



# *MLN Connects*<sup>TM</sup>

*National Provider Call*

## *Hand in Hand* with Person-Centered Dementia Care

Monday, November 25, 2013



# Medicare Learning Network®

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# Disclaimer

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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.

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## Who are we?



Sonya Barsness

Gerontologist with a passion for Research, Education, and Putting all of it into Practice

*I believe in bringing gerontology to life through person-centered values of choice, dignity, respect, self-determination, and purposeful living. We are all in this together and this is what we want for ourselves and for those we care for.*

Karen Stobbe

Family Caregiver with a passion for Facilitating, Creativity and Making it all Make Sense

*As a daughter of 2 parents who had and have Alzheimer's Disease, I know first-hand that it can be hard for all involved. I believe it can be easier. I believe we can help one another. And I believe that learning can be interactive and enjoyable.*



Sonya Barsness

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Karen Stobbe

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# Objectives

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- In today's presentation we will:
  - Connect the dots between *Hand in Hand* and The CMS National Partnership to Improve Dementia Care in Nursing Homes
  - Describe how *Hand in Hand* is about person-centered dementia care
  - Explain how *Hand in Hand* presents “behaviors” as a form of communication and expression of need
  - Provide tips and ideas on how to use *Hand in Hand* optimally

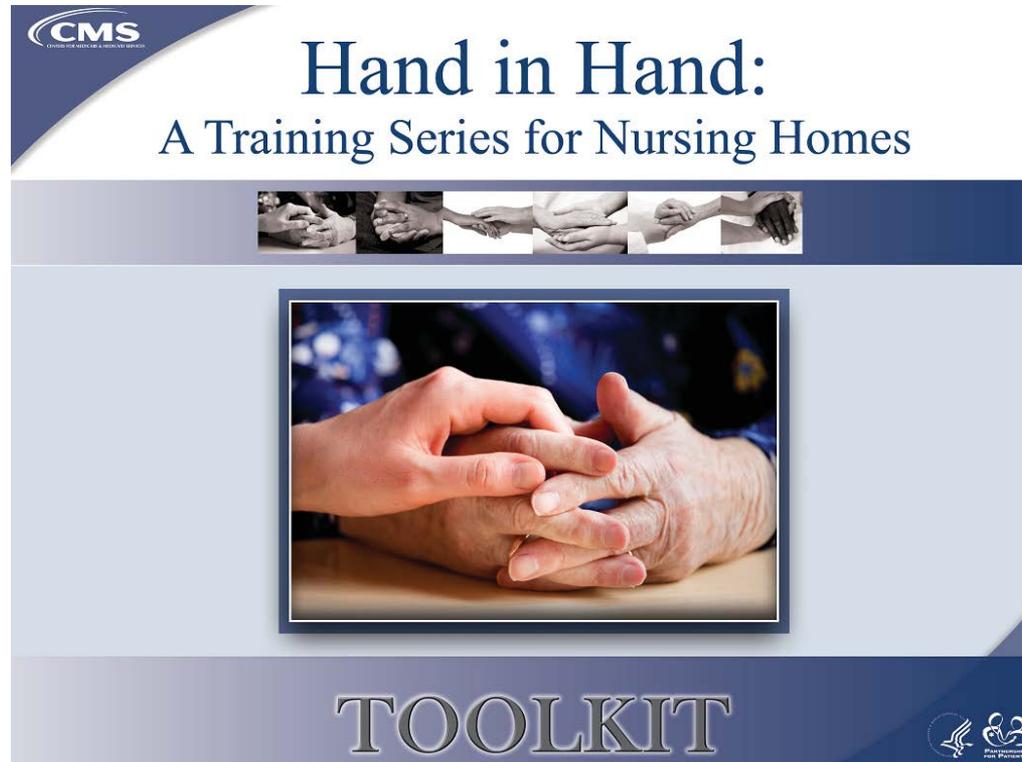
# Quote

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“The shift from the old culture to the new is not a matter of adding on a few items that were missing, but of seeing almost every feature in a different way.”

-Tom Kitwood, *Dementia Reconsidered*

# Hand in Hand Toolkit



<http://www.cms-handinhandtoolkit.info/>

# Advancing Excellence Website

Advancing Excellence in America's Nursing Homes

Making nursing homes better places to live, work and visit.

HOME ABOUT THE CAMPAIGN RESOURCES PROGRESS FOR PARTICIPANTS

## CMS Launches Partnership to Improve Dementia Care in Nursing Homes

*Updated 7/24/2013*

On March 29, 2012, CMS launched a national partnership with the mission to improve quality of care provided to individuals with dementia living in nursing homes. This partnership focuses on the delivery of health care that is person-centered, comprehensive and interdisciplinary, in addition to protecting residents from being prescribed antipsychotic medications unless there is a valid, clinical indication and a systematic process to evaluate each individual. The partnership promotes rethinking approaches that are utilized in dementia care, reconnecting with people using person-centered care approaches and restoring good health and quality of life in nursing homes. CMS is partnering with federal and state agencies, nursing homes, other providers, advocacy groups, and caregivers to

