Maine Dementia Care Partnership

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Our Mission

- The mission of the Maine Dementia Care Partnership is to convene an expert group of stakeholders to provide education, resources, and support systems to assist Maine's nursing homes to enhance person-centered dementia care practices and non-pharmacological approaches to care.

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Who:

- ✓ *Shared Experiences*
- ✓ *Values*
- ✓ *Commitment*
- ✓ *Vision*
- ✓ *Opportunity*
- ✓ *A Voice*
- ✓ *Willingness*

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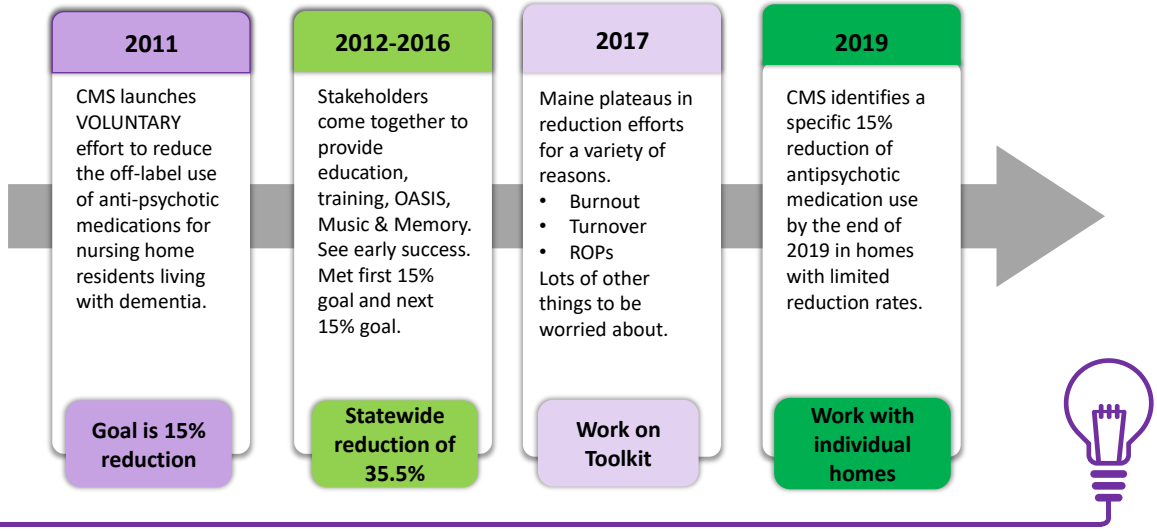
National Dementia Care Partnership Highlights



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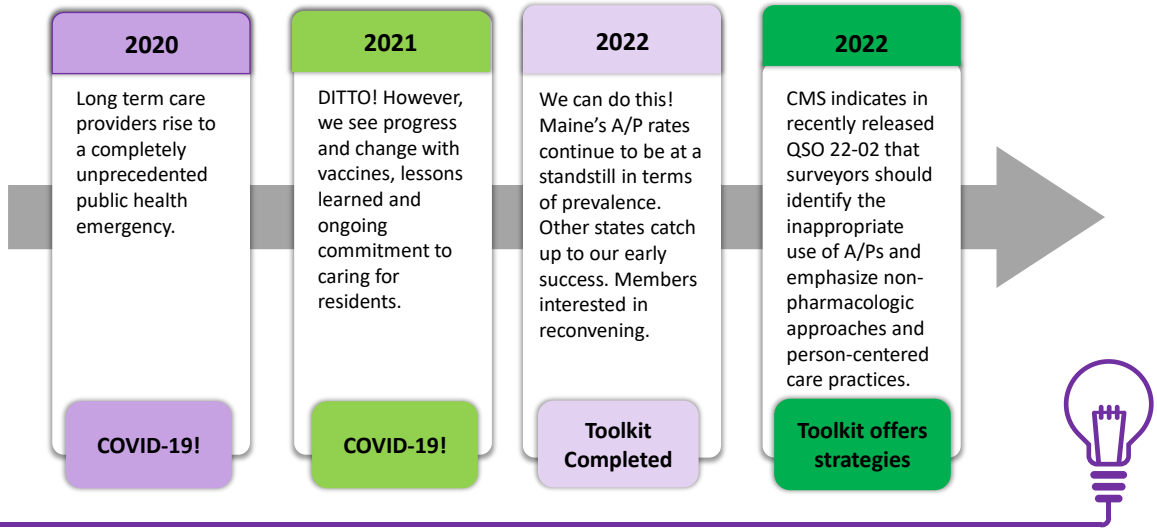
National Dementia Care Partnership Highlights



