



MLN ConnectsTM

National Provider Call

National Partnership to Improve Dementia Care in Nursing Homes

December 9, 2014



Official Information Health Care
Professionals Can Trust

The Medicare Learning Network®



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Agenda:

- Welcome & Partnership updates Michele Laughman, CMS
- Innovation through the Alzheimer's Association
 - Alzheimer's Association - Maine Chapter
 - Train the Trainer & Habilitation Therapy William Kirkpatrick
 - Alzheimer's Association - New York City Chapter
 - Comfort Matters Approach Jed Levine & Ann Wyatt
- Next steps Michele Laughman, CMS

Welcome

Partnership Updates



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Innovation through the Alzheimer's Association: Train the Trainer & Habilitation Therapy

William Kirkpatrick, Program Director
Alzheimer's Association - Maine Chapter



The Goal of Habilitation Therapy:

Promote a positive emotion in the person with dementia

Focus on their strengths

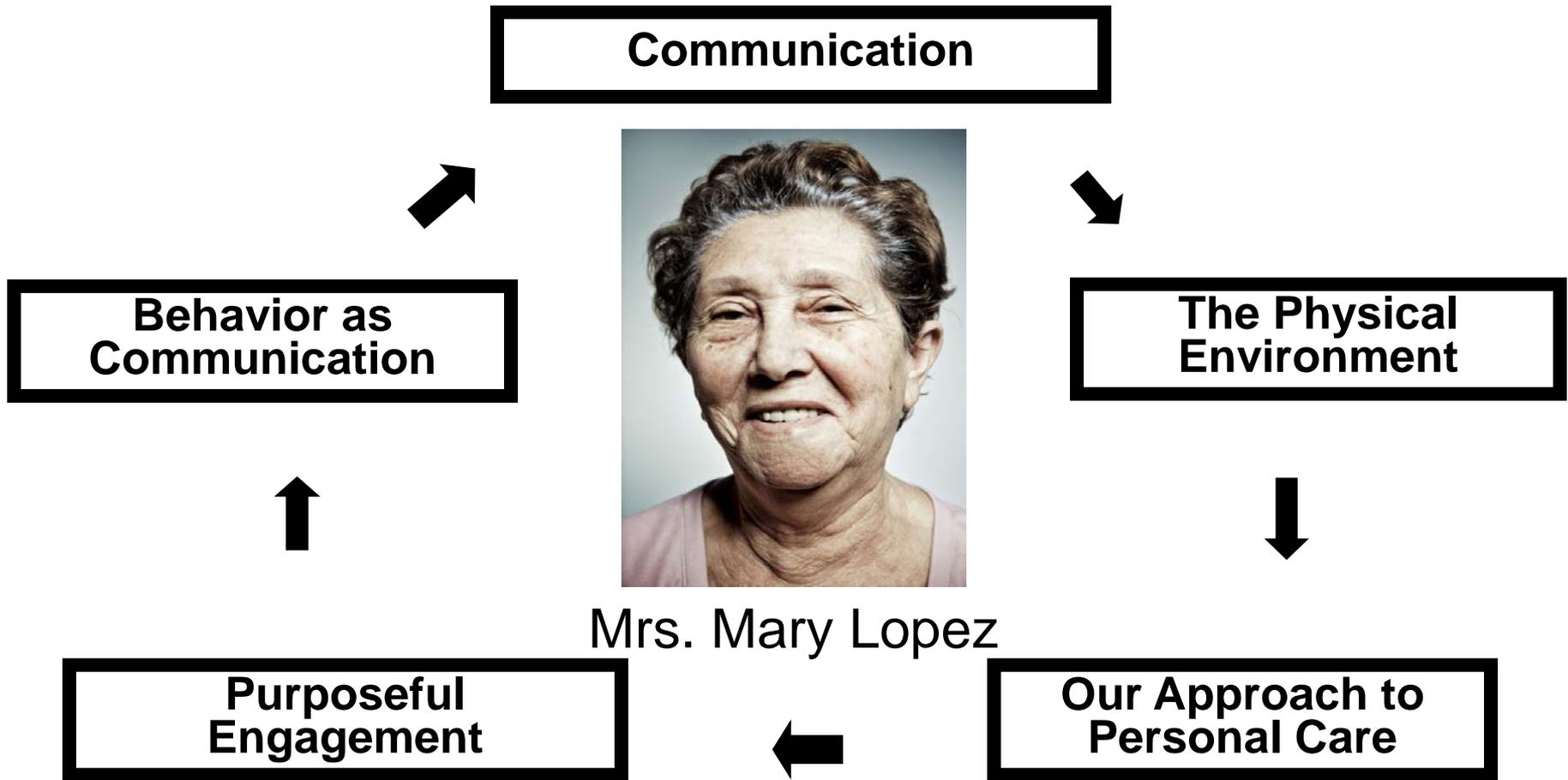
Minimize their limitations



Habilitation not Rehabilitation!

