

Excerpt from *A Way of Life*:

DEVELOPING A DEMENTIA PROGRAM

Do you want to develop an Alzheimer's disease and dementia unit? Many people do and over the past twenty years we have heard many reasons for doing so. Numerous phone calls and visits by interested persons locally, nationally and internationally have shown an interest in creating a unit or facility for individuals with dementia. Some had a passion for the population and described their commitment to making the lives of persons with Alzheimer's disease better. Many however came with other reasons:

- We have empty beds we can't fill.
- My administrator told me to do one.
- We can charge more money for residents in a dementia unit.
- It is a great marketing strategy.
- We want to keep Mrs. Jones from going into everybody else's room.
- So we can keep all the "crazies" together.
- Mary keeps wandering out the door.

Given our history and desire for developing an Alzheimer's disease facility to enhance the lives of individuals who, through no fault of their own, were struck with a devastating disease, it was difficult to hear that anyone would consider creating a unit for any reason other than improving the care and the life experience of individuals with dementia. When we were in the planning stages of developing a free-standing Alzheimer's disease facility, it was because individuals with dementia were falling through the cracks of the health care system. In 1986 it was a population that facilities struggled to care for and were reluctant to admit. In fact, if families were honest enough to tell admission people in long-term care programs that their loved one had dementia, they were often turned away. Individuals with cognitive impairment were not welcome in day programs, senior centers, or long-term care in general. They were a hassle, and staff did not understand how to work with them.

Named for the physician who first described this disease, we opened the Alois Alzheimer Center in 1987 as a free-standing eighty-two bed continuum of care for individuals with Alzheimer's disease and dementia. We were the last people on earth to think that the concept of special dementia care would later become so popular. Individuals with dementia went from a group of unwanted to a group that was desired. Sadly, we believe it is sometimes for the wrong reason--thinking it is good business, and good money. Now, don't get me wrong, every program has to make money to survive and we did, too. However, you can develop a program that has positive outcomes for the residents, families, staff and community, and still make money.

In addition, we frequently received calls (and still do) from administrators, unit coordinators and development companies who say, "I want to do an Alzheimer's disease unit, what should I do?" Or, "I want to do a unit, what kind of lock should I put on the door?" Or "Can I visit your facility today and see how to do it?" All of these questions indicated that they believed it to be quite simple--as though the experience of the last twenty years could be summed up in a statement or two. Or, that a visit to the Alois Center would generate all of the answers needed.

And herein lies the problem for many dementia units and facilities. There is no thought, no plan, no vision. The lack of planning gives us what we often experience when visiting dementia units and facilities--chaos. Dementia programs do not have to be this way. Units and facilities can be quiet and calm, carefully planned and designed. Structured programs with the ability to be flexible are what is needed. A successful unit takes planning and will continue to require examination and evaluation as it changes over time. The dementia population in a unit or facility is destined to change and to progress as the disease progresses, and the unit or facility must be prepared to deal with those changes.

Developing an effective, life-enhancing, and financially successful dementia program is the essence of this book.