



# Turning the Intangible into Measurable Data



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Second Wind Dreams® featuring the Virtual Dementia Tour®

## Introduction

Empathic person-centered care (EPCC) allows care to be provided with the needs of the person in mind. Because a person with dementia cannot tell us what they need or how they are feeling, it is imperative that all caregivers spend time looking at the world from their perspective and then taking the information gleaned from that experience and apply it to a person with dementia's care. The literature shows that empathy in the provision of care is associated with better adherence to healthcare protocols and outcomes. Competent EPCC is intangible making it difficult to pragmatically understand, resulting in a poor understanding of care expectations. Turning an intangible concept like EPCC into measurable data is essential to motivate, train, and learn from. What does it look like? How do we know when it happens and most importantly, how do we measure it? A combination of simulation learning and observational assessments are key to measuring and addressing EPCC delivery.

## The Virtual Dementia Tour®

The Virtual Dementia Tour (VDT®) is a scientifically proven, evidence-based method of building greater understanding of dementia using patented sensory tools and instructions. The Tour enables caregivers to experience for themselves the physical and cognitive challenges those with dementia face. The participants are a mix of administrators, nursing staff, dietary, healthcare providers, other nursing home staff, and families. When the participants arrive, they are asked to complete a pre-survey. After being garbed in the patented equipment the participant is led into the VDT experience room. Tasks are given and the participant is left to perform them. A behavioral observer is present for the experience. Following the Tour, participants fill out the post tour form and variances are determined. They also answer an unstructured question about what they will do differently. A debrief is conducted with participants to ensure understanding.

## What will you do differently?

The VDT post-test asks participants, as an open-ended question, "What will you do differently after the VDT experience?". Responses are captured, analyzed, and categorized. N=1,300

### 56% Responses impacting Direct Care

**Responses related to taking more time, hands on assistance, approach to care.**

"Give one to one help/touch; do not assume you know 'any' of the resident's emotions or physical abilities everyone is unique"

"Recognize that what works for one resident may not work for another"

### 35% Responses impacting Communication

**Responses related to verbal communication and non-verbal communication.**

"Eye contact – speak slowly"

"Talking to the resident even when conversation is scattered. It's their reality. Follow their lead."

### 7% Responses impacting the Environment

**Responses related to noise, lighting, room set up, and sensory awareness.**

"Keep noise down, ensure proper lighting."

### 2% Workforce Development

"Train staff according to care plan"

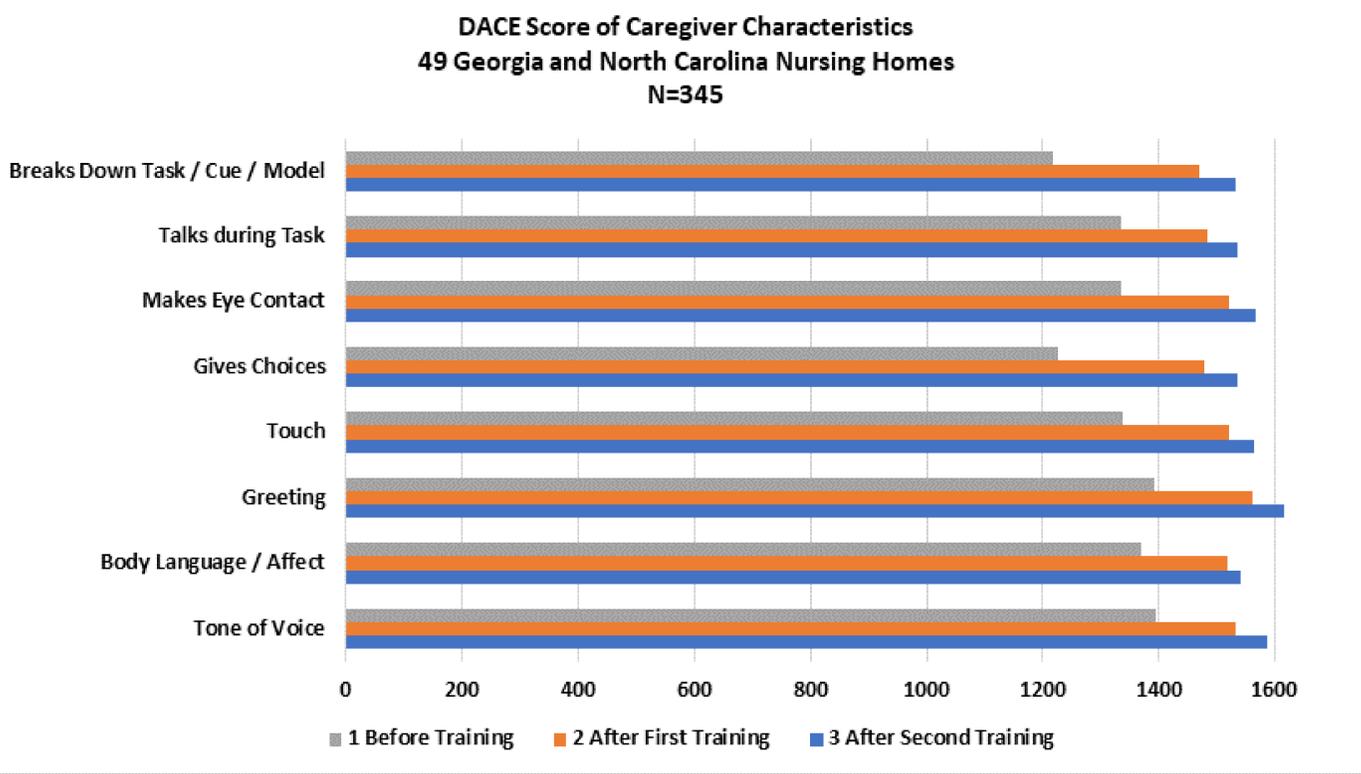
"Increase education to staff and families."

\*Based on data collected from WI and GA CMP Grant projects.

## Dementia Aware Competency Evaluation (DACE®)

The need for observable and measurable outcomes in dementia care, especially in intangible areas of competency, sensitivity, empathy, dignity, and respect is imperative. DACE® is designed to help caregivers learn how their behavior in the caregiving role impacts care. It allows for real-world feedback and training is based on the caregiver and patient's specific situation. DACE competencies have been developed according to best practices associated with behaviors associated with EPCC resulting in positive outcomes of care. Caregiver behavior is tabulated on a five-point Likert scale. The caregiver is observed during at least two domains of Activities of Daily Living. DACE can be conducted before and after dementia training to determine the success of the training program or as a part of staff performance evaluation.

## DACE Caregiver Characteristics Before and After VDT



Through participation in state Civil Money Penalty Fund (CMPF) projects and controlling for the same task, observer, and staff, results demonstrate a significant improvement in total scores for caregiver characteristics. The greatest changes are found in *Breaks Down Task/Cue/Model* (26%) and *Gives Choices* (25%).

## Conclusion

With the advent of the social model of care, many challenges have arisen. One of which is determining ways of assessing care from a measurable, tangible standpoint. Without it, we are unable to determine staff competence to provide EPCC along with success or failure of training. Our research shows through use of the VDT for staff training and DACE to measure competencies, supervisors can determine which staff are most capable and competent to provide EPCC and which staff require additional individualized training. Our results, across states, staffing levels, and domains, show consistently that staff exhibits an increase, over time, of characteristics that target building relationships with residents with dementia, which is at the center of EPCC. This is demonstrated as staff begin to move away from providing care TO a resident and move toward providing care WITH the resident.