QUALITY OF LIFE FOR PEOPLE WITH MILD & MODERATE DEMENTIA

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I’m a social worker!

LONG-TERM CARE IN THE 70’S

- 1978 Reconstruction Home, Ithaca, NY
- 1979 Westwood Nursing Home, St. Louis Park, MN.
  The majority of residents were alert and oriented
  - Counseling
  - Support groups
  - Discharge Planning Group
  - Dancing Class
- Disoriented residents
  - Restrained
  - Medicated
  - Reality orientation 24/7

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LONG-TERM CARE IN THE 90’S

- Assisted living arrived!
- Private paying residents
- Majority did not have significant memory loss
- Expansion from “mom & pop” homes for the aged to corporate Assisted Living
- Marriott
- Care Matrix

WHY ANOTHER DEMENTIA PROGRAM?

- Al’s had small secured units
- Significant underserved population of residents with mild memory loss who were not safety risks
- Non pharmacological methods of slowing down the progression of memory loss are affective

HAVE A REASON TO GET UP IN THE MORNING
JOIN A TRIBE
MEMORY ENHANCEMENT PROGRAM

Pro-active approach to dementia care that helps slow down the progression of memory loss by lowering stress, exercising the brain and body while having a good time in a group setting.

MEMORY ENHANCEMENT PROGRAM (MEP)

- Small Group (6-15)
- Additional cost usually $500 per month pays for staff
- Seven days a week, no special night programs
- Integrated with other AL residents for appropriate programs
- Based on research

MEP A GOOD BUSINESS DECISION

- Unique program in the Alzheimer’s market
- Increase revenue
- Census, keep resident longer
- Monthly charge for MEP
- Day care service
- Potential to grow into a neighborhood
- Provides another option for families
- May fill a part of the building in a less desirable location
AND
The MEP Helps To Eliminate
THE LINE UP!

THE “INBETWEEENER”
- Does not attend activity programs
- Isolated in their room because it’s safe
- May be depressed
- Sits in the lobby
- Sits outside the dining room hours before the meal
- Can’t find their room
- Repeats and repeats and repeats

ALERT RESIDENTS
- Do not like having a meal with “them”
- Do not like to attend some more intellectual activity programs with “them”
- Are bothered by their repetitive questions
MEP BASED ON RESEARCH RESULTS

- Mental exercise
- Physical exercise
- Good nutrition
- Proper medication (managed by staff)
- Lowering stress
- Reducing depression
- Socialization (group setting)
- Having fun!

MEMORY ENHANCEMENT

- 7 days a week activity based program
- Led by staff who have received special education that includes:
  - Alzheimer’s basic education
  - Understanding of how the brain works
  - Approaches to use with people who have early memory loss
  - Development of the MEP daily program
  - Evaluated and changed with seasons and resident interests

MEMORY ENHANCEMENT

- All staff understand the MEP and can be involved in some way
- Encourage residents to attend
- Lead programs
- MEP residents attend some programs offered in traditional AL but never without an MEP staff person
- Family involvement
MEMORY ENHANCEMENT

- Staffing
  - Seven days a week
  - 1 FTE MEP Coordinator & weekend
  - Job Share
  - Additional staff for days when the regular staff is not available
- Qualifications
  - Creative
  - Interested in developing a new program
  - Education adds credibility to the program but not necessary

MEMORY ENHANCEMENT

- Supervision
  - Activity Director
  - Wellness Director
- Salary
  - Depends on experience and education
- Hours
  - 9 to 5

MEP START-UP COSTS

- Room Decor
- Paint
- Furniture
- Activity supplies
- Computer & printer
- Marketing material
- Beverages/Snacks
RESIDENTS APPROPRIATE FOR MEP

- NOT a safety risk!
- Mild Cognitive Impairment
- Early Alzheimer's disease
- Medical conditions causing memory loss
- Other medical, social conditions

SPACE FOR MEP

- MEP Room
  - Empty/room or suite
  - Small dining room
  - Very large closet!

TYPICAL DAY

- Residents dressed by CNA
- Residents have breakfast in dining room
- MEP staff open the MEP room & prepare for the morning
- MEP staff “round-up” the first group
- MEP staff begin programming
- All staff take other MEP residents to MEP room
DAILY ROUTINE

- Meet & Greet
- Morning Ritual
- Exercise
- Second Cup
- AM program
- Trivia
- Lunch
- Afternoon Delight
- Reminisce
- Chat & Chew
- Brain exercises
- Dinner

DAILY ROUTINE

- Meet & Greet
- Morning Ritual
- Exercise
- Beverage
- AM program
- Trivia
- Lunch
- Spa Service
- Reminisce
- Sip & snack
- Afternoon delight
- Brain exercises
- Dinner

