



Photo from the NW: Stella Sterling



Photo from the NE: Jackie Winkler



Photo from the NW: Daniel Egli



PFCC in LTC: DementiAbility & GPA, etc.

Quick Speaker Intro



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What has been our role in this work?

Disclosures:

- We have nothing to disclose.
- No conflicts of interest to declare

Agenda

Defining, enhancing & implementing a person and family centered approach in long term care

- Origin of Work
- Description of DementiAbility & GPA
- Activities: Training & Seed Funding
- TVL's plan & implementation experience
- 2nd Evaluation Process & Results
- Learnings (multi-year/spread)
- What Next
- Q&A

Origin of Work

- Started in response to supporting non-pharmacological approaches to BPSD (Behavioral & Psychological Symptoms of Dementia)

Clear Milestones



Leadership
commitment



Dementia/
BPSD education/
Training



Resident-
centred care-
know the
resident/involve
the family



Effective
teamwork and
communication



Effective
inter-disciplinary
assessment
approaches



Therapeutic
alternatives and
activities *e.g. Non-
pharmacologic
strategies, tested
and applied*



Inter-disciplinary
care planning
and management



Meaningful
involvement of
physicians and
pharmacists



Antipsychotics
reduced and
eliminated

Origin of Work

- Increasing capacity of LTC for quality improvement



- Consider Spread (End in Mind, In each home – large # of staff, many neighborhoods, Readiness Assessment)

Supporting NH's LTC Philosophy of Care:

“Long term care homes are an integral part of the community where people can live, work, and play.

We work together to provide person and family centered care with a focus on individual abilities that nurture a sense of purpose, belonging, and companionship.

Each person's unique qualities are embraced and valued; choices are recognized and respected.

Together, we will foster a life rich in purpose.”

Principles of DementiAbility



- Looks & feels like home
- Memory supports provided
- Independence is maximized
- Activities matched to abilities
- Engaged in Life with Things to Do

Evidence – Based & Multi-disciplinary

Intro: Highlights of Selected Research

Part 1 – Activities Cognitive Stimulation and Addressing Responsive Behaviours.	p.7
Part 2 – Colour and Vision... ..	p. 16
Part 3 – Communication and Dementia Resources.....	p. 23
Part 4 – Culture Change.....	p. 30
Part 5 – Doll Therapy.....	p. 35
Part 6 – Environmental Design.....	p. 38
Part 7 – The use of name badges.....	p. 44
Part 8 – Uniforms	p. 46
Part 9- Memory	p.48
Part 10- Sexuality.....	p.54



GPA

GPA is a practical evidence-based dementia education curriculum. It teaches care providers across disciplines and departments how to use person-centred, respectful, compassionate and gentle persuasive approach to respond to the behaviours associated with dementia.

The focus is on caregiver communication, approach and understanding the perspective of the person with dementia.

Activities



Training



Seed Funding

Training #'s

# of Individuals trained in Northern BC		
Year	GPA	DementiAbility
2011	97	
2012	187	
2013	199	
2014	313	
2015	226	
2016	232	208
2017	177	159
2018	254	204
2019	72	175
Total	1757	746

Date	Overall	GPA	DEM
Aug-19	All Current NH Staff	811	490

# of NH Current Employees Providing Long Term Care Services					
Date	Cohort of Sites	Training	EMPLOYEES COMPLETED %	EMPLOYEES COMPLETED #	EMPLOYEES TOTAL
Aug-19	Co-Located LTC Sites	NH GPA	9%	54	628
		NH DementiAbility	6%	36	628
Aug-19	Medium-Large LTC Sites	NH GPA	37%	563	1517
		NH DementiAbility	29%	436	1517

Training

- Sept 2019 to June 2020

Working on developing internal trainers to double training capacity from 150-300 per year for DementiAbility. This will be a hybrid model. (Dementiability & NH trainers)

- GPA already utilizes internal trainers, next steps are to increase # of trainers & practice change support (plan to be developed 2021)

Seed Funding Purpose

- to enhance capacity for sites to implement
- to encourage project management at the site level – either project leadership/management initiative by initiative or for the site plan or both
- to support sites in creating DementiAbility teams, using quality improvement methodology, this will result in utilizing local creativity, team brainstorming, prioritizing & decision making, creating action plans, testing ideas, moving from testing to implementing, sustaining, celebrating and local ownership & accountability
- to test ideas (sustaining those ideas must come from operational dollars)
- to provide structure for multi-year commitment & site planning

