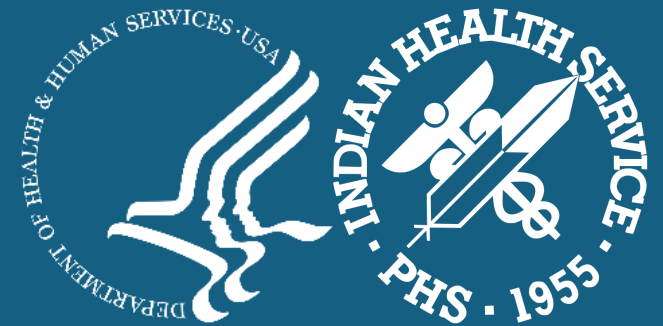


Person-Centered Care Strategies

Presenter information here

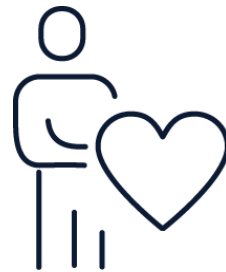
Indian Health Service

Training and Resources for the IHS
on Alzheimer's and Dementia (TRIAD)





This is the second session of a 3-part series presenting an overview and approach to dementia care for community health representatives.



TRIAD Community Health Representatives Training: Core Sessions

1

Alzheimer's Disease and Related
Dementias for Community Health
Representatives

2

Person-Centered Care Strategies

3

Family and Caregiver Support





Session Overview

Session Agenda and Learning Objectives

Session Agenda



Promoting Dignity and Independence



Understanding 5Ms Model of Care



Ethical Issues in Dementia Care



Tailoring Care for Individual and Cultural Needs



Learning Objectives

At the end of this session, participants will be able to

- Understand role of community health representatives (CHRs) in dementia care
- Apply person-centered strategies for individuals
- Promote dignity and independence in care decisions
- Use 5Ms model to assess and address needs
- Identify ethical issues in dementia care

Community Health Representatives Care Types



Coordinate and navigate

- Transport patients to clinic visits
- Deliver meals and medications

Educate and facilitate

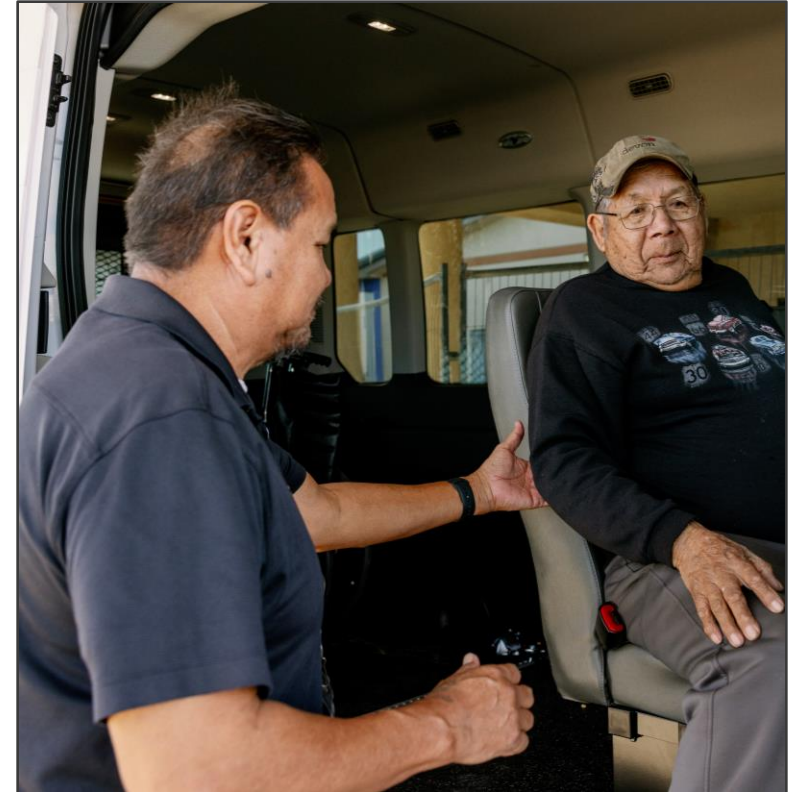
- Refer caregivers to respite care
- Refer patients to community resources

