MLN Connects®

National Provider Call

National Partnership to Improve Dementia Care in Nursing Homes & Quality Assurance and Performance Improvement (QAPI)

June 16, 2015

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Medicare Learning Network®
Official Information Health Care Professionals Can Trust

Disclaimer

This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Agenda

• Welcome	Debra Lyons, CMS
• Antipsychotic Reduction Success – The Cedars, Maine	Angie Hunt, The Cedars
• Evidence-Based Dementia Care Training	Dr. Monica Tegeler & Dr. Kathleen Unroe, Indiana University
• Closing	Michele Laughman, CMS
• Question & Answer Session	Moderator

Welcome

MLN Connects®

National Provider Call

Antipsychotic Reduction Success The Cedars, Maine

Angela Hunt, RPT, MS

Chief Operating Officer

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Medicare Learning Network®

Official Information Health Care Professionals Can Trust

Agenda

- Objectives:
  - Identify the importance of culture change in reduction of antipsychotic medications
  - Utilize training curriculum to support antipsychotic reduction
  - Implement strategies for behavioral alternatives to antipsychotics using evidenced-based programing
  - Participate in community partnerships

Setting the stage…..

- The Cedars is:
  - Senior living community
  - Portland, Maine
  - Founded 1929
  - Not-for-profit
  - Mission driven
  - 61 Independent living, 30 Assisted living and 102 Skilled-nursing facility (SNF)
  - SNF: 820 admissions/year

Drilling down…..

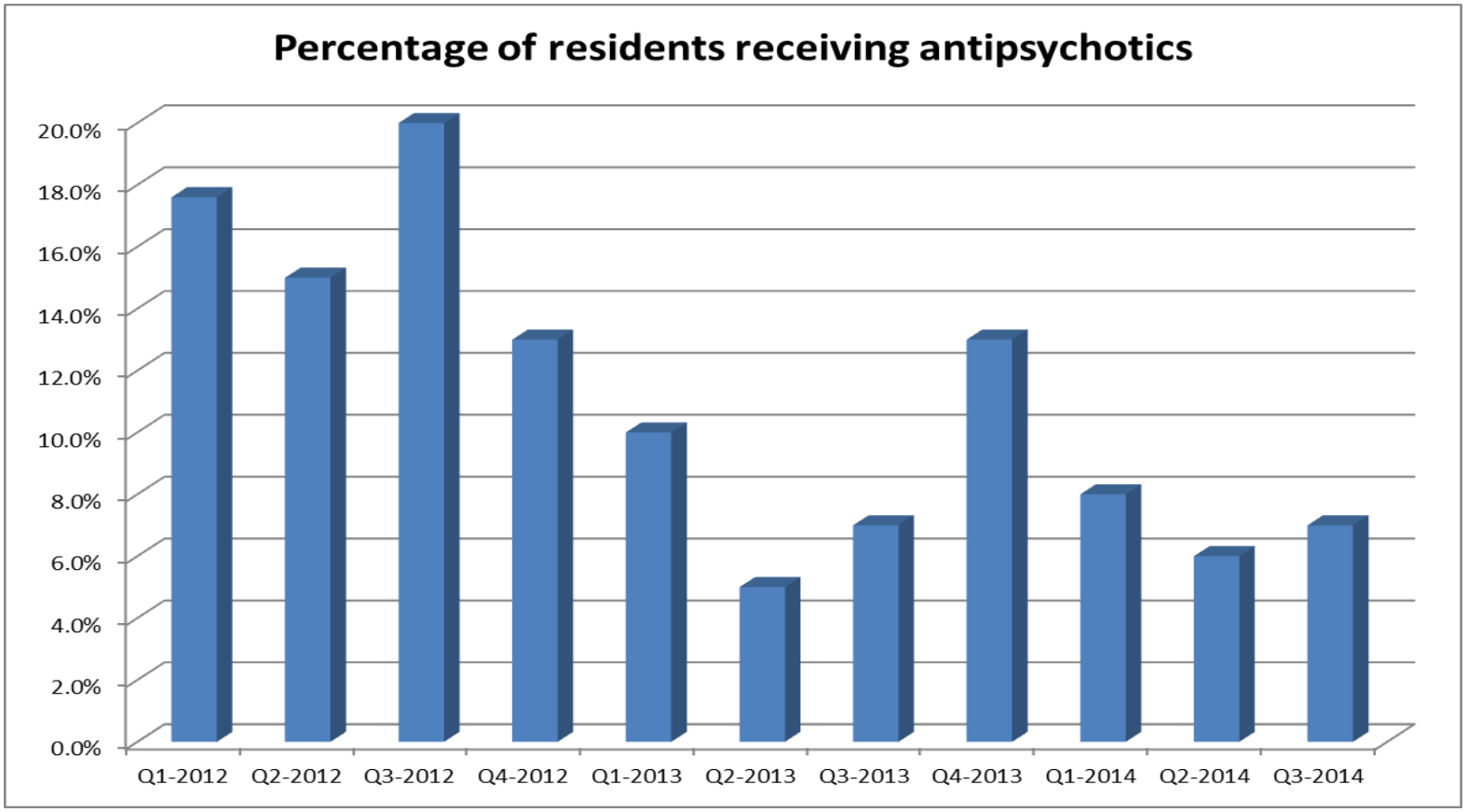
- Long-Term Care:
  - 56% Census LTC
  - 40.6% Dementia/Alzheimer's
  - 38% Residents with behavioral symptoms

