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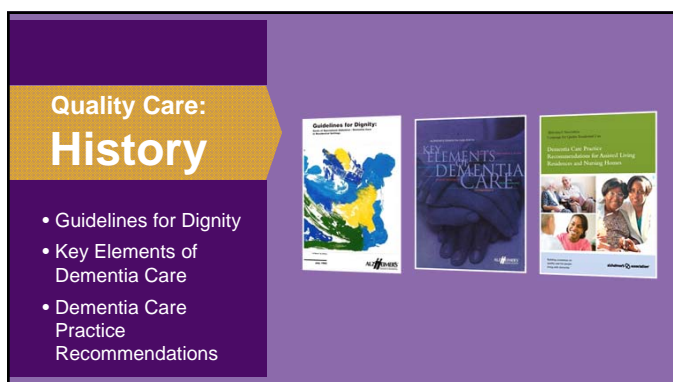
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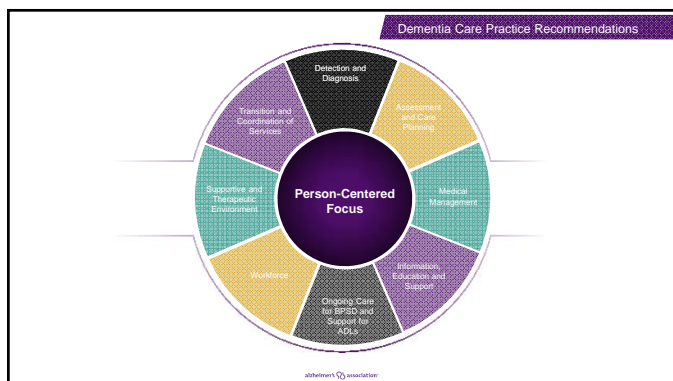
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**PERSON CENTERED FOCUS**

**Recommendations**

- Know the person
- Person's reality
- Meaningful engagement
- Authentic, caring relationship
- Supportive community
- Evaluation of care practices

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**DETECTION AND DIAGNOSIS**

**Recommendations**

- Information about brain health and cognitive aging
- Signs and symptoms of cognitive impairment
- Concerns, observation and changes
- Routine procedures for assessment and referral
- Brief mental status test when appropriate
- Diagnostic evaluation follow-through
- Better understanding of diagnosis

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**ASSESSMENT AND CARE PLANNING**

**Recommendations**

- Regular, comprehensive, person-centered assessments and timely interim assessments
- Information gathering, relationship building, education and support
- Collaborative, team approach
- Accessible documentation and communication systems
- Advance planning



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**MEDICAL MANAGEMENT**

**Recommendations**

- Holistic, person-centered approach
- Role of medical providers
- Common comorbidities of aging
- Non-pharmacologic interventions
- Pharmacological interventions when necessary
- Person-centered plan for possible medical and social crises
- End-of-life care discussions



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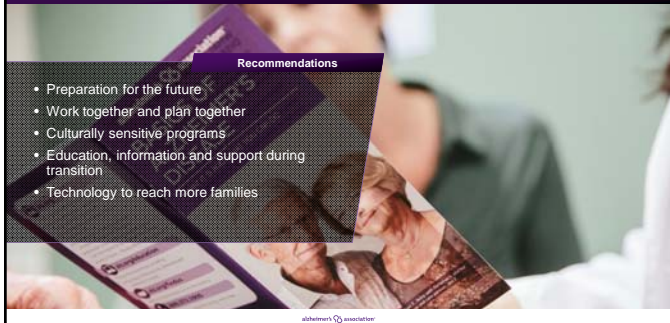
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**INFORMATION, EDUCATION AND SUPPORT**

**Recommendations**

- Preparation for the future
- Work together and plan together
- Culturally sensitive programs
- Education, information and support during transition
- Technology to reach more families



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**ONGOING CARE: ADLs**

**Recommendations**

- Support for ADL function
- Person-centered care practices
- Dressing — dignity, respect, choice; process; environment
- Toileting — also health and biological considerations
- Eating — also adaptations and functioning; food, beverage and appetite



