

# Dementia Slows the Pace of Life



## Dementia Care at IMG Communities

We live in a fast-paced society, but for those suffering from dementia, the pace slows dramatically. Therefore, it is necessary for healthcare workers to reduce the pace of treatment when working with dementia patients.

***“The most important element of dementia care is to get into their world and not try to drag them into ours.”***

*Tony Hill, Senior Administrator, Warsaw Meadows,  
Certified Dementia Practitioner and Trainer*

The term, “dementia,” defines a wide range of symptoms. All are associated with a decline in memory or other cognitive skills that are severe enough to impact a person’s ability to perform everyday activities. While symptoms vary greatly from patient to patient, at least two of the following core mental functions must be significantly impaired before someone is diagnosed with dementia:

1. Memory
2. Communication and language
3. Ability to focus and pay attention
4. Reasoning and judgment
5. Visual perception

There are over 150 types of dementia. Most common is Alzheimer’s Disease, which affects between 60 to 70 percent of all people admitted to a nursing facility. Vascular Heart Disease, often diagnosed after a stroke, is the second most common type of dementia. The third most common type of dementia is Alcohol Persistent Dementia. Critical to treatment and care of dementia patients is a correct diagnosis. That permits us to design a treatment program that addresses specific needs.

## Precursors to Dementia

According to a January 2016 study by the Mayo Clinic, these eight factors contribute to, or are warning signs of, dementia.

1. Biomarkers serum ceramide (fatty build up in the blood)
2. Hypertension in middle age
3. Diabetes and obesity
4. Lack of formal education/minimal mental stimuli
5. Lack of fruits and vegetables in your diet
6. History of head trauma
7. Depression
8. Lack of sleep

## Diagnosing Dementia

IMG facilities that specialize in memory care diagnose dementia with the Allen Cognitive Test. This is an

extremely accurate test. A certified reviewer or Occupational Therapist will review the test results with the patient and family members, explaining the five stages of dementia, and if necessary, the seven stages of Alzheimer’s disease. This aids families in framing their expectations for treatment and care. At our facilities, we categorize dementia in three stages, and those stages are reflected in our approach to treatment:

**Early Onset Alzheimer’s** – *At the River Terrace Assisted Living Dementia Care Unit in Bluffton, IN, staff members eat at dining tables with residents diagnosed with Early Onset Alzheimer’s. The staff members cue the residents on the selection of appropriate eating utensils and their use, proper placement of a napkin, and appropriate bite size. This subtle reminder of dining skills permits the residents to enjoy and socialize during meals.*

**Middle Onset Alzheimer’s** – *A staff member sits with the resident, and provides assistance as needed. For example, they might put food on a fork and provide simple directions on how to consume it. Staff members provide other visual and verbal skills as required to assist the patient in maintaining as much independence as possible.*

**Late Onset Alzheimer’s** – *At this stage of the disease, the resident most likely requires retraining on swallowing food, because they have lost much of their functionality. A staff member might say, “Here is a bite of food. Chew. Push it to the back of your mouth. Swallow. Take a drink, take a bite, and chew.” Then the staff member rewards them with a smile, or praise, such as “Good job.” This aids the patient in maintaining their dignity.*

## Day-to-Day Dementia Care

Treatment starts with determining what a patient needs. This may include assistive technology, environmental modification, memory aids, or reminiscence therapy. More information on our approach and recognized treatments are available at [www.ASHA.org](http://www.ASHA.org).

## Among the activities and services we provide to assist our residents with daily living:

1. **Quiet Rooms.** These rooms provide soft, ambient music or light therapy, and offer a variety of activities that encourage residents to continue to participate in daily living. These activities are tailored to the residents and designed to serve as a diversion, thereby decreasing anxiety. For example, when a patient is first admitted, we go through an assessment process to identify a skill or individual past identifier that gives them pleasure. A resident who was a teacher might have individual boxes of papers to grade, while a former seamstress might sew.

