**Individualized Care for Alzheimer Residents: An Essential Component of a Milieu de Vie**

By Judith Cohen, BScN, MN

“Milieu de vie,” a relatively new concept, is gaining recognition in the field of gerontology. Milieu de vie is defined as the physical and human characteristics of a space that have a lasting influence on living beings. It is also referred to as the heart, entourage, ambiance, climate or atmosphere of a living space. Savoie and Laframboise claim that the objectives of all interventions in a milieu de vie aim to maintain autonomy, social engagement, self esteem, individuality and to value the integrity of residents and their families. A milieu de vie provides a means of conceptualizing and delivering care that addresses the needs, tastes, habits and values of residents and their families. Savoie and Laframboise demonstrated that a milieu de vie concept can attenuate the negative effects of institutionalization and of dementia on the autonomy and cognitive functioning of the resident. It can also improve the quality of life of residents and their families.

Individualized care means that the person takes priority over the task. In a literature review, Happ and colleagues highlighted the conceptual definition and practical descriptions of individualized care for frail elders in long-term care institutions and reported research benefits. They presented four critical attributes of individualized care: knowing the person (life story, patterns of response); relationship (staff continuity, reciprocity); choice (decision making, risk taking); and participation in and direction of care (daily planning).

These principles apply even to the most severely impaired. For example, staff observation and knowledge of the cognitively impaired resident can reveal much about what is pleasing and comfortable to that person.

**A Conceptual Model**

At Ste-Anne’s Hospital in Ste-Anne-de-Bellevue, Quebec, four specialized teams were created on our prosthetic units for residents with late-stage Alzheimer’s disease (AD). Each team was given the mandate to explore and develop objectives and implement programs in the areas of family support, social recreational activities, envi-
The result was the emergence of a milieu de vie that can be schematically represented (Figure 1) and described as follows: the milieu de vie in our hospital ensures the resident a safe, stable, familiar environment with physical features that are designed to compensate for losses and maximize functional autonomy. The environment promotes socialization, enhances communication and encourages meaningful caring relationships.

Our milieu de vie offers residents structured activity programs designed to encourage the full use of their residual capacities, provide leisure activities and enhance quality of life.

We welcome families and encourage their involvement and participation in care planning. A structured support program is offered to families during their prolonged grieving process.

Within our milieu de vie, we acknowledge that each resident has his or her own life story. We accommodate each person’s daily patterns and respond to changes in mood by providing individualized care.

The Individual Approach Team

When our milieu de vie was being developed, the individual approach team would meet monthly to assess the way care was being individualized on the units. A personal profile of each resident is obtained, which includes biographical data, particular tastes (likes and dislikes), habits (daily routines), functional abilities, dysfunctional behaviours, styles of communication, care required and the way the caregiver provided it. This personal profile is then incorporated into the resident’s care plan. An attempt is made to
reproduce the resident’s former environment to help him or her integrate into a new milieu de vie. Personal approaches that promote this transition include providing familiar objects from home (e.g., bed cover, photographs, crucifix); offering choices of significant activities appropriate to the resident’s abilities and interests; adhering to personal routines and daily schedules that match the residents’ rhythms and habits; observing and recording the performance of all activities of daily living and adjusting nursing care to compensate for deficits and encourage full use of residual capacities; finding the appropriate individual approaches to solve behaviour problems and documenting this in residents’ care plans (this often involves multidisciplinary consultation); and providing social interaction and communication appropriate to each resident’s level of oral and written comprehension and expression.

The team’s goal is to maintain each resident’s autonomy, dignity and quality of life. The specific objective is to respect personal rhythms, abilities and rights. To accomplish this, the team ensures that care plans are re-evaluated every three months and revised as needed. Modifications to plans are communicated at each shift change to ensure continuity of care. All attempts are made to ensure a stable and familiar staff and the individual approach team therefore works closely with the other three teams.

The team members plan to act as consultants throughout the hospital to help other caregivers individualize care for residents with dementia. They plan to develop training sessions on intervention strategies for the most frequent problems encountered with these residents (e.g., resistance to care and problems with bathing, dressing and feeding). All agree that individualized care is central to a successful milieu de vie.

Our milieu de vie reflects the general trends described in the literature and has proven to be beneficial to residents, families and staff. Because it is an evolving concept, the milieu de vie is subject to continual changes; staff must be flexible, adaptable and have an in-depth understanding of AD and related disorders. The success of a milieu de vie depends on the quality of the staff, both in terms of their personal attributes as well as their level of knowledge. A milieu de vie is also affected by administrative decisions that determine staff/resident ratios, number of beds, physical changes to the environment, admission criteria and, most important, ongoing staff educational programs. Although there is room for improvement, we have come a long way. We are proud of our milieu de vie and highly recommend the concept to other facilities that care for residents with AD.

References

Recommended Reading