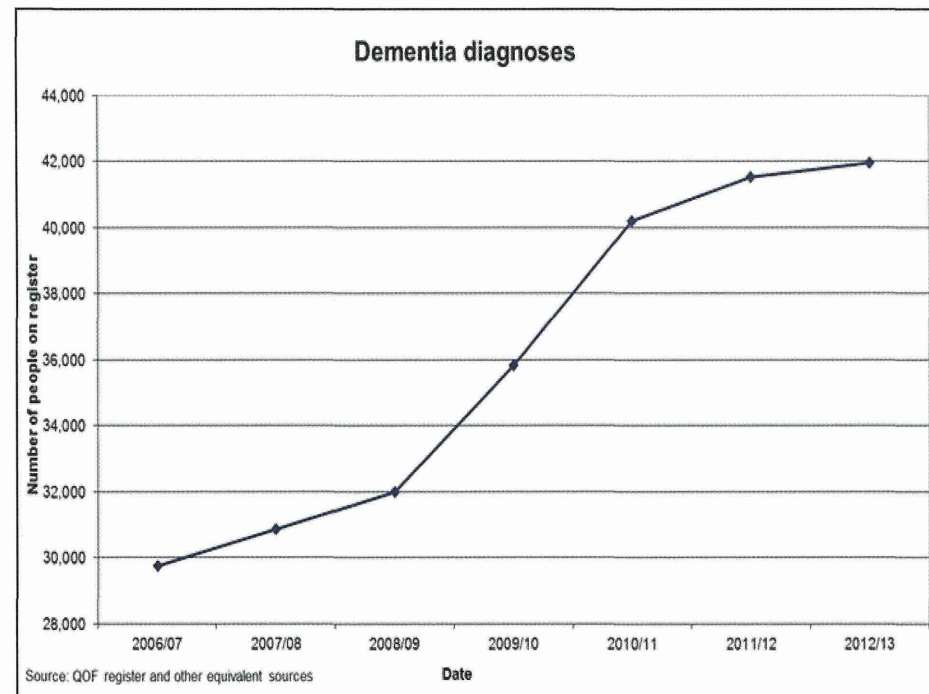


Quality of Care for People Living with Dementia

Geoff Huggins

Thank You

National Priority since 2007



Not going to tell you what we did

Sorry

Design Principles to Improve Quality of Care

@worlddementia
@oecd
@who
@eu

Humanity Principle

Care and support is offered to people with dementia and their families and carers in a way which promotes their wellbeing and quality of life, protects their rights and respects their humanity

Post diagnostic support

=
One year + named worker +
quality measures

Quality Principle

Care and support must be truly person centred, and should understand care and support from the perspective of people living with dementia, not the perspective of service managers or clinicians

Nothing about us without us

Effectiveness Principle

Care and support services must be redesigned to deliver integrated care to ensure that we deliver services effectively and efficiently

There's no ward like home



Care and support for people caring for people with dementia

=

Care and support for people with dementia

Person to person care

Humanity Principle

Quality Principle

Effectiveness Principle

What do you think?



