

# TRANSFORMING QUALITY DEMENTIA CARE

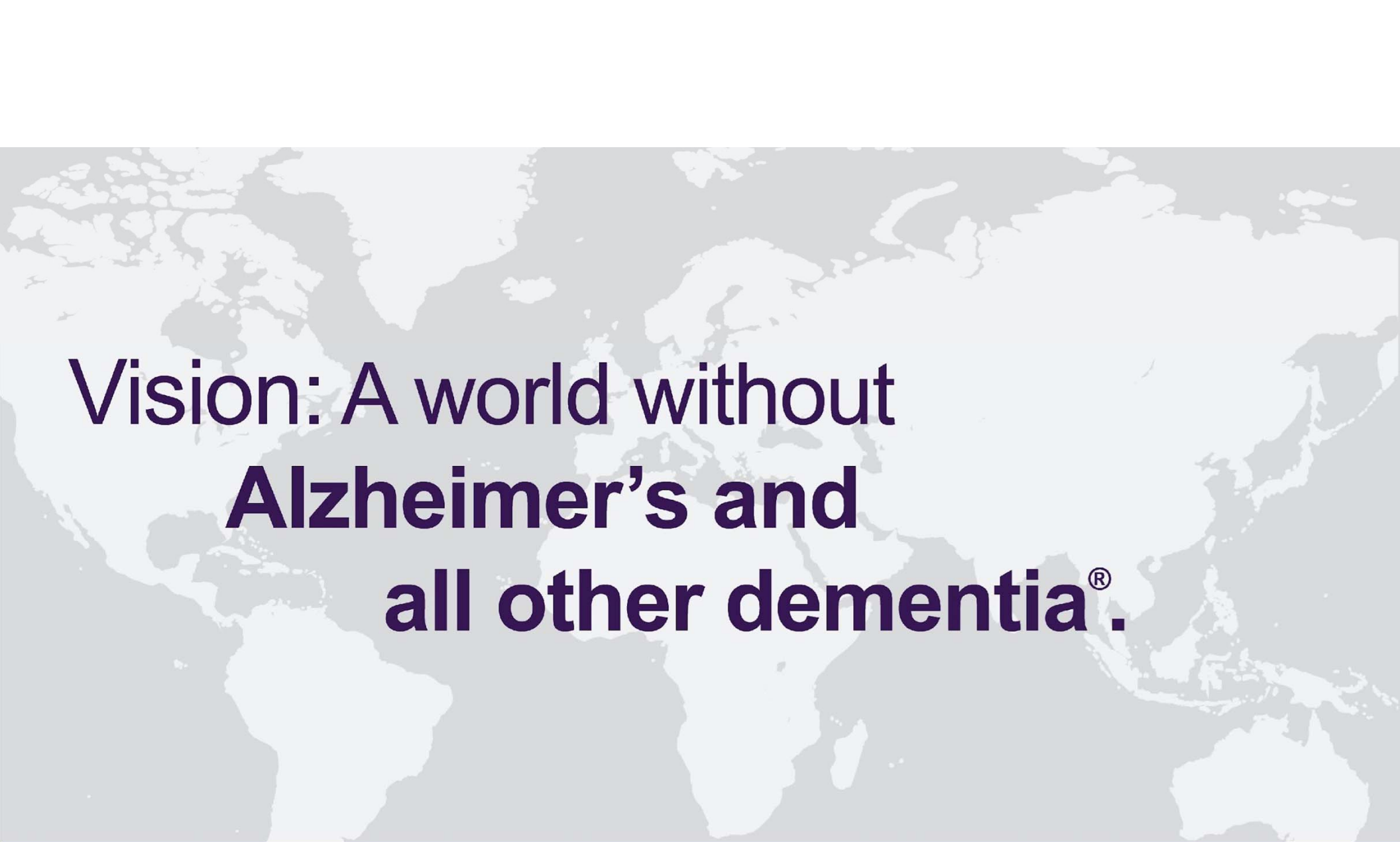
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800.272.3900 [alz.org](http://alz.org)®

# Mission:

The Alzheimer's Association leads the way to **end Alzheimer's and all other dementia** — by accelerating global research, driving risk reduction and early detection, and maximizing quality care and support.



