

A handout for Concurrent Session A3, Pioneer Network Virtual Gathering, September 1, 2020.

Presentation by Westminster Canterbury, Shenandoah Valley in Winchester, VA.

A random list of insights

that have already emerged from 18 small group conversations about resident experience held across the campus between April, 2019, and the outbreak of Covid-19 in early March 2020.

Over and over again, in conversations across the campus, residents proclaimed they are very glad they moved here. This seems to reflect their awareness that living alone at home would have been extremely difficult.

Most residents report being pleased they made good new friends after moving in.

Many noted that the loss of a spouse, whether before or after moving here, was the most significant event in their recent lives and that living here after that death and talking with others who've had a similar loss was critical to their healing.

A few residents who have few or no family members have found the SVWC community has become their family in a very literal sense.

Almost every resident said the employees do a wonderful job. Many noted that the employees seem to enjoy each other.

A few housekeepers are said to talk too much, yet other residents enjoy getting to know their housekeepers.

Many residents stated they think the employees that work directly with them know as much as is useful to know about who the residents are as a

person, i.e. they know more than whether they prefer tea over coffee. Some observed that how much the employee knows about a resident is controlled by the resident.

The need to know more about the person increases in the higher levels of care [and becomes vital in dementia support].

Residents are strongly committed to care for each other in numerous ways. This commitment grows stronger in the higher levels of care.

Longer-term residents noted how our culture has evolved over the last decade.

Recently arrived residents have tended to assess as many as ten retirement communities before picking SVWC, often because our community is far friendlier than the others.

Newer residents tend to consider the resident experience more than the facilities and amenities. Marketing tends to sell the latter.

Quality of Life changes as abilities diminish or fail, but QoL does not necessarily diminish. Many said that QoL is a personal interior decision, not the result of external conditions.

Quality of Life matures and can change almost moment by moment. Other people are highly valuable to maintain QoL.

The presence of those living with a dementia in the Health Care Courts places a special burden on nurses, assistants, med techs and dining service staff who, in spite of some training, are not entirely prepared to support those with a dementia.

Those living with a dementia are maintained well enough, but better support is possible.

Rooms in the health care courts were designed essentially as short-term stay hospital rooms without closets and others features that would make these spaces more home-like for long-term residence there.

Residents born before WWII were raised to avoid causing trouble for, or being a burden on, others. They are being served by several younger generations who are largely unfamiliar with that outlook. This “outlook differential” produces little known discomfort for residents on the West Side. For example, several residents cannot turn by themselves in bed at night to sleep better and yet are too polite to ask for help, even though help would be gladly offered were this need made known.

Residents move in. Some enter the community swiftly or slowly, while others remain in the periphery for a variety of reasons. We wonder whether the size of the periphery relative to the total community population is a ratio that depends on total community size. Does a large community, say over 800, have a larger percentage in the periphery than a community with a smaller overall size, e.g. under 400?

Conversations with some, but not all, residents living with a dementia are possible and valuable information can be gained. Once an effective version of the question is found, responses can be signaled in various non-verbal ways. These residents will sense they are not able to answer an elaborate version of the question and appear to experience a sense of failure or embarrassment. They become tense and defensive in subtle ways. Once an effective style of conversation is found, they seem to relax and enjoy the conversation.

When circumstances permit, the conversations will be continued in Health Care and Independent Living. A visual audit of Memory Support is also planned, to be supplemented by conversations with family members.

RMS. 8/18/2020