Global action against dementia
Action mondiale contre la démence

Timely and appropriate prevention and care *The French experience*

Etienne C Hirsch

Director of the Institute for Neurosciences, Neurology and Psychiatry

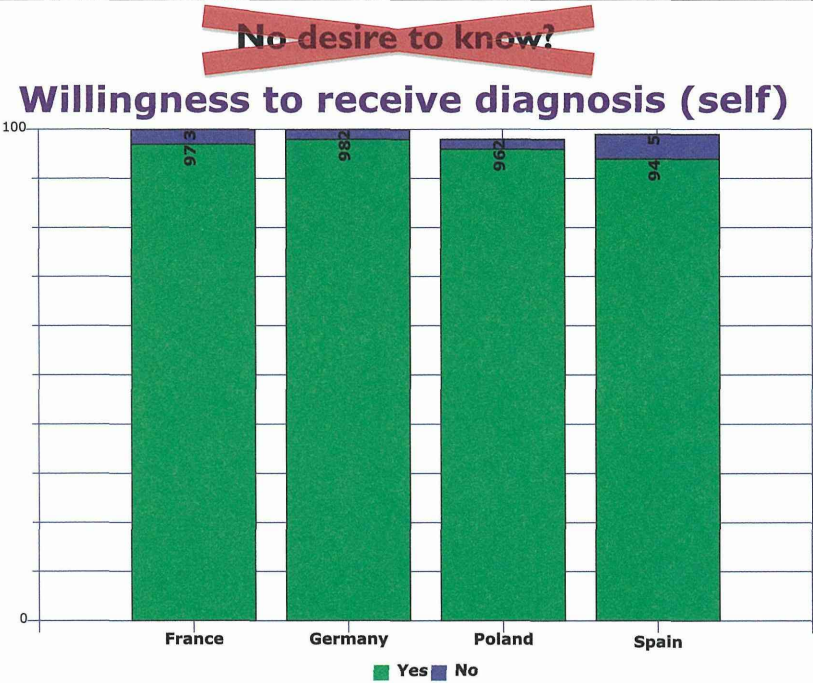


Today in France older subjects are anxious about their memory

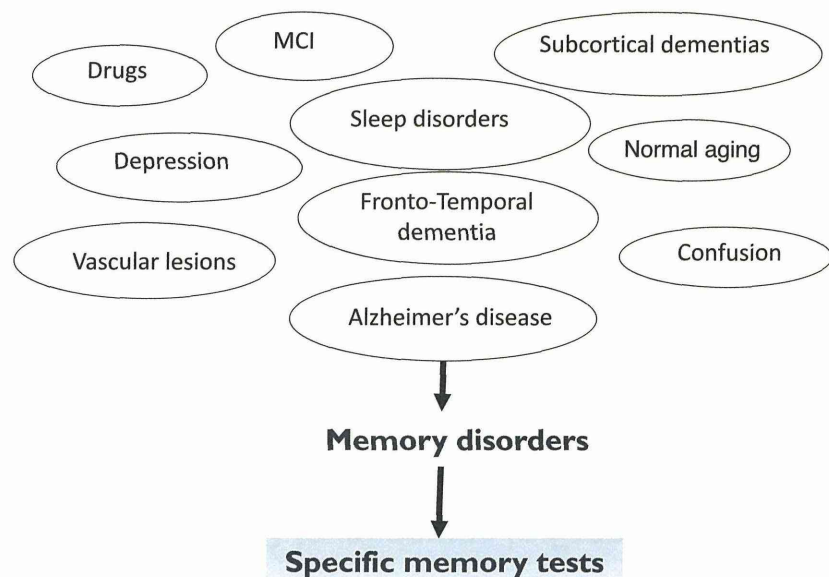
- memory complaints: almost the rule
- complaints not correlated with objective memory performance
- in most of the cases, complaints are related to attention disorders:
 - depressive mood
 - anxiety and professional stress
 - drugs
 - sleep disorders and sleep apneas
 - normal ageing

The 4 arguments put forward against an early diagnosis for AD

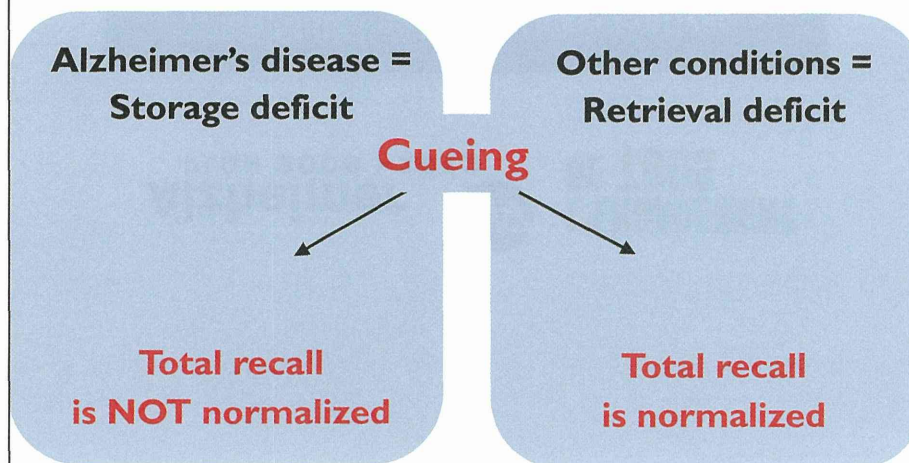
- 1) No desire to know
- 2) No certainty of diagnosis
- 3) Nothing to do for the patient
- 4) Risk of catastrophic reactions



No certainty of diagnosis: Early diagnosis is difficult



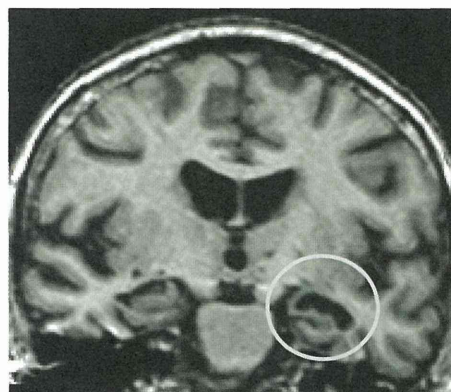
The specific pattern of AD memory disorders can be identified with cueing



Dubois and Albert. *Lancet Neurol.* 2004;3:246-248.

