OBJECTIVES

The participant will have an awareness of

• Regulatory Issues and Quality Measures pertaining to dementia patients
• Benefits and evolution of Person Centered Approach to Dementia Care
• Key elements of a successful Person Centered Dementia Program and application of these elements
• Developing a Person Centered Approach to Dementia Care
STATISTICS

• Approximately 5.8 million Americans age 65 and older have Alzheimer’s dementia today.

• Sixth leading cause of death in the United States and the fifth leading cause of death among Americans age 65 and older.

• Between 2000 and 2018, deaths resulting from stroke, HIV and heart disease decreased, whereas reported deaths from Alzheimer’s increased 146.2%.

• Average per-person Medicare payments for services to beneficiaries age 65 and older with AD or other dementias are more than three times as great as payments for beneficiaries without these conditions, and Medicaid payments are more than 23 times as great.

• Overall, 48% of nursing home residents have Alzheimer’s or other dementias
  • 37% of short-stay (less than 100 days) nursing home residents have Alzheimer’s or other dementias
  • 59% of long stay (100 days or longer) residents have these conditions.

REGULATORY

OBRA Nursing Home Reform Act 1987
• Each person receives the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being, in accordance with the comprehensive assessment and plan of care

2016 CMS Quality Strategy- requirements of participation- MEGA rule
• Phase 2 Implemented November 28, 2017:
  • F tag F656, or comprehensive person-centered care plan
    • Requires facilities to develop and implement a comprehensive person-centered care plan that includes measurable objectives and timeframes to meet a resident’s medical, nursing, mental, and psychosocial needs and describes individualized resident goals, preferences, and desired outcomes.

• Creates an Advisory Council on Alzheimer’s Research, Care, and Services and has a National Alzheimer’s Plan, which is updated annually.
  • Goal 2 of this plan includes “Enhance care quality and efficiency,” as being the most closely aligned with care and support.
QUALITY MEASURES: SHORT STAY

PERCENTAGE OF SHORT-STAY RESIDENTS

• Who were re-hospitalized after a nursing home admission
• Who got antipsychotic medication for the first time
• Who improved in their ability to move around on their own

PERCENTAGE OF SNF RESIDENTS

• With pressure ulcers that are new or worsened (SNF QRP)
• Who experience one or more falls with major injury during their SNF stay (SNF QRP)
• Whose functional abilities were assessed and functional goals were included in their treatment plan (SNF QRP)

Rate of successful return to home and community from a SNF (SNF QRP).

QUALITY MEASURES: LONG STAY

PERCENTAGE OF LONG-STAY RESIDENTS

• Who got an antipsychotic medication
• Experiencing one or more falls with major injury
• With pressure ulcers
• With a urinary tract infection
• Who have or had a catheter inserted and left in their bladder

• Whose ability to move independently worsened
• Whose need for help with daily activities has increased
• Who lose control of their bowels or bladder
• Who lose too much weight
• Who have symptoms of depression
• Who got an antianxiety or hypnotic medication
CULTURE CHANGE: EVOLUTION OF PERSON CENTERED DEMENTIA CARE

**Eliminate the 3 Intolerable Plagues of Nursing Home Life (The Eden Alternative)**

- Loneliness
- Helplessness
- Boredom

**Transform the physical institutional environment to a more home like setting**

- Include plants, animals and intergenerational programs to enhance social engagement
- Comfort
- Attachment
- Inclusion
- Occupation
- Identity

**Satisfy the needs of patients with dementia which include**

- Continuity
- Companionship
- Abilities focused approach

CULTURE CHANGE: EVOLUTION OF PERSON CENTERED DEMENTIA CARE - STAFFING

**REVISE STAFFING PATTERNS**

- Continuity
- Companionship
- Abilities focused approach

**STAFF KNOWLEDGE OF DEMENTIA AND THE STAGES OF DEMENTIA**

- Do the staff believe the dementia patient is like all other older patients?
- Is there actual training in place that is comprehensive?
- Is there adequate time for training and accountability for training?
- Is there a feeling of teamwork?

