Dementia Care in Residential Long-Term Care

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Context

Residential long-term care as a system of care

- Regulatory System
- Health Care System
- Community
- Workforce
- Family
- Person with Dementia

Structures and Processes of Care

Experiences and Outcomes

Transitions and Coordination

Dementia is a progressive disease
Care involves more than dementia
Structures of Care

Nursing home (NH) and assisted living (AL)
- 15,640 NHs (1.4 million residents); 65% dementia
- 30,200 AL communities (835,200 residents); 40% dementia
- Both play an important role; do not constitute a continuum of care
- Key differences: regulation, staffing, health care oversight
  - The relationship between staffing and quality in AL is unknown

Specialized dementia care
- In 15% of all NHs (2103)
- In 22% of all AL communities (2013)
- Specialization is variable; outcomes are inconsistent
- Research has progressed to focus on processes of care

Dementia is a Progressive Disease

<table>
<thead>
<tr>
<th>Cognitive Impairment</th>
<th>Nursing Home</th>
<th>Assisted Living</th>
</tr>
</thead>
<tbody>
<tr>
<td>None to mild</td>
<td>39%</td>
<td>58%</td>
</tr>
<tr>
<td>Moderate</td>
<td>25%</td>
<td>62%</td>
</tr>
<tr>
<td>Severe</td>
<td>37%</td>
<td>19%</td>
</tr>
</tbody>
</table>

Supportive care needs (activities of daily living) increase over time
- Bathing, dressing, grooming, toileting, walking, eating
- Technology can supplement workforce shortages
  - Cognitive aids, physiological sensors, environmental sensors, advanced integrated sensor systems
- Few aids were developed specifically for people with dementia; few clinical trials have been conducted
Processes of Care

Antipsychotics to treat behavioral and psychological symptoms
- Behavioral/psychological symptoms: 97% of people with dementia
- Black box warnings from the FDA
- NHs: 23.9% (2011) → 15.7% (2017) following National Partnership
- AL: 27% (2016); needs similar national attention

Non-pharmacological practices
- Numerous evidence-based practices, little evidence of true use
- Pleasant sensory stimulation: “We have TVs and radios”
- Reminiscence therapy: “We use shadow boxes”

Care Involves More than Dementia

<table>
<thead>
<tr>
<th>Number of Comorbidities Among Persons with Dementia</th>
<th>Nursing Home</th>
<th>Assisted Living</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>2%</td>
<td>10%</td>
</tr>
<tr>
<td>1-2</td>
<td>10%</td>
<td>32%</td>
</tr>
<tr>
<td>3-4</td>
<td>32%</td>
<td>30%</td>
</tr>
<tr>
<td>5-6</td>
<td>38%</td>
<td>58%</td>
</tr>
<tr>
<td>7 or more</td>
<td>18%</td>
<td>58%</td>
</tr>
</tbody>
</table>

Primary morbidities: Arthritis, heart disease, depression
Emerging concern: Medical care needs in assisted living
- Integrated care models exist
- Research trials are indicated
Transitions and Coordination

<table>
<thead>
<tr>
<th>Events</th>
<th>Residents with Moderate/Severe Dementia Incidence Rate per 100 residents/quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nursing Home</td>
</tr>
<tr>
<td>New/worsening morbidity</td>
<td>21.7</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>10.0</td>
</tr>
<tr>
<td>Mortality</td>
<td>4.2</td>
</tr>
</tbody>
</table>

Few interventions are tailored for persons with dementia; those that are tailored are not widely used
- Goals of Care (nursing homes)
- Geriatrics Team Intervention (assisted living)

Few studies examine transition to palliative or end-of-life care

Experiences and Outcomes

Structure → Process → Outcome

Person with Dementia
Function: ambulation, eating/drinking, cognition, continence
Health: acute events, discomfort/pain, depression, chronic illness
Health care: ambulatory care, emergency department, hospital
Psychosocial: agitation, choice/control, engagement, quality of life

Family Members
Function, health, health care, psychosocial, relationships, cost

Staff
Function, health, health care, psychosocial, relationships, turnover

MEASUREMENT
Person-centered measurement development is in its infancy
Research Recommendations

Nursing Homes and Assisted Living
1. Develop and evaluate practices to integrate dementia care with care of other conditions, provided by a workforce that is also caring for persons without dementia.
2. Promote development and widespread adoption of protocols for transitions in care, and to address behavioral and psychological symptoms of dementia.
   - Incorporate the Alzheimer's Association 2018 Dementia Care Recommendations.
   - Employ the NIH Stage Model to evaluate success.
3. Develop and evaluate assistive technologies specifically with/for persons with dementia.
4. Develop and evaluate person-centered measures responsive to the variable and complex structures and processes of care, and the multiple stakeholders and numerous desired outcomes; also examine changes over time in outcomes.
   - Incorporate the Alzheimer's Association measurement recommendations.

Assisted Living
1. Examine staff mix and outcomes to determine recommended staffing ratios.
2. Examine models of integrated health care.

References (Select)

SLIDE 3

SLIDE 4

SLIDE 5

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