Improving Dementia Care
Taking the Next Step in Reducing Inappropriate Antipsychotics
Purpose and Objectives

- Participants will verbalize understanding of the need for a focus process to effect change in current processes
- Participants will verbalize understanding of specific strategies for changing processes of dementia care
- Participants will verbalize understanding of developing a specific timeline for processes to reduce off-label use of antipsychotics
- Participants will verbalize specific strategies for dealing with dementia-related behaviors
What happens?

- Development of cognitive deficits manifested by:
  - Impaired memory AND
  - Aphasia, apraxia, agnosia, disturbed executive function
- Significantly impaired social, occupational function
- Gradual onset, continuing decline
- Not due to CNS or other physical conditions
- Not due to mental illness
Psychotic Symptoms

- As many as 80% to 90% of elders with dementia develop at least one psychotic symptom or behavioral disturbance over the course of the disease.
- Behavioral disturbances or psychotic symptoms in dementia often precipitate placement in your home.
- Disturbances are potentially treatable, so it is vital to recognize them early.
Clinical Features of Dementia: Agitation

- Reflects loss of ability to change/modify behavior in a socially acceptable way
- May involve verbal outbursts, physical aggression, resistance to bathing or other care needs, and/or restless motor activity such as pacing or rocking
- Staff should consider agitation to be a non-specific complaint & need to investigate history and causal factors of the behavior
Strategies for Change

- MUST have leadership commitment
  - Build the will to work on the change process
  - Develop a buy-in plan to help all staff understand changes
  - Take a thoughtful approach
  - Use QAPI review
- Start an interdisciplinary team for leadership & oversight
- Review baseline data (national, state, facility data to determine the issue, MDS data)
  - Pull your own data, understand the numbers, follow regularly
  - Rate of use of APs for all reasons; rate of off-label use; rate & pattern of PRN use
  - Behaviors that trigger use of meds
  - Initial list of impacted elders
Strategies for Change (Cont)

- Assess current practices
  - Consistent assignments
  - CNA meetings/huddles
  - Environmental assessment
  - Culture change processes
  - Pharmacy processes
  - Medical Director and physician involvement
- Education of CNAs to increase skills & give new tools
- Ask direct care partners and licensed nurses which elders could benefit from new approaches
Reducing Off-label Antipsychotics Requires Change in US

- Change in systems
- Change in processes
- Change in personal behaviors
- Change in workflow
- Change in **focus** from task-oriented to person-centered
  - **F**ind a process to improve
  - **O**rganize a team
  - **C**larify current knowledge
  - **U**nderstand the variation in moods and behaviors
  - **S**elect the process changes
FOCUS

- Find the specific process to improve
  - Identify and care/service process that is “KEY” to your success
  - Select a reasonable, measurable goal
  - Determine if there is a best practice internally or externally that you need to modify/implement
  - Establish if there is a policy or regulation that is or needs to be prescriptive
FOCUS

- Organize your team and include key stakeholders
  - Stakeholders have the most knowledge about the current process and changes that need to happen
  - Stakeholders are key to making successful and sustainable improvements
  - So, who are your stakeholders?
FOCUS

- Clarify current knowledge
  - Identify how the process is currently taking place (the REAL practice)
    - Collect/gather baseline data about the current process
  - Generate a process map to represent the sequential order or each current process step
FOCUS

- Understand the “gap” between current processes & goal processes so you can “zap the gap”
  - Compare the current process steps to the steps in the process that you would like to model
    - Policy, regulations, Best Practice Model
  - Understand the differences between the two practices & determine where non-value added steps exist
  - Analyze baseline data compared to best practice data
FOCUS

- Select the process changes your team determines are vital to your success
  - Using baseline data, determine the improvement actions you need to take
  - Prioritize the list through Rank Order of importance
Timeline for Change Process

- **First Month**
  - Kickoff training on dementia care
  - Collect baseline data
  - Report baseline data to QAPI team

- **Second Month**
  - Obtain leadership “buy-in”
  - Identify team members on task force
  - Discuss topic at QAPI meetings
  - Monthly data monitoring
  - Conduct monthly dementia training
Timeline for Change Process (Cont)

- Third Month
  - Discuss project plan with direct care partners not on team
  - Begin educational plan with front-line staff
  - Identify processes for improvement—begin teaching Root Cause Analysis & PDSA model
  - Monthly data monitoring
  - Conduct monthly dementia training

- Fourth Month
  - Continue dementia educational program with staff
  - Identify processes for improvement—begin & revise Root Cause Analysis & PDSA
  - Monthly data monitoring and reporting
Timeline for Change Process (Cont)

