



Planning dementia care through case conferencing

Transcript

Jill Allsopp RN: Why use facilitated case conferencing for people with advanced dementia (long)

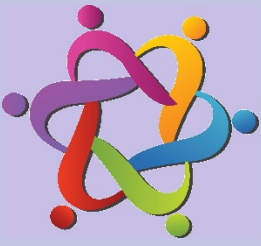
I think the greatest thing is to have the doctors, the staff, the carers, the DTs (Diversional therapists) and the family all on the same page at the same time. Actually speaking to the family, knowing what they actually want as opposed to what the doctor thinks.

A lot of our dementia residents or residents who come into age care in any facility in any capacity don't often have their family doctors accompany them. So you might have a doctor who has never seen this person before, doesn't know the family, doesn't know the background, so they can actually learn something about where this person, who this persons been in the past so they have a better understanding of where they may wish to go in the future.

The other thing also with conferencing is getting all the family members together and not all families are all in the same tune. Some have different expectations, some have come to a different stage at a different time, some are accepting and some are still fighting to keep something of their loved one alive long past when it's gone. So having them all speak at once, in an environment where there is a mediator or even just a convener, a facilitator or whatever you want to call them, someone who is outside the emotional loop of the family.

Often a conference goes for anything up to an hour. The most benefit is gained definitely by having the doctor if you can, but certainly the main carers and the family because they are the day to day people, you know, in the salt mine. They're the people working away and they have the greatest impact towards the end. It's the carers that have the most impact on the family and how they grieve and how this persons end is dealt with and managed and I think that's the biggest thing with conferencing is developing a community relationship with the family, the resident, the staff, the DTs, the doctors so we are all in this together and we are all working towards the same goal in the end. Often it brings tears, lots and lots of tears, lots of cuddles, lots of very precious moments and it allows the staff to see the family issues too and know who they have to support the most, or who is the strongest in the family, who would be the go to person if the decision had to be broached again.

We have amazing carers who look after these people, who know their little idiosyncrasies, who can identify changes no matter how minuet they are, long before the doctor will or the registered nurse will or whatever they will say "oh Ros is, you know, I noticed she's coughing a little bit when she was having her breakfast this morning, do you think we need to get a speechy in?". So then they will warn the RNs or we can predict what we need to do, but also for the carers to learn more about the background of the resident so they too can put into place things that they - because they are so creative in their caring. We have people doing all sorts of weird and wonderful things, you know, they will bring a photo in of their family cow and talk about it or someone is really into gardening and they will come in and they will say "I'm pruning the roses but I



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am having so much trouble with the aphids. So they will try involve the residents who are still verbal in giving an opinion and those who aren't verbal, just showing them things or talking to them about whatever it happens to be. So it's really important that we know where they've come from in the past so when they come to the end stages, we are giving them those comforts that they are familiar with.

We had a gentleman who passed away not so long ago who was a park ranger. For all his career, he was a park ranger, longest servicing park ranger in Australia actually and he loved the outdoors and he loved animals and birds and birdlife. So in his last days, we had bird music playing, we had visuals just being showed to him, just books opened on parks in Australia and talking about wild life and just chatting to him about things he was familiar with and allowing him to be able to look into the outdoors not just being stuck in a room. So he could look at the trees, he could hear the birds and he died in a way that I thought was a very comforting way.

The more we offer, the more people want to be involved, you know, take the cot side down, do you want your mums dog to come and lie on the bed with her? Take the cot side down, put the pillow beside mum, lie with her, just offer them and they don't always do it, but by the offering, they realise that that barrier of a bedrail or a single bed is broken down so they can actually and I have seen people hop into bed and cuddle mum at the end of life and when someone is grieving, that is such an amazing thing to hold onto.

This is a transcript of Jill Allsopp: Why use facilitated case conferencing for people with advanced dementia (long) video. To view the video visit www.caresearch.com.au/DementiaCare