2. Personalized Activities. Warsaw Meadows Dementia Care Unit works with the families of patients to create memory boxes. They put five items that have significance to the patient in a curio box. The box is used to trigger pleasant memories. For example, a toy tractor in one patient's memory box might evoke memories of being a farmer.
3. Interdisciplinary Care Planning. Our care draws on a wide range of disciplines, including social services, activities, and dietary planning. Practitioners from each area attend conferences with the resident and family members to set goals and review the progress of the disease or the patient's current condition. This permits staff to address psychosocial needs, as well as medical issues.
4. Management of Sleep Disturbances. Many dementia patients experience disruption of their sleep patterns. We work with them to ensure they get adequate rest. For example, prescription medicines affect each resident differently, and some may have adverse effects. In that case, a different approach may be required. A nutritional approach, such as a snack of wheat germ and peanut butter before bedtime, may be used to enhance sleep. Scent therapy, such as lavender on a pillow or sprayed in a room, may also promote a restful sleep. In addition, it is important that a facility adjusts to sleep patterns developed over a lifetime, rather than forcing residents to conform to what we see as a "normal" schedule. For example, someone who worked third shift their entire life may require a different meal and bed time.
5. Rewards. People who suffer from dementia often lose the filter that allows for appropriate social behavior. For example, they may blurt out the first thing that pops in their mind, no matter how unsuitable in a social setting. Similarly, they may respond to situations more emotionally, as if in a crisis. Gentle reminders of appropriate behavior are required. We find that many dementia patients respond positively to a reward system that is created jointly with the resident and family members. Rewards change their thought process and encourage them to focus on something positive, such as treasured memories, favorite sports teams, or their grandchildren.
6. Identification of Pain. People with dementia may experience pain differently than those whose cognition is intact. They are unable to accurately articulate the presence of pain, and therefore, present a high risk of being under-treated. A critical component in evaluating pain is the knowledge of the person's normal behavior and interactions with others. Generally, pain is identified as striking out or pacing. Other times, signs of pain may be misleading. For example, a resident may giggle constantly, and gently pat themselves or others on the cheek. Some may think they are happy. But to a trained observer, it may indicate their pain receptors have changed, and they are experiencing tooth pain.
7. Helping Patients Be Present in Their Moment. Our goal is to ensure our patients are comfortable in body, mind and spirit. That means encouraging them to be present in their moment. For example, a resident might be reliving a time when they had a baby or young child. We give them a baby doll and help them remember that positive experience.

### Ensuring Safety

1. Secure Units. Dementia patients often have a limited ability to make safe decisions about their environment, and sometimes tend to wander. Secure units are designed to keep residents safe. While only permitted in nursing homes, units may be secured with locked doors and other safety devices. Federal and state law prohibits secured units in assisted living and independent living facilities unless specially designed to meet specific standards. However, residents are monitored and every effort is made to ensure they are safe.
2. The Color Red. Red is the last color a dementia patient may be able to see, so the contrast between red and white makes it easier to see a call light. For that reason, we wrap each call light in red.

### Restorative Programs and Delaying the Progressive Effects of Dementia

Restorative programs are found at all IMG facilities. They are used in later stages of dementia. Again relying on the expertise of multiple disciplines, our Restorative Nurses plan, implement, and facilitate pathways that return patients to their highest practical physical, mental, and psychological level of functioning. Our nursing staff may work with formal therapy programs, or independently within their discipline, as indicated.

When a resident loses their ability to do certain tasks, such as walking, eating, or dressing, our staff creates individual programs tailored to that resident's specific needs. Certified Nursing Assistants (CNAs), trained in-house, assist patients with these activities. They are supervised by a Restorative Nurse.

For example, an eating/swallowing restorative program may be used to maintain a resident's ability to feed himself. The same program may also be used to maintain or improve a resident's ability to ingest nutrition or nutrition by mouth. A dressing/grooming restorative program would be geared toward maintaining or improving a patient's ability to dress, undress, bathe, wash, and complete other personal hygiene tasks.

### Activities

1. Person-centered Activities. A complete psychosocial history is vital to planning the programming for residents. Some people do not do well in large groups, some love them. Some people lived a sedentary lifestyle prior to admission, while others were very active and enjoyed the outdoors. These factors help a facility provide the most meaningful programming for each resident.

2. Gardens. The Montessori approach to education asks: "How can I relate to the person inside?" For residents who have grown flowers, fruits, and vegetables in their past, the answer is gardening. Our patients love to see their plants grow. Often, the vegetables produced in our gardens are used to make meals, generating pride in accomplishment. Planting seeds and plants, and then tending to them, ignites positive memories, and permits our residents to reconnect with the happy experiences of their past. It provides our staff with the opportunity to engage residents in meaningful conversations about past activities, and encourages them to sense and rediscover the world around them.

3. Story Recall. When a resident rediscovers a memory, they light up. Recalling events of the past to trigger pleasant memories for residents doesn't require a degree in history. A general knowledge of Americana and popular culture between a resident's childhood and age 30 can often ignite important memories. Staff members are provided with outlines of historical events to generate discussion.

### Family Support, Staff Training

Support groups are available for families as needed. In addition, our staff will offer suggestions to family members on how to best manage the progression of dementia with loved ones. We also train medical professionals, fire departments and senior centers' staff to help the community understand and identify early dementia.

