



Person Centered Dementia Care in the Hospital Setting Resources

- American Academy of Nursing. (2015). *Hospital hazards: Four practices that can harm older people*. Retrieved from <http://consumerhealthchoices.org/catalog/hospital-hazards-aan/>
- Centers for Disease Control and Prevention. (2015). Healthy aging: Alzheimer's disease. Retrieved from <https://www.cdc.gov/aging/aginginfo/alzheimers.htm>
- Dementia Action Alliance. (2012). *Dementia care: The quality chasm*. Retrieved from http://daanow.org/wp-content/uploads/2016/10/DementiaCareTheQualityChasm_020413.pdf
- Healthy People 2020. (2017). Dementia's including Alzheimer's disease. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/dementias-including-alzheimers-disease>
- Institute of Medicine. (2001). *Envisioning the national health care quality report*. Washington DC: National Academies Press.
- Kitwood, T. M. (1997). *Dementia reconsidered: The person comes first*. Buckingham: Open University Press.
- National Institute on Aging. (2008). Hospitalization happens: A guide to hospital visits for individuals with memory loss. Retrieved from <https://www.nia.nih.gov/alzheimers/publication/hospitalization-happens>
- National Institute on Aging. (2009). Acute hospitalization and alzheimer's disease: A special kind of care. Retrieved from <https://www-nia-nih-gov.ezproxy.rush.edu/alzheimers/publication/acute-hospitalization-and-alzheimers-disease>

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Boltz M, Chippendale T, Resnick B, Galvin JE. Testing family-centered, function-focused care in hospitalized persons with dementia. Neurodegener Dis Manag. 2015;5(3):203-15.

AIM:

Hospital-acquired disability causes decreased quality of life for patients with dementia and family caregivers, and increased societal costs.

MATERIALS & METHODS:

A comparative, repeated measures study tested the feasibility and preliminary efficacy of the family-centered, function-focused care intervention (Fam-FFC) in dyads of hospitalized, medical patients with dementia and family caregivers (FCGs).

RESULTS:

The intervention group demonstrated better activities of daily living and walking performance, and less severity/duration of delirium and hospital readmissions, but no significant differences in gait/balance. FCGs showed increased preparedness for caregiving and less anxiety but no significant differences in depression, strain and mutuality.

CONCLUSION:

Fam-FFC presents a possible pathway to meeting the Triple Aim of improved patient care, improved patient health and reduced costs for persons with dementia.

Edvardsson D, Fetherstonhaugh D, Nay R.

Promoting a continuation of self and normality: person-centred care as described by people with dementia, their family members and aged care staff. J Clin Nurs. 2010 Sep;19(17-18):2611-8.

AIMS AND OBJECTIVES:

This article aims to describe the content of person-centred care as described by people with dementia, familymembers and staff in residential aged care.

BACKGROUND:

Person-centred care is increasingly being regarded as synonymous with best quality aged care; however, studies exploring stakeholders' experiences of person-centred care are few.

DESIGN:

A qualitative explorative design was employed using conversational research interviews and content analysis.

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METHOD:

Research interviews were conducted in 2007 and 2008 with staff working in aged care (n = 37), people with early onset dementia (n = 11), and family members of patients with dementia (n = 19) and were analysed using content analysis.

RESULTS:

The findings indicated that the core category of person-centred care was promoting a continuation of self and normality. Five content categories emerged as contributing to promoting a continuation of self and normality: knowing the person; welcoming family; providing meaningful activities; being in a personalised environment; and experiencing flexibility and continuity.

CONCLUSIONS:

This study describes person-centred care as it is understood by people with dementia, their family members and staff in residential aged care, and as such it contributes with inside perspectives to current understandings of person-centred care, perspectives that have been largely lacking. Relevance to clinical practice. The findings of this study are clinically relevant and ready to be operationalised and applied in clinical aged care. The categories can be used as a topic guide for discussions in aged care organisations on the quality of current care and as elements indicating how to increase the person-centredness of care provided.

Galik E, Resnick B, Hammersla M, Brightwater J.

Optimizing function and physical activity among nursing home residents with dementia: test ing the impact of function-focused care. Gerontologist. 2014 Dec;54(6):930-43.

PURPOSE OF THE STUDY:

The purpose of this study was to test the impact of Function-Focused Care for the Cognitively Impaired Intervention on nursing home residents with dementia and the nursing assistants who care for them.

