



## *Alzheimer's Association Practice Recommendations: Dementia in Assisted Living Residences and Nursing Homes*

Currently, there are 2.4 million residents living in assisted living residences (ALRs) and nursing homes. Of that number, more than 1 million have some form of cognitive impairment. Recognizing these facts, the Alzheimer's Association Campaign for Quality Residential Care was launched in July 2006. The foundation for the campaign is a set of evidence-based dementia care practice recommendations for ALRs and nursing homes. The recommendations are based on the Alzheimer's Association's fundamental belief that effective care must be person-centered. This approach to care involves knowing the resident's abilities, life story, and preferences, and using this information to tailor care to the resident's needs.

To date, 24 leading organizations, including AARP, American Association of Assisted Living Nurses, American Diabetic Association, American Society for Consultant Pharmacists, and the National Center for Assisted Living, have expressed their support or acceptance of the recently published *Alzheimer's Association Campaign for Quality Residential Care: Dementia Care Practice Recommendations for Assisted Living Residences and Nursing Homes*. Determined through consensus among all the participating groups and supported by research, the recommendations are summarized as follows.

### **Fundamentals for Effective Dementia Care**

The fundamentals for effective dementia care are based on person-centered care that is tailored to the abilities and changing needs of each resident. They assume that people with dementia are able to express joy, comfort, meaning, and growth in their lives. Optimal care occurs in a social environment that supports the development of healthy relationships between staff, family, and residents. In addition:

- Good dementia care involves assessment of a resident's abilities; care planning and provision; strategies for addressing behavioral and communication changes; appropriate staffing patterns; and an ALR or nursing home environment that fosters community.
- Each person with dementia is unique, having a different constellation of abilities and need for support, which changes over time as the disease progresses.

- Staff can determine how best to serve each resident by knowing as much as possible about each resident's life story, preferences and abilities.
- Good dementia care involves using information about a resident to develop "person-centered" strategies, which are designed to ensure that services are tailored to each individual's circumstances.



### **Goals for Effective Dementia Care**

There are 3 basic goals for effective dementia care:

- To ensure that staff provides person-centered dementia care based on a thorough knowledge of residents, their abilities, and needs.
- To help staff and available family act as "care partners," working with residents to achieve optimal functioning and a high quality of life.
- To have staff use a flexible, problem-solving approach to care, designed to prevent problems before they occur by shifting care strategies to meet the changing conditions of people with dementia.

### **Recommended Practices for Effective Dementia Care**

Recommended practices for care include a comprehensive assessment and care planning, as well as understanding behavior and effective communication. Strategies for implementing these practices rely on having effective staff approaches and an environment conducive to carrying out recommended care practices.

#### **Assessment**

- A holistic assessment of the resident's abilities and background is necessary to provide care and assistance that is tailored to the resident's needs, and includes understanding a resident's:
  - Cognitive health
  - Physical health
  - Physical functioning
  - Behavioral status
  - Sensory capabilities
  - Decision-making capacity
  - Communication abilities
  - Personal background

- Cultural preferences
- Spiritual needs and preferences
- Assessments should acknowledge that the resident's functioning might vary across different staff shifts.
- Thorough assessment includes obtaining verbal information directly from residents and family when possible.
- If obtaining information from a resident or family is difficult, staff can still learn about the resident through medical records and by observing the resident's reaction to particular approaches to care.
- Resident behaviors can be seen as a form of communication and an expression of preference.
- Regular formal assessment, as required by federal or state regulation, is key to appropriate management of residents' care. Equally important are ongoing monitoring and assessment of residents, particularly upon return from the hospital or upon a significant change in their conditions.
- If problems require consultation with health or other types of professionals, make the appropriate referrals to help mitigate these problems.
- Obtaining the most current advance directive information, as well as information about a resident's preferences regarding palliative care and funeral arrangements, helps ensure that the resident's wishes will be honored.

### Care Planning and Provision

- Effective care planning includes a resident and family, when appropriate, as well as all staff (including direct care staff) who regularly interact with the resident throughout the process.
- An effective care plan builds on the resident's abilities and incorporates strategies such as task breakdown,

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fitness programs, and physical or occupational therapy to help residents complete their daily routines and maintain their functional abilities as long as possible.

- When all staff involved in a resident's care are familiar with the care plan, they will be better equipped

to provide appropriate care to the resident.

- Care plans will remain current and most useful if they are regularly updated in conjunction with periodic assessments.
- Care plans need to be flexible enough to adapt to daily changes in a resident's needs and wishes.

