EXECUTIVE SUMMARY

Meeting the Needs of People Living with Dementia in Alberta's Residential Living Options

Ensuring Person-Centred Care

September 5, 2014

Background

The Supportive Living Level 4 for Dementia (SL4-D) Task Group was established in January 2014 to inform the development of a service model for SL4-D settings. This paper was developed to inform the work of the Task Group in developing system-level recommendations to ensure high quality, person-centred dementia care in SL4-D settings and in residential Living Options generally.

The paper describes:

1. Evidence-informed elements of care to meet the needs of Albertans living with dementia in all residential Living Options, grounded in the philosophy of person-centred dementia care.
2. Specialized service delivery in Supportive Living Level 4-D (SL4-D).
3. A quality outcomes framework for dementia care within residential settings.

The Person-Centred Philosophy of Dementia Care

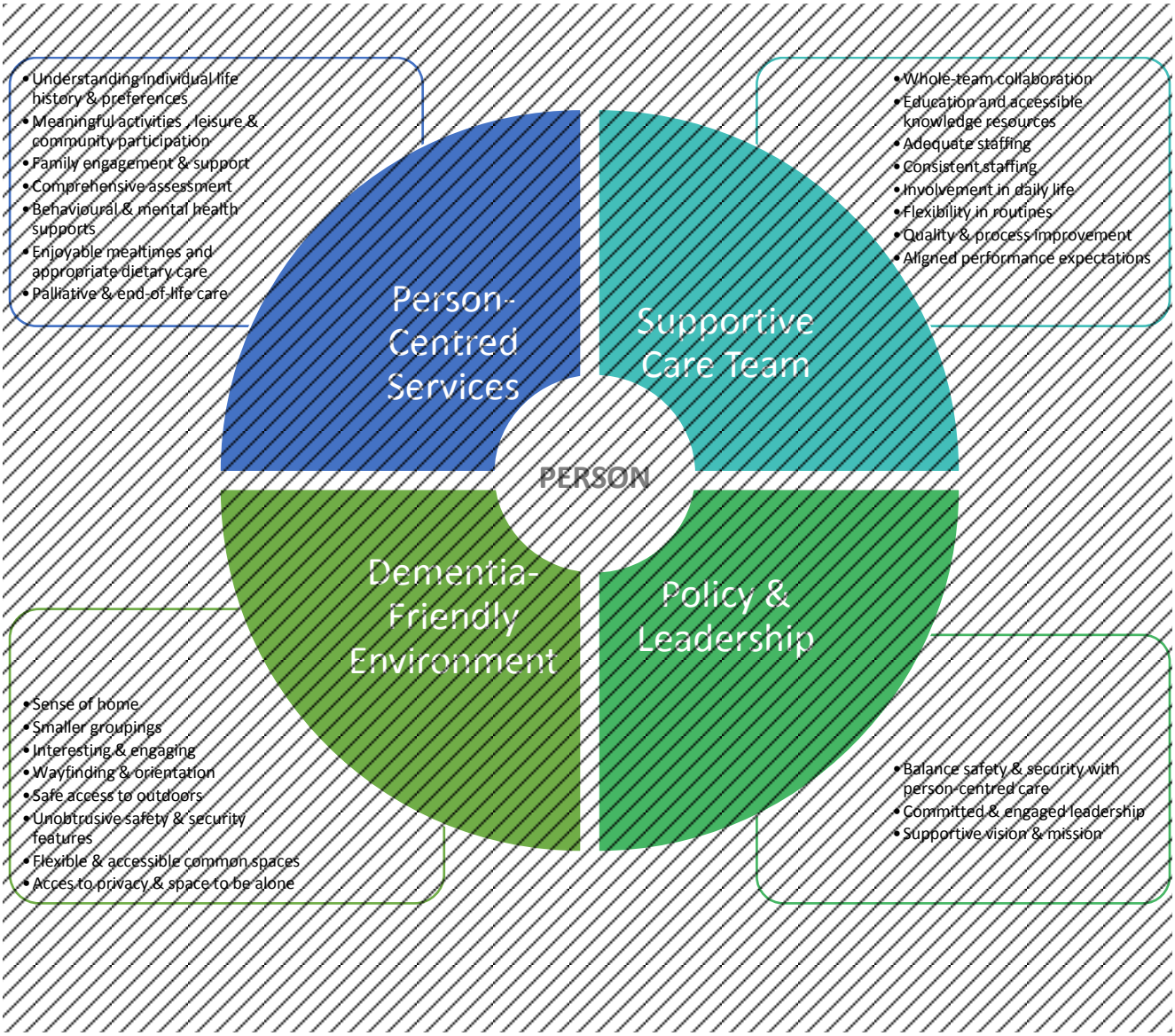
This philosophy of care acknowledges that persons living with dementia continue to be full persons in spite of the cognitive changes they experience. They experience optimal quality of life in an environment that is appropriately adapted to support their strengths and abilities and responds as holistically as possible to the unique social, psychological, physical and environmental needs of the individual.