DESIGN AND METHODS:

This was a cluster-randomized controlled trial using repeated measures. A total of 103 cognitively impaired residents and 77 nursing assistants were recruited from four nursing homes. For residents, outcome measures included function, physical activity (survey and actigraphy), mood, behavior, and adverse events (falls and hospitalization). Main outcome measures for nursing assistants included knowledge, beliefs, and performance of function focused care.

RESULTS:

There were significant improvements in the amount and intensity of physical activity (by survey and actigraphy) and physical function in the treatment group. In addition, there was a significant decrease in the number of residents who fell during the treatment period with those in the treatment sites having fewer falls (28% vs. 50% in the control group). Nursing assistants were also observed to be providing a greater percentage of function focused care during resident care interactions in the treatment group at 6 months following the completion of baseline measures.



IMPLICATIONS:

This study provides some evidence that nursing home residents with severe cognitive impairment can safely and successfully be engaged in physical and functional activities.

Galik E, Resnick B, Lerner N, Hammersla M, Gruber-Baldini AL.
Function Focused Care for Assisted Living Residents With Dementia. Gerontologist. 2015 Jun;55 Suppl 1:S13-26.

PURPOSE OF THE STUDY:

Assisted living (AL) residents with dementia require assistance with activities of daily living, encounter limited opportunities to engage in physical activity, and often exhibit challenging behavioral symptoms. The Function Focused Care Intervention for the Cognitively Impaired (FFC-CI) teaches and motivates direct care workers (DCWs) to engage residents with dementia in activities that optimize function and activity while minimizing behavioral symptoms. The purpose of this study was to test the impact of FFC-CI on function, physical activity, behavior, and falls.

DESIGN AND METHODS:

A cluster-randomized trial included 96 residents with dementia and 76 DCWs from 4 ALs. Generalized estimating equations were used to evaluate outcomes at 3 and 6 months.

RESULTS:

There were no treatment by time differences with regard to resident behavior, mood, counts of physical activity based on actigraphy, falls, and function. There were significant increases in physical activity based on kilocalories burned ($p = .001$), time spent in physical activity based on survey results ($p = .001$), and time spent in repetitive behaviors, such as wandering ($p = .01$) among the control group over time. There were no treatment by time differences with regard to DCW beliefs, knowledge, or performance of FFC, except for less decline in job satisfaction among the treatment group ($p = .002$). Treatment fidelity with regard to delivery and receipt were poor due to high staff attrition in the treatment group (46% vs. 16%) and limited site support.

IMPLICATIONS:

The findings from this study can be used to adapt future FFC intervention studies to improve treatment fidelity and optimize intervention efficacy.

Gitlin LN, Kales HC, Lyketsos CG. Nonpharmacologic management of behavioral symptoms in dementia. JAMA. 2012 Nov 21;308(19):2020-9.

Behavioral symptoms such as repetitive speech, wandering, and sleep disturbances are a core clinical feature of Alzheimer disease and related dementias. If untreated, these behaviors can accelerate disease progression, worsen functional decline and quality of life, cause significant caregiver distress, and result in earlier nursing home placement. Systematic screening for behavioral symptoms in dementia is an important prevention strategy that facilitates early treatment of behavioral symptoms by identifying underlying causes and tailoring a treatment plan.

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First-line nonpharmacologic treatments are recommended because available pharmacologic treatments are only modestly effective, have notable risks, and do not effectively treat some of the behaviors that family members and caregivers find most distressing. Examples of nonpharmacologic treatments include provision of caregiver education and support, training in problem solving, and targeted therapy directed at the underlying causes for specific behaviors (eg, implementing nighttime routines to address sleep disturbances). Based on an actual case, we characterize common behavioral symptoms and describe a strategy for selecting evidence-based nonpharmacologic dementia treatments. Nonpharmacologic management of behavioral symptoms in dementia can significantly improve quality of life and patient-caregiver satisfaction.

Jansen J, Naganathan V, Carter SM, McLachlan AJ, Nickel B, Irwig L, Bonner C, Doust J, Colvin J, Heaney A, Turner R, McCaffery K.
Too much medicine in older people? Deprescribing through shared decision making.
BMJ. 2016 Jun 3;353:i2893.

No abstract available.

