

WELCOME NEW VOLUNTEERS

Your help is appreciated and we will do everything to make sure that your experience here is a positive one.

Dedicated volunteers like yourselves have helped Maimonides become what it is today. By sharing your special skills you play an important part in helping to meet the needs of our elderly.

We are proud of how Maimonides has progressed and pleased that you have chosen to join us. We anticipate that soon, you too, will feel the pride that comes from being a Maimonides volunteer.

Working with nurses, social workers, therapeutic recreologists, physiotherapists, occupational therapists, doctors, psychologists, dietitians, housekeepers, maintenance workers, administrators and other professionals - you are part of a team, working together to enhance the quality of life for our residents and their families.

We realize that your first few weeks at Maimonides may be somewhat confusing as you attempt to become more familiar with your new tasks and surroundings.

Always feel free to ask questions and discuss any concerns that you may have with the Department of Volunteer Services.

We hope that this manual will help you. Please use it - not only to become informed about Maimonides, but as a permanent reference throughout your time here.

Thank you for your gift of time.

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MAIMONIDES GERIATRIC CENTRE

MISSION STATEMENT

Maimonides Geriatric Centre strives to provide the best possible quality geriatric care to the frail elderly Jewish population of the Province of Quebec.

PHILOSOPHY

Maimonides Geriatric Centre is founded on the Jewish tradition of caring for our elders.

We believe that everyone should be treated with dignity and respect.

We believe in promoting self-determination and autonomy.

We believe in an interdisciplinary approach to care, taking into account individualized needs.

We believe that the family must be involved in all aspects of care.

We believe in promoting a caring approach through the development of our staff.

We believe in research and education in order to ensure the highest quality of care.

We believe in being an active participant in the Jewish community and with our partner organizations.

DEPARTMENT of VOLUNTEER SERVICES

MISSION STATEMENT

The mission of the Department of Volunteer Services is to improve the quality of life and the emotional well-being of the residents. This is measured by the quantity and the quality of service.

The Department of Volunteer Services acts as a liaison between residents, staff, volunteers, and the community. By keeping abreast of the needs and concerns of the residents, it can then assign volunteers to respond to those needs. Contact is maintained with schools, community groups and service groups to recruit volunteers and to keep the public informed about Maimonides. On a more global dimension, the department is alerted to modern trends in volunteerism through committees, conferences, etc., and spreads this message to the community as well.

The door of the Volunteer Department is always open so that the needs of the volunteers can be met. Volunteers have the opportunity daily to share their concerns or discuss their problems with the Director of Volunteer Services on a one to one basis.

Volunteers play a large role in enhancing the therapeutic milieu of the institution. They bring the world inside to residents to let them know they are not forgotten. They are able to cater to the residents' social and emotional needs by providing more individualized attention. The residents can thus be helped to maintain an identity while functioning in a institutionalized world. By supplementing and assisting the staff, volunteers allow for an increase in the quantity and quality of programs available for the residents, and an increase in the number of residents attending each program. An additional source of special skills, creativity, and resources is provided.

MAIMONIDES HISTORY & BACKGROUND INFORMATION

Maimonides can trace its history as far back as 1910 when it was founded by the Jewish community of Montreal under the name "Montreal Hebrew Sheltering Home" housing six residents in a home on Evans Street. This home served not only the aged, but also transients due to the influx of new immigrants from Europe. Subsequently, a home for orphans opened in an adjacent building. In 1916 the home became a constituent agency of the Federation of Jewish Philanthropies.

In 1918, a group called the Nachlas Zkainim Society of Montreal initiated efforts to found a second home for the aged and purchased a building on Cadieux Street - which was unsuitable for elderly residents. A few years later, Mr. & Mrs. B&S Steinhouse purchased a building on City Hall Avenue for a similar purpose. In 1925 the two groups amalgamated to form one organization.

