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A MEDICARE LEARNING NETWORK® (MLN) EVENT

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

September 22, 2020



Acronyms in this Presentation

- CDC: Centers for Disease Control & Prevention
- CMS: Centers for Medicare & Medicaid Services
- FAQ: Frequently Asked Questions
- HCP: Health Care Personnel
- HIPAA: Health Insurance Portability & Accountability Act
- IPC: Infection Prevention and Control
- LTCF: Long-term Care Facility
- NHSN: National Healthcare Safety Network
- PPE: Personal Protective Equipment
- TBP: Transmission-Based Precautions



Agenda

Living with Dementia and the Challenges of the COVID-19 Pandemic

- Federal Long-term Care Requirements: Dementia Care and COVID-19
Cathleen Lawrence & Dara Graham, CMS
- Strategies for Combating COVID-19: Infection Prevention Challenges Facing Nursing Home Residents with Dementia and their Caregivers
LCDR Kara Jacobs Slifka, MD, MPH, CDC
- Transforming Quality Dementia Care
Douglas Pace, Alzheimer's Association



Living with Dementia and the Challenges of the COVID-19 Pandemic



Federal Long-term Care Requirements: Dementia Care and COVID-19

Cathleen Lawrence, CMS
Dara Graham, CMS



Federal Requirements

Isolation related to infection control

§483.80(a)(2) (iv) states facilities must determine:

When and how isolation should be used for a resident; including but not limited to:

- (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and
- (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.



Federal Requirements

Isolation related to infection control

Interpretive guidance at F880:

Facility staff should take measures to reduce or minimize any potential psychosocial negative effects of isolation for whom transmission-based precautions are being used. Boredom, anger, withdrawal, or depression are just some of the mood changes that could occur. The facility must pro-actively ensure that individualized needs (e.g., activities) are met.

When caring for residents with dementia while also addressing infection control issues like COVID-19, facilities should:

- Provide education to residents and their representatives on infection control practices such as hand hygiene, especially before eating and after using the restroom, cough etiquette, use of masks, and physical distancing
- Provide education that is consistent with the resident's capacity for understanding.
- Monitor for resident-to-resident direct contact transmission which may occur in common areas of the facility such as the recreation room, rehabilitation area, and/or dining room.
- Ensure appropriate use of Transmission-Based Precautions (TBP) like placement in a single room, use of Personal Protective Equipment (PPE), and limited movement, so that TBP is not considered involuntary seclusion.



Federal Requirements

Ensure that isolation to prevent transmission of infection is not involuntary seclusion.

F603 guidance states:

A resident in a secured/locked area would not be considered to be involuntarily secluded if all of the following are met:

- The facility has identified the clinical criteria for placing a resident in the secured/locked area;
- Placement in a secured/locked area is not:
 - 1) Use for staff convenience or discipline;
 - 2) Based on the resident's diagnosis alone since the determination for placement in the area must be made on an individualized basis; and/or
 - 3) Based on a request from the resident's representative or family member without clinical justification



Federal Requirements

Ensure that isolation to prevent transmission of infection is not involuntary seclusion.

F603 guidance also states:

Transmission Based Precautions

When used appropriately, transmission-based precautions (i.e., isolation due to infection) is not to be considered involuntary seclusion. The facility's policies must identify the type and duration of the transmission-based precautions required, depending upon the infectious agent or organism involved; and the precautions should be the least restrictive possible for the resident based on his/her clinical situation. Furthermore, the resident's record must contain the rationale for the selected transmission-based precautions. However, once the resident is no longer a risk for transmitting the infection, the removal of transmission-based precautions is required in order to avoid unnecessary involuntary seclusion.



Federal Requirements

§483.12

- F604 – Rights to be Free from Physical Restraints
- F605 – Right to be Free from Chemical Restraints

When performing procedures which may cause indications of distress, ensure that staff are compliant with the resident's right to be free from physical and chemical restraints.



