

DEMENTIA PROTOCOL



July 2015

Table of Contents

1.0 Definition of Dementia	3
2.0 Screening for Dementia	3
3.0 Agency Process	4
4.0 Disclosure of Memory Change from a Family Member	9
5.0 Public Awareness	10
6.0 Resources and Referrals	10
7.0 Documentation & Confidentiality	10
8.0 Dementia Training for Staff	11
9.0 Sign Off by Management	11

Dementia Protocol

1.0 Definition of Dementia:

“Loss of **mental function** such as memory, insight, judgement and language that is severe enough to interfere with **daily functioning** and the **quality of life.**”

Katherine Lechelt, MD, FRCPC - taken from her 2007 presentation “Dementia: the basics and beyond”

2.0 Screening for Dementia

2.1 Purpose of Screening

Prevalence studies indicate that the size of the older adult population is increasing and is projected to continue to increase. The estimates of the prevalence of dementia range from 2.4 percent among seniors ages 65-74 years, to 34.5 percent among those aged 85 and over. Research shows there are presently over 250,000 seniors with dementia in Canada, and it is estimated to rise to 778,000 by 2031 (Canadian Study on Health and Aging, 1994b; Patterson et al., 2001). The incidence suggests that there will be approximately 60,150 new cases of dementia in Canada each year.

Benefits of early detection of dementia include: early planning and assistance with adjusting to a diagnosis and accessing appropriate services, having concerns of the individual and their family members addressed by exploring causes of symptoms, access to treatment, and the opportunity for better health management (Alzheimer’s Australia, 2007)

Because of the increasing burden of suffering not only on the individual living with dementia, but their caregivers and family members, screening for dementia will:

1. Raise awareness that dementia is a widespread concern affecting many seniors and their families.
2. Improve the capacity to identify and respond in an appropriate and timely fashion.
3. Address those clients/volunteers for whom there is a high index of suspicion related to change in function, behaviour, mood or cognition.
4. Provide resources and refer individuals and families for further clinical assessment.

Universal Screening occurs in the Long Term Social Work, This Full House and Safe House Programs.

Reactive Screening occurs when an individual discloses that she/he is experiencing changes in function, behaviour, mood and/or memory.

2.2 Ten Warning Signs

Dementia is not a disease in itself, but characterizes a group of symptoms that accompany certain disease processes. The essential features of dementia include:

1. Memory loss that affects day-to-day function
2. Difficulty performing tasks
3. Problems with language
4. Disorientation of time and place
5. Poor or decreased judgment
6. Problems with abstract thinking
7. Misplacing things
8. Changes in mood and behaviour
9. Changes in personality
10. Loss of initiative (list of 10 common symptoms listed above obtained from the Alzheimer Society of Canada).

3.0 Agency Process:

3.1 Screening

Unless a person has received a declaration of incapacity by a recognized health professional, they are able to make their own decisions. Staff have an ethical responsibility however, to intervene if the senior is at risk of harming themselves or harming others.

Screening in this context does not equate with diagnosis of dementia. Screening must include asking the client/volunteer clear and direct questions. Dementia is usually “suspected” when cognitive losses are associated with decline in occupational, social or day to day functioning (subtle or noticeable).

High risk individuals:

1. Late-onset depression
2. Subjective cognitive impairment
3. Age greater than 75
4. Functional decline

(List taken from Geriatric Grand Rounds, Tuesday, June 15, 2010, Screening for Dementia in a Multicultural Context).

Each program area will screen as follows:

3.2 Universal Screening (Long Term Social Work, This Full House, Safe House)

The screening question is: **Have you noticed any recent changes that may be affecting your day-to-day living (could include function, behavior, mood or memory).**

If Yes: Staff Response: “While many seniors may be concerned about changes in day to day living, mood, memory or behaviour, and it can be due to any number of things - like medication, nutrition, health or stress. Is this something you’d like to explore?”

Steps that may be taken:

- Referral to medical doctor (either current or new doctor referral) or discussion encouraging them to contact their doctor.
- Staff may administer screening tools (e.g. MMSE, MoCA, Rudas) to aid in referral to medical doctor.
- Ongoing case management would continue to follow up on senior’s care plan goals.
- Staff at the Safe House may choose to discuss concerns with V.O.N.
- Staff may offer to connect senior to on-site mental health worker.
- Staff may offer to refer to pharmacist for medication review and side-effects.

The Coordinator(s) of the Safe House, Long Term Social Work and This Full House, should establish the appropriate rapport with the individual to address this concern, as well as explore connecting with either a family member *, or the family doctor (may use Eco Map to explore family relationships). If the family is contacted, they need to be encouraged to take the individual in question to the family physician for a full cognitive and functional evaluation. If there is no family, the family physician could be contacted. Obtain written consent.

*Disclaimer: Family members who are viewed as safe and supportive by the senior.

May also consider discussing legal issues and personal decision-making options (e.g. Personal Directive, Enduring Power of Attorney, Supported Decision-Making, Co-Decision-Making).

If No: Staff Response: Continue to follow up and inform the senior of resources as stated above. In addition, staff can discuss other resources pertinent to their individual case profile.

