



**NATIONAL
AGEING
RESEARCH
INSTITUTE**

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**Template for best practice dementia
care:
Overall template (including
organisational, community and
residential)**

**Developed by NARI and Mecwa as part of the
project: “*Future directions - A dementia care
strategy for Mecwa: 2005-2008*”**

October 2005

This template was developed by NARI and Mecwa as part of the “*Future directions - A dementia care strategy for Mecwa: 2005-2008*” project

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Development of a template for best practice dementia care in community and residential settings.

A template was developed to bring together aspects of best practice dementia care based on the priority areas (research; information and education; access and equity; quality, integration and continuum of care; and workforce and training) outlined in the *National framework for action on dementia: 2005 Consultation paper*. In addition, the range of best practice guidelines and other resources reviewed for this project also informed some of the template content.

The template identifies key components for each of the priority areas, and then details some key indicators that could be utilised to determine current status in meeting the indicator, and to monitor change over time. The key indicators are separated into organisational, community, and residential components, as the key activities needed may vary depending upon the services being considered, and whether this is being considered in isolation, or (preferably) as part of the continuum of care delivered by the organisation.

The template appears very detailed when looked at as an overall document. There is merit in looking at the template as a whole, to reflect on how well the organisation and its services address key issues across the continuum of care. It can also provide a discussion for senior staff in determining strengths or innovations in service delivery in one service that could be shared across other parts of the continuum of care.

A summary sheet has been developed at the end of the template. The aim of the summary sheet is to list and prioritise the main indicators that have not been met, and listing actions, person responsible, and timelines for review.

Template for best practice dementia care (based in part on the Australian Health Ministers' Conference consultation paper on the National framework for action on dementia [2005]).

SECTION 1: YOUR ORGANISATION'S MISSION STATEMENT

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SECTION 2: YOUR ORGANISATION'S PHILOSOPHY OF CARE FOR CLIENTS WITH DEMENTIA

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SECTION 3: PRINCIPLES OF BEST PRACTICE DEMENTIA CARE

Best practice dementia care should be based on the following 12 principles:

- people with dementia are valued and respected. Their right to dignity and quality of life is supported
- the rights and interests of people with dementia, their families and carers will be protected
- the focus is on what the person with dementia can do rather than what they cannot do
- people with dementia, their families and carers are central to making choices about care
- supporting families and carers of people living with dementia enables them to continue to care and maximise their own health, well-being and quality of life
- person centred care is the most responsive way of caring for people with dementia
- all people with dementia, their families and carers should receive appropriate services, where and when they need them, regardless of social, cultural, or economic background or location
- coordination and flexibility of care is vital for people with dementia, their families and carers
- dementia prevention and early intervention play an important role in healthy ageing
- well trained and supported dementia workers deliver the best care
- consultation with carers, health professionals and advocates is essential to developing and delivering good dementia care
- a whole of community approach ensures better care for people living with dementia, their families and carers

SECTION 4: TEMPLATE FOR BEST PRACTICE DEMENTIA CARE

The Template on the following pages identifies key components within each of the Priority Areas of the National framework for action on dementia, and indicators that may be used to evaluate status in meeting the key components. Achievement of the indicators should facilitate an organisation to encompass the principles for best practice dementia care described above.

Note: in the context of this template, the term carer refers to people who “provide unpaid care and support to family members or friends who have a chronic or acute condition, mental illness, disability, or who are frail aged”. The terms “staff” or “care-givers” are used to denote employed staff providing care in any setting.