Kiely DK, Jones RN, Bergmann MA, Murphy KM, Orav EJ, Marcantonio ER.
Association between delirium resolution and functional recovery among newly admitted postacute facility patients.
J Gerontol A Biol Sci Med Sci. 2006 Feb;61(2):204-8.

BACKGROUND:

Delirium is common among hospitalized elders and may persist for months. The adverse impact of delirium on independence may increasingly occur in the postacute care (PAC) setting. The purpose of this study is to examine the association between delirium resolution and functional recovery in skilled nursing facilities specializing in PAC.

METHODS:

Patients were screened for delirium on admission after an acute hospitalization at PAC facilities. Only patients with "Confusion Assessment Method"-defined delirium were enrolled. Delirium and activities of daily living were assessed prehospital, at PAC admission, and at four (2-week, and 1-, 3-, and 6-month) follow-up assessments to measure functional ability. Four distinct delirium resolution groups were created ranging from resolution within 2 weeks without recurrence to no resolution over 6 months. Repeated-measures analysis of covariance was used to determine if functional performance differed over time by delirium resolution status.

RESULTS:

Among the 393 PAC patients, functional recovery differed significantly ($p < .0001$) by delirium resolution status. Patients who resolved their delirium by 2 weeks without recurrence regained 100% of their prehospital functional level, whereas patients who never resolved their delirium retained less than 50% of their prehospital functional level. Patients with slower resolving delirium and recurrent delirium had intermediate functional outcomes.

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CONCLUSIONS:

Resolution of delirium among PAC patients appears to be a prerequisite for functional recovery. Delirium resolution within 2 weeks without recurrence is associated with excellent functional recovery. Effective strategies to resolve delirium promptly and prevent its recurrence in the PAC setting will likely benefit patient rehabilitation and functional recovery.

Kolanowski A, Van Haitsma K, Penrod J, Hill N, Yevchak A.
"Wish we would have known that!" Communication Breakdown Impedes Person-Centered Care. Gerontologist. 2015 Jun;55 Suppl 1:S50-60.

PURPOSE:

To understand how nursing home staff obtain information needed for implementing person-centered care (PCC) to residents with dementia who exhibit behavioral and psychological symptoms of dementia (BPSD), and how they communicate this information to other staff. Barriers to PCC and information exchange were also explored.

DESIGN AND METHODS:

Participants were 59 staff from two nursing homes. Focus group methodology captured discussions in eight 1-hr sessions. Sessions were audiotaped and transcribed. Data were analyzed using qualitative content analysis to provide a comprehensive summary of real world context of implementing PCC.

RESULTS:

To deliver PCC staff identified a need for access to psychosocial/medical history of the resident and knowledge of strategies families used for managing BPSD in the past. However, resident information is not routinely shared with all staff and written documentation systems for communicating resident-specific information do not support the time-pressured work pattern of certified nursing assistants (CNAs). Word-of-mouth was considered more reliable and expedient than educational sessions. CNAs described themselves as visual learners who prefer educational programs addressing individual resident emergent behaviors and programs that are scheduled at dedicated times.

IMPLICATIONS:

To improve PCC the flow of information exchange requires: inclusion of all staff, particularly CNAs; systems of communication that consider the time and resource constraints of nursing homes; development of educational programs for BPSD that are responsive to staff learning styles; administrative investment in nursing leadership to effect these changes; and reimbursement approaches to encourage culture change investments.

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Phelan EA, Borson S, Grothaus L, Balch S, Larson EB.

Association of incident dementia with hospitalizations. JAMA. 2012 Jan 11;307(2):165-72.

CONTEXT:

Dementia is associated with increased rates and often poorer outcomes of hospitalization, including worsening cognitive status. New evidence is needed to determine whether some admissions of persons with dementia might be potentially preventable.

OBJECTIVE:

To determine whether dementia onset is associated with higher rates of or different reasons for hospitalization, particularly for ambulatory care-sensitive conditions (ACSCs), for which proactive outpatient care might prevent the need for a hospital stay.

DESIGN, SETTING, AND PARTICIPANTS:

Retrospective analysis of hospitalizations among 3019 participants in Adult Changes in Thought (ACT), a longitudinal cohort study of adults aged 65 years or older enrolled in an integrated health care system. All participants had no dementia at baseline and those who had a dementia diagnosis during biennial screening contributed nondementia hospitalizations until diagnosis. Automated data were used to identify all hospitalizations of all participants from time of enrollment in ACT until death, disenrollment from the health plan, or end of follow-up, whichever came first. The study period spanned February 1, 1994, to December 31, 2007.

