Planning for the Future of Seniors' and Dementia Care: Report of the 2014 Think Tank

College of Licensed Practical Nurses of Alberta 11/27/2014

Planning for the Future of Seniors' and Dementia Care

Contents

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Introduction

The College of Licensed Practical Nurses of Alberta (CLPNA) believes everyone in the health system needs to be looking forward and working together to create a high quality, responsive health system that meets the challenges of the next 15 or more years. Nowhere is this more critical than in seniors and dementia care. An aging demographic, changing workforce, more care delivered in the community, longer lives and rising rates of dementia are all contributing to a changing landscape and the need for new approaches to the delivery of care and a new definition of quality, patient and family focused care.

On October 23, 2014, the CLPNA hosted its second annual Think Tank. The event brought thought-leaders from Europe, Canada, and Alberta together with close to 200 invited health care leaders, including professional colleges, educators, employers, government and Licensed Practical Nurses (LPNs). These innovators in the field of seniors care and dementia spoke about new models of care, healthy policy and best practices in dementia and seniors care and what they mean for LPNs, partners and stakeholders in health care. Stephen Lewis, health care economist, facilitated the day's discussions and Alberta Health Minister Stephen Mandel provided opening remarks.

Themes

The day was organized around the exploration of alternate care models, health care policy, implications for the practice of nursing, and nursing leadership. As the day progressed, many moments emerged that touched people's hearts and brought compassion and commitment to the forefront. Emerging themes included the need to bring compassion and graciousness to the way that seniors and people with dementia are supported. Another was the need to rethink how we use the space and programming within our care models so that people are able to live with dignity and respect for their individuality and human rights. At the heart of the day was the challenge to care teams to form relationships with patients and not being distant under the guise of professionalism; good nursing care is engaged and centered around the needs of seniors, not care that is task oriented, sterile and overprotective and controlling.

Speakers

Stephen Lewis described the lineup of speakers as among the best in the world. They included:

- Dr. David Sheard, School of Health and Social Care, University of Surrey, UK: *UK lessons in culture change, care models and education*

- Eva Pederson, Director of Policy, Aging Division, Government of Denmark: *Caring for the Elderly the Danish Way*
- Eloy van Hal, Facility Manager of de Hogeweyk (The Dementia Village), Netherlands: *A Vision and the Outcome – de Hogeweyk*
- Christene Gordon, Director, Client Services and Programs, Alzheimer's Society of Alberta and NWT: *Rising tide of Dementia in Alberta – Innovative approaches for supporting providers and families*
- Dr. Lili Liu, Professor, Rehabilitation Faculty, University of Alberta: *Assistive Technology and SMART Condo*
- Isabel Henderson and Nancy Guebert Co-Leads, AHS Continuing Care Resolution Team; *AHS Service Plan for Improvement and Innovation for the Health System*

At the end of the day, selected participants met in focus groups to talk about what the day and implications for LPNs. Be there for our patients, they urged. Help us keep our patients and clients as the focus and ensure that we can support culture change. Create an environment within the health system that respects everyone's contribution. Support and advocate for compassionate, patient-centred nursing. Look for opportunities to collaborate with other health professionals and implement more inter-professional education.

The CLPNA will be using the 2014 Think Tank as a foundation for its work over the next year, working to support culture change within the profession and helping to better meet the needs of LPNs as they work to provide compassionate and effective care.

The Think Tank is part of the CLPNA's commitment to ensuring the LPN profession is equipped with the skills of tomorrow. Licensed Practical Nurses are an integral part of caring for seniors and addressing the challenges of caring for increasing numbers of Albertans with dementia.

PLANNING FOR THE FUTURE
THINK TANK

The Future of Nurses in Dementia Care: Lessons in culture change, care models and education: **Dr. David Sheard**, School of Health and Social Care, University of Surrey

Dr. David Sheard, founder of Butterfly Care for people with dementia in the United Kingdom, provided an impassioned and insightful talk about the importance of changing how we think about caring for people with dementia. He challenged everyone to rethink their views of people with dementia, to respect their rights and individuality. Nurses,health and social systems need to care for patients from a place of humanity and compassion and redefine the practice of nursing to one that sees the world through the eyes of the people they care for.

