "Which shirt would you like to wear today?"
- "What time do you like to shower? What help would you most like when showering?"
- Offer clothes that are easy for residents to put on themselves.

- Model how to get up from bed so resident can safely do it on their own.
- Offer grabbers so residents can get what they need without asking for help.

TRYING SOMETHING NEW:

- Prioritize medical care to help resident be free of leg pain.
- Form a resident or family activity committee.
- Add visual cues in resident's room that remind them of the things they need to do to support their independence.

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- What You Might Hear
- Ways to Approach Solutions
- Example Activities

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This Putting It Into Practice tool aims to bring to life the four Wellbeing Framework domains with concrete examples of what you might hear in wellbeing conversations.

Security...

SOUNDS LIKE	FEELS LIKE
■ Having predictable structure and routines ■ Moving around the space confidently ■ Having privacy when I want it ■ Asking for help when I need it ■ Sleeping soundly at night	■ I feel safe. ■ I feel at home. ■ I feel at ease. ■ I feel comfortable. ■ I feel confident my needs will be met.

Elders reported that having someone with them at night, having a light on in the hall with the door open, knowing the building door was locked– all this helped them know “they’ll be okay at night”

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What you might hear

What brings me security is:

- **Trust:** “I know that the staff know what matters to me. We had conversations when I arrived about what I need.”
- **Home:** “I just want to be comfortable in my own place.”
- **Routine:** “It’s hard when I don’t have my regular schedule.”
- **Access to Help:** “I know who can help me and where I can go for what I need.”
- **Dependability:** “I know that the staff are here if I need anything.”

How I am doing right now:

- Residents might physically resist help with tasks like bathing when they feel unsafe.
- “I’m afraid that I won’t get the care that I deserve.”
- “I fell and yelled for 2 hours before someone helped.”
- “It may be small, but it’s my home and I like it here.”

I could have more security by:

- “I hate when staff come into my room without knocking.”
- “A good day for me starts with a hot cup of coffee.”
- “I wish the staff wouldn’t deliver my laundry when I am asleep. It makes me uncomfortable”

EXAMPLE

One nursing home had the Wellbeing Conversation with a resident who had been labeled difficult and combative with care. The staff member discovered through this conversation that this resident had an extensive trauma history, which the team had not known about. When shared with the team, this conversation led to more compassion and patience for the patient. The team also integrated their trauma-informed care practices into this resident’s care plan. This positively transformed the relationship between the resident and staff.

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- What You Might Hear

- **Ways to Approach Solutions**

- **Example Activities**

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Ways to Approach Solutions

Reframing something you do now:

- Consider yourself a guest in the resident's home and act as you would if visiting a friend's home.

Bolstering something you do now:

- Encourage residents to decorate their personal space with items that reflect who they are and their history.
- All staff consistently introduce themselves to residents and families.
- All staff wear name tags that include their role and how they can help residents.
- Start intimate procedures with gestures that give the resident a sense of safety and control.

TRYING SOMETHING NEW:

- Offer introduction tours to residents and families.
- Prioritize consistent staffing and a predictable schedule of activities.
- Clearly label physical spaces so that residents know where to find what they need.
- Find cheap, creative ways to make resident room and public spaces feel warm and welcoming.
- Create mechanisms for residents and families to share feedback with the staff.

Example Activities

Reframing something you do now:

- "May I come in?"
- "Would you like me to keep the door open or closed?"
- "I know you love your evening tea. Is now a good time?"

Bolstering something you do now:

- Resident decorates their room with their own quilts, photos, and memorabilia.
- Before showering a resident, test the temperature with them and ask if they want it warmer or colder.

TRYING SOMETHING NEW:

- Stick to a predictable schedule for key activities, such as medications, meal times, showers, and laundry.
- Have signs for key locations — rec room, tv room.
- Create a "comment box" for residents and families to share concerns.
- Schedule regular meetings for residents and families to share feedback with staff.
- Rearrange furniture so residents can easily see who is entering the room.
- Encourage families to provide a resident's preferred product brand(s) for hygiene and self-care products, snacks, etc.
- Have a music player loaded with a resident's favorite type of music that they can listen to in times of stress or agitation.