MEP

- Residents attend appropriate programs with other residents
- Exercise
- Music
- Social
- May sit together for meals or sit with friends who are not in the MEP
- Families invited to participate in the program or take their family member out of the program
END OF THE DAY

➢ Thank everyone for joining the group
➢ Talk about the next day
➢ Prepare for dinner (talk about food)
➢ Clean and organize the room
➢ Prepare for the next day
➢ Hugs “good-bye”
➢ No MEP evening programs

OUTCOMES

➢ Increased family/resident satisfaction
➢ Decreased isolation
➢ Lowers fall risk
➢ Increased awareness of time, place, people
➢ Maintained good census
➢ Residents transferred to secured neighborhood when they were safety risks or the memory loss had progresses to the moderate stage

PRIVATE GERIATRIC CONSULTANT

➢ Care Matrix went bankrupt
➢ First consulting experience in Vermont State Veterans home in Bennington, VT.
➢ Spent time observing
➢ Programs led by activity professionals who:
  ➢ Gather supplies
  ➢ Transport/escort most residents
  ➢ Were the only staff person present
  ➢ Expected to meet all activity needs of all residents
  ➢ Planned the activity
  ➢ Implemented the activity
  ➢ Cleaned the room after the program
PRIVATE GERIATRIC CONSULTANT

- Spent time observing and realized that people with moderate dementia rarely self initiated activities
- When not engaged they:
  - Fell
  - Slept
  - Went “shopping”
  - Walked around (fall risk)
  - Experienced hallucinations &/or delusions

PEOPLE WITH ALZHEIMER’S DISEASE

- When not engaged in activities, people with AD are diagnoses with:
  - Depression
  - Failure to thrive
  - Apathy

AND THE ANSWER TO MANAGING THESE BEHAVIORS IS?

MEDICATION
RESTRAINTS
AND THE ANSWER TO MANAGING THESE BEHAVIORS COULD BE CONTINUOUS & MEANINGFUL ACTIVITIES

CONTINUOUS & MEANINGFUL ACTIVITIES

- A staff person present AND engaging residents from after breakfast to before lunch
- After lunch to before dinner
- After dinner until bed

THE CLUB

- Seven day a week program
- Continuous activity programming throughout residents waking hours
- Familiar routine
- One new program a day
- Individualized (person-centered)
- Changing job responsibilities for both activity professionals, Carers and Department Managers
THE CLUB

➢ Required a change in the culture
➢ Administrator & management “buy-in”
➢ Understand that the roles needed to change...a blurring of the lines of responsibility

ADMINISTRATOR & DEPARTMENT MANAGERS RESPONSIBILITY

➢ Assist with transporting residents to “The Club”
➢ Leads programs
➢ Fills in when necessary

CARERS RESPONSIBILITY

➢ Invite & accompany residents to “The Club”
➢ At least one is assigned to stay in the room
➢ Assist with snacks
➢ Toilet/groom
➢ Leads programs
MAKING CHANGE HAPPEN

➢ Educate all staff
➢ Meet with staff to develop a team Mission Statement
➢ Approved by all shifts

MISSION STATEMENT

➢ Staff words
➢ Involved all three shifts
➢ Statement written
➢ Signed by staff

Mission Statement

➢ The Staff Of Cardinal Point believes that each resident deserves to live in a safe, warm loving environment. We are dedicated to provide care that honors every resident as a unique human being.
➢ We are committed to help residents feel they are valued in our family by providing a variety of activities that enhance their self worth and are meaningful, entertaining and bring joy and laughter to their day.
➢ We welcome resident's families as partners in care and encourage their involvement in all aspects of "life" on Cardinal Point.
MAKING CHANGE HAPPEN

Schedule a “grand opening”
Invite all staff & families to see The Club

THE CLUB

- Is not expensive
- Does not require extra staffing
- Does not need a special room
- Results in positive outcomes
  - Reduces the use of antipsychotics
  - Reduces falls
  - Improves family and staff satisfaction

THE CLUB

- Space
- Separate room
- Shared room
TYPICAL DAY

- Residents dressed by Carers
- Residents have breakfast in dining room
- Medications given to residents
- Residents groomed after breakfast
- Toileted as needed
- Invited to join their friends in The Club

PREPARING THE ROOM

- Activity Professional responsibility
  - Start music (same every day)
  - Table set with cloths
  - Gather Beverages
  - Check on medical status of residents
  - Write a greeting on the dry erase board
  - Announce that The Club is opening
  - Gather first group

TEAM WORK

- All staff assist in bringing residents to The Club
AFTER BREAKFAST

➢ Engage residents in something meaningful
➢ Sorting
➢ Local newspaper and another cup of coffee

THE CLUB

➢ Volunteer’s at Work
➢ Meet & Greet
➢ News & Views
➢ Exercise
➢ Second Cup
➢ Morning Surprise
➢ Food Trivia
➢ Dance to Dine
➢ Afternoon Delight
➢ Fun & Games
➢ Chat & Chew
➢ Brain Teasers
➢ Dinner
➢ Trivia
➢ PJ Party
➢ Movie classic

NEWS & VIEWS

➢ News & Views *
➢ Daily Chronicle or “selected” news from local paper
➢ Cognitive exercise regarding the day or month
➢ Month and day written on wipe off board
➢ (activityconnection.com wisernow.com)
SOME IDEAS

- Date (Daily Chronicle)
- Magic Number
- Season
- Food
- Names
- ????

