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Dementia-capable care insights

Establishing dementia care best practices: How to do it and why it matters

Editor's note: "Dementia-capable care insights" is a new, semi-regular column written by ***Kim Warchol, OTR/L, DCCT,*** *president and founder of Dementia Care Specialists, a specialized offering of CPI, a Milwaukee-based training and consulting firm. It explores the latest research, best practices, and regulations to help long-term care providers navigate the evolving dementia care landscape. To submit a dementia care question or topic for discussion, email Associate Editor Delaney Rebernik at* drebernik@hcpro.com.

Today, there are millions of individuals around the globe living with Alzheimer's/dementia, and there will be many millions more as baby boomers continue to reach senior citizenship. As the dementia population expands steadily, we must adapt our world to accommodate the needs and experiences of its members, ultimately fostering a dementia-capable society—a rich landscape that enables people with dementia to engage in meaningful activities and maintain a fulfilling life, while also supporting their loved ones through the journey of disease.

Indeed, in a PDF guide titled *Dementia Care Practice Recommendations for Assisted Living Residences and Nursing Homes,* the Alzheimer's Association states that "engagement in meaningful activities is one of the critical elements of good dementia care," underscoring that such opportunities can not only help residents preserve their functional abilities, but enhance their overall quality of life.

To that end, the organization defines three key goals on which its social engagement recommendations in the 2006 document are based:

- Providing an ongoing context with personal meaning, a sense of community, choices, and fun
- Designing activities to do with—not to or for—a resident
- Respecting the preferences of the resident, even if this means honoring his or her affinity for solitude

Creating such experiences is vital for promoting the well-being of all parties affected by today's dementia care climate, from those living with the disease to their care partners and healthcare providers, all of whom may struggle physically, emotionally, and financially from their various relationships to the disease.

But shaping holistic dementia living and care spaces doesn't happen overnight. It requires a steadfast, consistent, yet adaptable approach that the whole dementia care team can rally behind. A core component in developing such a comprehensive dementia care offering is establishing underlying best practices that stem from current research, yield measurable data, and demonstrate enough malleability to meet the needs of each individual resident—essential factors in facilitating consistent positive outcomes.

The remainder of this article distills the core principles that comprise dementia care best practices and reveals strategies for shaping these constituent parts into a cohesive system of care that is successful, sustainable, and applicable to the entire nursing home community.

Core principles

When creating a standard for dementia care that will be used across the nursing home, it's important to establish principles that are rooted in objective, measurable goals for residents, such as:

1. Optimizing each individual's quality of life, functional independence, health, and safety
2. Guiding and supporting loved ones and care partners
3. Reducing hospitalizations and psychotropic drug use

While it's important for providers to develop their own goals and principles based on the specific circumstances of their resident population, many of today's leading dementia care experts, including the Alzheimer's Association and the American Occupational Therapy Society, have reached consensus on certain general principles that make up the foundation of virtually any Alzheim-

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er's/dementia best practice. When implemented successfully, these elements work in tandem to produce care that is person-centered and abilities-focused. Let's break down the key attributes of these sister philosophies.

Person-centered care—a term with many roots, including the social psychology of Dr. Thomas Kitwood—involves the provision of services and interventions fueled by what we learn about an individual patient. Values that govern this modern approach, particularly when applied to dementia care, include choice, dignity, respect, purposeful living, and self-determination. The primary areas of emphasis are prioritizing the person rather than the task or disease, and framing care with the wants and needs of the recipient.

Abilities-focused care is another concept with disparate origins, though two of its primary drivers are the work of Claudia Kay Allen, an esteemed occupational therapist and developer of a landmark rehab model for people with cognitive disabilities, and the occupational therapy profession itself. These sources suggest it's critical to focus on what a person with chronic, progressive cognitive impairment (such as that related to Alzheimer's/dementia) can still do, rather than the skills he or she has lost. Helping the individual access these retained capacities at every stage of disease and in every setting of care can promote ongoing positive outcomes.

Steps for transforming principle into practice

Transforming dementia care principles into practices that produce objective, measurable change requires a process, system, and tools. Specifically, key components of a dementia care best practice protocol include:

- **Holistic assessment** of a new resident's core experiences and abilities at the start of care. Important areas to evaluate include:
  - *Cognition*. Use functional cognitive screens and assessments to identify dementia stage and remaining abilities.
  - *Life story*. Gather key information to learn what is familiar and meaningful to the person.
- **Individualized, therapeutic care plans, interventions, and programs.** Therapeutic plans and programs—such as those surrounding dining, activities of daily living, and emotional well-being (also called behavior management)—should be designed according to each resident's needs, capabilities, and preferences as identified in the holistic assessments. As a result, these services should optimize a given resident's participation in care and make a positive, measurable impact on his or her function, health, safety, and/or quality of life.
- **Environmental support.** The entire physical environment of the facility—including interior and exterior social spaces and personal rooms—must be designed to encourage and support independence, engagement, and safety among all residents. Examples of practices that support these aims include:
  - Reducing disruptive stimulation and excess noise
  - Incorporating appropriate props and cues into activities, particularly those that are navigational or wayfinding in nature
  - Identifying ways to address the unique needs of the aging elder, such as providing higher levels of light due to changes in normal vision or installing grab bars and non-slip floors to accommodate shifts in balance
- **Trained and collaborative interdisciplinary teams.** The facility's clinical and direct care teams must be well trained to understand the characteristics of the different dementia stages and the appropriate therapeutic care techniques, including targeted communication and behavior management approaches.

To that end, the team should include dementia specialized therapists, including occupational therapists who play a central role in first determining a person's cognitive ability level, then designing intervention and maintenance programs to optimize function and safety.

All members of the interdisciplinary care team should be trained—and supported in their efforts—to deliver care that compensates for illness and deficits while capitalizing on strengths and abilities. Unsurprisingly, a one-time training is never enough. A dementia-capable, person-centered staff development program instead requires initial training, as well as ongoing coaching and mentoring from nursing home leadership.

More broadly, SNFs should strive to instill a passion and commitment to cultivated best practices—one that extends beyond the direct care team to the organization at large. Owners, leaders, and other stakeholders across the facility must be clear on the designated dementia care philosophy, vision, and goals in order to provide the resources needed for success on the part of colleagues, residents, and the rest of the care community.

- **Consistent staffing.** There's clear value in having a consistent staffing plan through which a resident receives services from a familiar group of care partners over the course of his or her nursing home residence. This consistency fosters relationship development—instrumental for obtaining an individual's permission and participation related to care provision and support, as well as for learning about and honoring the person.
- **Family support and involvement.** Family members should be partners in care from the first meeting with the facility through the resident's final days. Whenever possible, they should participate in shaping the therapeutic plans and interventions by providing valuable information about their loved one (e.g., by sharing important events in the individual's life story) and helping to make choices in the best interest of this person throughout the care journey. H

EDITOR'S NOTE
This column is a product of "The Warchol Report," published by CPI.