

Not Enough Time? Achieving Well-Being through Operational Shifts and Technology



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Jack York, It's Never 2 Late
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Outline

- Review Eden Alternative Domains of Well-Being™
- Give examples of simple operational steps to enhance each domain, within typical constraints of time, money, and staff
- Show how technology can help further enhance well-being domains
- Discussion

Primary Goal:
Create **Well-being**

- **Identity**
- **Connectedness**
- **Security**
- **Autonomy**
- **Meaning**
- **Growth**
- **Joy**

Adapted from Fox, et al. (2005 white paper),
now "The Eden Alternative Domains of Well-Being™"

Benefits of Focusing on Well-Being

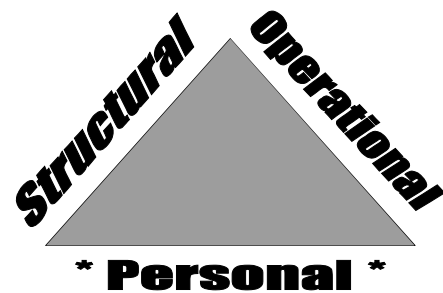
- Sees the illness in the context of the whole person
- Destigmatizes personal expressions
- Understands the power of the relational, historical, and environmental context
- Focuses on achievable, life-affirming goals
- Brings important new insights
- Helps eliminate antipsychotic drug use
- Is proactive and strengths-based

Suggested Ordering of Well-Being Domains



Figure 2. The well-being pyramid illustrates the hierarchy of domains to be addressed for restoring well-being. (From *Dementia Beyond Disease: Enhancing Well-being*, by G. Allen Power. Published by Health Professions Press. Copyright (c) 2014 by Health Professions Press, Inc. All rights reserved. Reprinted by permission.)

Transformational Models of Care



Transformation

- **Personal:** Both *intra-personal* (how we see people living with dementia) and *inter-personal* (how we interact with and support them).
- **Physical:** Living environments that support the values of home and support the domains of well-being.
- **Operational:** How decisions are made that affect the person, fostering empowerment, how communication occurs and conflict is resolved, creation of care partnerships, job descriptions and performance measures, etc., etc.

Checking the Cows

Why “Nonpharmacological Interventions” Don’t Work!



The typical “nonpharmacological intervention” is an attempt to provide person-centered care with a biomedical mindset

- Reactive, not proactive
- Discrete activities, often without underlying meaning for the individual
- Not person-directed
- Not tied into domains of well-being
- Treated like doses of pills
- **Superimposed upon the usual care environment**

One’s own home can be an institution!

- Stigma
- Lack of education
- Lack of community / financial support
- “Caregiver” stress and burnout
- Inability to flex rhythms to meet individual needs
- Social isolation
- Overmedication in the home



Operational Transformation: Some Basics

- Create a value-based philosophy and look for conflict with current practice
- High involvement of all
- Look at communication and decision-making processes
- Breaking down vertical and horizontal barriers
- Creating cross-functional team identities and processes
- Setting a plan and a logical timeline
- Following progress, measuring results

Operationalizing Domains of Well-Being:

A few simple (and not-so-simple) examples...



Identity and Connectedness





- Preferred name, evolving and bridging identity
- “Sundowning,” “elopement,” and natural rhythms and activity patterns
- Communication and facilitation skills
- Dedicated staff assignments
- “Being”



Meet Catherine....

Security and Autonomy

- Body language!
- Respecting boundaries
- Lighting and sound
- Physical modifications
- Balancing spontaneity and routine
- Doing *with*
- Continual consent, "SEE"
- Negotiating risk

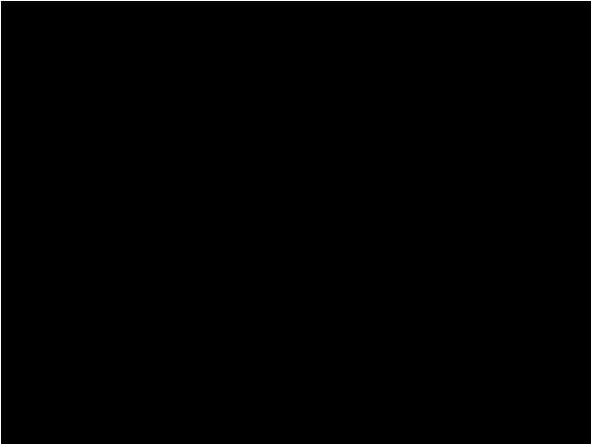



Adaptive technology...

Meaning and Growth




- Intergenerational engagement
- Volunteerism and civic activities
- Caring opportunities
- Rituals
- Spirituality



Joy

- Stimulating the five senses
- Simple pleasures
- Enhancing the first six domains
- Music, creativity, and arts engagement (*all domains!*)



Dr. Richard Taylor

*"I believe that as people progress
with dementia, their humanity
increases."*

*Thank you!!
Questions??*

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