**Vision: A world without  
Alzheimer's and  
all other dementia®.**



# ***2022 Alzheimer's Disease Facts and Figures Report***

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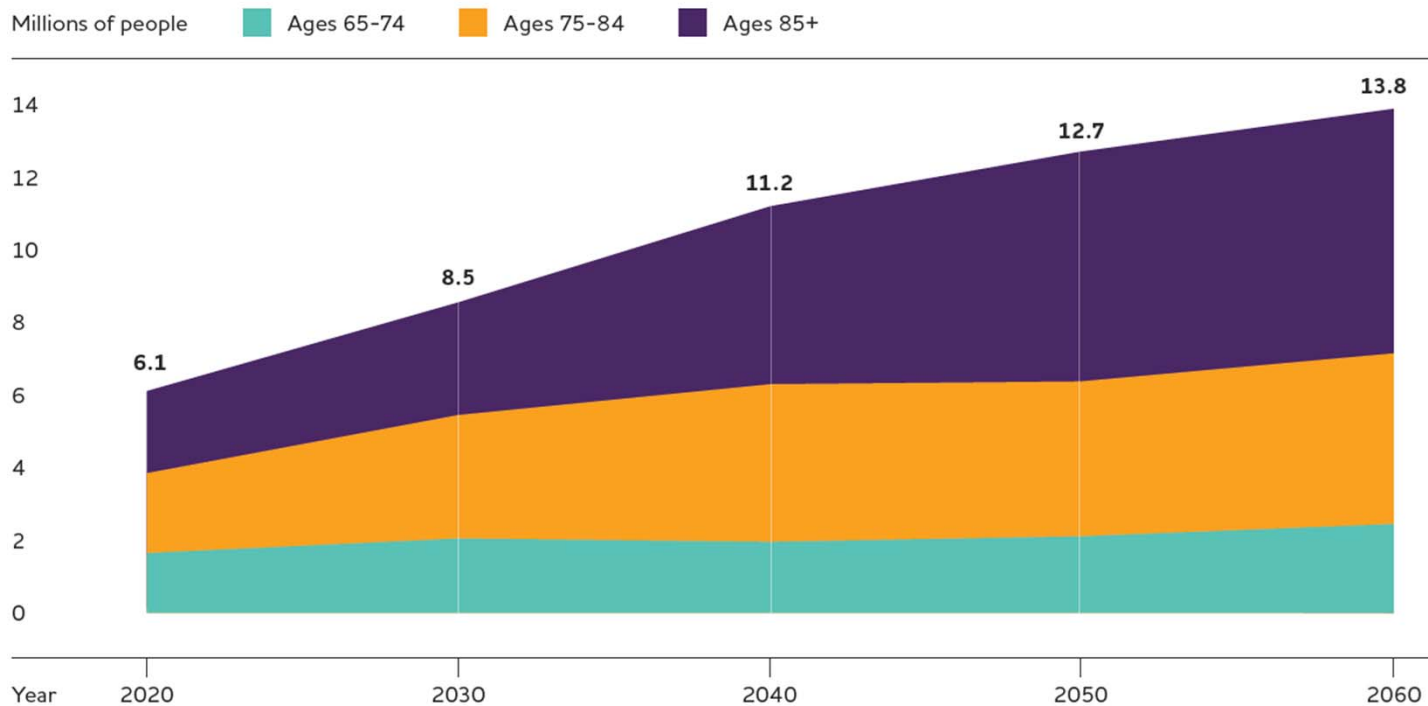




**More than  
6 million Americans  
are living with  
Alzheimer's.**

The number of Americans **65+** living with Alzheimer's is expected to nearly double by 2050.

Projected Number of People Age 65 and Older (Total and by Age) in the U.S. Population with Alzheimer's Dementia, 2020 to 2060



Created from data from Rajan et al.<sup>45,216</sup>

SOURCE: [alz.org/facts](https://www.alz.org/facts)

# Gender and Racial Differences in Alzheimer's Prevalence

- Almost two-thirds of Americans with Alzheimer's are women.
- Older blacks/African Americans and Hispanics/Latinos are disproportionately more likely than older whites to have Alzheimer's or other dementias.



