



Dementia Care Program Guide

2



Alzheimer's Disease Facts & Figures



Alzheimer's Disease is the only Top Ten Cause of Death that cannot be prevented, cured or even slowed.

Over 5 million Americans are living with Alzheimer's, and as many as 16 million will have the disease in 2050. The cost of caring for those with Alzheimer's and other dementias is estimated to surpass a trillion dollars by mid-century. Nearly one in every three seniors who dies each year has Alzheimer's or another dementia.

The number of Americans living with Alzheimer's Disease is growing — and growing fast. An estimated 5.7 million Americans of all ages have Alzheimer's Disease.

40%

40% of residents in residential facilities, including Assisted Living, have Alzheimer's or other dementias.

5.7 Million

5.7 million Americans are living with Alzheimer's. By 2050, this number is projected to rise to nearly 14 million.

65 Seconds

Every 65 seconds someone in the United States develops Alzheimer's Disease.

33 Seconds

Every 33 seconds it's projected that someone in the United States will develop Alzheimer's Disease in 2050.

6th

Alzheimer's Disease is the 6th leading cause of death in the United States.

123%

Between 2000 and 2015, deaths from heart disease have decreased 11% while deaths from Alzheimer's have increased 123%.

\$277 Billion

In 2018, Alzheimer's and other dementias cost the nation \$277 billion. By 2050, these costs could rise as high as \$1.1 trillion.

\$7.9 Trillion

Early and accurate diagnosis could save up to \$7.9 trillion in medical and care costs.

*Facts and figures provided by the Alzheimer's Association, March 2018.

Dementia Care Program Guide

Purple Flag for Dementia Care™ Program Purpose	3
Application Process	4
The Value of Participating as a Leader in Dementia Care	5
Purple Flag for Dementia Care™ Program Committees	6-7
Alzheimer’s Association Dementia Care Practice Recommendations	8-11

Purple Flag for Dementia Care™ Program Purpose

Purple Flag for Dementia Care™ is a program developed to enhance the quality of services provided to individuals living with Alzheimer’s Disease and other dementias in Assisted Living communities, Long-Term Care Facilities, Home Care Agencies, Hospices and other settings. It is a collaboration between the Institute for Senior Living Education (ISLE), the Connecticut Assisted Living Association (CALA) and the Alzheimer’s Association Connecticut Chapter.

Purple Flag for Dementia Care™ Program Mission

Create a
Common Language
for Consumers

Inspire and
Empower Through
Ongoing Education

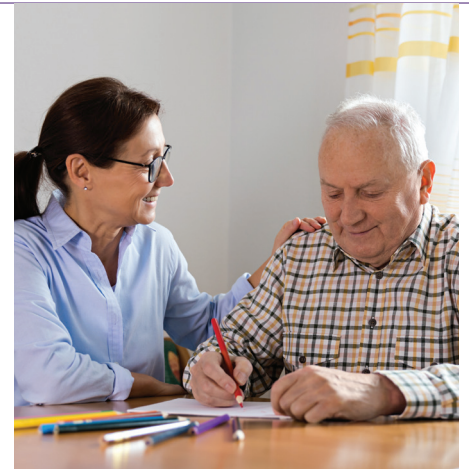


Support the
Continuous Utilization
of Best Practices

Promote Passion
for Enhanced
Dementia Care

Application Process

- 1. Send Request for Accreditation**
All requests for accreditation shall be made to ISLE in writing.
- 2. Receive Your Application**
Applications shall be sent to a requesting organization electronically with a Dementia Care Program Guide identifying the steps and fees.
- 3. Submit Your Application**
The applicant shall have ten (10) days to submit the application. The fee shall be included with the submission. Only five (5) applications shall be accepted every other month. If application is not filed within designated time, they shall be considered in next available review cycle.
- 4. Receive Workbook**
Upon receipt of application and the fee, a workbook and curriculum shall be sent to applicant containing all required documents that are needed for review.
- 5. Complete Your Submission**
The applicant shall have ninety (90) days to complete their submission. The materials presented must be complete with a signature of the responsible party of the organization attesting to the veracity of documentation.
- 6. Audit and Review Committee to Review Submission**
The Audit and Review Committee shall review submitted documentation.
- 7. Credentialing Committee to Recommend Final Approval**
 - ✦ If **complete**, the Credentialing Committee will recommend final approval.
 - ✦ If **incomplete**, ISLE will, with recommendation from the Credentialing Committee, provide notification to the applicant regarding resubmission.
- 8. Final Approval and Paying Final Fee**
Once there is approval, a notification shall be sent with a request for the remaining fee. A representative of **Purple Flag for Dementia Care™** program shall send a congratulatory letter, the Purple Flag, and marketing materials.



The Value of Participating as a Leader in Dementia Care

Once there is approval, a notification shall be sent with a request for the remaining fee. A representative of **Purple Flag for Dementia Care™** program shall send a congratulatory letter, the Purple Flag, and marketing materials.

