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Original Study

Differences in Case Conferences in Dementia Specific vs Traditional Care Units in German Nursing Homes: Results from a Cross-Sectional Study

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A B S T R A C T

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Objectives: To investigate differences in the provision and performance of case conferences for people with dementia between dementia special care units (DSCUs) and traditional care units (TCUs) in nursing homes. Because DSCUs employ more staff, we expect the likelihood of the provision of case conferences to be higher in DSCUs.

Design: Observational cross-sectional study. Residents from DSCUs and TCUs were compared using genetic propensity score matching over all of the observed potential covariates, including the characteristics that served as admission criteria for DSCUs. Because of the multisite structure of the data, clustering was accounted for with a generalized mixed model.

Setting: DSCUs are defined as units within nursing homes that offer care exclusively to residents with dementia and that charge higher rates for the specialized care provided. TCUs are defined as care units for residents with and without dementia.

Participants: A matched sample was drawn out of a convenience sample of 1808 residents from 51 nursing homes. It consisted of 264 residents from 16 DSCUs and 264 residents from 48 TCUs.

Interventions: None.

Measurements: Data regarding the provision of case conferences were collected by the nurses using the Dementia Care Questionnaire. Other collected data included challenging behavior (Neuropsychiatric Inventory Questionnaire), mobility (Physical Self-Maintenance Scale), cognitive impairment (Dementia Screening Scale), and sociodemographic information.

Results: In the DSCU group, case conferences were provided to 91% (n = 224) of the residents; in the TCU group, 82.5% (n = 203) received a case conference. After adjusting for clustering, no significant difference between DSCUs and non-DSCUs was found. The topic “challenging behaviors” was discussed more often in case conferences in TCUs.

Conclusions: Case conferences are a widespread intervention in German nursing homes, including both DSCUs and TCUs. The provision of a case conference is not a special feature of DSCUs.

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At present, dementia special care units (DSCUs) form one of the most frequently implemented structural care interventions. Since their development, their numbers have increased in many countries

worldwide,¹ and they are included in several national dementia plans as requirements to improve institutional care.²

An international definition of DSCUs does not currently exist; however, there is agreement regarding structural and residential characteristics of DSCUs. Structural features of DSCUs include specially designed environments (eg, the presence of a walking circuit), highly educated staff (eg, nurses with a special qualification in geriatric psychiatry), higher staff-to-resident ratios, and dementia-oriented therapy programs (eg, physiotherapy or occupational therapy).^{3–8}

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The authors declare no conflicts of interest.

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Table 1
Resident Characteristics Before and After Matching

Characteristics		Before Matching			After Matching		
		DSCU	TCU	P Value*	DSCU	TCU	P Value*
Age	n	258	630		246	246	
	mean $\pm$ SD	80.9 $\pm$ 8.7	84.3 $\pm$ 8.7	<.001	80.9 $\pm$ 8.6	81.0 $\pm$ 8.3	.92
Duration of stay (months)	n	258	630		246	246	
	mean $\pm$ SD	31.1 $\pm$ 27.7	31.6 $\pm$ 27.3	.798	30.8 $\pm$ 27.7	29.5 $\pm$ 26.1	.60
Gender	n	258	630		246	246	
Female	n (%)	190 (73.6)	503 (79.8)	.043	180 (73.1)	180 (73.1)	1.0
Place of residence before NH	n	248	594		246	246	
Private home, alone	n (%)	120 (48.4)	292 (49.2)	.099	119 (48.3)	111 (45.1)	.22
Private home, with relatives	n	91 (36.7)	243 (40.9)		90 (36.5)	107 (43.5)	
Other nursing home	n	37 (14.9)	59 (9.9)		37 (15.0)	28 (11.4)	
Legal guardian	n	258	627		246	246	
Yes	n (%)	256 (99.2)	602 (96.2)	.012 [†]	244 (99.2)	243 (98.8)	.65
Judicial decision for residence	n	258	629		246	246	
Yes	n (%)	68 (26.4)	25 (4.0)	<.001	66 (26.8)	11 (4.4)	<.001
Care level	n	258	630		246	246	
1 (considerable care dependency)	n (%)	45 (17.4)	157 (24.9)	.042	43 (17.5)	44 (17.9)	.983
2 (severe care dependency)	n	126 (48.4)	293 (45.6)		121 (49.2)	119 (48.4)	
3 (very severe care dependency)	n	87 (33.7)	180 (28.6)		82 (33.3)	83 (33.7)	
Mobility	n	258	630		246	246	
Mobility is sustained	n (%)	212 (82.2)	394 (62.5)	<.001	202 (82.1)	202 (82.1)	1.0
Mobility is severely impaired	n	46 (17.8)	236 (37.5)		44 (17.9)	44 (17.9)	
Dementia	n	258	628		246	246	
Recorded dementia diagnosis	n (%)	255 (98.8)	497 (79.1)	<.001	243 (98.8)	241 (97.9)	.475
DSS sum score	n	258	630		246	246	
	mean	11.1 $\pm$ 2.5	8.3 $\pm$ 3.6		11.1 $\pm$ 2.5	10.4 $\pm$ 2.9	<.001
Cognitive impairment	n	258	630		246	246	
Mild-moderate	n (%)	32 (12.4)	288 (45.7)	<.001	29 (11.7)	30 (12.2)	.88
Severe	n	226 (87.6)	342 (54.3)		217 (88.2)	216 (87.8)	
Challenging behavior [†]	n	209	472		200	197	
NPI-Q sum score	mean $\pm$ SD	6.0 $\pm$ 4.3	4.4 $\pm$ 3.5	<.001	5.9 $\pm$ 4.3	5.9 $\pm$ 4.8	.97
	n	256	627		246	246	
No challenging behavior	n (%)	47 (18.4)	155 (24.7)	.041	46 (18.7)	49 (19.9)	.73
At least 1 symptom (NPI-Q)	n (%)	209 (81.6)	472 (75.3)		200 (81.3)	197 (80.1)	

