Western Health

Protective Community Residences- Enhanced Assisted Living

November 2008

Introduction:

- July 2008, Western Health opened first of four specialized bungalows for persons with mild to moderate dementia referred to as Protective Community Residences
- New alternate care model that has been designed to provide quality dementia care in an environment based on evidence
- Model promotes use of functional abilities through purposeful activities and interactions

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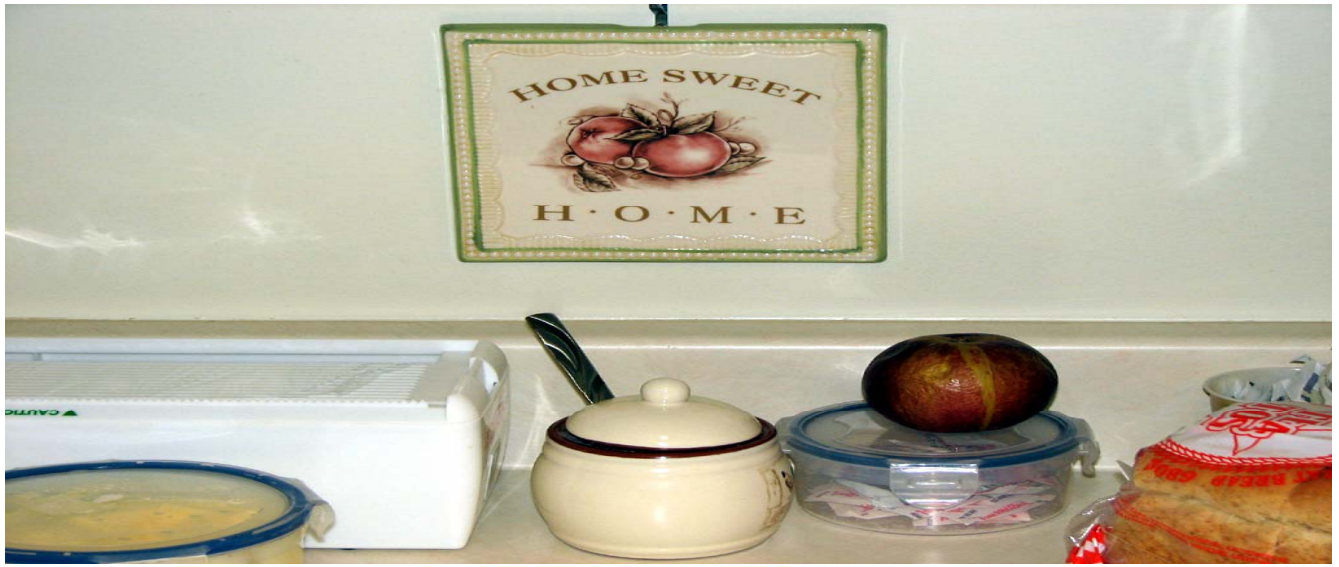
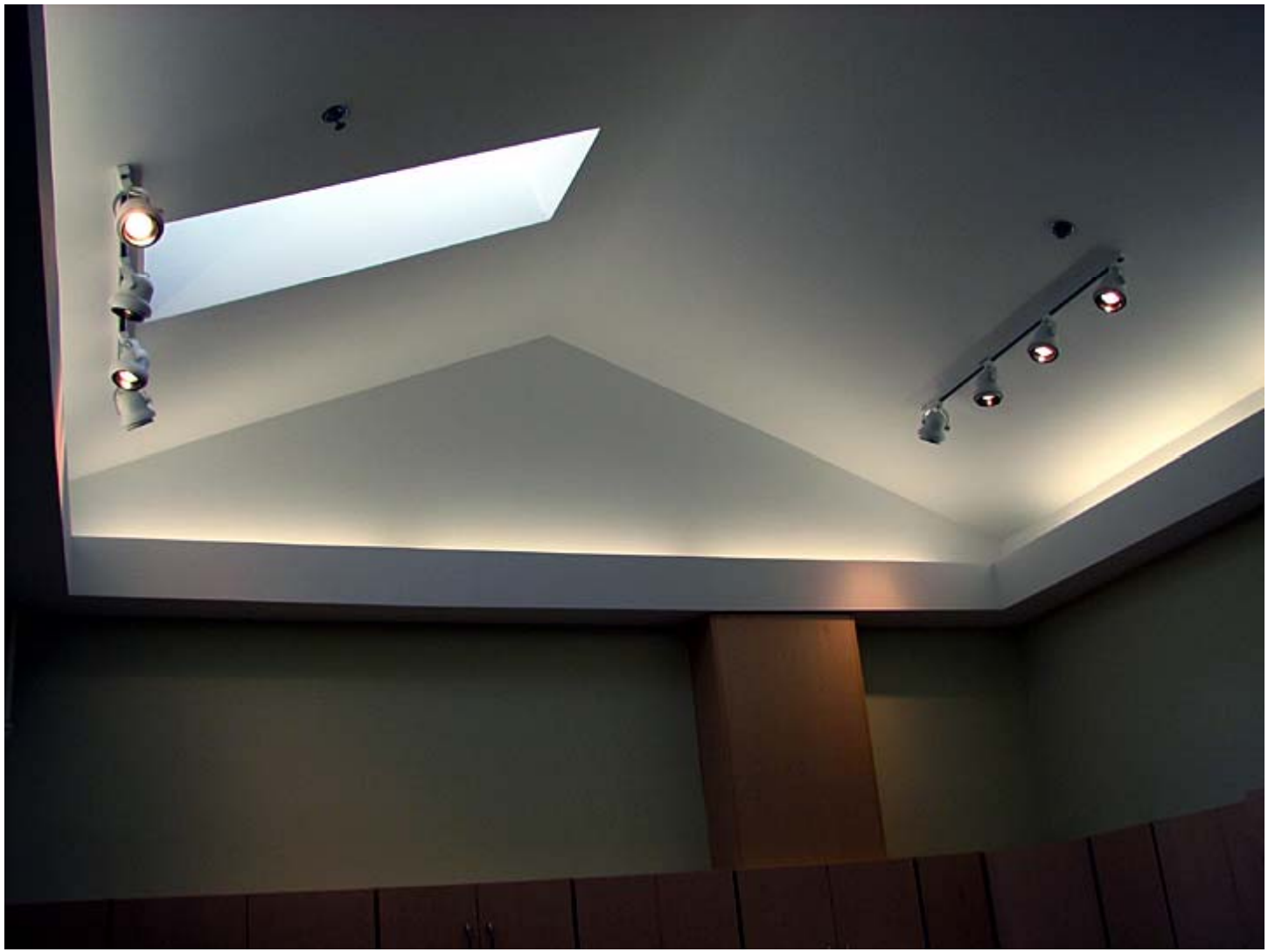
Physical Environment Design