SECTION 4a: PRIORITY AREA – INFORMATION & EDUCATION

Key component	Indicators: Organisational	Indicators: Community	Indicators: Residential Care	Comments
Information on dementia is often not available when people need it or in a form that is easily understood	<input type="checkbox"/> Central register of useful dementia resources for clients and families <input type="checkbox"/> Staff aware of information resources <input type="checkbox"/> Resource folder available at each site, and in library (if available)	<input type="checkbox"/> Information sheet to be provided to new clients / clients with a new diagnosis of dementia and families, describing available information resources <input type="checkbox"/> Information resources provided when requested / when staff consider relevant <input type="checkbox"/> Documentation of information needs and responses in care plans	<input type="checkbox"/> Information sheet to be provided to new residents / residents with a new diagnosis of dementia, and families, describing available information resources <input type="checkbox"/> Information resources provided when requested / when staff consider relevant <input type="checkbox"/> Documentation of information needs and responses in care plans	Information may be in form of brochures, booklets, information on sources of further information, websites, etc. There are many resources available for clients, carers families and health professionals, eg - Alzheimers Australia - Hammond Group - Carer Respite Centre
People diagnosed with dementia can benefit from the support of others in the same situation	<input type="checkbox"/> Central register of dementia support groups <input type="checkbox"/> Flexible respite programs that support carers undertaking activities to maintain or improve their own health <input type="checkbox"/> Information is available about Carers Victoria resources and support (including availability in languages other than English), Carer Respite	<input type="checkbox"/> Formal and informal opportunities available for clients and families to share experiences <input type="checkbox"/> Information sheets available on carer support groups <input type="checkbox"/> Information provided to new carers about importance of carer health <input type="checkbox"/> Provision of carer information / education programs <input type="checkbox"/> Provision of carer support groups <input type="checkbox"/> Support options for carers to have time and	<input type="checkbox"/> Formal and informal opportunities available for clients and families to share experiences <input type="checkbox"/> Information sheets available on carer support groups <input type="checkbox"/> Information provided on intake to carers about health promotion / maintaining health and well-being	Sharing of experiences can be through a range of avenues, including group activities, social opportunities, newsletters, cd-rom with client experiences etc Studies have shown that carers tend to neglect their own health needs while in a care-giving role Physical activity programs for carers can improve physical and psychological well-being
Carers can be in poor health and have high emotional stress as a result of their caring role	<input type="checkbox"/> Flexible respite programs that support carers undertaking activities to maintain or improve their own health <input type="checkbox"/> Information is available about Carers Victoria resources and support (including availability in languages other than English), Carer Respite	<input type="checkbox"/> Information provided to new carers about importance of carer health <input type="checkbox"/> Provision of carer information / education programs <input type="checkbox"/> Provision of carer support groups <input type="checkbox"/> Support options for carers to have time and	<input type="checkbox"/> Information provided on intake to carers about health promotion / maintaining health and well-being	Studies have shown that carers tend to neglect their own health needs while in a care-giving role Physical activity programs for carers can improve physical and psychological well-being

Key component	Indicators: Organisational	Indicators: Community	Indicators: Residential Care	Comments
Support accurate and early diagnosis and support for people with early signs of dementia, and their families	<input type="checkbox"/> Centre, and other carer support services <input type="checkbox"/> Maintain list of regional services that can assist in early diagnosis (eg Memory/CDAMS Clinics) <input type="checkbox"/> Support family and carers in seeking medical advice / diagnosis when changes to a client's memory or cognition are identified	<input type="checkbox"/> Information provided on early diagnosis to all people identified with early memory impairment <input type="checkbox"/> Opportunities for their own health and well-being	<input type="checkbox"/> Medical review and referral for residents with changes in cognitive status	<p>Early diagnosis can assist clients and families to understand observed changes, and to develop strategies to manage more effectively</p> <p>In some cases of early diagnosis, medications can slow dementia progression</p>
Information should be available in languages other than English	<input type="checkbox"/> Central register of useful dementia resources for clients and families in languages other than English <input type="checkbox"/> Resource folder detailing information resources available in languages other than English available at each site, and in library (if available)	<input type="checkbox"/> Staff are aware of resources (including support groups, agencies, brochures) available in languages other than English <input type="checkbox"/> Availability of bilingual staff <input type="checkbox"/> Use of interpreters where needed	<input type="checkbox"/> Staff are aware of resources (including support groups, agencies, brochures) available in languages other than English <input type="checkbox"/> Availability of bilingual staff <input type="checkbox"/> Use of interpreters where needed	<p>A number of resources are available, eg</p> <ul style="list-style-type: none"> • a booklet called "A Time to Care – Helping People with Dementia and their Families" is available in English, Chinese, Croatian and Vietnamese. (from Multicultural Mental Health Australia) • Alzheimer's Australia has Help Sheets available in Arabic, Chinese, Greek, Italian, Polish and Vietnamese