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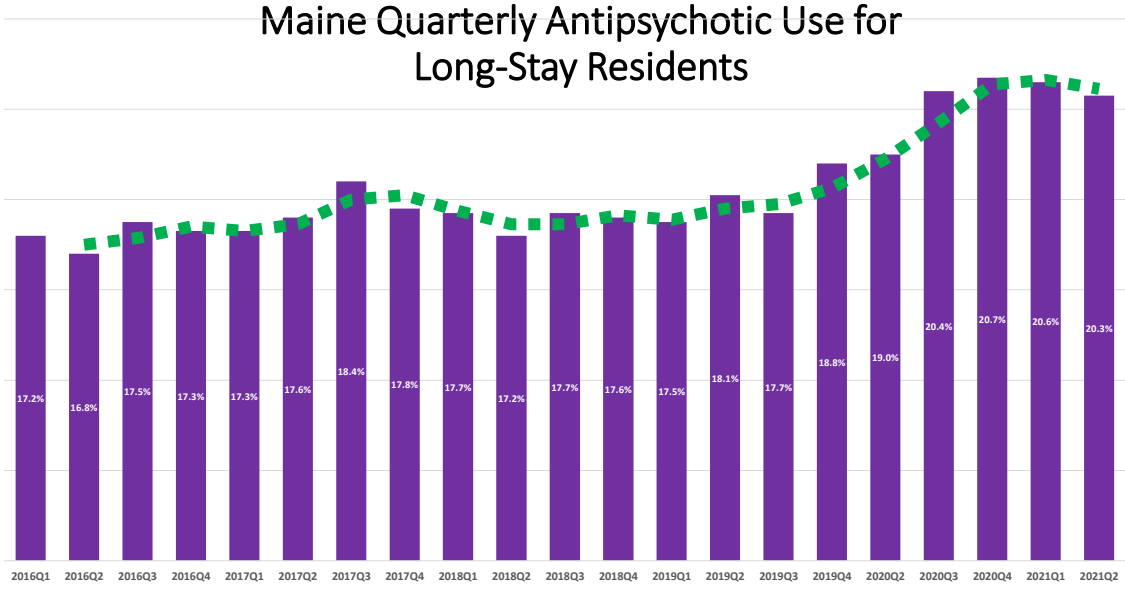

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- ☑ Goal: Reduce the unnecessary use of A/P medications
- ☑ Goal: Improve the quality of life for those living with Dementia through holistic approach
- ☑ Engage 40 Maine Nursing Homes with the Toolkit to achieve both goals

Partnership Receives CMP grant

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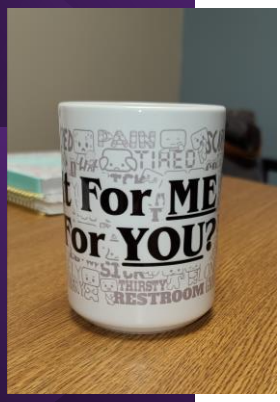

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Dementia Care Change Package

A step-by-step guide of holistic approaches targeting the reduction of off-label antipsychotic drug use in long term healthcare settings.

Is it for me or for you?

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Partnership Identified Key Components

Members went to work!

