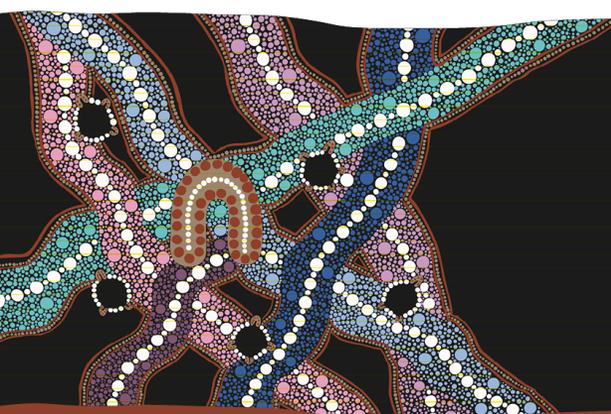


Person Centred Care



*Improving dementia care with First Nations peoples—
in regional, remote and urban communities*

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The Panel This Month

Dr Fred Graham
Dr Philip Aitken
Dr Helen Haydon
CN Michelle Cordell
CNC Maria Draper

CNC Dementia & Delirium, Princess Alexandra Hospital
Geriatrician/ Stroke Physician, Princess Alexandra Hospital
Research Fellow, Centre for Online Health, University of Queensland
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Dementia



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1 Tom Kitwood's Person-centred care in dementia

Kitwood (1998) proposed that dementia could be best understood as an interplay between neurological impairment and psychosocial factors, with particular emphasis on social context. He wrote about the importance of valuing the **personhood** of people with dementia. When care is focussed on valuing and celebrating *personhood*, responsive behaviours are often minimised. (The concept of personhood is debated but nevertheless the principles hold)

He observed that many care environments by their very nature perpetuate a harmful malignant social psychology by which the persona with dementia is often stripped of their primary persona and because subjugated as patient with lesser ability and status.

Kitwood proposed that **care environments change** from a biomedical focus (i.e., treating the person as their disease) to a psychosocial one (celebrating persona and well being)

- a permutation of these ideas is now extended to whole systems to provide individualised care

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2 Proposed five psychological needs of people with dementia

Five psychological needs

- Comfort
- Attachment
- Inclusion
- Occupation
- Identity (which may be held by others for the person)

Principals of care delivery

1. Learn about the history of the person
2. Developing genuine relationships between people with dementia and their families
3. Promoting physical and emotional comfort
4. Respecting the choices of people with dementia and their families

Formula

NI + H + P + H + SP

Neurological health + Physical and mental health + personality + person's history (biography) + social psychology

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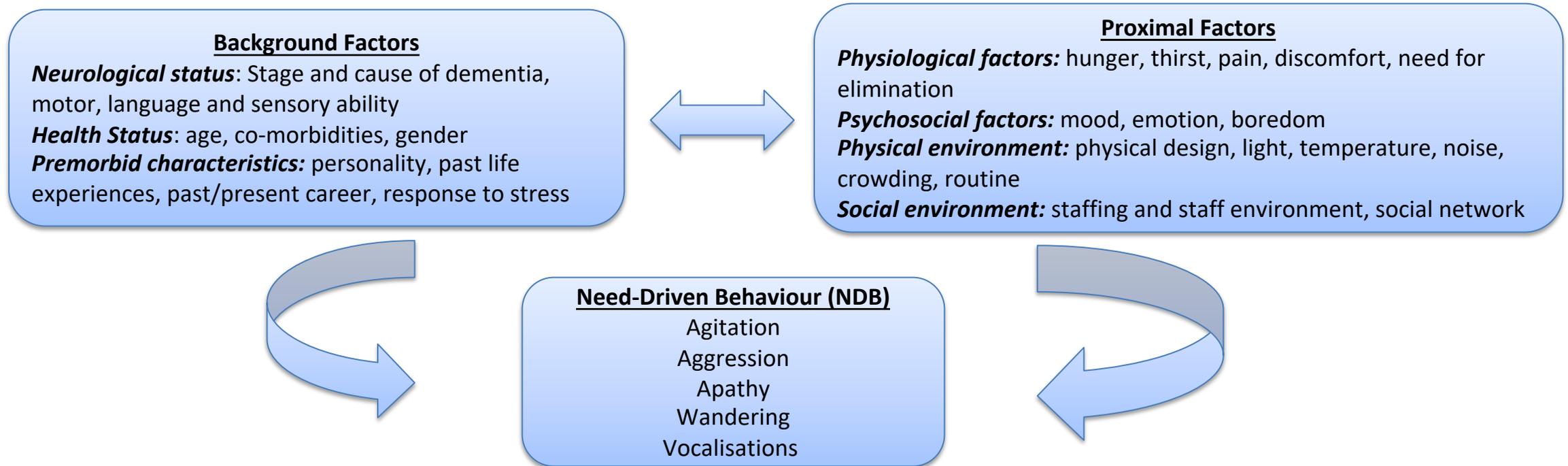


