



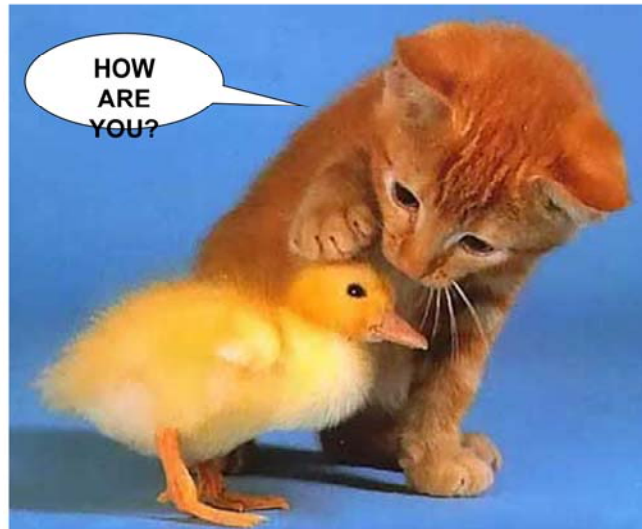
## Welcome



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## Welcome



 **Carewest**  
INNOVATIVE HEALTH CARE

## Supportive Pathways

... is a philosophy of caring for  
people with dementia

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## Program Goals

- Staff will have special skills/ knowledge and attributes that will support the person with dementia.
- Staff will provide individualized, whole person care to the person with dementia in a supportive environment. The goal is to optimize quality of life.
- Family will be encouraged to be involved to their desired level.

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## The Basics

- Residents, caring for the whole person
- Environment, Making it work
- Families as partners
- Staff, Support to be successful

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Consider translocation stress in your planning.

### **Group residents-**

Programming-

Safety-

Staff training/ skill level

Admission/Discharge Criteria- Are they to age in place?

### **Non- restraint Policies-**

### **Management/organizational Support for “Path of least resistance” philosophy of care**

## Medical Model – not the best for people with Dementia

- Nursing stations, patients
- Shiny floors
- Large, multilevel facilities
- Meal carts and trays
- Emphasis on routines
- Long corridors
- Large common spaces
- Uniforms

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Need to move from a medical model of care to a social model of care. Even if the environment is not ideal you can implement many of the changes to move toward a social model.

## On the Move

### FROM A MEDICAL ENVIRONMENT TO A THERAPEUTIC ENVIRONMENT



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The next part of the change includes changes to the environment. We focus on movement from the medical model to a more social model. This does not mean people with dementia do not require good medical care but the environment and daily activity should resemble home life.



## Therapeutic Environment

- Laughter, Conversation and Engagement
- Residents rather than patients
- Staff in Less Institutional Clothing
- Social model - creating a life for the person
- Environment and Practices Need to be Adapted for Predictable Dementia Behaviour

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## Therapeutic Environment

- Food service individualized, flexible
- Support functional ability through meaningful activity
- Adapt care to changing needs, few routines
- Establish links to the familiar (ability to personalize, homelike)

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## What does the Unit Look like at 7:00 am

- Noise
- Lighting
- Staff Activity
- Resident Activity
- Breakfast Routine
- Family Involvement



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## Physical Environment - Noise

- Is there overhead paging?
- Are there call bells ringing?
- Are cell phones ringing?
- What languages are spoken?
- Is music playing?



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## Physical Environment

- Freedom to move within a safe environment (restrictions only from real at-risk areas)
- Opportunities to interact (artwork, plants)
- Homelike, relaxed atmosphere
- Barrier free
- Welcoming and friendly



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## What is “home-like”?

- Privacy
- Familiarity, comfort
- Positive feeling
- Minimized restrictions, access to outside
- Control
- Purpose specific rooms - kitchen, living room
- Noise reduction

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## Routines

- Do residents decide when they want to get up?
- Is breakfast at a set time or determined by resident preference?
- Are any baths done before 7:00 am?
- How often are residents redirected from activities they chose?



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## Falls Injury Prevention

- Understand reality of falls risk with dementia
- Have strategies to reduce injury risk
  - Fall mats
  - Hip protectors
  - Minimize restraints



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## Distressed Clients/Residents

There are some Behaviours  
that tell US things

What are they?

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## Distressed Clients/Residents

How to understand what the client / resident needs?