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- FIRST LINE OF DEFENSE
- THERAPEUTIC ENVIRONMENT
- DATA DRIVEN DASHBOARD
- OBVIOUS & DEMONSTRATED COMPETENCIES
- HOSPITAL TRANISITIONS PROCESS
- FAMILY EDUCATION
- PROCESS FOR GRADUAL DOSE REDUCTION
- PHYSICIAN/MEDICAL DIRECTOR ENGAGEMENT

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RESOURCE GUIDE

1.	**FIRST LINE OF DEFENSE**	
	a.	Guiding Principles
	b.	All About Me Booklet
	c.	Evidence Based Non-Pharmacological Article (The Gerontological Society of America, 2018. Vol 58. No S1)
	d.	Consumer Voice-My Personal Direction
	e.	Life Story Questionnaire
2	**THERAPEUTIC ENVIRONMENT**	
	f.	Creating a Therapeutic Environment Presentation
	g.	Stop and Listen Exercise
	h.	Stop and Listen Follow up
	i.	Shift Huddles Tip Sheet
	j.	The Therapeutic Design Article (Day, Carreon, Stump. Vol 40. No 4. 2000)
3	**DATA DRIVEN DASHBOARD**	
	a.	Data Driven Dashboard Template
4	**OBVIOUS & DEMONSTRATED COMPETENCIES**	
	a.	Direct Caregiver Competencies Guide
	b.	Staff Competencies List
	c.	Antipsychotic Flowchart
	d.	Difficult Behaviors (Alzheimer's Association Resource Document)
	e.	Questions to Change the Direction of Dementia Anxiety and Aggression
5	**HOSPITAL TRANISITIONS PROCESS**	
	a.	Hospital Transfer Form
6	**FAMILY EDUCATION**	
	b.	Antipsychotic Medication Fast Facts
	c.	Alzheimer's Association E-Services
	d.	Fast Facts about Advanced Directives
	e.	Decision Guide Booklet
7	**PROCESS FOR GRADUAL DOSE REDUCTION**	
	a.	Example Gradual Dose Reduction Policy
8	**PHYSICIAN/MEDICAL DIRECTOR ENGAGEMENT**	

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At _____ we believe that people living with Alzheimer's Disease and/or other related dementias can continue to engage in meaningful activities and participate in their overall health and wellness, when receiving the appropriate support from healthcare partners trained to meet their needs.

Our goal is to provide our residents with cognitive loss an opportunity to achieve and maintain their highest level of self-performance in daily living situations.

We are committed to the following goals and best practices outlined by the Maine Dementia Care Partnership:

A step-by-step guide of holistic approaches targeting the reduction of off-label antipsychotic drug use in long term healthcare settings.

Is it for me or for you?

Created by the Maine Dementia Care Partnership ©2019

- Embrace a person-centered approach to care
- Provide quarterly comprehensive dementia training to our staff
- Work with Partnership to set specific antipsychotic medication reduction goal
- Adopt approaches that engage residents without the use of unnecessary drugs
- Evaluate outcomes of using Change Package, using data and anecdotal evidence

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FIRST LINE OF DEFENSE

A systemic understanding and commitment by families, nurses, all staff, pharmacists and doctors that ensures residents can live safely without the threat of off-label use of antipsychotic drugs

- **A shared moral imperative-death, risks, dopamine**
- **Compelling elevator speech-why we don't use them**
- **A shared philosophy that all behaviors are communication and should be addressed directly**
- **A clear statement of alternatives and best practices utilized by competent staff and clinicians**
- **A publicly visible goal**

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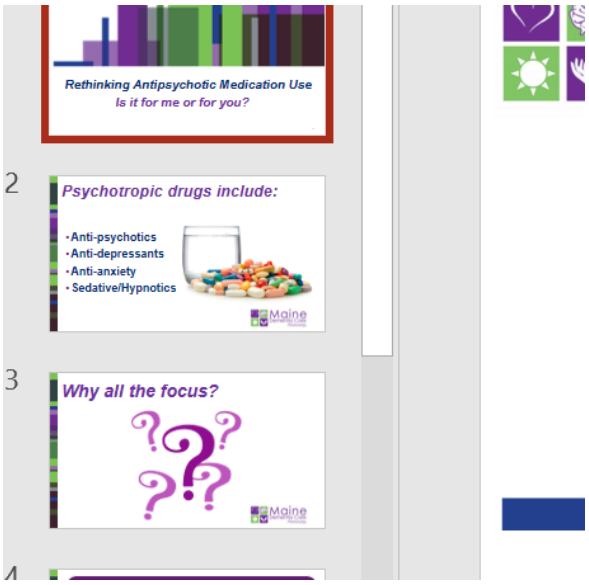
Staff Education Example



