



## Dementia Care: CMS Toolkits Call

**Moderated by: Joanna Pahl**  
**March 3, 2020 — 1:30 pm ET**

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## Presentation Continues

Operator: You may resume your call.

Joanna Pahl: I'm Joanna Pahl from the Provider Communications Group here at CMS, and I'm your moderator today. I would like to welcome you to this Medicare Learning Network® Call on Dementia Care CMS Toolkits.

At this time, I would like to turn the call over to Cathleen Lawrence, a Nurse Consultant within the Division of Nursing Homes at CMS.

Cathleen Lawrence: Thank you, Joanna. Hello, everyone. Thank you for joining us today. We are going to be discussing the quality improvement toolkits developed as part of the CMS Civil Money Penalty Reinvestment Program or CMPRP. We have designed these toolkits to assist nursing homes in improving the quality of life and quality of care for their residents, and we are excited to share them with you today.

We will get started today on slide 5 with some background on the CMPRP team's overall approach, as well as the two quality improvement initiatives we conducted over the past year called the Breakthrough Communities. We will then describe in detail the two toolkits that emerged out of CMPRP's work with the Breakthrough Communities, Head to Toe and DREAM. We will also talk briefly about some previous toolkits which were developed through the CMPRP.

The CMPRP has two primary goals related to improving the quality of life and care for nursing home residents that we'll discuss today. One is to reduce the number of adverse events in nursing homes and the other is to improve care for residents living with dementia, with a specific focus on reducing inappropriate antipsychotic medication use.

The overall approach can be seen here on slide 6. We first engaged a team of experts to define change ideas and potential test of change that we hypothesized could move the needle on improving care for residents living with dementia and reducing adverse events in nursing homes.

We then developed a framework to sort these change ideas as emerging, promising, leading, or best practices. For each topic, we recruited nursing homes to participate in a Breakthrough Community to test the hypothesis. We will discuss these communities in more detail on the next slide.

Overall, our goal was to bring to light some key ideas about what can truly lead to improvements in care for residents living with dementia and to reduce adverse events. The primary purpose of our discussion today is to tell you about what we learned and how nursing homes nationwide will be able to implement these ideas as well.

A Breakthrough Community is a learning collaborative design developed by the Institute for Healthcare Improvement, or IHI, where nursing homes have the opportunity to join daylong learning sessions and shorter all-team calls, during which our contractors and subject matter experts presented on core quality improvement concepts and change ideas that nursing homes could test.



During the action periods, which were the time between each of the events, nursing homes tested out the curriculum presented during the learning events and collected data on their progress. The most engaged nursing homes made quite a bit of progress when it came to consistently using quality improvement tools and concepts, and several homes showed signs of improvement on key outcome measures in a short amount of time.

Most significantly, for nursing homes nationwide, we were able to use the Breakthrough Communities to better understand the types of tools and information that nursing homes were most likely to use to drive improvement. The next several slides present the two toolkits we developed following the Breakthrough Communities, as well as some insight into how the lessons learned from the communities guided our design.

## **H2T Toolkit for Infection Prevention**

We will first start with the toolkit developed from the Adverse Events Breakthrough Community. This toolkit is called Head to Toe.

Slide 9 shows the journey of the Adverse Events Breakthrough Community and the lessons learned to help develop the Head to Toe Toolkit.

Over the course of the Adverse Events Breakthrough Community, participating nursing homes implemented and tracked quality improvement efforts and shared with us what types of tools were most useful and impactful for them. Several key insights were gained throughout the Breakthrough Community that helped share the Head to Toe Toolkit, including that homes in the Breakthrough Community had a common focus on improving staff engagement, buy-in, and communication regarding quality improvement efforts.

Many homes noted that communication problems among staff is one of their biggest barriers to quality improvement. As a result, the Head to Toe Toolkit targets bedside staff as its primary audience and point of intervention, in order to ensure that these crucial members of the nursing home team are engaged and empowered in quality improvement efforts.

We also learned that nursing homes want customizable practices that they can really integrate into their homes or teams. The Head to Toe Toolkit aims to educate nurses and nurse aides on daily practices for infection prevention and equip them with communication tools for incorporating the toolkit into their daily workloads.