[http://www.nhqualitycampaign.org/star\\_index.aspx?controls=dementiaCare](http://www.nhqualitycampaign.org/star_index.aspx?controls=dementiaCare)

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# Introduction

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- Overview of how to use training
- Background on person-centered care
- Training tips



# Overview: Dementia Modules

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- Module 1: Understanding the World of Dementia: The Person and the Disease
- Module 3: Being with a Person with Dementia: Listening and Speaking
- Module 4: Being with a Person with Dementia: Actions and Reactions
- Module 6: Being with a Person with Dementia: Making a Difference

# Thread throughout training

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*What is the thread throughout the entire training?*



# Quote

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“By improving dementia care through the use of individualized, person-centered care approaches, CMS hopes to reduce the use of unnecessary antipsychotic medications in nursing homes and eventually other care settings as well.”

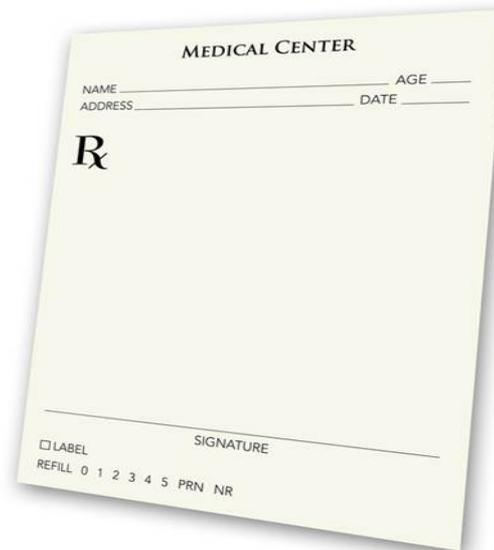
*-CMS, 2013*

# Person-centered Care

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Person-centered care is the prescription!

*It makes people's lives better.*



MEDICAL CENTER

NAME \_\_\_\_\_ AGE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

**Rx**

\_\_\_\_\_  
SIGNATURE

LABEL  
REFILL 0 1 2 3 4 5 PRN NR

# Person-centered Care

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How is Hand in Hand about person-centered care?



# Quote

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“We must think about the experience of Alzheimer’s disease and the impact it has on the *person*.

**This is the starting point** for learning to provide the best quality of care for the *person* with Alzheimer’s disease.”

*From “The Best Friends Approach to Alzheimer’s Care” by Virginia Bell & David Troxel*

# Being with Persons with Dementia Means...

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- Understanding things from their perspective
- Being with persons with dementia “where they are”
- Recognizing persons with dementia as whole individuals

# Being with Persons with Dementia Means...

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- Building on strengths
- Connecting with persons with dementia and validating them as human beings and as equals
- Recognizing that sometimes the best way we can support persons with dementia is to just be with them, to sit with them, and to listen to them

# Actions and Reactions

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Why did we say Actions and Reactions  
instead of just saying Behaviors?

# Behaviors

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Problem  
Inappropriate  
Bad  
Manage  
Difficult

# Actions and Reactions

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- Are a form of communication
- Can be an expression of a need
- Can be a response to our poor “behavior”

# Quote

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“Evidence shows that a large proportion of these so-called behavior problems stem from an **incongruence between the needs of people who suffer from dementia and the degree to which their environment fulfills those needs**. Thus, many “problematic behaviors” represent a cry for help, a result of unmet needs, or an inadequate attempt to fulfill those needs.”

Cohen-Mansfield, J. & Mintzer, J. E. (2005). Time for change: The role of non-pharmacological interventions in treating behavior problems in nursing home residents with dementia. *Alzheimer's Disease and Associated Disorders*, 19(1), 37-40.

# Being with a Person with Dementia Means...

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Mrs. Caputo



*“I want to go home!”*

# Reasons Behind Actions and Reactions

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- Health Conditions
- Medications
- Communication
- Environment
- The task
- Unmet Needs
- Life Story/Personality
- YOU

# Ways to Respond

## Ways to Respond



Prepare

How can I prepare myself or others to respond?

Prevent

How can the action or reaction be prevented?