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THERAPEUTIC ENVIRONMENT

A community wide commitment to fostering an environment where residents thrive

- **Focused on well-being-spirit, mind and body**
- **Ensures adequate sleep, nutrition and engagement**
- **Uniquely fortified for the lifestyle and needs of those with dementia**
- **Employs evidenced based programming and activities**

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Stop and Listen Exercise

Stop, Sit, & Listen Group Discussion: In this exercise, the hive leader assembles the hive to discuss the information gathered in the "Stop, Sit, & Listen Breaks" during the previous two weeks.

1. The hive will review the information from the cards. Then, the hive leader will open the discussion by asking the following probing questions. The responses should be captured or transcribed in the minutes of the meeting.

   Hive Discussion: Probing Questions

   a. What are some of the areas that many people agreed were problems?

   b. What were some fewer notable problems?

   c. What does the hive consider to be the easiest to solve?

   d. What are some more difficult areas that might require leadership to be involved?

2. Next, as a team, work together to create and implement a plan to decrease these sounds and improve the environment.

   We will:

research. This heightens awareness of noise levels in our environment and the ways in which they affect residents. This will happen over the next two weeks at various times with many staff participating.

When selected, you will be given a card, a blindfold and a place to sit. You will be asked to sit quietly for ten minutes, with a blindfold on, and listen and name the specific sounds and noises that contribute to noise pollution. At the end of ten minutes, you can write your insights on the card and pass it on to your hive leader.

Front of Card:

Company Name

Stop, Sit and Listen Ticket

This certificate is your official "10 minute time-out for research"! We are conducting a study to determine the noises and sound that effects our environment. You are asked to sit quietly for ten minutes, with a blindfold on, and listen and name the specific sounds and noises that contribute to noise pollution. At the end of ten minutes, please write your insights below and on the back of this card and pass it on to your hive leader for discussion.

Researchers name:

What were some of the general noises you experienced?

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DATA DRIVEN DASHBOARD

An organization-wide practice of using data to drive and inform quality approaches and solutions, resulting in high levels of quality care that keep residents comfortable, safe and engaged without the threat of off-label use of antipsychotic drugs

- **How to use CASPER data to identify residents; how many? Who?**
- **How to use MDS data to identify specific behavioral, mood issues**
- **How to tie quantitative and qualitative data into QAPI and other committees**
- **How to engage staff in daily QI and identification of residents needs through daily huddles**

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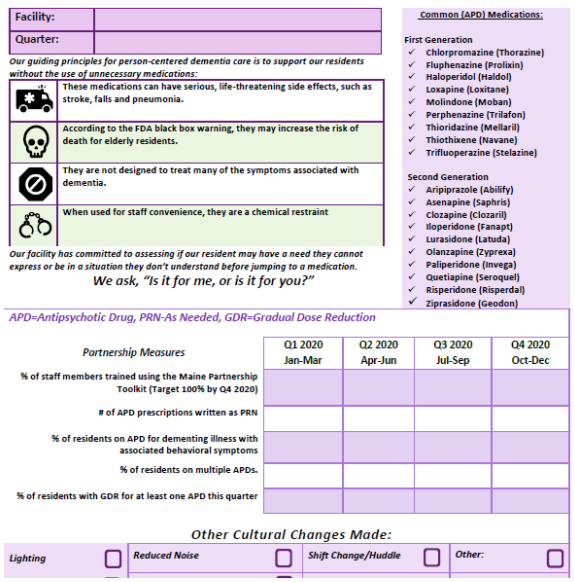

Facility:	
Quarter:	

Our guiding principles for person-centered dementia care is to support our residents without the use of unnecessary medications:

- These medications can have serious, life-threatening side effects, such as stroke, falls and pneumonia.
- According to the FDA black box warning, they may increase the risk of death for elderly residents.
- They are not designed to treat many of the symptoms associated with dementia.
- When used for staff convenience, they are a chemical restraint

Our facility has committed to assessing if our resident may have a need they cannot express or be in a situation they don't understand before jumping to a medication.

