Welcome!

Take a moment to reflect:

How have you have practiced "all hands on deck" where you work?

Session 6
All Hands on Deck: It Takes a Village to Do Person-Centered Dementia Care

Sonya Barsness & **Karen Stobbe**

Series Host and Moderator: **Gigi Amateau, PhD**

VCU College of Health Professions
Gerontology

CardinalCare
Virginia's Medicaid Program

ALL HANDS ON DECK

This series was created by the Virginia Commonwealth University's Department of Gerontology for the

Virginia Department of Medical Assistance Services (DMAS) Nursing Facility Quality Improvement Program (NFQIP) using Civil Money Penalty (CMP) Reinvestment Funds.

HOUSEKEEPING

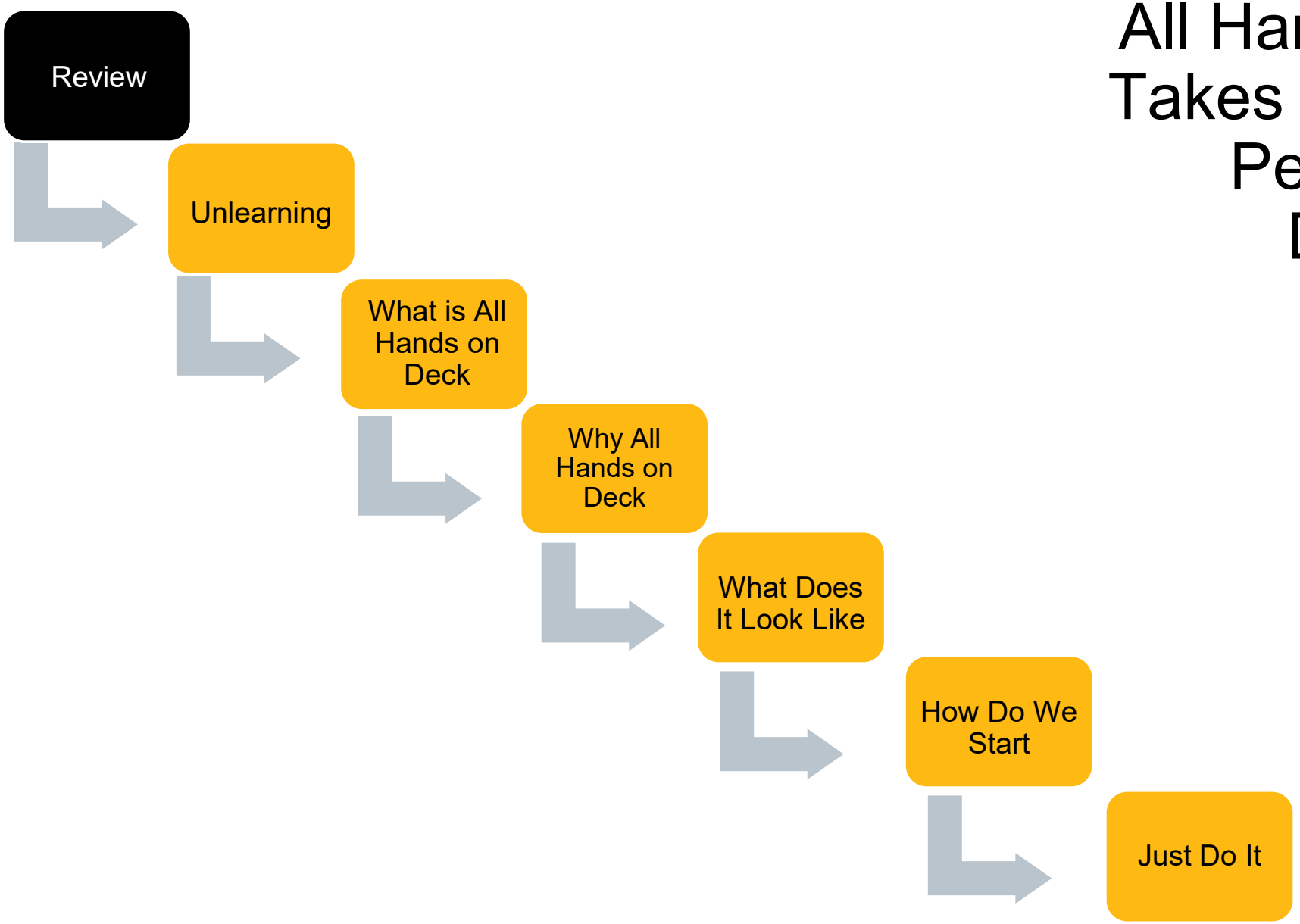
Please keep your microphone and camera off until being asked to share them.	You'll be invited to unmute during discussion/Q&A times.
Have a question during the lecture?	Use the **QA tab** anytime—our team is listening!
At the end of today's session, we'll share a short survey link (this link will repeat in an email following the session).	This helps us improve and also lets you **request your certificate of attendance.**
Certificates will be emailed about a week after the event to those who:	✓ Attend at least 75% of the session ✓ Participate in at least 75% of polls, questions, or breakout activities
Attending as a group?	Please have the registered attendee complete the exit survey and list the names of all group participants.

SERIES PRESENTERS

SONYA BARSNESS

KAREN STOBBE

Today:
All Hands on Deck: It Takes a Village to Do Person-Centered Dementia Care

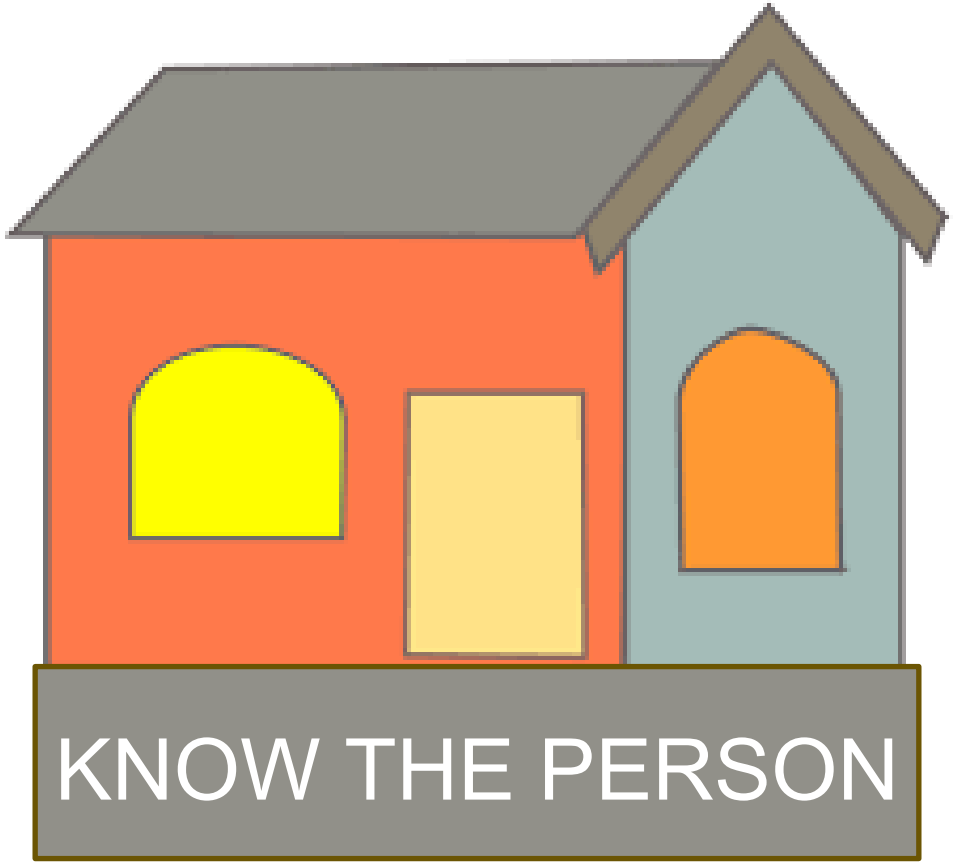


Let’s Review – From Webinar 1

Person-centered values of choice, dignity, respect, self-determination and meaningful living.