3.3 Reactive Screening (All Other Programs)

When staff have observed changes (related to 10 Warning Signs) in customer, client, member, volunteer:

Agency Staff notice or have a “suspicion” of some changes in a customer, client, member, or volunteer, staff shall discuss with the Social Work Assessment Coordinator or in the case of a volunteer, Volunteer Supervisor and/or Volunteer Coordinator. Coordinator and/or supervisor will determine course of action based on relationship with the customer, member or volunteer.

3.3a Food Services

The screening question is: ***“I’ve noticed some changes lately, GIVE EXAMPLE BASED ON OBSERVATION RELATED TO 2.1. Is this something you’ve noticed?”***

If Yes: Staff Response: While many seniors may be concerned about changes in day to day living, mood, memory or behaviour, it can be due to any number of things; like medication, nutrition, health or stress. Is this something you’d like to explore?

If Yes: Staff Response: “Is this something you’d like to explore with a social worker?”
Make referral email referral to Social Work Assessment.

If No: Staff Response: Inform the senior that connecting with their physician or other supports (friends, family) may be of assistance. Staff shall let the senior know that social workers are available to listen and offer support, if they have anything they’d like to talk about.

This approach is non-medical, conversation focused and based on a combination of staff observation or “suspicion” and self-reporting by the senior.

3.3b Volunteer Program

The screening question is: ***“I’ve noticed some changes lately, GIVE EXAMPLE BASED ON OBSERVATION RELATED TO 2.1. Is this something you’ve noticed?”***

If Yes: Staff Response: “While many seniors may be concerned about changes in day to day living, mood, memory or behaviour, it can be due to any number of things; like medication, nutrition, health or stress. Is this something you’d like to explore?”

If yes: Staff Response: “Is this something you’d like to explore with a social worker?”
Make referral email referral to Social Work Assessment.

If No: Staff Response: Inform the senior that connecting with their physician or other supports (friends, family) may be of assistance.

Staff shall let the senior know that staff are available to listen and offer support, if they have anything they'd like to talk about.

This approach is non-medical, conversation focused and based on a combination of staff observation or "suspicion" and self-reporting by the senior.

3.3c Intake and Assessment

The screening question is: ***"I've noticed some changes lately, GIVE EXAMPLE BASED ON OBSERVATION RELATED TO 2.1. Is this something you've noticed?"***

If Yes: Staff Response: "While many seniors may be concerned about changes in day to day living, mood, memory or behaviour, it can be due to any number of things; like medication, nutrition, health or stress. Is this something you'd like to explore?"

If yes: Staff Response: "Is this something you'd like to explore with a social worker?"
Make referral email referral to Social Work Assessment.

If No: Staff Response: Inform the senior that connecting with their physician or other supports (friends, family) may be of assistance.
Staff shall let the senior know that staff are available to listen and offer support, if they have anything they'd like to talk about.

This approach is non-medical, conversation focused and based on a combination of staff observation or "suspicion" and self-reporting by the senior.

3.3d Life Enrichment

The screening question is: ***"I've noticed some changes lately, GIVE EXAMPLE BASED ON OBSERVATION RELATED TO 2.1. Is this something you've noticed?"***

If Yes: Staff Response: "While many seniors may be concerned about changes in day to day living, mood, memory or behaviour, it can be due to any number of things; like medication, nutrition, health or stress. Is this something you'd like to explore?"

If Yes: "Is this something you'd like to explore with a social worker?"
Make referral email referral to Social Work Assessment.

If No: Staff Response: Inform the senior that connecting with their physician or other supports (friends, family) may be of assistance. Staff shall let the senior know that staff are available to listen and offer support, if they have anything they'd like to talk about.

This approach is non-medical, conversation focused and based on a combination of staff observation or "suspicion" and self-reporting by the senior.

3.3e Housing

The screening question is: ***I've noticed some changes lately, GIVE EXAMPLE BASED ON OBSERVATION RELATED TO 2.1. Is this something you've noticed?***

If Yes: Staff Response: "While many seniors may be concerned about changes in day to day living, mood, memory or behaviour, it can be due to any number of things; like medication, nutrition, health or stress. Is this something you'd like to explore?"

If Yes: "Is this something you'd like to explore with a social worker?"
Make referral email referral to Social Work Assessment.

If No: Staff Response: Inform the senior that connecting with their physician or other supports (friends, family) may be of assistance. Staff shall let the senior know that staff are available to listen and offer support, if they have anything they'd like to talk about.

This approach is non-medical, conversation focused and based on a combination of staff observation or "suspicion" and self-reporting by the senior.

3.3f Guardianship

The screening question is: ***I've noticed some changes lately, GIVE EXAMPLE BASED ON OBSERVATION RELATED TO 2.1. Is this something you've noticed?***

If Yes: Staff Response: "While many seniors may be concerned about changes in day to day living, mood, memory or behaviour, it can be due to any number of things; like medication, nutrition, health or stress. Is this something you'd like to explore?"

If Yes: "Is this something you'd like to explore with a social worker?"
Make referral email referral to Social Work Assessment.