Seed Funding Purpose

- to create an annual cycle which will support action & sustainability
- to increase the likelihood of spread & system learning
- to increase the system knowledge of facilitators and barriers
- for larger sites to create spread plans for their own sites (what is going to be done across the facility, working unit by unit rather than trying to make changes in every neighborhood at once)
- to focus limited regional supports for implementation
- to transition from knowledge to action (practice change)
- to support the implementation of the key DementiAbility principles: looks & feels like home, memory supports provided, independence is maximized, activities matched to abilities, engaged in life with Things to do

Seed Funding

DementiAbility Seed Funding Update - May 12, 2020

Medium - Large LTC Homes	Submitted Proposals	% of Homes
14	13	93%

2019-2020 Reports	2020-2021 Proposals	Category
10	8	Completed/Approved
1	0	Draft
0	0	Blank
3	0	NA
	2	June
	4	September
14	14	

Last Year

In 2019-2020, of the 14 medium to large LTC homes in the North, 13 had seed funding proposals approved. There are 11 reports from last year. Some had difficulty executing their projects and covid 19 delayed this. Exact amounts spent will be reviewed in December 2020, along with current fiscal amounts spent.

This year

For 2020-2021, there have been 8 proposals approved and the remaining 6 should be approved by end of September. Covid 19 is having an influence on the ability to create & execute plans.

Based on lump sum + amount per resident:
 Ranges from \$1.9K to \$6.5K
 In our third year of seed funding...

Seed Funding

DementiAbility Seed Funding Update - May 12, 2020

Small LTC Homes	Submitted Proposals	% of Homes
9	6	67%

2019-2020 Reports	2020-2021 Proposals	Category
2	2	Completed/Approved
2	1	Draft
0	0	Blank
3	0	NA
2	3	June
0	3	September
9	9	

Last Year

In 2019-2020, of the 9 medium to large LTC homes in the North, 6 had seed funding proposals approved. There are 3 reports from last year. It is difficult for the DOC's to lead this work as they are pulled in many directions. The smaller sites are at least a year behind the larger sites in adoption.

This year

For 2020-2021, there have been 2 proposals approved and the remaining 7 should be approved by end of September. Covid 19 is having an influence on the ability to create & execute plans.

Range from 4 – 7 residents per home: lump sum of \$750

Changes

- Name Badges for Staff
- Dining room name plates for residents
- Increased doll and pet therapy
- Increased individual activities in the environment
- Increased roles for residents
- More home-like: interactive flower displays, disguising exit doors, spaces that look like their functions



DEMENTIABILITY AT TVL

Maximizing
POTENTIAL and
ABILITY for people
with Dementia and
other Cognitive
Impairments

WHAT IS “DementiAbility”

- This approach seeks to provide evidence based knowledge about how to effectively support those who are living with dementia.
- Based on the work of Gail Elliot – Gerontologist and Dementia Specialist

“The DementiAbility philosophy of care places emphasis on a “prepared environment” that enriches, enhances, engages and supports the body, mind and spirit. This is a “whole person” approach to care that requires a team to work together to help each person achieve his/her fullest potential.”