Let’s Review – From Webinar 1

Foundation of Person-Centered Dementia Care



Let’s Review – From Webinar 2

The environment can communicate negatively or positively

Let’s Review – From Webinar 2

Listen fully

Mind, Body & Soul

Let’s Review – From Webinar 2

By listening you create the space for the other to experience personhood.

Let’s Review – From Webinar 3

“If the care environment is focused on the person and their needs, none of the so-called ‘challenging behavior’ needs to happen.”

- Christine Bryden

Let’s Review – From Webinar 3

Behavior is a
form of communication.

Behavior is an
expression of a need.

Let’s Review – From Webinar 3

Each person listening right now
is an individual.
If we all got diagnosed with dementia
we would still be individuals.

No two people would be the same.

Let’s Review – From Webinar 4

Let’s Review – From Webinar 4

Rather than just focus on how to prevent or respond to “behaviors” let’s overall focus on well-being and how a person’s needs might not be met.

Let’s Review – From Webinar 5

Leadership is based on influence, behavior, and inspiring others.

Leadership is ultimately a learned behavior—a continuous process of growth, self-awareness, and helping others reach shared goals.

Anyone can be a leader regardless of job title.

Let’s Review – From Webinar 5

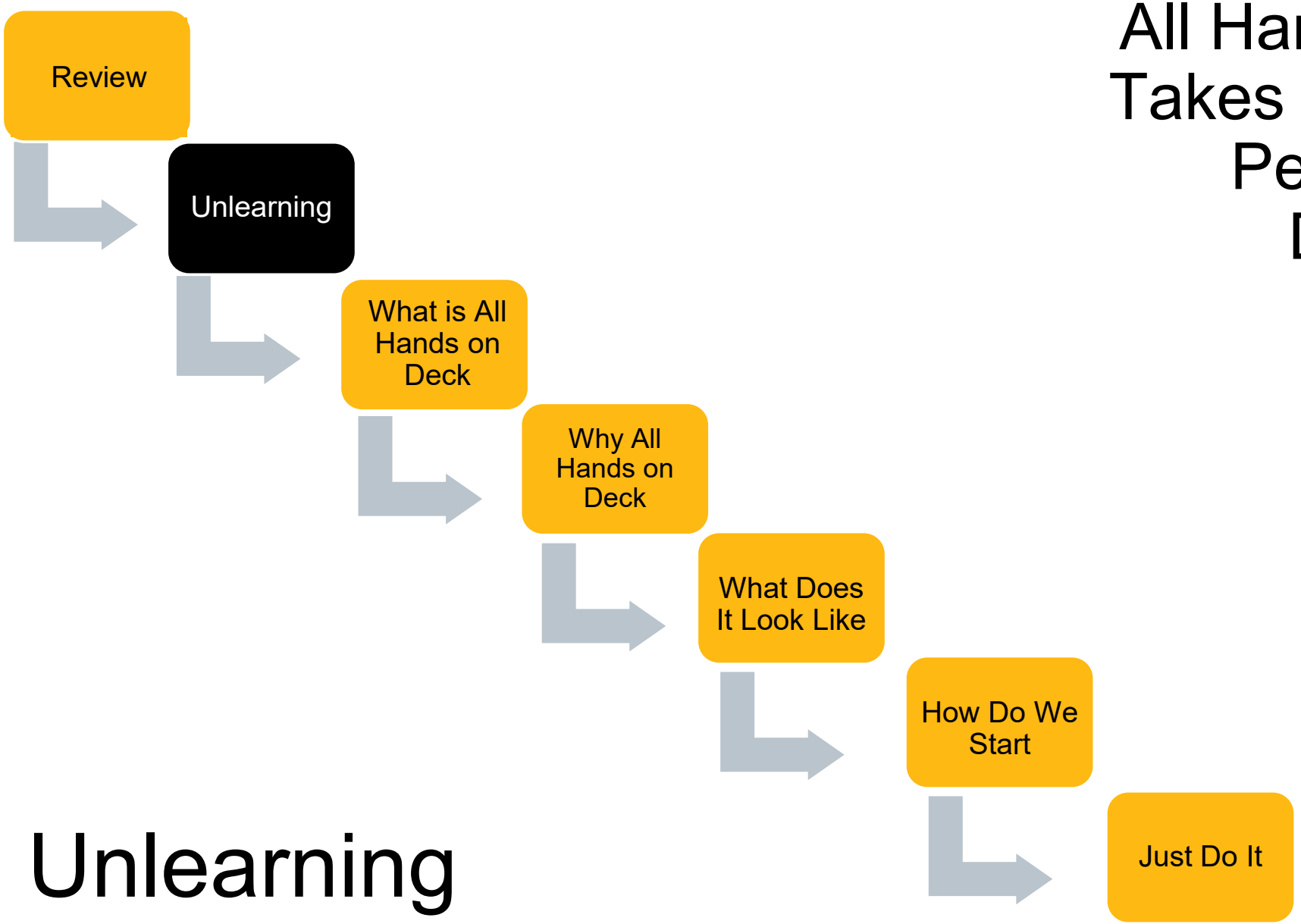
Person-Centered Values

Choice
Dignity
Respect
Individualized
Interdependent
Self-determination
Seeing the Whole Person
Providing Well-Being
Meaningful Living

Goal: Person-Centered Dementia Care

- Seeing people living with dementia as individuals.
- Meeting their human needs.
- Honoring personhood.
- Supporting overall well-being.

Today:
All Hands on Deck: It Takes a Village to Do Person-Centered Dementia Care



Unlearning

Myth: Only nurse aides and nurses care for people with dementia.

Nope!

Unlearning 2

"I can't interact with people with dementia because I don't have clinical or medical training."

Nope!

Unlearning 3

“That’s not my job.”

Nope!

Unlearning

“I don’t need training on dementia.”

Nope!

Unlearning 5

"This is just <u>more</u> work to do."

Nope!

Unlearning 6

“All hands on deck is really just for crisis situations.”

