compounded by hearing and vision loss which also affects two thirds of residents. Persons living with dementia have identified the assessment of such sensory impairment, along with its treatment and care, as a key research priority. As part of a larger project aiming to develop a package of effective sensory screening tools to identify LTC residents with dementia in need of specialist referral, an environmental scan was conducted to capture the tools and strategies currently being used by front line staff in this setting. A purposive sample of 20 registered nurses and registered practical nurses was interviewed across 2 facilities in Ontario, Canada, and asked about: their experiences of working with persons who have dementia and sensory loss; how they identify which residents have sensory impairment; ways in which current screening procedures could be improved; and, key elements to include in a sensory screening package. Using a strength-based analytical framework, we highlight “pockets of excellence” in nurses’ practices of care and assessment. Results from a two-step qualitative content analysis reveal diverging institutional frameworks of practice, along with shared barriers and enablers to the care and identification of sensory loss in this population. We also discuss examples of effective and creative strategies used by nurses to conduct informal assessments and enable communication with older adults who have dementia.

A NATIONAL APPROACH TO IMPROVING DEMENTIA CARE: THE DEMENTIA DYNAMICS TOOLKIT

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Under the Encouraging Better Practice Initiative, the Australian Commonwealth Department of Health and Aged Care funded a team from Flinders University to develop and disseminate the Dementia Dynamics Toolkit to all residential aged care homes in the country with the aim of building capacity in person-centred dementia care. The DD Toolkit comprises a manual, eLearning and micro-training DVDs, and a website which provides access to technical and implementation support. A national sample of aged care staff and management were surveyed pre/post the dissemination of the toolkit. Data was also collected during the project via workshop evaluations, pop-up surveys online, email surveys and telephone interviews. Of the 2768 residential aged care homes in Australia, 60% have staff and management completing the eLearning. This paper provides an overview of the project and presents data collected specific to examining staff-based measures of individualised care (ICI), work practices, person-centred leadership and responsive behaviour in relation to completion of the eLearning. Data analysis indicates that in care homes where a critical mass of staff have completed the eLearning the general institutional climate has shifted, with a consequential decrease in responsive behaviour expressed by residents with dementia. Overall, staff and management who have completed the eLearning have higher individualised care scores, report more person-centred work practices and feel more empowered in their workplace. The flexibility of the toolkit is highlighted through descriptions of the different ways care homes have made use of the resources.

COMMUNICATION LEADING TO SHARED MEANING IN THE NURSING HOME

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Patterns of communication between nurses and physicians directly impact nursing home (NH) resident quality of care. Nurses not fully explaining clinical change and physicians not eliciting needed information has compromised effective communication. This qualitative study used a Sensemaking model of communication between NH nurse/physician to understand shared meaning informed by oral and written strategies.

Sample-19 nurses, 22 MDs. 33 communication events were the focus of 16 interviews, 17 nurse notes, 22 MD orders, and 16 MD notes. Using grounded theory and ethnographic interviewing (1st & 2nd cycle coding, constant comparative analysis, analytic memos) with a Sensemaking-based semi-structured interview guide and examination of related medical records, communication events were analyzed. Cases were created to illustrate communication processes. Trustworthiness was addressed through an audit trail of decision-making memos, triangulation of prolonged interviews with medical records, and using Sensemaking to guide interpreting codes and developing theory.

Nurses established relationships by intentionally approaching MDs at monthly NH visits, creating individualized communication exchange, contact lists, and MD information sharing. MDs noted nurses’ availability or phone contacts directed their coming to know the nurse and their capabilities. Case analysis yielded contrasting views by nurse and MD of the same event. Nurses described symptoms, and MD orders or transfer requests. MDs noted importance of crafting resident information for decision-making.

Nurses and physicians sought agreement about next steps or decisions. Education should emphasize how to reach shared meaning. Research should examine impact of nurse/MD communication on resident outcomes.

RELIABILITY AND VALIDITY OF THE RESISTIVENESS TO CARE SCALE AMONG COGNITIVELY IMPAIRED OLDER ADULTS

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Resistiveness to care generally occurs when an individual with cognitive impairment interferes with caregivers’ attempts to provide care, and commonly occurs during personal care interactions such as bathing, toileting, and oral care. The purpose of this study was to test the reliability and validity of the Resistiveness to Care Scale (Mahoney et al., 1999) using a Rasch Measurement Model among a larger group of nursing home residents with moderate to severe dementia. This was a descriptive study using baseline data from 261 residents participating in an ongoing trial testing a Function and Behavior Focused Care intervention for cognitively impaired nursing home residents (FBFC). The average age of the residents was 84.64 (SD=9.60) and the majority were female (N=198, 74%), white (N=161, 61%), and not married (N=185, 69%). The mean MMSE was 7.23 (SD=5.10). There was sufficient evidence of internal consistency with findings similar to the

original scale development which was done with a non-independent sample of 68 residents younger residents (mean age of 72) providing 232 observations in which the alpha coefficient was .82. Psychometric testing using Rasch analysis supported the validity of the measure. The findings from this study provide new support for the reliability and validity of the Resistiveness to Care Scale for use with older adults with dementia in nursing home settings. Future work with the measure may benefit, however, from the addition of items that are easier to endorse or express with regard to resistiveness to care.