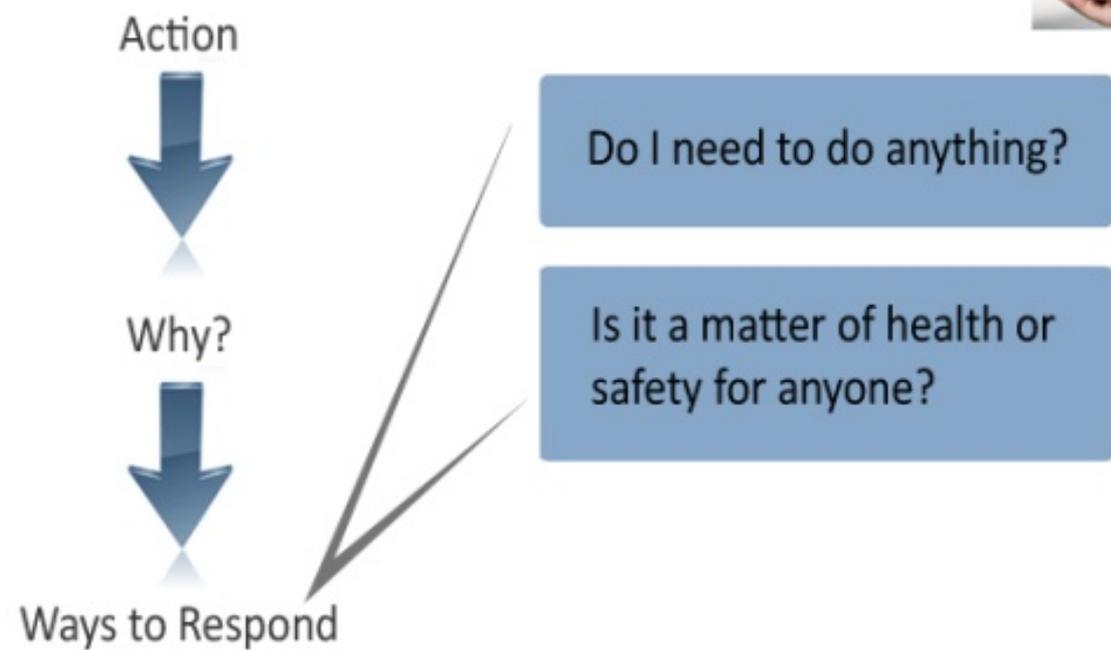
Present

How can I respond to the action "in the present?"  
How can I be with the person?

Module 4—Being with a Person with Dementia—Actions & Reactions

# Making the Connection

## Making the Connection



Action

↓

Why?

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Ways to Respond

Do I need to do anything?

Is it a matter of health or safety for anyone?

Module 4—Being with a Person with Dementia—Actions & Reactions

# Non-Pharmacological Approaches

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- “To interfere with the outcome or course of”
- Typically brief and applied after the fact
- Have value but do not transform the underlying environment/experience
- Root cause analysis and individualized approaches KEY
- Move from intervention to PREvention, INvention

# Reducing Antipsychotic Medications

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Mr. Haynes



*Reducing Antipsychotic Medications*

# Ideas to Make it Work for You

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- Embrace its versatility - key ideas reinforced through clips and exercises
- Customize it for your own needs
- All staff participate in training
- Peer led
- Use with family
- Supervisors know content and reinforce

# Training Road Blocks?

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What are your Top 3 Training Road Blocks?



# Challenges?

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Time

Money

Time

Keeping it Interesting

Time

Getting Leaders Involved

## Time

Use stand up or huddles to do a 10 minute training. Pick a clip and show on a laptop or ipad and then talk about it for 5 minutes. How can we use this information on the floor? Reinforce by all leadership modeling. Come back to the same clip everyday that week. Share what every shift discovers.

**Money**  
This is FREE.

## Time

Perform a 30 minute training and then follow up with “reminders” in the Staff Dining Room, locker area, everywhere....

# Keeping it Interesting

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## Keeping it Interesting

Pick a favorite clip or exercise to start with, even if it is out of sequence. If you start with something YOU are excited about it will transfer to your team. Look for other interactive tools, prizes and ways to keep them (and you) on their toes.

## Time

Commit to a full hour once a week for 6 weeks for a mixed shift, inter-disciplinary group. Get 1 person from each shift to lead a training for each shift for the next six weeks.

Commit to making the lives of your residents better.

# Getting Leaders Involved

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## Getting Leaders Involved

If you cannot get your leadership to attend trainings, then any training you do will not stick. They may not think they need it – but even if they KNOW the material and understand it.

Here are reasons why they need to take this (and any) training:

1. Having them get the cobwebs wiped off their brain and reminding them of the content will help them.
2. It shows that the content is important.
3. They will be able to model the content if they know exactly what the team is learning and how they processed the information. Just watching or reading a training is not enough. You need to hear what is said by the team.
4. Everyone can learn something new.

# Tips for Trainers

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- Environment
- Being present
- Being prepared
- Being a facilitator
- Allowing for creativity
- Open-ended questions

# Tips for Trainers

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- Modeling problem solving
- Learning circles
- Knowing your students
  - Experience
  - Values
  - Respect

# How Leaders Support *Hand in Hand*

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- Become familiar with content
- Ask staff for feedback
  - How you can support them in using the approaches
  - What are their barriers to using approaches
- Create pathways for staff to successfully implement person-centered dementia care

## What was Beneficial about *Hand in Hand* (from CNA Perspective?)

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“To be more aware of residents’ needs in anyway possible that the residents’ ways of living in their daily lives.”

“They make you step back and look at how people with dementia feel.”

“It was put together very real. That is what I see every day at work.”

“They put a new perspective on it and made me think about ways I could be more understanding.”

*Thank you.*

*We appreciate your time and the work you do.*

# Question and Answer Session

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# Evaluate Your Experience

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- 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.
- Evaluations are anonymous, confidential, and voluntary.
- All registrants will receive a reminder email about the evaluation for this call. Please disregard the email if you have already completed the evaluation.
- We appreciate your feedback.

# Thank You

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- 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>