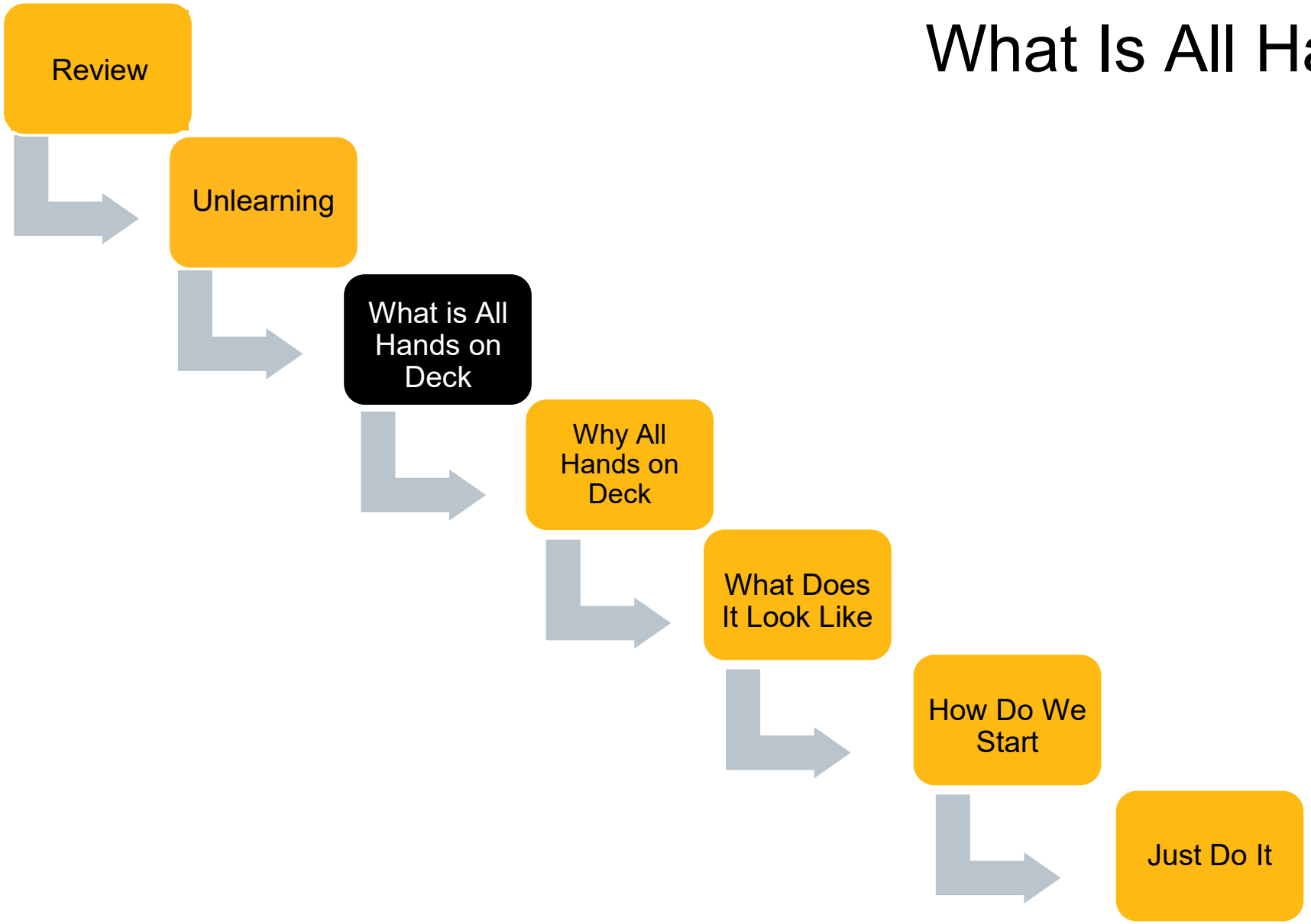
Nope!

Unlearning 7

"We can't share info about residents with other staff because of HIPAA"

Nope!

What Is All Hands on Deck?



What is
All Hands on Deck?

What is All Hands on Deck per our Dictionary?

"All hands on deck" is a common idiom and rallying cry that means everyone available must immediately help to handle a crisis or complete a massive, urgent task.

It calls for a full, concerted effort where every person's contribution is needed, regardless of their usual job title or role.

- Dictionary.com

What is All Hands on Deck - Definition

All Hands on Deck means:

It takes <u>everyone</u> to meet the needs

of people living with dementia

in a nursing home.

-Karen and Sonya

What is All Hands on Deck

More than Care

People living with dementia need more than physical care.

(just like we all do)

All hands on deck means that each person takes responsibility for the overall well-being of a resident with dementia.

All Hands on Deck in a Nursing Home

“When I think about “all hands on deck” in a nursing home, I think about creating a culture where every person who enters the community understands that they have a role in helping the people who live there feel seen, known, valued, and connected.

What Does Hands-on-Deck Include?

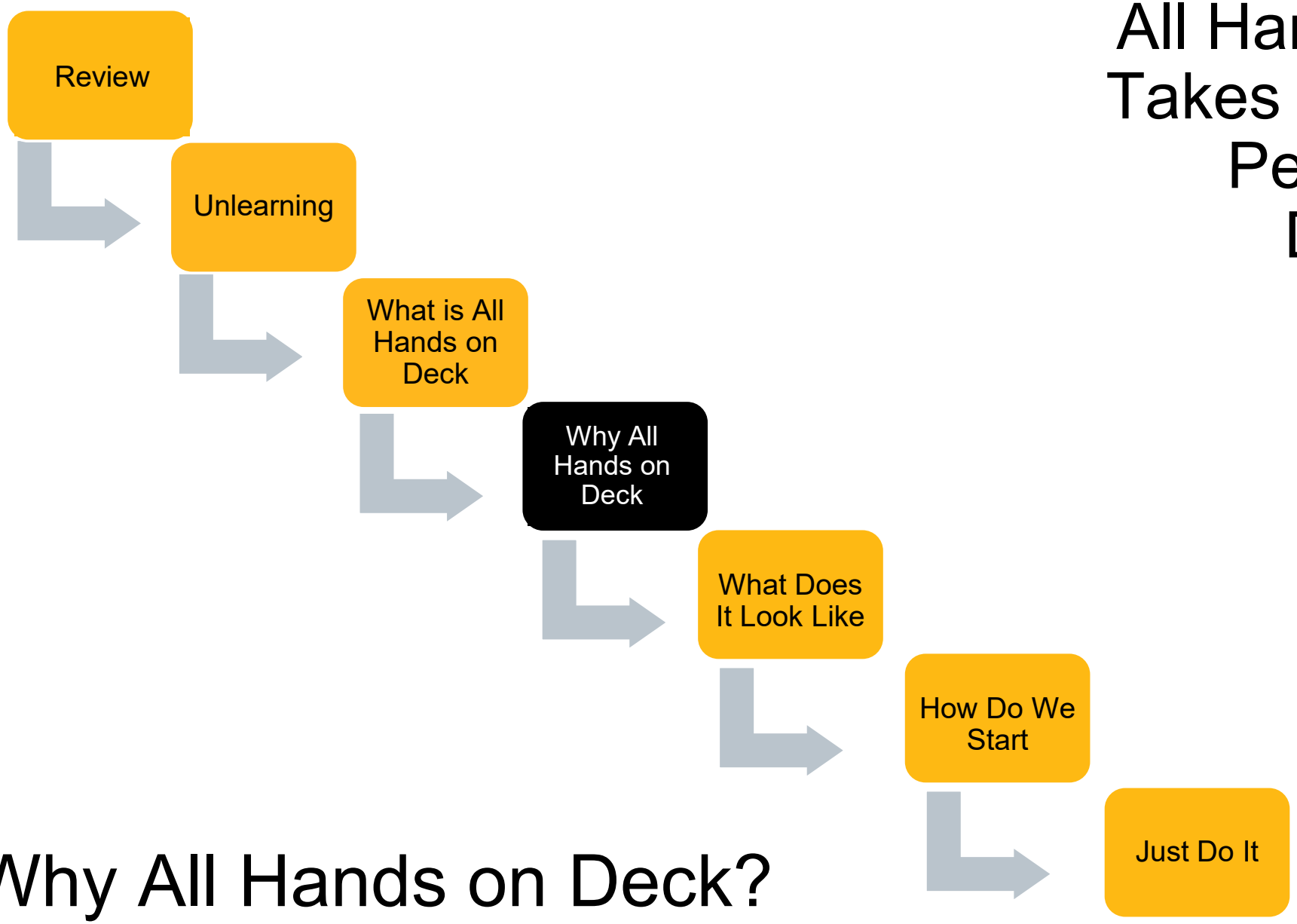
That includes nurses, CNAs, activity professionals, dining staff, housekeeping, maintenance, administrators, families, and volunteers. It does not mean everyone does the same job. It means everyone understands that quality of life is everyone's responsibility."