Dementia is everyone's problem and we cannot tolerate complacency and low expectations about the care provided to people. As well, care should be about people and not profits, said Sheard. In the UK, a review by a House of Lords Committee found that too often, nursing homes and hospitals deprive people of their basic freedom, their liberty and the protection of the law.

The answer is to change the approach to leadership, the culture and focus of care. Dementia won't kill your soul, but the institutionalization of care will, explained Sheard. He challenged nurses to be a person first and a nurse second. Far from being a message of blame, Sheard acknowledged that people go into nursing with heart and get stuck with policy, standards and surrounding that kill the spirit. Yet it is this spirit that results in the care that celebrates the person and enriches the lives of both those receiving care and the people providing that care.

> Great dementia care asks that you be real, be a genuine authentic emotion-led person. Wearing a professional mask doesn't allow you to be that. A new form of professionalism is required where people lead from the heart.
>
> David Sheard

At its heart is a new perspective on professionalism, where people lead from the heart and are emotionally attached. This may dramatically change someone's job description, where the priority moves from a focus on schedules and efficiency to measuring quality by the interactions. Meals might take two hours as everyone sits and talks about the photos that the staff member shows around to stimulate interaction and conversation. Sheard explained that nurses need to create positive social interaction - sharing, reminiscing and stimulating the senses, forming relationships and not being distant. When a person is very closed in, their need to connect is all inside.

People with dementia have human needs that require expression. Creating genuine personcentered care requires supporting staff in making the transition to thinking in new ways about how they spend their day and how they provide care. Person focused remains tuning into the person in front of you and think about their life and what is meaningful to them.

How to Be a Leader:

- You need to become a theater stage manager by setting up rooms and corridors
- Attach every staff member to a number of people and make them responsible for that person's quality of life
- Sit still and watch five minutes of every day. Listen to the interactions.
- Model the behaviour you want to see happen.
- Butterflies flit and create moments. Be that butterfly.
- Sit and eat with people.
- Bring photos and fill your pockets with things to talk about.
- Make lunch last two hours.
- Check all unsupervised rooms regularly.
- Make shift handovers about people's lives.
- Capture the best moments of the shifts to remind each other about why you're there.

Transformation will take modern leadership and coaching. Teams will respond when they find they are working for someone they trust with their heart and not just their schedule. Transformation will include shifting from audits to quality of life measurements, removing institutional features and practices and focusing on the lives of the people in care. Genuine person-centred nursing is about helping patients and clients, being their friend, being everything to them. The most important in a person with dementia's life is creating moments for them that really matter for them, to give them moments when they can connect.

Sheard described the key principles around what really matters most to people with dementia. What matters most is what matters now; people change when they have dementia, so care shouldn't always be based on who they were. Another principle is that human rights need to be balanced with the duty of care: people with dementia should still have choice, even if we think it might not be the best care. If toast in the morning makes someone happy, let them have toast, even if there might be a healthier option. It's part of enhancing the quality of life as well as protecting people from harm. The least restrictive option is usually the best response. That means considering the emotional harm that may occur from not allowing any risk in life. Sheard also said that family feelings matter but can't dictate care; people may be basing their desired care on who the person was and not who they are with dementia – dementia changes people.

Making these changes in our institutions requires a change of culture and a change in what we think of as quality care for people with dementia. Within the nursing community, it will be important to call each other on negative culture wherever we find it. We need to ask ourselves: Is this what the people we care for want? Is this what they need? Does our language dehumanize people and if so, how do we change it?

Sheard ended by speaking about how this approach to care is about more than just dementia care and long term care. They are about all of our relationships with one another as a society. When people are dehumanized, they respond in inhumane ways. It's going to take leadership to make the change.

10 Steps to Changing the Care You Provide

- Appreciate who you are and be that person first.
- Begin with the values that brought you into nursing.
- Combine your specialist knowledge and skills with compassion.
- Distance yourself from custodial models.
- Empower encourage and enable staff on teams.
- Find out what your staff actually do and think about how to support them.
- Generate a nurse nurturing system.
- Have fun.
- Insist on care with intention.
- Join in and model the kind of care you want to see provided.

