Good care during the Covid-19 pandemic with CASCADE in Europe



CASCADE Interreg 2 Seas team







International Scientific Nursing and Midwifery Conference, 4th edition

8 – 10 February 2022, Ghent, Belgium



Introduction

Symposium: Good care for people with dementia according to CASCADE in times of a COVID-19 pandemic.

15 min.	Introduction to the CASCADE model – Lois van der Molen, HZ University of
	Applied Sciences

20 min. Evidence from practice: CASCADE health and social care staff's

experiences of providing care during the COVID-19 outbreak - Raymond

Smith, Canterbury Christ University

30 min. Opportunities in practice for people living with dementia in times of a

COVID-19 pandemic – Leentje De Wachter, Expertisecentrum Dementie Vlaanderen

25 min. Q&A



Lois van der Molen





HZ University of Applied Sciences, Professorship Healthy Region

Contributors:

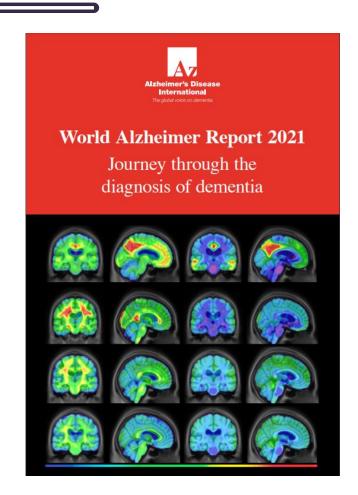
- Olaf Timmermans
- Nicolette De Klerk Jolink
- Iris van de Velde

CARE4 2022
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Dementia as a worldwide health priority

- World Alzheimer's report
 - 55 million people diagnosed
 - Will increase to 78 million by 2030
 - 75% currently undiagnosed
- Effect on people with dementia, informal caregivers, formal dementia care providers, and economic & healthcare costs
- Need for a way to deliver good dementia care in a sustainably





CASCADE Interreg 2 Seas

- Develop, test & embed a model of care for people living with dementia that;
 - Is financially sustainable
 - Keeps people living in their own homes for longer
 - Decreases demand on hospital beds
 - Increases the number of trained staff & carers
 - Provides greater wellbeing for service users, staff & the wider community
- Partners involved from the UK, BE, FR, and the NL

























Co-creation, 2017-2021

- Different parties involved
 - Care delivery organisations
 - Universities
 - People living with dementia
 - Informal caregivers
 - Local entrepreneurs
- Collecting opinions, needs, and wishes
 - Site visits
 - Literature review
 - Focus groups & Interviews
 - Surveys
 - Mindmapping
- Shaping the model: consensus discussion
- Implementation review



CASCADE model of care



CASCADE fundaments

Strengths based approach

This approach motivates self-reliance, self-efficacy, maintaining and supporting independent living and autonomy and focusing on living, life and well-being. Everyone has skills and strengths that would be meaningful for themselves, the family and the community. This enables them to be and feel useful and celebrate success, continue to make a meaningful contribution, fulfil their roles, but also exercise choice and control and prevent social isolation. In daily life and leisure time.

Safe environment for independent living

People make their own choices about the present and the future and are free in what they think, what they want and what they do. They are **taken seriously** when they express a feeling (verbally and non verbally) or a need. This **takes place in a wider caring community.**

Personalized holistic care in the community

Person centered relationship based care for people with dementia and those around them. This considers all aspects of the person's daily life and leisure time until end of life (and beyond for the support network).

Living life to the full

People live the life they used to lead or want to lead with independence, choice and freedom surrounded by friends and family in a recognizable living environment, with curiosity and space for new discoveries.

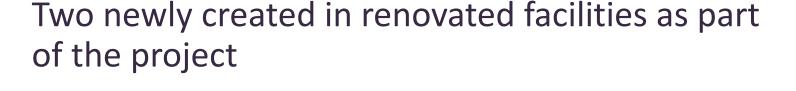
Positive public perception

Raising public awareness of the strengths and abilities of all people to participate meaningfully in community life.



Four care organizations started to implement CASCADE

Two existing facilities







Harmonia Village - Dover











Hospitals University

Implementation examples

- The environment has to be a **home in both look and feel**, so no hospital equipment. Create what you would expect in a house.
- Encourage people to bring their **personal things** to their own room. The common rooms can also be filled with personal belongings.
- Connect with local groups which are engaged in becoming part of a dementia friendly community.
- Encourage people to follow their **normal daily routine** e.g. make their bed, make their own breakfast, covering and cleaning the dinner table, gardening etc.
- Dementia training package for the staff so they are trained and understand what is needed to provide patient centered care for people living with dementia.
- Get support from the local or national dementia expert center/society.



Implementation examples

- Make connections with other facilities and disciplines that have contact with people with dementia and their family so that the person with dementia is already in the picture.
- Involve family in the admission and stay at the facility, they know the person and can help to give personalized care.
- Smartphones and tablets to videocall with family but also to have digital consultation without visiting the hospital.
- Artificial intelligence system that can learn about the persons behavior. This will be used to monitor the environment to support independence and safety.
- Involve clinician's and managers with **experience of the community healthcare model** and people living with dementia.
- Existing facilities or buildings in the community area being used to set up a new facility.

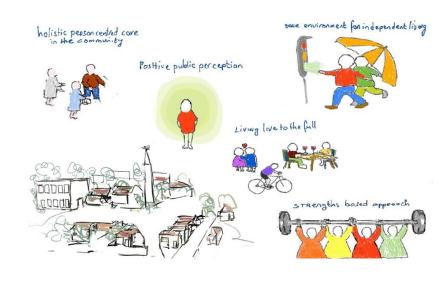


Discussion

- Co-creation
 - Generally seen as desirable
 - Trade-offs scientific evidence and considerations of the care organizations in terms of resources and possibilities
 - Wishes and needs people advanced-stage dementia
 - No players mega or macro level involved
- In line with standards for good quality care
 - Integrated & person-centred
 - Governmental care standards
- From theory to practice
 - Model is currently implemented and evaluated



European Regional Development Fund





More information

- Website: https://www.interreg2seas.eu/en/cascade
- YouTube:

https://www.youtube.com/watch?v=4k29eBxjPdg&t=58s

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Thank you for your time!

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