Breakthrough Community homes also expressed interest in better aligning their operations with the principles of person-centered care. To be responsive to this concern, the Head to Toe Toolkit contains several tools for the clinical team to support providing person-centered care in order to prevent common infections.

By synthesizing key lessons learned from the Breakthrough Community with national nursing home data insights, the CMPRP team developed the components in the Head to Toe Toolkit. Additionally, the Head to Toe Toolkit underwent user testing with nursing homes in order to collect feedback on its design, content, and usability. The team used this feedback to revise the toolkit and ensure that it could be valuable and useful to homes across the country.



In addition to the insights we learned from the Breakthrough Community, I also want to provide you with some context, which you can see on slide 10, on the state of infection prevention in nursing homes nationwide. According to the 2014 OIG report, 79 percent of residents who experience an adverse event experienced harm that required prolonged stay, transfer, or hospitalization.

Twenty-six percent of the identified adverse events were related to infection that may have been preventable. The report listed the most common infections in U.S. nursing homes as urinary tract infections, pneumonia, multi-drug-resistant organisms, and wound infections.

The Head to Toe Toolkit responds to the significant need for infection prevention and quality improvement by promoting a wellness approach to reducing these most common infections. The toolkit works by educating bedside staff on the connections between activities of daily living, or ADLs, and infection prevention. It also provides person-centered interventions to help staff promote mouth, skin, and urinary health for residents. By educating and empowering bedside staff, Head to Toe aims to prevent pneumonia, skin infections, and UTIs.

The components in the Head to Toe Toolkit fall into three categories. There are components for nursing home leadership, educational materials for bedside staff and loved ones, and tools for the clinical team.

The Implementation Guide is the only component in the toolkit focused primarily on leadership. The primary objective of the component is to generate leadership buy-in for the changes and interventions recommended by the toolkit. The guide also serves as an introduction for the rest of the toolkit by outlining the other components and providing a step-by-step roadmap for how the toolkit might be implemented.

The next set of components are the educational materials for bedside staff. Let's start with a look at the Infection Prevention Handbook on slide 12. The handbook is the centerpiece of the educational materials for staff. It includes educational materials for staff which explain the connection between mouth, skin, and urinary activities of daily living and infection prevention. It also provides staff with best practice clinical interventions to prevent infections through care for the mouth, skin, and urinary tract. Leadership can reference the handbook in trainings and huddles to ensure bedside staff are providing excellent ADL care.

Next, the Staff Presentation component on slide 13 complements the handbook by pulling out the most important educational pieces for bedside staff and presenting them in a more interactive format. In addition to educational material and ADL care interventions, the presentation includes person-centered case studies which allow bedside staff to practice the education they received in a controlled setting. The presentation can be presented all at once or split into 15-minute modules and spread across trainings for more digestible learning.

The Resource for Residents and Loved Ones explains the importance of infection prevention to residents and visitors of the nursing home community, including resident family members, friends, and representatives. This component is based on the recognition that a resident's loved ones are integral to resident quality of life and outlines ways that visitors can contribute to the home's infection prevention effort.

This brings us to the last category of toolkit components, the tools for the clinical team. These components help bedside staff incorporate the information they have learned from the educational materials into their daily operation.



The first of these tools that we'll discuss on slide 15 is the Observation Guide. This clinical tool helps licensed nurses and nurse aides engage in thinking around infection preventing by prompting them to look out for changes in resident status that might be related to an infection.

The Observation Guide is broken down into two segments. The Nurse Aide Observation Guide has information on what to observe when providing daily care related to the mouth, skin, and urinary tract. The Licensed Nurse Observation Guide has guiding questions related to clinical changes in conditions specific to pneumonia, skin infections, and urinary tract infections.

The Customizing Care Tool contains helpful information on how care teams can provide person-centered ADL care that aligns with residents' unique needs and preferences. The toolkit contains a number of interview prompts for residents relating to how each resident prefers to receive mouth, skin, and urinary care. The document then provides space for the care team to document these resident preferences in order to build them into the daily workflow.