-Paul Falkowski

What is All Hands on Deck

All hands on deck is not about more work but working differently.
It is redefining how we work and why.

Today:
All Hands on Deck: It Takes a Village to Do Person-Centered Dementia Care



Why All Hands on Deck?

Why All Hands on Deck

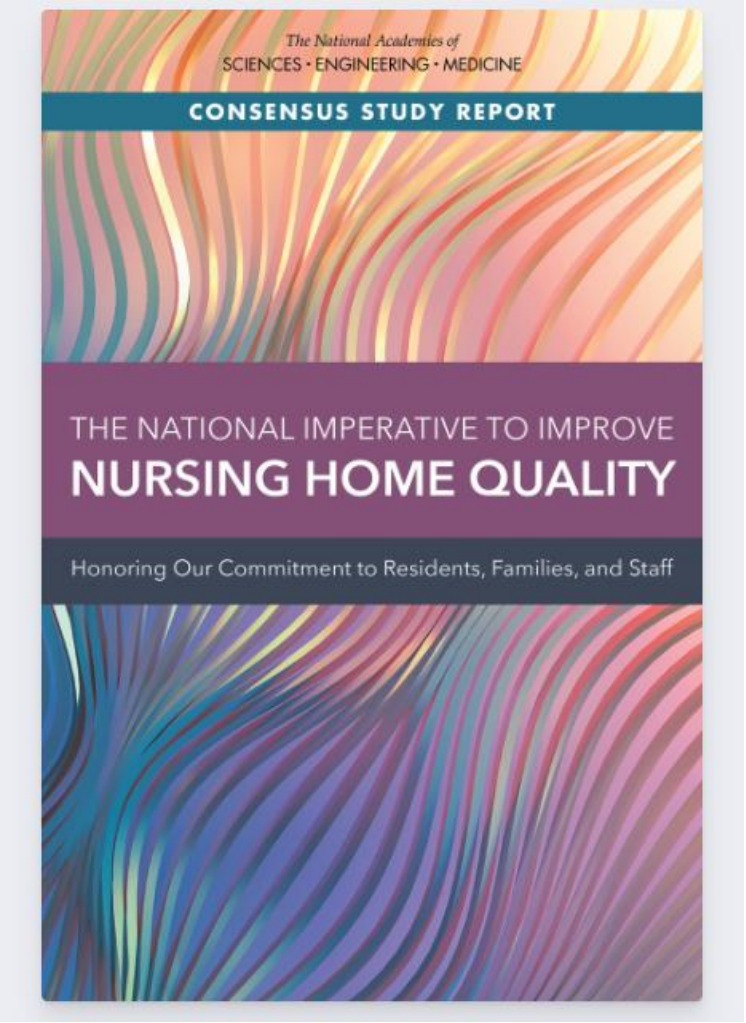
“We don’t have enough st meet all the needs of n ia like g about”.

Yes you do!

Why All Hands on Deck

"All Hands on Deck" reflects the vision of the

2022 National Academies of Sciences, Engineering, and Medicine report*: The National Imperative to Improve Nursing Home Quality*



Why All Hands on Deck

"....nursing homes should deliver comprehensive, person-centered, interdisciplinary team-based care that meets or exceeds established quality standards and supports strong connections to health care and social service systems and resources, family, friends, and the community more broadly."

Why All Hands on Deck

All Hands on Deck supports F675 § 483.24 Quality of Life and its Interpretive Guidance:

"Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care."

Why All Hands on Deck

"The intent of this requirement is to specify the facility's responsibility to create and sustain an environment that humanizes and individualizes each resident's quality of life by:

- Ensuring all staff, across all shifts and departments, understand the principles of quality of life, and honor and support these principles for each resident; and

- Ensuring that the care and services provided are person-centered, and honor and support each resident's preferences, choices, values and beliefs."

Why All Hands on Deck

“Training all staff in a nursing home ensures regulatory compliance, improves resident safety, and fosters a high-quality care environment.”

Why All Hands on Deck

Makes Our Jobs Better

Team members of different roles in nursing homes were interviewed about their experiences supporting residents with dementia:

They found:

- A sense of purpose
- A feeling of being valued
- Meaning in the work they do as nursing home staff