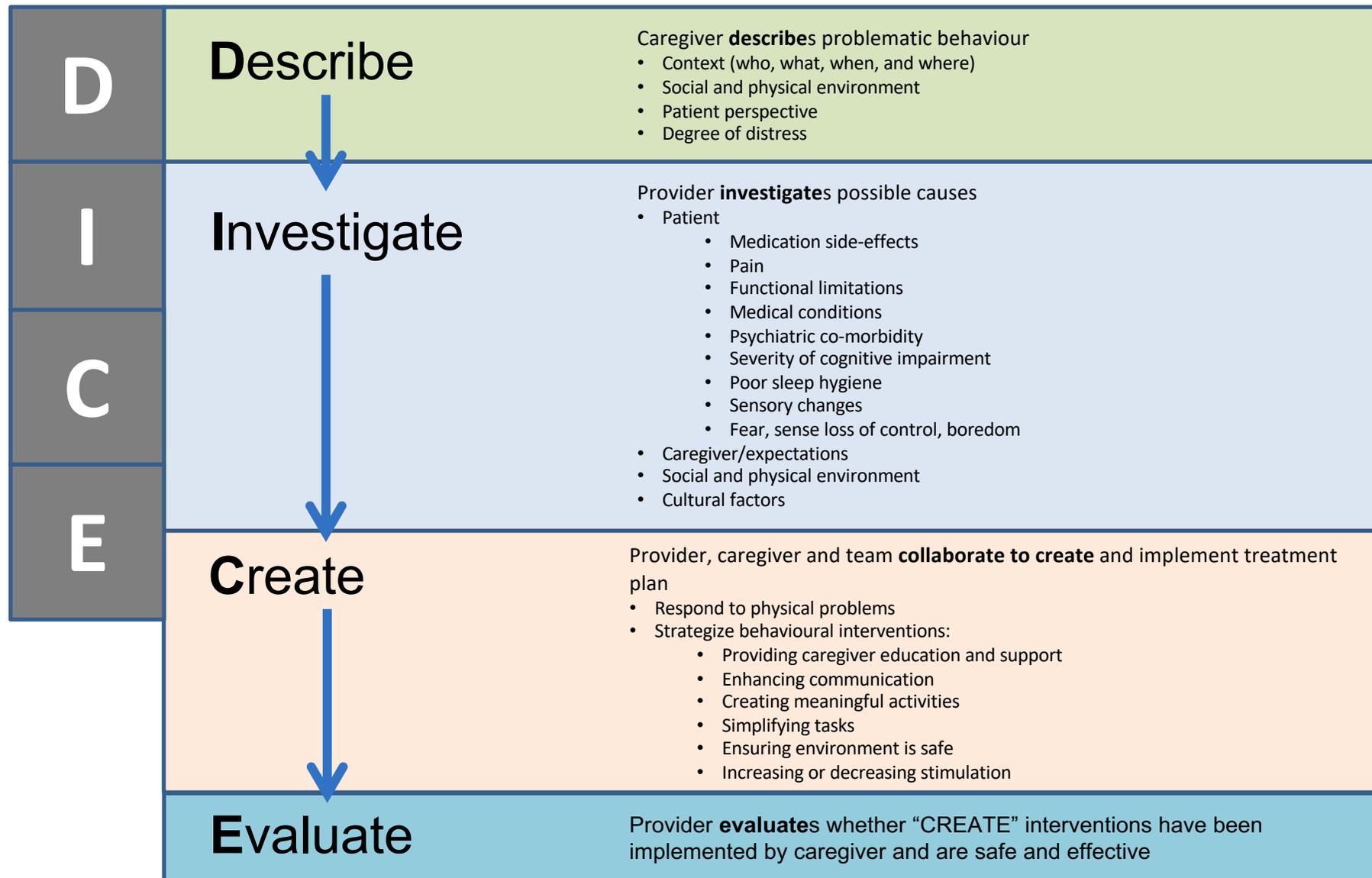
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Needs driven dementia compromised model integrates person centred care