**STAFF DESIRE TO KEEP DEMENTIA PATIENTS FUNCTIONING AT THEIR OPTIMAL LEVEL**
KEY ELEMENTS OF A SUCCESSFUL PERSON CENTERED DEMENTIA PROGRAM

• Treat persons with dementia as individuals with unique needs

• See the world from the perspective of the individual with dementia
  This helps to understand the behaviors as a means of communication

• Create a positive social environment/opportunities for meaningful engagement
  Allows an experience of relative well being through care that promotes relationships

• Maintain personhood through mutually recognizing, respecting and trusting relationships
  Caregiver is needed to offset degeneration and fragmentation

• Value and respect persons with dementia as well as the caregivers

• Evaluate care practices regularly

APPLICATION OF THE KEY ELEMENTS FOR SUCCESS

Provide individualized care

• Individual life stories
• Personal possessions
• Individual preferences and daily routines
  • My Way Advance Directive for resident ADL preference completed by the patient or family member/caregiver

• Offer choices
• Review care plans regularly
APPLICATION OF THE KEY ELEMENTS FOR SUCCESS

Take the perspective of the person with dementia

- Communicate effectively
- Experience empathy
- Monitor the physical environment
- Discover reasons for behaviors
- Be an advocate

APPLICATION OF THE KEY ELEMENTS FOR SUCCESS

Social Environment

- Treat individuals with respect
- Create an atmosphere of warmth, both physical and emotional
- Validate feelings
- Provide appropriate support and assistance
- Foster a sense of community

Value the Care Provider

- Have a clear vision of what your program should be
- Develop practices that value employees
- Create systems to support staff development
- Design supportive and inclusive physical and social environments-
- Ensure quality improvement mechanisms
EVALUATING YOUR CARE PRACTICES
TOOLS ARE AVAILABLE TO EVALUATE PERSON CENTERED CARE PRACTICES

Dementia Care Mapping (DCM) is dementia specific and observational

Each tool aims to measure forms of person centered care as perceived by care recipients, family members or staff

Measures of Individualized Care

Person Centered Care Assessment Tool

Family Involvement in Care

The disease might hide the person underneath but there’s still a person underneath who needs your love and attention

Jamie Calandriello
ROLES AND RESPONSIBILITIES OF IDT

Nursing: Continenoe, I/O Behaviors, Mobility

Rehab: ADLS, Functional Mobility, Fall prevention, Swallowing/Cognition/Communication

Dietary Nutritional needs

Diagnosis/ Staging & Assessment of Cognitive and Physical Abilities

HCP: Medical/Psychological Management

Environmental Services: Safety within the Environment

Social Services /Recreation: Supportive/Therapeutic Environment

Administrator: Workforce/Staffing Patterns/Environment

Administrator:

Individualized Care Planning

Administrator:

Person with Dementia

Administrator:

IMPLEMENTING A SUCCESSFUL PERSON CENTERED DEMENTIA PROGRAM

Provide ongoing re-assessment and care planning with team approach, including patient preferences

Educate on diagnosis, signs & symptoms; provide caregiver support systems

Prepare patient, family and caregivers for common transitions; revisit goals and preferences throughout; support collaboration

Create sense of community; enhance dignity, support safety, provide opportunities for choice and meaningful engagement

Assessment and Care Planning

Detection and Diagnosis

Medical Management

Transitions and Coordination of Care

Information, Education and Support

Therapeutic Environment and Safety

Ongoing Care

Staffing

Support ADL function based on individualized ability, supporting dignity, respect and choice

Support ADL function based on individualized ability, supporting dignity, respect and choice

Know common co-morbidities, benefits of non-pharmacological vs. pharmacological interventions

Educate on disease progression; include cultural sensitivity; develop strong support communities

Staff orientation and ongoing education; dissemination of person centered information; encourage teamwork
METHODS TO STAGE A DEMENTIA PATIENT

Global Deterioration Scale (GDS) Reisberg
• Provides common characteristics related to each stage of Dementia
• There are 7 stages of dementia using the GDS
• Stages 5-7 are the typical stages seen in the LTC population
  • FAST: Functional Assessment Staging Tool –Reisberg
    • Further divides Stage 6 and 7 into more detailed sub-stages

ACL: Allen Cognitive Level Screen Claudia K. Allen
• Test that evaluates the ability of someone to make decisions, function independently, safely perform basic skills, and learn new abilities during performance of three visual motor tasks of increasing complexity.

DEMENTIA DECISION TREE
DEMENTIA DECISION TREE
ESTABLISH THE PATIENT'S STAGE OF DEMENTIA

GDS STAGE 1-4
Has an ability for new learning
Focus on Restoring Function

GDS STAGE 5-7
No ability for new learning
Focus on Compensation/Environmental Change

CARE GIVER EDUCATION
DO'S AND DON'TS BY STAGE

STAGE 4: Moderate Cognitive Decline
- Mental age: 7-11 years
- Still has potential to learn new tasks
- Looks, behaves, and communicates normally (May try to “cover up” cognitive deficits)
- Memory of personal history may not be accurate all of the time
- Decreased knowledge of current events
- Memory is no longer reliable
- Difficulty with complex tasks
- Withdraws from more challenging situations
- Social interaction is a key component. I.E. resident enjoys group activities or social gatherings
- Resident typically does not have deficits in:
  ✓ Orientation to time and person
  ✓ Facial recognition or recognition of familiar people
  ✓ Managing travel to familiar places

