

Collaboration between UnitingCare Ageing Care Manager Starrett Lodge and CNC Dementia Hunter New England Health has resulted in two Best Practice Residential Aged Care models that reduce BPSD and improve health and wellness outcomes for residents living with Dementia

### **1. Environmental Design reducing BPSD in Residential Care**

In 2009 Colin McDonnell, the manager Starrett Lodge, in partnership with Helga Merl, Clinical Nurse Consultant (CNC) Dementia Hunter New England Health (HNEAH) held three separate focus groups with staff, carers and residents (who participated by making collages of garden) to identify their perceptions of garden and what they would like to see in a “garden environment”. Individual interviews and postal survey was sought with all carers and families that could not travel to the focus group. Funding for the project was sought and secured and with reference to the literature, a therapeutic, interactive garden and an adjoining open air atrium/sunroom that overlooks the garden was created.

#### **Three main objectives:**

1. To reduce BPSD and improve the quality of life (QoL) of the people with dementia
2. To reduce the stress of staff members and improve their care-giving experience
3. To reduce the stress of family members, carers and loved ones and improve their visiting experience

#### **EVALUATION METHODOLOGY**

The Dementia Quality of Life Instrument (DemQoL), The Cornell Depression Scale and the Cohen Mansfield Agitation Index (CMAI) were used to measure the quality of life of 10 residents' 3 months before the new garden and atrium was constructed and 3 months after the new garden and atrium construction<sup>1</sup>. A log sheet was used over a 12 day period during the 3 months prior to construction to record how often the residents, staff and visitors used the old garden area (in autumn) and again during a 12 day period with similar weather conditions at 3 months post construction (in spring). Staff members were interviewed using open ended questions designed to elicit their impressions about the new environment and whether it had reduced BPSD, improved the QoL for residents as well as decreased staff stress levels and improved the staff care giving experience. Family members were interviewed using open ended questions designed to elicit their impressions about the new environment and whether it had improved the quality of life of their loved ones as well as decreased their own stress levels and improved their visiting experience

#### **Overall reduction in BPSD**

There were statistically significant improvements in all empirical measures with residents mean **quality of life increasing by 12.8%** ( $t=4.57, df=9, p<.0001$ ).

Residents mean **depression scores decreased by 13.3%** ( $t=2.4, df=9, p=.02$ ), and their mean **agitation scores decreased by 46.7%** ( $t=7.48, df=9, p<.0001$ ).

The number of times residents used the garden increased from 91 times for the old garden to 111 for the new garden, an increase of 22%.

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Observational evidence showed almost 100% voluntary migration of residents from the television room to the new atrium/sunroom during leisure time. This movement has not been transitory and has remained stable for 10 months (to July 2010) with residents now preferring to eat their meals in the atrium.

## **2. Intergenerational Programs improving Quality of Life for People with Dementia in Residential Aged Care**

With consideration of participants' abilities and interests a beneficial Intergenerational Program (IGP) has been facilitated at Starrett Lodge. A mothers and babies group meets weekly to capitalize on the improved therapeutic garden design and homelike environmental changes in UntingCare Ageing's 15 bed dementia specific long stay unit. By utilising the principles of Person-Centred Care within an interesting and stimulating environment<sup>2 3</sup> the residents with dementia are enjoying their life as happy, active, social and healthy individuals.

The current project demonstrates the value of IGP and suggests that dementia care programs represent a viable option for those seeking to facilitate IGP. Adults with a wide range of needs and abilities successfully engaged in IGP and experienced considerable levels of positive affect and behavioral engagement. The expressed affect of IGP participants was significantly higher when the children and babies were present than when they were not, indicating a positive influence of the children's and adults' mutual involvement in activities. Results indicate that during the program behaviors supporting personhood were common and engagement and full participation was shown by both male and females within the unit. All participants responded well to one on one interaction with the babies. Cognitive ability was unassociated with participation in IGP and affect during IGP.

The fact that the people living with dementia exhibited signs of "reementia" as defined by Kitwood indicated to all stakeholders that Kitwoods vision of a new Culture of dementia care is possible, a culture where language, environment, and positive person work combined together create a setting for a more positive vision of a life lived with dementia with opportunities for self growth and "reementia" to flourish<sup>45</sup>.

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<sup>2</sup> Brawley,E. (1997) Design innovations of ageing and Alzheimer's disease;Stratergies for creating better care environments.Brisbane;John Wiley & Sons.

<sup>3</sup> Marsden,J. Briller,S. Calkins,M. & Proffit,M. (2001)Enhancing identity and sense of *home*.Vol.4. Creating successful dementia care settings.Sydney.Health Professionals Press

<sup>4</sup> Kitwood,T. (1997) Dementia reconsidered; The person comes first. Philadelphia,PA; Open University press.

<sup>5</sup> Kitwood,T. The Technical, the personal and the framing of dementia. *Social Behaviour*, 3(1998),161-180