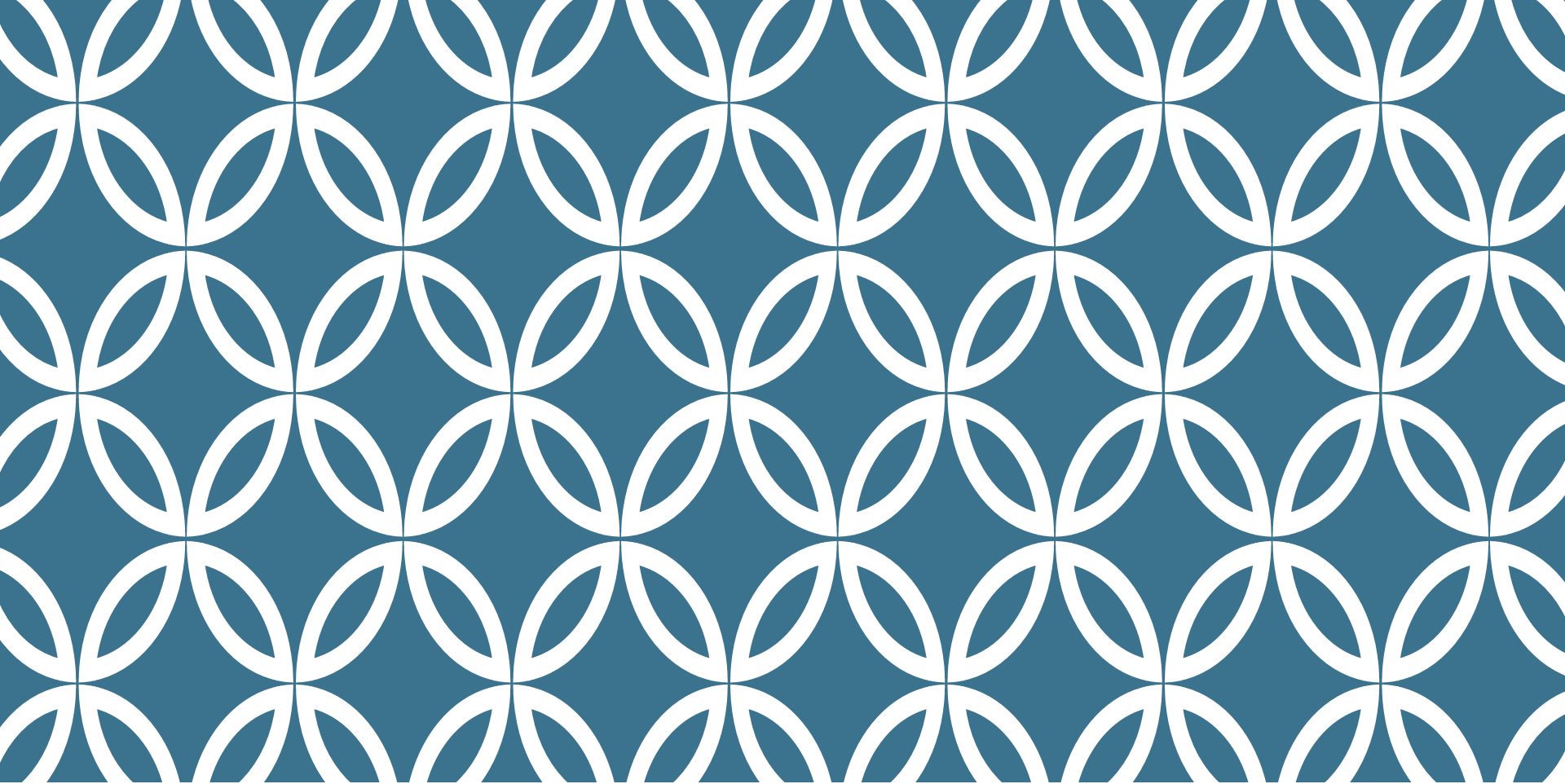
PREPARED ENVIRONMENT

Prepared Environment includes:

- Memory and Cognitive supports for FINDING PLACES and THINGS and COMPLETING TASKS successfully.
- Providing opportunities to:
 - ❑ Do things INDEPENDENTLY
 - ❑ Fulfill ROLES
 - ❑ Employ a SCHEDULE with DAILY ROUTINES
 - ❑ Connect SOCIALLY with others
 - ❑ Enjoy LEISURE PURSUITS

GOAL of DementiAbility

The goal is to engage and enable each person in all aspects of daily life, setting them up for success by exposing their ABILITIES and providing support where they need it.



**How are we integrating
these ideas into our
Home?**

TVL TOP 10.....

TVL Top 10 DementiAbility Priorities: Creating a Framework for Success

1. Signage
2. Activity Kits and Activity Area
3. Now and Then Signs
4. Dining Room Cart
5. Dining Room Name plates
6. Roles and Routines –
“Help Wanted” List
7. Carry On Reading Groups
8. “Let’s Chat” Conversation
Starters
9. Nametags
10. TVL DementiAbility Team

Signage



Activity Kits & Activity Area

Before



After



Now & Then Signs



Dining Room Activity Carts



Dining Room Name Plates

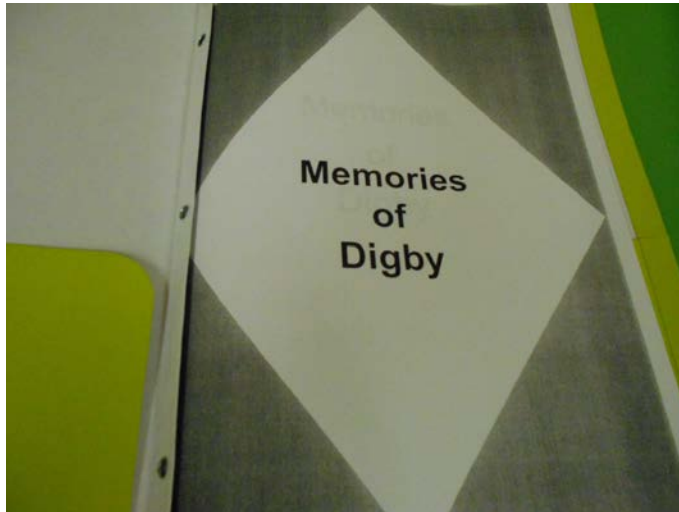


ROLES AND ROUTINES

“Help Wanted”



