



***Alzheimer  
Knowledge  
Exchange***

## Let's Talk About Design and Dementia

Online Fireside Chat October 22, 2012

Design and Dementia Community of Practice

Presented By:

Frances Morton -Chang , Gerontologist, Health policy researcher

Community of Practice Lead

# Plan for today's session

We would like today to be an open discussion so feel free to share at any time.

- Quick Overview of our tools
- Reflection
- Questions and Feedback
- Where we're headed
- How to reach us



# Design and Dementia Recommendations

## Doorways

- Visual Redirection from Restricted Areas
- Therapeutic Redirection
- Enhanced Access to Safe Areas
- Positioning of Prompts
- Doorway Entrance Seating
- Limitations to Doorway/Elevator Traffic
- Door Code Redirection
- Enhanced Privacy

Alzheimer Knowledge Exchange

## Doorways

The following recommendations are intended to promote individual well being and address one's natural interest in going in and out of doors. Persons with dementia (PWDs) do not lose this interest, however may lack judgment as to what will happen if they do enter or exit from one area to another. In a secured environment, a person with dementia's desire to look or go outside can cause them great anxiety and frustration if they are not able to satisfy this need.

Ideally environments will be designed to avoid bringing attention to exits, however, where high traffic exits exist, whenever/wherever possible it is best to lead PWDs attention away from doors using positive cueing or redirection with other interesting stimuli (eg. aquariums, life skills station).

To lead PWDs to, and engage them with another area, redirection can be as simple as

- > having an open door beside a closed door, or
- > offering sensory cues like the smell of freshly baked breads, vanilla, or coffee



DEMENTIA-Friendly Design Considerations

# Design and Dementia Recommendations

## Lighting

- Light Intensity & Colour
- Task Lighting
- Natural Light
- Adapting to Transitions in Lighting
- Day and Night Lighting
- Avoiding Misperception
- Individual Preferences
- Maintenance Standards

Alzheimer Knowledge Exchange

## Lighting

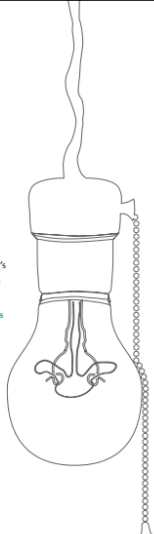
Many factors affect a person's ability to manage and interpret their environment. As a person ages there are a number of "normal" age related changes to vision that may be anticipated. Additionally, age is the greatest risk factor for Alzheimer's and related dementias. Hence, changes to vision due to aging eyes coupled with problem solving and perceptual difficulties associated with AD/DR, persons with dementia especially need appropriate lighting to assist with positive perceptions and interpretations of their environment.

Research on adequate lighting and it's affects on Persons with Dementia (PWD) indicate the possibility to:

- > dissipate shadows
- > reduce mood disturbances
- > positively affect eating
- > optimize communication opportunities
- > encourage well-being
- > increase natural activities (illumination)

For further information on lighting literature and dementia, please refer to the companion document *Why is Lighting Important to Older Adults?* on the AKE Resource Centre ([www.akeontario.org](http://www.akeontario.org)) or on the Murray Alzheimer Research and Education Program (MAREP) website at ([www.marep.uwaterloo.ca](http://www.marep.uwaterloo.ca)).