Key Takeaways

- Dementia will not kill your soul. The institutionalization of care will kill your soul.
- Dementia care is about forming relationships and not being distant.
- Leading as a nurse is a matter of identity, a matter of beliefs. All you have is now.
- You can be an attached professional.

Good Links

- Information on dementia care matters and David Shear's consultancy and links to interviews: http://www.dementiacarematters.com/davidsheard.html
- The Gift of Alzheimer' – a blog by Maggie La Tourelle: http://thegiftofalzheimers.com/blog/

Government of Denmark: *Caring for the Elderly the Danish Way:* Eva Pederson, Director of Policy, Aging Division, Ministry of Social Affairs

Eva Pederson linked into the Think Tank via Skype to talk about the Danish approach to caring for the elderly and how they changed care delivery to meet the challenges of an aging population. While it's a good news story that more people get older, said Pederson, one of the effects is that need for care increases after age 80. This reality is couple with demographic changes, which will see fewer people available to take care of older people.

In Denmark, health and social services are seen as going hand in hand for the elderly. When examining what needed to be done, they realized that care needed to be redefined with an increased focus on rehabilitation and support for daily living. They did this through three approaches: putting in place activating and preventive measures, placing more emphasis on home care, and changing the traditional nursing home model to a residential care setting model.

> Health and social services go hand in hand for the elderly.
> Eva Pedersen

Activating and preventive measures focus on keeping people healthy, active and in control of their own life. In Denmark, preventive home visits are done once a year after people reach age 75. These visits are done by nurses or other professionals who are able to screen for declining health and signs of early dementia. The first line of response when people show signs of diminished capacity to care for themselves is introducing preventive and activating activities (cultural, informative, physical and entertaining activities). Active, engaged people stay healthier and independent for longer periods of time.

Denmark has also shifted from conventional home care to rehabilitating care – helping people learn new ways of caring for themselves and staying healthy. This approach is supported by what people themselves are looking for; the new generation of elderly are more motivated to help themselves and live healthily. Rehabilitating care approaches have required a change in attitude among staff, recipients and their relatives; children and grandchildren are sometimes the ones who wonder why their parent or grandparent is being pushed to participate in activities and need information in order to understand the benefits.

Home care is targeted to those who don't have the ability to benefit from rehabilitation and who are unable to perform certain tasks in their own home. This includes:

- Practical assistance – cleaning and shopping
- Personal assistance – bathing shaving, getting in and out of bed
- Meals on wheels

Denmark has been able to accomplish a 75 percent rate of people from 80 to 84 still in their own home and at age 90+, 30 percent are also at home. Denmark hasn't built traditional nursing homes since 1987. Instead, they have changed to residential care settings where people have their own flat in the compound because some people won't receive sufficient care in their own home. Even in a nursing

home, rooms are built as individual flats with two rooms, a private bath and a kitchenette. People living in the flats are tenants and have the same legal protection as other tenants.

The core values in nursing homes include a respect for the individual and a belief that how people lived their life before they needed care should influence their life in care – for example, if you slept in late all your life, you should be able to continue to do so. Denmark builds in a respect for dissimilarity, focuses on humanity (dignity), and works to ensure that people have pleasant experiences every day and maintain contact outside the nursing home.

This includes dignified end of life care because almost always, the residential care centre is the last place people will live. Care is based on a belief that death is a part of life and that people shouldn't feel alone with regard to this reality and are able to talk about it.

Overall, there are many benefits of people living with more control of their lives. They are empowered and more satisfied, society at large benefits from them remaining active participants, and caregivers have increased job satisfaction.

Key Takeaways

- Health and social services go hand in hand.
- We need to focus on rehabilitation and support for daily living and help people learn new ways of caring for themselves.
- Screen early. Screen routinely. Screen selectively.
- Choice, respect for individuality, and dignified end of life care are core values.

