DEFINING QUALITY DEMENTIA CARE

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Quality Care: History

- Guidelines for Dignity
- Key Elements of Dementia Care
- Dementia Care Practice Recommendations

Quality Care: Today

- Evidence-based practices
- 56 recommendations by 27 expert authors
- Applicable to various care settings and throughout the disease continuum
- Published as a supplement to Feb 2018 issue of The Gerontologist
- Foundation for quality person-centered care

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Dementia Care Practice Recommendations

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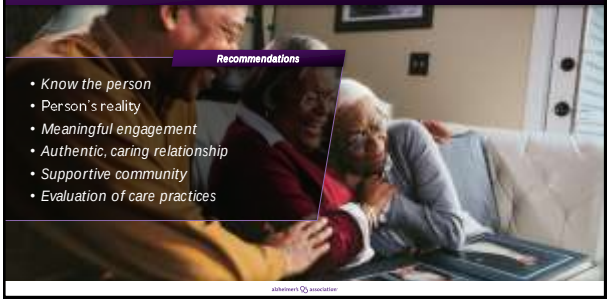
PERSON CENTERED FOCUS



Recommendations

- *Know the person*
- Person's reality
- *Meaningful engagement*
- *Authentic, caring relationship*
- *Supportive community*
- *Evaluation of care practices*

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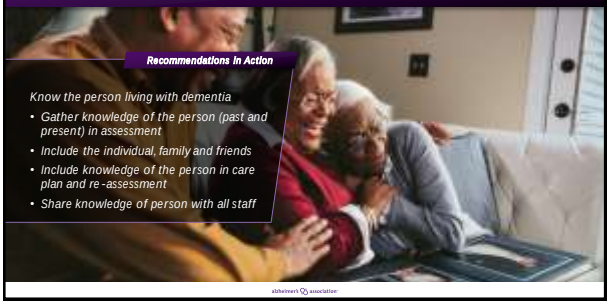
PERSON CENTERED FOCUS

Recommendations in Action | Audience Poll



Recommendations in Action

Know the person living with dementia

- *Gather knowledge of the person (past and present) in assessment*
- *Include the individual, family and friends*
- *Include knowledge of the person in care plan and re-assessment*
- *Share knowledge of person with all staff*

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DETECTION AND DIAGNOSIS

Recommendations

- *Information about brain health and cognitive aging*
- *Signs and symptoms of cognitive impairment*
- *Concerns, observation and changes*
- *Routine procedures for assessment and referral*
- *Brief mental status test when appropriate*
- *Diagnostic evaluation follow-through*
- *Better understanding of diagnosis*

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DETECTION AND DIAGNOSIS

Recommendations in Action | Audience Poll

Recommendations in Action

Signs and symptoms of cognitive impairment; diagnostic evaluation is essential

- *Educate staff about signs and symptoms*
- *Develop process for referral to qualified professional for diagnostic evaluation*

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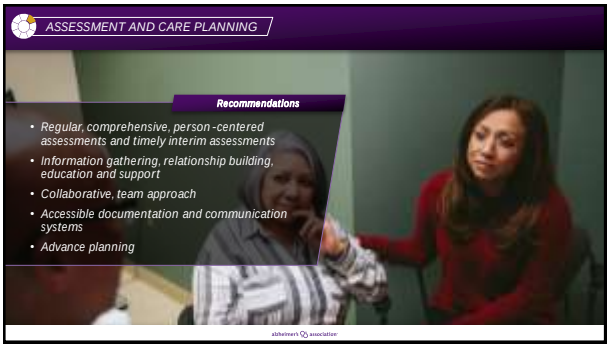


Comprehensive PCC Assessment


Experience of the person/care partner


Function and Behavior

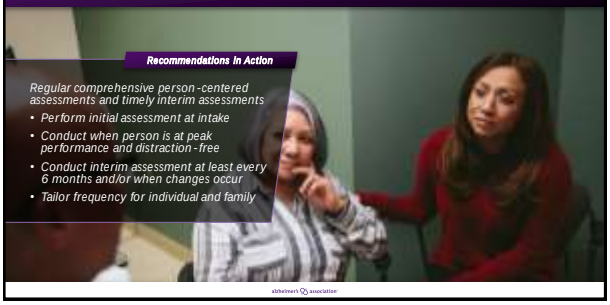

Health Status and Risk Reduction

Experience of the Person/Care Partner

- Neurocognitive function
- Decisional capacity
- Physical function (including activities of daily living [ADL], instrumental activities of daily living [IADL])
- Psychological, social and spiritual activity and wellbeing
- Everyday routines, activities (including personal care, exercise, recreational activity, sleep)
- Behavioral changes, symptoms

ASSESSMENT AND CARE PLANNING

Recommendations in Action



Recommendations in Action

Regular comprehensive person-centered assessments and timely interim assessments

- *Perform initial assessment at intake*
- *Conduct when person is at peak performance and distraction-free*
- *Conduct interim assessment at least every 6 months and/or when changes occur*
- *Tailor frequency for individual and family*