Additionally, the **Purple Flag for Dementia Care™** program shall:

1 Client/Individual Living with Dementia

- ☞ Assure care and services will be delivered according to best practices
- ☞ Provide individualized opportunities for meaningful engagement

2 Consumer

- ☞ Promote confidence in selection of a provider of care
- ☞ Provide criteria for a informed decision

3 Employee

- ☞ Provide opportunity for professional growth through education and development
- ☞ Promote successful interaction both with the person living with dementia and the care team

4 Provider

- ☞ Demonstrate the organization's commitment to leadership in dementia care
- ☞ Impact positive recruitment and retention of healthcare professionals and caregivers

All documents should be mailed to:

Purple Flag for Dementia Care™
c/o ISLE/CALA
100 Halls Road, PO Box 483
Old Lyme, CT 06371

Fees may be made payable to:

Institute for Senior Living
Education (ISLE)

Questions should be directed to:

Christopher Carter, CALA
President
cpcarter@ctassistedliving.com
www.Ctassistedliving.com

Additional documents including fee schedules and applications are enclosed separately.

Purple Flag for Dementia Care™ Program Committees



2018-2020 Governance Committee

Eleonora Tornatore-Mikesh

Chief Experience and Memory Care Officer
Inspir

Christopher P. Carter

President
Connecticut Assisted Living Association

Betty Brennan

CEO, Astrum Care LLC
Governance Committee Chair

Purple Flag for Dementia Care™

Stacy Carleton

Director
Jewish Senior Services
Goldstein Assisted Living

Terry Tumpane

Bridges® by EPOCH at Norwalk

Lisa Clark

Vice President, Administrator
McLean

Advisory Members

Carolyn DeRocco

Vice President of Programs and Education
Alzheimer's Association
Connecticut Chapter

Shanon Jordan, LMSW

Southwestern Regional Director
Alzheimer's Association
Connecticut Chapter

Purpose

The responsibility of the Governance Committee shall be to create the structure and provide strategic leadership to fulfill the **Purple Flag for Dementia Care™** program mission and ensure the outcomes defined in the Cornerstone Philosophy.

Fiduciary Responsibility

The Governance Committee shall have fiduciary responsibility associated with the activities of the **Purple Flag for Dementia Care™** program.

Membership of the Committee

The Governance Committee shall consist of experts who have demonstrated experience, skill and knowledge in the care of persons with dementia, as well as possess an understanding of the regulatory requirements in Connecticut and best practices as established by the 2018 Alzheimer's Association Dementia Care Practice Recommendations. Specific members of the committee shall include the CALA President and the Alzheimer's Association Representative, staff professionals and volunteers of the Alzheimer's Association and CALA, and selected representatives in Case Management, Nursing, Social Work and Management in the field of aging services.

Dementia Care Program Guide

2018-2020 Credentialing Committee

Purpose

The Credentialing Committee shall be convened to fulfill the **Purple Flag for Dementia Care™** program mission and ensure that processes are in place and to review and determine final results of all submitted applications.

Membership of the Committee

The seven member committee shall have a Chair and Vice Chair appointed by the Governance Committee and may include a Physician from the field of dementia, an Advanced Practice Nurse, a Physical or Occupational Therapist, Social Worker, a CEO of an Assisted Living setting, a National Certified Therapeutic Recreation Director, and a family member who has used the services of Assisted Living. The membership shall be a two year commitment with an option to serve a third year. Each member shall sign a Conflict of Interest Statement, a Confidentiality Statement and a disclaimer regarding liability. If a member is unable to meet the expectations they shall be excused at the discretion of the Governance Committee. Members will recuse themselves from reviewing applications from communities in which they are contracted or employed.

2018-2020 Audit and Review Committee

Purpose

The Audit and Review Committee will be convened to review all applications and submitted materials to determine the eligibility of a provider seeking **Purple Flag for Dementia Care™** program accredited status.

Membership of the Committee

The nine member committee that represents specific disciplines of practice shall be appointed by the Governance Committee and shall consist of a Chair and Vice Chair. The membership will be a two year commitment with an option to serve a third year. The disciplines may include Registered Dietician, Social Worker, Registered Nurse, Physical Therapist, Occupational Therapist, Pharmacist, Hospice and Homecare professional. Each member will sign a Conflict of Interest and Confidentiality Statement. If a member is unable to meet the expectations, they will be excused as the discretion of the Governance Committee. Members will sign a disclaimer regarding liability. Members will recuse themselves from reviewing applications from communities in which they are contracted or employed.

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Alzheimer's Association Dementia Care Practice Recommendations



Person Centered Care

1. Know the person living with dementia.
2. Recognize and accept the person's reality.
3. Identify and support ongoing opportunities for meaningful engagement.
4. Build and nurture authentic, caring relationships.
5. Create and maintain a supportive community of individuals, family and staff.
6. Evaluate care practices regularly and make appropriate changes.