The last Head to Toe Toolkit component that we will discuss today is the Suspected Infection Prevention Tool on slide 17. As the name implies, this tool is designed for use by nurse aides when they suspect that a resident has an infection. The tool provides space to document vital signs, observations, and specific clinical information related to pneumonia, skin infections, and UTIs.

The goal of the tool is to assist with communication and enable the timely flow of information between members of the nursing home clinical team, as appropriate. Ultimately, the components of the Head to Toe Toolkit empower the entire nursing home community to do their part in preventing infection and reducing adverse events in an accessible and person-centered way.

The components of the toolkit can be used together or individually as homes need to educate about infection prevention and take action to prevent pneumonia, skin infections, and UTIs. We are very excited to share this toolkit with you and hope you share what you heard today with your colleagues. I will now turn this presentation over to Michele Laughman, who will talk about the Dementia Care Toolkit.

### **DREAM Toolkit for Sleep Improvement**

Michele Laughman: Thanks, Cathleen. Yes, I'm Michele Laughman. I'm a Health Insurance Specialist within the Division of Nursing Homes here at CMS. I'm going to start on slide 18.

The toolkit for improving care for residents living with dementia is called DREAM. And that stands for, again, Developing a Restful Environment Action Manual. And this toolkit focuses on improving sleep for residents living with dementia.

Before we get into the toolkit itself, I want to give you just a little bit of background about why we chose to target this area. As we mentioned previously, the Breakthrough Community bases its curriculum off the work done by experts. And we introduced the idea of improving sleep for residents during the second learning session, which was held in January and February of 2019.



During that learning session, a subject matter expert who had conducted extensive research and testing on sleep hygiene in nursing homes taught Breakthrough Community participants about the importance of sleep and simple actionable opportunities for improvement that they could get started with right away.

Over the course of the Breakthrough Community, the participating nursing homes showed a lot of enthusiasm for this topic. Several tested changes in their homes such as reducing the number of times they woke residents for overnight care, gathering sleep routine preferences from residents, offering nighttime comfort items like aromatherapy, and providing more education to their staff about the importance of sleep for residents. We have incorporated many of these ideas into the toolkit components that I am going to walk through momentarily.

In addition to learning that this topic was of great interest to nursing homes, we also learned about the types of components and implementation aides that nursing homes might be most likely to use. For example, we learned that this topic can be empowering for bedside staff like CNAs because many of the ideas can be implemented right away. The toolkit includes components targeted specifically for this audience, such as the Pocket Guide, which we will talk about in a little bit.

We also learned that this topic is not well understood by most nursing home staff and that gaining staff buy-in regarding changes to care can be a real challenge. As a result, the toolkit also includes educational resources, such as a short video that can be shared with all staff levels, and a handbook comprised of easy-to-read one pagers on sleep topics.

Finally, we learned that nursing homes need ready-to-use practical tools that do not require major changes to workflow. So, the DREAM toolkit includes a Quick Interview Guide to gather residents' sleep preferences.

Prior to national dissemination, the DREAM Toolkit was tested by nursing homes in order to collect feedback on its design, content, and usability. And similar to the Head to Toe Toolkit, the team used those feedback to revise the toolkit and ensure that it could be most useful and usable to homes across the country.

So, let's move into the toolkit now so you can have a look at the components.

On slide 20, as many as 70 percent of adults with dementia experience sleep disturbances. Sleep disturbances in individuals living with dementia are associated with accelerated cognitive decline as well as neuropsychiatric symptoms like hallucinations, delusion, agitation, apathy, and irregular motor activity. These negative health outcomes increase the complexity of care for residents with dementia and pose a risk to the well-being and quality of life of both residents and their care partners.

High-quality sleep is necessary for cognitive and physical functioning, especially for residents living with a disease process that already causes cognitive decline. Some of the most common physiological concerns associated with poor sleep include a weaker immune system, increased pain sensitivity, changes to the metabolic and endocrine systems, and psychomotor performance challenges such as a loss of balance. A resident may also experience impaired attention, changes in mood, increased fatigue, and agitation as a result of failing to achieve high-quality sleep.