Assess

- Answer questions about dementia and care

Advocate

- Respond to concerns about treatments and changes

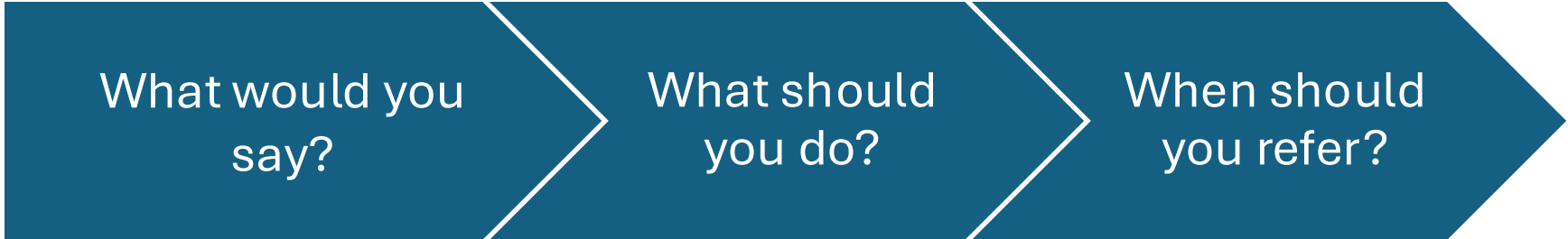


Clinical Story: Mr. Jones



- It's been several years since Mr. Jones was diagnosed with Alzheimer's disease
- He has been active in local drumming and singing groups
- He enjoys playing cards with friends
- His memory has worsened over the last 6 months
- His wife is worried that he no longer takes part in these activities and shares her concerns with clinic staff
- Clinic staff requests that CHR visit Mr. and Mrs. Jones to assist

Check In



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TRAINING AND RESOURCES FOR THE
IHS ON ALZHEIMER'S AND DEMENTIA



What to say

“How are you feeling these days, Mr. Jones?”

“Tell me a little bit more about your day and what you do.”

“Mrs. Jones, what tell me about your day and what concerns or difficulties you might be having.”

What to do

Gather more information and ask questions

- Mr. Jones, in addition to your wife, who do you see regularly?
- Have there been recent changes in your activities?
- What prompted those changes?

When to refer

- If Mr. Jones says he no longer sees a purpose in living or meeting with friends, and has stopped doing favorite activities
- If Mrs. Jones says her husband is having difficulty sleeping, eating less or is more withdrawn



Promoting Dignity and Independence

Person-Centered Approaches



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Storyteller Video:

<https://vimeo.com/skybearmedia/review/1116304324/2fd13059ad>

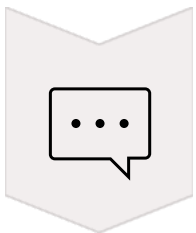
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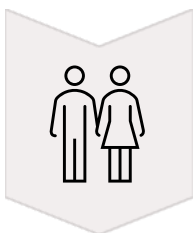
Use a Person-Centered Approach



Respect autonomy and the abilities of people with dementia



Ask what care the person needs and what their preferences are



Involve family members and caregivers

Understand the Patients



- Know their health history and preferences
- Recognize their strengths and abilities
- Pay attention to nonverbal cues
 - Facial expressions
 - Tone of voice
 - Body language





Engage Patients in Their Care

- Start discussions about their future care wishes early
- Use simple language and short sentences
- Use visual aids for clarity
- Ask "yes" and "no" questions
- Limit choices
- Actively listen and allow time for responses
- Ask family members and caregivers for their perspectives





Plan for the Future

- Write down their wishes and preferences for care
- Recommend an advance directive to document the person's wishes
- Suggest preparing a durable power of attorney to authorize someone to make decisions on the patient's behalf
- Identify their preferences for care settings



Clinical Story: Mr. Jones



- Mr. Jones tells you he stays at home most of the time with his wife
- He watches television all day and enjoys game shows
- When asked about seeing other people, he says he's embarrassed because he can't remember their names
- He also says that he does not go out because he does not feel safe driving
- Mrs. Jones mentions that she often finds him sitting in the dark at night, staring at a blank television

Check In



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TRAINING AND RESOURCES FOR THE
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What to say

“Mr. Jones, tell me more about those friends. How long have you known them?”

“If one of those friends had difficulty remembering your name, how would you feel? What would you say?”

What to do

Gather more information and ask questions

- Would you be ok if we invited just two people over to visit?
- What could we do to help you remember their names before they arrive?