***"Training family and professionals to predict a potential crisis in a dementia patient is like seeing a shadow cast before the event. Redirecting a potential crisis is like shining the light in a different direction, preventing a negative event altogether."***

*Shari Bellinger  
Northern Regional Director of Clinical Services,  
Ide Management Group*

Dementia is a process of loss, over and over again. Loved ones often suffer just as much as their relatives. Each phase is a loss for the family, and they need extra support and education. We are responsible for the patient and their care. We encourage family participation in that care for everyone's benefit. Each month for the first three months, there is an assessment and a care plan meeting with the family as the resident adjusts to their new home. Patients typically adapt quickly to their new surroundings. To encourage that, we ask families to take photos of a favorite room in a previous dwelling, and put as many objects in that photo into the new room as possible.

### Continuity of Care

Our resident-to-staff ratio is based on the facility census and resident acuity level. It is acceptable to have four residents to one CNA to employ restorative programs. If we have two residents in the Late Stage, we limit it to two residents per each professional because of the physicality needed to help them with their daily living activities.

Continuity of care is very important for dementia patients. Most patients tend to recognize a face, rather than a name, and are comforted by regular visits from familiar faces. Physician visits, in particular, are mandated by state and federal law. A resident must see a doctor every 30 days for the first 90 days in residence, and every 60 days thereafter. However, continuity in care is emphasized in everything we do.

## Warsaw Meadows Implements DNA Pharmacogenomics

*We usually think of DNA testing as a precursor to paternity or questions related to crime, but it actually has many uses outside those areas. DNA testing for medication absorption rates is one such usage that is critically important in the healthcare arena. A simple swab of the mouth can tell us what medications are effective and in what doses. This is critically important for certain medications such as Insulin, Coumadin, and pain relievers. An imbalance of any of these can have a negative effect. DNA allows us to see how the liver is managing absorption, and if what has been prescribed is the right medication and being given at the right rate. Warsaw Meadows is the pilot facility for this program and is already seeing positive results as expected. The beauty of the DNA testing is that it is far less intrusive than blood tests and gives us better results.*



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**KEY**

	Skilled Nursing & Rehab
	TruRehab Therapy Services
	Memory Care/Dementia Trained Staff
	plus Secured Dementia Unit
	Assisted Living
	Independent Living

## INDIANA

<b>Cathedral Health Care Center</b> Jasper – (812) 482-6603 www.cathedralhealthcarecenter.com	
<b>Chesterton Manor</b> Chesterton – (219) 926-8387 www.chestertonmanorhealthcare.com	
<b>Cloverleaf Healthcare</b> Knightsville – (812) 446-2309 www.cloverleafhealthcare.com	
<b>Colonial Nursing &amp; Rehab</b> Crown Point – (219) 663-2532 www.colonialnursingandrehab.com	
<b>Kendallville Manor</b> Kendallville – (260) 347-4374 www.kendallvillemanor.com	
<b>Madison Health Care Center</b> Indianapolis – (317) 788-3000 www.madisonhcc.com	
<b>Oak Village Healthcare</b> Oaktown – (812) 745-2360 www.oakvillagehealthcare.com	
<b>River Terrace Retirement Community</b> Bluffton – (260) 824-8940 www.riverterraceretirementcommunity.com	
<b>Silver Memories Health Care</b> Versailles – (812) 689-6222 www.silvermemorieshealthcare.com	
<b>Warsaw Meadows</b> Warsaw – (574) 267-8922 www.warsawmeadows.com	
<b>Woodland Manor</b> Elkhart – (574) 295-0096 www.woodlandmanornursingandrehab.com	
<b>Yorktown Manor Healthcare</b> Yorktown – (765) 759-7740 www.yorktownmanorhealthcare.com	

## ILLINOIS

<b>Edwardsville Nursing and Rehabilitation</b> Edwardsville – (618) 692-1330 edwardsvillenursingandrehab.com	
<b>Newton Care Center</b> Newton – (618) 783-2309 newtoncarecenter.com	
<b>North Logan Health Care Center</b> Danville – (217) 443-3106 northloganhealthcarecenter.com	
<b>Paris Healthcare Center</b> Paris – (217) 465-5376 parishhealthcarecenter.com	
<b>University Nursing and Rehab</b> Edwardsville – (618) 656-1081 universitynursingandrehab.com	

## IOWA

<b>Countryside Health Care Center</b> Sioux City – (712) 276-3000 www.countrysidehealthcarecenter.com	
<b>Eagle Point Health Care Center</b> Clinton – (563) 243-6600 eaglepointhealthcarecenter.com	
<b>Keota Health Care Center</b> Keota – (641) 636-3400 keotahealthcarecenter.com	
<b>Keosauqua Health Care</b> Keosauqua – (319) 293-3761 keosauquahealthcare.com	
<b>Newton Health Care Center</b> Newton – (641) 792-7440 newtonhealthcarecenter.com	
<b>Sigourney Health Care Center</b> Sigourney – (641) 622-2971 sigourneyhealthcare.com	
<b>Urbandale Health Care Center</b> Urbandale – (515) 270-6838 urbandalehealthcare.com	