For these reasons, sleep hygiene is one of the change ideas related to supporting optimal cognitive functioning for residents living with dementia. When a resident's cognitive function is supported using non-pharmacological approaches to care, our theory of change is that nursing homes will be less likely to turn to inappropriate antipsychotic medication use to reduce expressions of distress such as agitation and aggression. Ensuring high-quality sleep is one way to support cognitive function.

Now, we will talk about the Implementation Guide on slide 21. This guide introduces nursing home leadership to the DREAM Toolkit and provides an overview of how the toolkit can be used throughout their nursing home. The goals of this component is to generate leadership buy-in of the toolkit and create excitement regarding the changes they can make to improve the quality of care and quality of life of residents in their nursing homes.

This component contains a step-by-step approach for leading sleep improvement efforts with some accompanying information about nursing home level of effort and cost associated with implementation. The Implementation Guide also contains a brief discussion of some of the common barriers that nursing homes may be likely to come across as they implement the toolkit, along with some tips and helpful suggestions for overcoming them.

The Sleep Handbook, which is on slide 22, is the central educational component in the DREAM Toolkit. It contains educational information for nursing home staff on the importance of sleep for residents living with dementia.

Topics discussed within the handbook include a high-level overview of the different stages of sleep and their importance for high quality of life, information about common conditions in nursing homes that may prevent quality sleep, and several non-pharmacological approaches to care to help residents living with dementia sleep better. To facilitate this learning, the handbook is designed as a series of one-pagers that leadership can use as handouts during staff meetings or staff huddles.

The purpose of the Sleep Environment Improvement Tool, which is on slide 23, is to help nursing home leadership identify potential areas for improvement in their nursing home's sleep environment and make plans for how to address these areas. The tool starts with a guide that walks users through a scan of their home in order to assess the quality of their sleep environment in a number of different categories such as noise, light, and activity.

Based on the results of this scan, users can reference the second part of the tool, which contains actionable steps nursing homes can take in the short, medium, and long term to improve specific aspects of their sleep environment. Interventions listed under the short-term bucket can be implemented right away with minimal resources, while those listed under the long-term care bucket may require a higher level of effort. Categorizing the sleep improvement strategies in this way allows nursing homes to choose strategies that work for their circumstances and ensures that the tool is usable to a diverse range of homes.

Next, we will talk about the Pocket – the Pocket Guide – which is a resource that can be used by interdisciplinary members of the nursing home team but especially for direct care staff. The guide pulls out the most relevant sleep improvement strategies and troubleshooting tips from the other components for staff to reference on the floor.



The guide provides several strategies to take throughout the day and night to avoid common sleep issues. It lists additional approaches to help residents get comfortable, fall and stay asleep, and also includes suggestions on how to address boredom and support residents to avoid napping too much during the day. This component is designed as a one-page sheet that staff can fold up and carry with them daily to reference on the floor.

So everyone has their own preferences for sleep. And the Resident Preferences Tool helps staff provide care that aligns with each resident's preferences for their bedtime routine and sleep environment. This component provides guided questions for staff to use in conversations with residents, their representative, family, or other loved ones to learn more about a resident's sleep preferences.

Since communication can be a common challenge for residents living with dementia, this component also contains some guidance on how and when to utilize residents' loved ones as a resource to better understand their sleep patterns and preferences. In addition to providing space to document these preferences and other observations, the tool recommends that staff use the information to assist with care planning and person-centered care.

The last DREAM component, which can be found on slide 26, is the Sleep Matters video. This video pulls out important educational information on the importance of sleep from the other materials and presents them in an engaging visual format. This four-and-a-half-minute-long video explains why a focus on sleep is especially important for residents living with dementia and shows how changes in the sleep environment can improve residents' quality of life. Homes can use this video to educate both staff and residents' loved ones on the efforts of the DREAM Toolkit.

As Cathy said earlier, we are very excited for nursing homes to begin using these tools and hope that you will all pass along what you heard today to your colleagues and the nursing homes that you support. I'm going to now turn it over to Sheila Hanns to discuss some of the Staffing Toolkits.

