

## Overview

# Oasis 2.0™

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## Oasis 2.0 is...

A philosophy. A curriculum. A way of living.

Oasis 2.0 is a unique, interdisciplinary approach to person-directed care based on the author's 30 years of clinical experience and informed by the research of Thomas Kitwood and Jiska Cohen-Mansfield.\*

Oasis 2.0 helps staff deliver competent and compassionate care. Oasis helps homes complete their culture change journey from patienthood to personhood. Most importantly, Oasis helps residents achieve the highest quality of life.

## History

In 2009, Susan Wehry, MD, a geriatric psychiatrist, and Donna Howie, RN developed a curriculum to assist staff in 3 long-term care facilities facing immediate jeopardy. Core training had not kept pace with the rapidly changing world of long term care.

Inappropriate medication use was on the rise, staffs were facing more incidents of resident-to-resident and resident-to-staff aggression, and staff burnout and inevitably, turnover, had increased. Quality of life for residents and staff alike was suffering.

The new curriculum, which was firmly grounded in adult-learning principles, was a success. Staff who used the first version of training dubbed it "Oasis" because they felt that the name captured the sense of calm and safety they felt even in the middle of difficult situations. Just like finding an oasis in a desert.

## Today

The Oasis Curriculum is now helping residents enjoy a higher quality of life in over 300 nursing homes in several states. In late 2016 and early 2017, Dr Wehry will assist the Texas Department of Aging and Disability Services (DADS) in introducing Oasis in over 1200 homes.

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Many curricula now promote and teach person-directed dementia care. Hand-in-Hand, for example, with its emphasis on building empathy and practical skills, is an excellent resource created by the Centers for Medicare and Medicaid (CMS). What may make Oasis unique is its attention to cultivating compassion.

## The Philosophy

### **Compassion**

People who work in long term care are motivated to help others. Oasis builds on that desire to further cultivate their compassion. Recent research suggests compassion can be a source of hardiness, well-being and resilience rather than fatigue and has been called the “precious necessity”.

### **Language matters**

Person-first language is used throughout. Neuropsychologists have confirmed that language not only reflects what we think but also shapes how we think. Describing a person with schizophrenia as a ‘schizophrenic’ or a specialty unit for persons with dementia as the ‘dementia wing’ only reinforces the focus on the disease, rather than on the person.

### **Person-directed care matters**

Person-centered care continues to evolve and the term has come to have many meanings. Oasis uses the term person-directed in order to signal further change, where the drivers of care are not just needs but a person’s goals, dreams and wishes. The focus remains on who a person is, not just what they have. In this context, challenging behaviors are viewed as communication of unmet needs.

### **Evidence matters**

Policy makers and facility leadership (owners, administrators, supervisors) are more willing to adopt new practices when they feel the practices are based in something other than the personal preferences, beliefs and style of the curriculum designer. Oasis 2.0 builds on the growing body of knowledge about what does and does not work in achieving the twin goals of quality care/quality of life in long-term care settings.

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Understanding and addressing residents' unmet needs is key to improving quality of life and reducing over reliance on unnecessary medications, especially in persons with dementia.

### **Staff matters**

Oasis embraces the idea that better jobs = better care. Oasis recognises staff bring valuable knowledge to every encounter. Oasis recognises staff are doing the best they can with what they know and outbursts additional tools so they can do even better.

Helping staff manage stress receives increased attention in Oasis 2.0. Moreover, the Oasis 2.0 curriculum was designed for adult learners and different learning styles. The author knows that in order for the curriculum to be of any lasting value, it must be useful to daily work.

### **Leadership matters**

No change in practice, no matter how useful, becomes embedded or sustained in a culture without the support of leadership. Facility leadership is expected to participate actively in the roll out of Oasis.

## **The Curriculum**

Oasis 2.0 has 5 modules (plus an optional 6th module, Oasis for Families) and provides approximately 15 hours of learning activities that meet most state requirements for dementia training.

Module I - Introduction to Oasis

Module II - Recovery and Person-directed Care

Module III - Dementia - Outside In / Inside Out

Module IV - Behaviour is Communication

Module V - Creating Positive Conditions

Module VI - Oasis for Families (Optional)

Oasis emphasizes out-of-classroom learning. Solid acquisition of knowledge, skills and attitudes takes place over several months rather than through traditional in-services or a conference.

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## The Training

The Oasis 2.0 Trainers Manual and Curriculum are available through licensing agreements. Oasis 2.0 uses a train-the-trainer model augmented by on-site champions, online networking, coaching and booster sessions. Teams from facilities are introduced to Oasis 2.0 in an initial, intensive, highly interactive full day session conducted by the author or master trainer using lecture, video, experiential and reflective exercises and learning circles. The master trainers draw on what participants already know, activate desire for new knowledge and evolving models of care, inspire action that supports a resident's personhood and supply tools to enable action.

At the day-long intensive, Oasis 2.0 teams may be of any size (groups of 6-10 from all disciplines are encouraged) but typically consist of three individuals: a trainer/coordinator from staff development, a senior leader such as an Administrator or Director of Nurses and a natural leader of the direct care team such as a certified nursing assistant (CNA) or licensed nursing aide (LNA).

The model works best when these teams assume the role of Champions for the model. Champions are visible on the units and actively seek out "just in time" learning opportunities grounded in day to day experience. Champions build "buzz" for the model by engaging other staff, family and residents prior to the rollout of the curriculum. Champions maintain momentum by incorporating Oasis moments into everyday care practices and in every in-service.

## Outcomes

Oasis has helped homes to embed person-directed care of residents with dementia and successfully reduce inappropriate antipsychotics. Perhaps most importantly, Oasis has helped staff, residents and families feel valued, respected and competent. In the words of one staff person: "It's kinda visionary stuff, but mostly it's common sense...[Oasis] made me not want to give up."

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## \*Oasis 2.0 in JAMA

Tjia J, Hunnicutt JN, Herndon L, Blanks CR, Lapane KL, Wehry S. Association of a Communication Training Program With Use of Antipsychotics in Nursing Homes. *JAMA Intern Med*. Published online April 17, 2017. doi:10.1001/jamainternmed.2017.0746

<http://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2618819>

## About the Author

Susan Wehry MD is a geriatric psychiatrist with over 30 years of experience and a former Commissioner of Vermont's Department of Disabilities, Aging and Independent Living. A popular and nationally recognized speaker and advocate, Dr. Wehry has educated policymakers, caregivers, administrators, physicians and other health and human service professionals from Alaska to Florida.

In 2002 and 2007, Susan assisted the Centers for Medicare and Medicaid (CMS) in the development of web casts on mental health needs and individualized care planning in nursing homes and has been an active partner in CMS' current initiative to improve dementia care in nursing homes.

Dr. Wehry currently serves as a medical advisor for Sunrise Senior Living and is an adjunct Associate Professor at the University of New England College of Osteopathic Medicine.

You can follow Dr. Wehry on Twitter @CommishVT12 @beingwithaging

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