MRI is useful at the prodromal stage

- MRI excludes other causes (vascular, tumor, hydrocephalus...)
- MRI shows a precocious atrophy of the hippocampus



~~The diagnosis is more difficult at an early stage~~

Lehericy et al. *Eur Radiol* 2007

'There is nothing to do' Current available Non Pharmacological Treatment

- Cognitive stimulation is as effective on cognition as symptomatic drugs
- Cognitive rehabilitation
- Behavioral therapy applied by informal carers as co-therapists
- Support groups for informal carers improve quality of life
- Physical activity
- Multicomponent caregiver interventions
- Less evidence, still good: arts and musical therapy

Risk of catastrophic reactions

Disclosure of the diagnosis enables the patient to:

- make important life decisions, financial and legal plans while still competent, e.g.
 - Participate in planning of his/her future
 - Make living arrangements, move closer to children/family...
- benefit from resources of the healthcare system
- take appropriate steps to prevent injury (driving, weapons)
- be involved in treatment decisions

Recommendations for a timely diagnosis for AD

December 2000

Level 1: the GP

- identification and screening of patients with simple tools;
- orientation to level 2 for a more complete investigation;
- follow-up of patients in connection with the local network of professionals.

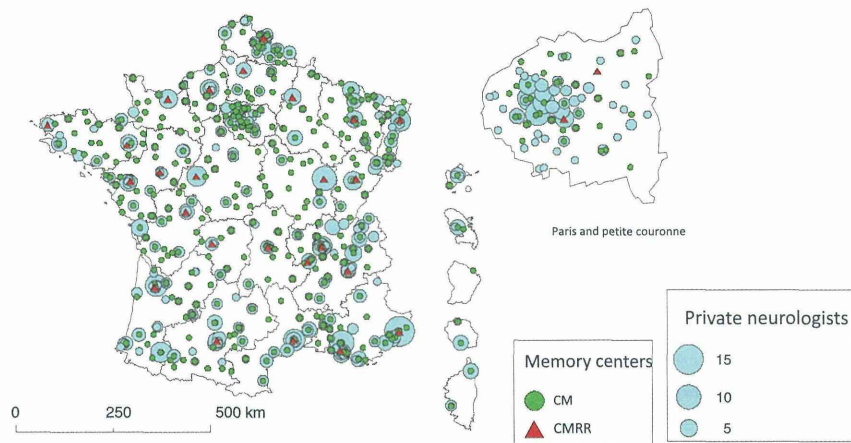
Level 2: the Memory Clinic or the Specialist (N,G,P)

- confirmation of the diagnosis based on a specialized neuropsychologic investigation and neuro-imaging ;
- therapeutic initiation.

Level 3: Regional Expert Centre (platform of resources)

- for complex diagnosis and Young-onset AD patients;
- for clinical research;
- for clinical trials mainly on disease modifier treatments.

The 3-level device in France



Alzheimer **AZ** L'ENGAGEMENT DE TOUS
PLAN 2008 > 2012

Plan Maladies Neuro-Dégénératives

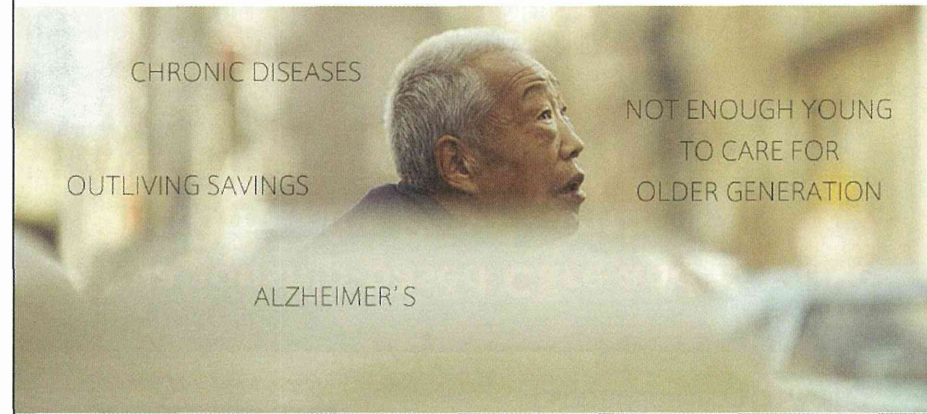
2015-2019

Relationship-based Care and Positive Outcomes for People with Alzheimer's and Their Families

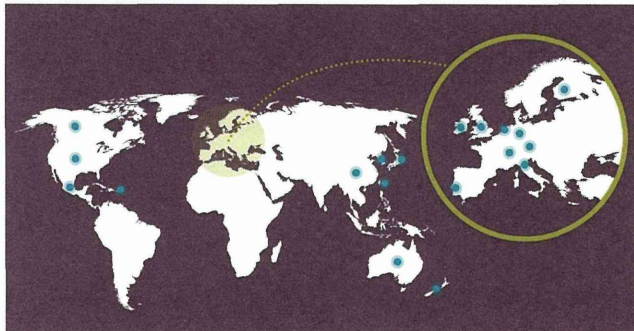
Global Dementia Legacy Event Japan
6 November 2014
Tokyo