- **Fifth Month**
  - Continue dementia educational program with staff
  - Identify processes for improvement using Root Cause Analysis & PDSA models
  - **Begin/continue titration down meds on targeted elders**
  - Monthly data monitoring & reporting

- **Sixth Month**
  - Continue dementia educational program with staff
  - Identify further processes for improvement using Root Cause Analysis & PDSA models
  - **Continue titration down meds on targeted elders**
  - Monthly monitoring & reporting
Timeline for Change Process (Cont)

- **Seventh Month**
  - Continue dementia educational programming with staff
  - Identify additional processes for improvement using Root Cause Analysis & PDSA models
  - **Continue titration down & stop meds on targeted elders**
  - Monthly data monitoring & reporting

- **Eighth Month**
  - Continue dementia educational programming with staff
  - Identify additional processes for improvement using Root Cause Analysis & PDSA models
  - **Continue titration down & stop meds on targeted elders**
  - Monthly data monitoring & reporting
Dementia Training Resources

- Hand-in-Hand Training from CMS
  - Now available in 6-one hour training video modules on Kansas Partnership to Improve Dementia Care website: http://www.kpidc.org/hand-in-hand-lander/
- Alzheimer’s Association: http://www.alz.org/
- Advancing Excellence tools on website: www.nhqualitycampaign.org/dementiaCare
- National Partnership to Improve Dementia Care in Nursing Homes Website: www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/National-Partnership-to-Improve-Dementia-Care-in-Nursing-Homes
- Kansas Foundation for Medical Care: http://www.kfmc.org/
- University of Iowa IA-ADAPT: www.healthcare.uiowa.edu
Modifiable Causes of Behavioral Symptoms

- Environmental
  - Noise, physical barriers, visual barriers, temperature

- Cognitive impairment
  - Lack of understanding (agnosia), inability to communicate perceptions or expectations

- Psychiatric conditions
  - Depression, anxiety, psychosis
Modifiable Causes of Behavioral Symptoms

- Medical/Physical
  - Pain, infection, hunger, thirst, hypoxia, sleep disturbance, constipation, loneliness, boredom, hopelessness

- Medications
  - Meds that cause anti-cholinergic reactions (including psychosis), delirium, depression, sleep disturbance

- Communication
  - Inability to communicate perceptions or expectations
Triggers of Behavioral Symptoms

- Caregiver/Staff Behaviors
- Depression
- Acute & Chronic Disease
- Psychosis
- Sensory Deficits
- Medications
- Environmental
Behavioral Symptoms

- Rejection of Care
- Yelling/Calling Out
- Irritability
- Agitation/Apathy
- Hoarding
- Wandering/Pacing
Preferred Staff Reactions/Responses to Elders’ Behaviors

- STOP & LISTEN
- What is the specific target behavior?
- How often is it occurring & in what timing parameters?
- What are the circumstances?
- What are identified/possible causal factors of the behavior?
- What has already been done to modify the behavior?
So what if we change the way WE think about dementia-related behaviors?

“Behavior” in traditional thinking

- Agitation
- Rummaging
- Wandering
- Exit-seeking or elopement
- Refusing/resisting cares
- Repetitive crying out

New language for “behavior”

- Energetic/Assertive
- Seeking
- Exploring
- Assertive/focused/showing initiative
- Cautious
- Assertive
Recommendations

- Start with consistent assignment
- Soothe the anxiety by determining the unmet need/causal factors (pain, toileting, noise, constipation, dehydration, hunger, etc, etc, etc)
- Leave if they are escalating (ensure safety)
- Let the elder call a family member or friend-
  - Make sure you have current contact numbers on a list for both day and nighttimes
- Switch TV or radio to a calming show
Communication Techniques

- Talk slowly but not demeaning manner
- Get the elder’s attention (cognitive visual field)
- Listen
- Use calm tone
- “Yes” or “No” questions
- Orient to task (use procedural memory)
- Use compassionate touch

- Don’t argue...the elder’s perception is ALWAYS the elder’s reality
- Repeat, rephrase & repair
- Smile & laugh WITH the elder
- Reinforce positive moments
- Affirm the elder
- Use humor when appropriate
- Watch your language
Non-Pharmacological Interventions

- Chamomile tea or milk
- Magnesium 250-500mg
- Familiar or comfort foods
- Essential oils (lavender, rose, rosemary-TINY amounts)
- Favorite cologne, aftershave, perfume
- Colored lights-pink, blue, outside sunlight
  - Use color contrast
- Rocking chair therapy
- Pets
- Small children
- Acupressure
- Exercise
- Foot bath, shoulder massage, hydro-therapy
- Neutral temperature bath
- Music
- Horticulture therapy
In Closing

- Questions
- Barriers
- Commitment Signing
Thank you

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