Carry On Reading Groups



“Let’s Chat” Conversation STARTERS



Nametags



”There is nothing more personal than a person’s name! Use the person’s name – and let them see (and read) yours.” Gail Elliot –
Dementia Specialist

TVL DementiAbility Team

PURPOSE

- **The TVL DementiAbility Team is made up of TVL employees and two Community/Family members working together to promote DementiAbility principles and participate in projects that support residents in a home-like environment that maximizes ABILITIES and QUALITY of LIFE.**



DementiAbility in the **Copper** **Community**

Introducing
DementiAbility to
our Dementia
Care Unit

EXIT DIVERSION – **COMPLETED**

Before



After



LIBRARY HALLWAY

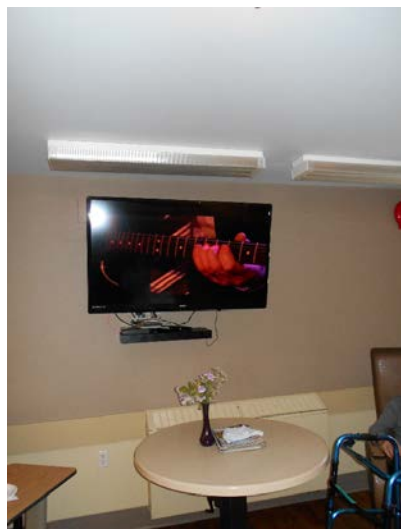
*** COMPLETED***

Wall mounted bookshelves were added to the hallway leading to our “Bookshelf” Exit Diversion. Residents who may have been seeking a way out, can now be offered a book or magazine to divert their attention.



LIVING ROOM ACTIVITY AREA - *COMPLETED*

Before



After





Which one is MY room?

Beige doors everywhere can be a little confusing....

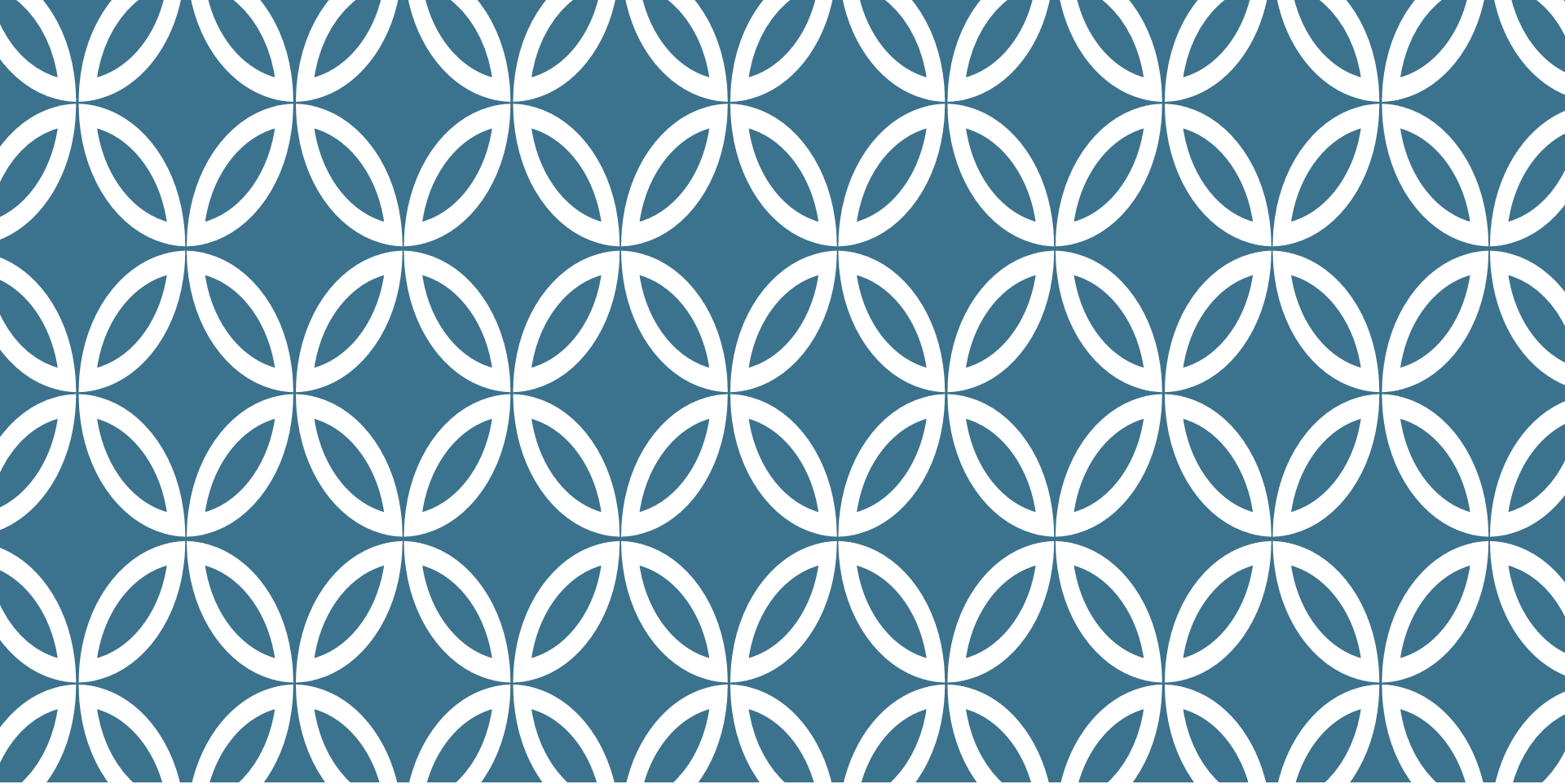
Unique resident room doors - **Completed**