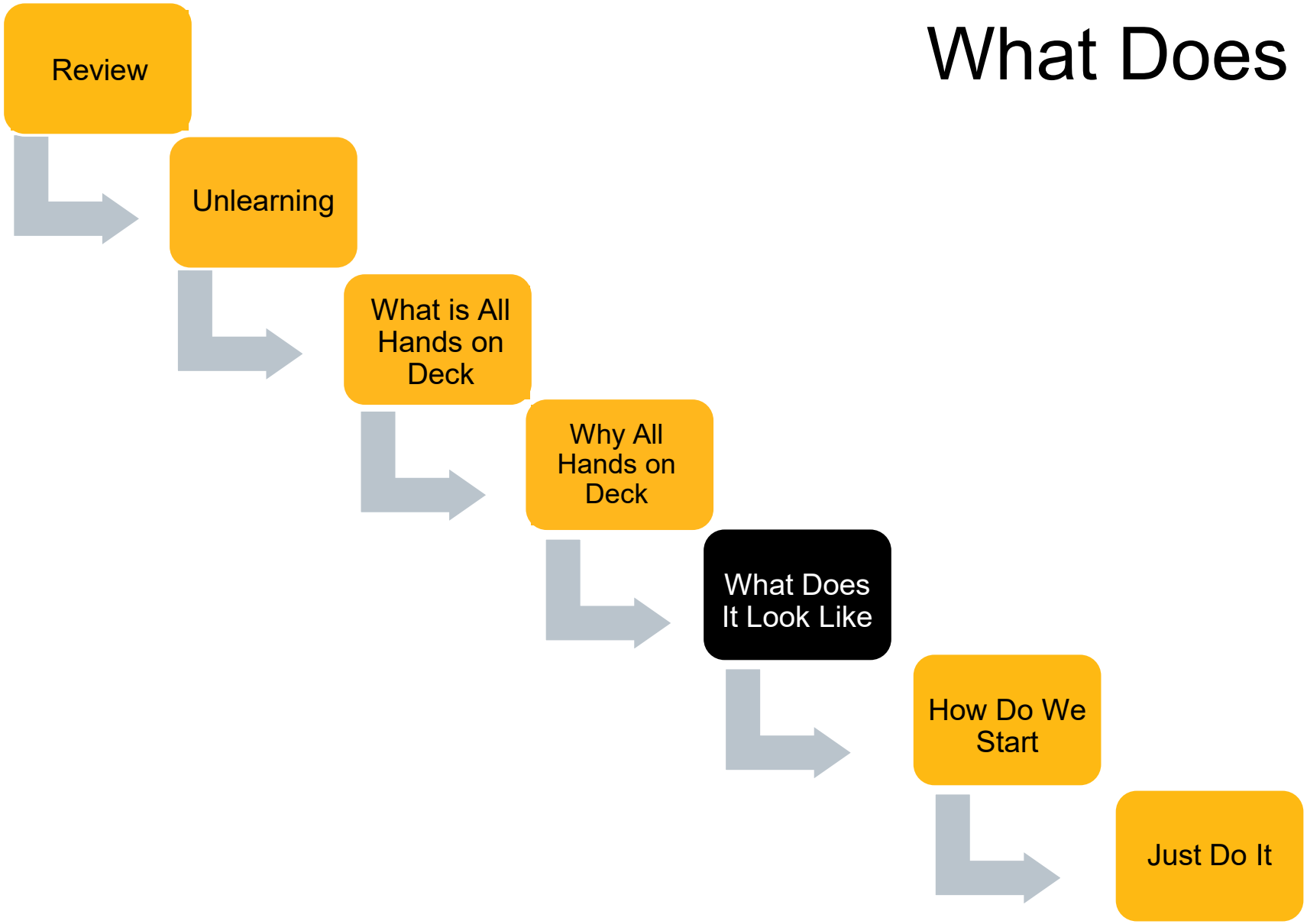
Wong, C., Como, D., Lekovitch, C., Chew, F., & Leland, N. (2025). Nursing home staff perspectives of the benefits and challenges of providing dementia care. *JAMDA 26(2)* https://doi.org/10.1016/j.jamda.2024.105411

What is All Hands on Deck

Why else might “All Hands on Deck” be a good idea?

Please write your response in the Q&A.

What Does It Look Like?



What Does It Look Like

It looks like person-centered care happening in everyday life

What Does It Look Like

A nurse and a housekeeper discussing the why of Mrs. Brown’s sadness and what they can do to be there for her.

What Does It Look Like

The receptionist taking a 5-minute walk each day with a person who enjoys going outside.

What Does It Look Like

A group of volunteers and residents setting up a table at the farmer's market or local festival to

"Get Advice from Grandparents".

or Grandma Stand.

What Does It Look Like

A small group of residents learning from the head of groundskeeping about the plants on the property.

What Does It Look Like

A hair stylist recognizing that when she tells Mrs. King she IS home, this is what makes Mrs. angry and upset, not her dementia. She shares this with the staff and Mrs. King’s family.

What Does It Look Like

What Does It **FEEL** Like?

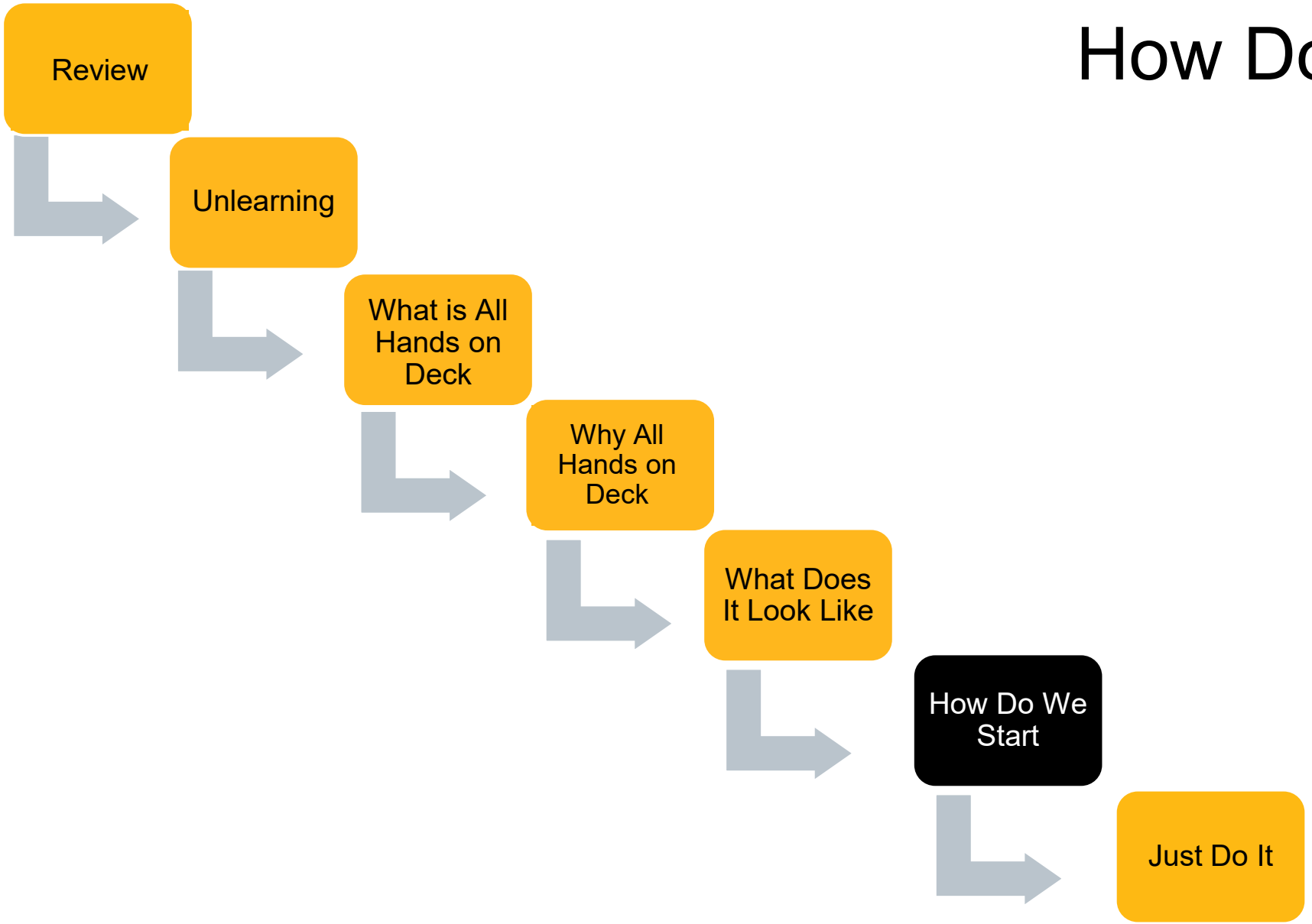
a moment of grace

doing a good deed

a random act of kindness

Compassion. Un-Selfishness. Empathy.

