

A programme of improvement for long-term dementia care

Dr Veronique Boscart is not only the CIHR/Schlegel Industrial Research Chair for Colleges in Seniors Care at Conestoga College, Ontario, she is also a practising nurse who takes a decidedly hands-on approach to research. She works in a long-term care home for older people living with dementia, and the aim of her research and everyday practice is to improve quality of life for residents and their families.

More than half a million Canadians live with dementia, and around a quarter of a million spend their later years in a residential care facility. In the UK, the number of people with dementia is around 850,000, with the number expected to rise to two million by 2050. This highlights the increasing importance of research into improving quality of care for people living with dementia in long-term care homes.

PLACING PEOPLE AT THE CENTRE

Dr Veronique Boscart received a Canadian Research Chair to focus on improving the care provided for people living with dementia in long-term care homes. In collaboration with Schlegel Villages (a group of long-term care and retirement homes), the Schlegel-UW Research Institute for Aging (RIA), and Conestoga College, Dr Boscart

applies a collaborative care model referred to as 'Neighbourhood Team Development'. This framework builds on academic and practice evidence that has shown that true person-centred care can happen when caregivers and residents with their families come together as teams to promote the best possible care and life for those living with dementia. The idea of person-centredness conceptualises the caring relationship between the team and the residents and creates opportunities for improving care,

Neighbourhood Team Development leads to better coordinated care, and Dr Boscart's study contributed to the evaluation of this new model within a long-term care organisation

communication, and well-being of those being cared for.

Team development supports person-centred care to promote residents' feeling of wellbeing, satisfaction and involvement with care, and creates a home-like environment where care decisions are shared, the person's choices and priorities are considered, and there is a respectful and sympathetic team presence.

NEIGHBOURHOOD TEAM DEVELOPMENT

Neighbourhood Team Development aims to support and engage organisations and teams to implement person-centred care for those living with dementia in long-term care homes by focusing on the residents' and team members' qualities, the care-giving environment (or context), the person-centred processes or activities, and the



expected outcomes of these processes. In short, it is an outcomes-orientated framework, which promotes staff working as a team to improve residents' quality of care and life.

Neighbourhood Team Development emphasises the role of the team of caregivers in the care and services provided to residents, and supports the organisation and teams to engage, build, and develop person-centred processes in the long-term care home. Previous work has highlighted that care for people with dementia can be task-focused, primarily because of the way that organisations are traditionally structured, and because individual staff jobs and skills are aimed at tasks in response to resident's needs, not resident's quality of care and life. This can result in care that is improperly planned or carried out (e.g., morning routines do not suit every resident, but do suit the organisation), and staff do not get a chance to focus on what truly matters to the resident. It also means that it is increasingly difficult to recruit and retain good staff members in these settings. A change in the culture of ageing in long-term care homes requires innovative approaches to teamwork, care and service planning and

respectful and caring relationships amongst teams, residents and their significant others.

TESTING FOR SUCCESS

Dr Boscart's current research aims to investigate four key objectives to measure the effectiveness of the initiative. To do this, she has received financial support from the Canadian Institutes of Health Research and the Canadian Natural Sciences and Engineering Research Council.

Firstly, she wants to know how Neighbourhood Team Development can be delivered in the way it was designed. Secondly, she wants to determine the contextual factors that contribute to the implementation of person-centred care. This might include, for instance, how team members relate to residents during care, or how well they know each other. Thirdly, she hopes to answer the question: how does Neighbourhood Team Development affect the care experience of residents, family and staff, and how does this affect the organisation? Lastly, Dr Boscart's research aims to determine the mechanisms by which Neighbourhood Team Development has an effect, which will allow her to fine-tune it and make it more successful.

Dr Boscart has conducted hundreds of observations and structured interviews and collected data from thousands of residents, families, and team members to achieve these research objectives and to answer her research questions. Overall, she has found that Neighbourhood Team Development has the ability to improve residents' quality of care, by coordinating care and services, increasing residents' choice and dignity, emphasising quality of life, and promoting best practices.

MEASURING INDICATORS

To test these objectives, Dr Boscart evaluated the way that team members interacted with residents, families, and each other, how person-centred the care was, and the resident and family satisfaction with care. In addition, she measured resident quality of care indicators (number of falls, medications, emergency transfers, etc.), team members' staffing levels and organisational outcomes (recruitment and retention). Lastly, she calculated the resources that were required to implement Neighbourhood Team Development.