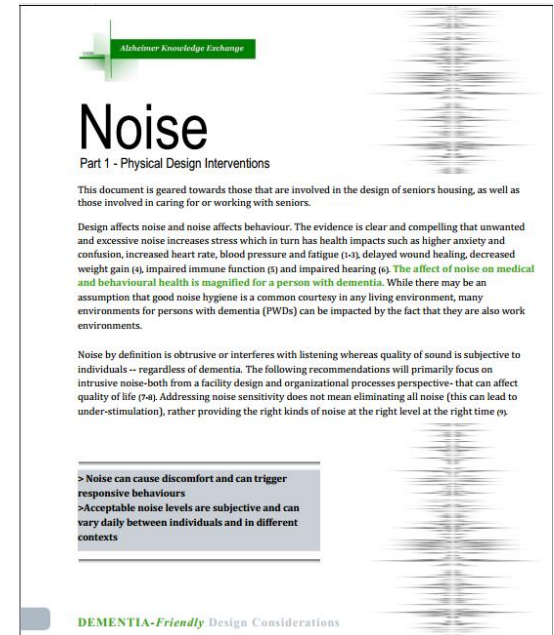
DEMENTIA-Friendly Design Considerations



# Design and Dementia Recommendations

## Noise- Physical Interventions

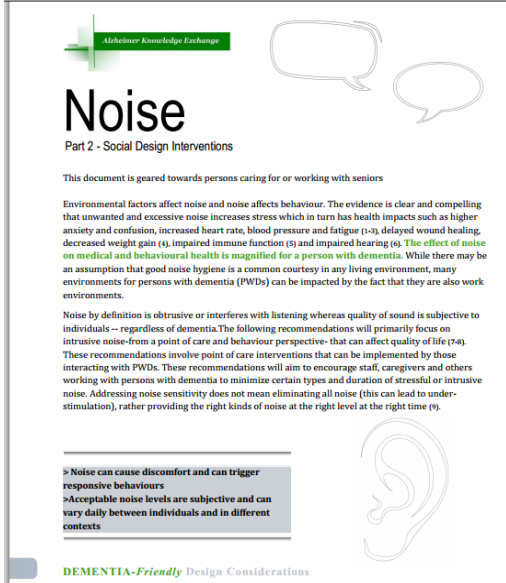
- Dementia Unit Layout and Design
- Noise Level Assessments
- Reduce Noise Echoes
- Noise Production Equipment
- Scheduling of Intrusive Noise
- Background Noise
- Fire Alarms



# Design and Dementia Recommendations

## Noise- Social Interventions

- Appropriate Noise and Positive Sound
- Communication Techniques
- Resident Sensory Assessment and Accommodation
- Monitoring Distress
- Decibel Levels Associated with Selected Sounds



**Alzheimer Knowledge Exchange**

## Noise

Part 2 - Social Design Interventions

This document is geared towards persons caring for or working with seniors

Environmental factors affect noise and noise affects behaviour. The evidence is clear and compelling that unwanted and excessive noise increases stress which in turn has health impacts such as higher anxiety and confusion, increased heart rate, blood pressure and fatigue (1-3), delayed wound healing, decreased weight gain (4), impaired immune function (5) and impaired hearing (6). The effect of noise on medical and behavioural health is magnified for a person with dementia. While there may be an assumption that good noise hygiene is a common courtesy in any living environment, many environments for persons with dementia (PWDs) can be impacted by the fact that they are also work environments.

Noise by definition is obtrusive or interferes with listening whereas quality of sound is subjective to individuals - regardless of dementia. The following recommendations will primarily focus on intrusive noise - from a point of care and behaviour perspective - that can affect quality of life (7-9). These recommendations involve point of care interventions that can be implemented by those interacting with PWDs. These recommendations will aim to encourage staff, caregivers and others working with persons with dementia to minimize certain types and duration of stressful or intrusive noise. Addressing noise sensitivity does not mean eliminating all noise (this can lead to under-stimulation), rather providing the right kinds of noise at the right level at the right time (9).

> Noise can cause discomfort and can trigger responsive behaviours  
> Acceptable noise levels are subjective and can vary daily between individuals and in different contexts

DEMENTIA-Friendly Design Considerations

# We want to hear from you!

- What do you find useful about the tools?
- What do you think can be improved?
- If you haven't used the tools- What do you need in order to start?
- What would you like to see for future recommendations?
- What other questions do you have for us?



# Reflection

## What we've heard so far...

- Informative, helpful, unique
- Needed in all sectors
- Practical and applicable
- Newly discovered for some participants
- Increase accessibility (larger print, multiple languages)



# Reflection

## What we've heard so far...

- Do you have any policies on unit design, activation program designs for dementia, smoking policy?
- How do you suggest adapting this work to acute care settings? The challenge we always face is trying to promote this as a possible alternative to restraint for our wandering patients.
- What about a family member who'd like to install cameras or other devices to monitor their family member... but family member doesn't agree?



# Reflection

## What we've heard so far...

- Any recommendation on the floors and/or carpet designs to facilitate positive mood affect and for those residents who will have social inappropriate behaviours, such as voiding and bowel movement every where?
- What are some of the most successful decorating techniques used by homes to help engage residents and allow them to participate in self leisure opportunities.
- Want to know about impact of staff attitude (the social environment) on client behaviours on a dementia unit.

# Where we're headed

WORK IN  
PROGRESS

## Update

- In process of completing a new recommendation on Wayfinding- will be shared in January
- Working with our partners such as the Alzheimer Society to make our recommendations more accessible and available to caregivers for home safety
- Recommendations we are thinking about in the near future: signage and outdoor environments- thoughts?

# Helpful resources and websites

Please refer to our Resource handout



# Keep in touch

*Check Out Our Webpage:*

<http://www.akeresourcecentre.org/Design>

*Contact our Community of Practice Members:*

<http://bit.ly/Qna6oD>

*Contact Our Knowledge Broker:*

Felicia White

[fwhite@alzheimeront.org](mailto:fwhite@alzheimeront.org)

New members welcome!

THANK YOU