Jeff Huber
President, Home Instead Senior Care
Member, Global Coalition on Aging

The aging movement is becoming a powerful social and political global force



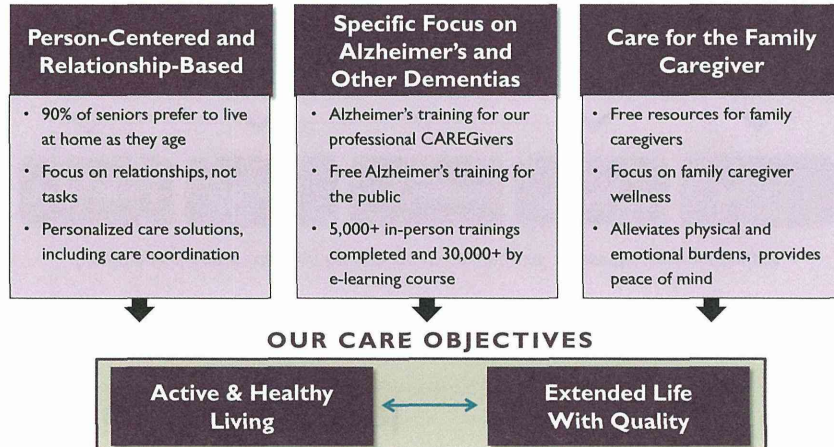
Serving Seniors Across the Globe



1,022 total franchises worldwide
65,000 CAREGivers™ • 50 million hours of care annually

Year Started	Country
1994	United States
2000	Japan
2001	Canada
2003	Portugal
2004	Australia
2005	Ireland New Zealand United Kingdom
2006	Taiwan
2007	Switzerland Germany
2008	Finland Austria
2010	Italy
2011	Netherlands
2012	Mexico
2013	China
2014	Quebec

How we provide care



Home Instead Services

Companion and Home Helper

- Meal preparation
- Medication reminders
- Accompany to doctor visits
- Grocery shopping and errands
- Laundry and linens
- Socializing
- Light housekeeping

Personal Services

- Bathing
- Dressing
- Incontinence care/toileting
- Mobility assistance

Alzheimer's or Other Dementias Care

- Managing behaviors
- Encouraging engagement
- Assisting with ADLs
- Keeping seniors safe

Transitional Care Services

- Transportation/prescription pick-up
- Discharge assistance
- Hospital readmissions

Care for Serious Conditions

- Observe how conditions affect seniors
- Recognize changes that may occur
- Report and record information relevant to care

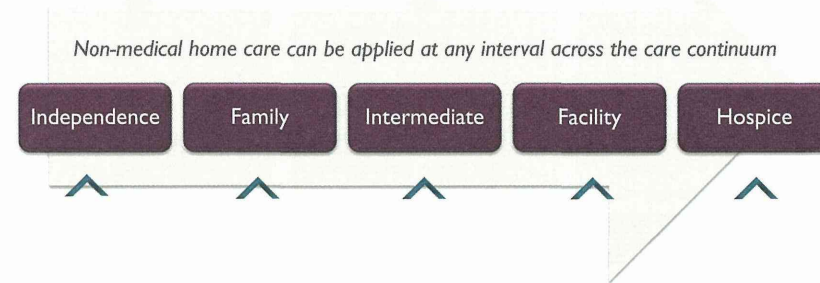
Hospice Support

- Supplemental support services
- Respite for family caregivers



To us, it's personal.

Home care supplements traditional senior care and supports a new and more efficient care model



To us, it's personal.

Home Instead Is Improving Quality of Life for Seniors with Alzheimer's

2x Double the Care Time

AOD patients with paid home care received 97.1 hours per week, compared to 51.7 for those without.

Nearly 50% Fewer Doctor Visits

AOD seniors with home care averaged 10.2 doctor visits per year versus 19.2 for those without home care.

Fewer Hospital Admissions

AOD seniors receiving home care had a 58% rate of in-patient hospital admissions, compared to 66% for those without.

Overall Better Quality of Care

73% of caregivers using professional home care rated the overall quality of care for their family members with AOD as "very good" or "excellent," compared with 62% of non-users.

SOURCES: "The Value of Caregiving at Home" – Conducted by the Boomer Project for Home Instead, Inc., franchisor of the Home Instead Senior Care franchise network, this major national study surveyed more than 1,600 family caregivers across the U.S. Results described here refer to the "more serious" AOD group evaluated.



To us, it's personal.



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