- Understand the language of dementia and behavior

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## Distressed Clients/Residents



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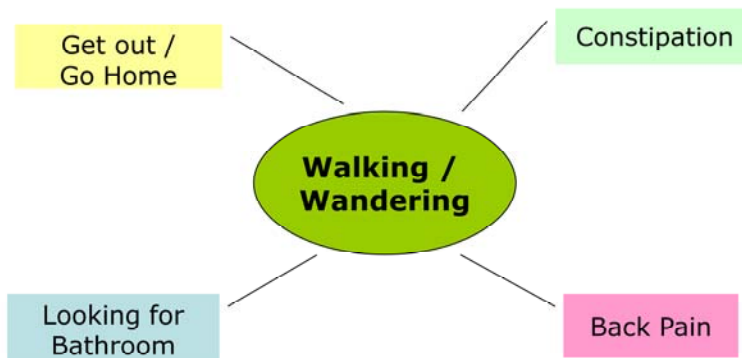
## Distressed Clients/Residents



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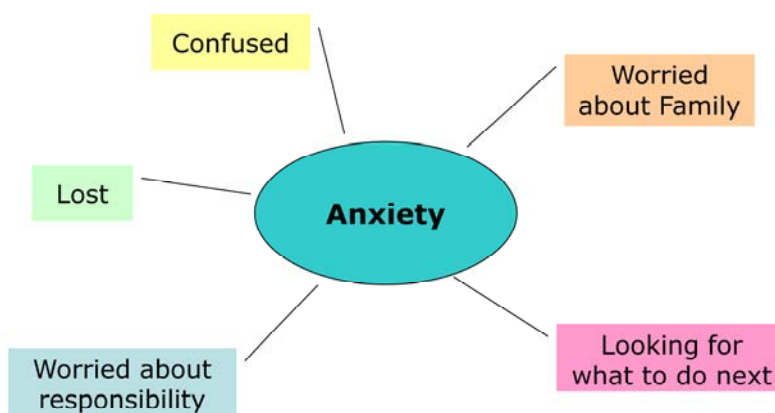
## Distressed Clients/Residents



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## Distressed Clients/Residents



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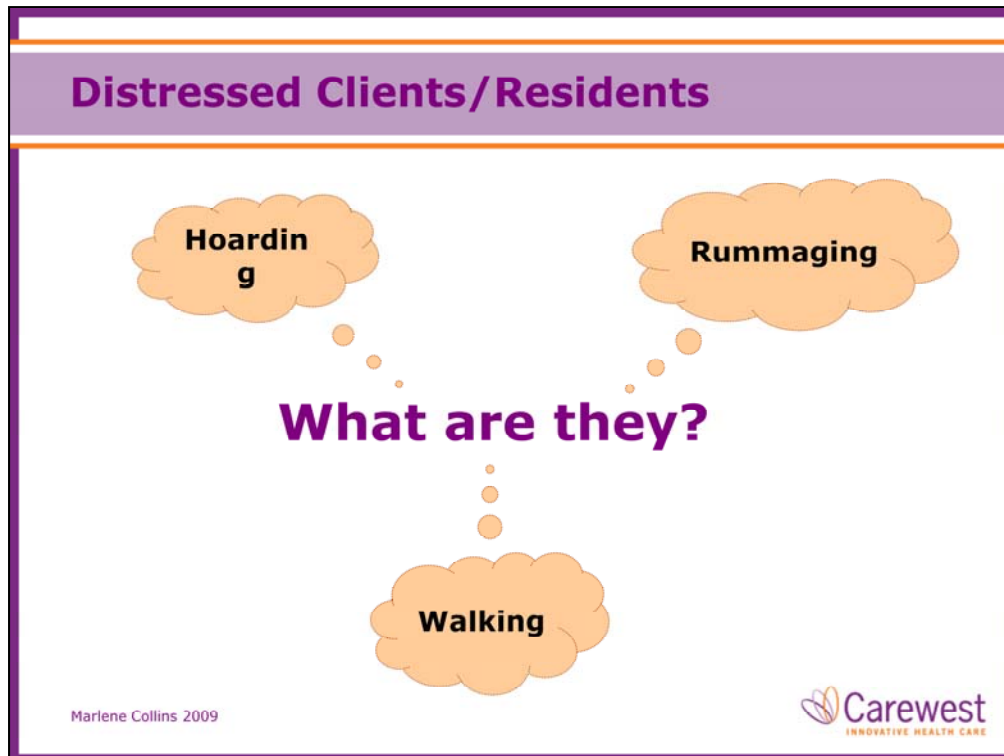
## Distressed Clients/Residents

There are some Behaviours  
that are....

**NORMAL**

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## Distressed Clients/Residents

You cannot medicate for these, nor  
should you want to!