SOURCE: [alz.org/facts](https://www.alz.org/facts)



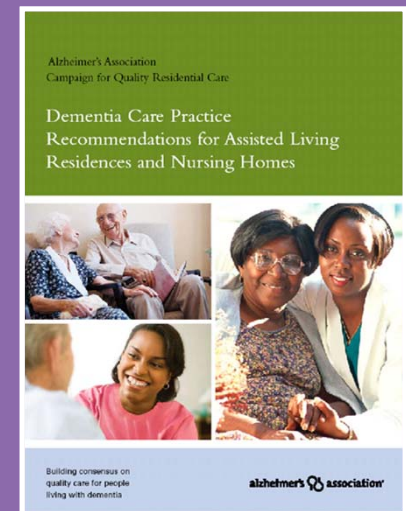
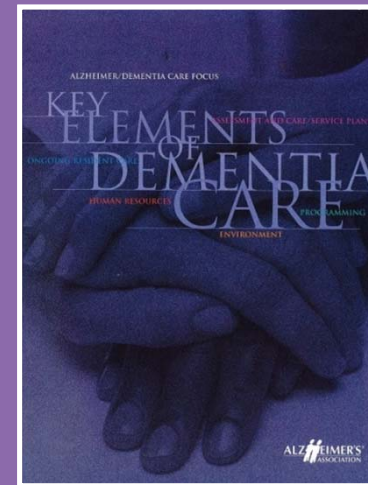
# Defining Quality Care: Dementia Care Practice Recommendations