NPI-Q, Neuropsychiatric Inventory Questionnaire; SD, standard deviation.

*P values were calculated using the independent samples *t*-test for means and the χ^2 test for frequency distributions.

[†]Excluding residents without challenging behaviors (NPI-Q score = 0).

These units provide care to residents with dementia, severe cognitive impairments, and severe challenging behaviors. Strong wandering behavior and verbally and physically aggressive behaviors that are often associated with refusal or acceptance of care are more common in DSCU residents than in traditional care unit (TCU) residents.^{9,10} Compared with residents in TCUs, DSCU residents' functional abilities are slightly better because functional abilities are a requirement for participating in this type of special program.¹¹

It is common for nursing homes to charge higher rates for residing in DSCUs; higher costs are attributed to more intensive resource use, mainly for staffing. From a health policy perspective, the extra costs raise questions about the benefits of DSCUs and the regulations for preventing misuse of the funds. In several states in Germany, legal agreements exist between long-term care providers and payers regarding the features of DSCUs that cost more. Some of these legal agreements address the provision of multidisciplinary case conferences.¹² It is recommended that case conferences in DSCUs are held with the residents' physicians; ideally, they should be conducted monthly. For TCUs, no such recommendation exists.

Case conferences are a common tool that is used in long-term care practice to find a solution to a clinically relevant problem. In the United States, a multidisciplinary exchange is provided with routine data assessments that potentially initiate the adaption and improvement of care plans.¹³ In Germany, case conferences are usually not part of the routine care process but are provided when specific problems occur that require an adaption of the care plan (eg, enduring refusal of food or drinks).

Two reviews summarize the evidence on dementia-specific case conferences in the context of challenging behaviors¹⁴ and end-of-life

care of residents with dementia in nursing homes.¹⁵ While Reuther et al¹⁴ describe the aim of case conferences as primarily for team members to exchange thoughts on a specific problem, Phillips et al¹⁵ refer to person-centered management and the best available evidence-based practice as the main goals of multidisciplinary case conferences. According to the available evidence, case conferences hold promise for improving dementia care in nursing homes.^{14,15} However, the implementation of case conferences is difficult because they are resource intensive. Time pressures attributable to high workloads and interruptions of case conferences because of conflicting obligations are reported to be inhibiting factors.¹⁶

Because the provision of multidisciplinary case conferences is considered to be a feature of DSCUs in Germany, we seek to answer the following questions:

- (1) Are residents who live in DSCUs with additional funding more likely to receive case conferences than residents of TCUs?
- (2) Are there differences in the case conferences of DSCUs and TCUs in terms of the time durations since the last case conference, the reasons why they are conducted, and the topics that are discussed or their participants?

Methods

Study Design

This cross-sectional study was performed as part of the DemenzMonitor study, which is a longitudinal study on dementia care provision and the development of dementia-related outcome

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