National, Regional, State, Facility Averages

- National average 22.8%
- Regional average 23%
- State average 19.8%

The Cedars
Currently 5% LTC
All residents are on the lowest dose for symptom management.

Our journey….



This graph demonstrates the downward percentage trend of residents receiving antipsychotic medications: 2012 at 20% to 2014 under 8% usage.

No one solution…..

There is **NO** one component of culture change and/or programing that **will act alone** to support a reduction in antipsychotic usage,

BUT

through assessment, person-centered care, resident engagement and the support of a multidisciplinary team it can be done.

The story begins….

Must haves….

- Committed Medical Director
- Engaged pharmacist
- Engaged leadership team
- Electronic documentation

It is The Cedars belief….

- Our Values:
  - Person-centered approach to care
    - Choice
    - Dignity
    - Individuality: sense of self

Instilling Culture Change….

- Mission
- Values
- New hire orientation
- Job descriptions
- Policies and procedures
- Disciplinary process: coaching for improvement
- Neighborhood orientation process
- Neighborhood staff meeting with all team members
- Cross functional team

Other Culture Change strategies adopted

- Consistent nursing assignments
- Consistent interdisciplinary support
  - Housekeeping
  - Care coordination
  - Therapeutic recreation: life enrichment
  - Dining services staff
  - Therapy staff
- Dining services
- Emphasis with choices: waking/sleeping/showers, etc…

Helpful training….

- Facility-wide Habilitation Therapy curriculum
  - Adopted by the Alzheimer's Association
  - Training centered on:
    - Knowing and understanding the individual
    - Communication skills
    - Physical environment
    - Approach to personal care
    - Activity and purposeful engagement
    - Behavior as communication: understanding and responding
    - Understanding and working with families

Other training tools….

- Relias
  - Online educational courses
  - Library of 2,000 courses
  - Customized training plan
  - Tracking and reporting
  - http://reliaslearning.com/
- Coaching-Supervision communication style
  - All leadership positions
  - 2 day course
  - Communication brings out learning and understanding
    - Skilled dialogue
    - Creative interventions
    - Collaborative learning
- Customer Service Training
  - Community integration, customer satisfaction, employee satisfaction
  - Community, respect, excellence, accountability, teamwork

Creative use of staff….

- Manager Therapeutic Recreation: Occupational Therapist
- 20 hours dedicated to Culture Change: person-centered model of care
- 20 hours staff Occupational Therapist
  - Tool box
  - Integrating life routines
  - Physical environment
  - Memory books
  - Decline in function
  - Behavioral concerns
  - Caregiver training

Life enrichment practices….

- Life stories
- Spontaneous activities
  - Individual and small group
- Scheduled activities
  - Large group
- Use of volunteers

Life enrichment programs….

- The Cedars Salon and Day Spa
  - Innovation of the Year Award: LeadingAge Maine & New Hampshire 2013
  - Unique therapeutic experience
  - A variety of services
  - Trained staff
  - Utilization of life stories
  - A whole new level of pampering
- Flower program
  - Most popular program
  - Overseen by a florist
  - Supported by activities fund
  - Small and large group settings

Use of technology….

- Music and Memory Program
  - Certified care facility
  - Personalized music program using iShuffles
  - Evidenced based program
  - Relatively low cost: $1,000
  - http://musicandmemory.org/

- It's Never 2 Late
  - Makes technology and the internet accessible to all
  - Adaptive hardware, software and content
  - Can be used by Rehabilitation Therapy Department
  - My page, social, cognitive, spiritual, physical
  - http://www.in2l.com/

Future program development….

