



*MLN Connects*TM

National Provider Call

National Partnership to Improve Dementia Care in Nursing Homes

February 26, 2014



Medicare Learning Network®

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Agenda:

- Welcome Thomas Hamilton, CMS
- Role of Surveyors Karen Tritz, CMS
- Importance of Leadership Kathleen Lynch, Genesis Lebanon Center
- Proper Pain Assessment Michelle Carlson, HealthInsight
- Next Steps Michele Laughman, CMS
- Question & Answer Session

Welcome

Role of Surveyors



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The Importance of Leadership

Kathleen Lynch RN, BSN
Director of Nursing Services
Genesis Lebanon Center
Lebanon, New Hampshire

Kathleen.Lynch@genesishcc.com



Discussion points:

- The importance of leadership with all CMS initiatives
- Review ‘hand on’ advice, leaders can put in place to move initiatives forward
- Discuss foundation building for success
- Review leadership’s role using antipsychotic medication reduction as an example
- Information transparency...Yes or No?

Leadership is not for sissies:

- Leadership can make or break a building
- Leaders must be:

Available

Strong

Visible

Innovative

Educated

Calm

Gifted

Stimulating

Imaginative

Creative

Humor

Ingenious

Prolific

Really?

What more do you want?

They keep asking more from me!

- Current initiatives include: **(but are not limited to)**
 - Reduction of antipsychotic medication use
 - Reduction of hospitalization
 - Consistent / Stable staffing
 - Reduction of Falls
 - An alarm free environment

How do we do it all?

First:

- **Stop** worrying about how you are going to get it done

Center, Division and Corporate Leadership must all agree that Antipsychotic reduction is a priority.

Sounds simple but.....

- If it is not a priority, the tools & resources needed for success will not be available
- To facilitate buy-in, the belief in this priority must be communicated to all staff

Just do it!

At Genesis Lebanon Center:

- Leadership made antipsychotic medication reduction a priority in October of 2012
- Administrator, Director of Nursing (DON), Medical Director, Recreation Director, Social Service Manager were all involved in the decision making process

How do we do it all?

Second:

- All team members need education about the initiative and the positive impact to the resident's well being

Just do it!

At Genesis Lebanon Center:

- All team members underwent education about:
 - Quality dementia care, end of life care and effective communication skills
 - Why antipsychotic medications are not always an effective treatment option
 - Why gradual dose reductions and/or elimination of these medications should be considered
 - What consequences, both positive & negative, may come from this change
 - What tools/resources are available

Leadership must develop effective clinical systems to oversee the process.

- Reinforcement is key to the success of an initiative
- Educate once and then as often as needed
- If a system is not followed, go back to the source
- Leadership must get input from all front line staff in the development of any system

System development:

- Gather historical data
- Look for trends
- Track each residents antipsychotic use
 - Resident room / wing
 - Diagnosis
 - Prescriber
 - Primary care staff

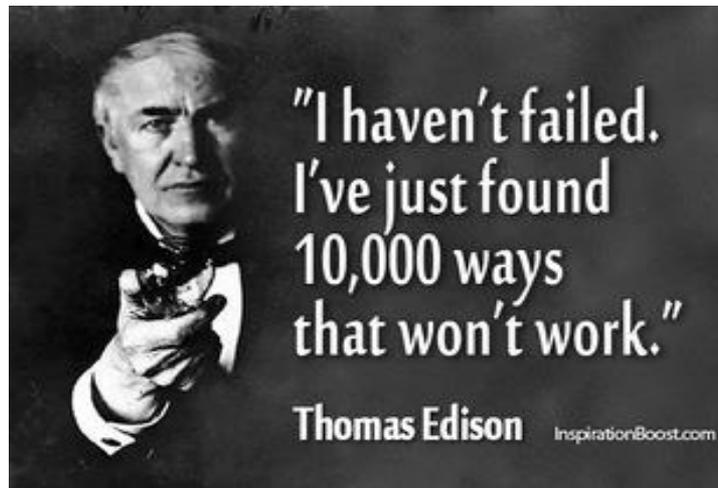
Just do it!

At Genesis Lebanon Center:

- Each resident is seen by psychiatry on a regular basis
- Review each new admission for antipsychotic medication use
- Discontinue antipsychotic medications upon admission, when clinical justification is present
- Place a hard stop on all antipsychotic prescriptions

The facility must be transparent regarding any initiative they are undertaking.

Learning from failure is essential for success!



Steps:

- Be transparent regarding new initiatives
- Be honest and open with the staff about data even, if it is not in your favor
- Celebrate successes
- Perform root cause analysis to determine why a GDR failed
- Engage front line staff in every decision
(The person closest to the bedside is the person that should have the loudest voice.)

Closing:

Remember:

- A good foundation will allow each initiative the best chance for success
- Leaders must be ready to reinforce the **RIGHT** way



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Proper Pain Assessment

Michelle Carlson

Project Coordinator

HealthInsight

Utah Quality Improvement Organization

MCarlson@healthinsight.org



Are we doing enough to address pain?