How Do We Start?



How Do We Start

How Do We Start

How Do We Start

Goal: Person-Centered Dementia Care

- Seeing people living with dementia as individuals.
- Meeting their human needs.
- Honoring personhood.
- Supporting overall well-being.

How Do We Start

Ideas

Ask the team what they would hope for themselves if they had dementia

Ask about what they think people with dementia really need

How Do We Start

Ideas

Provide drawing materials

Ask a group to draw what will it look like for them

‘When They’re ~~64~~ 84’

Some draw themselves.

Some draw where they will be.

Play a little Beatles in the background, When I’m 64.

NOTE: Half will be living in a care community or have passed away.

Judger vs. Learner Attitude

Adapted from *Change Your Questions, Change Your Life,* Dr. Marilee Adams

How Do We Start

Learner Questions

What’s good or useful about this?

What possibilities does this open up?

What can we do about this?

How can we stay on track?

What can we learn from this?

How Do We Start

Learner Mindset

The **learner mindset** is characterized by openness, curiosity, and a hunger for growth. It encourages constructive self-questioning, such as “What can I learn from this?” or “How can I turn this into an opportunity?” This mindset views challenges not as barriers but as gateways to new knowledge and skills.

How Do We Start

Office staff person says:

“I really don’t like
interacting with people
living with dementia.
It kinda scares me.“

How Do We Start

Be curious

"Okay. I understand. A lot of people are scary not just those living with dementia. Maybe we can work on why you are scared.

How Do We Start

A nurse says:

“I feel like I do enough.
I feel stretched thin already.”

How Do We Start

Listen with an open mind

"I hear you. Maybe we need to visit why you feel this way first and then remember - we are not *adding* to your workload - just we are *reworking* things. Let's talk about your ideas about that."

How Do We Start

An housekeeper says:

“I don’t think I have anything to share about myself.
I feel like all I do is work.”

How Do We Start

Hunger for growth

"I get it. But maybe if you fill out an About Me sheet you may realize there are some interesting things about you that others may find interesting too."

How Do We Start

It might not be for everyone,
but everyone can contribute in some way.

Might not be something
a person does every day.

How Do We Start

Making sure you know each other

How Do We Start

Get to Know Each Other

Common Ground

Pair up a resident with a staff person and have them find at least 3 things they have in common that are not visible by the eye.

Not that we are both women or we both wear eyeglasses. Dig deeper.

Get to Know Each Other

Show & Tell

Ask staff to bring an object in that has meaning to them. Have them share with the residents. Ask residents if they relate to the item or have an item of their own.

Get to Know Each Other

Buddy Up

Pair up staff with a resident or maybe 3. Each staff person needs to find out as much as they possibly can about each resident. Then you can think about how to use that information to connect with the person. Share with others.

Note: As new residents move in buddy them up. It doesn’t have to be a CNA or nurse.

Get to Know Each Other

Ask a ‘get to know you’ question

What’s the best gift you’ve ever received?
What’s one thing most people don’t know about you?
What’s your favorite holiday?
If you were an animal, which one would you be?

Get to Know Each Other

Deeper questions

What’s one rule you try to live by?
What’s the hardest thing you’ve ever done?
What’s something you’ve learned the hard way?
What are you most grateful for?

How Do We Start

Get to Know Each Other

Quickfire questions

Coffee or tea?

Morning person or night owl?

Sweet or salty snacks?

More quickfire questions

Beach or mountains?

Dogs or cats?

Movies or books?

Watch birds or Play a game?

How Do We Start

Getting to Know Each Other Here:

What’s the best gift you’ve ever received?

Please write your response in the Q&A.

How Do We Start

How Do We Start

About Me Sheet: For Staff

My preferred name is _____

My birthday month and day is _____

I grew up in the town/city of _____ &

State _____ Country _____

One thing that can instantly make my day better is _____

_____

How to use the staff ‘About Me’ worksheet

Use the information from the Staff About Me sheet to compare to the Resident About Me sheet and pair up people accordingly.

How to use the staff ‘About Me’ worksheet

Use it to see what skills other than ‘care’ they have and may use with some encouragement.

How Do We Start

How Do We Start

”I’m not trained as a nurse or C.N.A.,
what can I do with a person living with dementia?”

How Do We Start

You may want to train all staff to understand how to communicate with a person living with dementia and understand actions and reactions.

NOTE: We have heard there are free webinars on communication and actions and reactions on the VCU landing page for these webinars.

How Do We Start

About the Hub | Questions? | Content Library | Shopping Cart

Person-Centered Dementia Care

A series of video lessons to support team members working closely with people living with dementia.

What's Included | Certificate | Ratings

Developed by the Riverside Center for Excellence in Aging and Lifelong Health and based on the CMS Hand-in-Hand training series, this training tool provides 52 brief video lessons on person-centered practices and strategies for working with people with dementia in nursing homes, assisted living communities, and home care settings.

