



Care

PC P.E.A.R.L.S.™

The Alzheimer Society of Canada has identified the following 7 key elements of person-centred care:

- 1 Person and Family Engagement
- 2 Care
- 3 Processes
- 4 Environment
- 5 Activity & Recreation
- 6 Leadership
- 7 Staffing

There is an information sheet on each of these elements to help long-term care homes begin and sustain a “culture change” to provide a person-centred approach to care.

Effective care planning focuses on each resident’s abilities, experimenting with various options to avoid inappropriate use of restraints. It includes routine pain assessment and management to help the person enjoy an improved quality of life. Personalized care begins with a comprehensive and welcoming intake process. It continues with ongoing care planning that is inclusive, goal-oriented and proactively addresses each resident’s evolving needs, desires, preferences and strengths. Residents and their families are treated with dignity, consideration, respect and the best possible person-centred care through the resident’s end of life and death.

Key principles and some innovative strategies from Canadian long-term care homes

Core principle	Strategies
<p>Design initial intake to get to know the resident and their family as quickly, thoroughly and holistically as possible.</p> <p>This will ease the resident’s transition to a new home and help staff to provide customized care based on each resident’s unique needs, desires and preferences.</p>	<ul style="list-style-type: none"> • Give a copy of <i>All About Me</i>¹ to families before admission. This booklet will help them to share critical information about their relative with dementia, so that the interdisciplinary team can get to know the resident. This booklet allows a smooth transition into long-term care, and helps families to feel they are still an integral and continuing partner in the care of the resident. • Involve interdisciplinary team members – preferably including residents and families – to evaluate the existing admission process, recommending improvements so that it is more personal and inviting for each resident and his family. • Post “My Story” boards on residents’ walls to display important aspects of the person’s life, including family relationships and friends, career, hobbies and sports, and other personal information. The boards give staff cues for talking with the resident and family, communicating a sense of caring.

¹ *All About Me*, Alzheimer Society of Canada, 2012. This fillable PDF booklet is available for free download at www.alzheimer.ca/allaboutme.

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“Care is not the task you are doing, but the conversation you are having with the resident while doing it.”

– Client relations coordinator

Core principle	Strategies
<p>Ensure personalized and effective care planning is in place to avoid inappropriate use of restraints. Staff at all levels need to understand the hazards of using restraints and the process of individualized assessment and care planning to meet each resident’s unique needs. Similarly, families benefit from education about the use of restraints and the potential risks as well as the ethical dilemmas these may represent. Restraints should be used only as a last resort, and every home should have a clearly stated protocol on the use of physical, chemical and environmental restraints.</p>	<ul style="list-style-type: none"> • Try to find and remove the root cause of the resident’s action, possible sources of fear and anxiety. Explore alternative interventions in consultation with the family to avoid the use of drugs. For example, as part of its no restraint policy, a home trained staff in “Hugs, Not Drugs” (a Gentlecare® treatment protocol). They learned how to understand what the resident is trying to communicate through her actions, then identify and satisfy her unmet needs, rather than using drug restraints. • Implement a restraint-free program to balance the risk of falls with the potentially more dangerous outcomes from using physical restraints. For example, a program is designed to eliminate any emotional and physical agitation that may be triggered when residents feel confined or restricted by seatbelts on wheelchairs. The use of wheelchair and bed alarms, alerting staff when a resident tries to climb out, has proven to be safer than physical restraints. The program has resulted in zero restraints without an increase in falls.
<p>Design and implement holistic end of life programs that provide the care in the later and end of life stages. The overall goals of palliative and end of life care are to improve the quality of living and dying for people with dementia and to minimize unnecessary pain and suffering. It is important to discuss palliative and end of life care planning with the person with dementia and their family when the timing is appropriate. Education sessions can be organized to raise awareness about the benefits of receiving end of life care at the home, thus avoiding a stressful transfer to hospital.</p>	<ul style="list-style-type: none"> • Create an innovative end of life program that includes a comfort basket with an array of items to support residents and their families who are in the “actively dying” stage of care. For example, include dignity robes – satiny pink and blue gowns sewn by volunteers – used by staff, instead of a shroud, to prepare the body for final viewing by family before being taken to the funeral home. • Recruit hospice volunteers to provide support to residents and their family members, and keep vigil when needed. • Implement a palliative care program to allow staff more time to spend with the resident. Provide a hotel-like room for family members, if they wish to stay at the home over the palliative period. Palliative information and a comfort cart are supplied, as are customized gowns in flannel or cotton for the palliative residents instead of the standardized “hospital blue.”

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“He never lost his dignity... They worked hard to help him keep it... They tried hard to always get him to the washroom in time so he didn’t have to use his incontinence product.”

– Family member

Core principle	Strategies
Design and implement holistic end of life programs that provide the care in the later and end of life stages <i>continued</i>	<ul style="list-style-type: none">• Hire RNs with experience in hospice palliative care to work with residents and their families to determine and provide the necessary care – based on the resident and family wishes – to reduce pain and provide comfort in the later and end of life stages of the disease. When the timing is appropriate, one of the hospice nurses talks with the resident and family to determine the resident’s pain management goals through the later stages of dementia. The RNs are there to support and comfort them on their journey, help families to make informed and compassionate decisions on treatments and interventions, and ensure that the resident’s and family’s desires are identified and respected. They are on call as the need arises for both the residents and their families, and to support staff in the care of residents.