As a result of the ever increasing needs to serve Montreal's Jewish elderly, land was purchased on Esplanade Avenue and in 1928 a new four-storey structure was built and furnished at a cost of \$170,000 with 40 bedrooms and a 76 bed capacity. Occupants from the homes on Evans Street and City Hall Avenue were then transferred into their new dwelling. Increasing applications for admission made necessary the construction, in 1935, of an additional floor containing 40 beds. In response to continuing pressure from the community, an adjacent building was purchased and remodelled to accommodate 29 more beds for a total capacity of 145 beds.

Until this time, it was the policy of the founding homes to admit only the aged who were autonomous and required minimal medical and nursing supervision. However, as the physical condition of the residents deteriorated, medical and nursing staff were added to care for them and the criteria for admission was altered.

To reflect this change, the name of the institution was changed to "Maimonides Hospital and Home for the Aged" in honour of Rabbi Moshe Bar Maimon also known as Maimonides, one of the greatest Rabbis in Jewish history, as well as a noted philosopher and doctor, serving as physician to Saladin, Sultan of Egypt.

Recognizing the critical needs of the community for a first rate, long-term Hospital to care for the elderly who were chronically ill, Maimonides Hospital and Allied Jewish Community Services made the decision to sell the building on Esplanade and purchased a 7-1/2 acre site in Cote St-Luc where, in 1964, a new facility was built containing five floors,

accommodating 247 beds, and at a cost of \$ 4,700,000. In 1983, two more floors were added to increase the bed capacity to 387 where it now stands.

Admission into Maimonides Geriatric Centre is made via a central admission machinery created by the government. All residents are referred to Maimonides by the Central Admissions Committee (Comite d'Admission), a body whose members are assigned by the Regional Council of Health and Social Services of metropolitan Montreal (le conseil de la sante et des services sociaux de la region metropolitaine de Montreal.)

The average age of the residents is 86 years old. The residents receive 24 hour per day care, which includes: nursing, medical, physiotherapy, occupational therapy, art therapy, music therapy, audiology, dietary, social services, religious services, arts & crafts, recreation, and volunteer services including pet therapy.

Maimonides also boasts a Day Hospital which was opened in 1965 and was the first psychogeriatric day hospital to be established in all of Canada.

Our Meals-on-Wheels program, started in 1967, was the first of its kind to be created in the Jewish community, and today it is run exclusively by the auxiliary of Maimonides.

VOLUNTEER POLICIES AND PROCEDURES

1. SIGNING IN

This is essential. There is a register sheet or a binder in the Volunteer Office. Please sign your name, date, time of arrival and departure each time you come in. If the volunteer office is locked, please sign in on the sign in sheet posted on the door of the volunteer office.

2. FOOD

Do not bring any food to the residents, each resident is assured a proper diet, and any interference could be harmful to his/her health.

3. KASHRUTH

Please do not bring any food into the building as kashruth is strictly observed. If you wish to bring your own lunch or snack, you may use the non-kosher room located in the basement. A fridge and microwave are at your disposal.

4. DRESS

Dress neatly and wear comfortable shoes. Walking shorts are permitted (not cut off jeans). Please do not wear any perfume, cologne, after shave, hats etc.

5. UNIFORMS

Ladies and Gentlemen are asked to wear smocks and identification pins. Please wear these at all times. After volunteering, put the uniform in the hamper in the locker room. Leave the pin in the Volunteer Office in the assigned container. Special volunteer programs may have their own uniforms provided by the centre.

6. LOCKERS

Lockers are located in the Volunteer Lounge on the first floor and are a safe place to store coats, handbags and other accessories. You must use the lock, which we provide.

Do not bring valuables. Bring only what you need.

Remove your belongings at the end of each shift, as others will be using the lockers when you leave.

7. CONFIDENTIALITY

You are expected to respect confidentiality with regards to the residents. Students do not have access to residents' charts or medical history.

