

# P09.11

## HOW CAN A STANDARDISED CRITERIA HELP DEVELOP THE QUALITY OF LIFE

## OF PEOPLE WITH MEMORY-RELATED DISEASES?

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In 2019, a pilot was conducted for implementation of the Alzheimer Society of Finland's criteria for good treatment in developing the care of people with memory-related diseases

### RESULTS

#### IMPROVEMENT IN:

##### 1) MINDSET

Change in the mindset of care professionals to better take into account the experiences of residents

- > broadens, clarifies and deepens **thinking**
- > more **routine** consideration of the perspective of residents
- > improves **interaction**:
  - residents are treated with better awareness of their individual **life history**
  - possible **pains are taken into account** as the cause of residents' behaviour
  - consideration is given to **whose needs are served** by the use of medication

##### 2) ATTITUDES

Change in the attitudes of care professionals towards their work and its significance

- > **motivates care professionals to update** their knowledge of memory-related diseases
- > increases care professionals' **appreciation of their professional skills**
- > deepens care professionals' perception of their professional identity, allowing them to give **residents greater autonomy, within safety considerations**
- > encourages care professionals to **try out new treatment and interaction methods**, e.g. using medication-free forms of treatment

##### 3) WORK COMMUNITY PRACTICES

Changes to care practices in the work community

- > provides a **framework** for the care of people with memory-related diseases
- > **activates the work community** to develop work practices and highlight what has already been done
- > encourages the work community to **make values visible**
- > encourages the active inclusion of **family members and residents** in development efforts

#### BACKGROUND

The Alzheimer Society of Finland published Quality of Life and Care Guidelines for people with memory-related diseases in 2016. The publication provides an overview of various aspects of good care and quality of life, along with explicit criteria to evaluate and develop care and services from these perspectives.

The set of criteria is based on the National Memory Programme and National Memory Programme Implementation Plan, current legislation, and the recommendations and views of people with memory-related diseases and their carers. The pilot carried out in 2019 in two memory units identified how work methods and processes changed after the implementation of the criteria.



### CONCLUSIONS

A set of criteria for good treatment ensures quality in the care of people with memory-related diseases. The criteria can be used to evaluate, plan and implement the humane care of people with memory-related diseases and justify the appropriate allocation of resources. Implementation of the criteria for good treatment supports leadership and well-being at work, which is reflected on the people with memory-related diseases and their relatives and loved ones.

#### Quality of Life and Care Guidelines for people with memory-related diseases

Part A

Part B

REHABILITATION, CARE AND TREATMENT		PROMOTING RIGHTS	WELLBEING AT WORK
Life history and quality of life	Pain treatment	Autonomy	Self-monitoring plan
Rehabilitation, service and care plan	Sexuality	Advance directive	Work community practices and values
Functional capacity	Interaction and meeting people	Continuing power of attorney	Risk management
Active everyday life	Living environment	Guardianship	Staff, leadership and work development
Promoting health	Accessibility and safety	Participation and peer support	Well-being at work
Nutrition	Technology and assistive devices	Relatives and loved ones & support networks	Customer safety
Medication-free treatment	End-of-life care	Ethical questions and decision-making	Processing customer and patient information
Medication treatment			



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