Federal Requirements

§483.45

- F757 – Drug Regimen is Free from Unnecessary Drugs
- F758 – Free from Unnecessary Psychotropic Medications/PRN Use

Proper medication selection and prescribing (including dose, duration, and type of medication(s)) may help stabilize or improve a resident's outcome, quality of life, and functional capacity. Any medication or combination of medications—or the use of a medication without adequate indications, in excessive dose, for an excessive duration, or without adequate monitoring—may increase the risk of a broad range of adverse consequences.

While assuring that only those medications required to treat the resident's assessed condition are being used, reducing the need for and maximizing the effectiveness of medications are important considerations for all residents. Therefore, as part of all medication management (especially psychotropic medications), it is important for the interdisciplinary team to implement non-pharmacological approaches designed to meet the individual needs of each resident.



Federal Requirements

§483.35

- F725 – Sufficient Nursing Staff

Assure that there is sufficient qualified nursing staff available at all times to provide nursing and related services to meet the residents' needs safely and in a manner that promotes each resident's rights, physical, mental, and psychosocial well-being.

Concerns such as falls, weight loss, dehydration, pressure ulcers, as well as the incidence of elopement and resident altercations can also offer insight into the sufficiency of the numbers of staff.



CMS Long-term Care Facility Guidance

Additional CMS Resources:

- [QSO Policy Memorandums](#)
- [Current Emergencies](#)
- [Coronavirus Waivers & Flexibilities](#)
- [COVID-19 Nursing Home Data](#)



Strategies for Combating COVID-19: Infection Prevention Challenges Facing Nursing Home Residents with Dementia and their Caregivers

LCDR Kara Jacobs Slifka, MD, MPH,
CDC




Agenda


- Review the core activities for COVID-19 prevention and response in nursing homes
- Describe challenges with implementing Infection Prevention and Control (IPC) practices in memory care units and with residents with dementia
- Discuss considerations and strategies for preventing transmission of SARS-CoV-2 in memory care units and with residents with dementia




Thank You



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Coronavirus Disease 2019 (COVID-19)

CDC > Coronavirus Disease 2019 (COVID-19) > Healthcare Professionals > Infection Control

Coronavirus Disease 2019 (COVID-19)

- Symptoms
- Testing
- Prevent Getting Sick
- If You Are Sick
- Daily Life & Coping
- People Who Need Extra Precautions
- Pets & Other Animals
- Travel
- Frequently Asked Questions
- Cases, Data & Surveillance
- Communities, Schools & Workplaces
- Healthcare Professionals**
- Evaluation & Testing

Preparing for COVID-19 in Nursing Homes

[Print Page](#)

Updated May 19, 2020

Related Pages



- Performing Facility-wide SARS-CoV-2 Testing in Nursing Homes
- Responding to Coronavirus (COVID-19) in Nursing Homes
- Testing for Coronavirus (COVID-19) in Nursing Homes
- Considerations for Memory Care Units in Long-term Care Facilities
- Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19
- Key Strategies for Long-term Care Facilities

Summary of Changes to the Guidance:

- Tiered recommendations to address nursing homes in different phases of COVID-19 response
- Added a recommendation to assign an individual to manage the facility's infection control program
- Added guidance about new requirements for nursing homes to report to the National Healthcare Safety Network (NHSN)
- Added a recommendation to create a plan for testing residents and healthcare personnel for SARS-CoV-2

On This Page

- [Background](#)
- [Core Practices](#)
- [Additional Strategies](#)

 Notes  Display Settings

[Preparing for COVID-19 in Nursing Homes](#)

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Core Activities: Maintaining COVID-19 Readiness

- Assign one or more individuals with [specialized training](#) in IPC to provide on-site management of the IPC program
- Report into the [NHSN LTCF COVID-19 Module](#) weekly
- Educate residents, Health Care Personnel (HCP), and visitors about COVID-19
- Implement source control measures, (e.g., universal facemask use)
- Have a plan for visitor restrictions
- Create a plan for testing residents and HCP for SARS-CoV-2
- Evaluate and manage HCP
- Evaluate and manage residents with symptoms of COVID-19