SECTION 4b: PRIORITY AREA – ACCESS & EQUITY

Key component	Indicators: Organisational	Indicators: Community	Indicators: Residential Care	Comments
<p>Better ways are needed to identify, assess and support all people with dementia</p>	<p><input type="checkbox"/> Ensure consistency of assessment tools, processes and documentation</p> <p><input type="checkbox"/> Senior staff member to coordinate review of assessment tools</p>	<p><input type="checkbox"/> Review existing assessment tools & other intake information (including life book / history) in context of other similar organisations</p> <p><input type="checkbox"/> Common assessments tools should be used</p> <p><input type="checkbox"/> Systems are in place for documentation and transfer of relevant information across the continuum of care</p> <p><input type="checkbox"/> Centralised assessments</p>	<p><input type="checkbox"/> Review existing assessment tools and other intake information (including life book / history) in context of other similar organisations</p> <p><input type="checkbox"/> Common assessments tools should be used</p> <p><input type="checkbox"/> Systems are in place for documentation and transfer of relevant information across the continuum of care</p>	<p>Examples of best practice assessment tools need to be identified</p>
<p>Validated dementia assessment tools are needed to assess people from CALD backgrounds, people from Aboriginal and Torres Strait Islander communities, and ageing people with an intellectual disability</p>	<p><input type="checkbox"/> Senior staff member to coordinate review of assessment tools</p>	<p><input type="checkbox"/> Review whether existing assessment tools are suitable and meeting needs of people from CALD backgrounds, people from Aboriginal and Torres Strait Islander communities, and ageing people with an intellectual disability</p>	<p><input type="checkbox"/> Review whether existing assessment tools are suitable and meeting needs of people from CALD backgrounds, people from Aboriginal and Torres Strait Islander communities, and ageing people with an intellectual disability</p>	<p>New tools being developed and validated for cognitive assessment in people from CALD backgrounds (eg RUDAS)</p>
<p>There is a need to identify service gaps and support continuum of care for all people with dementia, including those with multiple needs</p>	<p><input type="checkbox"/> Development of organisational strategic plan for dementia care, based on review of best practice and service gaps</p>	<p><input type="checkbox"/> Review of all community services in context of organisational strategic plan for dementia care</p>	<p><input type="checkbox"/> Review of all residential care services in context of organisational strategic plan for dementia care</p>	
<p>Dementia information,</p>	<p><input type="checkbox"/> Review of feedback on</p>	<p><input type="checkbox"/> Systems are in place,</p>	<p><input type="checkbox"/> Systems are in place,</p>	<p>Some services have a</p>

Key component	Indicators: Organisational	Indicators: Community	Indicators: Residential Care	Comments
support and care services need to be more flexible, responsive and inclusive	<ul style="list-style-type: none"> <input type="checkbox"/> organisation's information, support and care services for clients with dementia <input type="checkbox"/> Develop partnerships with external organisations with expertise / training / resources in dementia care 	and widely known about, for carers and others to provide feedback to the organisation about community services for people with dementia	and widely known about, for carers and others to provide feedback to the organisation about services within residential facilities for people with dementia	standard client feedback brochure A number of key organisations provide resources and services that could complement and value add to the organisation's current activities (eg information, education programs)
Dementia services need to be innovative to respond to the needs of people with dementia in rural and remote areas	<ul style="list-style-type: none"> <input type="checkbox"/> Support client and families feedback systems on strengths and weaknesses of service delivery 	<ul style="list-style-type: none"> <input type="checkbox"/> Systems available within community services to facilitate client and family feedback on service delivery, and ways it could be improved 	<ul style="list-style-type: none"> <input type="checkbox"/> Systems available within residential services to facilitate client / family feedback on service delivery, and ways it could be improved (eg resident/family meetings) 	Can include brochure provided to clients and families requesting feedback on services, or intermittent survey or focus group approaches
Ensure suitable support, care and accommodation options are available for people with dementia aged under 65 years	<ul style="list-style-type: none"> <input type="checkbox"/> Scope current and projected future needs for services for people with dementia aged under 65 years 	<ul style="list-style-type: none"> <input type="checkbox"/> Review current service use and suitability for people with dementia aged under 65 years 	<ul style="list-style-type: none"> <input type="checkbox"/> Review current use of residential care facilities and suitability for people with dementia aged under 65 years 	
Ensure programs are culturally sensitive and inclusive	<ul style="list-style-type: none"> <input type="checkbox"/> Staff are aware of the HAACC Cultural Care Plan 	<ul style="list-style-type: none"> <input type="checkbox"/> Review community programs in the context of cultural mix of clients, including meals, activities, use of interpreters, recognition of special days and festivities etc 	<ul style="list-style-type: none"> <input type="checkbox"/> Review residential care programs & activities in the context of cultural mix of residents, including meals, use of interpreters, recognition of special days and festivities etc 	Information about cultural considerations and practice can often be obtained from ethno-specific agencies (eg CoASit; Fronditha, etc)