- ***Rehabilitation Therapy:***
 - Help a person to re-learn abilities they've lost
- ***Habilitation Therapy:***
 - Helps a person with dementia use remaining abilities & skills.
 - We **do not** focus on their limitations or try to teach them what they've lost

Habilitation Therapy:



Habilitation Therapy:

- Communication – words, body language and non-verbal communication – is very important
- The Environment makes a big difference for the person with dementia
- Our Approach to Care always starts with the person
- Activity and Purposeful Engagement give the person with dementia a sense of purpose and belonging
- Behavior as Communication. When speaking is difficult, behavior becomes the way to communicate



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Innovation through the Alzheimer's Association: Palliative Care for Advanced Dementia - Comfort MattersTM Approach

Jed Levine, Executive Vice President, Director of Programs & Services
Ann Wyatt, Coordinator, Palliative Care Project
Alzheimer's Association - NYC Chapter



NYC Chapter: Nursing Home Work

- White Paper: Chapter and Nursing Homes
- Nursing Home Task Force
- Regular conferences
- Helpline
- Training
- Need for education: *ADvancing Care and Care ADvocate*
- Beatitudes and *Comfort Matters™*
- Next steps: Building Capacity

Why Beatitudes and *Comfort Matters*TM?

- Average time between diagnosis and death is 8 to 10 years, 40% of this time typically in the advanced stage
- By age 80, four percent of Americans will enter a nursing home; however, for those who are 80 and have dementia, 75% will enter a nursing home
- Core principle: Behavior as Communication
- Focus on palliation and active comfort measures: dementia as a terminal disease
- Adaptation of care practices: Dementia Capable Care
- Identification of organizational adaptations

NYC Project Overview:

- 30-months (starting 7/1/12 through 12/31/14)
- Nursing Homes: Cobble Hill Health Center; Isabella Geriatric Center; Jewish Home Lifecare (Manhattan)
- Hospice Programs: Calvary Hospice; Visiting Nurse Service of NY; Metropolitan Jewish Health System Hospice and Palliative Care of Greater New York
- Four phases: Training; Piloting; Sustaining & Spreading; Final Document (*“Palliative Care for Advanced Dementia: Guidelines for Implementation”*)

Training:

- One-day training: Leadership
- Visit to Beatitudes
- Pilot unit and supervisory training
- Weekly pilot unit meetings
- Webinars, phone consultations, on-unit visit, other resources

Evaluation Components:

- Programmatic: Artifacts of Culture Change in Dementia Care
- Staff knowledge and attitudes: Questionnaire for Palliative Care for Advanced Dementia (qPAD)
- Resident outcomes: Minimum Data Set (MDS) 3.0
- Cost study
- Pharmacy study: Cost and Usage

Weekly Meetings:

To provide an opportunity for staff on the unit to:

- Develop familiarity, awareness, and confidence in understanding and applying comfort care practices;
- Foster interdisciplinary communication and understanding;
- Give nursing assistants in particular a voice in sharing observations, experiences, and suggestions regarding resident comfort; and
- Identify any constraints to implementation (we are not testing the interventions, but rather, what needs to be in place in order for the interventions to be authentically adopted).

Care Practices:

- Sleep/rest (sundowning)
- Environment
- Pain
- Food/nourishment
- Balance/stimulation
- Meaningful engagement
- Heat/cold
- Toileting
- Ambulation

What brings comfort?

It is as important to know what brings comfort as it is to know what causes distress:

Peanut butter sandwiches, chocolate, scrambled eggs, back rubs, the color blue, Frank Sinatra, a walk down the hall, holding hands, pictures of cats, listening to a Mets or Yankee game, pictures of dogs, holding a baby doll, gospel music (on an iPod), bible reading, sitting on a bench outside, a lollipop

Organizational Change and the *Comfort Matters™* Process:

- *Comfort Matters™* refers to both specific care practices and the process by which these practices are implemented
- It is about listening, to residents, to families, to staff at ALL levels, all disciplines

Why do we need to look at palliative care through the dementia lens?

- Behavior is communication: it is not the dementia that causes the behavior, it is the dementia which prevents the person from expressing the cause of their distress
- Antipsychotic medications may remove the person's only means of communication (and not be responsive to the underlying problem)
- Care settings/providers tend to want the person to conform to the needs of the setting, which means not only that person's needs may not be met adequately or in a timely manner, but that the setting itself may be *causing* the person distress

Where are we now?

- Finished pilot year in December
- Working on sustainability and spread
- “Pre” evaluation components completed, ‘post’ components nearly finished
- The work continues through December, 2014
- Final document will be finished and ready for distribution at the end of December

Accomplishments:

- Meetings
- MDS (What Comforts Me)
- MDS behavior items:
 - Rejection of care
 - Physical behavioral symptoms directed toward others
 - Verbal behavioral symptoms directed toward others
 - Other behavioral symptoms
- Dementia pain screen
- Preliminary work with families
- Renewed focus on dementia

Challenges:

- Compartmentalization
- “Unlearning”
- Size
- Using data: connecting the dots
- End-of-life care and hospice

Next Steps:

- Continued focus on sustainability and spread
- More focus on end-of-life care
- More work with families
- Development of *Guidelines*
- Support to other homes in NYC

Funders:

- Alzheimer's Association, NYC Chapter
- Alzheimer's Association, NYC Chapter Junior Committee
- Caccappola Family Fund
- 1199SEIU Training & Employment Fund & the Greater New York Education Fund
- The Fan Fox and Leslie R. Samuels Foundation, Inc.
- Daniel and Nancy Finke
- Matthew Furman and Judy Hecker Furman
- Benjamin J. Jenkins
- Lucius N. Littauer Foundation, Inc.
- The Mayday Fund
- The Milbank Foundation for Rehabilitation
- PARC Foundation
- United Hospital Fund
- Additional funding from the Altman Foundation supported a related capacity-building component.

Next Steps

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 <https://www.nhqualitycampaign.org/dementiaCare.aspx>.