

Taxonomy Development for Dementia Care Training Policies in Nursing Homes

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The presence of dementia care training (DCT) policy alone does not necessarily translate into meaningful changes in care delivery. Quality of care is multifaceted and there are many factors outside of policy, such as training quality and content, that play a crucial role in care delivery. Future research should examine the overall and differential impacts of DCT policies at the state and federal level and the impacts of these policies on improving the care to people living with dementia

INTRODUCTION	METHODS	METHODS <i>continued.</i>	RESULTS	CONCLUSIONS																																																																																																																				
Taxonomies are a well-established analytic tool in the sciences used for forming and refining concepts, discovering underlying dimensions and creating categories for classification and measurement. (Collier et al 2012). The objective of this study was to develop a validated taxonomy that could allow researchers to analyze dementia care training (DCT) policies across the United States and explore associations between state policy scores and CMS quality measures sensitive to dementia care to identify areas for improvement in DCT. 2018 DEMENTIA CARE PRACTICE RECOMMENDATIONS  alzheimer's association® Fazio, S., Pace, D., Flinner, J., & Kallmyer, B. (2018). The Fundamentals of Person-Centered Care for Individuals with Dementia. The Gerontologist, 58(1), 10–19	We developed a dementia training policy taxonomy with three dimensions—instructor requirements, worker requirements and training content. We measured the comprehensiveness of DCT by evaluating 25 categorical variables covering the following <table><tr><td>Training</td></tr><tr><td>Instructor Training Required</td></tr><tr><td>Instructor Training Hours</td></tr><tr><td>Instructor Training Content Specified?</td></tr><tr><td>Worker Information</td></tr><tr><td>Fundamentals</td></tr><tr><td>Worker Initial Training Required</td></tr><tr><td>Worker Initial Training (Hours/Year)</td></tr><tr><td>Worker CE Required</td></tr><tr><td>Worker CE (Hours/Year)</td></tr><tr><td>Detection & Diagnosis</td></tr><tr><td>Worker Training: Understanding Dementia</td></tr><tr><td>Worker Training: Signs and Symptoms</td></tr><tr><td>Worker Training: Diagnosis</td></tr><tr><td>Assessment & Care Planning</td></tr><tr><td>Worker Training: Assessment and Care Planning</td></tr><tr><td>Worker Training: Person Centered Care</td></tr></table>	Training	Instructor Training Required	Instructor Training Hours	Instructor Training Content Specified?	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Rankings ranged from 20-1. - New Mexico experienced the greatest depth of DCT training in their state policy. - North Carolina had the least amount of training noted among those with a policy present. - Excluding states that had no dementia care training policies available, there was an average score of 9.18. State Rankings based on DCT Policy Components <table><tr><td>New Mexico</td><td>20</td><td>District of Columbia</td><td>12</td><td>Delaware</td><td>6</td></tr><tr><td>Illinois</td><td>18</td><td>Rhode Island</td><td>11</td><td>New Jersey</td><td>6</td></tr><tr><td>Oregon</td><td>17</td><td>Texas</td><td>11</td><td>Tennessee</td><td>6</td></tr><tr><td>Arkansas</td><td>16</td><td>New York</td><td>9</td><td>Minnesota</td><td>5</td></tr><tr><td>Maine</td><td>16</td><td>Indiana</td><td>8</td><td>New Hampshire</td><td>5</td></tr><tr><td>Mississippi</td><td>16</td><td>Iowa</td><td>8</td><td>Washington</td><td>5</td></tr><tr><td>Florida</td><td>14</td><td>Kentucky</td><td>8</td><td>Connecticut</td><td>3</td></tr><tr><td>West Virginia</td><td>14</td><td>South Dakota</td><td>8</td><td>New Hampshire</td><td>5</td></tr><tr><td>Maryland</td><td>13</td><td>Louisiana</td><td>7</td><td>California</td><td>2</td></tr><tr><td>Missouri</td><td>13</td><td>Nebraska</td><td>7</td><td>Massachusetts</td><td>2</td></tr><tr><td>Nevada</td><td>13</td><td>Vermont</td><td>7</td><td>Ohio</td><td>2</td></tr><tr><td>Wisconsin</td><td>13</td><td>Virginia</td><td>7</td><td>Oklahoma</td><td>2</td></tr><tr><td>Colorado</td><td>12</td><td>Arizona</td><td>6</td><td>North Carolina</td><td>1</td></tr></table> States excluded: AL, AK, GA, HI, ID, KS, MI, MT, ND, PA, SC, UT, WY	New Mexico	20	District of Columbia	12	Delaware	6	Illinois	18	Rhode Island	11	New Jersey	6	Oregon	17	Texas	11	Tennessee	6	Arkansas	16	New York	9	Minnesota	5	Maine	16	Indiana	8	New Hampshire	5	Mississippi	16	Iowa	8	Washington	5	Florida	14	Kentucky	8	Connecticut	3	West Virginia	14	South Dakota	8	New Hampshire	5	Maryland	13	Louisiana	7	California	2	Missouri	13	Nebraska	7	Massachusetts	2	Nevada	13	Vermont	7	Ohio	2	Wisconsin	13	Virginia	7	Oklahoma	2	Colorado	12	Arizona	6	North Carolina	1	- We hypothesize that DCT policies could be associated with care outcomes, yet further research utilizing this taxonomy to explore such associations is warranted. - It is crucial that we look towards improving quality of care through a multifaceted approach and explore methods that combine expanding current federal and state DCT requirements, along with organizational change, staff engagement, and dementia-specific measures. 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