SECTION 4c: QUALITY INTEGRATION & CONTINUUM OF CARE

Key component	Indicators: Organisational	Indicators: Community	Indicators: Residential Care	Comments
Primary health				
People with dementia, their families and carers need to know who to contact for assistance	<input type="checkbox"/> Develop single point of entry processes within the organisation's services	<input type="checkbox"/> Promote and coordinate entry points to care and support for people with dementia, their families and carers	<input type="checkbox"/> Promote and coordinate entry points to care and support for people with dementia, their families and carers	
Families and carers should be involved in dementia care planning	<input type="checkbox"/> Checklist for staff with triggers for family / carer input to care planning	<input type="checkbox"/> Care plans are developed with involvement of carers	<input type="checkbox"/> Care plans are developed with involvement of carers	
Prepare for growth in demand for primary health services for people with dementia and their carers	<input type="checkbox"/> Develop a plan for meeting projected growth in service demands			Refer to Access Economics Report: Dementia estimates and projections (Feb 2005)
More GPs should make use of care planning and case conferencing that can help in diagnosing, assessing, managing, and referring people with dementia	<input type="checkbox"/> Work with Divisions of General Practice to improve care planning and use of case conferencing for clients with dementia	<input type="checkbox"/> Review communication strategies between service providers and general practitioners, and identify opportunities to improve communication	<input type="checkbox"/> Review communication strategies between staff and general practitioners, and identify opportunities to improve communication	

Key component	Indicators: Organisational	Indicators: Community	Indicators: Residential Care	Comments
Community care				
Access to community care services for people with dementia needs to be clear and straight-forward	<input type="checkbox"/> Identify and promote the best ways that assist people with dementia, their families and carers to navigate the care system	<input type="checkbox"/> Provision of flow-chart of links between services for people with dementia both within and external to the organisation		
Community care services for people with dementia need to be better coordinated to avoid duplication and identify service gaps	<input type="checkbox"/> Systems established to share documentation between services <input type="checkbox"/> Systems established for all staff to be aware of indicators of decline in client's cognitive status	<input type="checkbox"/> Checklists available to guide staff in reporting requirements <input type="checkbox"/> Participation in dementia specific network meetings		
The design of physical environments can support or hinder people with dementia to remain within their community	<input type="checkbox"/> Information available in resource folder on environmental considerations when caring for people with dementia	<input type="checkbox"/> All staff are aware of triggers for unsafe home environment, need for aids, and falls risk <input type="checkbox"/> The environment in community centres is designed to accommodate needs of people with dementia (eg colors, floor surfaces, safety, noise etc)	<input type="checkbox"/> All staff are aware of triggers for unsafe facility environment, need for aids, and falls risk <input type="checkbox"/> The environment in residential facilities is designed to accommodate needs of people with dementia (eg colors, floor surfaces, safety, noise etc)	<p>Training and prompt sheets can be useful in supporting staff in these activities</p> <p>Audit tools can facilitate review of the environment from a client centred perspective (eg NARI tool)</p> <p>Guidelines are available highlighting environmental factors in best practice dementia care (eg AMDA: Dementia clinical practice guideline)</p>

