

DEFINING QUALITY DEMENTIA CARE

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Defining Quality Care: Dementia Care Practice Recommendations

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

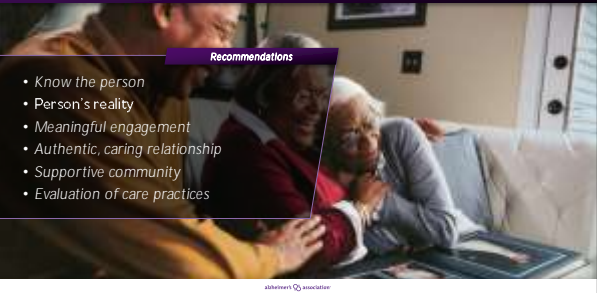


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PERSON CENTERED FOCUS

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 Audience Poll

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

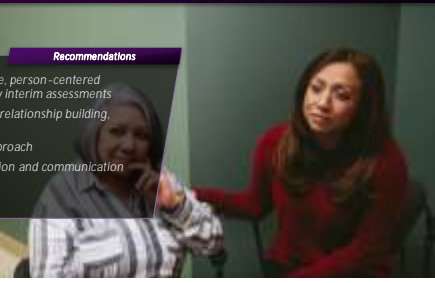


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ASSESSMENT AND CARE PLANNING

Recommendations

- Regular, comprehensive, person-centered assessments and timely interim assessments
- Information gathering, relationship building, education and support
- Collaborative, team approach
- Accessible documentation and communication systems
- Advance planning



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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

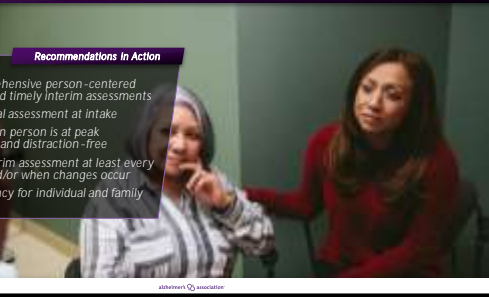
- Neurocognitive function
- Decisional capacity
- Physical function (including activities of daily living [ADL], instrumental activities of daily living [IADL])
- Psychological, social and spiritual activity and wellbeing
- Everyday routines, activities (including personal care, exercise, recreational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

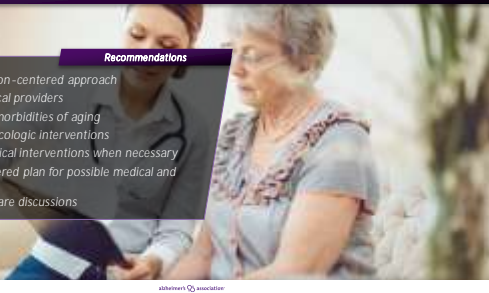


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MEDICAL MANAGEMENT Recommendations

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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INFORMATION, EDUCATION AND SUPPORT

Recommendations

- Preparation for the future
- Work together and plan together
- Culturally sensitive programs
- Education, information and support during transition
- Technology to reach more families



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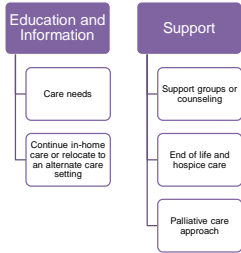
Early Stage: Becoming Familiar

Education and Information	Support
Disease	Support groups
Symptoms	Technology-based
Treatment	Care planning for future
Prognosis	Driving

Middle Stage: Increased Care and Support Needs

Education and Information	Support
Family-centered	Support groups
Behaviors	Counseling
IADLs and PADLs	Care coordination
	Technology-based

Late Stage: Relocation and End of Life Care



INFORMATION, EDUCATION AND SUPPORT *(Recommendation in Action)*

Recommendations In Action

Education and support early to prepare for future.

- At orientation, assess knowledge and build a plan
- Within 30 days, provide basic education — types of dementia, common symptoms, diagnosis and current treatments

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ONGOING CARE: ADLs

Recommendations

- Support for ADL function
- Person-centered care practices
- Dressing — dignity, respect, choice; process; environment
- Toileting — also health and biological considerations
- Eating — also adaptations and functioning: food, beverage and appetite

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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

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Dementia Related Behaviors
Recommendations in Action

Recommendations in Action

Characteristics of social and physical environmental triggers

- Identify situations where social or physical environment:
 - Evokes behavioral response
 - Produces stress
 - Evokes behavior that expresses unmet need