https://learninghub.leadingage.org/courses/person-centered-dementia-care-1

How Do We Start

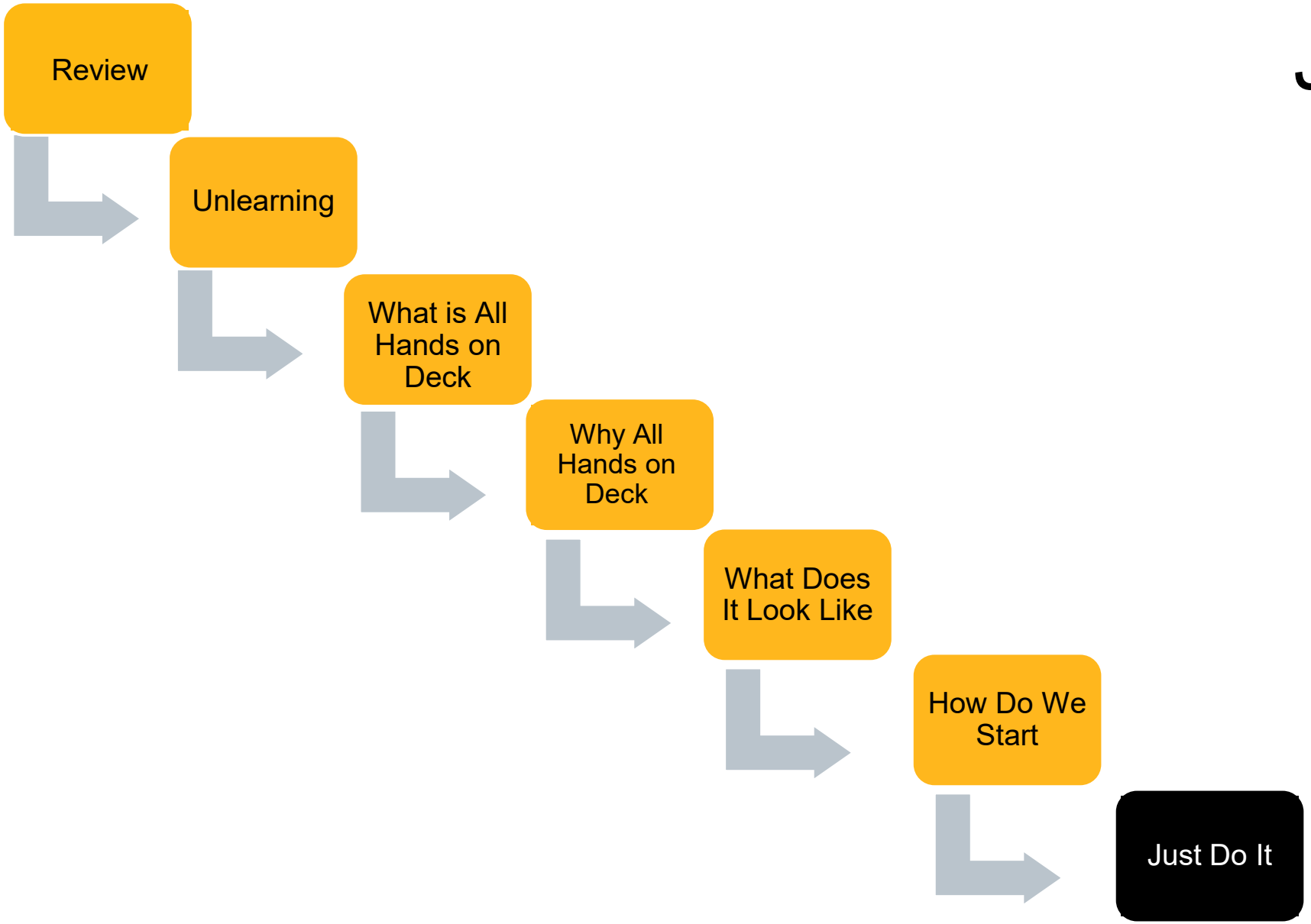
Consider Cross Training?

Does it make sense for team members to be trained as nurse aides? Which ones?

What about training the receptionist in dining?

Or nurse aides in life enrichment/recreation?

Just Do It!


Review
Unlearning
What is All Hands on Deck
Why All Hands on Deck
What Does It Look Like
How Do We Start
Just Do It

Just Do It

There is so MUCH that non-care staff, family and volunteers can contribute to a better quality of life for each person living with dementia.

Just Do It

Okay, what are **non-care** related needs of a person living with dementia?

Just Do It

Who can do this? → Most of the time anyone

How do they do it? → Make sure the nurse & C.N.A. know about it.

What are the steps to make this happen? → Check re their meds and whether they have gone to the restroom are the 2 big ones.

Just Do It

Get Outside!

Taking a walk – could be inside or out.

Sitting outside and watching birds.

Planting some flowers or veggies.

How Do We Start?

Share Yourself

Show off a hobby you enjoy.

Have you taken a trip? Show some pics.

Do you play an instrument?

Just Do It

Assist a Person…

In a group activity that they need help

During a meal: encourage, reassurance, chat

With a video call

Just Do It

One to One

Read their favorite book.

Help to send a card or email

Find a person you have a commonality with and share information.

Just Do It

Just Do It

Another way of putting “All Hands on Deck” into practice is Interdisciplinary Teams

Making sure All Hands are at the table

Just Do It

Ideas for Interdisciplinary Teams/Committees

- Welcoming
- Employee Recognition
- Birthdays (Residents and Staff)
- Events
- Actions & Reactions
- Meeting Unmet Needs Team

Just Do It

The Why Sheet

Name of Person with Dementia:

Your name:

Date action occurred:

Time action occurred:

Date/time of action:	
Location of action:	
Who was present?	
Action of the person	
Has it happened before?	

Just Do It

Figure 2. The well-being pyramid illustrates the hierarchy of domains to be addressed for restoring well-being. (From *Dementia Beyond Disease: Enhancing Well-Being*, by G. Allen Power. Published by Health Professions Press. Copyright (c) 2014 by Health Professions Press, Inc. All rights reserved. Reprinted by permission.)

Just Do It

Needs	Is it being met?	How do we fill her need?
Love		
Connectedness		
Engagement		
Occupation		
Inclusion		
Growth		
Identity		
Hope		
Autonomy		
Joy		
Purpose		
Comfort		
Physical		
Spiritual		

Just Do It

<u>Make it Happen</u>

Resident's name: **Bea**

Person filling this out: **Ayisha, 2nd Floor Lead CNA**

Need of resident: **Bea wants to go out and track the birds at the feeder**

Just Do It

Who will assist? **Zorrie, Bea's housekeeper**

What day and time will this occur? **Tuesdays & Fridays at 10:00am - 10:30am**

What steps need to happen to make this happen?

Tell: **Katie head of housekeeping, 2nd floor nurse on duty**

Do: **Bea's CNA needs to make sure Bea has had her meds and gone to the restroom.**

Bring: **Make sure Bea has her notebook and binoculars and a light jacket**.

Just Do It

<u>Make it Happen</u>

Resident's name: **Mr. Hall**

Person filling this out: **Andi - Memory Care Nurse**

Need of resident: **Mr. Hall and his only son Sam want to facetime once a week.**

Just Do It

Who will assist? **Andrew - weekend maintenance**

What day and time will this occur? **Sundays at 10am**

What steps need to happen to make this happen?

Tell: **Check with Sam, the son, to make sure every Sunday at 10am is good and on his schedule.**

Do: **Let everyone in Memory Care know this is happening so to not disturb the call.**

Bring: **The office ipad so Mr. Hall can see better.**

Just Do It

Just Do It

“For me, companion volunteers are an important part of ‘all hands on deck’. A trained volunteer who visits consistently can sit with someone, listen to their stories, learn what matters to them, and help bring that person’s identity back into the life of the community. Sometimes the most powerful contribution is not a program or a task, but a relationship.”

-Paul Falkowski

Just Do It

BEING HEARD

The Voice of a Revisionary Gerontologist

HOME ABOUT ME CONTACT LIST OF POSTS

Please Please Nursing Home, Let Me in (I am Not the Big Bad Wolf)

AUGUST 29, 2017 ~ SONYA BARSNESS

This post was originally published anonymously on www.seniorhousingforum.net on March 21, 2017. I am owning it now – I wrote it. I am owning it because maybe it will spark some conversation. Or, maybe I will NEVER be allowed in this, or another, nursing home again (I hope not).

> *Dear Nursing Home,*
>
> *Why are you rejecting me? Please let me come to your community and be a friend to your residents.*
>
> *Love,*
>
> *Potential Volunteer*

Recent Comments

Rose Marie Fagan on Being Dementia Inclusive: A Ro...