Developed to enhance caregiver’s understanding of the approaches to dementia patients at the various stages

<table>
<thead>
<tr>
<th>DO</th>
<th>DON'T</th>
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<tbody>
<tr>
<td>Ask open-ended questions</td>
<td>Limit resident's responses by only asking yes/no questions</td>
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<tr>
<td>Speak to patient like an adult. Do not oversimplify your talk.</td>
<td>Speak to resident like a child.</td>
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<tr>
<td>Use concrete, literal language. This will decrease misunderstanding.</td>
<td>Use abstract language.</td>
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<tr>
<td>Inquire about their day in an open-ended fashion, but don’t expect detailed responses.</td>
<td>Use the question, “Don’t you remember?” or expect them to remember details. Don’t “quiz” them.</td>
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<tr>
<td>Observe for verbal, facial, and gestures with gestures and facial expressions.</td>
<td>Rely on verbal communication.</td>
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<tr>
<td>Attempt to gain attention through motion or by reference to a specific object. Ex: Point to a pile of clothes and say “start with these”. Point to a toilet paper holder and say “wipe” and point to a zipper and say “zip”.</td>
<td>Ask the patient to complete a task in multiple step commands.</td>
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<tr>
<td>Provide education and training for new tasks</td>
<td>Do new or unfamiliar tasks for the resident</td>
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Preferred Therapy Solutions
SKILLED FOCUS WITH DEMENTIA PATIENTS: MEDICAL RECORD REVIEW

- Medical history and recent changes in medical condition
- Medication and recent medication changes
- Psych assessment
- Nursing notes
- Therapy interventions
  - PLOF (including a dementia stage if applicable)
- Social work notes
- Recreation notes
- Dietary notes

SKILLED FOCUS WITH DEMENTIA PATIENTS: EVALUATION

<table>
<thead>
<tr>
<th>Physical and Occupational Therapy Focus Areas</th>
<th>Speech Therapy Focus Areas</th>
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<tbody>
<tr>
<td>Cognitive</td>
<td>Cognitive</td>
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<tr>
<td>Vision</td>
<td>Expressive/Receptive Language</td>
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<td>Hearing</td>
<td>Memory</td>
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<td>Posture</td>
<td>Orientation</td>
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<td>Positioning</td>
<td>Attention</td>
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<td>ROM</td>
<td>Problem Solving</td>
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<td>Strength</td>
<td>Safety awareness</td>
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<td>Pain</td>
<td>Swallowing</td>
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<td>Skin Integrity</td>
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<td>Coordination</td>
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<td>Vitals</td>
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<td>Tone</td>
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<td>Balance</td>
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<td>Footwear</td>
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<tr>
<td>ADLs</td>
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<tr>
<td>Dining/intake</td>
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<td>Transfers</td>
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<td>Gait</td>
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<td>Environment</td>
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<td>Bowel/Bladder</td>
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<td>Continence</td>
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<td>Sensation</td>
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SKILLED FOCUS WITH DEMENTIA PATIENTS: USE OF OBJECTIVE TESTING

OBJECTIVE TESTING RECOMMENDED

<table>
<thead>
<tr>
<th>Speech Therapy</th>
<th>Occupational Therapy</th>
<th>Physical Therapy</th>
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<tr>
<td>• FROMAJE</td>
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<td>• MOCA</td>
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<td>• Modified GARS</td>
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<td>• ACL</td>
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COMMON CHARACTERISTICS SEEN WITH DEMENTIA PATIENTS

Activity disturbances
• Agitation
• Wandering
• Purposeless hyperactivity
• Verbal or physical aggressiveness
• Resisting care
• Apathy

Mood disturbances
• Anxiety
• Elation

Thought & Perceptual disturbances
• Having fixed false beliefs (delusions)
• Hearing or seeing non-present entities (hallucinations)
• Paranoia

Mood disturbances
• Impulsiveness
• Socially inappropriate behaviors
• Eating disturbances
• Sleep problems
• Diurnal/sleep-wake cycle disturbances
• Repetitive behavior
• Irritability
• Mood lability/fluctuations
GENERAL STRATEGIES FOR INTERACTION

- Establish consistency to the resident’s day
- Introduce yourself in a relaxed tone of voice / increase the use of non-verbal language
- Use the resident’s preferred name
- Calm/low stim environment
- Speak in an age appropriate manner
- Simplify task - focus on one topic/task at a time
- Perform the activity as you are discussing it.
- Stand in line of vision and sustain eye contact
- Give the resident time to respond to your request
- Praise & encourage
- Give choices
- Do not force the resident to complete a task. Instead, try changing the environment or changing the task
- Enter the reality of the resident.

