“Quality Dementia Care” – Working Together & Alzheimer’s Association Resources
Defining Quality 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

- Detection and Diagnosis
- Assessment and Care Planning
- Transition and Coordination of Services
- Information, Education and Support
- Medical Management
- Workforce
- Supportive and Therapeutic Environment
- Ongoing Care for BPSD and Support for ADLs

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
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

Recommendations

SUPPORTIVE AND THERAPEUTIC ENVIRONMENT

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

Recommendations
PERSON CENTERED FOCUS

Recommendations

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

Tips for Good Communication

DO’s

- Speak slowly and in short phrases.
- Ask for what you want, not what you don’t want.
- Consider therapeutic "fiblets" that comfort or calm them.

DON’Ts

- Don’t reason or explain.
- Don’t ignore or deny their emotions (fear, anger, sorrow).
- Don’t take what they say personally.
- Don’t point out or correct their misstatements.
- Don’t use the word “NO.”
Overview of Communication

- **Verbal:** what you say
  - Word choice
  - Sentence structure

- **Non-Verbal:** how you say it
  - Approach
  - Facial Expression
  - Pitch, tone, and volume
  - Body language (posture, gestures, eye contact)


Non-Verbal Communication

*Their* Body Language Tells *Us*
- How they feel physically & emotionally
- May warn us to stop, step back and take a deep breath

*Our* Body Language Tells *Them*
- Tells them how we feel
- Can be confusing if:
  - Our words and non-verbal communication don’t match
Join them in Their Reality

This means:
• We don’t try to bring them to the here-and-now.
• We enter the world of the person with dementia.
• We may need to use a “fiblet.”
• Don’t assume they can REMEMBER

Behavioral Issues

• Behavioral Issues are caused by problems, we as care providers need to learn and figure out what the PROBLEM is that is causing the behavioral issue.
• We often REACT to the behavioral issue and fail to see what the cause is behind it.
• Causes can be varied
**Triggers**

**INTERNAL:** Something happening in the mind or body of the person:
- He is hungry
- She has a headache

**EXTERNAL:** Something that is happening around them or to them:
- Room is too hot
- Nothing to do
- She is being pulled

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**Common Behaviors**

- Walking or pacing
- Wanting to go home
- Tiring more easily
- Sleep disturbances
- Looking or searching for things
- Changes in mood or personality

- Re-organizing or collecting items
- Expressions of discomfort
- Suspicions or accusations
- Repetitive actions, words, or phrases
ALL BEHAVIOR HAS A MEANING
– IT IS TRIGGERED BY SOMETHING REAL OR PERCEIVED

✓ EMOTIONAL - FEAR
✓ PHYSICAL - PAIN
✓ ENVIRONMENTAL - NOISE
✓ PEOPLE - 95% of Time
✓ TASKS – To Difficult / Complex

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
Next Steps: Get Involved

- In-person and online programs and services
- Curriculum review and essentiALZ® certification
- alz.org/qualitycare

Overview of Programs and Services

- 24/7 Helpline
  800.272.3900
- Web Site
  www.alz.org/pa
- Early Stage Initiatives
- Educational Programs
  Community
  Professional
  E-Services (online training)
- Care Consultation
- Information & Referral
- Support Groups
- Safety Services
- Research / Trial Match
- Advocacy
Safety Services

Education about issues such as:
• Wandering
• Driving, Firearms and Shoplifting
• Abuse and Neglect
• Disaster Response

... as well as disaster preparedness, training emergency responders (including police, EMT, fire, 911 dispatch), promotion of the MedicAlert + SafeReturn Program, and support.

24/7 Helpline

• Support and Coping Strategies
• Referrals and Information
• Research Updates
• Access to all Core Programs

24/7 Coverage with over 200 languages and dialects
Average # calls per month in PA: 1,500
Questions?

alzheimer's association®
We're here. All day, every day.
24/7 Helpline: 800.272.3900
alz.org®