

# + Good Hospital care



## Person-Centered Care for Patients with Dementia

**" The brain needs to relax to function. Patients need a calm environment to do their best "** (Susan, Patient)



## Research says...

There is a large body of evidence that patients with dementia admitted to acute hospitals have worse outcomes than patients without cognitive impairment including loss of function, further

cognitive decline, more complications, longer length of stays, increased mortality, and increased cost in health care

Patients with dementia are 3-6 times more likely to develop delirium, 2-5 times more likely to fall than people without dementia.

- More likely to have untreated pain
- 5-6 times more likely to develop incontinence
- 2 to 4 times more likely to lose the ability to perform ADL during a hospital stay and not likely to regain preadmission functional abilities
- 5 time more likely to develop pressure sores
- 2-4 times more likely to be institutionalized following hospitalization.

Poor nutrition and dehydration may affect 20-50% of older patients in the hospital setting and are associated with adverse outcomes.



This education package is co-created by a team of inter-disciplinary staff at VGH. The research team gathers practical wisdom and experiential knowledge of team members through focus groups and a number of knowledge translation activities. We listened to patients with dementia and family advisers about the transformation that can take place to enable staff to create a culture of excellence.

Two key messages in current best practice guidelines are:

1. Hospital staff should receive dementia education and training
2. The creation of a dementia friendly physical environment will improve patients' care experience



The unfamiliar sights, sounds, noise and smells of a hospital ward can be overwhelming and frightening. Gaining knowledge of the impact of change associated with dementia and careful communication can help to make a difference.

## Communication

People with dementia may experience loss of language skills in communication. Attempting to reason, disagree or confront with the patient with dementia will likely have the effect of making them angry, more confused and distressed.

With the changing demographics and growing number of patients with cognitive impairment, there is an urgent need to have good attitude, knowledge and skills to meet the needs of people with dementia through person-centred care approach. The following section will show 10 Good Practice, informed by findings in Hung et al. research (2016).

Our goals are:

1. Raise awareness of the need of dementia friendly care environment for our patients
2. Promote best care for the whole person, using person-centred care
3. Prevent and reduce responsive behaviors to improve safety for both patients and staff



Knowing the person's habits, life history, what is important to the person is crucial to provide person-centred care

# 10 Good Practice

## - The “ART & SCIENCE” of PCC

### ART

1. **A**cknowledge emotion, validate feelings
2. **R**elax the pace, slow it down
3. **T**ake note of habits and life history, what is important to the person

### SCIENCE

4. **S**top and Try again
5. **C**alming down
6. **I**nquire meanings behind the behaviours
7. **E**nable with prompts/ easy choice
8. **N**on-verbal communication, be mindful of bodily expression
9. **C**ollaborate, work “with” the person, meet where the person is
10. **E**mbrace the moment, make the interaction fun

# A



## 1. Acknowledge emotion

### 4 Steps to Validate & Redirect

#### 1. Validate the person's feeling

I see you are upset. I understand you want to go home. Tell me about your family.

#### 2. Join in that person's reality

I would feel worried too if I thought my family didn't know where I was.

#### 3. Reassure

You are safe here. Your daughter, Jane knows you are safe here

#### 4. Redirection

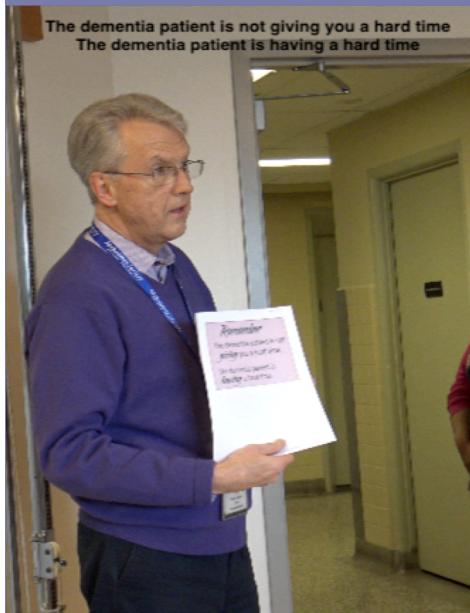
I am making a cup of tea. Would you like a cup? Let's make it together

2

## Relaxed Pace, Slow it down

Take a minute to view this video clip where Jim Mann describes what is key in making connection with patients living with dementia

[Click here](#)



# R

The brain  
needs to relax  
to function

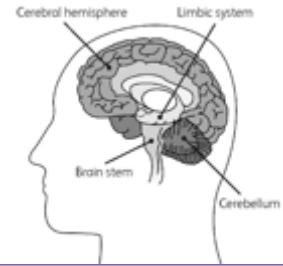


I don't feel right  
with people coming  
by, Boom, like this

Consider changes in brain functions

The As in

Gentle Persuasive Approach



	Changes	Strategies
<b>Amnesia</b>	Memory	Use prompts
<b>Apraxia</b>	Purposful movement	Demonstrate actions
<b>Aphasia</b>	Language	Pay attention to gestures and bodily expression
<b>Anosognosia</b>	Insight	Validation
<b>Agnosia</b>	Recognition	Hints, Hand-over-hand
<b>Attention deficits</b>	Concentration	Minimize distraction
<b>Apathy</b>	Motivation	Engage, focus on strengths
<b>Altered Perception</b>	Perceptual ability	Enhance colour contrast and lighting

**3**

**T**ake note of habits & life history, what is important to the person

What you need to know from family and the person?