8. LIFTING

Volunteers are not permitted to lift a resident for any reason. Call a nurse or orderly to move a resident in and out of a wheelchair or to take him/her to the washroom. **DO NOT ASSUME THIS RESPONSIBILITY!!!!!!**

9. MEDICATION

Please, do not give medication to residents.

10. STAFF IN CHARGE

Please announce your arrival each time you come to the staff person in charge. Any question concerning a residents' welfare should be directed to the nurse in charge of the resident. Anyone taking a resident off the floor or out of the building must first get permission from the nurse in charge.

11. NOTIFICATION

Please arrive on time. If you plan to be late or are unable to come in, it is important to notify the Volunteer Department by phoning 483-21221 local 213, 223. If no one is able to take your call, please leave a message on the answering machine.

12. SUPERVISION

Volunteers will be supervised by the Director of Volunteer Services as well as by the placement supervisor.

13. SMOKING

No smoking while on duty. Maimonides is a non-smoking facility.

14. CAFETERIA & COFFEE SHOP

The cafeteria is open to the public during meal times. Please see the posted hours in the coffee shop to verify when it is open. The cafeteria and coffee shop are closed on Jewish holidays.

15. EMERGENCY PROCEDURES

In case of a fire, close all doors and windows. Listen for an announcement:

- ◆ **“Dr. Red”** to find out where the fire is located. If the fire is in your area, report to the nurse or person wearing a red arm band to see where you can be helpful. Do not use the telephone or elevator until you hear that everything is back to normal.

- ◆ **“Mr. Cricket”** means bomb scare. Everyone working in the centre will be searching for unusual packages. Report to your heal nurse or the supervisor of your department to see where you can be of assistance. If you find an unusual package, don’t touch it. Bring it to the attention of your department supervisor.

16. ACCIDENTS

Please report any accidents/emergencies immediately to your direct supervisor.

17. DISMISSAL

Volunteers may be dismissed from the program at the discretion of the Director of Volunteer Services.

18. CONCERNS

Please do not hesitate to discuss any problems or concerns that you may have, concerning your volunteer position or the residents, with the director of Volunteer Services. In order to function effectively, we need your feedback. Thank you.

NURSING PAVILION MANDATES *

2 NORTH

Residents with complete loss of autonomy related to severe physical and cognitive impairment, requiring total assistance with activities of daily living. Support is also given to residents and family members at the end stage of life.

3RD PAVILION

Residents with severe cognitive impairment requiring total assistance with activities of daily living, as well as specialized care in managing wandering and aggressive behaviours.

4th PAVILION

Residents with moderate to severe impairment both physically and cognitively, requiring moderate to maximum assistance with activities of daily living.

5th PAVILION

Residents who are cognitively intact, requiring from moderate to total assistance with activities of daily living. As well they require specialized intervention for the management of dysfunctional behaviour.

6th PAVILION

Residents with moderate to severe impairment both physically and cognitively, requiring moderate to maximum assistance with activities of daily living.

7th PAVILION

Residents who are cognitively intact or with mild to moderate cognitive impairment requiring supervision or some assistance with activities of daily living, as well as specialized interventions for the management of dysfunctional behaviour.

- * 7th pavilion admits residents with less than 2.5 hours of nursing care.
2nd through 6th pavilions admits residents with 2.5 hours of nursing care and higher.

PHYSICAL ASPECTS OF THE AGING PROCESS

Changes in General Appearance

weight loss

hair colour changes to grey or white.

"baggy" areas on cheeks and neck due to loss of fatty tissue.

increase sensitivity to heat and cold.

muscle elasticity loss resulting in loss of agility - person may sit down with a "plop" instead of lowering into the chair gradually.

ear lobes lengthen and lose elasticity.

Digestive System

digestion may be impaired by lessened secretion of gastric juices - pepsin, saliva, and hydrochloric acid.

Nervous System

brain loses weight and nerve cells.

brain is very sensitive to lessened flow of blood which may lead to brief loss of consciousness and resulting accidents.