*“This brings
so much joy
for people who
live there, but also
to team members
who work there.”*



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Here's what nursing home staff have told us about the Wellbeing Toolkit.

- "Seeing is believing. You conduct one interview and you're sold."
- "This brings so much joy for people who live there, but also team members who work there."
- "The staff feel more connected because they know the elders better. That's a win-win."
- "Once you take the time to dig a little deeper to understand what people like and don't like, what makes them happy when they're having a bad day - what in the past made them happy, a memory to remind them - it can turn a not-so-good day into a good day."
- "It helps our frontline staff slow down for a second and really connect, and think about why we do what we do. You may have diabetes or congestive heart failure, but that's not all we are here to care for. We are here to care for you as a whole."
- "As we learn about the elders in a deeper way, we can also care for them in a deeper way. ... The more we know, the better we can take care of them."
- "They will know we care to ask these questions. We care about wellbeing, not just about their medicines that they take, their schedules. It goes a long way for trust."
- "If you want to see life in your home, not just someone who is living, but want to see life and joy, this is a great tool to bring everyone together as a family. It's the elders, the families, the staff, the employees, volunteers."

“It made me remember why I’m in this field and why I love hospice so much. It made me feel better about what I’m doing every day, like I’m truly making a difference.”



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And here are some changes that nursing homes made, after using the Wellbeing Toolkit:

- Organizing a fashion show by elders, prompted by elder former model
- Tending to one elder's hair and make-up every morning, after learning of her joy in presenting herself well
- Staff discussion with elder's adult daughters to decrease their "bickering and badmouthing of each other" to their elder mother, as it was causing her stress
- Addition of trauma-informed care plans to resident care, after discovering a history of trauma through these conversations
- Putting a bird feeder outside a resident's window, as she loved watching the birds
- Actively seeking an African-American pastor to provide spiritual support to African-American residents and staff
- Moving a resident's wake up time to later in the day after listening to her wellbeing needs—shifting from seeing her as "difficult" to simply being a late riser
- Addition of resident-led prayers before meals in a religious community

RESIDENT INFORMATION

.....
RESIDENT NAME:

.....
STAFF NAME:

.....
DATE: TIME OF DAY: ☐ MORNING ☐ AFTERNOON ☐ EVENING

OPENING



We'd like to learn more about you so we can better support your quality of life and wellbeing. Can I ask you some questions about what is important to you and your sense of wellbeing?

We know a lot about your medical history. Tell me three things about you or your life that you would like me to know that aren't about your medical conditions.

What makes you happy?

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MEANING

We want to support the things that give your life meaning and purpose.



- What gives you a sense of meaning or purpose in your life?
- Are there things about your life story or your culture that are important for us to know to support you?
- **ALTERNATIVE WORDING:** What are you proud of?

SOCIAL CONNECTION

We want to support the relationships that are important to you.



- Who are the people you want to stay connected with?
- What is the best way for you to stay connected to them?
- **ALTERNATIVE WORDING:** Who are you close to? How can we help you maintain those relationships?

AUTONOMY

We want to support you feeling in control of your daily life here.



- What do you do that makes you feel good about yourself?
- What things do our team do for you that you would like to do for yourself?
- **ALTERNATIVE WORDING:** If there are things we need to help you with, how can we help you feel in more control as we are helping you?

SECURITY

We want you to feel secure and comfortable here.



- What helps you feel secure or safe?
- What would make you feel more comfortable here, physically or emotionally?
- **ALTERNATIVE WORDING:** Is there anything that makes you feel unsafe here? What do you worry about?

CLOSING



Is there anything else you want to share about how we can support your wellbeing?

Thanks for sharing what is important to you. I appreciate getting to know you better and understanding what contributes to your wellbeing.

I've heard you say that _____, _____ and _____ are very important to you. Is that right?

I would like to share this conversation with the team so that we can together support your wellbeing. Is that okay? Would it be okay if we talked like this again?