When to refer

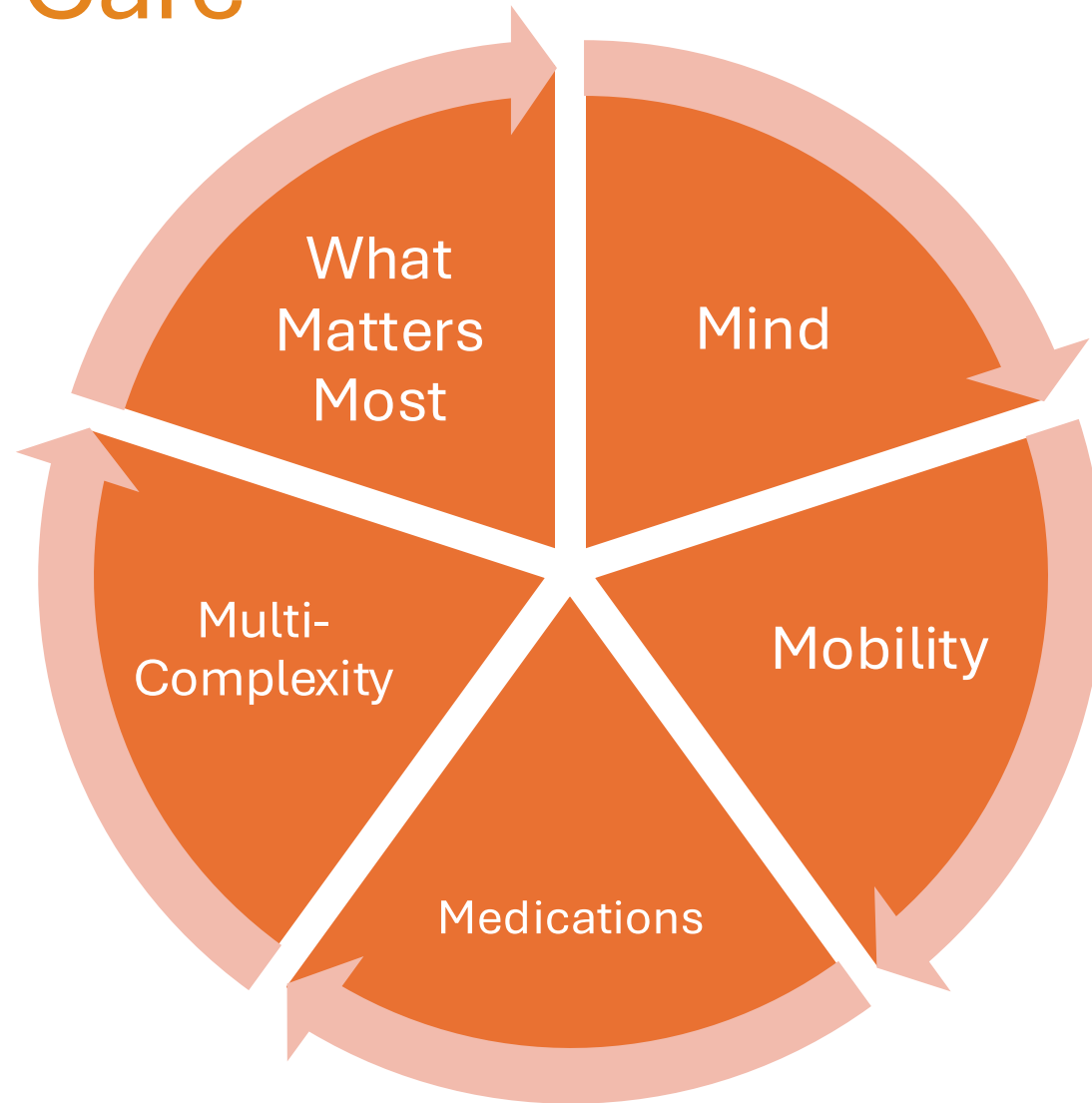
- If Mr. Jones becomes agitated or more distressed during their visit
- If Mr. Jones becomes more withdrawn after their visit