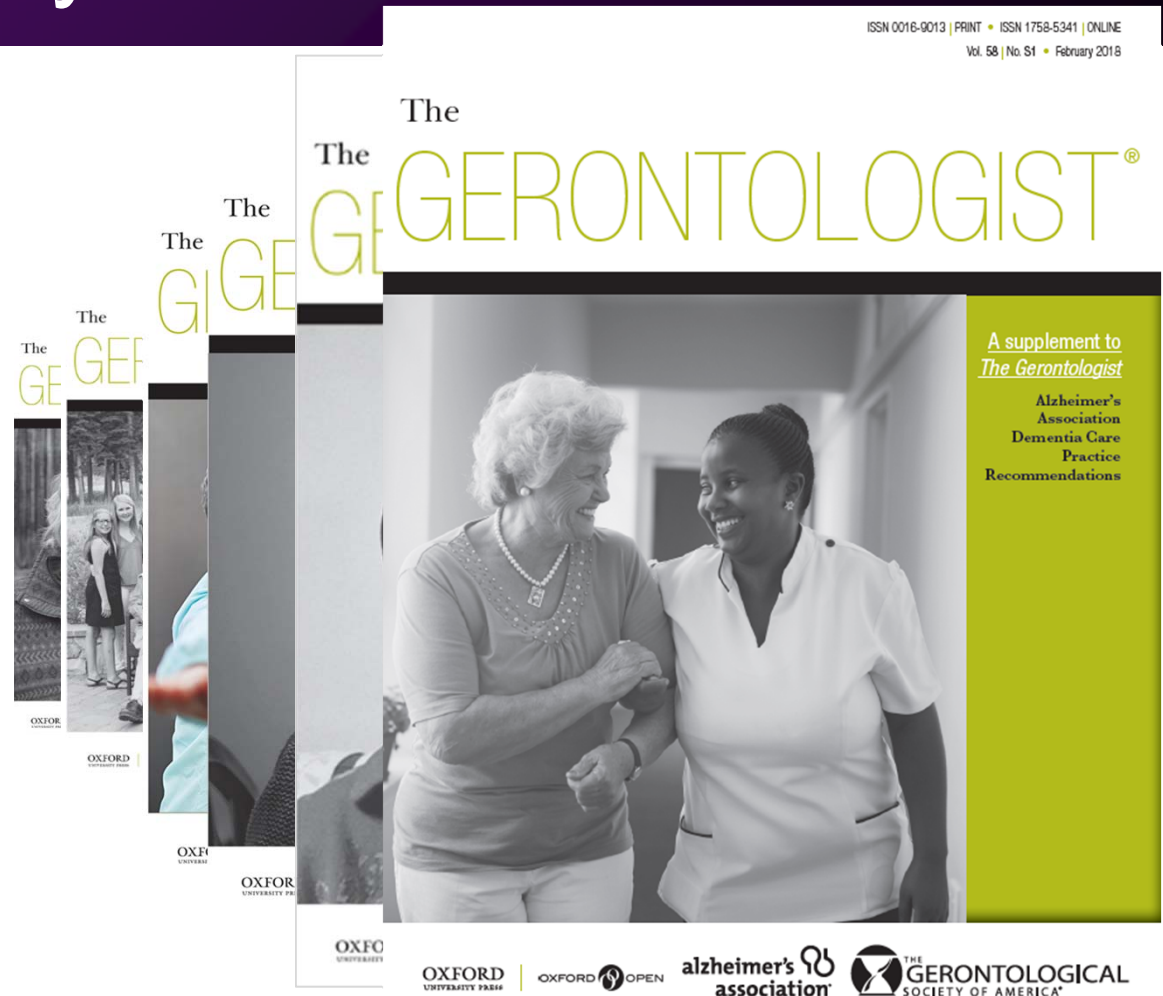
# Quality Care: History

- 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



## Dementia Care Practice Recommendations







## PERSON CENTERED FOCUS

### Recommendations

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

# Effects of Person-Centered Care

Individuals	Li and Porock (2014)	24 studies—15 culture change and 9 person-centered practices	Beneficial effects on psychological wellbeing. Significant effects on decreasing behavioral symptoms and psychotropic medication use
Staff	Barbosa, Sousa, Nolan, & Figueiredo (2015)	7 studies—PCC approaches, including DCM; stimulation-oriented approaches, emotion-oriented approaches; and behavioral-oriented approaches.	Reduction in stress, burnout and job dissatisfaction
Individuals and staff	Brownie and Nancarrow (2013)	9 articles—multi-component person-centered interventions	Positive influences on staff satisfaction and capacity to provide care; lower rates of boredom and feelings of helplessness and reduced levels of agitation in residents



## PERSON CENTERED FOCUS

Recommendations  
in Action

### 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





## 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



## 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

# 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



# Function and Behavior

- Strengths/factors that support wellbeing including experiences of at-homeness
- Challenges/unmet needs
- Living situation and care needs
- Advance planning and awareness of resources (including education, support, palliative care)
- Caregiver health, unmet needs, stress
- Care dyad's knowledge about diagnosis, care options, and community resources

# Health Status and Risk Reduction

- Comorbidities (medical/psychiatric)
- Health indicators (e.g., pain, nutritional status, oral health)
- Medications (over-the-counter, prescription, supplements)
- Safety and risk reduction



