

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

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5.8 MILLION AMERICANS ARE
LIVING WITH ALZHEIMER’S DISEASE.

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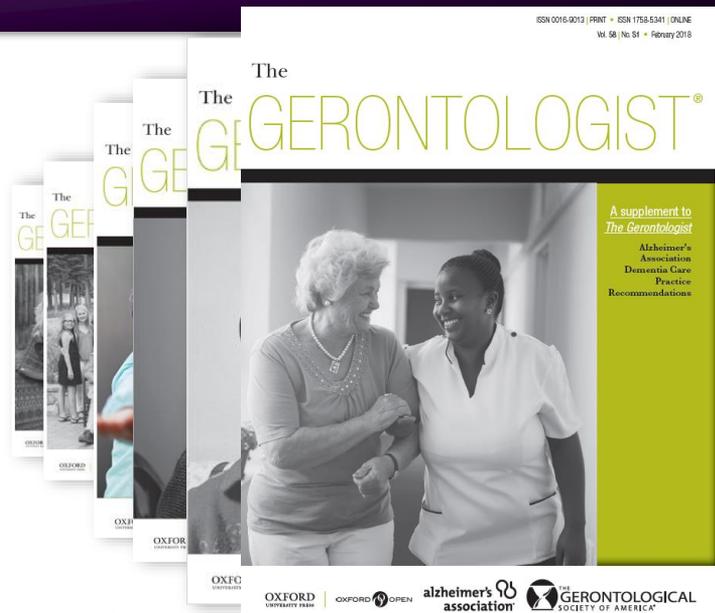
Defining Quality Care: Dementia Care Practice Recommendations

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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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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

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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

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SUPPORTIVE AND THERAPEUTIC ENVIRONMENT

Recommendations

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

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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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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 "fidgets" that comfort or calm them.

DON'Ts

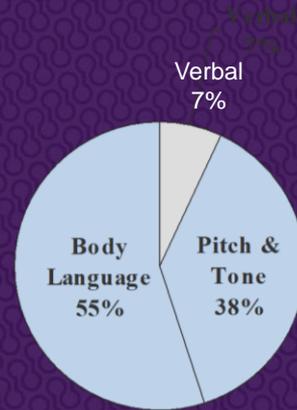
- Don't reason or explain.
- Don't ignore or deny their emotions (fear, anger, sorrow).
- Don't take what they say personally.
- Don't point out or correct their misstatements.
- Don't use the word "NO."

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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)



Mehrabian, A. (1981). Silent messages: Implicit communication of emotions and attitudes. Belmont, CA: Wadsworth.

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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

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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



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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

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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

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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**

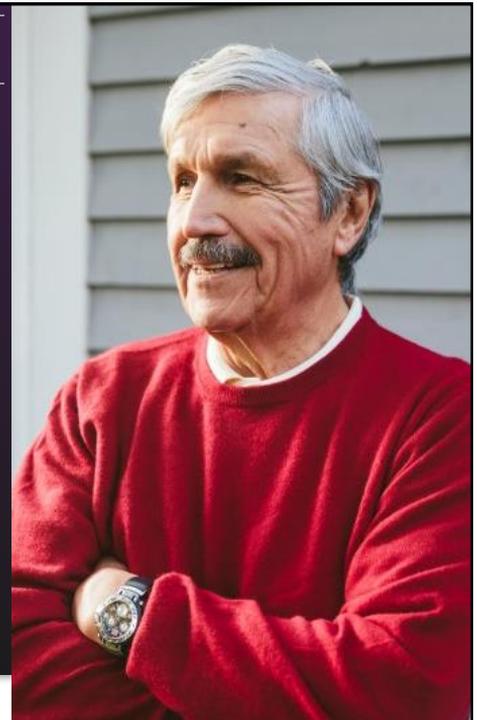


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Perspectives from individuals living with dementia

- 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



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Next Steps: Get Involved



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

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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**

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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.



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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

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800.272.3900
for information and support 24/7 helpline

The Alzheimer's Association's **24/7 Helpline** is available 365 days a year with translation services in over 160 languages. Trained specialists will provide -

- Support and Coping Strategies
- Information and Resources
- Research Updates
- Access to all Core Programs

Turn to us . . .
The leading authority in dementia education, support, and research for over 50 years!

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www.alz.org/delval

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Questions?

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We're here. All day, every day.

24/7 Helpline: 800.272.3900

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