- Home-like in terms of size and scale with 10 residents per bungalow-natural light and outdoor views
- Warm and assuring inside environment-colors, furnishings
- Privacy- bedrooms (with cable/phone lines), personalized space





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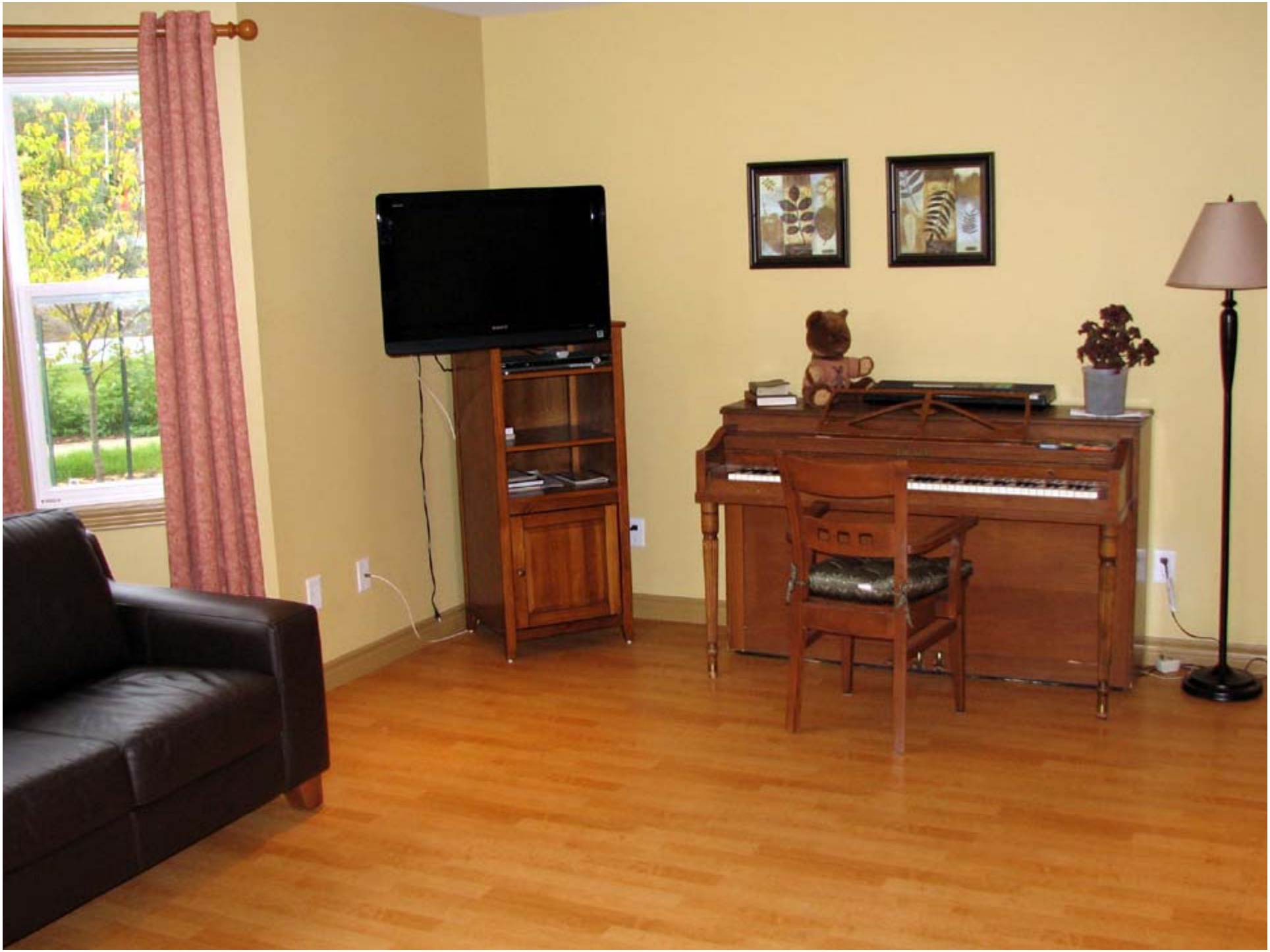