### **Staffing Toolkits for Staff Sufficiency, Competency, and Performance**

Sheila Hanns: Thank you, Michele. This is Sheila Hanns, a Registered Nurse with the Division of Nursing Homes. Beyond these two toolkits, we'd like to give a more general overview of some of the other toolkits the CMPRP team has put together in the past.

Slide 28. These toolkits can be downloaded from the CMS CMPRP webpage and include the Nursing Staff Competency Assessment, the Nursing Home Employee Satisfaction Survey, and the Guide to Improving Nursing Home Employee Satisfaction. We'll discuss each of these toolkits in just a little more detail in the following slides.

The Nursing Home Staff Competency Assessment is designed to assess knowledge and skills regarding behavioral and technical competencies of frontline and management staff. There are three different versions of the Staff Competency Assessment, one for CNAs, certified medication technicians; one for RNs, LPNs, LVNs; and one for administrators, directors of nursing, assistant directors of nursing. Each assessment includes tailored questions specific to the staff member's role.



On slide 30, the next toolkit is the Nursing Home Employee Satisfaction Survey. This survey includes 38 topic areas to assess staff satisfaction, including staff engagement and teambuilding, compensation, scheduling and staffing, communication, and career advancement opportunities.

The toolkit contains instructional videos to walk staff through the process of implementing the survey and what to do with the survey results. Materials are also available to help leadership implement the survey, including an Implementation Guide and Data Analytics Tool, which is a resource that leadership can use to aggregate and understand results.

Slide 31. This third and final toolkit we'll discuss is the Guide to Improving Nursing Home Employee Satisfaction, which is a compilation of resources to help teams increase satisfaction in the workplace. The guide is a repository of evidence-based approaches and solutions to address challenges with staff satisfaction.

Leadership can use the guide to understand opportunities for growth, plan for change, prioritize improvement areas, and take action. There are examples of planning and communications documents within the guide that leadership may need to implement an action plan. For example, the guide discusses how to create attainable quality improvement goals.

### Where to Find the New Toolkits

Michele Laughman: Thank you, Sheila. This is Michele Laughman again. I'm going to go over just the next two slides. So, we are on slide 32. And you can find all of the toolkits on the CMPRP page on [cms.gov](https://www.cms.gov). And, again, that's slide 32. Additionally, we have provided the direct links to the new Head to Toe and DREAM Toolkits.

But, please note the link to the Sleep Matters video that is on slide 32 is transitioning to a new location. And in the archived materials for this call, that link will be updated.

We also want to note that the toolkits we discussed today are not mandatory to use and are meant to help nursing home staff with quality improvement efforts. If you have thoughts about these toolkits, please feel free to contact us anytime at the email address on slide 33, which is [cmp-info@cms.hhs.gov](mailto:cmp-info@cms.hhs.gov). I'm going to now turn it over to Dara Graham, who will provide updates on the National Partnership.

### National Partnership Update

Dara Graham: Thank you, Michele. Hi, everyone. My name is Dara Graham, and I am a Nurse Consultant within the Division of Nursing Homes. I work with Michele Laughman on the National Partnership to Improve Dementia Care in Nursing Homes. I would like to share a few updates regarding the partnership.

Slide 35. In January of this year, new data for the National Partnership was released. It is posted to the National Partnership website on [cms.gov](https://www.cms.gov). The direct link to the National Partnership website can be found on slide 41.

This graph depicts the national progress that has been made since the start of the partnership. In 2011, quarter 4, 23.9 percent of long-stay nursing home residents were receiving an antipsychotic medication. Since then, there has been a decrease of 40.1 percent to a national prevalence of 14.3 percent in 2019, quarter 2.



Success has varied by state and CMS region with some states and regions having seen a reduction of greater than 45 percent.

Moving on to slide 36. This graph depicts antipsychotic medication use in the CMS locations or regions across the country. You can see a continued downward trend over the course of the partnership.

The next slide, 37, is specific to the progress of nursing homes that have been identified as late adopters. In 2011, quarter 4, 21.4 percent of long-stay nursing home residents living in a nursing home identified as a late adopter were receiving an antipsychotic medication. Since then, there has been a decrease of 13.7 percent to a national prevalence among late adopters of 18.5 percent in 2019, quarter 2.