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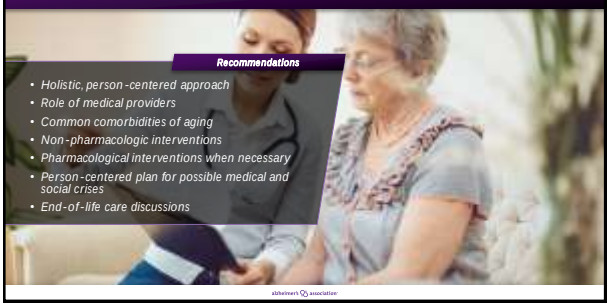
MEDICAL MANAGEMENT



Recommendations

- *Holistic, person-centered approach*
- *Role of medical providers*
- *Common comorbidities of aging*
- *Non-pharmacologic interventions*
- *Pharmacological interventions when necessary*
- *Person-centered plan for possible medical and social crises*
- *End-of-life care discussions*

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MEDICAL MANAGEMENT

Recommendations in Action

Recommendations in Action

Common comorbidities of aging and discussions with MD about them

- *Educate staff about common comorbidities*
- *Develop protocol for when MD should be contacted*
- *Have discussion about types of acute care that can/cannot be provided*

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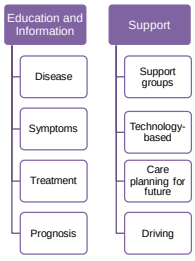
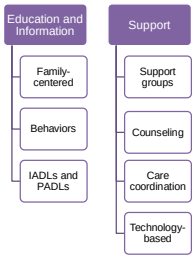
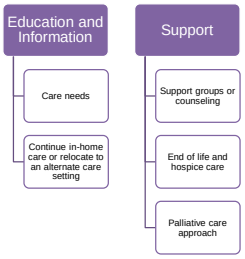
Early Stage: Becoming Familiar

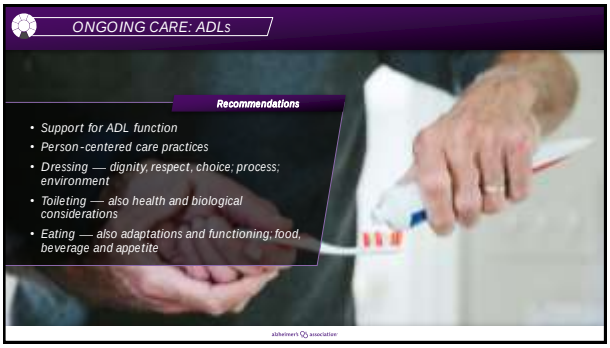


Middle Stage: Increased Care and Support Needs



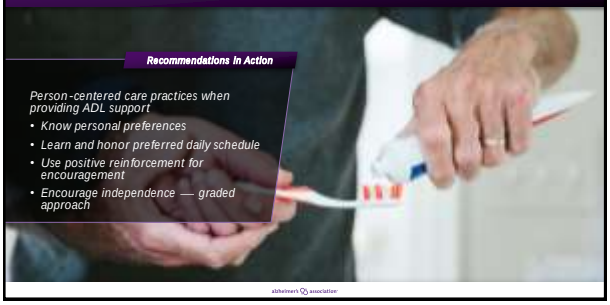
Late Stage: Relocation and End of Life Care





ONGOING CARE: ADLs

Recommendations in Action



Recommendations In Action

Person-centered care practices when providing ADL support

- *Know personal preferences*
- *Learn and honor preferred daily schedule*
- *Use positive reinforcement for encouragement*
- *Encourage independence — graded approach*

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ONGOING CARE: Dementia Related Behaviors

Recommendations

- *Social and physical environmental triggers*
- *Non-pharmacological practices*
- *Investment for implementation*
- *Protocols*
- *Evaluation of effectiveness*

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Sensory Practices

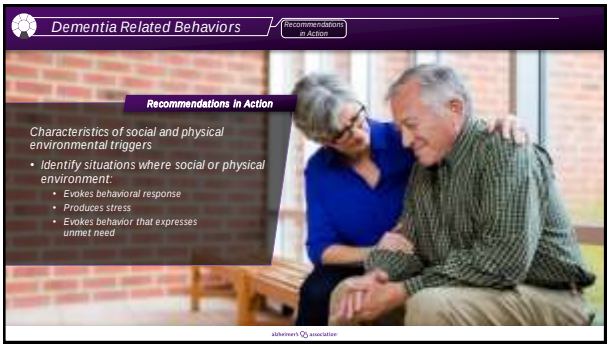
Practice	Evidence	Outcomes
Aromatherapy	Moderate	Positive effect on agitation
Massage	Small	Positive effects on agitation, aggression, anxiety, depression, disruptive vocalizations
Multi-sensory stimulation	Large	Positive effects on agitation, anxiety, apathy, depression
Bright light therapy	Moderate	Mixed effects