Cardiovascular System

heart changes its position from upright and central to horizontal and less central.

valves may be filled with fat and calcium deposits and will not function well.

artery walls may become thick and brittle.

changes in valves and arteries lead to circulatory difficulties.

Sensory System

fingertip sensitivity may decrease.

taste buds decrease in number.

dentures cover areas of mouth where taste buds are located, decreasing the sense of taste.

eyesight potential life span greater than that of whole body.

pupils decrease in size.

optic nerve may atrophy.

far-sightedness and cataracts may be due to changes in lens.

approximately 30% of elderly experience decline in hearing high tones.

76% of people aged 65-74 have some significant hearing loss.

WORKING WITH THE PHYSICALLY IMPAIRED

Physically Impaired

Physically impaired individuals should be encouraged to do as much as possible for themselves. If you suspect a resident is overly dependent on assistance, don't refuse to help outright. Begin the task, then suggest that the resident help you finish it. With enough encouragement from you, he/she may take over the task.

Strokes

Stroke victims who are paralysed on one side should be faced, whenever possible, on uninvolved side.

When a disabled person complains about his or her disability, show understanding but try to move on to other subjects. Attention to matters beyond self can diminish self-pity and lead to new, often gratifying experiences.

Non-Ambulatory Residents

Bring yourself to the level of wheelchair residents when communicating with them so they can see and hear you more easily.

Hearing impaired

Be sure lighting is adequate so that a hearing impaired resident can watch your lip movements and gestures. Avoid asking long questions or using complex sentences. Give the resident plenty of time to respond.

Speech Impaired

Most speech difficulties in the elderly result from strokes or other illnesses which suddenly deprive the resident of his/her ability to communicate, leaving him or her with the feeling of having been cut off from the world. Some are able to write their thoughts, others may struggle to speak, while still others withdraw from any attempt to communicate. The key word with these people is **PATIENCE**. Speak to them naturally and wait for responses.

Don't prompt residents on words unless they seem hopelessly stuck. Restate what the resident has said so he or she knows you understand it. Don't do too much talking yourself; convince the resident that what he or she has to say is of interest to you.

Visually impaired

Approach visually impaired persons with a casual greeting so as not to startle them. Identify yourself at each encounter until your voice becomes familiar to the person. Encourage the resident to be as independent as possible, but remain vigilant. When reading to a visually impaired person, consult him or her about reading selections and make sure the materials are of a nature that will hold the resident's continued interest. Never leave a blind or visually impaired resident without excusing yourself or saying goodbye.

Cognitive impairment

There are about 12% of the population that are seniors. Of those 12%, about 8% are living in a long-term care facility. The major threat to the elderly's autonomy is cognitive impairment.

In our facility, about 92% of the clientele suffer from this kind of disability.

What is cognitive impairment?

This is a statement that contains all types of brain dysfunctioning, such as problems with:

- Short term memory
- Long term memory
- Immediate memory
- Judgement
- Emotional stability
- Expression of feeling
- Speech
- Ability to perform certain tasks
- Ability to recognize certain objects
- Ability to use certain senses
- Lesser spontaneity in speech
- Depressive mood
- Apathy, or lack of will
- No more inhibition
- Loss of insight
- Lack of facial expression
- Physical disabilities
- A sense of strangeness
- Less tolerance

When does cognitive impairment appear?

- During Alzheimer's disease
- After paralysis
- After depression
- After severe head injury

What can we do for that person?

We can visit her as often as possible.

We can try to understand her feeling even if she cannot express it properly.

We can transform ourselves to become a messenger of happiness by:

- Smiling to her
- Respecting her territory

We can try to help her memory whenever possible

We need to be tolerant when she is not able to be tolerant.

We can help her to avoid a risky situation.

We must permit her to express her feelings the way she is able to.

We must give her time to speak when she feels like it and we must accept her silence whenever she chooses to simply look at us.