- Opening Minds to Art
  - Evidenced-based intergenerational program
  - Visual art program: abstract art
  - Developed by Scripps Gerontology Center at Miami University, Ohio
  - Benefits: expression, engagement, socialization
  - http://www.scrippsoma.org/

- TV Memory Lane
  - Multi-sensory & interactive film collection
  - Video, music, photography, recorded sounds and aromas
  - Stimulate recollection
  - http://memory-lane.tv/

Partnerships….

- Maine Partnership to Improve Dementia Care
- Alzheimer's Association, Maine Chapter
- Maine Culture Change Coalition/LANE
- Healthcentric Advisors
- Senior Living Collaborative Coalition: Maine Health Association
- LeadingAge

MLN Connects®

National Provider Call

Evidence Based Dementia Care Training

Monica Tegeler, MD & Kathleen Unroe, MD

Department of Internal Medicine & Geriatrics,

Indiana University

CMS

CENTERS FOR MEDICARE & MEDICAID SERVICES

Medicare Learning Network®

Official Information Health Care Professionals Can Trust

Agenda

- Describe 6-week OPTIMISTIC dementia training
- Describe 4 behavior categories
- Discuss results of before and after surveys, as well as skills validation
- Discuss barriers to implementation and reasons for success

Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents

- Joint initiative of the Center for Medicare and Medicaid Innovation & the Medicare-Medicaid Coordination Office
- Target population: long-stay nursing facility
- Medicare/Medicaid enrollees
- Awardees announced September 2012
- 4-year project
- 7 enhanced care & coordination providers

Initiative objectives

- Reduce the frequency of avoidable hospital admissions and readmissions
- Improve resident health outcomes
- Improve the process of transitioning between inpatient hospitals and nursing facilities
- Reduce overall health care spending without restricting access to care or choice of providers

OPTIMISTIC

- **Optimizing Patient Transfers, Impacting Medical quality, and Improving Symptoms: Transforming Institutional Care**
- $13.4 million over 4 years – 2012-2016
- 19 partner facilities, about 2000 long-stay residents
- Goal: Reduction in avoidable hospitalizations of long stay (>100 days), dually eligible nursing home residents

OPTIMISTIC components

- Core components:
  - improving medical care
  - enhancing transitional care
  - access to palliative care
- Registered nurses (RN) embedded in each facility to lead delivery of the intervention, supported in managing residents by nurse practitioners (NP) who cover a group of facilities

OPTIMISTIC & dementia training

- Dementia with behavior disturbance is one of top 5 reasons long-stay residents are readmitted to the hospital
- Facility staff reported challenges in managing behaviors
- Dementia training requirements for nursing home staff specify length but not type of training

Description of training

- Inter-professional dementia training – half day sessions weekly for 6-weeks
- Participants:
  - 24 RNs and NPs of OPTIMISTIC project
  - 17 dementia care champions from participating nursing homes in the project
  - Included clergy, nurses, social workers, and activity directors

Description of training (continued)

- Pre & post test survey design to evaluate participants' self-efficacy at managing dementia-related, challenging behaviors
- Brief video vignettes
- Small group discussion
- Role play scenarios for each category of behavior

Behavior categories

- Developed by Jiska Cohen-Mansfield, MD and published in 1995 in International Psychogeriatrics journal
- Divided into physical and verbal behaviors
- Then divided into aggressive and non-aggressive behaviors
- Useful way to categorize behaviors to determine likely etiology

Physical behavior categories

- Physically aggressive
  - Kicking, biting, hitting, spitting, damaging property
- Physically non-aggressive
  - Wandering, repetitive actions

Verbal behavior categories

- Verbally aggressive
  - Cursing, verbal threats
- Verbally non-aggressive
  - Repetitive statements, repetitive noises

Training sessions

- #1 – Positive approach by Teepa Snow
  - Waving to get the person's attention, calling person by name, extending hand, shaking person's hand, moving to soul-shake, getting to person's level and side
- #2 – Verbal non-aggressive
- #3 – Physically non-aggressive
- #4 – Verbal aggressive
- #5 – Physically aggressive

Training sessions (continued)

- #6 – Teaching strategies to disseminate the skills to other nursing staff in each facility
  - Teachable moments
  - Preparing a micro lesson