If No: Staff Response: Inform the senior that connecting with their physician or other supports (friends, family) may be of assistance. Staff shall let the senior know that staff are available to listen and offer support, if they have anything they'd like to talk about.

This approach is non-medical, conversation focused and based on a combination of staff observation or "suspicion" and self-reporting by the senior.

3.3g Administration

The screening question is: ***I've noticed some changes lately, GIVE EXAMPLE BASED ON OBSERVATION RELATED TO 2.1. Is this something you've noticed?***

If Yes: Staff Response: “While many seniors may be concerned about changes in day to day living, mood, memory or behaviour, it can be due to any number of things; like medication, nutrition, health or stress. Is this something you’d like to explore?”

If Yes: “Is this something you’d like to explore with a social worker?”
Make referral email referral to Short Term Assessment.

If No: Staff Response: Inform the senior that connecting with their physician or other supports (friends, family) may be of assistance. Staff shall let the senior know that staff are available to listen and offer support, if they have anything they’d like to talk about.

This approach is non-medical, conversation focused and based on a combination of staff observation or “suspicion” and self-reporting by the senior.

3.3h Management

The screening question is: ***“I’ve noticed some changes lately, GIVE EXAMPLE BASED ON OBSERVATION RELATED TO 2.1. Is this something you’ve noticed?”***

If Yes: Staff Response: “While many seniors may be concerned about changes in day to day living, mood, memory or behaviour, it can be due to any number of things; like medication, nutrition, health or stress. Is this something you’d like to explore?”

If Yes: “Is this something you’d like to explore with a social worker?”
Make referral email referral to Short Term Assessment.

If No: Staff Response: Inform the senior that connecting with their physician or other supports (friends, family) may be of assistance. Staff shall let the senior know that staff are available to listen and offer support, if they have anything they’d like to talk about.

This approach is non-medical, conversation focused and based on a combination of staff observation or “suspicion” and self-reporting by the senior.

4.0 Disclosure of Memory Change from a Family Member

If a disclosure of memory change has been brought forward by a family member, the Social Work Assessment Coordinator will provide information and resources as listed in 6.0 of protocol.

If disclosure of memory change by a family member is related to an existing client or volunteer, staff may provide information only about resources and then seek permission from the client or volunteer to discuss concerns with family member. Any family meetings should be facilitated by social work staff.

If the family reports that the senior is not connected to existing services or supports, provide information & resources to the family member. This can include providing information to the family regarding geriatric assessments, encouraging family member to attend a Doctor's appointment with the senior to discuss concerns about memory or changes in behaviours. Provide further information to family member regarding services and supports available (reference 6.0).

5.0 Public Awareness

Public Awareness Options:

- Display Ten Warning Signs on Main Floor Reception Monitor
- Promote Dementia Awareness during Alzheimer Awareness Month – January
- Promote via Sage Directory the Ten Warning Signs
- Promote via Frozen Meal Program
- Promote through Sage Link and Website

6.0 Resources and Referrals

Local Alzheimer Society – 780-488-2266

Primary Care Networks – call 408-LINK to ask for names of doctors that fall within a Primary Care Network. Some have additional staff & supports.

Community Geriatric Psychiatry, Hys Centre, ph 780-424-4660

Good Samaritan Seniors Clinic – 780-440-8274

Alberta Health Services – Community Care Services – ph 780-496-1300

Health Link – 780-408-LINK

Mental Health Worker at Sage - appointments at Sage via social work staff.

7.0 Documentation and Confidentiality

Joint Client Files

Sage does not maintain joint family or couple files. Separate files for each individual are maintained, when staff is working with couples or families. Concerns about a client, related to memory, can be flagged on the client information in ETO. In addition, if documenting reports made by a family member, do not specify the family member by name. This could place the client at risk if the file is accessed and it contains sensitive information. Through FOIPP, anyone whose name is on or in case notes in a file, can access the information contained in the file.

Staff should be mindful of the following:

- Documentation should be respectful of all whom are involved
- Documentation should be comprehensible to others
- Documentation should be factual and clear. Documentation includes what is said or observed, not the opinion of the writer.
- Documentation that is complete allows for the best assessments.
- Release of information forms must be completed prior to contacting another professional about the individual.
- Ensure that the client's information is kept separate from other family members.

Files are accessible through *The Freedom of Information and Protection of Privacy Act*. A client/volunteer has the right to see records held by the agency that relate to their personal information. The court can sometimes subpoena files, so it is imperative that files do not compromise the safety of a victim or their family.

8.0 Dementia Training For Staff

- Basic training on Dementia to be provided to all staff
- Protocol Implementation Training will be provided

9.0 Sign Off By Management

This protocol has been developed for this agency by the Dementia Protocol Committee. This protocol will be distributed to the staff members who are required to implement this protocol. This agency is in agreement that screening is an important effort to have an impact on serving seniors who may be at risk as a result of changes in their memory and believe that it is important for our staff to be well versed and trained in issues of dementia

Signed on behalf of Seniors Association of Greater Edmonton, by its' authorized representative on the ___ day of _____, 201__.

Signed: _____

Printed name: _____

Printed title: _____