<i>Key component</i>	<i>Indicators: Organisational</i>	<i>Indicators: Community</i>	<i>Indicators: Residential Care</i>	<i>Comments</i>
Respite care	<ul style="list-style-type: none"> <input type="checkbox"/> Review whether mix of respite services available is meeting needs of clients and carers 	<ul style="list-style-type: none"> <input type="checkbox"/> Information available to carers on respite <input type="checkbox"/> Staff resource folder available on respite services available within and external to the organisation, including contact details 	<ul style="list-style-type: none"> <input type="checkbox"/> Respite services are responsive to needs of clients receiving respite care, in particular to effect of new / unfamiliar environments on people with dementia, and falls risk 	
Respite care should be part of a coordinated range of support services available to carers	<ul style="list-style-type: none"> <input type="checkbox"/> Carers are aware of point of contact for discussing changes in respite needs <input type="checkbox"/> Explore options to maximise flexibility of respite care options provided by the organisation (if appropriate) 	<ul style="list-style-type: none"> <input type="checkbox"/> Services are flexible to changing needs of clients with dementia and their carers <input type="checkbox"/> Availability of services outside of weekdays and work hours <input type="checkbox"/> Co-location of centre based respite services on site with residential facility 	<ul style="list-style-type: none"> <input type="checkbox"/> Review of available respite care in residential care <input type="checkbox"/> Co-location of centre based respite services on site with residential facility 	
Carers of people with dementia should have a range of respite choices available when they need them, and these should be flexible and responsive to individual diverse needs	<ul style="list-style-type: none"> <input type="checkbox"/> Central register of respite services available within the organisation and from other organisations 	<ul style="list-style-type: none"> <input type="checkbox"/> Staff are aware of how to assist carers in accessing information about respite services 	<ul style="list-style-type: none"> <input type="checkbox"/> Coordination of respite service in residential facility to maximise use and availability 	
Some families and carers need help to find respite services that meet their needs				

<i>Key component</i>	<i>Indicators: Organisational</i>	<i>Indicators: Community</i>	<i>Indicators: Residential Care</i>	<i>Comments</i>
Residential care				
New homes, renovations and maintenance programs should include a focus on providing the best care for people with dementia	<input type="checkbox"/> Ensure plans for new facilities, or renovations to existing facilities are reviewed in the context of best practice in environmental design for people with dementia		<input type="checkbox"/> Audit facility environment to identify features that could be improved for people with dementia	Information sheets are available on important features of the environment for people with dementia
People with dementia often have trouble moving between home, hospital and residential care	<input type="checkbox"/> Minimise unnecessary transitions <input type="checkbox"/> Where transitions are necessary, ensure adequate communication to support seamless and safe transition	<input type="checkbox"/> Ensure staff are aware of strategies to minimise impact of transitions (eg new client attending a Planned Activity Group) <input type="checkbox"/> Ensure staff are familiar with client, their preferences, routines etc to minimise transition difficulties (eg life book / history)	<input type="checkbox"/> Ensure staff are aware of strategies to minimise impact of transitions (eg in respite) <input type="checkbox"/> Where possible, provide care within the facility, with external services provided within the facility, in preference to transfer to another facility <input type="checkbox"/> Respite patients have life book / history available for staff to facilitate transitions	Transitions between home, hospital, and residential care are often associated with initial increased disorientation of the client, and can lead to increased risk of adverse events such as falls.