Good Links

- A better way to care for the aging:
  http://thechronicleherald.ca/careincrisis/1168351-a-better-way-to-care-for-the-aging#.VHZjdslRcV8
- **Ministry of Children, Gender Equality, Integration and Social Affairs**
  http://english.sm.dk/en/responsibilites/social-affairs/eldercare

Netherlands: *A Vision and the Outcome – de Hogeweyk:* Eloy van Hal, Facility Manager of de Hogeweyk (The Dementia Village)

Eloy van Hal is the facility manager of de Hogeweyk, a ground breaking care setting for people with dementia. Van Hal explained that while dementia changes our reality, it doesn't change our humanity and need to live our lives as lived before, in small groups with a lifestyle that is as close to the same lifestyle we enjoyed before dementia. What the person likes may change, but they still will have preferences and need to be able to control their environment.

In de Hogeweyk, the dementia village is set up as a controlled environment described as a "real life environment" that isn't reality. The environment is created knowing that people with dementia do have different needs for care and that the truth they can live with is going to be more controlled than prior to the dementia. de Hogeweyk believes that a traditional nursing home confuses the person with severe dementia on a daily basis; the person with severe dementia needs support to live his life as usual. Living together with strangers can be good if those strangers have the same lifestyle and can become friends.

De Hogeweyk has 23 homes with six to seven residents in each. The method of care is based on an integrated model that incorporates living, wellbeing and care, and is based on a vision of what is normal life, laid onto a framework of the realities of living with severe dementia. Its pillars include favorable surrounding, a normal environment that also mimics different lifestyles. Each home has a front door, living room and kitchen, and people have their own bedroom. The household is run like households all over Holland – people clean the house, do the laundry, prepare and eat meals together, and do the shopping. People step out their front door and enter a street scape.

> Our solution is to let people have normal lives.
>
> Eloy van Hal

Within the village, there is a supermarket, shops, hair stylist, a library, theater, art gallery, etc. De Hogeweyk is accessible to everyone. People from the community can come in and go to the local art gallery and have a coffee. There is one locked door at the entrance to the village/community. Many of the village's events take place in small settings because it's more like what people would experience in normal life. They also have a restaurant, because going to a restaurant is also part of normal life. About half of the space is outdoors.

The model is also based on social values. Van Hal asked people to think about Sylvester Stallone and Woody Allen. While both are actors, wealthy and famous, their lifestyles are very different and we can imagine them not being comfortable in the same surroundings. The segmentation within de Hogeweyk is based on seven lifestyles common throughout Holland at this time and care plans and placements are based on the lifestyle people had:

- Urban – open outgoing, talkative
- Traditional – traditional, handicrafts, mashed potatoes
- Homey – traditional, cosy

- Indonesian
- Upper class – manners, classical music
- Cultural – the arts, wine, vegetarian meals
- Christian – sober, religious music, praying

Employees and volunteers are described as the pillars of the village. There is one team in every house and every team has a first responsible caregiver responsible for life and care plans and coordinating the living, wellbeing and care for each resident. Daily support includes a nurse, physician or psychologist when needed. Other care available to residents includes physiotherapy, social work, occupational therapy, etc. Teams are supported by a night team and caregivers. The budget is about $7,000 per month per resident.

Van Hal believes that the village approach can be implemented even in old infrastructure. Start by asking "what do I want when I'm old and have dementia?" Exercise, fresh air and daylight, view of nature, social contacts, a pleasant atmosphere and a set table is good for people. Living in a group of six is better for us than 10.

There is an element of risk when people with dementia have the freedom to live their lives as normally as possible. Families have to accept and understand the vision and that there is some risk for residents. However, there is risk in every environment and de Hogeweyk has found that there is less harm created by people being able to sit by a fountain, for example, than might be thought. At de Hogeweyk, they've found that residents are less aggressive because of the increase in space to walk around, fresh air, exercise, daylight and freedom. There are no bedridden residents and the "nursing home" is backstage.

The experiment is working and von Hal says that De Hogeweyk 3.0 may include people without dementia living alongside those with dementia.