Before



After





DementiAbility – *Kalum
Cafe*

Providing another
Purposeful Space for
our Terraceview
Community to
THRIVE.

“Let’s go for coffee” – It just makes sense!

Before



After



Facilitators

- Project Management Time supported by Elder Care Program
- Support of Senior Management
- Support and Advocacy from Marcia Bertschi & Brenda Miller
- Funding from various local groups for specific projects

Evaluation Process

- Have completed two evaluations
- Every two years

Working Group

Purpose: Have a multi-disciplinary group come together to plan, communicate, and evaluate the status of DementiaAbility & GPA activities at facilities.

Multi-disciplinary group: Recreation, Nursing, Management, Rehab, Support Services

Commitment: 4 meetings (Feb 1, Mar 1, May 3, June 7), 1 ½ hr meetings 9:30-11:00

Very specific about what we would accomplish: review & approve logic model, determine focus of evaluation, share evaluation results with group, agreement on recommendations.

The benefit for members was to share with each other.

Outcomes we focused on evaluating

- Staff & management understand the concepts & see them as important (staff approach)
- 2-5 environmental modifications have occurred each year
- Spaces are utilized and activity kits are utilized
- Families report an increased comfort in interacting with loved one in the care home; especially with loved one with dementia
- Shift from a medical model of care to a social model of care
- Any staff – no matter discipline – is supporting the resident to be able to start, complete the individualized activity, task or schedule

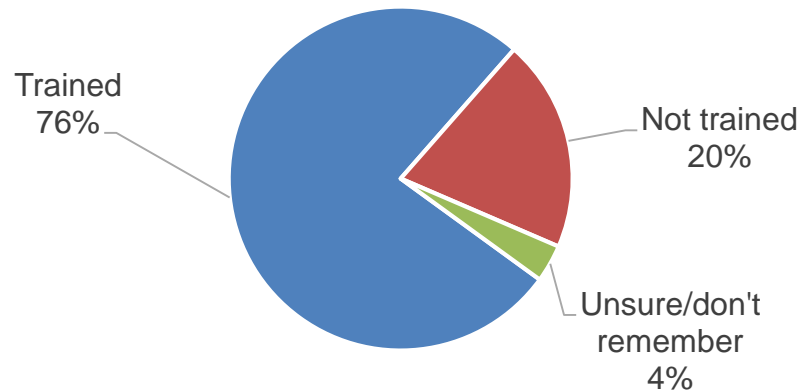
DementiAbility Survey

- The survey was open May 29th - June 23rd, 2019
- 170 responses
- Average time to complete: 10 minutes
- Homes: (some respondents provided >1 Home/Facility)
 - Gateway – 30
 - Parkside – 22
 - Rotary Manor – 21
 - Dunrovin – 16
 - Jubilee Lodge – 15
 - Rainbow – 14
 - Stuart Nechako Manor – 14
 - Peace Villa – 13
 - Bulkley Lodge – 11
 - Terraceview Lodge – 6
 - Mackenzie & District Hospital – 4
 - Wrinch Memorial - 4
 - Acropolis Manor – 3
 - Mountain View Lodge – 2
 - Northern Haida Gwaii Hospital – 2
 - Houston Health Centre – 1
 - The Pines – 1

Have you taken the DementiAbility Workshop?

