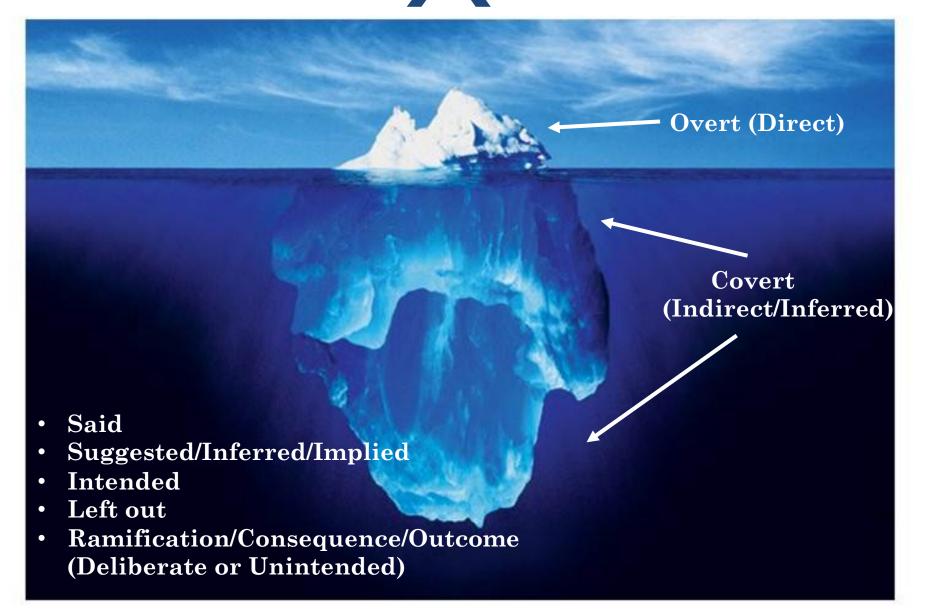
TOWARDS AN ALTERNATIVE IN PERSON-CENTRED DEMENTIA CARE:

Policy and policy instruments

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POLICY CAN BE... CONVLEX SNEAKY



RESEARCH GOAL:

Identify extant *supports* or *barriers* to alternative person-centred dementia care

(created intentionally or unintentionally)



Policy instruments

WHY PERSON-CENTRED?

- Because Albertans requested it. (Alberta Health, 2016b; Alberta Health Services, 2016)
 - Because it's a stated goal of Alberta Health.

 (Alberta Health, 2016a, Alberta Health, 2016b; Alberta Health

 Advocates, 2014; Alberta Health Services, 2015b)

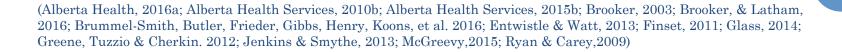
• Because it's considered 'best practice'.

(Alberta Health, 2016b, 2.23).

PERSON-CENTRED DEMENTIA CARE

What does "Person-centred" mean?

- *Holistic*, responding to the needs of the whole person
- Integrated, or partnered (inclusive of the person with dementia and their family)
- Collaborative, with all care providers regardless of discipline, working together for the "patient's" highest good.
- Respectful, consciously honouring the dignity and worth of the person with dementia.
- Individualized, through specific care plans or personalized, through selections regarding palate, music or decor
- Preference-based, acknowledging choice in manner, frequency or degree of care.



CURRENT ALBERTA DEMENTIA POLICY



The Alberta Dementia Strategy & Action Plan was scheduled for release in 2015. It awaits ministerial approval.

POLICY INSTRUMENTS



• Alberta Health Act

• Alberta Health Charter

• Continuing Care Standard

Alberta Health oversees

<u>all aspects of Continuing</u>

Care, including Long Term

Dementia Care



VISION/GOALS

(What is desired)

Accommodations Standards Licensing Information Guide:

Long term care



Policy Implementation

(How desired goals are accomplished)

PRELIMINARY FINDINGS

- <u>Intended</u> policy goals *are aligned* with those of innovative, person-centred care. All of the examined policy instruments contain <u>stated</u> alignment with some (if not all) of the principles.
- *Mixed* (or unintended) *messages* may unintentionally be conveyed to hands-on workers through inclusion, exclusion or repetition of principles.
- Interpretation may not align with values and intention.

• Implementation may not align with values and intention.

How could this happen?

Mixed (or unintended) messages may unintentionally be conveyed to hands-on workers through inclusion, exclusion or repetition of certain principles.

• Ex.- risk aversive/ 'safety first' message conveyed through the compulsory inclusion of safety in 8 out of 12 Accommodations Standards directly pertaining to person-centred care (Alberta Health, 2015).

Availability heuristic is a cognitive bias where a frequently appearing item becomes more memorable and therefore seems more important.

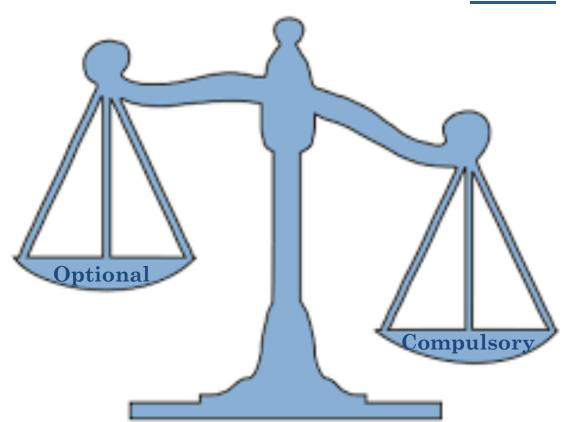
- ➤ Disconnect between original message and ground floor implementation. I.e., the intended message is person-centred care, and the operationalized message becomes risk aversion.
 - > Telephone



➤ Inability of staff to implement person centred care in a meaningful way due to time restraints created by volume and nature of required (safety-oriented) tasks.

When individualized or preference-based standards are <u>optional</u>, <u>what message</u> <u>does this send?</u>

Which is **most important**?



Policy implementation may not align with intent.

Current policy promotes person-centred care... in a safe manner.

➤ Intent = person-centred care.

> Intent = safety (also)

Person-centred care



Safety-centred care

Implementation



Person-centred care

RECOMMENDATIONS

- 1. A generally accepted *multi-disciplinary definition of person-centred care*, including its essential principles should be implemented.
- 2. "CCHSS recognizes the Client's *right to live at risk and respects the Client's choice*" (Alberta Health, 2016b, p. 9). Approaching the issue of safety from this perspective may mitigate the problem of conflicting values when attempting to balance risk aversion with person-centred care.
- 3. The belief in the *primacy of safety or protection from harm* must be addressed
- 4. Long Term Care Accommodation Standards should be re-evaluated with the understanding that *unintended messages may be communicated* through frequency of attention, lack of attention, or optional status.
- 5. Within Long Term Care Accommodation Standards, the *standards of personal choice* items and social and leisure activities should be compulsory.
- 6. An *educational campaign* could be undertaken to replace old school beliefs that maintain a frail or vulnerable senior paradigm, with the positive message supported by current research.
- 7. Given the possible disparity between intention and implementation, *further research* into the (mis)alignment of policy principles to actualized implementation is warranted, especially once a definitive Albertan dementia policy is in place

QUESTIONS?

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