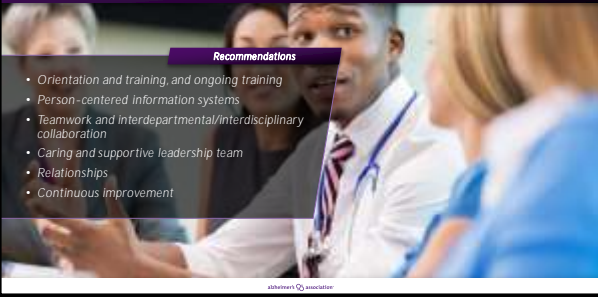


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WORKFORCE

Recommendations

- Orientation and training, and ongoing training
- Person-centered information systems
- Teamwork and interdepartmental/interdisciplinary collaboration
- Caring and supportive leadership team
- Relationships
- Continuous improvement



Long-Term Care Workforce Principles

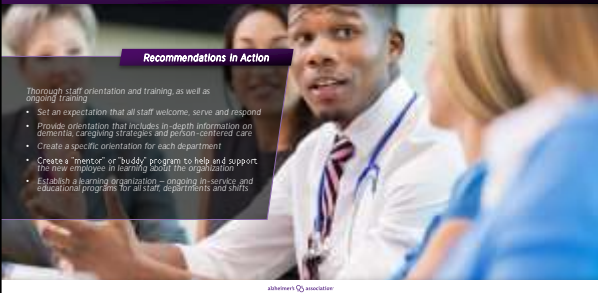
- **Staffing levels** should be adequate to allow for proper care at all times—day and night.
- Staff should be sufficiently **trained** in all aspects of care, including dementia care.
- Staff should be adequately **compensated** for their valuable work.
- Staff should work in a supportive atmosphere 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.

WORKFORCE

Recommendations in Action

Thorough staff orientation and training, as well as ongoing training

- Set an expectation that all staff welcome, serve and respond
- Provide orientation that includes in-depth information on dementia, caregiving strategies and person-centered care
- Create a specific orientation for each department
- Create a "mentor" or "buddy" program to help and support the new employee in learning about the organization
- Establish a learning organization — ongoing in-service and educational programs for all staff, departments and shifts



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

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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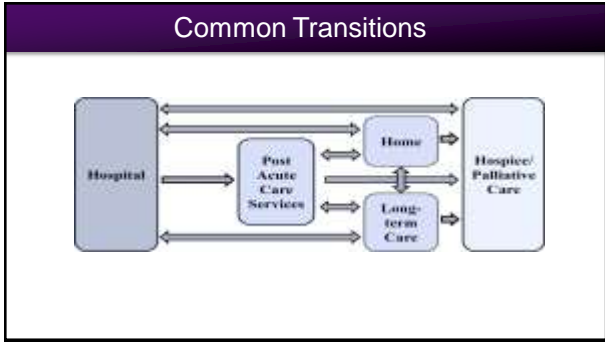
TRANSITION AND COORDINATION OF SERVICES

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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Care Coordination Interventions

Author	Setting	Intervention	Description	Outcomes
Naylor et al. (2014)	Hospital to home	Transitional Care Model (TCM)	Augmented Standard of Care versus Resource Nurse Care versus TCM	Time to first rehospitalization was longer for those in the TCM, and rehospitalization or death was accelerated for both other groups
Semuci et al. (2014)	Home	MIND at Home	Dementia care coordination versus social care	Significant delay in time to transition from home and rehospitalization 21 days longer
Bassi et al. (2014)	Home	Partners in Dementia Care (PDC)	Care coordination program versus social 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

TRANSITION AND COORDINATION OF SERVICES Recommendations In Action

Recommendations In Action

Education and preparation about common transitions in care

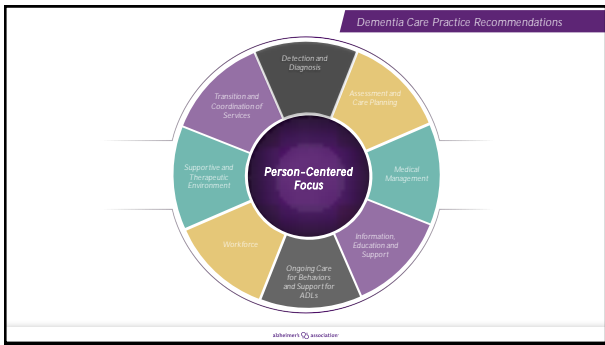
- During orientation, have discussions about types of and criteria for transitions

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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





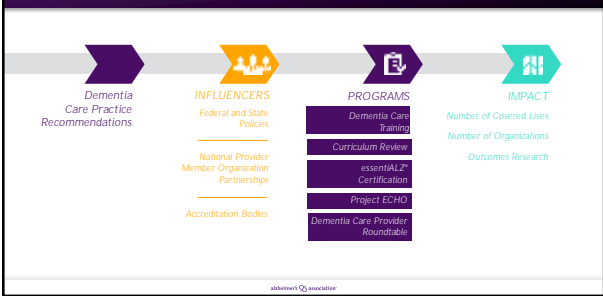
Putting It All Together



Next Steps: Get Involved



Quality Care in Long-Term & Community-Based Care



Questions?

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We're here. All day, every day.

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