- Currently, it is estimated that of people 65 years or older, 5% have a dementia diagnosis
- For folks 90 years or older, it is estimated that over 50% have dementia
- Globally, it is estimated that 35 million people have dementia and that 50% of them experience regular pain₁

Dementia and pain:

- According to the American Geriatric Society (AGS) on Persistent Pain in Older Persons (1998), persistent pain can be defined as “an unpleasant, sensory and emotional experience that continues for a prolonged period of time that may or may not be associated with a recognizable disease process.”₂
- Current research estimates that 35-48% of older adults living in the community experience pain daily, compared to 45-80% of folks with dementia residing in nursing homes.₂

Dementia and pain: (cont.)

- “Dementia increases the risk of inadequate pain treatment; even severe and persistent pain goes untreated in many patients with dementia.”³
- “International epidemiological research has shown that the elderly in general, but especially those with dementia, receive less pain medication than their cognitively healthy counterparts, even in the same painful situations—for example, after a hip fracture.”¹

Pain manifests as:

- Chronic pain can be associated with **increases** in:
 - Behavioral disturbances
 - Agitation
 - Depression
 - Anxiety
- Chronic pain can be associated with **declines** in:
 - Functional & mental capacity
 - Social interaction
 - Quality of life
 - Appetite
 - Sleep

What does this all mean?

- Thus far, we have learned that chronic pain affects 45-80% of nursing home residents with dementia; that chronic pain “may or may not be associated with a recognizable disease process;” and that it can lead to an array of behavioral disturbances.
- If nursing home residents are unable to communicate that they are experiencing pain, and many of the behavioral disturbances discussed are common with dementia residents for whatever reason(s)- what is the likelihood we are looking at pain as contributing to or responsible for these behaviors?

Does this look familiar?

Sign/symptom

- ↓ Social interaction*
- ↓ Appetite*
- ↓ Sleep*
- ↑ Agitation*
- ↑ Anxiety*

Intervention

- Antidepressant
- Appetite stimulant
- Sleeper
- Anxiolytic/antipsychotic
- Anxiolytic/antipsychotic

*BPSD

What is BPSD?

***Behavioral and Psychological Symptoms of Dementia (BPSD):** symptoms of disturbed perception, thought content, mood or behavior that frequently occur in patients with dementia

- Should replace the term “behavioral disturbances” according to Kozeman et al (2006)
- Encapsulates cognitive impairments, mood disturbances, and sleep disturbances associated with dementia, including:

Disinhibited behavior

Delusions & hallucinations

Verbal & physical aggression

Agitation

Anxiety

Depression

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What is BPSD? (cont.)

BPSD Considerations:

- Pain may be a major contributor
- Symptoms change with the different stages of dementia
- Agitation and aggression are often symptoms of pain and can be inappropriately treated with antipsychotic medications
- BPSD manifestations have one of the highest impacts on quality of life and are often very disturbing to family members and caregivers

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What can we do?

- View the **Principles of Pain Assessment and Management in Older Nursing Home Patients** presentation on *HealthInsight's* Utah website for assessment and treatment recommendations for cognitively impaired adults:

http://healthinsight.org/Internal/docs/Pain_UHCA_Shaida_presentation.pdf

- Use an interdisciplinary approach involving direct care staff and caregivers for observations and input into pain assessment and management
- Keep residents moving and keep everyday activities consistent to reduce agitation and anxiety₅
- Determine if your building has a discrepancy with cognitively impaired residents receiving pain management
- Become involved in related research if given the opportunity- we need a LOT more in this area

Resources:

1. Achterberg W, Pieper M, van Dalen-Kok A, et al. Pain management in patients with dementia. *Clinical Interventions in Aging*. 2013;8 1471-1482.
2. Husebo B, Kunz M, Achterberg W, et al. Pain Assessment and Treatment Challenges in Patients with Dementia. *Zeitschrift fur Neuropsychologie*. 2012;23(4): 237-246.
3. Sachs G, Shega J, Cox-Hayley D. Barriers to Excellent End-of-life Care for Patients with Dementia. *J Gen Intern Med*. 2004;19: 1057-1063.
4. Hersch E, Falzgraf S. Management of the behavioral and psychological symptoms of dementia. *Clinical Interventions in Aging*. 2007;2(4): 611-621
5. Brooks, K. New program reduces agitation in dementia residents. *Johns Hopkins Magazine*. 2013; December 11.
6. Niekerk M. The complexity of pain in dementia patients. *Medical Chronical*. 2013; April 14.
7. Kaye A, Baluch A, Scott J. Pain Management in the Elderly Population: A Review. *The Ochsner Journal*. 2010; 10(3): 179-187.

Next Steps

Question and Answer Session

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Thank you:

- For more information about the National Partnership to Improve Dementia Care in Nursing Homes, please visit http://www.nhqualitycampaign.org/star_index.aspx?controls=dementiaCare or send email to the core team via dnh_behavioralhealth@cms.hhs.gov
- 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 (MLN), please visit <http://cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html>