

## *Working to enhance quality dementia care*

### The Original Vision

In 1999, a stakeholder group outlined a vision for the SDCP—it was intended to guide providers and planners toward what we wanted to achieve over time...

The SDCP program and providers will:

- Meet individualized needs
- Provide holistic, resident (person)-centered care
- Promote optimum health & quality of life
- Maximize functional abilities
- Environment accommodates cognitive deficits
- Promote aging in place

**More than ten years later, are we meeting this vision?** At our recent Administrator's meeting we asked for examples of what you do on a day-to-day basis to meet this vision—a few of these ideas:

- Individual care planning conferences
- Activities that integrate the clients' strengths
- Friendly, home-like environments
- Physician/specialists visits to the facility
- Exercise programs designed to meet residents maximum functioning
- Occupational therapy assessments
- 24-hour licensed nurses
- Training staff in communication skills
- Ongoing caregiver and family education
- Collaborating with hospice agencies

### **The Alzheimer's Project,**

a 4-part documentary and multi-media public health series co-presented by HBO and the National Institute on Aging.

The Emmy Award winning documentaries, along with 15 additional short films and many other resources, are available to view at [www.hbo.com/alzheimers](http://www.hbo.com/alzheimers).



## Join us for a Webinar on February 11

**Non-Alzheimer's Dementias:  
Lewy Body, Frontotemporal and Vascular  
Dementias**

### **Part 2—Medical Management & Planning Care**

**Guest speaker:** James Leverenz, MD

While Alzheimer's disease is the most common type of dementia, other causes of dementia are prevalent in specialized dementia care programs and other settings.

Dr. Leverenz shares the latest information on what's important to know about the above mentioned types of dementia, including specific causes, symptoms, characteristics and/or behaviors of these dementias. Part 2 will focus on medical care and planning considerations for these conditions. If you missed Part 1, you can hear it online and review the Power Point presentation now. [Click Here](#).

Comments from Part 1:

- "A good learning experience—didn't have to travel and yet got up-to-date information."
- "This will be most helpful to differentiate types of dementia better for families..."
- "The more I understand all the different types of dementias that there are, the better able I am to understand the behaviors of our residents...this makes me and my staff much more effective..."

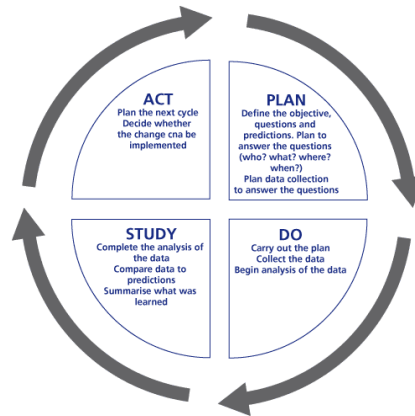
### **Space is limited.**

Reserve your Webinar Seat Now at:

[https://www2.gotomeeting.com/  
register/406757243](https://www2.gotomeeting.com/register/406757243)

# An Employee Satisfaction Survey: Improving Staff Retention

In 2007, Clare Bridge of Spokane's staff retention rate was not stellar—only 26% of associates had worked there for a year or longer. High turnover impacts the quality of care, creating a need for more time spent on training new staff, as well as making life even more challenging for the clients in a specialized dementia care setting. In 2008, they implemented an Employee Satisfaction Survey to provide their team with benchmarks and to help identify areas and issues that could impact and change that trend.



## PLAN

That first employee survey found a lack of understanding around “how my work was contributing to mission”, a need for more training in specific areas; and dissatisfaction ratings of 65.3%. They began one-on-one meetings with staff members, hearing repeatedly that dissatisfaction was related to associates knowing their job was difficult, but also that it was an emotionally wrenching one. Staff shared “it is sad here, people don’t get better”.

The best way to provide good care for those with dementia is to know them – yet it is this closeness that adds to the sadness. Being able to provide aging-in-place, where residents are allowed to die at home, can create a profound sadness that caregivers often cannot reconcile. They knew, though, that if nothing changed, they could expect the same result and no change in retention. Survey comments helped focus them on an issue to address head on - they began to seek out a dedicated hospice provider with whom they could forge a partnership.

## DO

Working together, the community and their hospice partner, Hospice of Spokane, developed an end-of-life team and a special program devoted to the issue of death and grieving. They began extensive training on palliative care. The plan was to create a new mindset, to look at dying in a different way. It is important says Pat Johnson, the Executive Director of Clare Bridge of Spokane, “for staff to acknowledge the sadness, and to celebrate our resident’s lives and the time they had with us.” She explains, “... it was critical to help our associates recognize that allowing a person to die here, in their home, with us and their families is a victory...reframing our staff members’ perceptions of death.”

As a result of this work, staff began to:

- think of ways to increase comfort for residents who were near death, such as aroma therapy, flannel sheets, music therapy, bedside vigils, prayer sessions and more;
- create memory scrapbooks to share with the residents’ family members;
- understand more clearly the importance of coping with grief, and ways to support “closure”;
- attend memorial and funeral services.

*Continued on page 3 >>*

## Have these efforts make a difference?

# STUDY

Staff retention at Clare Bridge of Spokane is now at **74%** of associates employed for a year or longer. They are now **acting** to sustain the positive results. This success has also served to more actively engage staff in care committees helping the community to implement additional standards and practices.

Ms. Johnson is still awaiting their 2009 survey results, but says, "... if current retention and recruitment is an indicator, the community has evolved and staff now better understand their mission and contributions to the resident's quality of life and the value of aging in place.

## STAFF RETENTION

Percent of associates  
employed a year or longer

**2007: 26 %**

**2009: 74 %**

## A True Story About Living with Alzheimer's Disease

Keeping in mind that the person with Alzheimer's is a person doesn't sound like a challenge, but those of us who don't have the disease cannot truly grasp or imagine the fear that must come with the progressive losses of this condition. National Public Radio featured a story about a man named Tom DeBaggio and his journey through Alzheimer's. His voice offers a great lesson in empathy for all of us who provide care. To hear the story and read excerpts of his journal entries, click this link: [Tom DeBaggio's Alzheimer's Journey Continues](#) Or, read his poem below.

## DEMENTIA NEWS

[Study will put to test growing evidence linking high blood pressure to dementia](#)

[Finding a Cure for Alzheimer's](#)

We turn not older with years,  
but newer every day.  
~ Emily Dickinson

Now that I have skinned the tree, whistled a  
dirge for friends gone,  
Waggled a finger in disgust and anger,  
It is time to be silent and wait for the next tear  
to fall.  
This is the way the world ends,  
With clouds of spit ringing your mouth and  
stuttering screams of helplessness,  
As it was in the beginning.  
Go on.  
Keep going on.  
Struggle to stay alive,  
Even as the dark night falls  
With angry shouts and burning tears

—by Tom DeBaggio