5) Finally, staff follow two consecutive, practical-oriented team-trainings. They will learn what PCC means for their daily practice and how to reflect on it. The most effective part is the reflection on examples of their own clients, and get more aware of their own behavior. In between trainings, HCP will carry out a practice exercise and provide feedback in session two.

In an early stage of the intervention we discuss the possibilities and adjust the approach to the needs and situation (culture, level of knowledge etc.) of the LTCF. Involvement of all the staff in the intervention is essential, so everyone speaks the same 'language' and staff can rely on each other. Based on experience, these factors contributes to a sustainable way to implement PCC in LTCFs.

515 - Developing an observational instrument for people with somatic care needs to review Person-Centred Care in Nursing Homes

Claudia van der Velden, Elsemieke van Belzen, Henriëtte van der Roest

Healthcare professionals working with people with dementia (PwD) increasingly apply a person-centred care (PCC) model instead of task-oriented models of healthcare. Several studies have shown positive results of PCC on the quality of life of PwD. The PCC-model has not only shown positive results in the quality of life of PwD, but also for people with somatic needs.

Dementia Care Mapping (DCM) is a dementia-specific observational tool that is used worldwide in longterm care facilities (LTCFs) for developing PCC-practice, but also to review staff development- and training needs. LTCFs providing care for people with somatic needs also have the need of a instrument like DCM, but nothing specific is available. In this project we develop, together with a Dutch nursing home and DCM-Netherlands, a method that suits this target group with the same aims as DCM.

An iterative design has been applied. Based on a literature search and experience of the project group, a method has been developed. This method consists of three main components: (1)group observation with components of DCM, (2)structured interviews with residents and (3)feedback sessions with professionals and individual feedback for residents. To determine if the method meets the needs of practice, several expert groups (residents, informal caregivers and nursing staff) where asked about the content and feasibility using interviews/focus group. Furthermore in a pilot, the method will be tested by experienced DCM-mappers in practice, based on the outcomes of this pilot adjustments will be made.

We are currently in the pilot phase and expecting to finalise the method with instruction manual coming summer. First feedback of the project- and expert groups are very positive. The nursing staff endorse the need of this instrument, and also feel it contributes to a better PCC-attitude. On the other hand, they emphasize that implementation can be challenging, because of time constraints in daily care.

516 - A more integrative approach to better match treatments to long-term care residents: Preliminary results of a meta-analysis

Abstract

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Background: Depression is common among long term care (LTC) residents and has a considerable impact on their quality of life. Therefore, there has been an increased interest in interventions aiming at the reduction of depression among LTC residents. These interventions could be described as formal depression care and include psychosocial interventions (e.g., Creative Arts Interventions), psychotherapeutic interventions (e.g., Life Review) and/or (neuro-)biological interventions (e.g.,