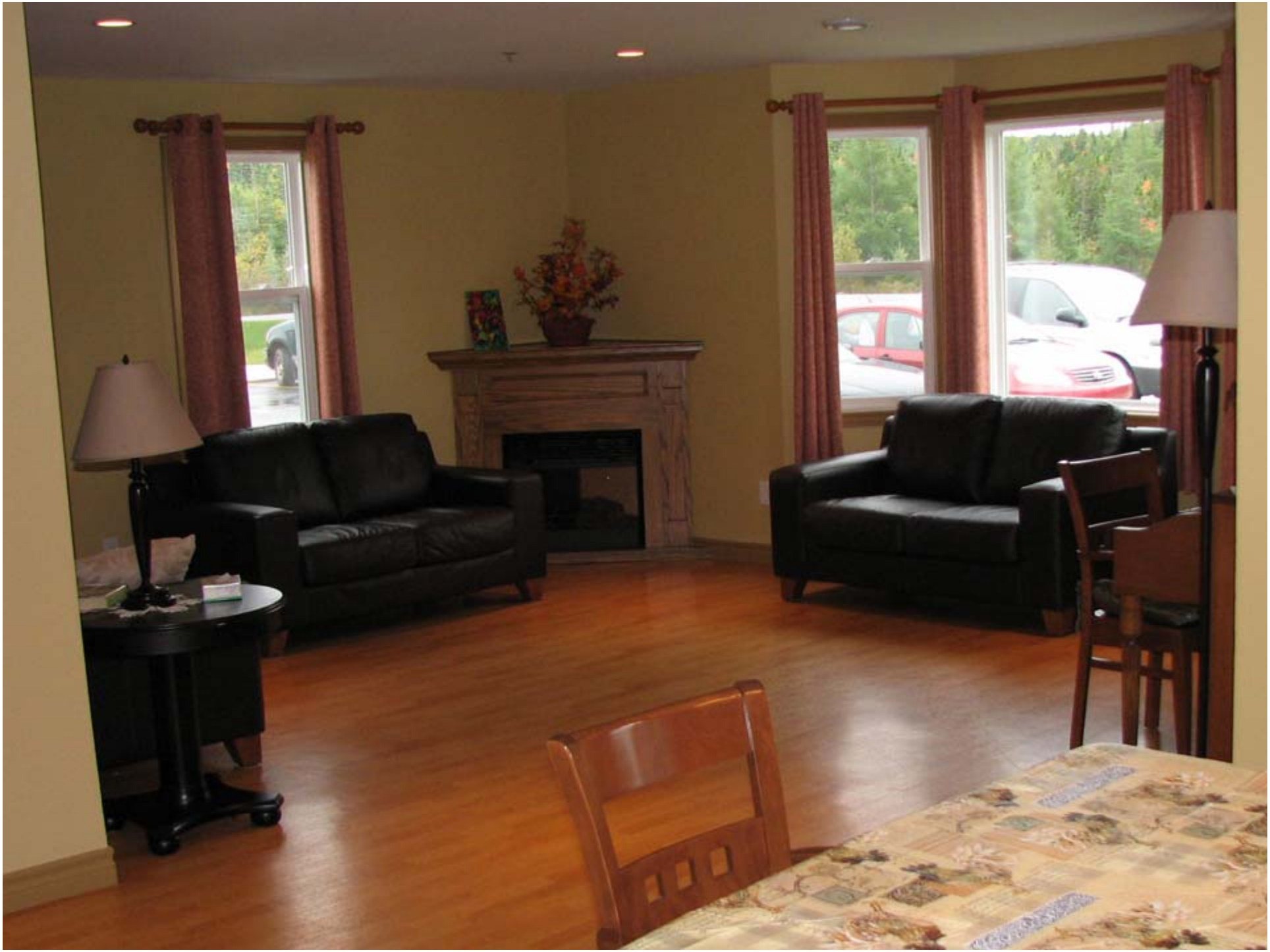

Physical Environment Design

- Controlled spatial experiences- access to garden, wandering/walking path, kitchen activities, laundry
- Strategies to minimize disorientation- use of reminder cues

