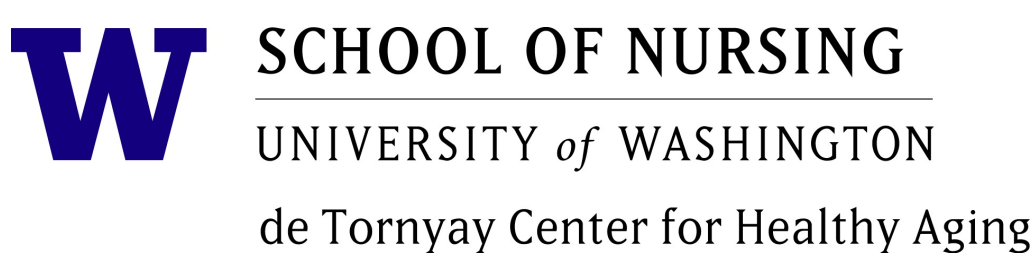


Can Coaching Models Support Person-centered Dementia Care in Long-term Care: A Cluster Randomized Controlled Study

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- Staff satisfaction and care delivery improved with Coaching model – Intervention (Coaching) group showed **statistically significant gains in employee satisfaction** and better **perceptions of delivering individualized, person-centered care practices** compared to the Control group.
- Long-term care communities in the Intervention (Coaching) group saw a statistically significant increase in their **adoption** of Dementia Care Practice Recommendations from baseline: **62% to 76% (a 22.6% increase)**.

BACKGROUND	METHODS	RESULTS	CONCLUSIONS	REFERENCES									
• Person-centered dementia care (PCDC) is vital for improving outcomes in long-term care (LTC) communities, yet implementation often falters due to limited resources and leadership support. • Our coaching model helps communities implement measurable, organization-wide improvements through targeted action planning and change initiatives. • Purpose: To evaluate a six-month, strength-based coaching model grounded in the Alzheimer’s Association Dementia Care Practice Recommendations (DCPR).	Design: Cluster randomized controlled study Setting: 77 LTC communities across Ohio (n=434 staff) Groups: Intervention – Coaching (n=227) Control – Training (n=207) Intervention: Coaching-supported self-assessment tool; action planning; organization-wide, practice changes Outcomes measured: DCPR adoption; employee satisfaction; delivery of person-centered care; dementia care confidence Data collection: Community – baseline & post-intervention Staff surveys – pre, post, 3-month follow-up Analysis: Generalized Estimating Equations (GEE)	Positive workforce outcomes ↑ Overall employee satisfaction ↑ Perceived delivery of individualized, person-centered care ↑ Workplace practice perceptions No significant change observed • Caregiver-resident relationship perceptions • Dementia care confidence DCPR adoption increased significantly • 62.0% (baseline) → 76.0% (post) Person-Centered Care <table><thead><tr><th>Category</th><th>Adopted (%)</th><th>Not adopted (%)</th></tr></thead><tbody><tr><td>Baseline</td><td>62%</td><td>38%</td></tr><tr><td>Post-Program</td><td>76%</td><td>24%</td></tr></tbody></table>	Category	Adopted (%)	Not adopted (%)	Baseline	62%	38%	Post-Program	76%	24%	• Coaching model improves areas of employee satisfaction and enhances staff perceptions of the delivery of person-centered care. • Increased staff satisfaction and delivery of person-centered practices may lead to higher retention rates and consistency in staffing, which may positively impact resident care. • Future research is needed to explore implications on resident outcomes. • Potential areas include antipsychotic medication use, resident satisfaction, and quality-of-life indicators.	Fazio, S., Pace, D., Maslow, K., Zimmerman, S., & Kallmyer, B. (2018). Alzheimer's Association Dementia Care Practice Recommendations. <i>The Gerontologist</i>, 58(suppl_1), S1–S9. https://doi.org/10.1093/geront/gnx182 Welsch, J., Kim, B., Prophater, L., Belza, B., & Fazio, S. (2025). A Team Coaching Intervention for Dementia Care: Acceptability and Feasibility Study in Care Communities. <i>Journal of the American Medical Directors Association</i>, 26(2), 105379. https://doi.org/10.1016/j.jamda.2024.105379
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