Core Activities: Maintaining Supplies to Implement IPC

- Access to hand hygiene – using alcohol-based hand sanitizer to make it easier to incorporate hand hygiene into workflow and during high risk activities (e.g., PPE doffing)
- Use of [appropriate products](#) for cleaning and disinfection of shared equipment and environmental surfaces
- PPE
 - Continuing to monitor PPE use (burn-rate) and maintain supplies
 - Ensure ongoing familiarity with PPE equipment selection and handling, especially if supplies change
- Implement a [respiratory protection program](#)
 - Including medical evaluations, training, and fit testing



Coronavirus Disease 2019 (COVID-19)



Your Health ▾ Community, Work & School ▾ **Healthcare Workers & Labs ▾** Health Depts ▾ Cases & Data ▾ More ▾

Healthcare Workers

Testing +

Clinical Care +

Infection Control —

Infection Control Guidance

Using PPE

Hand Hygiene

Alternate Care Sites

Assisted Living Facilities

Blood & Plasma Facilities

Dental Settings

Dialysis Facilities +

Nursing Homes & Long-Term —

HEALTHCARE WORKERS

Considerations for Memory Care Units in Long-term Care Facilities

Updated May 12, 2020

[Print](#)



At least half of older adults living in long-term care facilities suffer from cognitive impairment with Alzheimer's disease or other dementias. Memory care services, designed to meet the unique needs of residents with dementia, are often provided in dedicated care units or wings of a facility. Some memory care units may be secured or provide restricted access (e.g., using a code) to control entry and exits, and have dedicated, specially trained staff or teams working with residents.

The first step in caring for people living with dementia in any setting is to understand that changes in behavior (e.g., increased agitation, confusion, sudden sadness) or worsening symptoms of dementia should be evaluated because they can be an indication of worsening stress and anxiety as well as COVID-19 or other infections.

Infection Prevention and Control (IPC) Guidance for Memory Care Units

Infection prevention strategies to prevent the spread of COVID-19 are especially challenging to implement in dedicated memory care units where numerous residents with cognitive impairment reside together. For example, residents can have a difficult time following recommended infection prevention practices such as social distancing, washing their hands, avoiding

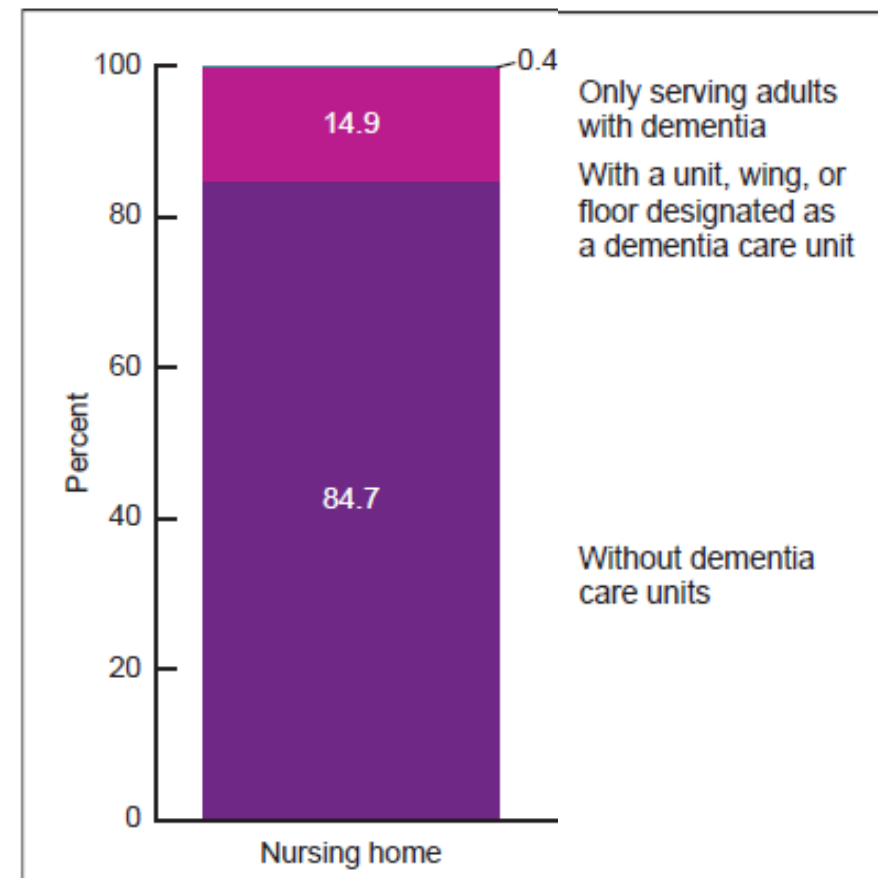
Considerations for Memory Care Units in Long-term Care Facilities