- Yes - 130 (76.5%)
- No – 34 (20.0%)
- Unsure/don't remember – 6 (3.5%)

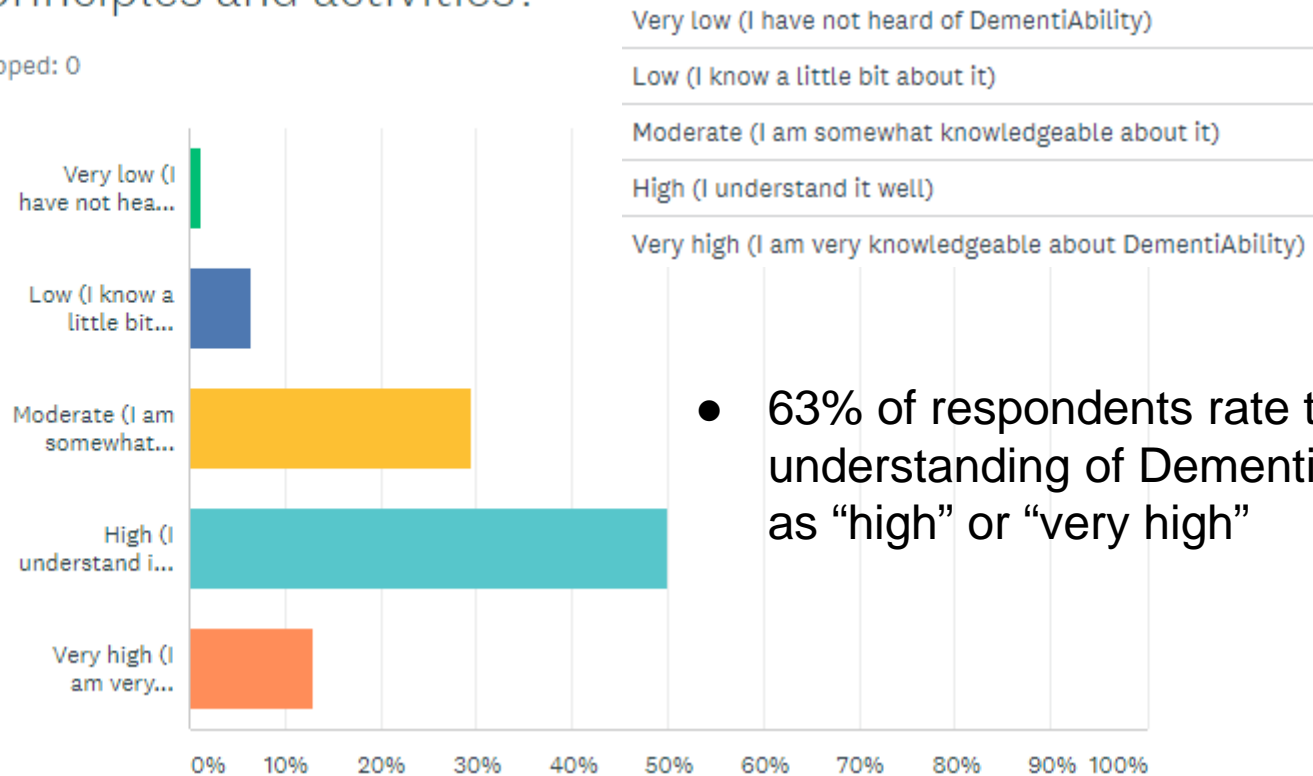
% of Survey Respondents who have taken the DementiAbility Workshop



- Over $\frac{3}{4}$ of the survey respondents have completed DementiAbility training

How would you rate your current level of understanding about DementiAbility concepts, principles and activities?

Answered: 170 Skipped: 0



- 63% of respondents rate their understanding of DementiAbility as “high” or “very high”

Very low (I have not heard of DementiAbility)	1.18%	2
Low (I know a little bit about it)	6.47%	11
Moderate (I am somewhat knowledgeable about it)	29.41%	50
High (I understand it well)	50.00%	85
Very high (I am very knowledgeable about DementiAbility)	12.94%	22

Please check the response that best reflects your opinion today. Rate your agreement with the statements below on a scale from Strongly Agree to Strongly Disagree.