Key Takeaways

- Need situations that recreate real life environment with the nursing home in the background.
- Need to acknowledge that one size does not fit all.
- Need to integrate dementia living with the community.
- Need to acknowledge and accept some risk.

Good Links

- BBC Video: Dementia patients in Dutch village given 'alternative reality' http://www.aplaceformom.com/blog/2013-6-14-de-hogeweyk-dementia-care-revolution/
- A Place for Mom Blog Post: The de Hogeweyk Dementia Care Revolution http://www.aplaceformom.com/blog/2013-6-14-de-hogeweyk-dementia-care-revolution/

Rising Tide of Dementia in Alberta – Innovative approaches for supporting providers *and families:* Christene Gordon, Director, Client Services and Programs, **Alzheimer's Society of Alberta and NWT**

In Canada today, approximately 500,000 people have dementia and that number is projected to rise to 1, 000,000 by 2038. Christene Gordon spoke about the toll this is taking on the people with dementia and their caregivers, asking the question: How are we going to meet the needs of people who need our support and need our care? She emphasized the need to humanize the face of dementia, adding that behind every statistic is a real person.

Work is being done to stem the tide. There are four areas of study/hypotheses in the field of dementia, including the role of exercise, primary prevention programs and support for dementia patients and families. Studies are showing that exercise can reduce incidence by 50 percent and primary prevention programs can delay dementia's onset by two years. Other research is looking into how to support caregivers, as well as reduce the burden on them. Families don't know what they don't know and neither do professionals. There is no one spot where all the information is gathered and studies point to the benefit of assigning a system navigator to all dementia patients.

> Language forms our thoughts, which then form our actions. Rather than saying we need beds, let's talk about needing places for people to live. As well, objects are placed. People may move to a care community. They are not placed. And don't label people as sundowners or bed blockers.
>
> Christene Gordon

The Alzheimer's Society offers several programs to support families and people with dementia. First Link is a direct referral service from physicians and other health providers that works with people as early as possible. Referral to First Link is considered best practice in the provision of dementia care.

Another service, the ASANT Café, is an online space for people with dementia and their families dealing with dementia. The site is a safe, private place for anyone affected by Alzheimer's disease and other dementias. While online, they can join in discussions, communicate with others about their experiences and ask questions and watch videos. In 2015, a further online experience will be launched for extended services.

Gordon ended with a call to action. Canada needs a national dementia strategy to look at all the aspects that go into providing the best quality of care to people living with disease. We also have a massive need for culture change, she added. That culture change needs to occur in long term care, assisted living, home care and acute care. She pointed to standards that look at the paperwork, rather than the lived experience of people. We need to become partners in care with people, not care providers. Finally, she reminded people that although the society is called the Alzheimer's Society, it is about all dementias.

Family Phases of Caregiving and Needs at Each Phase

Pre-diagnostic

- Growing awareness that something is wrong and need to decide how seriously the family should take memory lapses and other little things.

Diagnostic

- Help to obtain a diagnosis; deal with issues of fear, sadness, anger and denial; and help provide people with access.

Role Change

- As the person moves from being an independent adult into someone who needs support, people's roles in the family change as the caregiving system is organized.

Continued caregiving

- Helping people adapt the things they love so they can still do them and families need help in order to stave off burnout.

Transition to alternative care

- Issues around guilt. Marks a shift to collaborative caregiving and bringing in different people and supports. Having respite and other supports are important.

End of life

- Families are faced with decisions regarding care and treatment at end of life. There is a need to help families develop an image of a good death, including important rituals and legacies which will help bring closure and meaning at the point of death.

Key Takeaways

- We need to support families throughout the dementia process.
- Language matters. Let's talk about needing places for people to live, not beds. Let's talk about moving people to a different care community, not placing them.

Good Links

- Alzheimer's Society of Alberta and Northwest Territories
  http://www.alzheimer.ab.ca/
- ASANT Café
  https://www.asantcafe.ca/

Seniors Care, Dementia and Innovation: Dr. Lili Liu, Professor, Rehabilitation Faculty, University of Alberta

Alberta's continuing care strategy emphasizes aging in the right place. The Rehabilitation Faculty is looking at ways to use technology to enhance home care, assist people transitioning from continuing care to home or community, and technology for medical and safety monitoring. The field is moving very quickly and the faculty has gone from looking at pilot projects and studies to using a "Just Do It" philosophy.