MAIN OUTCOME MEASURES:

Hospital admission rates for patients with and without dementia, for all causes, by type of admission, and for ACSCs.

RESULTS:

Four hundred ninety-four individuals eventually developed dementia and 427 (86%) of these persons were admitted at least once; 2525 remained free of dementia and 1478 (59%) of those were admitted at least once. The unadjusted all-cause admission rate in the dementia group was 419 admissions per 1000 person-years vs 200 admissions per 1000 person-years in the dementia-free group. After adjustment for age, sex, and other potential confounders, the ratio of admission rates for all-cause admissions was 1.41 (95% confidence interval [CI], 1.23-1.61; $P < .001$), while for ACSCs, the adjusted ratio of admission rates was 1.78 (95% CI, 1.38-2.31; $P < .001$). Adjusted admission rates classified by body system were significantly higher in the dementia group for most categories. Adjusted admission rates for all types of ACSCs, including bacterial pneumonia, congestive heart failure, dehydration, duodenal ulcer, and urinary tract infection, were significantly higher among those with dementia.

CONCLUSION:

Among our cohort aged 65 years or older, incident dementia was significantly associated with increased risk of hospitalization, including hospitalization for ACSCs.

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Phelan EA, Debnam KJ, Anderson LA, Owens SB.
A systematic review of intervention studies to prevent hospitalizations of community-dwelling older adults with dementia. Med Care. 2015 Feb;53(2):207-13.

OBJECTIVES:

To conduct a systematic literature review to determine if there were any intervention strategies that had any measurable effect on acute-care hospitalizations among community-dwelling adults with dementia.

DESIGN:

Studies were identified by a professional research librarian and content experts.

SETTING:

Community dwelling.

PARTICIPANTS:

Participants were diagnosed with dementia, severity ranging from mild to severe, and were recruited from health care and community agencies.

MEASUREMENTS:

A study met the inclusion criteria if it: (a) was published in English; (b) included a control or comparison group; (c) published outcome data from the intervention under study; (d) reported hospitalization as one of the outcomes; (e) included community-dwelling older adults; and (f) enrolled participants with dementia. Ten studies met all inclusion criteria.

RESULTS:

Of the 10 studies included, most assessed health services use (ie, hospitalizations) as a secondary outcome. Participants were recruited from a range of health care and community agencies, and most were diagnosed with dementia with severity ratings ranging from mild to severe.

Most intervention strategies consisted of face-to-face assessments of the persons living with dementia, their caregivers, and the development and implementation of a care plan. A significant reduction in hospital admissions was not found in any of the included studies, although 1 study did observe a reduction in hospital days.

CONCLUSIONS:

The majority of studies included hospitalizations as a secondary outcome. Only 1 intervention was found to have an effect on hospitalizations. Future work would benefit from strategies specifically designed to reduce and prevent acute hospitalizations in persons with dementia.

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Reus VI, Fochtmann LJ, Eyler AE, Hilty DM, Horvitz-Lennon M, Jibson MD, Lopez OL, Mahoney J, Pasic J, Tan ZS, Wills CD, Rhoads R, Yager J. The American Psychiatric Association Practice Guideline on the Use of Antipsychotics to Treat Agitation or Psychosis in Patients With Dementia. Am J Psychiatry. 2016 May 1;173(5):543-6. doi: 10.1176/appi.ajp.2015.173501.

No abstract available.

Struble LM, Blazek MC, Kales HC. Managing behavioral disturbances in a patient with dementia. Nurse Pract. 2016 Nov 19;41(11):50-54.

A 92-year-old patient with Parkinson disease and dementia provides an opportunity for the advanced practice registered nurse to shift thinking about behavioral disturbances in dementia, away from controlling behavior with pharmacologic approaches, such as antipsychotics, toward understanding behavior by applying the nonpharmacologic Describe, Investigate, Create, and Evaluate method.

Verloo H, Goulet C, Morin D, von Gunten A. Association between frailty and delirium in older adult patients discharged from hospital. Clin Interv Aging. 2016 Jan 18;11:55-63. doi: 10.2147/CIA.S100576.