Understanding the 5Ms Model of Care

Focus on What's Important to Patients

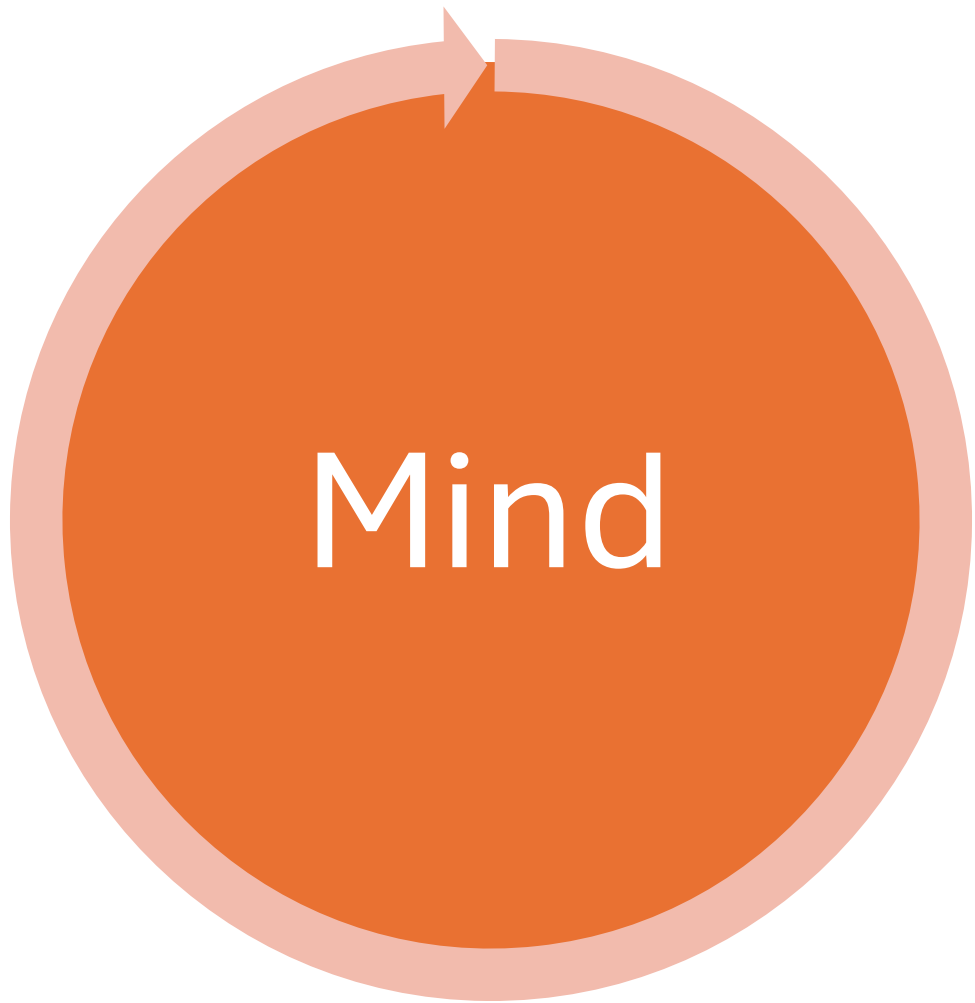
5M Model of Care





Mind

- Screen for cognitive impairment
- Identify changes in memory and thinking and notify care team
- Share brain health tips
- Identify and refer for sudden changes in behavior or mood





Mobility

- Assess physical activity ability
- Identify and assist with functional limitations
- Promote mobility through exercise and activities
- Identify and refer when high risk for falls
- Promote safe ambulation in the home
- Reduce home fall risk and trip hazards
- Encourage short walks and stretching exercises





Medications

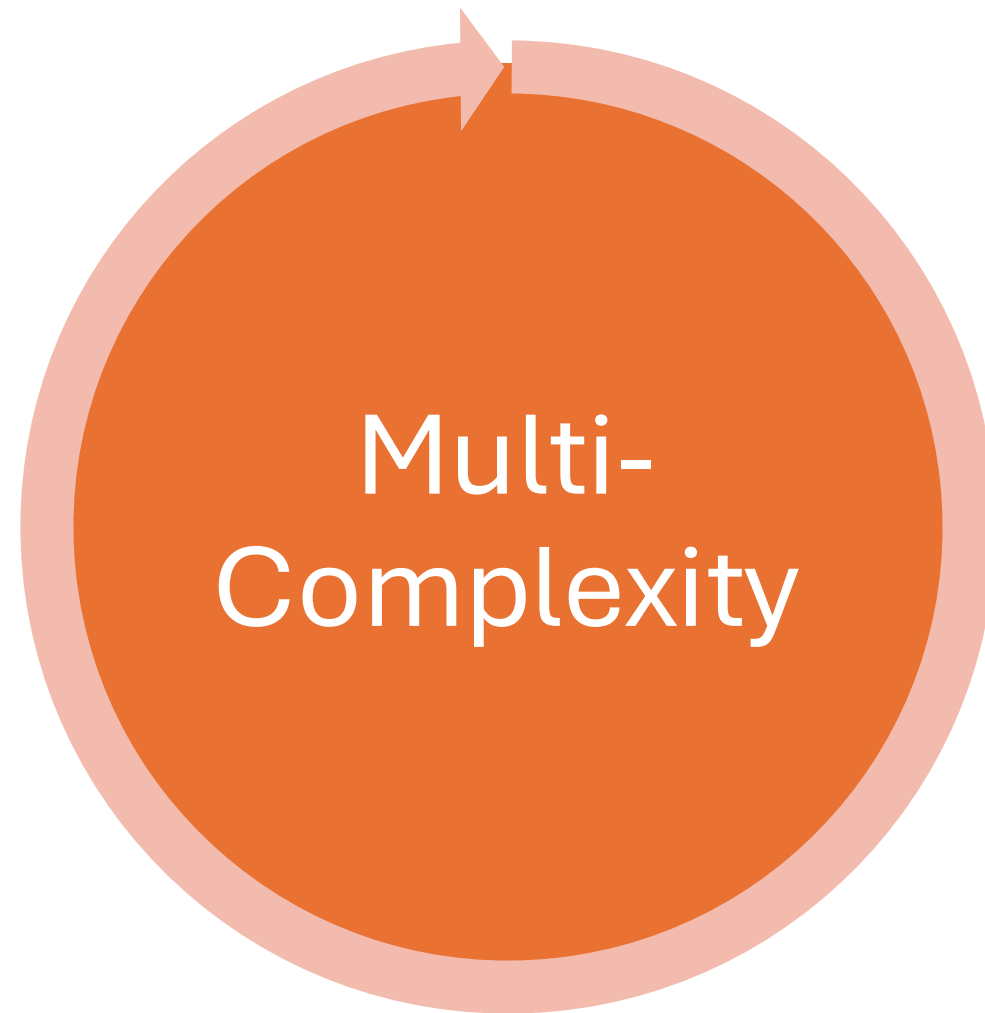
- Keep current medication list
- Provide medication reminders
- Monitor medication adherence
- Identify possible side effects and refer as needed
- Assist and refer for problems with medication costs and access
- Answer questions about medication use
- Communicate possible medication misuse to primary care provider or care team