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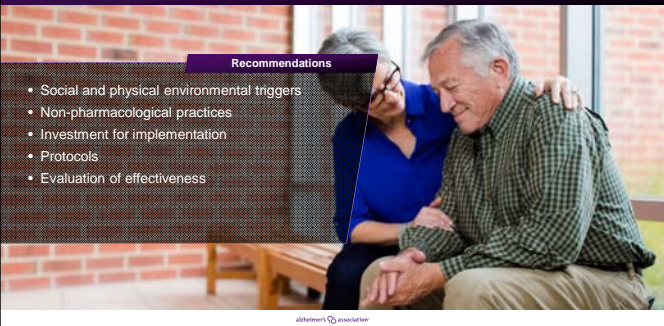
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**ONGOING CARE: BPSD**

**Recommendations**

- Social and physical environmental triggers
- Non-pharmacological practices
- Investment for implementation
- Protocols
- Evaluation of effectiveness



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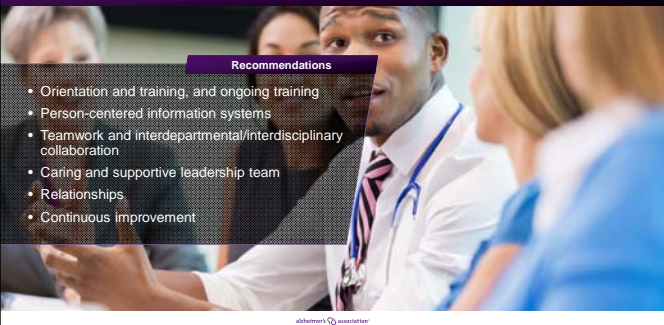
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**WORKFORCE**

**Recommendations**

- Orientation and training, and ongoing training
- Person-centered information systems
- Teamwork and interdepartmental/interdisciplinary collaboration
- Caring and supportive leadership team
- Relationships
- Continuous improvement



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**SUPPORTIVE AND THERAPEUTIC ENVIRONMENT**



**Recommendations**

- Sense of community
- Comfort and dignity
- Courtesy, concern and safety
- Opportunities for choice
- Meaningful engagement

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**TRANSITION AND COORDINATION OF SERVICES**



**Recommendations**

- Education about common transitions in care
- Timely communication of information between, across and within settings
- Preferences and goals of the person living with dementia
- Strong inter-professional collaborative team to assist with transitions
- Evidence-based models

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**Perspectives from individuals living with dementia**



- Encourage early detection and diagnosis
- Share appropriate information and education
- Get to know the person
- Maximize independence
- Practice patience and compassion
- Personalize care to meet individual needs and preferences
- Adjust care approaches to reflect day-to-day needs and abilities
- Provide ongoing opportunities for engagement that have meaning and purpose
- Ensure coordination among those who provide care
- Train staff on the most current disease information and practice strategies
- Inform and include the individual in new interventions as appropriate
- Create a safe and supportive environment that reflects the person

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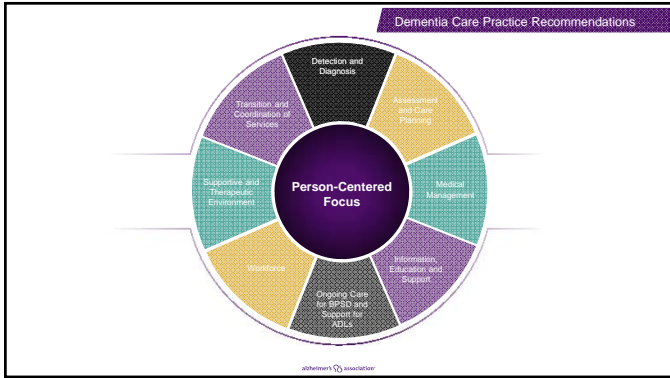
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### Putting It All Together

Develop a plan    Create short and long term goals    Include staff    Take small steps    Get help if needed    Build support    Recognize and celebrate accomplishments

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### Next Steps: Get Involved

- In-person and online programs and services
- Curriculum review and essentiALZ® certification
- [alz.org/qualitycare](http://alz.org/qualitycare)

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## Questions?

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**24/7 Helpline: 800.272.3900**

[alz.org](http://alz.org)®

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