BACKGROUND:

Delirium and frailty - both potentially reversible geriatric syndromes - are seldom studied together, although they often occur jointly in older patients discharged from hospitals. This study aimed to explore the relationship between delirium and frailty in older adults discharged from hospitals.

METHODS:

Of the 221 patients aged >65 years, who were invited to participate, only 114 gave their consent to participate in this study. Delirium was assessed using the confusion assessment method, in which patients were classified dichotomously as delirious or nondelirious according to its algorithm. Frailty was assessed using the Edmonton Frailty Scale, which classifies patients dichotomously as frail or nonfrail. In addition to the sociodemographic characteristics, covariates such as scores from the Mini-Mental State Examination, Instrumental Activities of Daily Living scale, and Cumulative Illness Rating Scale for Geriatrics and details regarding polymedication were collected. A multidimensional linear regression model was used for analysis.

RESULTS:

Almost 20% of participants had delirium (n=22), and 76.3% were classified as frail (n=87); 31.5% of the variance in the delirium score was explained by frailty ($R^2=0.315$). Age; polymedication; scores of the Confusion Assessment Method (CAM), instrumental activities of daily living, and Cumulative Illness Rating Scale for Geriatrics; and frailty increased the predictability of the variance of delirium by 32% to 64% ($R^2=0.64$).

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CONCLUSION:

Frailty is strongly related to delirium in older patients after discharge from the hospital.

**Williams KN, Perkhounkova Y, Herman R, Bossen
A.A Communication Intervention to Reduce Resistiveness in Dementia Care:
A Cluster Randomized Controlled Trial. Gerontologist. 2016 Apr 5.**

PURPOSE OF THE STUDY:

Nursing home (NH) residents with dementia exhibit challenging behaviors or resistiveness to care (RTC) that increase staff time, stress, and NH costs. RTC is linked to elderspeak communication. Communication training (Changing Talk [CHAT]) was provided to staff to reduce their use of elderspeak. We hypothesized that CHAT would improve staff communication and subsequently reduce RTC.

METHODS:

Thirteen NHs were randomized to intervention and control groups. Dyads (n = 42) including 29 staff and 27 persons with dementia were videorecorded during care before and/or after the intervention and at a 3-month follow-up. Videos were behaviorally coded for (a) staff communication (normal, elderspeak, or silence) and (b) resident behaviors (cooperative or RTC). Linear mixed modeling was used to evaluate training effects.

RESULTS:

On average, elderspeak declined from 34.6% (SD = 18.7) at baseline by 13.6% points (SD = 20.00) post intervention and 12.2% points (SD = 22.0) at 3-month follow-up. RTC declined from 35.7% (SD = 23.2) by 15.3% points (SD = 32.4) post intervention and 13.4% points (SD = 33.7) at 3 months. Linear mixed modeling determined that change in elderspeak was predicted by the intervention ($b = -12.20$, $p = .028$) and baseline elderspeak ($b = -0.65$, $p < .001$), whereas RTC change was predicted by elderspeak change ($b = 0.43$, $p < .001$); baseline RTC ($b = -0.58$, $p < .001$); and covariates.

IMPLICATIONS:

A brief intervention can improve communication and reduce RTC, providing an effective nonpharmacological intervention to manage behavior and improve the quality of dementia care. No adverse events occurred.

**Williams KN, Herman R, Gajewski B, Wilson K.
Elderspeak communication: impact on dementia care. Am J Alzheimers Dis Other
Demen. 2009 Feb-Mar;24(1):11-20.**

Resistiveness to care is common in older adults with dementia. Resistiveness to care disrupts nursing care, increasing costs of care by 30%. Elderspeak (infantilizing communication used by nursing staff) may trigger resistiveness to care in individuals with dementia. Videotaped care episodes (n = 80) of nursing home residents with dementia (n = 20) were coded for type of staff communication (normal talk and elderspeak) and subsequent resident behavior

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(cooperative or resistive to care). Bayesian statistical analysis tested relationships between staff communication and subsequent resident resistiveness to care. The probability of resistiveness to care varied significantly with communication (Bayes $P = .0082$). An increased probability of resistiveness to care occurred with elderspeak (.55, 95% CrI, .44-.66), compared with normal talk (.26, 95% CrI, .12-.44). Communication training has been shown to reduce elderspeak and may reduce resistiveness to care in future research.

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