Specific areas being addressed using technology to support aging in the right place include:

- Medication adherence
- Wandering detection
- Fall detection
- How to support health care providers with technology

This is part of the new field of gerentechnology, defined by the International Society for Gerentechnology as "designing technology and environment for independent living and social participation of older persons in good health, comfort and safety." Gerentechnology includes the analysis of meaningful data collected at home or in healthcare settings to better support people.

Dr. Liu provided information on the independent living suite at Glenrose Hospital. The suite is a focal point for transitioning patients or clients to home. People can stay there with family as if they were in their own home and learn to use affordable assistive technology to help them live independently. Liu pointed out that when they talk about a smart home, they aren't interested in the kind of home we think of with smart fridges, etc. They are talking about homes that support people, for example cupboards in the kitchen that move up and down so different people can reach them.

Another innovative facility is the University of Alberta's Smart Condo. One of six simulation spaces in the Edmonton Clinic, it involves industrial design and pharmacy as well as medicine. There are two scientists involved, one working with data architecture and the other with sensors. The Smart Condo is a fully equipped one bedroom home. It's smart because it's low tech and incorporates universal design principles, including home health technologies such as sensors, medical devices and prototypes, and e-health software. The condo is a space for inter-professional education and research

Technology needs to be married with common sense, particularly around the reaction to information. Calling an ambulance is not the appropriate response for every fall that is detected, for example. As well, a monitoring centre is required and that brings out issues around the technology, privacy, etc., especially where technology is being brought into Canada from the US.

Examples of research being done include the use of mobile devices for home and community assessment, using technologies in assisting workflow for health care aides, using mobile devices instead of pencil and paper assessment an using technology to assist in medication adherence, and having

health care aides use smartphones to take pictures of emerging skin conditions and messaging them to a nurse for timely care advice.

Work is also being done to enhance user acceptance. User acceptance is based on

- What you expect the technology to do for you and your clients
- How much effort it requires of you
- How influenced you are by your social circle
- Your employer's support of your use of technology
- Your personal comfort level
- Whether the use is voluntary or mandatory

Key Takeaways

- Gerentechnology is about designing technology and environments for independent living and social participation of older persons in good health, comfort and safety.
- Technology can support health care providers.
- Technology can support people in doing the things they want to do.
- Technology needs to be married to common sense – it's about the user.

Good Links

- International Society for Gerentechnology: http://gerontechnology.info/index.php/journal/pages/view/isghome
- Learn more about the Smart Condo: http://www.hserc.ualberta.ca/en/Research/OurResearchPartners/AcademicLeadsLiliLiuandEleniStroulia.aspx
- Article on Glenrose Hospital's independent living suite from the Edmonton Journal: http://www2.canada.com/topics/travel/story.html?id=5750088

Isabel Henderson and Nancy Guebert Co-Leads, AHS Continuing Care Resolution Team; *AHS Service Plan for Improvement and Innovation for the Health System*

Henderson and Guebert have been reviewing the long term care system within Alberta Health Services. Describing the project as a six month marathon, the pair were given a mandate to:

- Look at high level scan of home care, supportive living and long term care
- Review the continuing care concerns line and email
- Connect with clients, families, the public and stakeholders
- Identify strengths and opportunities in all sectors including educational opportunities

"*Will you be ready to care for me?"* Part of their approach has been to talk to people about their experiences and listen to their stories. One family related to them how their mother was in long term care and was often left sitting alone in the dining room while staff took care of others. She told her daughters that she often felt like a thing. Despite a care plan that prescribed exercise and an emphasis on mobility, the woman wasn't helped to move around and ended up losing mobility. An examination of the situation found there were issues around staffing, communication, and resources, including the importance of volunteers.