Key component	Indicators: Organisational		Indicators: Community		Indicators: Residential Care	Comments
Palliative care						
Families, carers and service providers need better understanding of end stage dementia and the type of care required	<input type="checkbox"/> Organisational support for staff training to support best practice care for people with end stage dementia <input type="checkbox"/> Information / resource file available for families, carers and staff to improve understanding of end stage dementia	<input type="checkbox"/> Variety of staff training options available to support best practice care for people with end stage dementia	<input type="checkbox"/> Variety of staff training options available to support best practice care for people with end stage dementia			
People in the final stages of dementia need better access to palliative care services that provide the best possible quality of life in all settings	<input type="checkbox"/> Identify and promote the best ways to assist people with dementia, their families and carers to navigate the care system	<input type="checkbox"/> Staff are aware of triggers to indicate carer is in need of additional support / information	<input type="checkbox"/> Staff are aware of triggers to indicate carer is in need of additional support / information			
Some carers need help in making decisions about their ongoing caring role		<input type="checkbox"/> Primary contact staff member to support carers obtain information / referrals / linkages to assist making decisions about their caring role	<input type="checkbox"/> Primary contact staff member to support carers obtain information / referrals / linkages to assist making decisions about their caring role			
Behavioural issues that impact upon care and support						
Better ways need to be found to prevent or safely manage behavioural issues associated with dementia	<input type="checkbox"/> Support staff training initiatives in recognising, understanding and managing behavioural issues associated with dementia <input type="checkbox"/> Specialist resource	<input type="checkbox"/> Checklist available to help staff identify possible triggers for behavioural issues associated with dementia, and options for management	<input type="checkbox"/> Checklist available to help staff identify possible triggers for behavioural issues associated with dementia, and options for management			Difficulties managing behavioural issues associated with dementia were identified as a major issue in all areas of review when developing this template

Key component	Indicators: Organisational	Indicators: Community	Indicators: Residential Care	Comments
	nurse with expertise in dementia best practice available to support staff	<input type="checkbox"/> Processes in place to seek assessment and management advice from GP, CDAMS Clinics, and other specialist services when behavioural issues associated with dementia arise <input type="checkbox"/> Case study approach with staff to support consistent management	<input type="checkbox"/> Processes in place to seek assessment and management advice from GP, CDAMS Clinics, and other specialist services when behavioural issues associated with dementia arise <input type="checkbox"/> Case study approach with staff to support consistent management	
The use of chemical and physical restraints for people with dementia needs to be reduced	<input type="checkbox"/> Have resources such as help sheets, and library resources that provide information on alternatives to restraint use <input type="checkbox"/> Specialist resource nurse with expertise in dementia best practice available to support staff	<input type="checkbox"/> Restraints should not be used at all in community settings	<input type="checkbox"/> Audit use of chemical and physical restraint within facility, when last reviewed, and what alternatives have been tried <input type="checkbox"/> Review clients where restraint is in use (or being considered) with GP / other specialist to determine alternatives to restraint use	Useful resources include: - NARI report "Barriers to implementing 'restraint free care' policies" - Qld Health guidelines - "Restraint and protective assistance guidelines".
Better coordination, referral, and case management is needed across services caring for people with dementia whose behaviour impacts upon their care		<input type="checkbox"/> Team meeting / case conference with GP to consider management strategies, links to other services	<input type="checkbox"/> Processes in place to maximise GP and other services in optimising management and care of people with dementia whose behaviour impacts upon their care	