INTRODUCING MONTESSORI-BASED VISITING IN A CANADIAN LONG-TERM CARE HOME: RESULTS AND RECOMMENDATIONS

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Enhancing quality of life for residents with advancing dementia remains one of the most significant problems of residential care. Nevertheless, there is growing recognition that when activities are appropriately adapted to individual interests and abilities, residents with dementia can enjoy sustained participation. One method that has seen considerable success in this regard is the Montessori method, introduced by Cameron Camp, and based on the work of Italian physician and educator Maria Montessori (1870 – 1952). We recruited and trained 18 community volunteers to use a Montessori-based approach to visit residents in a secure dementia care unit. In this presentation, we describe the design and implementation of this volunteer visiting program and provide brief data-driven summaries of resident, volunteer, family, and staff input. We offer specific recommendations from our experience to those interested in developing similar Montessori-based initiatives in dementia care settings.

COSTS OF A STAFF COMMUNICATION INTERVENTION TO REDUCE DEMENTIA BEHAVIORS IN NURSING HOME CARE

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Background: Persons with Alzheimer's disease and other dementias experience behavioral symptoms that frequently result in nursing home (NH) placement. Managing behavioral symptoms in the NH increases time required to complete care, adds to staff stress and turnover, and increases costs of care. The Changing Talk (CHAT) intervention improves staff communication by reducing elderspeak and led to reduced resident resistiveness to care (RTC). We evaluated the cost effectiveness of CHAT in reducing elderpeak and RTC.

Methods: Costs to provide CHAT were determined for each NH (N=11) using process based costing.

Analysis: Based on the number and type of staff attending the CHAT training, and materials and interventionist time, an average cost per participant was calculated for each NH.

Regression estimates from the parent study were applied to determine costs per unit reductions in staff elderspeak and resident RTC.

Results: A one percentage point decrease in elderspeak was associated with an average 0.43 reduction in RTC. CHAT led to a 12.9% average drop in elderspeak use by NH staff. The average 12.9% reduction in staff elderspeak use predicted a 5.59% decrease in RTC per resident. Assuming that each staff cares for 2 residents with RTC, the cost effectiveness ratio for each 1% RTC reduction per resident is \$7.13.

Conclusions: Cost variations to reduce elderspeak and RTC were based on the number of factors such as baseline elderspeak and the number of residents with RTC. Overall, the 3-session CHAT program is a cost-effective intervention for reducing RTC in dementia care.

THE EFFECT OF AROMATHERAPY ON AGITATION AND CAREGIVER BURDEN IN PATIENTS WITH DEMENTIA

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Introduction: In dementia, psychiatric and behavioral symptoms develop over time. One of the most frequently observed behavioral symptoms is agitation. The caregivers of dementia patients with agitation have an increased burden. Therefore, studies are needed to examine the effect of aromatherapy on agitation in dementia. The aim of this study was to examine the effects of aromatherapy on agitation in patients with moderate to severe dementia and caregiver burden. **Method:** The study was carried out in patients with dementia and their caregivers at two university hospitals in Turkey. The study sample comprised a randomly selected aromatherapy (n=14) and control group (n=14). Patients in the study were stratified by dementia phase and taking antipsychotic medication. The intervention group was given aromatherapy via hand massage and inhalation for 4 weeks in their home. The control group received no intervention during the study. The data were collected using Neuropsychiatric Inventory (NPI), Cohen-Mansfield Agitation Inventory (CMAI) and Zarit Burden Interview (ZBI). **Results:** The NPI scores of intervention-group significantly decreased at weeks 2 and 4 compared with control patients ($p<0.05$). In addition, CMAI and ZBI scores were significantly lower in the intervention group compared with the control group at week 4 ($p<0.05$). **Conclusion:** After aromatherapy, agitation, neuropsychiatric symptoms and caregiver burden in the intervention group had significantly decreased compared with the control group.

THE EFFECTS OF WEB-BASED PHYSICAL RESTRAINT-REDUCTION EDUCATIONAL PROGRAM

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