- What is the name the person prefers?
- What is their normal routine for sleeping, eating, taking a shower?
- Do they have any pain and how pain may impact functions?
- What upset them and what

**T**



My daily care needs  
Individualized care plan

✓ **PERSON** with dementia

Person with **DEMENTIA**

**X**

Do not assume any acute changes are due to dementia. Do you know how to use the CAM (Confusion Assessment Method) to screen delirium? Watch this video



**Click here**

# S



## 4 Stop & Try again

**Stop** – Whatever you are doing can wait

### Try again

- Be strategic about when and how,
- Use a flexible approach



### Consider:

**FIRST**

- Use demonstration, hand –over-hand
- Is the person having pain or discomfort?
- Connect with the person's past
- Use validation or reality orientation as appropriate
- Use reminiscence, photos, art, music, rhythms
- Use Praise and positive body language

# 5 Calming down



C

## Use Non-Pharmacological Strategies in **Meaningful** ways

1. Music, prayer, comfort mitts
2. Family photos, familiar items
3. Technology e.g., iPad
4. Exercise, go for a walk
5. A cup of tea, a social visit
6. Hand care, manicure ...

I

# 6 Inquire the meaning behind behaviors

## Unmet Need?

Physical  
Emotional  
Social  
Environmental



Use the DOS (dementia observation system) to learn about patterns



# E

## 7 Enable with prompts and easy choice

Offering meaningful choices to encourage participation.

Instead of posing a “yes/no” question, do you want breakfast? Ask: Would you like to have a bowl of cereal or a piece of toast? ✓



# N

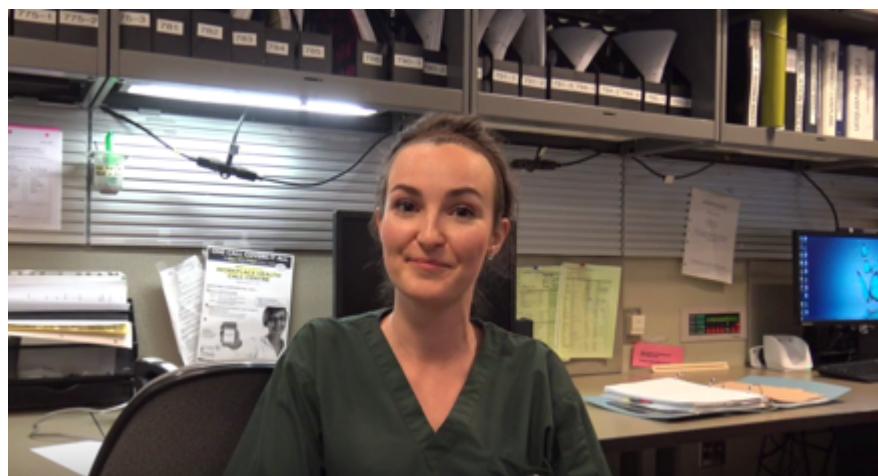
## 8 Nonverbal communication, be mindful of bodily expression



Remember: We are part of the social environment and we can make a difference in helping the persons with dementia to be successful.

If we are knowledgeable and relaxed, the person is more likely to feel safe with us

Watch this video to learn more about dementia



[Click here](#)

# C

## 9 Collaborate, work 'with' the person, words matter

In a person-centred care medical unit, staff know the patients as persons first, the person's needs and preferences are recognized. The care approach does not solely focus on deficits, but also build on strengths and abilities, promote independence, self-esteem and personhood. Watch the short video to hear what our staff say about person-centred

[Click here](#)



# E

## 10 Embrace the moment, be positive, make the care interaction fun if you can

### 10 Good Practice

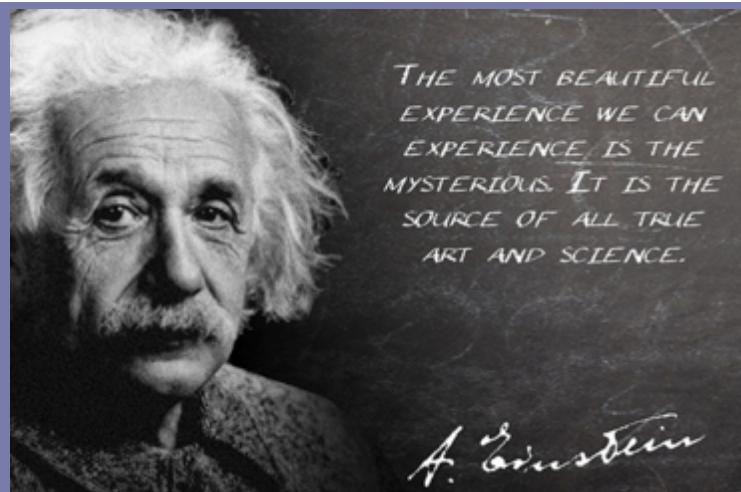
### The ART & SCIENCE

Person-Centred  
Dementia Care PCDC

Lillian Hung 2016

Lastly, it's important to be positive, person-centred dementia care can be a very rewarding experience. Our team loves the work that we do. See the 2 min. video to recap the 10 good practices, ART & SCIENCE of Person-Centred Dementia Care.

[Click here](#)



## Acknowledgements

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Team Members contributed to the film production: