

Continuing Continuous Quality Improvement

On September 16th, many of the facilities that participated in the July 29th *Continuous Quality Improvement in Long Term Care* workshop gathered via a conference call to discuss how their CQI efforts are moving forward.

All of the providers who participated in the call had made steps toward either beginning or enhancing their CQI process.

Those just getting started were taking a look at a specific issue or at the departments within the facility. In either case, they started by deciding what to measure, setting benchmarks for quality, and deciding what action they could take to improve or maintain these standards.

Everyone discussed the importance of having staff buy-in on the value of the CQI process. They reported getting this buy-in from management and staff meetings and encouraging staff directly.

Most reported staff seemed willing and eager to participate in setting and meeting goals. Some stated that this was a challenge, but it revealed a lot about staff's commitment to providing quality care.

Although the CQI process is useful and has shown some great results, it is important to remember the process is circular and continuous and requires a continued commitment to the process.

The SDCP support program will continue to find ways to support these efforts!

SDCP

Administrator's Meeting

Nov 18th in Pasco
or
Dec 4th in Lacey

Administrative meetings are an essential tool in the Specialized Dementia Care Program in Boarding Homes.

These meetings are meant to:

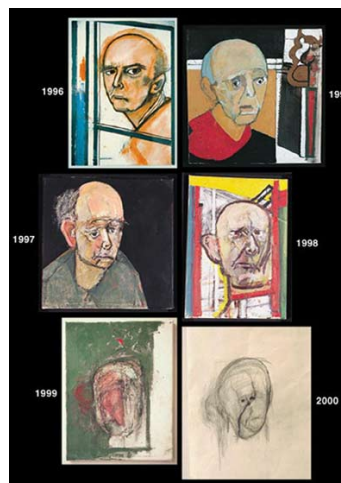
- Facilitate the sharing of information between SDCPs and ADSA.
- Provide up-to-date information on promising and best practices in dementia care,
- Clarify expectations.
- Assist ADSA in keeping abreast of program implementation and quality issues.

This meeting is called out directly in the SDCP contract and is a requirement for all providers.

[Register here.](#)

"Dreams are renewable. No matter what our age or condition, there are still untapped possibilities within us and new beauty waiting to be born."

~ Dale Turner



Six self-portraits by artist William Utermohlen chronicle his experience with Alzheimer's disease

Click [here](#) for more information

Behaviors as Communication

Imagine being at work, feeling hungry, tired and frustrated, and not being able to communicate how you are feeling to your boss or your co-workers. How would you let them know that you want to eat, go to the restroom, or take some leave time because you don't feel well? Would you get angry? Would you cry? Would you leave the building without saying anything? Chances are your co-workers and boss would say that you are being challenging, difficult or demonstrating inappropriate behaviors.

Imagine the person with dementia who may no longer be able to verbally communicate their discomfort, distress, sadness, or fear. In addition, they may have difficulty understanding who you are and where they are. They can't verbalize these concerns, so they yell, cry, are resistive to care, or exit seek.

Generally, our response to these behaviors is to say that the person is being difficult, inappropriate, and challenging.

While it may feel like the challenge is personally directed at you, it is important that you try and understand what the underlying cause of the behavior is communicating so that you can handle the situation knowledgeably and respectfully.

You will need to:

- Keep in mind that there may be many things going on with the person that may contribute to his or her behavior.
- Take a step back and try to figure out what the person's behavior may be telling you.

Interested in a Poster

Reinforcing the importance of communication?

For a free poster for your staff or break room that simply states "ALL BEHAVIOR HAS MEANING."

Email Fickejw@dshs.wa.gov to request a poster!

Best Practices in Dementia Care

Tips Working with Behaviors

- Remember: All behavior has meaning. The person with dementia may no longer be able to verbally communicate what they are feeling and what their needs may be.
- Keep the person active and involved, yet be attentive to patterns and/or signs of distress.
- Make sure the person gets plenty of exercise and movement. Sometimes behavior is an expression of boredom.
- Make sure the person is involved in many productive daily activities, such as the simple chores of folding laundry or washing vegetables for dinner.
- Reassure the person if they appear disoriented.
- Reduce noise levels and confusion. These can disorient the person.
- Disorientation can be a result of medication side-effects, drug interactions, or over-medicating.

If disorientation is becoming a problem, consult the doctor. If you are moving the resident to a new environment, reduce disorientation by acclimating them ahead of time with several visits.

Dementia in the News:

[Can Falls in Patients with Dementia be Prevented?](#) from Age and Ageing

[In a Place of Dying, Slight Shadows of Life](#) from the New York Times