Nursing Homes and Dementia: The Numbers

- Nursing home residents diagnosed with Alzheimer's disease or other dementias: 47.8 percent
- Nursing homes with a dementia or memory care unit: 14.9 percent
- Nursing homes that serve only residents with dementia: <1 percent

Percent distribution of long-term nursing home service providers by dementia care unit: United States, 2016



[Long-Term Care Providers and Services Users in the United States, 2015-2016, Appendix III. Detailed Tables, table VIII](#)



Understanding the Needs of Residents with Dementia

- Changes in behavior (e.g., increased agitation, confusion, sudden sadness) or worsening symptoms of dementia should be evaluated.
 - Changes may indicate worsening stress and anxiety as well as COVID-19 or other infections.
- Changes to resident routines, disruptions in daily schedules, use of unfamiliar equipment, or working with unfamiliar caregivers can lead to fear and anxiety.
 - This has the potential to result in increased depression and behavioral changes such as agitation, aggression, or wandering.



Observations from Outbreaks and Deployments

- When one case of COVID-19 is detected in a nursing home, there are often other residents and HCP who are infected
- SARS-CoV-2 is most often introduced into a nursing home through HCP
- SARS-CoV-2 can spread rapidly and widely in memory care units
- Locked memory care units with dedicated staff:
 - May be the first unit impacted
 - May not initially be impacted by a COVID-19 outbreak in the facility
- Residents with dementia can have a difficult time following recommended infection prevention practices:
 - Social distancing
 - Washing hands
 - Avoiding touching their face
 - Wearing a cloth face covering
- Moving some residents with dementia to a dedicated COVID-19 unit may not be the best place for some residents with dementia



Approaches that May Help

- Routines and structure is important:
 - Keep environment consistent
 - Avoid varying routines
 - Keep residents active
- Try to keep staff consistent: Dedicate personnel to work on only memory care units when possible
- Remind and assist with frequent hand hygiene, social distancing, and use of cloth face coverings
- Limit the number of residents or space residents at least 6 feet apart as best as possible when in common areas (residents may need gently redirected)
- Perform frequent cleaning and disinfection
- Be familiar with resident goals of care and ensure access to medical and emergency services as needed



PPE Recommendations when Residents on a Memory Care Unit are Suspected or Confirmed to have COVID-19

- CDC PPE guidance for memory care units differs from guidance for all healthcare settings
- Healthcare settings PPE guidance when patient has suspected or confirmed COVID-19:
 - Universal use of facemasks for source control
 - Universal use of eye protection in communities with moderate to substantial transmission
 - N95 respirator (or facemasks if respirators are not available), eye protection, gown, and gloves when COVID-19 suspected or confirmed
- Due to challenges with restricting residents to their rooms and for residents to follow recommended infection prevention practices, when residents on a memory care unit are suspected or confirmed to have COVID-19:
 - HCP on memory care units should implement universal use of eye protection and N95 or other respirators (or facemasks if respirators are not available) for all personnel when on the unit to address potential for encountering a wandering resident who might have COVID-19



Consider Risks vs. Benefits of Moving Residents out of the Memory Care Unit to a Designated COVID-19 Care Unit

- Moving residents with confirmed COVID-19 to a designated COVID-19 care unit can help to decrease the exposure risk of residents and HCP; however,
- Moving residents with cognitive impairment to new locations within the facility may cause disorientation, anger, and agitation
- Moving residents with dementia may also increase risks for other safety concerns such as falls or wandering
- Other residents and personnel on the unit may have already been exposed or infected by the time the first case is identified
- Facilities may determine that it is safer to maintain care of residents with COVID-19 on the memory unit with dedicated personnel