### Behavior and Communication

- Residents need opportunities and sufficient time to express themselves.
- The behavior and emotional state of people with dementia often are forms of communication because residents may lack the ability to communicate in other ways.
- Staff needs initial and ongoing training to identify potential triggers for a resident's behavioral and emotional symptoms, such as agitation and depression.
- When staff recognizes these triggers, they can use environmental and behavioral strategies to modify the triggers' impact.
- Staff actions can elicit positive behavioral responses as well.
- Information about a resident's life prior to admission, such as his or her culture and role within the family, may provide clues about effective approaches to care.
- If nonpharmacologic treatment options fail after consistent application, introducing new medications may be appropriate when residents have severe symptoms or the potential to harm themselves or others.
- When considering new medications, consider the presence of any other potential problems, such as depression.
- Staff communication with a resident's family is critical to helping the family understand the progression of the resident's dementia, particularly as he or she approaches the end of life.

### Staffing

- Staffing patterns should ensure that residents with dementia have sufficient assistance to complete their health and personal care routines and participate in the daily life of the residence.
- Consistent staff assignments help to promote the quality of the relationships between staff and residents.
- Direct care staff needs education, support, and supervision that empower them to tailor their care to the needs of residents.
- Staff supervisors may need ongoing coaching to help them empower and support the direct care staff to be decision-makers.
- Administrators have the role of evaluating facility policies and procedures to ensure that they support direct care staff decision-making during interactions with residents.

- Staff who understand the prognosis and symptoms of dementia and how this differs from normal aging and reversible forms of dementia are better prepared to care for people with dementia.
- Effective initial and ongoing staff training addresses:
  - Dementia, including the progression of the disease, memory loss, and psychiatric and behavioral symptoms
  - Strategies for providing person-centered care
  - Communication issues
  - A variety of techniques for understanding and approaching behavioral symptoms, including alternatives to restraints
  - An understanding of family dynamics
  - Information on how to address specific aspects of care (eg, pain, food and fluid, social engagement)
- Staff needs: 1) recognition for their use of problem-solving approaches to providing care, and 2) support as they deal with their own emotional reactions to the decline and eventual death of residents.
- Staff should not ignore a resident's report of an event or his or her feelings and thoughts.

### Environment

- The physical environment can encourage and support independence while promoting safety.
- The optimal environment feels comfortable and familiar, as a home would, rather than a hospital.
- The environment should be less about physical structures and more about the feelings inspired by the quality of the place.
- Providing easy, safe, and secure access to the outdoors, while maintaining control over unauthorized exiting, enhances the environment.

### Priority Care Areas

In addition to the preceding recommendations, the Alzheimer's Association chose 3 priority care areas where intervention can make a significant difference in an individual's quality of life. The dementia care recommendations and strategies for achieving them are based on specific goals for each care area.

### Food and Fluid Consumption

Inadequate consumption or inappropriate food and fluid choices can contribute directly to a decline in a resident's health and well-being. The Alzheimer's Association's food and fluid consumption recommendations are based on these goals:

- Provide good screening and preventive systems for nutritional care.
- Assure proper nutrition and hydration, given resident preferences and life circumstances.
- Promote mealtimes as pleasant and enjoyable activi-

ties where staff has an opportunity to observe and interact with residents.

### Pain Management

Pain is underrecognized and undertreated among people with dementia, primarily because they often have difficulty in communicating. Poorly managed pain can result in behavioral symptoms and lead to unnecessary

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use of psychotropic medications. The recommendations for pain management are based on the following goals:

- Ease the distress associated with pain and help residents enjoy an improved quality of life.
- Treat pain as the "fifth vital sign" by routinely assessing and treating it in a formal, systematic way, as one would treat blood pressure, pulse, respiration, and temperature.
- Tailor pain management techniques to each resident's needs, circumstances, conditions, and risks.

### Social Engagement

Engagement in meaningful activities is a critical element of good dementia care. Activities help residents maintain their functional abilities and can enhance quality of life. Recommendations to promote social engagement are based on the following goals:

- Offer many opportunities each day for providing a context with personal meaning, a sense of community, choices, and fun.
- Design interactions to do with—not to or for—the resident.
- Respect resident preferences, even if the resident prefers solitude.

The complete details of dementia care recommendations and strategies for achieving them for each priority care area can be found in *Alzheimer's Association Campaign for Quality Residential Care: Dementia Care Practice Recommendations for Assisted Living Residences and Nursing Homes*.

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Copies of this brochure can be obtained either online at: [www.alz.org/Downloads/DementiaCarePracticeRecommendations.pdf](http://www.alz.org/Downloads/DementiaCarePracticeRecommendations.pdf), or in hardcopy (form # CR 946C) by contacting Peter Reed, Interim Senior Director of Programs and Outreach at [peter.reed@alz.org](mailto:peter.reed@alz.org).