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	TOTAL
DementiAbility activities and concepts are important for the quality of life of residents	73.37% 124	23.08% 39	1.78% 3	1.78% 3	169
	= 96.45%				
Staff in my home understand DementiAbility	5.36% 9	64.29% 108	28.57% 48	1.79% 3	168
	= 69.65%				
Staff in my home think that DementiAbility is important	12.12% 20	67.88% 112	16.97% 28	3.03% 5	165
	= 80.00%				
Staff in my home believe that it is possible/feasible to do DementiAbility	7.78% 13	55.09% 92	33.53% 56	3.59% 6	167
	= 62.87%				
Management in my home understand DementiAbility	27.54% 46	58.68% 98	11.38% 19	2.40% 4	167
	= 86.22%				
Management in my home think that DementiAbility is important	33.33% 56	57.74% 97	7.74% 13	1.19% 2	168
	= 91.07%				

○ Highest response
 □ Second highest response if >25%

DementiAblity Successes

n=100



“n” means the number of people who answered this question

- Activities (80)

- Centred around the needs of residents; individualized/personalized

General ('activities', 'kits around', 'boxes', 'stations')	16	Gardening	5
Babies/dolls/doll therapy	15	Crafts	5
Making environment more homelike, less institutional	14	Puzzles	4
Way finding/signage	14	Music therapy	4
Reading/picture books	12	Nursery	4
Folding	12	Staff name tags	4
Jobs/chores (appropriate)	12	Colouring	3
Family trees/life story trees/pictures/then and now	10	Flower arranging	2
Animals/pets/animal therapy	10	Work bench/workshop	2
Murals/wall decoration	8		

- Positive impacts with Residents (17)

- Happier, busy, active, involved, included in decision making, engaged, decreased challenging behaviours, alleviation of boredom

- Positive impacts with Staff (10)

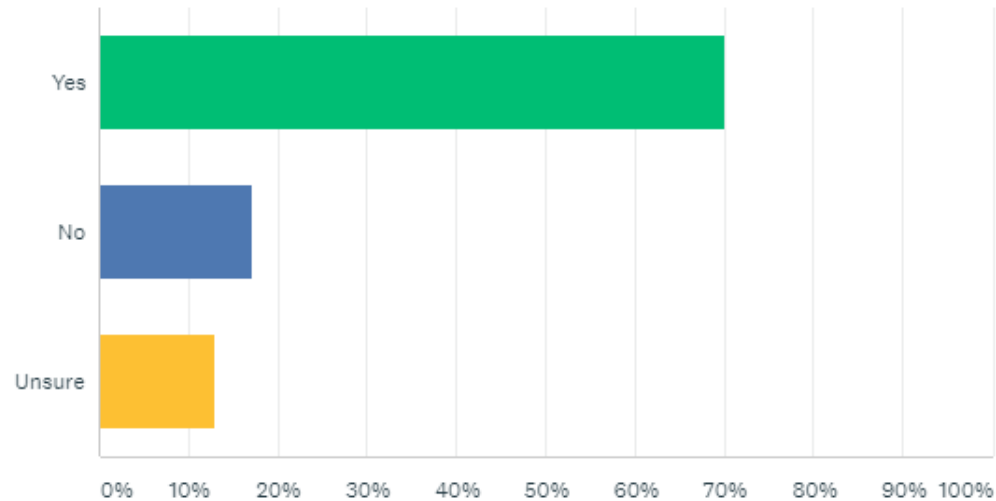
- Patient centred care; Doing with not for
- Better understanding of the need to interact with residents
- Better staff-resident interaction, staff sitting with residents
- Communication techniques improved

- Better teamwork between departments (3)

- Non/very few/we could make more of an effort/not utilized in all areas (12)

Activity Kits in your Home?

Answered: 170 Skipped: 0



ANSWER CHOICES	RESPONSES	
▼ Yes	70.00%	119
▼ No	17.06%	29
▼ Unsure	12.94%	22
TOTAL		170

- 70% of respondents identified that there are Activity Kits in their Home(s)

Suggestions for increasing usage of individualized activities

n=71

Can you think of specific residents, at specific times of day, with specific activities?

- **Improve Availability (21)**

- Increase availability, more activity kits needed
- Kits in different locations, more rooms
- Rotating kits
- Kept in shared space where all can access
- Different activities want to implement (haven't yet/ideas)

- **Staff education and encouragement (17)**

- Education about kits/activities, how to use them
- Reminders to use, encouragement to use, add into job descriptions
- Willingness to re-introduce risk with residents

- **Staffing (12)**

- More staff/challenge of being short staffed
- Staffing at certain times (e.g., staffing in mid-morning, in the evening (e.g., recreation, activity aides)
- Particular type of staff (more recreation staff, more recreation programs, if we had an activity worker)

Suggestions for increasing usage of individualized activities ctd.