Assessment

- Participants filmed during interaction with a standardized patient demonstrating a behavioral symptom
- Structured feedback given:
  - Assessment of resident (considers environmental, physical, emotional, and medical causes for behavior)
  - Problem solving skills (root cause analysis)
  - Intervention appropriateness (specific for the scenario)

Assessment (continued)

- Structured feedback (continued)
  - Communication skills (verbal and visual cues)
  - Professionalism (respectful, uses name of resident)
  - Care plan adequacy (positive approach, includes caregivers)

Results

- 42 participants completed the pre-test self-efficacy survey rating his/her comfort level in managing the following types of behaviors: physically aggressive, physically nonaggressive, verbally aggressive, and verbally nonaggressive
- 35 participants completed the post-test survey
- 37 participants interacted with standardized patients
- 16 completed pre & post test and skills validation

Before training survey

- Most participants comfortable with positive approach and managing verbally aggressive and non-aggressive behaviors
- Less comfort managing physically aggressive behaviors and performing root cause analysis

After training survey

- Nearly all participants felt comfortable managing physically non-aggressive, verbally aggressive, and verbally non-aggressive behaviors
- A few remained uncomfortable managing physically aggressive behaviors

Skills validation

- All met or exceeded expectations for professionalism and communication
- A few did not meet expectations for assessment of resident (mostly related to not recognizing severity of dementia)
- Nearly all met expectations for problem solving and intervention

Follow-up survey

- Included 11 of 19 buildings – those who attended most of trainings
- Assessed staff buy-in, nurse/certified nursing assistant (CNA) perspective, activity programming, barriers, successes
- Performed by 3 members of dementia workgroup at 11 facilities

Barriers to change

- 4 did not experience barriers to change
- 2 reported consistent staffing and turnover
- 2 reported staff resistance and lack of understanding
- 1 reported focus on rehabilitation and finances
- 1 reported corporate policies
- 1 reported corporate training, not flexible

Other barriers

- Nearly all facilities with dementia unit was a long-hallway not circular for residents to wander
- Only 3 had separate rooms for activities; Rest were dual purpose – usually dining room
- Most do not staff activity person over the weekend and some units don’t have a dedicated activity person

Buy-in from staff

	Supportive	Not Supportive	Missing/ Reservations
Administrator	11	0	0
Director of Nursing	7	3	1
Unit Manager	9	0	2
Social Work	8	0	3
Activity Director	10	0	1

Overall - staff supportive of dementia training

Nurse & CNA perspective

	Behaviors are preventable (triggers)	Behaviors are attention-seeking behavior	Mixed results – variable by shift
CNA	5	4	2
Nurse	6	1	4

Significant variability in attitudes depending on shift interviewed; Also, variance based on CNA/nurse level of experience, meaning experienced staff were less likely to view behaviors as attention-seeking

Activity programming

	Yes	No	Blank
Mix of physically active & less active activities	7	0	3
Meaningful Work (folding laundry, wiping off tables)	6	3	2
Layering (more than 1 activity at a given time)	4	5	2
Appeal to men & women	2	7	2
Dementia appropriate (not childlike)	6	3	2
Programming actually carried out	6	3	2

Good mix of physically active and less active activities, but room for improvement with layering and appealing to male residents

Reasons for success

- Survey tag for lack of appropriate activity programming
- Person trained with several years experience at facility & trusted by management
- Training provided confidence
- Training increased awareness of approach and opportunities to mentor staff, especially CNAs

Next steps

- Dividing training into 10-15 minute mini-sessions that don't require extra time at work or extra pay by the facility
- Instructions included and props minimal
- Piloting at 2 facilities
- Will present at 3 regional meetings in Indiana as part of collaborative sponsored by the Indiana State Department of Health in 2016

Closing

Question & Answer Session

Evaluate Your Experience

- Please help us continue to improve the MLN Connects® National Provider Call Program by providing your feedback about today's call.

- To complete the evaluation, visit http://npc.blhtech.com and select the title for today's call.

Thank You

- For more information about the MLN Connects® National Provider Call Program, please visit http://cms.gov/Outreach-and-Education/Outreach/NPC/index.html.

- For more information about the Medicare Learning Network®, please visit http://cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html.

- For more information about the National Partnership to Improve Dementia Care in Nursing Homes, please visit http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/National-Partnership-to-Improve-Dementia-Care-in-Nursing-Homes.html or send inquiries to dnh_behavioralhealth@cms.hhs.gov.