We must respect her struggle to keep autonomy.

We must try to understand her new reality.

We must feel secure to leave our reality for a moment and travel with her into her reality.

We can avoid situation that she will see as a failure. **And most of all**

We must love her/him for what she is.

UNDERSTANDING OLDER ADULTS - MAINTAINING A BALANCE

1. Do not patronize the elderly by treating them as children. They have spent many years making their own choices. Even those who demonstrate symptoms of confusion may respond rationally when approached as intelligent and able adults.
2. Respect the resident's dignity by requesting their cooperation. Residents should be encouraged, not forced to go to activities.
3. Accentuate the positive. Focus on the resident's strength rather than their limitations, and encourage him/her to try new skills and interests.
4. Try to find a balance between helping a resident in need of comfort and emotional security, and fostering the resident's striving for independence. Do not hover over the resident.
5. Be aware that unreasonable behaviour or antagonistic statements on the part of the residents may have nothing to do with you. Instead of confronting this behaviour, first give department supervisor.
6. Respect the resident's privacy. You may show an interest in his/her voluntary disclosures but try not to pry.
7. Recognize that reminiscing about the past is important to many of the elderly, but also try to keep the residents in contact with the present by talking about current events. Try to be a good listener.
8. Keep your promises when telling a resident that you will visit or bring something. If you are not sure, do not commit yourself. Just tell the resident you will let him/her know. **Always** get back to the resident.
9. Be consistent with the residents in your attitude and behaviour. Consistency all the time is impossible, but do your best, as the resident will know what to expect and will be able to trust you.
10. Some people demand more attention than others. Be aware that the introverted, shy and quiet resident also requires your attention. The time you invest may do more for the resident than seems apparent.

11. Respect the resident's right to say "no".
12. Address the resident as "Mr." or "Mrs.".
13. Always knock before entering a resident's room.
14. Remember that each resident is an individual with his/her own ideas and needs.

Please do not give your telephone # to any of the residents.

HELPFUL HINTS FOR COMMUNICATING WITH THE RESIDENTS

- Be a good listener.
- Use an even tone of voice when speaking to the resident.
- Try to speak slowly, but not in an exaggerated fashion.
- Don't allow the volume of your voice to drop below audible limits.
- Articulate each sound as carefully as possible, in order to always be understood.
- Speak in a quiet place if possible. Minimize interference.
- Maintain a warm and friendly voice when speaking to the resident.
- Speak from an ideal distance - 3' to 6' from the face.
- Respect the resident's space - do not crowd him/her.
- Look directly at the resident when speaking to him/her. Your establishment of eye contact will let him/her know that you are concerned.
- Try not to startle the resident, who may be deaf, hard of hearing or blind.
- Introduce yourself and be friendly but avoid being over-familiar.

We are here to encourage and help the resident help himself/herself whenever possible.

WHEELCHAIR SAFETY

The following guidelines will assure the residents' safety:

1. The **nurse or orderly** should place the resident in the wheelchair.
2. Ask the resident if he/she is comfortable and ready to be moved before moving the wheelchair.
3. Be sure to tell the resident where you are taking him/her.
4. See that the residents' feet are securely placed on the footrests, unless he/she is more comfortable otherwise.
5. Be sure to turn the wheelchair around so that it is descending backwards when going down an incline or off the curb. The wheelchair should be backed off an elevator, as well.
6. Check the hand-brakes, and see that they are locked when the wheelchair is not in motion and unlocked when you are wheeling the resident.
7. Try to avoid abrupt stops. This may throw the resident forward.
8. Whenever the resident can manage the wheelchair, let him/her do so, at least for a short distance. Reassure the resident that you are available to give assistance if necessary. Encourage him/her to be self-sufficient.
9. **Never lift a resident in or out of a wheelchair!** Speak to the nurse in charge or department head if the resident wishes to be moved.
10. Stay alert and unhurried. Be aware that the resident depends on you.