- Use them (suggestions about use) – 11
 - Once they are used more regularly, will see increase in use
 - Make it routine/build into routines/fit into schedule
 - Use at different times (e.g., evenings, around mealtimes)
- Resident and family education and encouragement (8)
 - Help residents initiate use
 - Posters to remind
 - The know and feel that they can use the kits whenever they want
- Time (5)
 - More time to use the activities
- More sport-oriented activities, mobility, walks (3)
- Information for staff about the resident/visual reminder /biography/tips about that resident (2)

Comments from Opinion Questions

n=40

- Time, staffing, workload, space, budget/funding challenges (12)
- More awareness and education needed (9)
 - Need more people educated, a refresher for staff;
 - More departments need the opportunity to do training.
 - More awareness about DementiAbility.
 - If staff have taken training, they understand; if haven't taken the training, they don't understand.
- Need to actually implement/do it. Challenges with implementation (6)
 - Think it's a lot of work to do, need to actually implement, not all departments flexible so that we can do DementiAbility, need to execute the concepts
- Need more staff/team/departments involved; collaboration between departments (4)
- Resident appropriateness for DementiAbility activities (3)
 - Wish it had more advice and ideas for end stage dementia
 - Residents become insulted by the child like DementiAbility kits
 - DementiAbility seems to support clients that have ability to focus on tasks and to understand and process stimuli; not majority of clients in my facility
- Need cultural work shift, change from task focus; will take time (2)
- Difficult to initiate activities and culture at hospital with LTC beds/small site (2)

Comments from Opinion Questions

Example quotes:

- “I feel that there are people that strongly agree that DementiAbility is important. And there are others that do not care.”
- “Some staff understand DementiAbility, some don’t. Information has stayed with the staff who attend education. Not much sharing has occurred.”
- “Thinking it is important doesn’t always translate into follow-through.”

Staff who completed DementiAbility training identified successes and barriers and provided advice on what is needed to successfully implement DementiAbility in Northern Health. Below are some of the themes and an update on action taken.

Theme	Update on Action
<p>Education</p> <ul style="list-style-type: none"> • continue educating staff & management • make it mandatory for long term care staff • education on how to follow a care plan for person centred care • talk to all staff about what we learned. Share our learnings with colleagues. Inform casual staff. 	<ul style="list-style-type: none"> • Funding secured to offer the two day training annually • DementiAbility orientation module under development
<p>Demonstrate that it works. Advocate</p> <ul style="list-style-type: none"> • positive attitude, no negativity, staff not thinking it is 'impossible' • remove fear • break through restrictions (can'ts, don'ts) • every shift, be persistent • take tasks from workers and shift to residents • put supports in report everyday 	<ul style="list-style-type: none"> • Most homes submitted a proposal for seed funding this year and completed the work in the proposal • Each home is working on gathering a team to create and execute a plan for implementation
<p>Everyone working together. Team approach.</p> <ul style="list-style-type: none"> • team work • management, staff and family • staff collaboration • team support, team building • communication amongst staff on ideas 	

Changes Seen in Past Year

n=76

What changes, if any, have you seen in the past year related to education, demonstrating that it works, and/or teamwork? Any other changes you have noticed in your home?

- **Activities (26)**
 - Have activities now, have more activities, activities are used
- **Not much change/very few changes/not sustained (22)**
 - Challenges with continued utilization of activities/ intention is good, eventually the shine wore off/ hard to keep people motivated
 - Has not been well implemented
 - Staff are still task-oriented
 - Need better teamwork
 - Language is used but practice not evident
- **Staff, managers taking training (14)**
 - More staff education
 - More knowledgeable staff
 - Understand DementiaAbility and are on the same page

Changes Seen in Past Year ctd.

- **Staff practice changes (13)**
 - More willing to engage residents
 - Showing interest
 - Improvements in client centred care
- **Changes to the environment (spaces) within the home (10)**
 - Signage, enriched dining environment, tub room, garden area, painted doors/walls
- **Teamwork and collaboration (9)**
 - Collaborate more often
 - Better understanding of what recreation does; recognize it isn't only recreation's job
- **Resident changes (9)**
 - Resident involvement in activities, more engagement
 - Residents making choices
 - Looking less bored, more independent, less behaviour issues
- **Leadership (2)**
 - New manager taking interest (previous ones had not)

Spread & Multi-Year Commitment

- The more the work flows out of the neighborhood & site level the more likely it will be effective
- Everyone (leadership, supports, direct care staff) have to be in it for the long haul.
- There is only so much time to do the work; to make improves in quality of care; respect and honor that time rather than asking too much.

What Next?

- Continue on with training, seed funding & evaluation. Manage the different places homes are at in this work.
- Address process issues –
 - 1) focus on care planning & communication
 - 2) retaining staff & measurement
- Recreation and rehab are the champions, continue to increase nursing & support services involvement & leadership
- Respect both the breadth and depth required
- Celebrate successes

Questions & Answers