saint ELIZABETH HEALTH CARE

The Dementia Tsunami: Are You Ready?

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Saint Elizabeth Health Care

Mission

- Saint Elizabeth Health Care shares its talent and wisdom to serve the physical, emotional and spiritual needs of individuals and families in their homes and communities.

Vision

- Saint Elizabeth Health Care will be a phenomenal knowledge and care exchange company.

Purpose of presentation

- Describe need of clients and their families with diagnosis of Dementia
- What Community nurses need to know to care for persons and their families diagnosed with Dementia
- Illustrate role of the RNAO Fellowship to increase knowledge and practice of front line staff
- Actions of SEHC to provide knowledge transfer activities

Background

Dementia

- 1 in 13 persons over the age of 65 has dementia and 1 in 3 over the age of 85.
- 500,000 Canadians diagnosed with dementia 778,000 by 2031
- Annual cost of 3.9 billion
- Dementia is a disease that affects the individual and families- intergenerational- grandchildren-children-parents

http://www.alzheimer.ca/english/disease/stats-intro.htm

Background

- Persons diagnosed with dementia and their families require knowledgeable professionals with the skills and training to screen for cognitive impairment and dementia, provide strategies to individuals and their families to manage behavioral changes, and functional and psychological independence
- Provide navigation through health care services

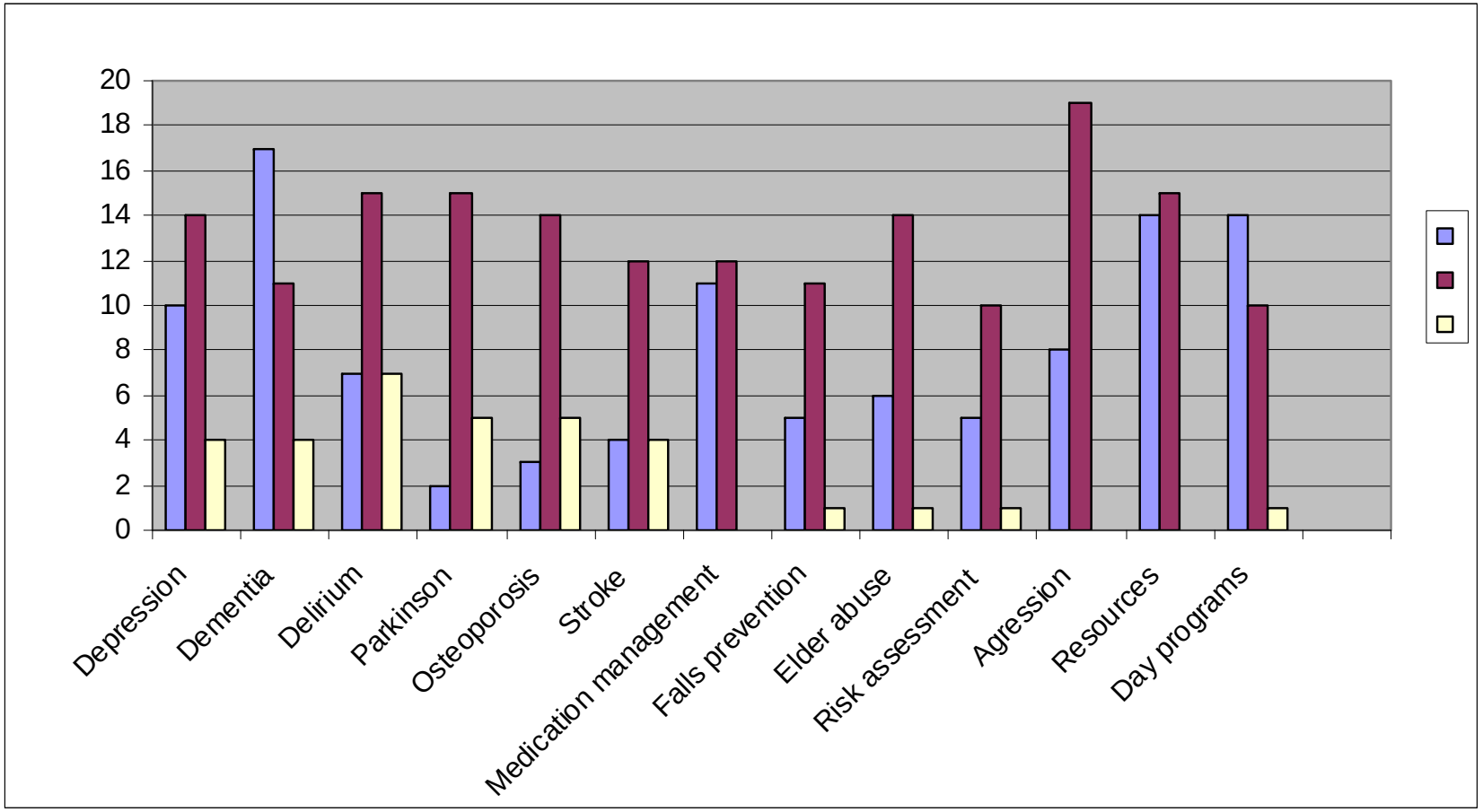
What do staff need to know ?