Multi-Complexity

- Coordinate appointments across specialists and primary care providers
- Explain diagnoses, testing, and treatments in plain language
- Answer questions about appointments and scheduled tests
- Coordinate transportation to appointments and tests
- Communicate with care team about family preferences and practices
- Recognize changes in condition and communicate with care team



Multi-
Complexity



What Matters Most

- Document preferences and care priorities
- Advocate for preferences and priorities with the care team
- Encourage advance directives and power of attorney
- Answer questions about options and help families sort through options
- Identify community resources to assist
- Document traditional practices and advocate use with care team



What
Matters
Most

Optimizing Care During Clinic Appointments



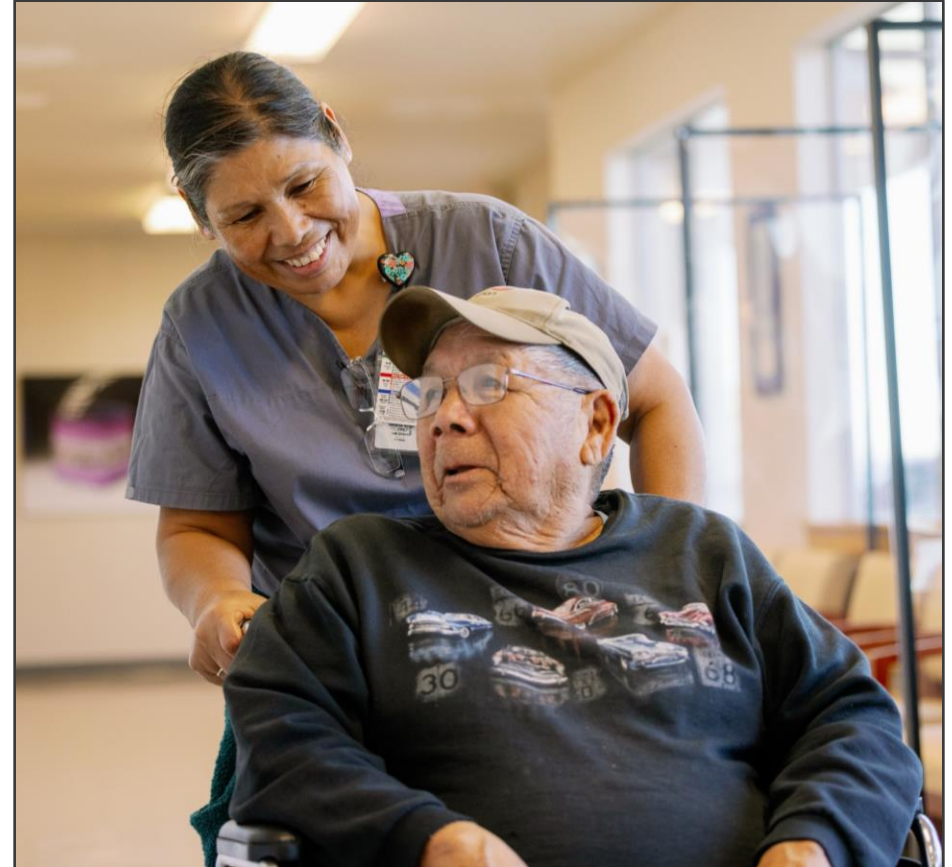
- Keep appointments brief
- Engage person with dementia in discussions
- Include family and caregivers in care planning
- Ask about preferences, cultural and spiritual practices
- Set aside time for questions and responses



Learn about Patient Preferences



- Take time to learn about cultural values and treatment preferences
- Ask about end-of-life wishes
- Discuss future care planning when the person is ready
- Pay attention to non-verbal cues



Clinical Story: Mr. Jones



- Things have been going well with your plan to increase Mr. Jones' activities. His friends come to visit, and he is taking daily short walks with his wife when the weather is good
- On your next visit, Mrs. Jones shares her concerns that he is having problems with balance
- On their last walk, he stumbled over a crack in the sidewalk and tipped to the side. She grabbed his arm to keep him from falling
- You look around the house and notice that it is more cluttered than usual and that Mrs. Jones has a worried look on her face

Check In



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What to say

“Mr. Jones, do you feel steady on your feet or are you having more difficulties getting around?”

