

Adult Foster Home Provider Alert

Policy updates, rule clarifications and announcements

Date: January 12, 2015

Topic: **Models of Dementia Care**

Provider: APD (Older Adults and Adults with Physical Disabilities)
 DD (Developmental Disabilities)

Several times a year, Centers for Medicare and Medicaid Services (CMS) conducts conference calls that provide information on the best practices in dementia care. The Oregon Partnership for Improving Dementia Care Committee* members participate on these calls and review information presented.

During the call on the December 9, 2014 information was provided on two models of dementia care. Both models have proven to be effective.

Habilitation Therapy Model

The Habilitation Therapy model has been in existence for at least 20 years and is used in several New England states. This model focuses on creating and maintaining positive emotional states for the person with dementia (Person) through the course of each day. The Person's capabilities, independence and morale are consistently engaged to produce a state of psychological well-being. It builds not on what the person has lost due to their illness, but what remaining abilities they have left. This approach can benefit the Person's family, their friends and caregivers because it encourages them to enjoy time together, share in activities and build relationships with one another.

Training of this model emphasizes the caregiver's communication, (both verbal and non-verbal); physical environment (noise, temperature, lighting etc...); caregivers approach to care (or providing personal care); activity and purposeful engagement; the Person's behavior as communication and how they use their behavior as a way of communicating.



Here is a link to an article that provides more information on the “Habilitation Therapy” model.

https://www.nhqualitycampaign.org/files/Habilitation_Therapy_a_New_Stars_cape2.edit.pdf

Comfort Matters™ was developed through extensive research at Beatitudes Campus in Phoenix, Arizona. Hospice of the Valley also located in Phoenix, AZ, partnered with Beatitudes to implement these care practices. During the call this program was presented by Ann Wyatt, a consultant who is working with the Alzheimer’s Association – New York City Chapter that is piloting this model in three nursing homes.

Comfort Matters™ is based on supporting the Person with comfort or palliative care in all phases of the disease process. The key concepts of this model include comfort care, anticipation of needs, knowing the person, person-directed practices and staff empowerment. Even though these are the key concepts, there are many elements to this model which includes:

- Evaluation in many areas such as staff knowledge and attitudes, resident outcomes, costs to implement, usage and costs of medications;
- Weekly meetings to develop familiarity with program and build confidence in applying care standards, foster interdisciplinary communication, give all care staff a voice to share observations and give suggestions, and identify constraints to implementation.
- Care practices such as sleeping or resting, assessing level of pain, environment, physical needs such as hunger or need to toilet and meaningful engagement (or activity);
- Knowing what brings comfort to the person (just as important as it to know what causes distress); and
- Organizational change which means listening (and knowing how) to listen to the Person, family members, and staff at all levels and all disciplines.

A couple of significant bullet points were provided in the presentation and are worth noting here as to why person centered care is important.

- Behavior is communication: It is not the dementia that causes the behavior it is the dementia which prevents the Person from expressing the cause of the distress.

- Antipsychotic medications may remove the Person's only means of communication (and not be responsive to the underlying problem).
- Care settings/providers tend to want the Person to conform to the needs of the setting, which means not only that Person's needs may not be met adequately or in a timely manner, but that the setting itself may be causing the Person distress.

Comfort Matters™ won the 2010 Excellence in Research and Education Award from LeadingAge. For more information on Comfort Matters™, go to <http://www.comfortmatters.org/>.

There are many models of person centered care. The Oregon Partnership to Improve Dementia Care has compiled a list of both national and local resources that promote the best practices in dementia care. You can find "Resources for Person-Centered Dementia Care in Long-Term Care Settings" at <https://apps.state.or.us/Forms/Served/se0935.pdf>

* The Partnership consists of representatives of Oregon Health Care Association, LeadingAge Oregon, Acumentra Health, Department of Human Services, The Alzheimer's Association, Making Oregon Vital for Elders, Oregon Patient Safety Commission and the Long Term Care Ombudsman's Office. Terri Fagen and William Simonson serve as consultant pharmacists. The goal of the Partnership is to assist long term care settings in developing person centered practices that will enhance the quality of life for people with dementia.)

For more information, contact Jan Karlan at jan.karlan@state.or.us or at (503) 630-4605, ext. 231.