Title of Project

Advanced Illness Care Teams for Nursing Home Residents with Advanced Dementia

PI/Project Director	Nursing Homes Involved
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Description of Intervention

Advanced Illness Care Teams (AICT) are interdisciplinary teams that encourage the participation of medical, nursing, pastoral, recreation, rehabilitation, and social work staff in the development of individualized care plans for residents with advanced dementia. The concerns of family members also shape and inform the care planning process through ongoing communication with nursing home staff and opportunities to participate in the AICT meetings. A detailed implementation manual for the eight-week intervention is available by request.

Research Design

Research Method – 2 x 2 x 3 randomized partial crossover design with two intervention conditions, two nursing homes, and assessments completed at three points in time. The process of randomly assigning residents to treatment or usual care conditions repeated every eight weeks over the course of one year. It was hypothesized that nursing home residents receiving the AICT intervention would experience significant decreases in pain/discomfort, agitation, and depression compared to those receiving usual care.

Sample – 120 residents drawn from two units and Ozanam Hall and three units at St. Patrick's Home. To qualify for inclusion in the sample, residents had to exhibit cognitive impairment /decline (scores ≤ 23 on the Mini Mental State Examination and ≥ 4 on the Global Deterioration Scale) and require assistance with at least four ADL's (on the Activities of Daily Living Scale). Those with serious medical complications were excluded from the study. Informed consent was provided by the resident and/or an identified family member/surrogate.

Measures – Observational measures completed at baseline and post-test by nursing home staff included the FLACC Scale and Pain Assessment in Advanced Dementia Scale, Cohen-Mansfield Agitation Inventory, Cornell Scale for Depression in Dementia, and a self-developed spiritual assessment protocol. The FAMCARE Scale and Family Perceptions of Care Tool were administered by mail to measure family/surrogate satisfaction with care at baseline and post-test.

Analysis Approach – Quantitative analysis of resident and family data, including a random effects regression model to test the hypotheses regarding pain/discomfort, agitation, and depression. Qualitative approaches were used in assessing the spiritual life of each resident, developing individualized care plans, and in evaluating family member comments on the satisfaction surveys.

Results

Significant reductions in pain, agitation, and behavioral disturbances associated with depression were evidenced for both the AICT and usual care groups, which suggests that that portions of the intervention may have contaminated (or been used with) the usual care group. On one subscale of the Cohen Mansfield Agitation Inventory, there was a significant Condition x Time interaction, with AICT residents showing a greater decrease in physically non-aggressive behaviors than those receiving usual care (p≤.05). Family satisfaction surveys consistently indicated a high level of satisfaction with care at both homes, which may account for the lack of any significant change at post-test.

Contact Information

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