Detection and Diagnosis

7. Make information about brain health and cognitive aging readily available to older adults and their families.
8. Know the signs and symptoms of cognitive impairment, that signs and symptoms do not constitute a diagnosis of dementia, and that a diagnostic evaluation is essential for diagnosis of dementia.
9. Listen for concerns about cognition, observe for signs and symptoms of cognitive impairment, and note changes in cognition that occur abruptly or slowly over time.
10. Develop and maintain routine procedures for detection of cognition and referral for diagnostic evaluation.
11. Use a brief mental status test to detect cognitive impairment only if such testing is within the scope of practice of the non-physician care provider, the non-physician care provider has been trained to use the test, the required consent procedures are known and used and there is an established procedure for offering a referral for individuals who score below a preset score on the test to a physician for a diagnostic evaluation.
12. Encourage older adults whose physician has recommended a diagnostic evaluation to follow through on the recommendation.
13. Support better understanding of a dementia diagnosis.



Dementia Care Program Guide



Person Centered Assessment and Care Planning

14. Perform regular, comprehensive person-centered assessments and timely interim assessments.
15. Use assessment as an opportunity for information gathering, relationship-building, education, and support.
16. Approach assessment and care planning with a collaborative, team approach.
17. Use documentation and communication systems to facilitate the delivery of person-centered information between all care providers.
18. Encourage advance planning to optimize physical, psycho-social, and fiscal well-being and to increase awareness of all care options, including palliative care and hospice.



Medical Management

19. Take a holistic, person-centered approach to care and embrace a positive approach to the support for persons living with dementia and their caregivers that acknowledges the importance of individuals' ongoing medical care to their well-being and quality of life.
20. Seek to understand the role of medical providers in the care of persons living with dementia and the contributions that they make to care.
21. Know about common co-morbidities of aging and dementia and encourage persons living with dementia and their families to talk with the person's physician about how to manage co-morbidities at home or in residential care settings.



22. Encourage persons living with dementia and their families to use non-pharmacological interventions for common behavioral and psychological symptoms of dementia first.
23. Understand and support the use of pharmacological interventions when they are necessary for the person's safety, well-being, and quality of life.
24. Work with the person living with dementia, the family, and the person's physician to create and implement a person-centered plan for possible medical and social crises.
25. Encourage persons living with dementia and their families to start end-of-life care discussions early.

Alzheimer's Association Dementia Care Practice Recommendations

Information, Education and Support for Individuals Living with Dementia and Their Caregivers

26. Provide education and support early in the disease to prepare for the future.
27. Encourage care partners to work together and plan together.
28. Build culturally sensitive programs that are easily adaptable to special populations.
29. Ensure education, information, and support programs are accessible during times of transition.
30. Use technology to reach more families in need of education, information, and support.



Care of Behavioral and Psychological Symptoms of Dementia

31. Identify characteristics of the social and physical environment that trigger or exacerbate behavioral and psychological symptoms for the person living with dementia.
32. Implement non-pharmacological practices that are person-centered, evidence-based, and feasible in the care setting.
33. Recognize that the investment required to implement non-pharmacological practices differs across care settings.
34. Adhere to protocols of administration to ensure that practices are used when and as needed, and sustained in ongoing care.
35. Develop systems for evaluating effectiveness of practices and make changes as needed.



Support of Activities of Daily Living

36. Support for ADL function must recognize the activity, the individual's functional ability to perform the activity, and the extent of cognitive impairment.
37. Follow person-centered care practices when providing support for all ADL needs.
38. When providing support for dressing, attend to dignity, respect, and choice; the dressing process; and the dressing environment.
39. When providing support for toileting, attend to dignity and respect; the toileting process; the toileting environment; and health and biological considerations.
40. When providing support for eating, attend to dignity, respect and choice; the dining process; the dining environment; health and biological considerations; adaptations and functioning; and food, beverage and appetite.



Dementia Care Program Guide



Staffing

41. Provide a thorough orientation and training program for new staff, as well as ongoing training.
42. Develop systems for collecting and disseminating person-centered information.
43. Encourage communication, teamwork, and interdepartmental/interdisciplinary collaboration.
44. Establish an involved, caring and supportive leadership team.
45. Promote and encourage resident, staff, and family relationships.
46. Evaluate systems and progress routinely for continuous improvement.



Supportive and Therapeutic Environments

47. Create a sense of community within the care environment.
48. Enhance comfort and dignity for everyone in the care community.
49. Support courtesy, concern, and safety within the care community.
50. Provide opportunities for choice for all persons in the care community.
51. Offer opportunities for meaningful engagement to members of the care community.



Transitions in Care

52. Prepare and educate persons living with dementia and their family caregivers about common transitions in care.
53. Ensure complete and timely communication of information between, across and within settings.
54. Evaluate the preferences and goals of the person living with dementia along the continuum of transitions in care.
55. Create strong inter-professional collaborative team environments to assist persons living with dementia and their care partners/caregivers as they make transitions.
56. Initiate/Use evidence-based models to avoid, delay, or plan transitions in care.

*Four additional practice recommendations are included in the Accreditation Workbook

Launch Sponsor



Founding Partners



The **Purple Flag for Dementia Care™** program is a collaboration between the Institute for Senior Living Education (ISLE), the Connecticut Assisted Living Association (CALA) and with resources and information provided by the Alzheimer's Association Connecticut Chapter.



Institute For Senior
Living Education



Connecticut Assisted
Living Association



For more information please contact:

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