Moving a Resident with Dementia and Confirmed COVID-19

- Provide information about the move and be prepared to repeat that information as needed
- Prepare personnel on the receiving unit about the habits and schedule of the resident
- Try to duplicate daily routines on new unit as much as possible
- Move familiar objects into the space before introducing the new space to the resident



Key Messages

- Residents with dementia can have a difficult time following recommended infection prevention practices
- Encourage, remind, and assist residents with hand hygiene, social distancing, and using cloth face coverings
- Try to keep routines and staff consistent
- Changes in behavior may indicate increased stress or infection
- Consider the risks and benefits of moving residents from memory care units; when one case of COVID-19 is detected in a nursing home, there are often other residents and HCP who are infected



Resources

- [Preparing for COVID-19 in Nursing Homes](#)
- [Considerations for Memory Care Units in Long-term Care Facilities](#)
- [Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19](#)
- [Testing Guidelines for Nursing Homes](#)
- [Performing Facility-wide SARS-CoV-2 Testing in Nursing Homes](#)
- [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the COVID-19 Pandemic](#)
- [Using PPE](#)
- [Hand Hygiene](#)
- [FAQs](#)



Transforming Quality Dementia Care

Douglas Pace, Alzheimer's Association

www.alz.org/qualitycare



2020 Alzheimer's Disease Facts and Figures Report

Special Report on the Front Lines:
Primary Care Physicians and
Alzheimer's Care in America



Use and Costs of Health Care, Long-term Care and Hospice

- In 2020, the total national cost of caring for people with Alzheimer's and other dementias is projected to reach \$305 billion*

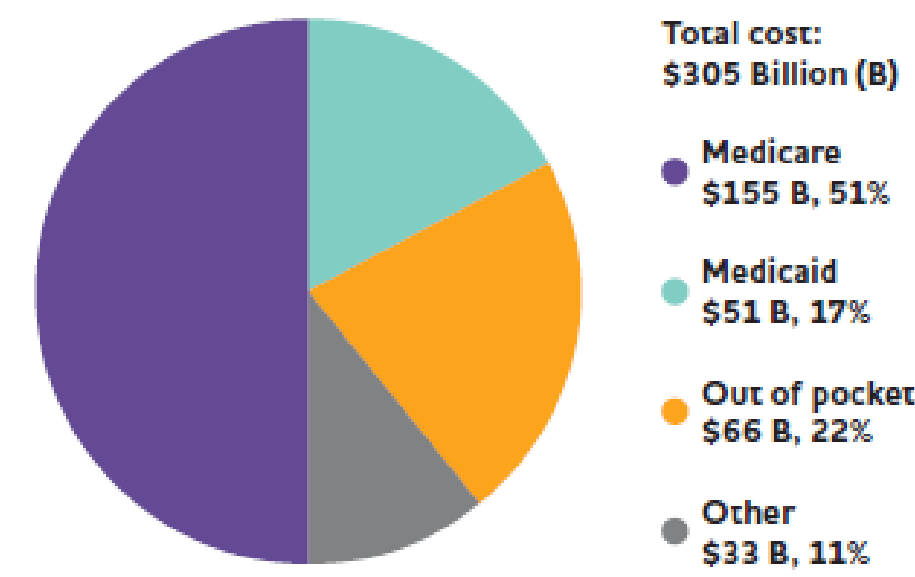


* Does not include nearly \$244 billion in unpaid caregiving by family and friends.



Alzheimer's is One of the Costliest Conditions to Society and the U.S. Economy

Distribution of Aggregate Costs of Care by Payment Source for Americans Age 65 and Older with Alzheimer's or Other Dementias, 2020*



*Data are in 2020 dollars.
Percentages do not total 100 due to rounding.