- Differences between early cognitive impairment and the different types of Dementia
- Need to understand the need for cognitive screening tools
- MMSE, MOCA, Quick Screen
- Mini Cog
- Impact on all types of nursing and professional care
- Interventions that are appropriate for the community setting

Survey of SEHC Professional staff

- Indicated staff had basic training on caring for the older adult
- 50% of most nurses polled stated the knowledge received in their training was not adequate knowledge to practice with seniors
- 24/28 nurses stated they rated education on Dementia Care as high or of medium importance
- Staff interested in learning strategies and resources that would be effective in the home setting.

Education requested



SEHC Development of staff

- Advanced Practice Clinical Lead in Dementia Care
- Develop knowledge of champions for Dementia Care
- Sponsor nurses to participate in RNAO Fellowship Program to develop the individual knowledge and skills in a particular topic – Early cognitive impairment
- Provide web based knowledge and exchange activities, communities of learning- (June provided four webinars for Seniors month)

How does the fellowship work

- Nurse expressed interest in applying for a fellowship in gerontology with a specific focus on Early Cognitive impairment and knowledge transfer technology
- Because of workload-only part time- April to November
- Intensive education in Mild Cognitive Impairment and Early Dementia and interventions
- Goal: Disseminate knowledge to other staff

Awesome Opportunity

- Feel very fortunate
- Learned to do lit search, pour over tons of dementia information and evaluate screening tools, and use e-learning site
- Web based education to Clinical educators
- Developed education for staff in our SDC
- Presented education to our PSW preceptors
- Very excited to have constructive activities to do with clients

Learning from Fellowship (What staff need to know) :
1. Early cognitive impairment

- Normal Aging changes in the brain
- Mild Cognitive Impairment is a transition stage between the normal cognitive changes of aging and dementia
- Usually changes in the grey matter ..no affect to ADLs or IADLs
- Progression from MCI to Dementia about 30% over 5 years
- Artero, S., Peterson, R., Touchon, J, Ritchie,K(2006)Revised Criteria for Mild Cognitive Impairment: Validation within a Longitudinal Population Study, *Dement Geriatr Cogn Disord;22:465-470*

2.: P.I.E.C.E.S.(TM) Canada

- Standard approach to physical and cognitive/ mental health needs and associated behavioural issues.

(Physical, **I**ntellectual, **E**motional, **C**apacity, **E**nvironment, **S**ocial)

- Asks what has changed in the last 2 weeks, what is the risk and what is our plan?
- Focus on strengths and recognizing weaknesses
- Support family to learn interventions to maintain independence

3. Gentle Persuasive approaches to dementia care™

- Teach staff about Dementia- Focus on the person (knowledge of personal history-important events)
- Teach about common responsive behaviours
- Teach them to diffuse responsive behaviours
- Before they can escalate
- If keep persons with dementia engaged the incidence of behaviours decreases

4. Montessori Approaches to dementia Care

Dr. Cameron Camp developed program based on the principles of Dr. Maria Montessori for children.

People with dementia :

- Need a meaningful place in their community
- To have High self esteem
- Chance to make a meaningful contribution to their community
- To be as independent as possible

Montessori Based Programming for Dementia Care

- First in Last out
- Declarative Memory goes first
- Builds on Procedural Memory

Montessori Based Programming for Dementia

- Use real life materials- aesthetically pleasing
- Progress form simple to more complex
- Structure so participants work from right to left, top to bottom
- Break down activities into components and practice one component at a time
- Use little vocalization.
- Make materials and activity self correcting
- No wrong way to do it!

Fellowship Strategies for Knowledge Dissemination

- On-line course on normal aging and aging related diseases issues
- Communities of learning-interested staff participate in an on-line learning and discussion
- Web casting
- Practice powers
- Education to Clinical Educators
- Information given directly to nurses by Clinical Educators

Piloting documentation tools

- Care plans for Dementia/Depression/Delirium
- Cognitive assessment tools as part of general assessment for clients
- Mini Cog to be used
- Flagging Tool for staff to flag problems ,ask for help, document issues

Where to do we go from here

- Education for staff to standardize practice
  - Consistent screening
  - Increase awareness so we can advocate for clts
  - Encourage families to seek assessment by MD or gerontologist to then get Tx
  - Common language so when we call a physician to report a suspicion of MCI we can give validated information
  - Interventions to provide a positive experience for caregivers and client

Contacts

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Camp,C.(1999)Montesorri Approaches to Dementia Care,Vol.1, Myers Research Institute, OH.

Continuing Gerontological Education Cooperative(2009). Gentle Persuasive Approaches to Dementia Care http://www.rgpc.ca/