
Best Practice - Dementia Care

The following article showcases the on-going development of a program of care for Veterans living in residential care. In describing the program, the author shows how best practices are operationalized in the small dementia care lodges of The Lodge at Broadmead (TLAB), a 225-bed nursing home in Victoria, B.C.

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Utilizing best practice in dementia care

By basing care on what has been shown to work for others and what has been witnessed as effective in our daily practice, we are maintaining a quality care environment and supporting quality of life. . .

The focus of this article is on the process of clinical program development and the utilization of best practice principles in the daily rhythm of life and caregiving at TLAB (The Lodge at Broadmead).

This is the story of a journey towards making every day as meaningful as possible for each person living with dementia at TLAB and, more specifically, those Veterans with dementia living in the renovated, small lodges of Palm North, Palm South and Magnolia. (See adjacent box)

Primary goal

A primary goal of the dementia care project was the development of a clinical program of care for people with dementia living at TLAB. This program would be primarily focused on the small-group living lodges, but would be based on principles that could be utilized to support dementia

care throughout the entire complex.

Leadership for the development of this program was assigned to this writer, a Clinical Nurse Specialist

(Dementia Care), originally hired as part of the Dementia Care Program.

Development of the clinical program began by engaging clinical lead-

The Lodge at Broadmead

The Lodge at Broadmead (TLAB), a 10-year old, non-profit, residential care facility (nursing home) owned and operated by the Tillicum and Veterans Care Society, is located in an exclusive residential neighbourhood of Victoria, B.C.

The facility receives base operational funding from the Vancouver Island Health Authority, one of the eight regional health divisions in the province of B.C.

Of the 225 people that reside at TLAB, more than half are Veterans eligible for priority access. The majority of people living at the Lodge (75 percent) have moderate to severe levels of dementia, and all require 24-7 supervision and care.

In the summer of 2003, TLAB received project funding from Veterans Affairs Canada (VAC) as part of their National Dementia Care Initiative. This funding included monies for the renovation of an existing large lodge into two smaller ones. These lodges, called Palm North and Palm South, in addition to a previously renovated small lodge called Magnolia, are home to ambulatory Veterans for whom dementia is a primary diagnosis.

In addition to renovation costs, the VAC funding also allowed for the hiring of additional interdisciplinary team members and direct care staff, plus resources for the implementation of a facility-wide dementia care education program. ■

ers in assessing the current strengths of dementia care delivery at TLAB, as well as identifying areas for improvement.

In addition to seeking input from internal sources, recognized experts in the field of dementia care were consulted.

Team building

Team-building sessions were held for all staff working on the three lodges. These sessions were instrumental in setting the stage for a culture of inquiry and in supporting staff so that it was understood that everyone, no matter what the 'job description,' needed to participate in order to make the venture a success.

These sessions also reminded staff that this shift in practice was not because they were doing things 'wrong,' and that the goal was to reflect on current practices and try new approaches.

After the initial team meetings, bi-weekly or monthly meetings were held with the interdisciplinary team members who continued the work of identifying best practices.

Initially 20 best practice areas or principles were identified [See Table 1]. These practice areas were used in the development of a strategic action plan. This strategic action plan provided the team with a way to evaluate progress in program development. It was this plan (of action) that evolved into the Dementia Care Clinical Program.

Best practices

TLAB's Dementia Care Clinical Program is organized around practice recommendations in six areas:

1. organization
2. client/resident assessment
3. family and friends
4. care provision
5. environment, and
6. education

**Table 1 - Best Practice Principles
Caring for people with dementia in residential care**

- Person-centred care
- Flexible scheduling of care provision
- Having a philosophy of care
- Consistent staffing
- Interdisciplinary assessment, including life story
- Regular interdisciplinary reviews
- An interdisciplinary care plan in place that supports a consistent approach to care provision
- Staff are educated and trained in dementia care
- Small numbers of people living together with limited distractions
- Medication optimization
- Focus on retained abilities
- Acknowledgement of previous skills
- Familiarity of environment (including staff)
- Family support and involvement - important relationships supported
- Use of the environment as a therapeutic psychosocial tool
- Meaningful activities are provided
- Least restraint/No restraint is policy and reflects best practice
- Leadership support the staff and best practice
- Pain assessment and management
- Behaviour management guidelines in place

References: Alzheimer's Association, 1997 and 2006; Alzheimer Association of Australia, 2002; Alzheimer Society of Canada, 1999; Alzheimers UK and Royal College of Nursing, 2001; Lewis, 2002.

Practice recommendations are statements of best practice directed at the practice of staff that is ideally evidence-based (RNAO, 2004).