Quality Care: Today

- Evidence-based practices
- 56 recommendations by 27 expert authors
- Applicable to various care settings and throughout the disease continuum
- Published as a supplement to February 2018 issue of The Gerontologist
- Foundation for quality person-centered care



Dementia Care Practice Recommendations



Alzheimer's Association State and Federal Policy Recommendations

Testing

Reporting

Surge Activation

Providing Support

[COVID-19, Alzheimer's and Dementia: What You Need to Know](#)

Project Echo COVID-19 Focused Series

- Video conferencing/Case-based Learning
- Nursing Homes/Assisted Living
- National and State Focused Series
- Discuss challenges –
 - Social Isolation
 - Nutrition
 - Reopening Plans



Planning for Emergency or Disaster Situations: Caring for Persons Living in Long-term or Community-based Care Settings

- Emergency situations, such as COVID-19, present special circumstances in the delivery of long-term and community-based care
- During this time, non-clinical staff may be needed to assist with care
- Persons with dementia:
 - 48 percent of nursing home residents
 - 42 percent of assisted living residents
 - 32 percent using home health
 - 31 percent using adult day services

alz.org/professionals-covid



Tips for Supporting Persons Living with Dementia in Long-term and Community-based Care Settings

- In the event of a major disease outbreak, most likely there will be temporary staff members and non-clinical staff involved in resident support and services.
- Persons living with dementia:
 - May become more confused, frustrated, or even display an increase in dementia-related behaviors during a crisis.
 - Are less often able to adapt to changes in their environment.
 - Thrive better in an atmosphere that minimizes any changes in routine, environment, and daily structure.



Preventing Illness

- Persons with dementia may have an impaired ability to follow or remember instructions regarding:
 - Hand washing – residents placed on a supervised “hand-washing schedule” followed by the use of moisturizer to avoid skin breakdown
 - Covering nose and mouth during a sneeze or cough
 - Refraining from placing things in the mouth
 - Staying in a particular area
 - Taking medications appropriately
 - Adopting social distancing practices and refraining from sharing items
 - Following any other procedures that would require memory and judgement



Case Examples from Project Echo Participants

Preventing Illness

- Creating do-your-own ultraviolet sterilization totes – used to disinfect masks, phones, tablets and computers
- Implementing a daily hand washing schedule for residents and combining it with aromatherapy



Providing Person-Centered Care

- Dementia Care Practice Recommendations
 - Know the person
 - Recognize and accept the person's reality
 - Identify and support ongoing opportunities for meaningful engagement
 - Build and nurture authentic relationships
 - Create and maintain supportive community for all individuals, families, and staff
 - Evaluate care practices and regularly make appropriate changes
 - Advance planning



Providing Person-Centered Care

Personal information form completed for each person and placed in an accessible place, consistent with HIPAA guidelines.

- Information on form can include:
 - Individual's preferred name (and pronouns)
 - Cultural background
 - Names of family and friends
 - Past hobbies and interests
 - Sleep habits
 - What upsets the person
 - What calms him or her down
 - Typical patterns of behavior
 - Normal daily structure and routines
 - Eating and drinking patterns and abilities
 - Religious or spiritual practices
 - Remaining abilities, motor skills, verbal processing, and communication abilities and methods



Helping to Keep Families and Friends Connected

- People with dementia may need help communicating with families during a crisis
- Inform families ahead of time about what to expect in a crisis
- Schedule telephone or video calls with family
- “What You Should Know” fact sheet
 - For families, friends & staff
 - Note adaptive devices (e.g., hearing aids, eyeglasses)
- Remember each family is unique



Case Examples from Project Echo Participants

Staying Connected with Caregivers

- Taking pictures when window visits/outside visits occur to remind the resident that they did have visitors
- Hosting Zoom town halls with caregivers so they understand what precautions are happening in the community
- Ask family and friends to send a batch of pictures and letters so the resident can open one each day



Assisting with Eating and Drinking

- Persons with dementia may need to be reminded or prompted to drink and eat and they might not be able to recognize hunger or thirst.
- Persons with dementia may need assistance with eating and drinking, which may include verbal, visual, or tactile cues.
- It is especially important for them to maintain strength when there is a risk for contracting a virus.
- Staff should familiarize themselves with the person's eating and drinking patterns and abilities.
- Sitting and talking with the person during mealtime may improve intake.