“Mary, how are you doing? You seem tired. How can we help?”

What to do

- Ask Mr. Jones to walk with you to assess his gait and steadiness
- Assess his home and yard for any trip hazards or safety concerns

When to refer

- If Mrs. Jones states that she is very stressed and feeling overwhelmed, refer for respite care
- If Mr. Jones has had significant changes in mobility and balance



Ethical Issues in Dementia Care

Ethical and Palliative Care



Ethical Issues in Dementia Care

- Considerations about end-of-life decisions include
 - Advance directives
 - “Do not resuscitate” orders
 - Palliative care
 - Hospice care
- Respect for autonomy
- Clear and open communication





Palliative Care

- Focus on comfort and symptom management
- Care is available at any stage of illness
- Team-based approach prioritizing overall health and well-being
- Physical, emotional, social, and spiritual needs addressed
- Treatments for health conditions continue



Hospice Care

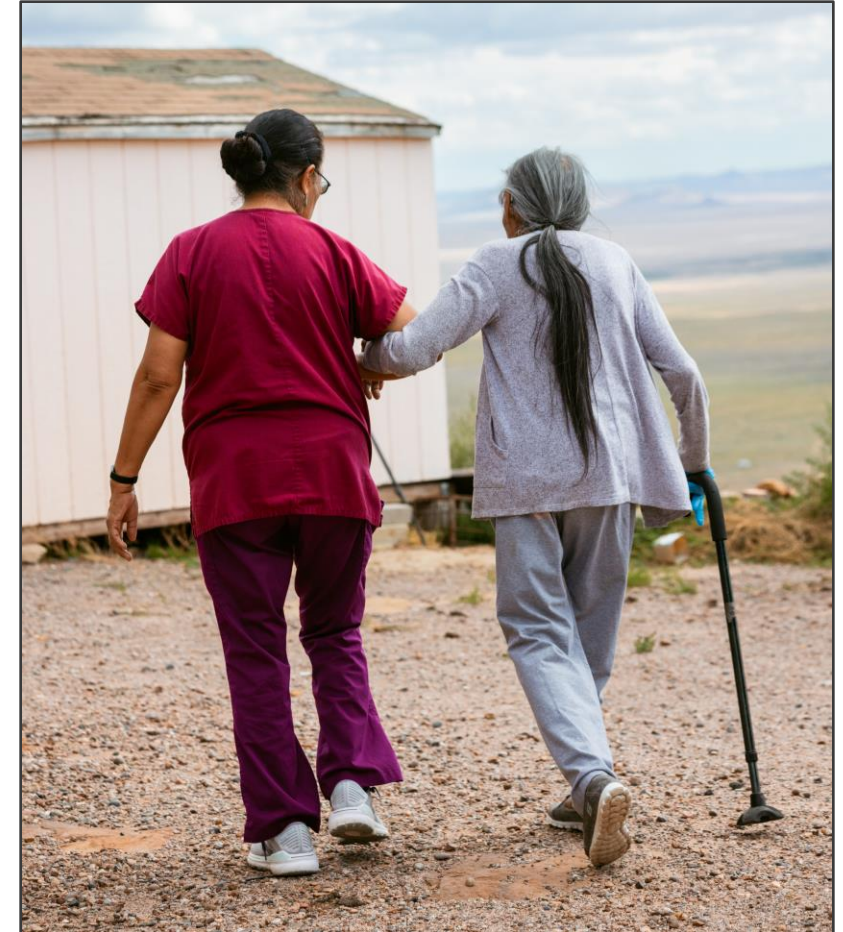


Specialized care focused on comfort and quality of life for people who are expected to live 6 months or less



Provides additional support for caregiving needs including:

- Supplies
- Medical equipment
- Personal care for daily needs
- Respite for caregivers





Role of Community Health Representatives in Palliative and Hospice Care

Clinical Team Roles

- Give medical advice
- Make medical decisions

CHR Roles

- Explain choices in plain language
- Help families locate resources
- Ensure follow-up
- Questions directed to correct entity
- Provide comfort and support



Clinical Story: Mr. Jones



- During your home visit with Mr. and Mrs. Jones a few months later, she asks you to step into the kitchen
- Mrs. Jones has a serious look on her face and is wringing her hands
- Mrs. Jones says, “Things have been getting a lot worse. I can’t seem to get him into the shower and he’s very resistant to any kind of bathing. He’s also more argumentative and has begun to pace a lot in the evening. Some days I can’t even get him to eat dinner.”
- Mrs. Jones asks, “Is it time to consider hospice?”