Being Dementia Inclu... on What Are We Fighting FOR?

clieblich32080b3a1b on Becoming Who You Are

Sonya Barsness on My Butterfly Buddy Who May or...

Rose Marie Fagan on My Butterfly Buddy Who May or...

Just Do It

Just Do It

Person Centered Values…..For Volunteers

Choice
Dignity
Respect
Individualized
Interdependent
Self-determination
Seeing the Whole Person
Providing Well-Being
Meaningful Living

Just Do It

Just Do It

What Can Volunteers Do?

- 1:1 time with residents
- Outside time
- Helping in Groups
- Leading Groups
- Helping with events
- Trips
- Organizing Volunteers

Just Do It

What if Volunteers Could Manage Other Volunteers?

- Helping with recruiting
- Helping with scheduling volunteers
- Helping with training volunteers
- Checking in with volunteers
- Asking what volunteers need

Just Do It

Sample promo.

Headline:
Turn an Hour Into a Lifeline

Body copy:
Do you have a listening ear, a kind heart, or a free hour a week? Join our volunteer team and bring conversation, companionship, and joy to older adults in our community. Whether you love reading aloud, playing games, helping at events, or simply sharing a smile, there's a place for you here.

Call to action:
Be the reason someone feels seen today.
Apply to volunteer at [Facility Name] and help make everyday moments more meaningful.

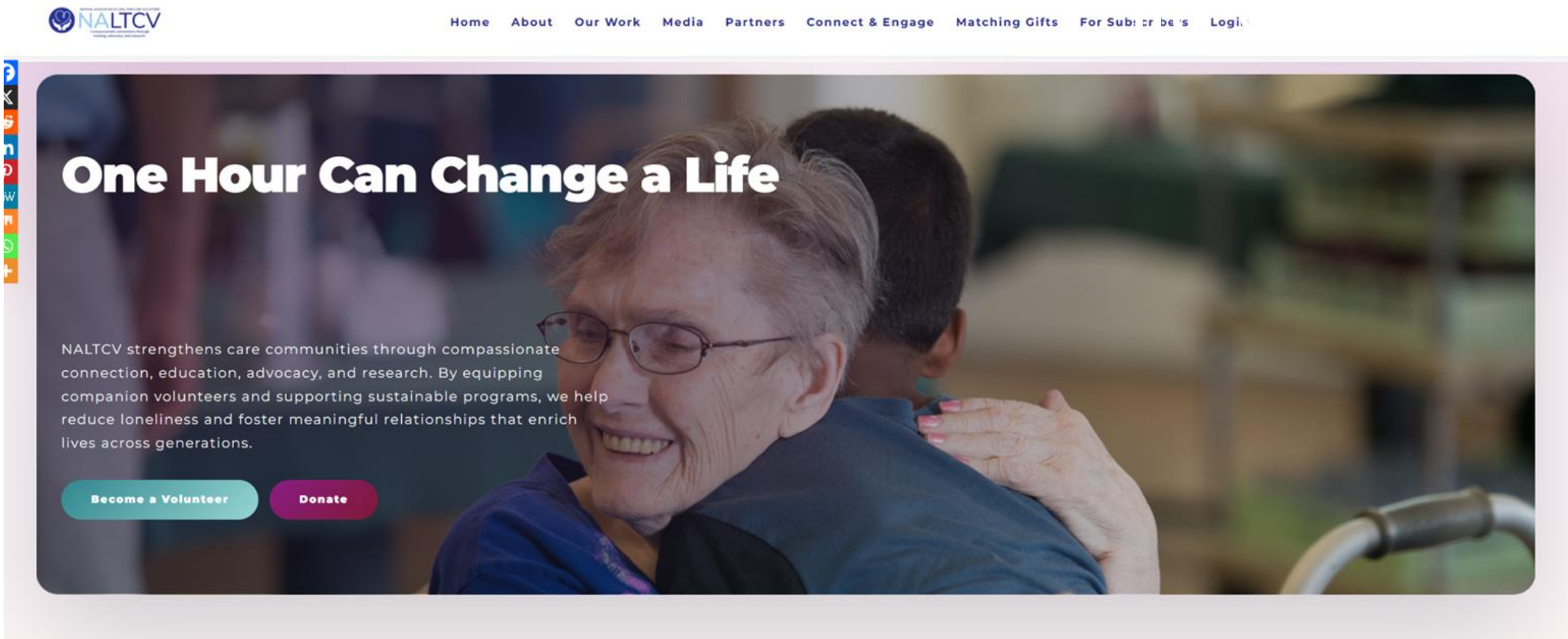
Tagline options:

- Small moments. Big impact.
- Come for an hour. Leave a legacy.
- Your time can change someone's day.

Social media version

Looking for a meaningful way to give back?
Volunteers at [Facility Name] help create connection, laughter, and comfort for older adults. No special experience needed — just kindness, reliability, and a willingness to show up.
Join us and make a difference one visit at a time.

Just Do It



The National Association of Long-Term Care Volunteers (NALTCV) https://naltcv.org/

Just Do It

All Hands on Deck
IRL (In Real Life)

Just Do It

Purposeful Rounding

EPOCH Senior Healthcare of Harwich, Maine

- Fall Reduction
- Every shift, all team members—not just nurse aides—spend 30 minutes making these rounds, which go beyond quick in-and-out check-ups.
- Team members ask resident about their comfort and evaluate surroundings for safety
- Residents appreciative and nurse aides too
- Reduced falls by 50%

Just Do It

Recreation Team Members are CNAs

Recreation team members become CNAs so they can assist residents during activities.

Just Do It

Everyone was trained as a C.N.A.

St. John's on the Lake

Over 3 years everyone was trained as a CNA. Why?

So, no one had to say –

"I'm sorry I can't help you,
I'll get a CNA."

Where can you start?

- Ask all employees to fill out a Staff About Me Sheet.
- Get to know one another better.
- What non-work skills does staff possess?
- What non-care needs do persons living with dementia have?
- Assemble a (interdisciplinary) team to look at a volunteer program; starting or improving.

A closing reflection question

What is one thing

you are going to do

to put "all hands on deck" into

practice?

Please write in Q&A

Thank You!

Let’s continue this conversation.

Karen Stobbe — kstobbe1@gmail.com

Sonya Barsness — sonya@sbcgerontology.com

THANK YOU!

Virginia Department of Medical Assistance Services (DMAS) Nursing Facility Quality Improvement Program (NFQIP) using Civil Money Penalty (CMP) Reinvestment Funds.

REMINDERS

We will post a survey link in the Chat tab and will resend it with our follow-up message.

This helps us improve and most importantly, **lets you request your certificate of attendance.**

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✓ Participate in at least 75% of polls, questions, or breakout activities

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Huddle-Up 6

July 8, 2026, 1:00pm - 2:00pm ET

Sonya Barsness & Karen Stobbe

Series Host and Moderator: Gigi Amateau, PhD

VCU College of Health Professions

Gerontology

CardinalCare

Virginia's Medicaid Program