Similar to slide 36, the graph on slide 38 also depicts antipsychotic medication use in the CMS locations or regions across the country. However, this is specific to late adopters. Since the increase in antipsychotic medication usage at the beginning of 2017, you can see a downward trend as we progress to achieving our goal.

Lastly, slide 39. We would like to let you know that we have a new National Partnership Dementia Care Resource webpage. It is located at [cms.gov](https://www.cms.gov). Previously, our resource repository was housed on the National Nursing Home Quality Improvement Campaign website.

We went through the resources and moved them to their new location late last year. The link to the resource webpage is located at the bottom of slide 39. This concludes the National Partnership update. I will now turn it back over to Joanna for the question-and-answer session.

## Question & Answer Session

Joanna Pahl: Thank you, Dara. We will now take your questions. As a reminder, this event is being recorded and transcribed. In an effort to get to as many questions as possible, each caller is limited to one question. To allow more participants the opportunity to ask questions, please send questions specific to your organization to the resource mailbox on slide 33 so our staff can do more research. Preference will be given to general questions applicable to the larger audience, and we will be mindful of the time spent on each question.

All right, Blair, we are ready for our first caller.

Operator: To ask a question, press “star” followed by the number 1 on your touchtone phone. To remove yourself from the queue, press the “pound” key. Remember to pick up your handset before asking your question to ensure clarity. Once your line is open, state your name and organization.

Please note your line will remain open during the time you are asking your question, so anything you say or any background noise will be heard in the conference. If you have more than one question, press “star” 1 to get back in the queue, and we will address additional questions as time permits. Please hold while we compile the Q&A roster. Please hold while we compile the Q&A roster.



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The first question is from the line of Mila Smith.

Mila Smith: Yes. Good afternoon. My question was these different kits, the Head to Toe Handbook and all the sheets and things, also the Sleep Matters information – so, we can just print those off the website? Is that correct? There is no charge for that? Or you can – is that okay?

Michele Laughman: Yes, you can. They are free to use. They are voluntary. They are not mandatory. And you can download them and print them off for use.

Mila Smith: Thank you.

Michele Laughman: Thank you.

Operator: The next question will come from the line of Stuart Gordon. Stuart, your line is open.



Stuart Gordon: Sorry about that. Hi. This is Stuart Gordon with the National Association of State Mental Health Program Directors. I know the partnership's focus has been on nursing homes. But I think it's a natural progression in thinking about the use of antipsychotics in nursing homes to assume that some of the elderly, some of the seniors may end up during periods of agitation in other facilities such as psychiatric hospitals. I actually had a recent personal experience with that. And I'm just wondering if the partnership has given any thought to looking at facilities other than nursing homes.

Michele Laughman: At this time, our focus is on nursing homes. I can speak to – and I forgot to say this is Michele Laughman. I can speak to that. We have done some outreach with hospitals. And that may be an area that we look into moving forward. But, our primary focus at this time is with nursing homes. But I appreciate your comment.

Stuart Gordon: Thank you.

Operator: The next question will come from the line of Pamela Hegman.

Pamela Hegman: Hi. I'm just curious to know what the increase in the data rates for – around quarter 2 of 2017 might indicate, if that's been evaluated. Thank you.

Michele Laughman: Hi, Pam. This is Michele Laughman.

Pamela Hegman: Hi.

Michele Laughman: We can't really – we can't really be specific what that – what the cause of that uptick was for that subset of nursing homes. We just – we just know that it – that it occurred. And then, since then, we have made significant strides and progress to get the rates down for that subset of nursing homes.

Pamela Hegman: Okay. Thank you.

Michele Laughman: Sorry, I can't provide additional insight. Thank you.

Operator: The next question will come from the line of Veronica Charles.

Veronica Charles: Hi there. This is Veronica Charles with the American Society of Consultant Pharmacists. So, taking a look here at the 2017 rise. I'm looking at the long-stay nursing home residents. What are we defining as late adopters?

Johanna Pahl: Could you give us one moment, please?

Veronica Charles: Sure.