The primary evidence for these recommendations has come from guidelines, standards and position papers emanating from Alzheimer organizations around the globe (Alzheimer's Association, 2006/1997; Alzheimer Association of Australia, 2002; Alzheimer Society of Canada, 1999; Alzheimers UK and Royal College of Nursing, 2001; Lewis, 2002).

These sources, however, did not always contain traditional levels of evidence, even though they have all been developed after exhaustive literature reviews and/or field research.

In addition to the above mentioned guidelines, standards and position papers, other literature sources were used to define best practice (Bell and Troxel, 2001; Bruce et al., 2002; Goldsmith, 2002; Harrigan and Lyons, 2004; Hudson, 2003; Interior Health, 2004; McCann-

Beranger, 2004; RNAO, 2004; Tilly and Reed, 2005).

#1 - Organization

Shifts (or changes) in practice are more likely to be sustained with organizational commitment and support. The Dementia Care Clinical Program is supported by the organization at all levels, a vital ingredient in our shift from an institutional model of care to a social model of care.

The document initially outlining and describing the Dementia Care Clinical Program includes a vision statement, purpose and philosophy. These introductory pieces (to be discussed below), along with guiding principles, are the foundation for the program and assist the team in clinical and operational decision making.

Vision -

The vision of the program is to

create an environment of acceptance for people with dementia, and their families, that honours their life history, supports their strengths and challenges and maintains their dignity as people.

Purpose -

The purpose of the program is to provide staff working on the three lodges, and throughout TLAB, with best practice information in caring for people with dementia.

Philosophy -

Current literature on dementia care recognizes and supports the need for organizations to practice person-centred care (Alzheimer's Association, 2006; Alzheimer's Association, 1997; Alzheimer Association of Australia, 2002; Alzheimer Society of Canada, 1999; Alzheimers UK and Royal College of nursing, 2001; Keane and Shoemith, 2005).

TLAB practices from a person-centred perspective or philosophy. People with dementia are seen as people first. Practicing in this manner honours their personhood, which is defined for the Dementia Care Clinical Program as:

"a standing or status that is bestowed upon one human being, by others, in the content of relationship and social being. It implies recognition, respect and trust."

(Kitwood, 1997)

In addition to having a strong organizational foundation to the program, it is imperative that leadership support best practice. All directors, supervisors, and even board members, are provided dementia care education and are aware of the principles that guide dementia care practice at TLAB.

#2 - Resident assessment

It is important to have interdisciplinary assessment in dementia care (Alzheimer's Association, 2006; Alzheimers

UK and Royal College of Nursing, 2001; Warchol, 2004).

Members of the interdisciplinary team complete an initial assessment of each Veteran on admission, and within 14 days, a care plan is developed. This plan is then reviewed with the family members and the Veteran [depending on level of cognition] at an admission conference, held 4-6 weeks after admission.

This admission conference is attended by members of the interdisciplinary team and is facilitated by the social worker. Outcomes and follow-up are documented in the Veteran's health record.

In addition to the interdisciplinary care plan a 'Personal Care Plan' is developed within the first few days of admission. This care plan is posted discreetly in the Veteran's room and provides information on life story, personal care requirements and tips for supporting retained abilities.

Assessment is on-going and the interdisciplinary team meets weekly for Lodge Rounds. These staff-only meetings are held for day shift staff and again for evening shift staff - to review Veterans' care needs.

Rounds are 30 minutes in length and the entire care team is invited to participate. Rounds are on a three-week rotation, coinciding with the three lodges. The 'Lodge Nurse' facilitates rounds, providing initial clinical information about the resident's status. Each team member contributes as needed, and personally documents any areas requiring their attention.

#3 - Family and friends

Family members and friends of Veterans are welcomed as partners in care. The entire interdisciplinary team supports the family and friends through the process of 'moving in.' Pre-admission tours are offered and information is gathered early to enable staff to begin to know the person and family before they arrive.

A brochure is available for family members and friends that outlines the philosophy and principles of dementia care used in Palm North, Palm South and Magnolia.

Education and support is available for family and friends through written resource information, education and support meetings, plus a regular "Family and Friend's Newsletter."

#4 - Care provision

Consistency of Care -

A priority is made to have consistent staffing throughout TLAB (Alzheimer's Association, 2006; Alzheimer Association of Australia, 2002; Bruce, Surr and Tibbs, 2002). Staff are not moved around frequently. They maintain a primary care assignment in order that the person with dementia begins to know them and that the staff begins to know the person with dementia.

Consistent care approaches are used to decrease the Veteran's anxiety. Each has a Personal Care plan that outlines the approaches and care strategies that staff use.

Staff are encouraged to participate in the development of the care plans and to provide the care team with tips that work well with each individual. A consistent approach is especially important when assisting with personal care and bathing.