A ROBUST PROGRAMME FOR RESIDENTIAL DEMENTIA CARE

What she learned is that Neighbourhood Team Development contributes to advancing the quality of care and life for long-term care home residents living with dementia. Neighbourhood Team Development engages team members to strengthen relationships within the team and with the residents, and builds an accountability structure for care and services delivered, thereby supporting the organisation's structures and financial framework.

Overall, Dr Boscart has found that Neighbourhood Team Development can improve residents' quality of care, by coordinating care and services, increasing residents' choice and dignity, emphasising quality of life, and promoting best practices



Q&A

How does 'person-centred' care differ from traditional care?

Traditional organisational design in health care is a hierarchical and structural system of care that limits resident-centredness, and places residents in categories labelled by medical conditions, disabilities, and the level of care that they need. This categorisation limits staff's recognition of the uniqueness of each resident, resulting in few opportunities for residents to make meaningful decisions about how they live their lives in long-term care. Person-centred care models describe a home as an environment that directs and supports close relationships, residents' choices and empowerment and promotes collaborative decision making, all with the goal of improving quality of care and life.

What role do organisations like Schlegel Villages play in dementia care?

Schlegel Villages has developed and implemented leading care practices for those living with dementia. For example, our Memory Care Neighbourhoods are designed for those residents with memory loss, and offers care and recreational programmes specifically designed for those with dementia. LIVING In My Today is a new dementia-care philosophy and corresponding education programme. It took more than two years to research and develop, and was created by an advisory group that included residents, family members, volunteers, and community partners. The education programme consists of an overview workshop and six in-depth modules based on the acronym LIVING (i.e., Learning, Improving, Validating, Interpreting, Nurturing, Greeting).

LIVING in My Today takes on a cross-functional approach to training which involved peer-to-peer facilitation and is open to residents, volunteers, families and team members.

How do you see NTD working in practice?

NTD is a comprehensive training and organisational change model to empower cross-functional neighbourhood teams to

grow and support resident-centredness in long-term care. NTD is based on the organisation's mission and values, including organisational supports and team development processes. Core beliefs of NTD include consistent team assignments to a dedicated neighbourhood, respect of residents' choice and autonomy, and self-directed work teams on each neighbourhood.

What do team members say to you about Neighbourhood Team Development?

Linda, Sarah and Sylvester have all worked at Schlegel Villages for between four and eight years and they agree that positive efforts continue to move the villages farther away from the institutional style of care that used to be the long-term care norm. Education, they say, has much to do with this transition and now, they feel they are a key component of that process.

Linda is a personal support worker in one of the neighbourhoods who values the more personalised introduction to village life and comfort to team members starting a new job: "When you walk into a new place," Linda explains, "you kind of feel intimidated and if you can make a connection with one of the team members, it feels great. You know, you've got a friendly face – someone you can go to. It makes a big difference in starting a new job."

What are the key areas that still need to be worked on to further improve neighbourhood team development?

A key area requiring improvement for the betterment of NTD is the overall recognition that a large organisational change, such as the one required for NTD implementation, requires significant organisational commitment and leadership, and takes time.



"To my exquisite grandmother, who instilled in me a healthy respect for seniors and taught me that a person's wisdom, interest, and enthusiasm leads to changes that matter." – Dr Boscart

Detail

RESEARCH OBJECTIVES

Dr Veronique Boscart's research focuses on the quality of life and care for people living with dementia in long-term care homes through an initiative called Neighbourhood Team Development. Evidence indicates that the care of those living with dementia in these settings was below par – Dr Boscart's initiative is seeking to improve this.

FUNDING

Natural Sciences and Engineering Research Council of Canada; Schlegel Villages; Schlegel-UW Research Institute for Aging; Canadian Institutes of Health Research; Canadian Frailty Network; Heart and Stroke Foundation; Ontario Ministry of Health and Long Term Care; Council of Ontario Universities; Ontario Ministry of Training Colleges and Universities (MTCU); Alzheimer's Society of Canada.

COLLABORATORS

Dr Veronique Boscart works with the Schlegel Research Chairs at the Schlegel-UW-Research Institute for Aging and other researchers, educators and policy makers across Canada and internationally.

BIO

Dr Boscart began her nursing education and practice career in Belgium before moving to Canada. She currently works at Conestoga College, Schlegel Villages, and the Schlegel-UW-Research Institute for Aging, following her Post-Doctoral Fellowship at the University of Toronto.

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