



Dementia Friendly Outpatient Clinics

Outpatient clinics and medical offices support people living with dementia across routine care and follow-up visits. This Dementia Friendly America Sector Guide outlines practical actions that clinicians, medical assistants, care coordinators and administrative staff can take to provide supportive and accessible care experiences, with simple steps to strengthen communication, improve the environment and enhance clinic workflows.

UNDERSTANDING DEMENTIA

Dementia is a general term used to describe a group of symptoms that affect memory, thinking, communication and decision-making in ways that interfere with daily life. It is not a normal part of aging. Common symptoms include memory loss, confusion, trouble finding words, difficulty planning or solving problems and changes in mood or behavior. Alzheimer's disease is the most common cause of dementia. Other types include Vascular Dementia, Lewy Body Dementia and Frontotemporal Dementia.

In clinical settings, dementia may make completing forms, following medical instructions or remembering next steps more difficult.

BUILD DEMENTIA AWARENESS

Provide dementia-awareness training for all staff through programs such as Dementia Friends or invite local experts to lead educational sessions or workshops.

Integrate dementia education into new staff orientation, annual competencies and professional development across departments.

Post communication tips and reminders in staff break rooms or include them in daily safety huddles.

Support employees who are providing care to someone with dementia by offering flexible scheduling, access to employee assistance programs or referrals to resources like the Eldercare Locator and the Alzheimer's Association Helpline.

COMMUNICATE CLEARLY AND RESPECTFULLY

Engage the person before speaking. Say the person's name, make eye contact and face them directly.

Speak slowly and clearly. Use short, simple sentences with one idea at a time.

Use a warm, friendly tone of voice. Be calm, positive and respectful.

Smile and be kind. Friendly expressions help the person feel safe and supported.

Ask one question at a time. Offer simple choices, like yes/no or "Would you like to sit in the chair or on the exam table?"

Give the person extra time to respond. Pause and wait patiently—avoid rushing or finishing sentences.

Repeat or rephrase if something is not understood. Use simple words or shorter phrases to support understanding.

Reduce distractions. Minimize background noise so it is easier to focus.

Pay attention to non-verbal cues. Watch for signs of confusion, stress or discomfort and respond calmly and supportively.

Acknowledge emotions and redirect calmly. Recognize feelings and respond with reassurance to reduce anxiety or agitation.

IMPROVE THE PHYSICAL ENVIRONMENT

Provide large-print, high-contrast signs. Use simple words and familiar icons (e.g., restrooms, reception and exam rooms) placed at eye level to guide people.

Keep floors safe and dry. Avoid shiny or patterned floors that can cause glare or confusion and mark stairs or ramps with bright, high-contrast tape or paint.

Keep lighting bright and even in all areas, especially hallways and restrooms. Reduce glare and shadows to help people see clearly and feel safe moving around.

Provide comfortable, stable seating that is easy to get in and out of. Place sturdy chairs with armrests in waiting areas and exam rooms.

Make restrooms easy to find and safe to use. Post clear signs and maintain bright, even lighting. Install grab bars and offer single-use or family restrooms when possible.

Reduce background noise. Turn down or eliminate overhead music, TVs and paging systems when possible.

MAKE CLINIC VISITS EASIER AND MORE SUPPORTIVE

Provide clear, easy-to-follow instructions. Give large-print, plain-language visit summaries with simple visuals and confirm understanding through teach-back or a brief follow-up call.

Offer flexible scheduling and reminders. Schedule visits when patients function best (often mornings), allow extra time if needed and send same-day reminders to patients and care partners.

Maintain continuity and involve care partners. Keep patients with the same provider or team whenever possible and obtain consent to involve care partners in communication, decision-making and follow-up when needed.

INCLUDE COGNITIVE SCREENING IN ROUTINE CARE

Use validated tools such as the Mini-Cog or MoCA—especially during the Medicare Annual Wellness Visit—to identify early signs of memory or thinking changes.

Record screening outcomes in the health record and communicate results with the patient, care partner and primary provider as appropriate.

Create a consistent pathway for additional evaluation, care planning and community referrals when screening or clinical observations suggest cognitive decline.

Ensure accurate documentation and reimbursement. Apply standard documentation practices for cognitive care, including Medicare Annual Wellness Visit requirements, Cognitive Assessment and Care Planning services and accurate ICD coding, to support proper payment and reliable data reporting.

FOR ADDITIONAL RESOURCES



Become a Dementia Friend
dfamerica.org/become-a-dementia-friend/

Alzheimer's Association Helpline
800-272-3900 | www.alz.org



Find or Start a Memory Cafe
dfamerica.org/

Eldercare Locator
800-677-1116 | eldercare.acl.gov



Scan or visit
dfamerica.org/resource-listing



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