Communication -

Education for staff on best methods of communication for people with dementia is imperative to the success of care provision. Using non-verbal cues and techniques, in addition to clear, adult-toned verbal communication, are recognized as best practice (Brown and Draper, 2003; Strauss, 2001).

In keeping with its philosophy, TLAB supports the use of person-centred language (Alzheimer's Australia, 2004b; Alzheimer UK and Royal College of Nursing, 2001). Language that supports the person, that does not label the person based on their illness, care re-

quirements or abilities, is promoted. For example, we say “He requires a Golvo lift,” rather than “He is a Golvo.” Use of person-centred language fosters self-esteem and decreases dependency.

Medication optimization -

A goal of the Dementia Care program is to optimize medication usage for Veterans. Monthly reviews are completed by Lodge Nurses to determine medication usage and continued need, especially medications with a greater potential for side effects, such as neuroleptics and sedatives.

There is on-going assessment of medication use with the physician and pharmacist when changes in behaviour are noted as part of the overall evaluation of the care plan. Lodge Rounds are used to involve the interdisciplinary team in discussion regarding the need for medications and to evaluate their effectiveness.

Retained abilities -

Enabling participation in daily activities enhances the sense of personal competence for persons with dementia (Dawson and Wells, 2000). It is important to remember that we need to maintain a balance of involvement in daily activities, and not just focus on leisure activities.

Typical institutional care routines do not always support life-long personal routines, and staff can end up “doing for” rather than enabling participation. By acknowledging previously acquired skills, and assessing daily what a Veteran can do for himself/herself, the staff support retained abilities. Programs such as “Dance Hall” and “Sports for all Sorts” use well learned skills and promote socialization, physical activity and self-esteem.

Optimizing functioning -

A goal of the Dementia Care program is for the Veterans to enjoy optimum mobility, to walk and move at will to the best of their ability, in

the safest manner possible, and without restraint.

On admission, the physiotherapist assesses the physical function of all Veterans, and obtains their activity history and preferences.

Some of the interventions used to achieve each individual’s optimum functional mobility are:

- the Falls Prevention program
- individual/group exercise programs
- environmental modifications
- prescribing special equipment
- staff education and
- staff consultation

The rehabilitation assistant, activity workers, health care workers and all members of the interdisciplinary team assist with mobility in order to best meet each Veteran’s need in a meaningful and timely manner.

Behavioural care practice -

Behavioural changes are frequently a reason for residential care home admission for people with dementia. At TLAB, we have developed “Behavioural Care Guidelines” to support assessment of altered behaviours and interventions to meet un-met needs.

Since all behaviour is seen as having meaning, an interdisciplinary approach is used to find the underlying cause of the behaviour and discover what the Veteran is communicating.

Following TLAB’s stated policy and procedure based on best practice, least restraint is practiced. If a restraint is used, it is the least restrictive method, with reassessment every six months, and a goal to discontinue (Alzheimer’s Association, 2006; Alzheimers UK and Royal College of Nursing, 2001; Alzheimer Society of Canada, 1999).

Pain management -

Pain is often difficult to assess in people with cognitive impairment, and frequently an issue for people with dementia (Alzheimer’s Association, 2006). The “Pain Management Program” at TLAB provides information and tools

to assist in this assessment.

The PAIN-AD (Warden, Hurley and Volicer, 2003) is the assessment tool used for Veterans with cognitive impairment. Pain management strategies are discussed at Lodge Rounds, with pain often thought to be the potential cause of altered behaviours.

Meaningful activities -

Activity includes recreation pursuits, leisure, and activities of daily living. It is the responsibility of all staff members to provide meaning to Veterans with dementia. The Lodge staff does this in numerous ways, from organized group activities, to one-to-one interaction.

There are two activation workers that organize the more formal activities for the Veterans at the three Lodges.

Care staff support meaningful personal care activities by knowing personal preferences, going along with the Veteran’s routine, and encouraging independence where possible. It is not unusual to see Veterans doing “work” around their “home” - washing dishes, dusting, sweeping and helping other Veterans.

Having details on a Veteran’s life story, collected by the social worker and activation staff, assists the entire team in their interactions with the Veteran (Alzheimers UK and Royal College of Nursing, 2001; Alzheimer Society of Canada, 1999; Bell and Troxel, 2001; Tilly and Reed, 2005).

Dining -

Dining is an important activity throughout TLAB. The new dining rooms and kitchens in the three Lodges have assisted in normalizing the dining experience for Veterans.

Changes have been made to support an extended ‘breakfast time’ so that the morning is less hurried, and Veterans can eat breakfast, brunch or lunch in a leisurely manner as they awaken to the day.

Meals are less noisy in the small

environment, and Veterans are supported - as with all ADL's - to eat independently. Also, modifications made to utensils assist staff when "feeding" someone.