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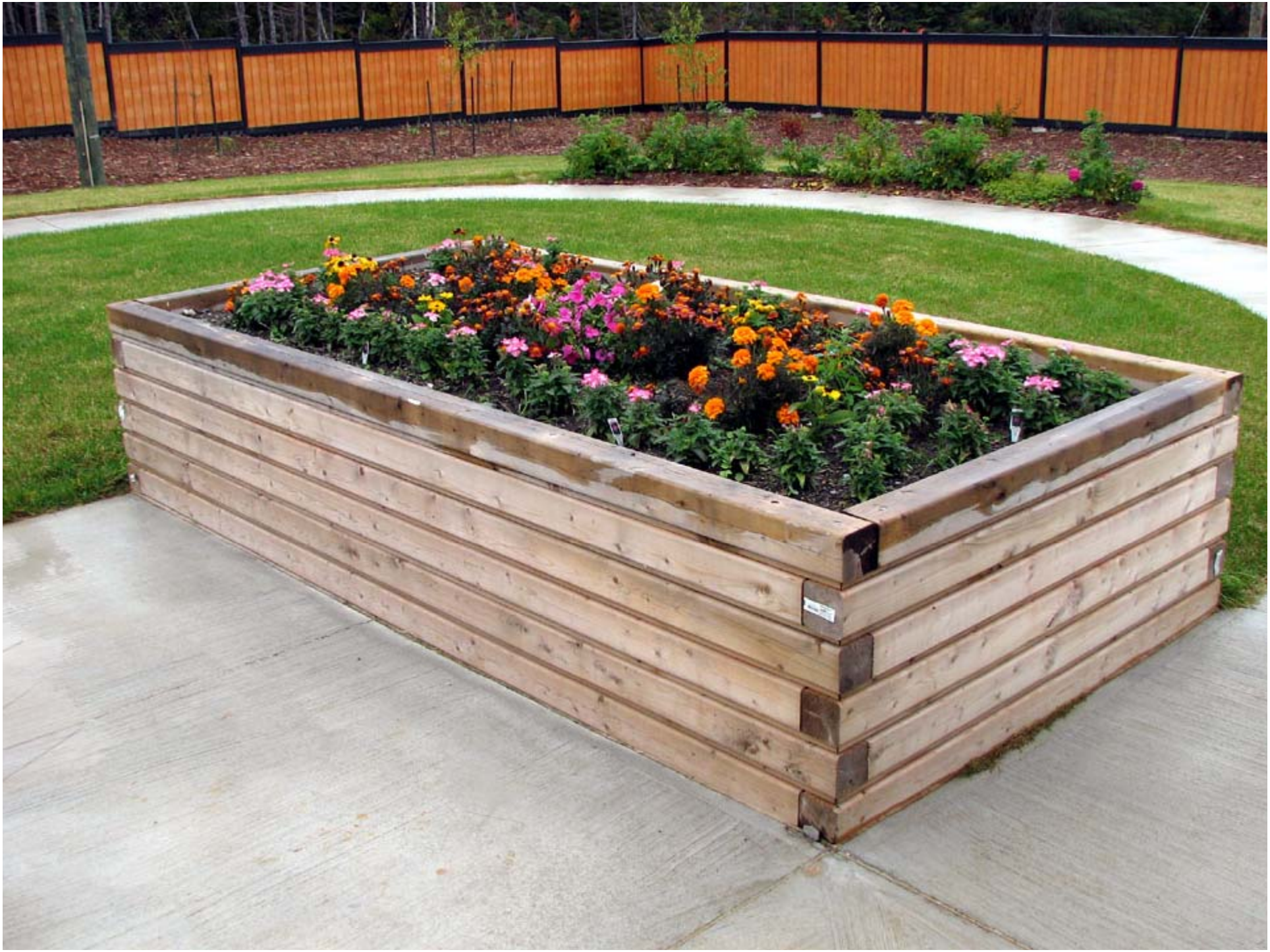

