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

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Agenda

• Welcome & QAPI Update  Debra Lyons, CMS

• Person Centered Care
  Implementation Success:
  Hillcrest Health Services  Dr. Anna Fisher, Hillcrest
  Washington Rehabilitation & Nursing Center  Bret Brown & Heather Exum, Washington

• National Partnership Update & Closing  Michele Laughman, CMS

• Question & Answer Session  Moderator
Welcome & QAPI Update
Person Centered Care
Implementation Success:
Hillcrest Health Services

Dr. Anna Fisher
Director of Education & Quality
State of Dementia Care

Today...
• Among Americans 71 years and older, approximately 13.9 percent have some type of dementia; Alzheimer's disease accounts for the majority of the cases.
• Worldwide, 36 million people have dementia (as of 2010).

By 2050...
• Costs for dementia care in the United States are expected to increase from $214 billion in 2014 to $1.2 trillion.
• Approximately 14 million will develop Alzheimer's disease and/or some other form of dementia.
• If they live to age 85 and older, 45 percent can expect to be living with dementia.

Sources: McFadden & McFadden, 2013; Alzheimer's Association, 2014
Now What?

How can we provide better care for the growing number of residents with dementia?

By...

- Examining best practices and improving dementia care;
- Reducing gaps as individuals transition from various levels of health care; and
- Maximizing resources and minimizing costs.
Montessori approach is an evidence-based, non-pharmacological philosophy in dementia care.

• Customizes the activity and addresses abilities of every individual through:
  Cognitive stimulation;
  Psychosocial skills;
  Neuromuscular strength / motor skills; &
  Sensorial stimulation.

• Activities were of more benefit than regular activities:
  Improved ability to perform a task;
  Reduced problematic behaviors; and
  Reduced psychotropic use.

Source: Malone, Skrajner, & Camp, 2004
The Montessori Method

• Considers the whole person physically, emotionally, intellectually and socially.

• Education for life.

• Gives them a sense of purpose and a role to fill each day.

• People who have a memory deficit are still able to engage in procedural learning.

• Activities are intended to be interactive for short bursts of time.

• Use real life materials.

• Activities are structured to help ensure success:
  - In clear steps; and
  - With visual cues.

• Progress from simple to complex.

• Activities are failure-free, because the outcome is not based upon the final product but simply on the individual's participation.
Montessori School at Hillcrest Health Services

2011-2013: Interacted with assisted living residents in assisted living.

2013-2014: Interacted with individuals in assisted living, memory support and adult day center.

2015: New location - will interact with residents in assisted living and memory support.
Montessori Activities

In our assisted living setting, Montessori activities were adapted to meet the level of the individual learner, for example:

• Individuals in the mild stage of dementia, Montessori activities involve a higher level of thinking such as drawing, short reading and discussion and simple science experiments; and

• Helps engage individuals with dementia by stimulating the mind with activities that use fine motor skills and builds self-esteem.

Techniques include:

• The use of shapes, cards, chips and objects that enhance fine motor skills;

• Tongs can be effective because they require manual manipulation as well as providing an exercise that gives structure to the resident's setting (also develops manual dexterity by promoting pincer grasp, which is needed for many activities of daily living); and

• Simple to complex: The activity may include picking up an item with a set of tongs, with a gradual progression to selecting items with a similar color or shape and placing them in a defined location.
Sensorial materials were made by the students and some were purchased from Montessori vendors:

- Practical life activities, gardens, baking;
- Language activities;
- Music - singing and instruments;
- Mensa games;
- Physical activities; and
- Art materials.
Activity Stations at Hillcrest Mable Rose

The Club
• Sensorial materials
  - Visual discrimination;
  - Pincer grip and spatial discrimination; and
  - Fine motor control.
• Skills of daily living
  - Place setting;
  - Dressing frames;
  - Dusting;
  - Snack; and
  - Putting dishes away.

Fitness Room
• Physical activity
  - Exercises; and
  - Walking on the line.

Library
• Cultural studies
  - Studies in religion, history, science.
• Computer
  - Research.

Front Lobby
• Music
Study Goal

• To improve resident participatory engagement and social interaction throughout all stages of dementia.