Check In



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What to say

“I’m sure this is very distressing to you Mary.”

“What are your greatest concerns and priorities right now?”

“Mr. Jones, how are things? Are you still able to take care of yourself and get around the house?”

What to do

- Ask Mrs. Jones why she thinks that Mr. Jones might need hospice care
- Explain purpose of hospice care and stages of dementia

When to refer

- Ask Mrs. Jones to keep a diary of activity for 1 week. If agitated behaviors increase, refer to primary care provider to manage
- If Mrs. Jones has signs of caregiver stress, refer for respite care



Tailoring Dementia Care for Individual and Cultural Needs

Care, Food, Cultural, and Spiritual Preferences

Tailoring Dementia Care for Patient and Cultural Needs



Person-centered care principles

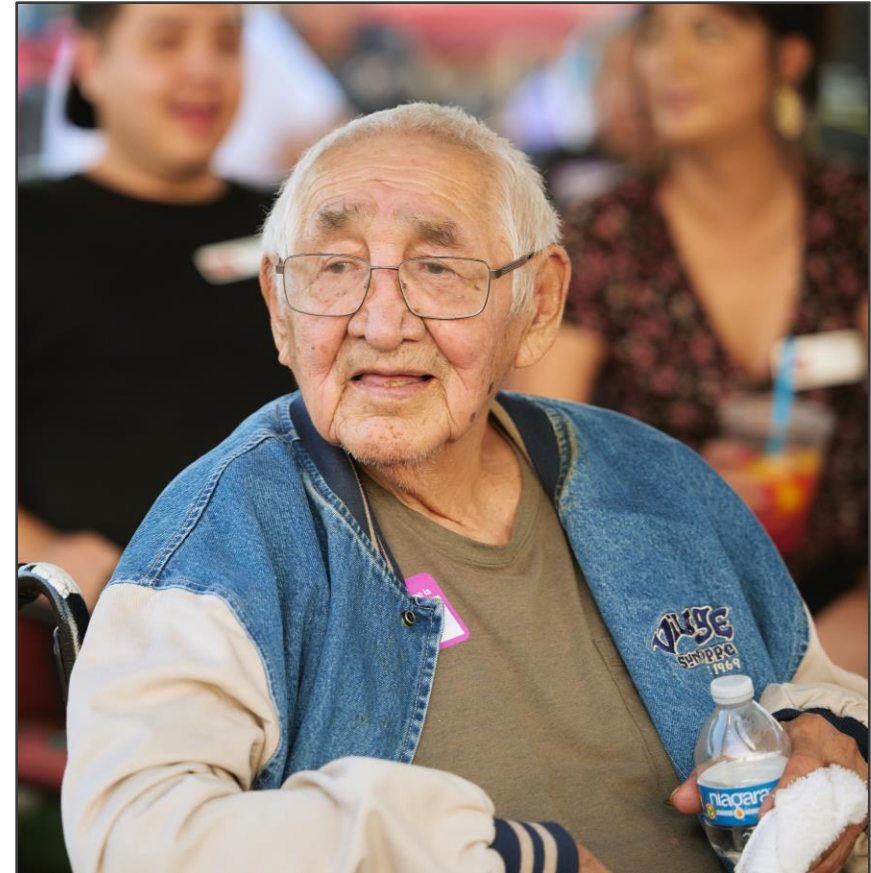
- Be respectful and responsive to person's preferences
- Ensure personal, cultural, and family values guide healthcare decisions



Key Concepts of Person-Centered Care



- Everyone is unique with different strengths and preferences
- Everyone has the right to share their preferences despite cognitive decline
- Relationship-centered care is based on respect and compassion