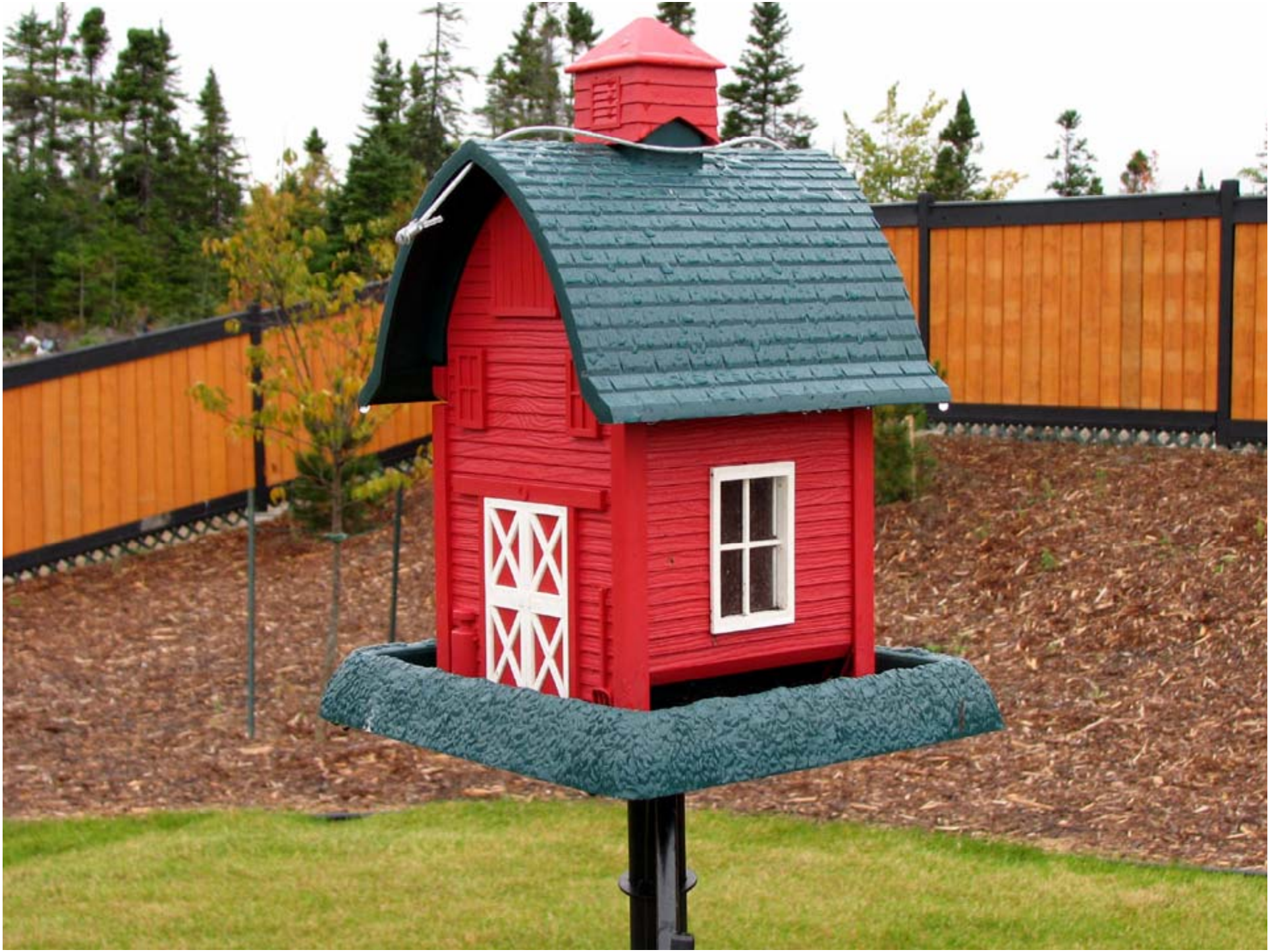

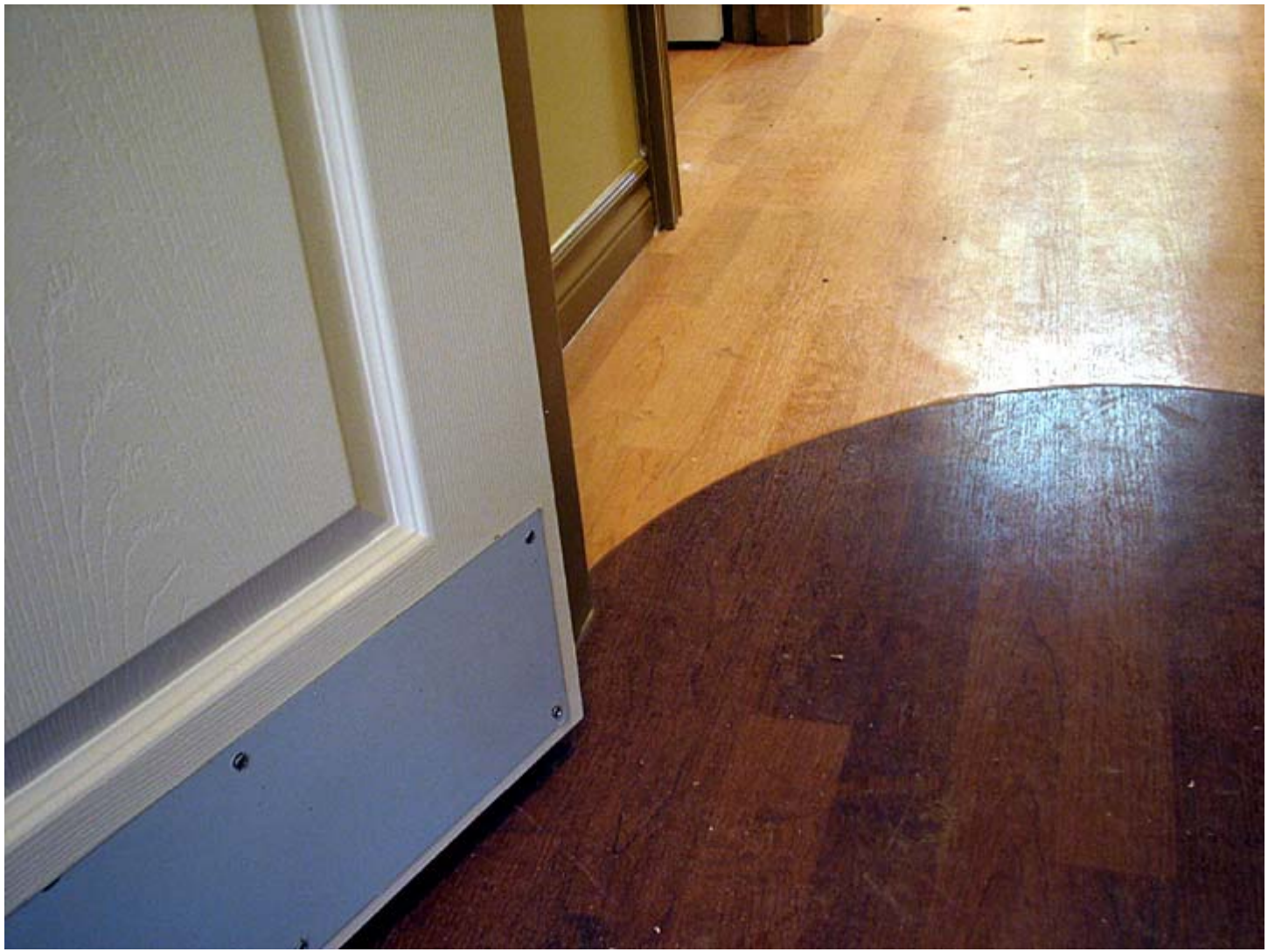

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Organizational Structure

- Philosophy
- Eligibility-appropriate placement
- Staffing- qualifications, training, and orientation
- Standards

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Philosophy

- ”Individualized care”- Defined as care that reflects:
  - the individuality of the resident i.e., knowing the person/resident;
  - an opportunity for autonomy and choice for the resident;
  - open communication between staff themselves and between staff and residents;
  - family involvement;
  - residents connecting with others including other residents, family and staff during activity programs and in everyday facility life; and
  - a home-like physical environment conducive to safety, mobility, interaction and privacy.