Michele Laughman: Hi. This is Michele Laughman again. So, when we identified the late-adopter nursing homes, they were homes that generally had a continued high rate of use. They were still above the national average at that time, which was in 2017, quarter 1.



We did take into consideration homes that had a high percentage of residents with schizophrenia. But those points are the general criteria that we used when we identified it. And it turned out to be approximately 1,500 nursing homes across the country.

Veronica Charles: Okay. So, they didn't really adopt any new policy. It was just they were finally registered to have a decrease in antipsychotic use in long-stay residents – is that correct?

Michele Laughman: Can you repeat that question? I'm not sure I quite understood.

Veronica Charles: So, it's not actually that they were late adopters of any given policy. It's just that they had the late decrease in antipsychotic usage from the time that the partnership was started. Is that correct?

Michele Laughman: Yes, you are correct in that there was not a specific policy established when we developed the list of late adopters. It's just – it corroborated with the goal that we had that ended at the end of 2019.

Veronica Charles: Right. And can you revisit that goal very briefly? I apologize.

Michele Laughman: The goal was that this subset of nursing homes would have a reduction of 15 percent by the end of 2019. And that was using the baseline of quarter 4 of 2011. So, that was our – that's our most recent goal. That ended at the end of December – calendar year December.

Veronica Charles: Right. And not utilize – how did you determine that that could not include facilities that had a large number of individuals taking antipsychotics? How did you control for those facilities?

Michele Laughman: I can't – I can't really speak to that. I apologize. You can – if you would like to put that question or additional questions that you have in writing, you can send them to the [dnh\\_behavioralhealth@cms.hhs.gov](mailto:dnh_behavioralhealth@cms.hhs.gov).

Veronica Charles: Perfect. Thank you so much.

Michele Laughman: Sure. Thank you.

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The next question comes from the line of Frances Fair.

Frances Fair: Hi. This is Frances Fair in the State of Mississippi Health Facilities Licensure. My question – an earlier caller had asked about if the guides could be printed off the Web. My question is do you have any that are currently printed that people can order?



Michele Laughman: No. Unfortunately, we don't have them in hard copy. You would – the only option would be to get them online.

Frances Fair: Got you. Thank you.

Operator: The next question will come from the line of Becky Bradley.

Becky Bradley: Thank you. And thank you for the presentation. My name is Becky Bradley. I'm with Compass Health. I want to follow up on a question that gentleman asked earlier about using these tools in a somewhat different setting other than a nursing home. Is there any limitation or restriction on the CMS-prepared toolkits that would prevent us from adopting them in some other settings?

Michele Laughman: No, there wouldn't be – this is Michele Laughman again. There wouldn't be anything that would prevent you from kind of adapting the material to use in another setting. That would – certainly, that would be a direction that you could go. But they are – specifically, they were developed for nursing homes. Thank you.

Becky Bradley: Thank you.

Operator: To ask a question, press “star” followed by the number 1 on your touchtone phone. To remove yourself from the queue, press the “pound” key. Remember to pick up your handset before asking your question to ensure clarity. Once your line is open, state your name and organization.

Please note your line will remain open during the time you are asking your question, so anything you say or any background noise will be heard in the conference. If you have more than one question, press “star” 1 to get back in the queue, and we will address additional questions as time permits. Please hold while we compile the Q&A roster. Please hold while we compile the Q&A roster.

Again, to ask a question, press “star” followed by the number 1 on your touchtone phone. To remove yourself from the queue, press the “pound” key. Remember to pick up your handset before asking your question to ensure clarity. Once your line is open, state your name and organization.

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And with no further questions showing, I'll hand the call back to Leah.

### **Additional Information**

Johanna Pahl: Unfortunately, that is all the time we have for questions today. If we did not get to your question, you can email it to the address listed on slide 41. We hope you will take a few moments to evaluate your experience. See slide 41 for more information. An audio recording and transcript will be available in about 2 weeks at [go.cms.gov/mln-events](https://go.cms.gov/mln-events).



Again, my name is Joanna Pahl. I would like to thank our presenters and also thank you for participating in today's Medicare Learning Network event on dementia care. Have a great day, everyone.

Operator: Thank you for participating in today's conference call. You may now disconnect. Presenters, please hold.