

Best Practice & Innovation: Long-Term Dementia Care

老年痴呆护理最佳实践和创新

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Best Practice & Innovation 实践与创新

Why dementia? 为何老年痴呆?

Dementia problems drive much care need;

HammondCare's long-term care homes are designed for people living with dementia;

Important factors for best dementia care:

- Building environment
- Nutrition & mobility
- Staff deployment, resources & education
- Appropriate care at the end of life

- 老年痴呆引发巨大照护需求
- HammondCare 养老院为老年痴呆患者的生活而设计
- 老年痴呆的重要护理原则
 - 建筑环境
 - 营养与行动自由
 - 员工部署，资源和教育
 - 适宜的临终关怀



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Towards Best Practice in Long-Term Care: Environment

打造最佳的护理环境

What is a familiar environment for us?

Most people live in a home with a front door; sitting, eating & kitchen space at centre; personal rooms / toilet off that centre.

A hospital-like setting (long corridors, staff & clinical areas) is disorienting, not familiar.

NH best with cottage / apartment cluster of residents, each person with own room.

- 我们熟悉的环境
- 大多数人生活的场所包括前门，起居，饭厅厨房在中间，房间卫生间围绕中间
- 医院式的设计（长廊，医护区）不是患者熟悉的居所环境
- 养老院最好是区块链设计，每人有独立房间



HammondCare's LTC Environment Design

我们的护理环境设计

Each cluster has its own front door

Leads into a central space with living area, kitchen & laundry for 8-15 residents

Individual bedrooms / toilets, short corridors lead to outdoor garden/terrace, ± pets

Staff-only areas & equipment are located 'back-of-house', not easily visible

- 每一个护理区块都有自己的前门
- 每个房间通向起居区，厨房和洗衣房（8-15人）
- 个人的房间/洗手间，短距离到户外花园或阳台，允许宠物
- 员工区或设备在后院，不容易看见



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HammondCare's LTC Nutrition & Activity

我们的营养和活动安排

- Nutrition – all food is prepared & cooked in the kitchen of each cluster:
 - Individuals can help, meals are time-markers;
 - Balanced food intake for best nutrition;
 - Fresh food smells good, is enjoyable to eat.
- Activity – moving reduces dementia-anxiety
 - Sun + Ca^{2+} + active = better bones/muscles;
 - Free activity = fewer medicines & fewer falls.
- 营养：所有食物都在每个护理区块餐厅准备
 - 居民可以帮助，餐饮是定时器
 - 食物保证营养均衡
 - 好食物有香气，令人愉悦
- 活动-运动减少痴呆焦虑
 - 太阳+钙+活动=骨骼肌肉健康
 - 自由行动=更少用药和跌倒



HammondCare's Social Model of Care Provision

我们的社会护理模式

- Specialised Dementia Carers (SDC) are hands-on Case Managers for 2-4 people:
 - meet care needs in real time, cook & clean;
 - know each person, strong sense of trust;
 - make daily care decisions, escalate changes;
 - our RTO trains staff for Technical Certification.
- Specialist Dementia Advisor (SDA) roles by RNs + GPs & other specialists if needed
- 每2-4人配备专业的一线老年痴呆护理专案经理：
 - 实时满足做饭和清洁需求
 - 认识每个人，非常信任
 - 制定每日护理决定，促进改变
 - 训练员工取得专业证书
- 专业老年痴呆咨询师加注册护士+全科医生和其他专家



HammondCare's LTC--Is it an Effective Model?

我们的护理是否有效？

Better Quality of Life, less interventions:

- 68% lower hospital admission rates;
- 73% less chance of being sent to ED for care;
- 52% less inappropriate medication prescribed

Overall NH costs similar to ordinary care

If adjusted for diagnosis, cluster-home saves ~AUD13k per dementia patient per year

Dyer SM *et al* (2018). Clustered domestic residential aged care in Australia: fewer hospitalisations and better quality of life, *Med. J. Aust.* **208**(10), 322-438.

- 更高生活质量，更少干预
 - 减少68%住院率
 - 降低73%急症概率
 - 减少52%不合理用药
- 整体护理成本与普通养老院持平
- 结合病种诊断后，区块护理院为每个老年痴呆病人节约13000澳元

Best Practice & Innovation--Care at the End of Life

最佳实践经验：临终关怀

Life-limiting illness, prognosis < 6-12 months

Person + family want supportive care only, do not want transfer to an acute hospital

24/7 visiting + fold-up bed for overnight stay

Specialist palliative care support:

- Palliative care RNs, doctors, pharmacists
- Other pastoral /allied health support

Bereavement support for families later on

- 生命限制性疾病，预测6-12个月
- 个人和家庭需要护理照料，而不是急诊转院
- 24/7随时探访 + 晚上配备折叠床允许访客留宿
- 专业临终关怀帮助
 - 临终关怀护士，医生和药剂师
 - 其它宗教和健康协助
- 对家人的丧亲慰藉帮助



Best Practice & Innovation HammondCare's Dementia Care 我们提供最好的老年痴呆护理照料服务

Thank you for your attention

Any Questions?

谢谢！ 请提问

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