Chappell, Reid, and Gish, 2008.

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Eligibility

- Elderly adults with mild-moderate dementia qualifying for Long Term Care and Community Support Programs based on regional assessment tool who meet following criteria:

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- Mild to moderate dementia
- Exhibits exit seeking behaviors
- Must not have a complex medical condition that requires scheduled professional care
- Must not demonstrate behaviors that place client or others at risk
- 24 hr supervision is required for safety or to prevent wandering
- Client is physically able to manage most aspects of hygiene or Activities of Daily Living but requires set-up or verbal cueing for successful completion
- Client is physically able to transfer and ambulate without assistance (may use a walking aid)

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- Standardized measures for determining appropriateness:
  - Neuropsychiatric inventory- *behaviors*
  - Disability Assessment for Dementia- *function*
  - Folstein Mini Mental- *cognition (score between 11 and 23)*
  - Global Deterioration Scale-*severity (3-5)*
- Discharge process for residents whose profile changes when the environment cannot provide the support and care required

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Staffing:

- Leadership:
  - Dementia Care Coordinator for clinical leadership
  - Manager LTC for management support
- Staff orientation:
  - Direct care providers- 2 week in house program
- Staffing training:
  - Direct care providers 20 week personal care attendant program
  - Professional staff are credentialed
- Staffing ratios:
  - Direct care/support providers:1:5 on days, and 1:10 nights.
  - Social worker 0.5:40
  - Recreation therapy worker: 1:40
  - Nurse practitioner 1:40
  - Care taker 1: 4 bungalows

- *Everyone in contact with the person with dementia is considered a potential agent for therapy and activity*

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Standards

- Provincial draft operating standards for this new model developed- not finalized

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Evaluation

- Phase I- Relocation of Residents from long term care*.
- Phase II-Overall evaluation of Model

* Ethical approval granted

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Phase I Evaluation:

- What is the impact of relocation on Residents who relocated from ALC, LTC and Personal Care Homes and staff working in the bungalows?
- Measures:
  - Resident quality of life- QOL-AD
  - Pre and Post Measures of cognition, function, severity, and behaviors
  - Staff experience with opening of new PCR and relocation
  - Families experience with relocation
  - Psychotropic drug use pre and post relocation
  - Falls pre and post relocation

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Phase II Evaluation:

- Comparison of specialized care unit, traditional long term care unit and bungalow model with respect to:
  - Philosophy of care-as measured with staff based measures of IC instrument.
  - Staff satisfaction-as measured by staff turnover and absenteeism, ? Use of work life pulse instrument.
  - Quality of life- instrument not yet selected
  - Cost

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Experiences thus far……..

Organizational Perspective:

Strengthened linkages with SON, SWGC with respect to research

Resident Perspective:

- Reduced prn psychotropic drugs
- Improved cognition and function
- Reduced behaviors

" The Awakening"

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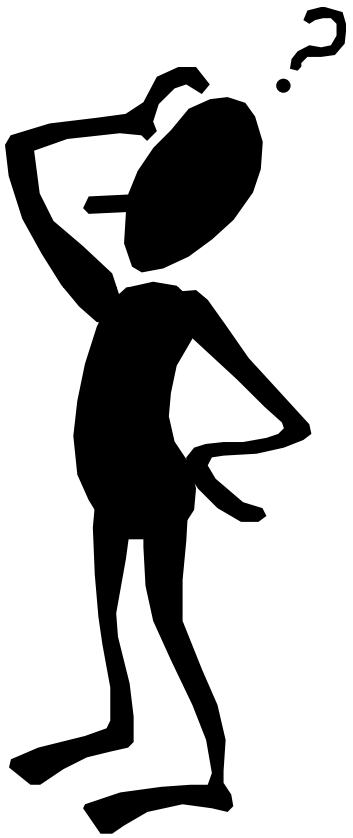
Questions??



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