Sometimes there is just Behaviour,  
Nothing you can do but manage the  
situation

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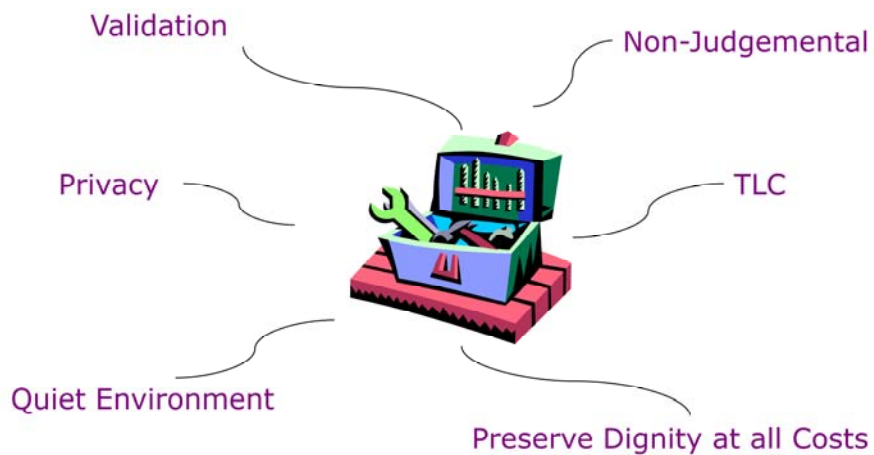
## Management Strategies



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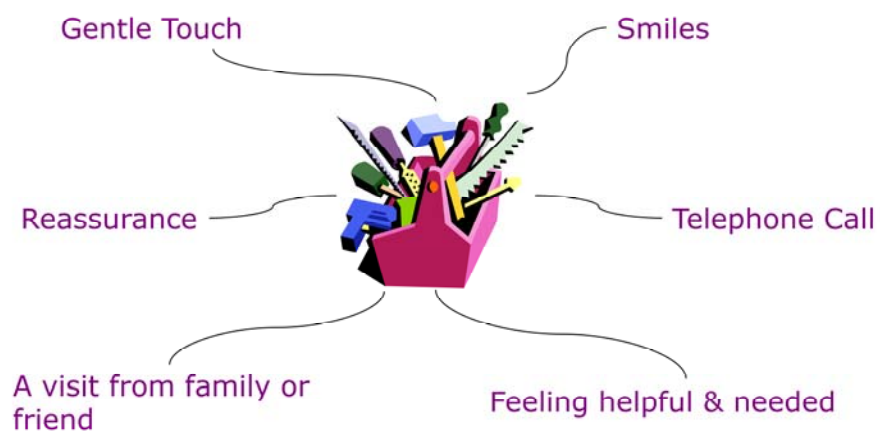
## Management Strategies



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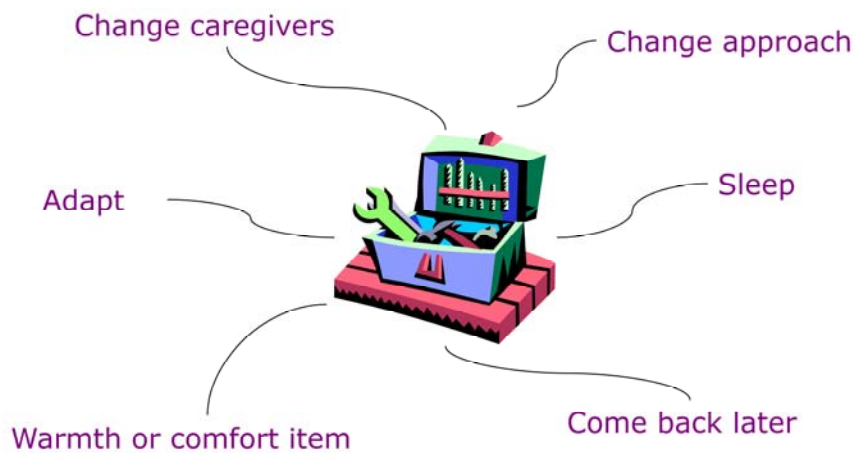
## Management Strategies



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## Management Strategies



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## Understanding Distressed Families

Some families already have:

- Elevated expectations
- Struggles with role in the family
- Wishes for the family to be back to normal
- Different Beliefs/values

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## Things We Do That Distress Families

- NOT my job!
- NOT my shift!
- I'm on my break!
- I'm just back today



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## Distressed Family Strategies

Establish who is  
the primary family  
contact

Discuss with the  
family member all  
care issues



Try to hear past  
a negative tone  
of voice

Be careful of your  
tone of voice

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## Distressed Family Management Strategies

An apology goes a long way towards building a positive relationship

Ensure careful and thorough charting



Offer family support from all departments

Establish clear lines and modes of communication

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## Distressed Family Strategies

Staff need to greet  
family in a friendly  
manner

Provide care which  
is in line with the  
Careplan



If there is disagreement  
over the Careplan, then set  
up a meeting with the  
family

Be careful of your  
tone of voice

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## Family Partnership

- Pre-admission visit when possible.
- Expectation and philosophy discussions.
- Path of least resistance plan of care.
- Completion of getting to know information.

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## Family Partnership

- Open lines of communication.
- Support for new role in care.
- Problem/conflict resolve as needed.
- Provide Support groups.

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## Family

- Input into care plan
- Involvement in activities
- Recognized and welcomed on the unit
- Informed of care needs, changes
- Opportunities to volunteer



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## Questions?



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