

25th International Conference of Alzheimer's Disease International

Quality of life in dementia

„Well-being of people with dementia in small house units“

Evaluation of the potential in the care of people with dementia in small house units by using benchmarking methods

presented by Christine Sowinski and Gerlinde Strunk-Richter

(1. sheet)

Dear Prof. Dr. Karin Wolf-Ostermann, dear colleagues, ladies and gentlemen, it is very exciting for us being here in Thessaloniki. I am here with my colleague, Gerlinde Strunk-Richter. My name is Christine Sowinski. I am psychologist. We both are nurses. Gerlinde is degreed pedagogue and one of only nine trainees for dementia care mapping (DCM) in germany, a method we shall present to you now.

(2. sheet)

The structure of our presentation is as follows:

- some facts about our institution
- project: people with dementia in small house units
- dementia care mapping
- result of our project

(3. sheet)

We arrived here in Greece from the very cold Cologne in Germany.

Here you can see Germany with about 80 million inhabitants. Cologne is a big city with about 1 million people.

(4. sheet)

Cologne is well known for it's cathedral, the carnival and the Eau de Cologne.

(5. sheet)

Now Cologne has gained notoriety with the problems concerning the construction of our new underground. There is a big hole in the middle of Cologne, where once was the town archive for many years. Many inhabitants of our city – me too – are living in constant fear that the earth suddenly breaks open.

(6. sheet)

We are from the Kuratorium Deutsche Altershilfe (KDA), the German Foundation for the Care of Older People. The KDA was founded by Wilhelmine Lübke, the wife of our former German President Heinrich Lübke, who lived from 1884 until 1972. From this day on until present the KDA is under the patronage of the German President.

(7. sheet)

The KDA has been developing solutions for the quality of life of elderly people for about 50 years now.

Projects, coachings, trainings, conferences and publications are our working instruments. The KDA paved the way for modern care of the elderly.

(8. sheet)

We would like to present the first results of a small german project titled:

„Well-being of people with dementia in small house units” with the subtitle: *Evaluation of the potential in the care of people with dementia in small house units by using benchmarking methods*. The project aims to develop care quality with temporary processes of benchmarking. Therefore, a group of 18 small house units – specialised to support people with dementia – was founded. The project lasted from May 2008 until February 2010 and was financed by the German Federal Ministry of Health.

(9. sheet)

The project participants are the Kuratorium Deutsche Altershilfe (KDA) and the Konkret Consult Ruhr (KCR) as well as 10 different supporting organizations of facilities of small house units – altogether 18 small house units.

(10. sheet)

Here you can see a photo with our former health minister, Ulla Schmidt, and our colleagues Klaus Besselmann from the KDA and Thomas Risse from the KCR.

(11. sheet)

The aims of the project are:

- Development of quality by Benchmarking
- A manual for using benchmarking in small house units
- Identification and transfer of “best-practice”

(12. sheet)

There are seven methods being used:

- questioning of staff and care-givers
- profile of well-being
- analysis of the structure of the small house units
- analysis of the structure of the clients, living in small house units
- profile of professional qualifications of the staff
- analysis of the concepts of the small house units
- dementia care mapping (DCM)

(13. sheet) *Gerlinde Strunk-Richter* speaks:

Ladies and gentlemen we are seekers. Seekers to find ways to make the quality of life for people with dementia better. Today we present the DCM results because they are surprising and very interesting. Dementia Care Mapping or DCM has been the method that we used to assess the behaviour and the well-being of people who live in small house units.

DCM was developed by Tom Kitwood and Kathleen Bredin in the 1980s in the UK. DCM is an approved method for assessing the quality of dementia care in residential and nursing homes, day care centre settings and small house units.

The person-centred approach is the underlying attitude of DCM. That means: “The person comes first!”

And the aim of DCM is to initiate the process of change. My colleague and I have mapped on the basis of DCM 7th Edition.

(14. sheet)

But what exactly is DCM? What are the mappers doing? The DCM Method contains any levels:

1. The person-centred approach as a basic attitude.

2. The mapper briefs (explain) the staff what DCM is.

3. The observation of residents in facilities.

4. + 5. The data collecting and the data analysis with fixed rules.

The 6th step is a feedback to the staff. The mapper presents his results. And the last level is the improvement plan. It is very important for initiating a process of change.

(15. sheet)

Ladies and gentlemen, what do the mappers observe? The objects of observation are behaviour categories, well-illbeing, personal detraction and positive events.

Now, I want to explain the behaviour categories and the well-illbeing.

(16. sheet)

DCM knows twenty-four behaviour categories. For instance articulation, food, games, labour and religion.

(17.sheet)

Well-being and illbeing is divided into six broad-bands from plus 5 to minus 5. Plus 5 means exceptional well-being and minus 5 the opposite.

18 sheet)

In the context of the project we have used DCM in small house units. 10 facilities have taken part and we observed 64 participants. We compared any results with mapping results of traditional nursing homes. DCM has choosen 8 traditional nursing homes with 48 participants.

(19. sheet)

Ladies and gentlemen, these are the localities where the DCM evaluation took place.

(20. sheet)

Ladies and gentlemen, we are surprised about the DCM results, which we will present to you now. First the group WIB score. This value shows how all participants fared, on average, during the observation period.

There is a difference between the quality of well-being in small house units and traditional nursing homes for the elderly.

In case studies you find that the group WIB score (the well-illbeing) in traditional nursing homes lies between 0.7 and 1.2. In small house units the group WIB score lies between 1.2 and 2.2. On average, the well-being is better in small house units.

(21. sheet)

People with dementia, living in small house units, have relatively high WIB values during observation periods. Why? Maybe because the staff is present all the time und because the attitude is person-centred.

(22. sheet)

The second value is the individual WIB score. It shows how an individual participant fared, on average, during the observation period.

In traditional nursing homes the individual WIB score lies between 0.4 and 1.5. In small house units this value lies between 0.4 and 2.7. The individual WIB score is high, on average, during the observation period.

(23. sheet)

Why? Often high WIB values are connected with social contact. The conclusion of the DCM results is that people with dementia get a lot of care during the day.

(24. sheet)

Next comes the group WIB value profile. This indicates how all participants fared during the observation period, by showing the proportion of time spent in each of the six bands of well-being and ill-being scale. Plus 3 is coded in small house units as often as in traditional nursing homes.

(25. sheet)

Ladies and gentlemen the surprise goes on. The staff and the residents have different views at the situations. An example: The staff is always active, they are always moving. The participants are often bored, they nod.

(26. sheet)

Furthermore the staff is always working sensible and the participants are long time without activities. Activity or work-like activity make high WIB values. For example: Preparing a cake, using a mixer while sitting in a wheel-chair.

(27. sheet)

Besides the staff is always competent and powerful and the participants are dependent, sitting below and have only few competence.

What are the residents doing? They are looking for symmetrical relations. For example: Staff makes a mistake or cannot do anything.

The staff says: „I can't sing.“ And immediately one lady starts to sing a song. The WIB value goes up.

(28. sheet)

The staff loves harmony, good behaviour etc. Ladies and gentlemen, we couldn't believe it but the residents like to dispute and love commanding. The WIB value goes up, when they have opportunity to do so. For example: „You stupid sod“ or “piss off.”

(29. sheet)

And now our last result for today. The staff's behaviour is very grown-up, they don't like monotony and children's games. But the participants are very emotional, playful, and love child-like activities.

(30. sheet)

For example: Women like babies and stuffed animals.

(31. sheet)

Draw the conclusion: Feeling is the best way to people with dementia.

(32. sheet)

Thank for your attention.