• Evidence of progress was based on data captured during periodic assessments with a tool such as the engagement measure tool, which documents activities.
Data and Results

- 44 residents were involved;
- 94 potential activities;
- Data was compiled per resident; and
- Data was recorded weekly.
Study Conclusions

• Residents showed constructive and positive engagement and interaction while involved in Montessori activities.
• Residents exhibited positive behavior and mood while engaged in Montessori activities.
• Residents exhibited helping behavior.
• Decreased pro re nata (PRN; As needed) psychotropic use.
Conclusions - Favorite Activities

• Playing the bells;
• Playing the xylophone;
• Singing;
• Art;
• Games;
• Parquetry tiles; and
• Flower arranging.
Optimal Outcomes Using the Montessori Method

- Provides a choice of activities, a sense of well-being and empowerment to individuals who often feel displaced from their natural setting.
- Activities are readily available for family members and loved ones to engage individuals with dementia.
- Residents exhibited positive behavior and mood while engaged in Montessori activities.
- Supports and promotes a holistic focus and person centered care.
- Using these simple methods eases caregivers' burden during a time often associated with high stress.
- Decreased PRN psychotropic use.
Moving Forward

As the number of individuals with dementia dramatically increases in the future, it is critical that care teams are better equipped to work with and care for this growing population.

• This method can inspire and motivate staff and family members to better understand the individual's care needs.

• Using the Montessori Method in diverse care settings is an effective way to engage people, while at the same time stimulating the mind.

• Further research and education is critical.
  - Continue the study in diverse care settings.
  - Continue educating team members, families and community members how to engage in the Montessori Method with individuals with dementia.
Person Centered Care
Implementation Success:
Washington Rehabilitation & Nursing Center

Bret Brown, NHA
Heather Exum, BSN, DON
Objectives

• Approaches that made our efforts successful.
• What was the actual facility-wide results of the reduction?
• Barriers we faced and how we overcame them.
• What is the impact on the quality of life of our residents?
• How do we maintain and continue our efforts to decrease antipsychotic use?
Approaches We Utilized

• Interdisciplinary team;
• Support from medical director and house psychiatrist;
• Educating staff and families;
• Meetings, meetings, meetings;
• Celebrating the successes; and
• Support and resources from Signature Healthcare.
Actual Facility-Wide Results of the Reduction

• We began our journey as part of the Pioneer Network study in 2013.
• 56 Residents on antipsychotic medications when we began our project.
• After 15 months, we reduced antipsychotic use to 18 residents; 6 of which had true Schizophrenia diagnosis.
• We currently have 16 residents receiving antipsychotic medications.
Barriers

• Physician cooperation;
• Family education;
• Staff education;
• Dealing with admissions and readmission; and
• Training new staff and continued education.
What is the Impact for our Residents Quality of Life (QOL)?

• More individualized care and improved resident caregiver relationships;
• Residents getting another chance at true QOL;
• Less falls and accident rates in our facility;
• More engaged staff and improved relationships;
• Improved resident, family and staff satisfaction;
• Better survey outcomes; and
• Ability to initiate ‘Holistic Caregiver’.
How do we Maintain and Continue our Efforts to Decrease Antipsychotic Use?

• It is the culture of our home.
• Staff are continuously trained on behavior management, dementia care and individualized care.
• New residents, families and staff are all educated upon becoming part of our family.
• Never give up making things better for our residents.
The Holistic Caregiver

• Understanding the role of a Holistic Caregiver.
• Why implement Holistic Caregiver?
• How does the Holistic Caregiver Model work?
• How to train your staff to be Holistic Caregivers?
• Barriers/obstacles to transitioning to Holistic Caregiver.
• Rewards of the Holistic Caregiver Model.
What Is a Holistic Caregiver?

The holistic caregiver encompasses the roles of a certified nursing assistant (CNA), housekeeper and activity assistant into one caregiver.
Why Implement The Holistic Caregiver Model?

• Individualized care;
• Strong relationships; and
• True quality of life.
Holistic Caregivers Working in their Neighborhoods

- Neighborhood configuration at Washington Rehabilitation & Nursing Center (WRNC);
- Ratio of residents to Holistic Caregiver;
- Uniqueness of each neighborhood and neighborhood meetings;
- Ownership of the neighborhood; and
- Quality of life in each neighborhood.
Training and Education

- Management motivation and buy-in;
- Learning congress;
- Educating current nurses and certified nursing assistants (CNA), housekeeping, QOL, restorative;
- Education of non-certified staff;
- Orientation of new staff; and
- On-going education.
Barriers We Have Faced

- Staffing;
- Fear of the unknown;
- De-institutionalization of staff, family and residents; and
- Oops, didn’t think about that.
Rewards

• Strong relationships;
• Empowered staff and residents;
• True teamwork; and
• Rockin’ quality of life.
National Partnership Updates & 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 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.

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