SPECIFIC TREATMENT STRATEGIES

Reminiscence: Refers to collection of memories of oneself from the past
- Goal is to restore self esteem, individual identity and personal satisfaction through the review of past experiences
- Appropriate for all stages but best for those with at least a 5 minute attention span
- Activates multiple cognitive systems
- Think back when questions
- Treatment ideas:
  - Setting a table
  - Making a bed
  - Laundry
SPECIFIC TREATMENT STRATEGIES

Sensory Integration
- Non-verbal patterned multi-sensory stimulation
  - Incorporates the use of tactile, visual, auditory, olfactory and gustatory sensory pathways along with movement to assist the individual to interpret his or her own environment
- Multi-Sensory Stimulation
- Appropriate for all stages, but works well with advanced stages

Montessori: Connecting past interests and skills with the present spared skills and needs of the resident
- Difficult with stage 6, but generally for use up to stage 6
- Use materials that are familiar and pleasing to the individual
- Progress from simple to complex
- Progress from concrete to abstract activities
- Break activities down into component parts
- Introduce activities meaningful to the resident

Preferred Therapy Solutions
SPECIFIC TREATMENT STRATEGIES

Spaced Retrieval: Gradually increases the time between providing the information and correct recall of the information
• Better for stage 3 and 4

AGGRESSION IN PATIENTS WITH DEMENTIA

Causes of Aggression
• Medical condition
• Pain however, resident may not be able to express that they have pain
• Environmental changes
• Difficulty expressing feelings
• Chemical imbalances
• Boredom
• Hallucinations
• Hunger
• ADL related
AGGRESSION IN PATIENTS WITH DEMENTIA

Approaches to the Aggressive Patient

- Be sensitive to personal space
- Allow simple choices
- Watch body language and facial expressions
- Explain who you are and what you want to do before doing it
- Respect the resident’s routines
- Take time to listen
- Treat in a quiet environment with limited distractions (avoid overstimulation)
- Approach from the front and avoid startling the resident

DINING INTERVENTIONS

Dining Restlessness
Remove the plate if the resident is finished dining, allow the resident to leave the table for a short time. Return the resident to the table and present the plate again.

Jump-Start Self Feeding
Prompt resident with hand-over-hand feeding using the resident’s dominant hand.

Taking Food from Neighbors Plate
Use a rolling bedside table to move the resident just far enough away from others plates to be unable to reach them.

Difficulty with Self Feeding
Adapted utensil &/or finger foods (as appropriate) for difficulty with utilizing standardized utensils.

Vision Difficulty
Modify the way the food is presented.
MANAGEMENT OF WANDERING

Look for a pattern. Is it aimless?
Look for a reason. Does the person think they have to do something?

- Plan other activities in advance.
- Distract the person to another activity.
- Use of visual barriers
- Ensure the environment is not too hot or too cold.
- Assess for pain and other unmet needs
- Place familiar objects and mementos around the room.
- Make sure the environment is safe
- Suggest a rest
- Promote improved sleep hygiene
- Consider if wandering is prompted by hunger, thirst, bathroom

Recreational Activities by Stage

STAGE 4 NORMAL
Games
Set up activities to allow for repetitive actions without noting effects

STAGE 5 GROSS MOVEMENT
Gross Motor Games
Place beans in a balloon and roll

STAGE 6 REPETITIVE
Set up activities to allow for repetitive actions without noting effects

STAGE 7 SENSORY

Preferred Therapy Solutions
JUST MY JOURNEY

The individualized daily experience for each patient with dementia

- Date:
- Room #:
- GDS Level:
- Precautions:
- Triggers:
- Behaviors:
- Coping Mechanisms:

GETTING STARTED

Implementing a Comprehensive Dementia Program: Person Centered Care

- Review outcomes & make changes as appropriate
- Address educational needs of all facility staff
- Assess and modify the environment
- Identify Dementia Assessment Tools to be utilized
- Implement individualized care plans & programs
- Identify and initiate approach to dementia patients
- Develop systems to monitor outcomes
- Provide support for transitions & ongoing education
REFERENCES

• go.cms.gov/npc.
• At this time, I would like to turn the call over to Michele Laughman, a
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• https://www.cms.gov/.../NursingHomeQualityInits/NHQIQualityMeasures
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• The Gerontologist cite as: Gerontologist, 2018, Vol. 58, No. S1, S1–S9 doi:10.1093/geront/gnx182

QUESTIONS

“it’s all about the patient.”
“it’s all about the patient.”

CONTACT
Laurie Kolosky Director of Education and Training for Preferred Therapy Solutions
E: lkolosky@preftherapy.com
P: 860 921 3603