Monitoring Walking/Unsafe Wandering

- Walking is a purposeful motor activity that promotes mobility and strength building.
- Ensure that persons with dementia have safe spaces to walk about.
- Spending time outdoors in a safe environment.
- Unsafe wandering occurs when a person living with dementia gets lost, intrudes into appropriate places, or leaves a safe environment.
- The risk for unsafe wandering may increase when they become upset, agitated, or face stressful situations.



Observing and Responding to Dementia-related Behaviors

- Behavior is a form of non-verbal communication for the person living with dementia.
- Dementia-related behaviors are a response for a person living with dementia to communicate a feeling, unmet need, or intention.
- These behaviors are triggered by the interaction between the individual and his or her social and physical environment.
- A response may include striking out, screaming, or becoming very agitated or emotional.
- The care provider's role is to observe and attempt to understand what the person living with dementia is trying to communicate.



Observing and Responding to Dementia-related Behaviors

- It is useful to attempt to identify the root cause of the behavior.
- Potential causes of dementia-related behaviors are as follows:
 - Pain
 - Hunger
 - Fear
 - Depression
 - Hallucinations
 - Over-stimulation
 - Difficulty understanding or misinterpreting the environment
 - Difficulty expressing thoughts or feelings
 - Unfamiliarity with PPE



Case Examples from Project Echo Participants

Observing and Responding to Dementia-related Behaviors

- Creating opportunities for residents to listen to music or sing – hallway sing-a-long where residents stood in the doorway and sang or listened to various songs
- Use of huddles and shift changes to share information with co-workers
- Hiring additional staff dedicated to providing support to the residents



Observing and Responding to Dementia-related Behaviors

- Strategies to observe and respond to dementia-related behaviors:
 - Rule out pain, thirst, hunger, or the need to use the bathroom
 - Speak in a calm, low-pitched voice
 - Try to reduce excess stimulation
 - Validate the individual's emotions (i.e., focus on the feelings, not necessarily the content of what the person is saying)
 - Understand that the individual may be expressing thoughts and feelings relative to their own reality, which may differ from generally acknowledged reality
 - Through behavioral observation and attempted interventions, try to determine what helps meet the person's needs and include this information in the individualized plan of care
 - Be aware of past traumas (veterans, abuse survivors, survivors of large-scale natural and human-caused disasters)



Additional Strategies and Interventions

- Offering a favorite food
- Sharing photographs of family and friends
- Listening to favorite music
- Using evidence-based therapy, such as aroma, bright light, validation, reminiscence, music, or pet
- Looking through books or magazines
- Exercising or taking a walk
- Providing purposeful tasks to be helpful
- Connecting with friends and family using applications like Skype, FaceTime, or other technology



Additional Strategies and Interventions

- Using technology applications to deliver individual and small group activities, while adhering to infection control practices
- Using relaxation techniques, such as deep breathing
- Supporting their spiritual needs
- Providing a warm blanket or placing a cool cloth on their neck or forehead
- Talking to particular staff or a special person
- Moving the person to a quiet area; consider having rocking chairs available



Additional Strategies and Interventions

- If non-pharmacological treatment options are not effective after they have been applied consistently, then medications may be appropriate when residents have severe symptoms or have the potential to harm themselves or others.
- Performing required gradual dose reductions for psychotropic medications, unless clinically contraindicated.
- Continued need for pharmacological treatment should be reassessed as required by the medication regimen or upon a change in the resident's condition.



It can be Difficult to Anticipate and Respond to Dementia-related Behaviors in a Changing Environment

- However, applying some of the following strategies may help:
 - Provide a consistent routine
 - Use person-centered care approaches for all individuals living with dementia during activities of daily living – every interaction or task is an opportunity for engagement
 - Promote sharing of person-centered information across the care team
 - Encourage all staff to treat individuals living with dementia with dignity and respect
 - Put the person before the task



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Question & Answer Session



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