SECTION 4d: WORKFORCE & TRAINING

<i>Key component</i>	<i>Indicators: Organisational</i>	<i>Indicators: Community</i>	<i>Indicators: Residential Care</i>	<i>Comments</i>
<p>Health, community and aged care workers providing services for people with dementia, their families and carers need to have a good understanding of dementia, good interpersonal skills, and a commitment to meet individual needs and preferences, with involvement of families and carers</p>	<ul style="list-style-type: none"> <input type="checkbox"/> A variety of opportunities for improving staff knowledge, skills and attitudes in the care of people with dementia should be supported, including outreach opportunities <input type="checkbox"/> Training opportunities should be flexible to accommodate all staff (eg after hours staff) <input type="checkbox"/> Review staff orientation program, and opportunities for ongoing staff training to improve care for people with dementia <input type="checkbox"/> Specialist resource nurse with expertise in dementia best practice available to support staff 	<ul style="list-style-type: none"> <input type="checkbox"/> Identify staff perceptions of training needs in community programs <input type="checkbox"/> Develop a training calendar for each community program to aim to address perceived gaps in training and best practice <input type="checkbox"/> Explore options to share training opportunities between different programs within the community setting 	<ul style="list-style-type: none"> <input type="checkbox"/> Identify staff perceptions of training needs in residential care programs <input type="checkbox"/> Develop a training calendar for each residential care program to aim to address perceived gaps in training and best practice <input type="checkbox"/> Explore options to share training opportunities between different programs within the residential care setting 	<p>Training can occur through 1:1 support, group activities on site, external facilitators coming on-site, use of existing training resources such as cd-roms and videos, and staff attending off site programs.</p> <p>Training in some instances can also be in the form of self training modules.</p>
<p>Ways need to be found to attract and retain well-trained and dementia care workers</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Organisational review of strategies to value and reward staff 	<ul style="list-style-type: none"> <input type="checkbox"/> Review of strategies to recognise quality care and value and reward staff within each service stream 	<ul style="list-style-type: none"> <input type="checkbox"/> Review of strategies to recognise quality care and value and reward staff within each facility 	<p>A variety of creative methods of demonstrating value of staff and rewarding innovative or quality care are available</p>
<p>Staff need to be aware of issues for people with dementia from different cultural backgrounds</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Training opportunities should be available to support knowledge and skills in dementia care for people from 	<ul style="list-style-type: none"> <input type="checkbox"/> Undertake a case study among staff of individuals from culturally and linguistically diverse 	<ul style="list-style-type: none"> <input type="checkbox"/> Undertake a case study among staff of individuals from culturally and linguistically diverse 	<p>CALD agencies often provide formal and informal training and support resources</p>

Developed by the National Ageing Research Institute and Meeuwa: 2005

Key component	Indicators: Organisational	Indicators: Community	Indicators: Residential Care	Comments
Implement new programs that have been identified as supporting workers in dementia care	<input type="checkbox"/> Senior staff to be supported in opportunities to keep abreast of innovations in care for people with dementia and their families and carers	<input type="checkbox"/> Strategies in place to share innovative ideas / learnings / care options among all staff within a service	<input type="checkbox"/> Strategies in place to share innovative ideas / learnings / care options among all staff within a facility	
There is a need to increase dementia training that focuses on behavioural issues associated with dementia	<input type="checkbox"/> Training opportunities should be available to support knowledge and skills in identifying and managing behavioural issues associated with dementia	<input type="checkbox"/> Resource folder for staff, with Help sheets / information sheets <input type="checkbox"/> Range of training options available, including 1:1 with senior staff, team meetings, in-services, case studies and external training programs	<input type="checkbox"/> Resource folder for staff, with Help sheets / information sheets <input type="checkbox"/> Range of training options available, including 1:1 with senior staff, team meetings, in-services, case studies and external training programs	

SECTION 4e: RESEARCH

Key component	Indicators: Organisational	Indicators: Community	Indicators: Residential Care	Comments
<p>Dementia research results need to be shared and be more widely available</p>	<ul style="list-style-type: none"> <input type="checkbox"/> identify plain language summaries of new research findings <input type="checkbox"/> support key staff to attend conferences and forums with programs focused on improving care for people with dementia <input type="checkbox"/> provide formal opportunities for feedback to the organisation of new research reported at conferences and forums 	<ul style="list-style-type: none"> <input type="checkbox"/> A range of opportunities is available for new research findings to be disseminated to all staff 	<ul style="list-style-type: none"> <input type="checkbox"/> A range of opportunities is available for new research findings to be disseminated to all staff 	
<p>Opportunities should be sought for involvement in research to support improved care of people with dementia, their families and carers</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Liaise with research organisations to identify opportunities for involvement in research of relevance to clients with dementia, their families and carers 	<ul style="list-style-type: none"> <input type="checkbox"/> Identify research questions of relevance at the individual community service level <input type="checkbox"/> Participate in research projects 	<ul style="list-style-type: none"> <input type="checkbox"/> Identify research questions of relevance at the individual residential care facility level <input type="checkbox"/> Participate in research projects 	<p>Participation in research can often be undertaken with no cost to the participating organisation, and sometimes with additional activities funded as part of the research program</p>