NDB model (Algase, et al 1996); Theoretic synthesis and reframing person centred nursing care (Penrod et al, 2007)





Kales, H. C., Gitlin, L. N., & Lyketsos, C. G. (2014). Management of neuropsychiatric symptoms of dementia in clinical settings: recommendations from a multidisciplinary expert panel. *Journal of the American Geriatrics Society*, 62(4), 762-769. doi:10.1111/jgs.12730,

Preferences			
<p>Annie likes to wake up at 9 am. She enjoys wearing button down shirts and pants with elastic waist bands. She prefers baths, when able, but will participate in her shower if told exactly what is happening and when. She enjoys listening to music while she showers. Annie likes to eat most of her meals in the main dining room and loves to have a snack around 10:30am and 2:30pm. Annie’s favorite snacks are apple sauce and chocolate pudding. She enjoys when her son talks to her via speaker phone, even if she does not respond. Annie prefers to have her son involved in care discussions. Annie does NOT enjoy reading but prefers to watch television, particularly channels 2, 5, and 12. Annie does NOT enjoy channels 4 and 7. She enjoys Christian hymns and gospel music and loves when the community dog spends time in her room. Annie’s favorite activities include music programs, volunteering with children, and Sunday service.</p>			
Problem(s)	Goal(s)	Intervention(s)	Discipline(s); Frequency
<p>Persistent vocalizations (e.g., Annie often sings syllables such as “la” or “da” loudly and unintelligibly).</p>	<p>To reduce Annie’s vocalizations and promote positive affective balance (e.g., not yelling, smiling, engaging with staff, attending meals, participating in activities).</p>	<p>Assess for unmet needs (e.g., pain, hunger/thirst, hot/cold body temperature, need to go to the bathroom, etc.) and attempt to meet Annie’s needs. See toileting schedule in CNA treatment book (e.g., Toileted at 7am; 11am; 2pm; 6pm; 10pm; [briefs worn at night])</p>	<p>All staff; 24/7</p>
		<p>Listen to what Annie is saying and see if you can identify any concrete need or request in the vocalization. Avoid telling Annie to “stop” or that her behavior is disturbing.</p>	
		<p>Check for the presence of needed sensory aids (e.g., hearing aids) and explain to Annie step-by-step in a calm, respectful voice what is happening.</p>	
		<p>Engage Annie in 1-on-1 interactions and redirect her via listening to music or attending music-related programs.</p>	
		<p>Assess for too much stimulation (e.g., loud TV in room, multiple people, etc.) in Annie’s environment and engage Annie in a relaxing activity (e.g., music, community dog visit). Speak calmly to reassure Annie.</p>	
		<p>Offer Annie showers in the early morning when she tends to be most calm. Continue the routine of playing music during showers.</p> <p>Offer Annie a personal music device with headset during high stress times between meals. This can be utilized in common areas around other residents and may help minimize the need to remove Annie from social groups. Engage with her son to create a playlist of music that she might enjoy.</p>	



Dementia



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4 What does this mean in first nations communities?

- **Is the concept of personhood applicable in first nations peoples?**
- **Biography**
- **Relationships with people**
- **Preferences**
- **Mutualism**
- **Cultural comfort and relationships**

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