## 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

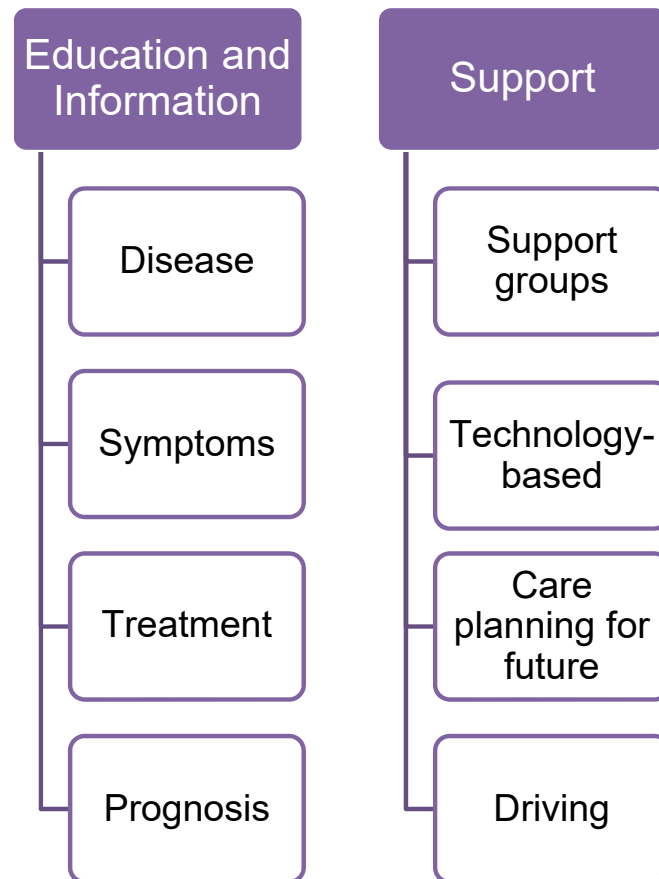


## INFORMATION, EDUCATION AND SUPPORT

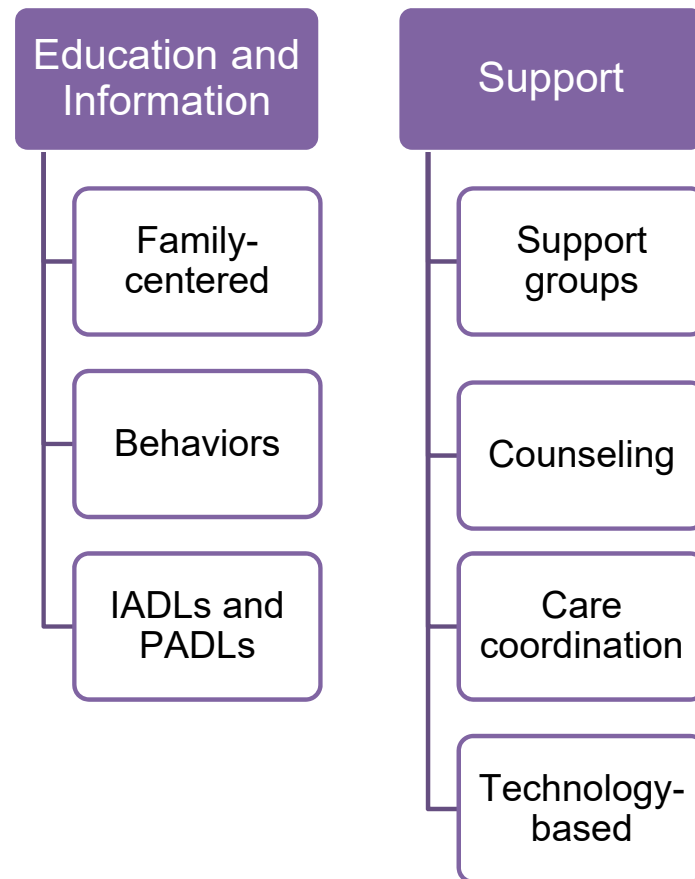
### Recommendations

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

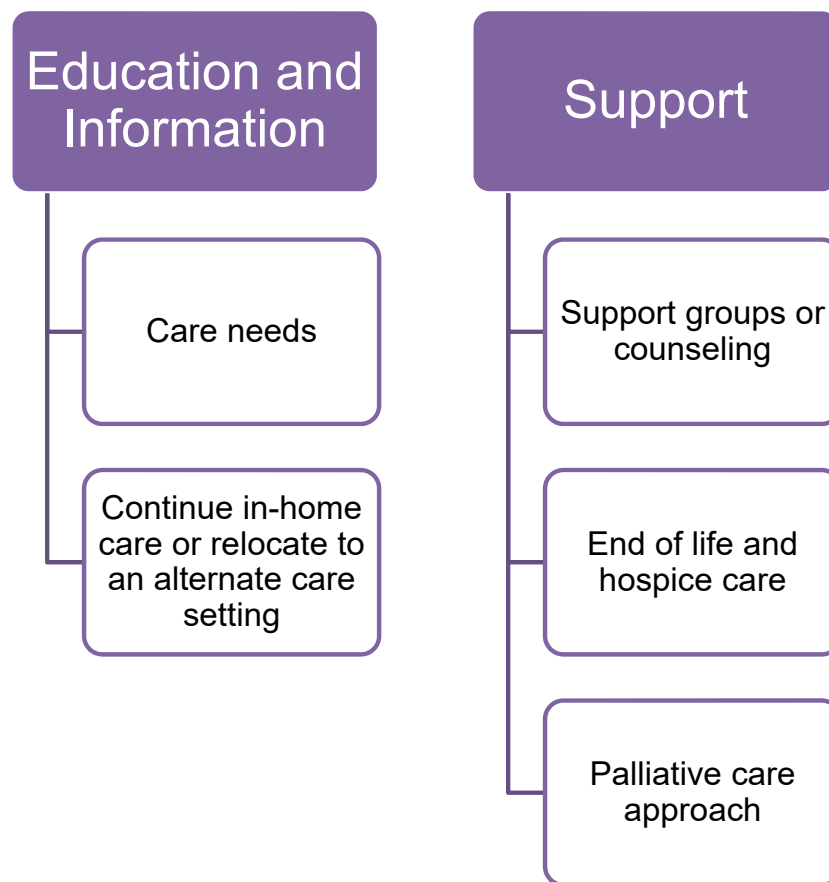
# Early Stage: Becoming Familiar



## Middle Stage: Increased Care and Support Needs



# Late Stage: Relocation and End of Life Care







## 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



# Themes in Evidence to Provide Support for ADLs

Dressing	Toileting	Eating and Nutrition
Dignity/respect/choice	Dignity/respect/choice	Dignity/respect/choice
Dressing process	Toileting process	Dining process
Dressing environment	Toileting environment	Dining environment
	Health/biological considerations	Health/biological considerations
		Adaptation/functioning
		Food/beverage/appetite



## 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





## ONGOING CARE: Behaviors

### Recommendations

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

# 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





## 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.



## SUPPORTIVE AND THERAPEUTIC ENVIRONMENT

### Recommendations

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

# Therapeutic Goals

**Table 1.**

Therapeutic Goals for Settings Designed for Individuals Living With Dementia

	Lawton (1986)	Calkins (1988)	Cohen & Weisman (1991)	Weisman, Lawton, Sloane, Calkins, & Norris-Baker (1996)	Zeisel et al. (2003)
Domains	Safety	Safety	Safety & Security	Safety & Security	Exit Control
	Orientation	Wayfinding & Orientation	Wayfinding & Orientation	Awareness and Orientation	Walking Paths
	Negotiability (increase functionality in ADLS)	Competence in Daily Activities	Support Functional Abilities	Support Functional Abilities	Autonomy Support
	Aesthetics		Stimulation & Change	Regulation & Quality of Stimulation	Residential Character Sensory Comprehensi
			Autonomy & Control	Opportunities for Personal Control	Outdoor Freedom
				Provision of Privacy	
	Social Integration	Privacy & Socialization	Social Contact & Privacy	Facilitation of Social Contact	Individual Space Commu Space
	Personalization	Personalization	Ties to the Healthy & Familiar	Continuity of Self	