PHYSICAL EXERCISE

- Physical Exercise
- Residents are moved to a circle
- A variety of exercises are offered
  - Full body
  - Tai chi
  - Tossing a ball and asking questions
  - “Row, Row, Row Your Boat”
  - Dancing
  - Acting out a story

MORNING SURPRISE

- Each day a new type of program is offered
  - Monday - Baking
  - Tuesday – Gardening/flower arranging
  - Wednesday – Craft
  - Thursday – Arm chair travel
  - Friday – Music
  - Saturday – Volunteer Project
  - Sunday - Spiritual
FOOD TRIVIA
DANCE TO DINE

➢ Food Trivia
➢ Listing food favorites
➢ Discuss foods mother used to cook

➢ Dance to Dine
➢ Dance music is played
➢ All staff take residents and dance them to the dining room

THE CLUB

➢ After lunch residents are taken to the bathroom and then groomed
➢ Some residents take a rest
➢ Others return to The Club

AFTERNOON DELIGHT

➢ Relaxing With Music
➢ Lights lowered
➢ Hand/shoulder massage
➢ Reading short stories
➢ Nail care
➢ Identifying scents
➢ Quiet conversation
FUN & GAMES

- Fun & Games
- Each day a different active game is played
  - Ring toss
  - Bowling
  - Basketball, baseball, football
  - Balloon games

CHAT & CHEW

- Chat & Chew
- Beverages and a snack is offered
- Brain Teasers
  - Complete the story
  - First letter, last letter
  - Words that begin with
    - Alphabet (foods, names, places)

Right Brain

Art
Story telling
Humor
Some Ideas

- Last letter of the word is the first letter of the next word
- Words that have two oo’s, start with th, have an x in it

THE CLUB CLOSES

- Food discussion
- Ending ritual
- Residents thanked for attending
- Invited back tomorrow
- Asked to help tidy the room
- Escorted to their rooms for toileting or taken to the dining room
EVENING PROGRAMS

- PJ Party (residents can be prepared for bed and brought back to the program in robe and slippers)
- Trivia
  - CNA staff are provided trivia books
- Movie
  - Movie or TV classics are shown
  - Beverages provided
    - NURSING SUPERVISES THE PROGRAM!

SOME IDEAS

- Good & Bad
- Number of things

THE CLUB

- Program Outcomes
  - Doubled hours of programming
  - Decreased social isolation
  - Decreased use of psychotropic medications
  - Improved nutritional state
  - Increased staff and family satisfaction
  - Significantly lowered falls
SATISFACTION RESULTS

- Staff (lower staff turnover)
- Resident (increased occupancy)
- Happier families
- Community/marketing
- Excellent surveys!

DECREASED USE OF PSYCHOTROPIC MEDICATIONS

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<tr>
<th>MEDICATION</th>
<th>BEFORE</th>
<th>AFTER</th>
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<tr>
<td>Neuroleptics (olanzapine, haloperidol, quetiapine, risperidone)</td>
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<td>6</td>
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<tr>
<td>Antidepressants (citalopram, trazodone)</td>
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<tr>
<td>Benzodiazepines (lorazepam)</td>
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<td>1</td>
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<tr>
<td>Mood stabilizer (divalproex sodium)</td>
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SNF THE CLUB

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<tr>
<th>28 Participants</th>
<th>Mean</th>
<th>Stand. Dev.</th>
<th>Min.</th>
<th>Max.</th>
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<tbody>
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<td>Current age (years)</td>
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<td>7.4</td>
<td>62</td>
<td>91</td>
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<tr>
<td>Age at onset of dementia (years)</td>
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<td>12.1</td>
<td>37</td>
<td>88</td>
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<td>Duration of instlt. (months)</td>
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<td>39.2</td>
<td>1</td>
<td>180</td>
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<tr>
<td>MMSE Score</td>
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<td>7.2</td>
<td>0</td>
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The purpose of life is to discover your gift. The meaning of life is giving your gift away.

David Viscott

Thank you!

joycesimard@earthlink.net
Joycesimard.com
Namastecare.com