#5 - Environment

Familiar, home-like and therapeutic

There is a great deal of literature on the design and construction of the ideal environment for people with dementia. The literature directs architects to design smaller and more home-like care units (Alzheimer's Australia, 2004a; Calkins, 1988; Lewis, 2002; Tilly and Read, 2005; Werezak and Morgan, 2003).

Palm North, Palm South and Magnolia Lodges were renovated to look similar to a home. They all have a living room, kitchen and dining room. There are domestic appliances and furnishings. Paintings with familiar scenes are hung throughout the lodges. The colours are warm and soothing. The floors in common areas resemble home floorings.

There is also flexibility throughout the day. For example, Veterans are supported and encouraged to eat their meals as they wish, and to awaken based on their own routine. There is also freedom of movement.

Staff are encouraged to wear civilian clothes in order to lessen the institutional appearance of the environment. There are no medication carts or nursing stations. Family and friends are welcomed to the lodges, as it is their home also.

Technology is camouflaged to maintain the integrity of the environment. The environment is available for use as a therapeutic psychosocial tool. The paintings and murals in the three small lodges are of scenes that can be utilized by staff for reminiscing. Pony walls allow visual access of living areas for Veterans. When Veterans see others sitting in the living rooms, it increases socialization.

Easy access to outdoors is often cited as a best practice requirement when building residential care environments for people with dementia. Each of the three lodges have easy access to a courtyard used for outdoor activities such as gardening, BBQs, and walks.

Quality stimulation -

The traditional nurse call system, with call cords and audible call bells is not best practice in a dementia care environment. In any case, people with dementia are often unable to use a call bell, as they do not understand its purpose and may not be able to identify a need to ask for assistance.

As part of the Dementia Care Project, a silent resident call system was installed - the last phase of the renovation. This silent call system provides a method to monitor Veteran needs through motion and pressure sensors. This system promotes safety for the Veteran, while at the same time protecting their privacy. It also allows staff to be aware when a Veteran may require assistance, for example, when he/she gets out of bed.

A silent system also minimizes unnecessary noise. People with dementia can become increasingly agitated in an environment with excess stimulation. A silent system supports an environment of quality stimulation.

#6 - Education

All of the standards, practice recommendations and literature on dementia care referenced in this article mention the need for an educated staff to care for people with dementia.

TLAB has provided all staff, including managers, clinical supervisors, and board members with a two-day dementia care education program titled "Supportive Pathways." (See box)

Each session of this program is taught by two of the seven internal trainers. All staff are scheduled to attend after they have completed their probationary period.

Informal education -

Lodge rounds are often used as a time for reminding team members about the Dementia Care principles. Team members review diagnoses, care strategies and discuss methods to understand and decrease altered behaviours. This informal setting is often where the team learns more about the person with the disease.

Every opportunity is used to reinforce best practices. One example of this is at coffee break - if a staff member uses language that is not considered person-centred, another staff member is likely to offer a friendly reminder on how to rephrase the comment. Information on dementia and dementia care is also posted on the Dementia Care program bulletin board for staff, volunteers and family members.

Program evaluation

Program evaluation showcases the outcomes of the application of best practice principles. Without evaluation

Supportive Pathways education - content and delivery methods

Briefly, "Supportive Pathways," developed by Carewest in Calgary, Alberta, is an educational program that promotes person-centred dementia care. It is modular and covers content ranging from personal and organizational beliefs and communication, to disease processes and responding to altered behaviour.

The exercises used in the training are intended to encourage reflection on practice and problem-solving care scenarios. The education assists in developing the strengths of staff, and promotes a learning organization.

In addition to staff education, training has been provided to volunteers and family members. (See page 33 for a description of the Supportive Pathways Program)

there is limited opportunity to assess the effectiveness of attempts to implement best practices.

Finding the resources to support a formal evaluation is an important and often over-looked part of program development.

Highlights from our evaluation of Veterans who have lived in the lodges for the past two years include:

- a reduction in psychoactive medication usage
- decreased altered behaviours
- maintenance of physical and functional abilities over time - in spite of overall cognitive decline and minimal weight loss (average of only three kilograms in 2 years).

In addition, through periodic surveys, staff report that they are more confident in the care they provide and that they have a good quality of work life. Family surveys further show a level of satisfaction and confidence in the quality of the Dementia Care program for loved ones.

Conclusion

The quest to apply best practice dementia care can be challenging. It requires commitment and dedication by the entire team. Momentum is maintained through on-going feedback from the Veterans and their family members, and in seeing the results of our evaluation.

By basing care on what has been shown to work for others and what has been witnessed as effective in our daily practice, we are maintaining a quality care environment and supporting quality of life for Veterans living in Palm North, Palm South and Magnolia Lodges and, in fact, for all residents living at The Lodge. ■

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