## TRANSITION AND COORDINATION OF SERVICES

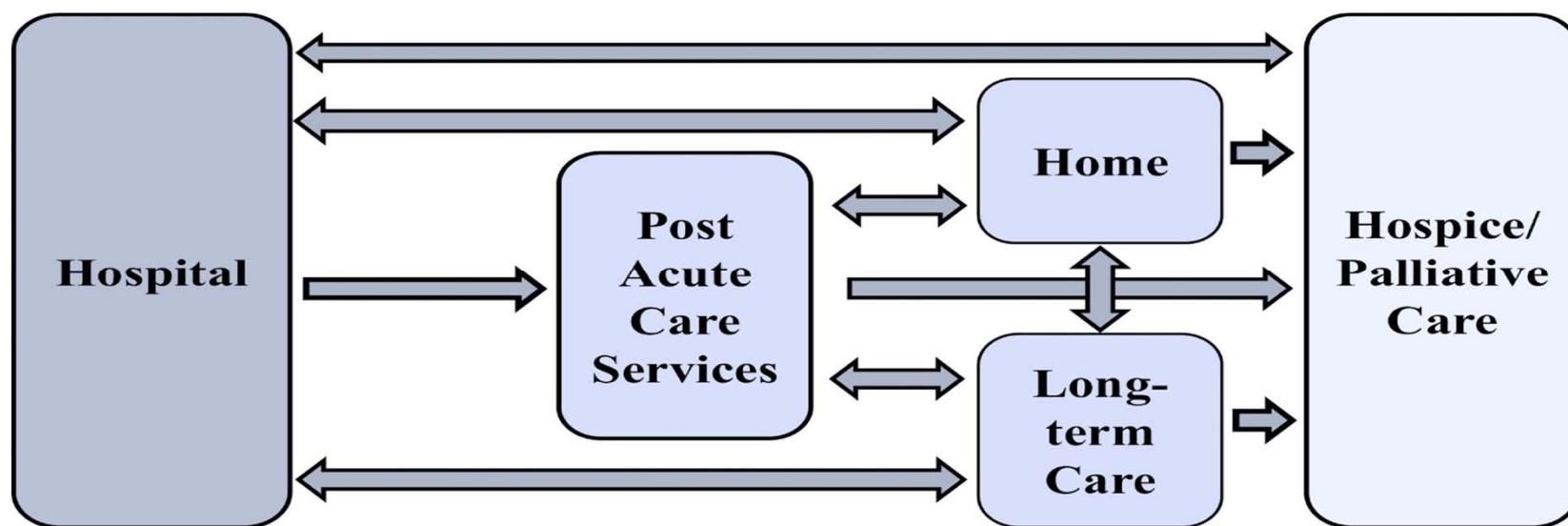
### Recommendations

- 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





# Common Transitions



# Putting It All Together



Develop  
a Plan

Create short  
and long  
term goals

Include  
staff

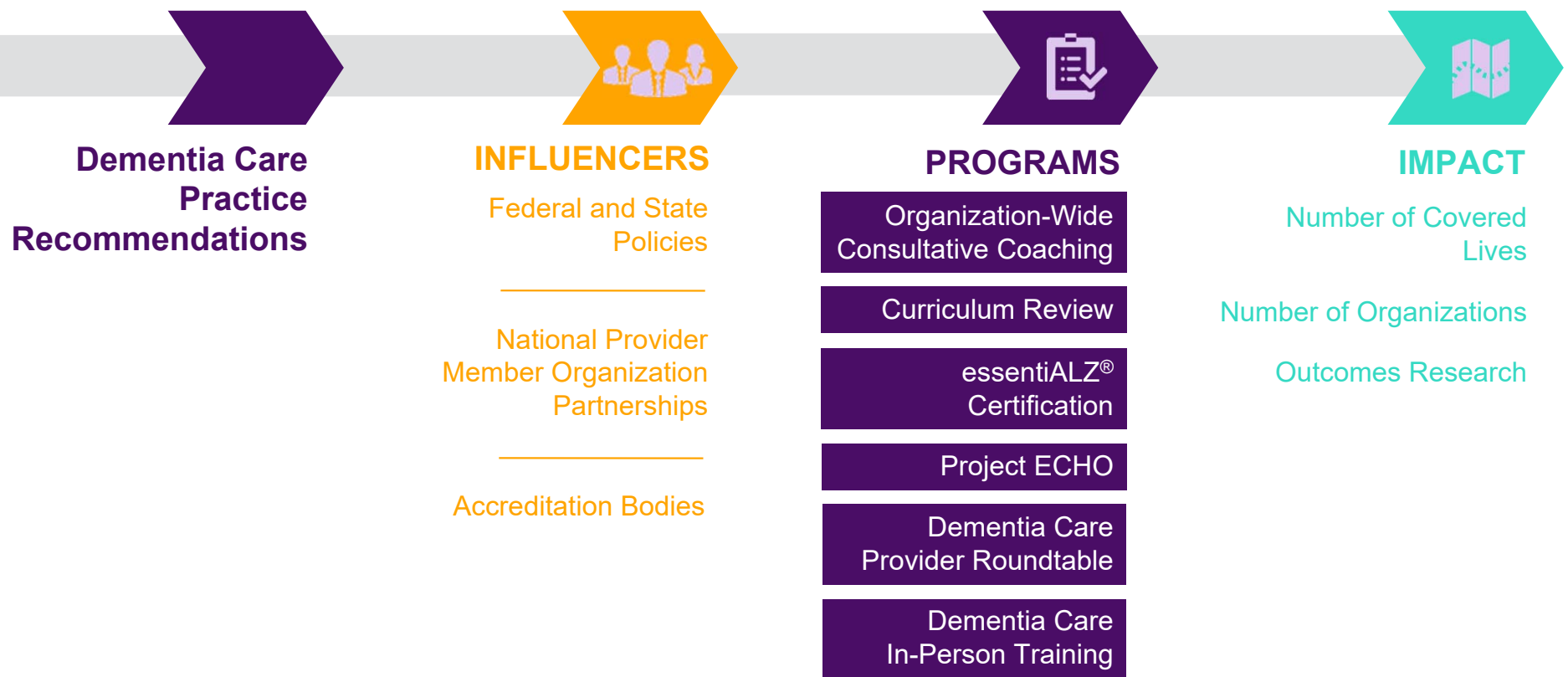
Take small  
steps

Get help if  
needed

Build  
support

Recognize  
and celebrate  
accomplishments

# Quality Care in Long-Term & Community-Based Care



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