> Personhood *is a standing or status that is bestowed upon one human being by others in the context of relationship and social being. It implies recognition, respect and trust.*
>
> -Tom Kitwood, 1997

Elements of Person-Centred Care in Residential Living Options

Figure 1 presents the elements of person-centred dementia care in any residential living option, largely drawn from evidence-informed guidelines and peer-reviewed literature.

Figure 1. Elements of Person-Centred Dementia Care in Residential Living Options



SL4-D Settings

The AHS and partner SL4-D Task Group agreed that there is a subset of people living with dementia and/or other forms of cognitive impairment who require a specialized living option due to the presence of particular behaviours. Behaviours such as wandering with a high risk of and intention for elopement, or lack of insight regarding personal space resulting in disruption to others, may lead to particular challenges in integrating into other care settings.

Features of Care in SL4-D Settings

- Opportunities for meaningful activities, recreation and leisure must be available within the resident's immediate living environment as going to different locations may prove overwhelming.
- Comprehensive assessment coordinated by Case Managers will likely require additional time spent with the client to get to know their strengths and preferences, and to collaborate with families, direct care staff and other members of the interdisciplinary care team, including medical care providers.
- Staffing ratios must be higher to prevent and respond to responsive behaviours.
- In SL4-D settings it is especially critical that the physical environment supports dignity and the right to autonomous movement while ensuring that residents do not leave the facility in unsafe circumstances and that staff have direct site lines to common areas and the outdoors. Private bedrooms and bathrooms must be provided in these environments.

Quality Outcomes for Dementia Care in Residential Settings

Implementation of the structures and processes outlined in the service model above is expected to influence the following outcomes associated with high-quality person-centred care and quality of life in dementia. The indicators are organized across the Alberta Health Quality Matrix Dimensions of Quality.

Table 3. Quality Outcomes for Dementia Care in Residential Settings

Quality Dimensions	Indicators	Measures
Acceptable	Quality of life	InterRAI Quality of Life Survey
	Person-centred care	Person-Centred Assessment Tool
	Client/family satisfaction	TBD
Appropriate	Overall context of care (culture, leadership, and evaluation/feedback)	Alberta Context Tool (ACT)
	Use of appropriate practice guidelines	TBD
Accessible	Decreased ALC days	TBD
	Reduction in the use of ER or Acute care admissions for behaviours associated with dementia	
	Wait times/access to services within program based on assessed need	TBD
	Assistance when needed	TBD
	Engagement in recreation and meaningful activity throughout the day	RAI-HC Section F
Effective	Decreased responsive behaviours	RAI-HC Section E3&4
	Decreased inappropriate use of antipsychotic medications	RAI-HC Section Q2a
	Decreased mood problems (depression and anxiety)	RAI-HC Section E1&2
	Decreased skin problems	RAI-HC PURS Scale
Efficient	Decreased acute care and emergency admission	TBD
	Decreased staff turnover	TBD
	Increased staff satisfaction	TBD
Safe	Decreased restraint use (physical)	RAI-HC Section K9e
	Decreased falls injury	TBD
	Decreased aggressive behavior	RAI-HC Section E3 – occurred, easily altered; occurred, not easily altered

Quality Dimensions	Indicators	Measures
	Decreased delirium	RAI-HC Section B3 – sudden or new onset/change in mental function over last 7 days, in last 90 days; Delirium CAP
	Decreased staff injury	TBD