DEFINING QUALITY DEMENTIA CARE

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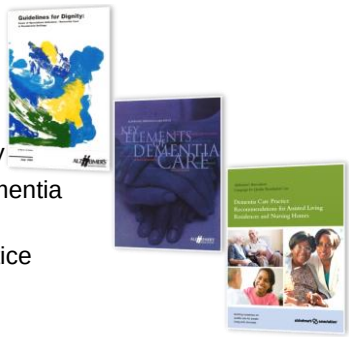
Defining Quality Care: | Dementia Care Practice Recommendations

Quality Care: History



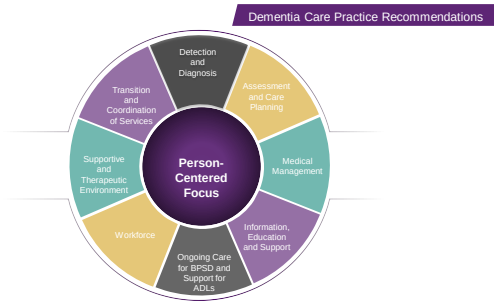
Guidelines for Dignity

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



PERSON CENTERED FOCUS

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

PERSON CENTERED FOCUS

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

DETECTION AND DIAGNOSIS

- 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

DETECTION AND DIAGNOSIS

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

ASSESSMENT AND CARE PLANNING

- 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

ASSESSMENT AND CARE PLANNING

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

MEDICAL MANAGEMENT

- 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

MEDICAL MANAGEMENT

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

INFORMATION, EDUCATION AND SUPPORT

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

INFORMATION, EDUCATION AND SUPPORT

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

ONGOING CARE: ADLs

- 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

ONGOING CARE: ADLs

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

ONGOING CARE: BPSD

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

ONGOING CARE: BPSD

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

WORKFORCE

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

WORKFORCE

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

- Sense of community
- Comfort and dignity
- Courtesy, concern and safety
- Opportunities for choice
- Meaningful engagement

SUPPORTIVE AND THERAPEUTIC ENVIRONMENT

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

TRANSITION AND COORDINATION OF SERVICES

- 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

TRANSITION AND COORDINATION OF SERVICES

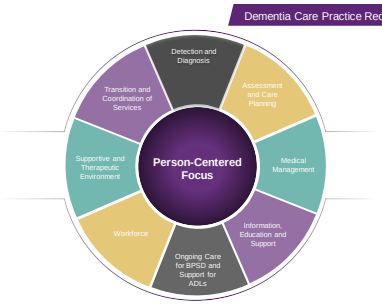
Education and preparation about common transitions in care

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

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



Putting It All Together

1. Develop a Plan
2. Create Short and Long Term Goals
3. Include Staff
4. Take small steps
5. Get help if needed
6. Build Support
7. Recognize & Celebrate Accomplishments

Next Steps: Get Involved

In-person and online programs and services

Curriculum review and essentiALZ® certification

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Questions?

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