As they've conducted their examination, six areas of concern have emerged:

- Access
    - People are waiting for beds, information and service
- Quality
    - Responsive to call bells
    - Activities of daily living
    - Psychosocial and emotional support
    - Goals of care
    - Wound care
    - Dementia care
- Communication
    - Delay in response to access concerns
    - Reluctance to share concerns
    - Using technology to help others participate
- Transition.
    - Delays in referrals
    - Transfers between facilities
    - Too many moves leading to questions about how can we care in place
    - Ensuring that people are in the right place the first time

- Facilities
    - Temperature, food, cleanliness and homelike versus institutional like setting
- Other Issues
    - Multiple audits and standards
    - Way finding and public ability to figure out how the system works

The work plan that is beginning to take shape involves improving information and coordination for residents, families and the public, including expanded support for caregivers and streamlines case coordination. Another area is staff, including putting leadership at the front line, empowering people to take local action, valuing and supporting staff and supporting collaborative practice. From a system perspective, they have identified the need for a clear vision, a focus on person-centered care, and shared leadership. Work also needs to be done in acute care so that people can transition back to the community and don't lose quality of life.

> We work in the resident's home. They do not live in our workplaces.
>
> Isabel Henderson and Nancy Guebert

LPNs are an important part of the care team. They have the required assessment and reporting skills, can lead and encourage teams, and practice independently or collaboratively. LPNs also have the knowledge and skills to manage care for people with complex needs. There is also a significant role for LPNs in restorative care, with its focus on rehabilitation, recuperation, and optimizing mobility.

Client and family engagement is another part of the way forward. People need support in planning their home environments, assistance in their role as caregivers and ability to connect early with home care. It's important to look at collaborative care planning, care delivery, shared decision making and outcomes – it isn't about the title you have; it's the knowledge you bring.

Key Takeaways

- Partnership is what we do with families and patients, not what we do for them.
- True leaders don't create followers, they create more leaders.
- Leaders think about solutions. Followers talk about problems.
- We need to ensure that we have homelike environments and involve caregivers. In part, that means things like balancing food safety, liability and risk.

Good Links

- Alberta's continuing care system, AHS: http://www.health.alberta.ca/services/continuing-care.html
- AHS Continuing Care Concerns http://www.albertahealthservices.ca/10113.asp

Summary

Caring for the elderly, the infirm and people with dementia is a challenge for society and for nursing. There is a need to look at alternate care models, health care policy, innovations in the practice of nursing and nursing leadership. At the heart of the issues surrounding seniors' and dementia care, there is a fundamental need to move from a culture of caregiving to one characterized by deep compassion, from leadership driven by adherence to standards to leadership that inspires the kind of care that we all want to receive when we are old.

Over and over speakers talked about the reality that something in nursing got lost along the way. People started out in the field because the work of caring for others spoke to them. They ended up working in a system that has a definition of professionalism that puts objectivity before connection, with outdated rules and protocols that in the final analysis don't work for people. There are too many nurses are being ground down by bureaucracy. At the end of the day, it adds up to a loss of our humanity.

> This day speaks to the importance of us all coming together as nurses.
>
> Participant

At the Think Tank, people heard that the cultivation of compassion is at the core of what needs to occur. Compassion is what we feel in response to the suffering of others. It motivates a desire to help in ways that meet the needs of the person needing care, not the needs of the system. The clear call came for compassion in care, leadership, technology and planning.

Many moments emerged that touched people's hearts – stories about people who came to life when they were touched and provided with activities that spoke to them as individuals. People heard about rethinking how space and programming is used so that people are able to live with dignity and respect for their individuality, human rights and are able to feel the risk of making choices. At the heart of the day was the challenge to care teams to form relationships with patients and not being distant under the guise of professionalism. Good nursing care is engaged and centered around the needs of seniors, not care that is task oriented, overprotective and controlling.

At the end of the day, people walked away knowing that there is a lot of work to be done in nursing. The Think Tank helped to create a burning platform for all nurses to work together. With rising numbers of people in care and increasing rates of dementia, people heard clearly that the time to act is now.

Over the next months and years, the CLPNA will be working with its members and other professional colleges and government to take practical meaningful steps to transform the culture of care into one of compassion and empathy focused on the people needing care.