<i>Key component</i>	<i>Indicators: Organisational</i>	<i>Indicators: Community</i>	<i>Indicators: Residential Care</i>	<i>Comments</i>
<p>The environment is a key consideration optimising care for people with dementia. Elements of the environment for consideration include:</p> <ul style="list-style-type: none"> - safety - avoiding excessive noise / other sensory overload - consistency - colors and recognisable / meaningful signs / symbols to assist finding commonly used areas - pleasant sensory stimulation, eg aromatherapy 	<input type="checkbox"/> Processes are available for identifying modifications required to environments where services are provided, and opportunities to seek support and funding to initiate improvements in the environment are available	<input type="checkbox"/> Review the environment within areas used to provide services for people with dementia <input type="checkbox"/> All staff providing services within the homes of people with dementia are aware of triggers to indicate the need for a detailed home environment assessment <input type="checkbox"/> Options for pleasant sensory stimuli are available in programs, eg aromatherapy	<input type="checkbox"/> Review the environment within residential care facilities accessed by people with dementia <input type="checkbox"/> All staff within residential care are aware of triggers to indicate the need for a detailed environment assessment <input type="checkbox"/> Options for pleasant sensory stimuli are available in programs, eg aromatherapy	
<p>Health promotion activities are equally important for people with dementia as for people without dementia. These included providing opportunities for:</p> <ul style="list-style-type: none"> - good nutrition - physical activity - good sleep routines 	<input type="checkbox"/> Provision of a safe environment for meal preparation and delivery <input type="checkbox"/> Provision of a safe environment for physical activity programs (eg strength training, dance, recreation) <input type="checkbox"/> Appropriately qualified staff are available for activities	<input type="checkbox"/> Meals provided are reviewed for nutritional quality <input type="checkbox"/> Variety of physical activity options available, and clients encouraged to participate (eg strength training, walking programs, dance <input type="checkbox"/> Individual and group needs are considered in	<input type="checkbox"/> Meals provided are reviewed for nutritional quality <input type="checkbox"/> Variety of physical activity options available, and clients encouraged to participate (eg strength training, walking programs, dance <input type="checkbox"/> Individual and group needs are considered in	

Key component	Indicators: Organisational	Indicators: Community	Indicators: Residential Care	Comments
Recreational and diversional activities programs	<input type="checkbox"/> Provision of staffing and opportunities for diversional activities for clients with dementia	<input type="checkbox"/> developing a physical activity program <input type="checkbox"/> Staff are trained to recognise signs of disturbed sleep routines <input type="checkbox"/> Where possible, meals and physical activity programs should take into consideration a client's cultural background <input type="checkbox"/> Range of diversional activities available <input type="checkbox"/> Where possible, some diversional activities should be linked to individual's interests / previous activities (eg refer to life book / history)	<input type="checkbox"/> developing a physical activity program <input type="checkbox"/> Staff are trained to recognise signs of disturbed sleep routines, and liaise with GP to discuss management <input type="checkbox"/> Where possible, meals and physical activity programs should take into consideration a client's cultural background <input type="checkbox"/> Range of diversional activities available <input type="checkbox"/> Where possible, some diversional activities should be linked to individual's interests / previous activities (eg refer to life book / history)	
Complementary therapy programs	<input type="checkbox"/> Opportunities are available for complementary therapy programs to be available for clients			

Dementia strategy – best practice template summary

After completing the Dementia strategy best practice template for your service, summarise the key indicators not achieved within each priority area, develop and prioritise recommended actions, and identify a key person to review options for implementing recommended actions

Service:

Template completed by:

Date:

Priority area	Indicators not achieved / needing further development	Recommended actions (prioritised: 1 = highest priority)	Action by	Date for review
Information and education				
Access and equity				
Quality integration and continuum of care				
Workforce and training				

Priority area	Indicators not achieved / needing further development	Recommended actions (prioritised: 1 = highest priority)	Action by	Date for review
Research				
Other				