Key Components of Coordinated Care



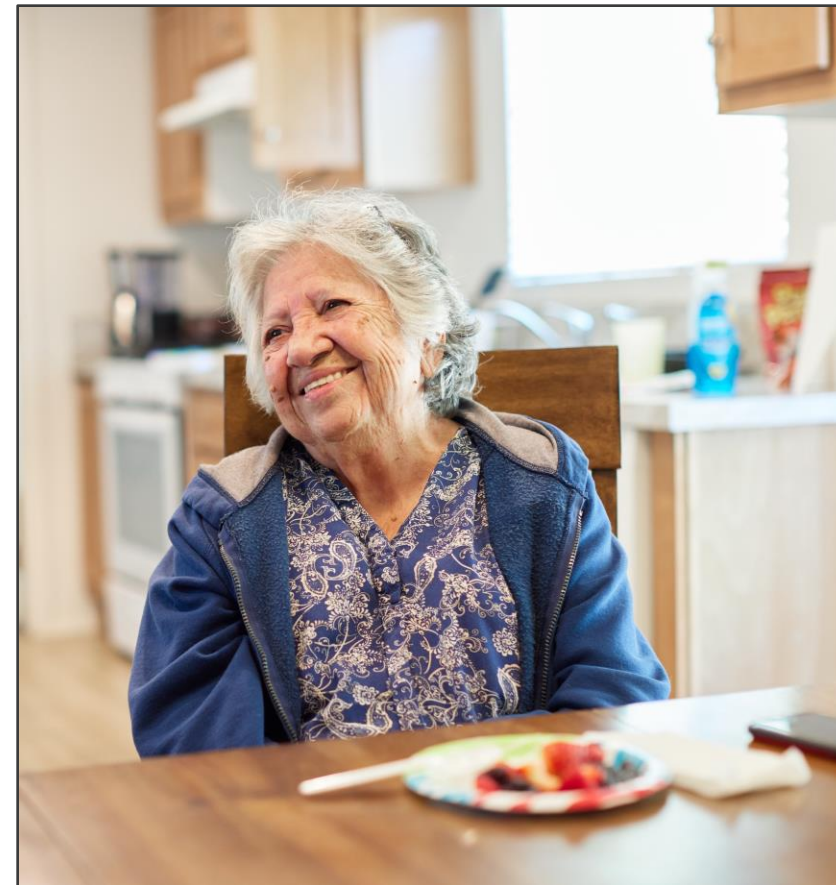
- Build trust with people and their families
- Listen and observe closely
- Create a relationship with care team
- Believe that all people can be successful and have a good quality of life
- Take actions to support well-being





Food and Dementia

- Familiar foods are sources of identity, comfort, a sense of security, and wellbeing
- Proper nutrition supports overall strength and brain health
- Certain foods may boost brain health and lower risk of cognitive decline
- Meals offer a time for social interaction to reduce isolation and loneliness
- Late-stage dementia may impact eating ability; CHRs should monitor eating habits and weight





Spiritual Practices and Preferences

- Spiritual practices are different between and within communities, tribes, and people
- Practices may include a blend of cultural and western religions
- Prayer, arts, and time in nature are common spiritual practices
- Consultations with cultural healers are valued
- Spiritual practices can help patients and their families cope with dementia and changing abilities



Clinical Story: Mr. Jones



- On your recent visit with Mr. and Mrs. Jones, you see that his pants and shirt are baggy on him. You wonder if he is losing weight
- Mr. Jones angrily states “She doesn’t give me anything I like to eat. The vegetables are all soggy and mushy.”
- Mrs. Jones loudly replies, “That’s because you can’t chew food and you refuse to eat anything but sweets and bread.”
- You ask Mrs. Jones what her husband has eaten in the past 24 hours and she lists oatmeal, chicken soup, crackers, a hamburger, and potato casserole with green beans

Check In



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What to say

“Mr. Jones, what are your favorite foods?” “Please tell me what you would like to eat tomorrow for each meal and snacks?”
“Mary, what difficulties have you noticed when your husband is eating?”

What to do

- Weigh Mr. Jones and communicate his weight to the care team to assess whether weight loss is concerning
- Explain comfort foods and nutrition to Mary and create a menu for the week

When to refer

- If Mr. Jones has dentures and they are loose, refer to dentist
- If Mr. Jones has difficulty with swallowing or frequent choking, refer to primary care provider



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Cultural Considerations

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Key Takeaways



People with dementia retain their values and healthcare preferences.

Carefully listening to and engaging with individuals promotes dignity, respect and autonomy.

The 5Ms model helps address needs of people with dementia.

CHRs observe, explain, coordinate, refer, and ensure safety for people with dementia and their families.

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Thank you again for participating in this training session!

To obtain continuing education credits for this session, please complete the post-activity evaluation at XXXX (unique URL to evaluation and post-testing, as required).



Next, Part 3 of the **Community Health Representative Training Core Sessions**

1 — Alzheimer's Disease and Related Dementias for Community Health Representatives

2 — Person-Centered Care Strategies

3 — Family and Caregiver Support



Acknowledgements



We acknowledge and thank the American Indian and Alaska Native people and communities who allowed their photographs to be used in this presentation. These photographs are for informational and educational purposes only and do not imply a dementia diagnosis or any other health condition. We appreciate their contribution to improving the care of Native elders.

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