Psychosocial Practices

Practice	Evidence	Outcomes
Validation therapy	Small	Positive effects on agitation, apathy, irritability, night-time disturbance
Reminiscence therapy	Moderate	Positive effects on mood, depressive symptoms
Music therapy	Moderate	Positive effects on a range of BPSDs, including anxiety, agitation, and apathy, particularly with personalized music practices
Pet therapy	Small	Preliminary positive effects on agitation, apathy, disruptive behavior
Meaningful activities	Moderate	Mixed–some positive effects on agitation; larger effect sizes for activities that are individually tailored

Structured Care Protocols

Practice	Evidence	Outcomes
Mouth Care	Small	Preliminary: positive effects on care-resistant behaviors
Bathing	Small	Positive effects on agitation



Long-Term Care Workforce Principles

- ***Staffing levels*** should be adequate to allow for proper care at all times—day and night.
- Staff should be sufficiently ***trained*** in all aspects of care, including dementia care.
- Staff should be adequately ***compensated*** for their valuable work.
- Staff should work in a supportive atmosphere that appreciates their contributions to overall quality care. Improved ***working environments*** will result in reduced turnover in all care settings.
- Staff should have the opportunity for ***career growth***.
- Staff should ***work with families*** in both residential care settings and home health agencies.


SUPPORTIVE AND THERAPEUTIC ENVIRONMENT
Recommendations
• Sense of community
• Comfort and dignity
• Courtesy, concern and safety
• Opportunities for choice
• Meaningful engagement
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SUPPORTIVE AND THERAPEUTIC ENVIRONMENT
Recommendations in Action
Recommendations in Action
Courtesy, concern and safety within the care community
• Provide cues and tools to support functioning
• Consider secured perimeter or technology that is non-limiting
• Use design to minimize fall risk
• Provide sufficient lighting
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TRANSITION AND COORDINATION OF SERVICES
Recommendations
• Education about common transitions in care
• Timely communication of information between, across and within settings
• Preferences and goals of the person living with dementia
• Strong inter-professional collaborative team to assist with transitions
• Evidence-based models
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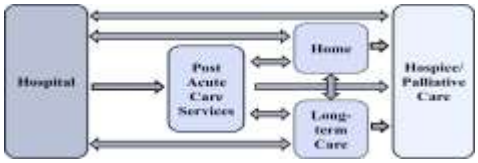
Common Transitions



Care Coordination Interventions

Author	Setting	Intervention	Description	Outcomes
Naylor et al. (2014)	Hospital to home	Transitional Care Model (TCM)	Augmented Standard Care versus Resource Nurse Care versus TCM	Time to first rehospitalization was longest for those in the TCM, and rehospitalization or death was accelerated for both other groups
Samus et al. (2014)	Home	MIND at Home	Dementia care coordination versus usual care	Significant delay in time to transition from home and remained in home 51 days longer
Bass et al. (2014)	Home	Partners in Dementia Care (PDC)	Care coordination program versus usual care	Fewer hospitalizations and fewer emergency department visits
Bellantonio et al. (2008)	Assisted living	Geriatrics Team Intervention (GTI)	Four systematic inter professional geriatric team assessments	Reductions in the risk of unanticipated transitions, including hospitalizations, ED visits and nursing home placement, as well as death

Perspectives from Individuals living with Dementia

- Encourage early detection and diagnosis
- Share appropriate information and education
- Get to know the person
- Maximize independence
- Practice patience and compassion
- Personalize care to meet individual needs and preferences
- Adjust care approaches to reflect day-to-day needs and abilities
- Provide ongoing opportunities for engagement that have meaning and purpose
- Ensure coordination among those who provide care
- Train staff on the most current disease information and practice strategies
- Inform and include the individual in new interventions as appropriate
- Create a safe and supportive environment that reflects the person

Dementia Care Practice Recommendations

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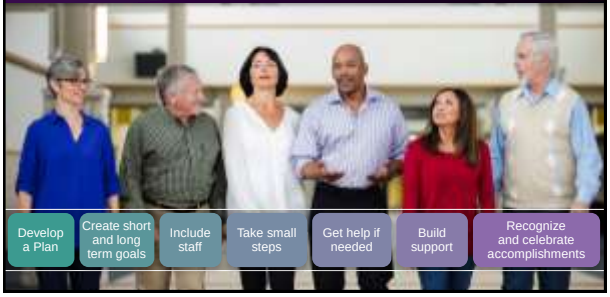
Putting It All Together

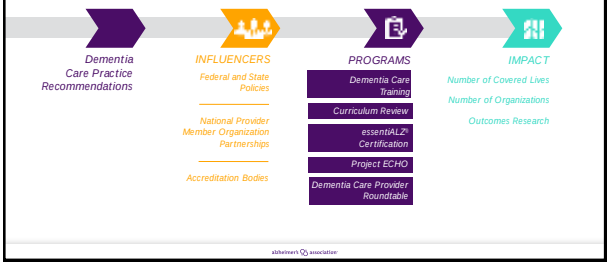


Develop a Plan | Create short and long term goals | Include staff | Take small steps | Get help if needed | Build support | Recognize and celebrate accomplishments

Next Steps: Get Involved

- Connecting with local chapter
- alz.org/qualitycare

Quality Care in Long-Term & Community-Based Care



Questions?

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