We ask, "Is it for me, or is it for you?"

Common (APD) Medications:

First Generation
- ✓ Chlorpromazine (Thorazine)
- ✓ Fluphenazine (Prolixin)
- ✓ Haloperidol (Haldol)
- ✓ Loxapine (Loxitane)
- ✓ Molindone (Moban)
- ✓ Perphenazine (Trilafon)
- ✓ Thioridazine (Mellaril)
- ✓ Thiothixene (Navane)
- ✓ Trifluoperazine (Stelazine)

Second Generation
- ✓ Aripiprazole (Abilify)
- ✓ Asenapine (Saphris)
- ✓ Clozapine (Clozaril)
- ✓ Iloperidone (Fanapt)
- ✓ Lurasidone (Latuda)
- ✓ Olanzapine (Zyprexa)
- ✓ Paliperidone (Invega)
- ✓ Quetiapine (Seroquel)
- ✓ Risperidone (Risperdal)
- ✓ Ziprasidone (Geodon)

APD=Antipsychotic Drug, PRN-As Needed, GDR=Gradual Dose Reduction

Partnership Measures	Q1 2020 Jan-Mar	Q2 2020 Apr-Jun	Q3 2020 Jul-Sep	Q4 2020 Oct-Dec
% of staff members trained using the Maine Partnership Toolkit (Target 100% by Q4 2020)				
# of APD prescriptions written as PRN				
% of residents on APD for dementing illness with associated behavioral symptoms				
% of residents on multiple APDs.				
% of residents with GDR for at least one APD this quarter				

Other Cultural Changes Made:

Lighting ☐	*Reduced Noise* ☐	*Shift Change/Huddle* ☐	*Other:* ☐

Data Driven Dashboard Example

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OBVIOUS & DEMONSTRATED COMPETENCIES

An on-going, multifaceted education program that:

- **Operates under the leadership of a well-qualified person (i.e. Coach or Champion) with skill and experience in dementia care**
- **Defines dementia care competencies for staff**
- **Identifies advanced skill and career ladder competencies**
- **Offers dynamic, on-going, short, in-service education intended to advance the knowledge and skill of new hires, and meet requirements for routine dementia education of existing staff**
- **Provides Just-in-Time coaching and education**

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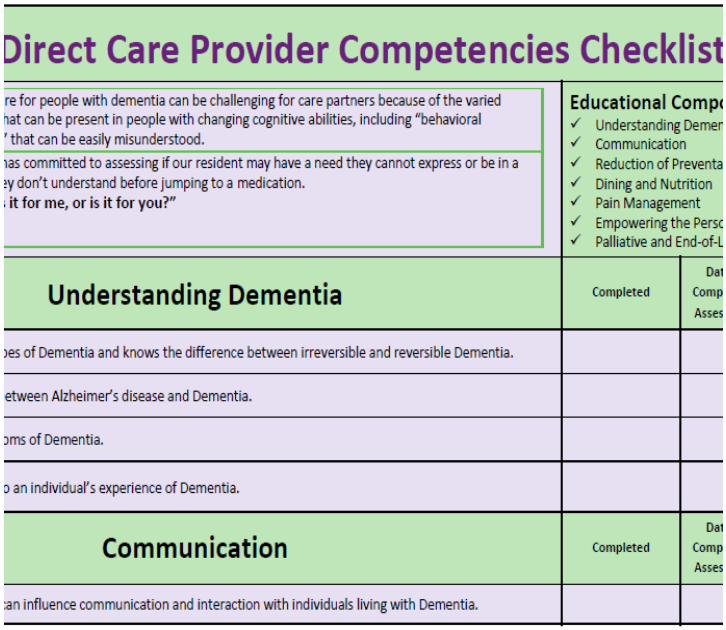
Competencies Checklist



Direct Care Provider Competencies Checklist

re for people with dementia can be challenging for care partners because of the varied
hat can be present in people with changing cognitive abilities, including "behavioral
" that can be easily misunderstood.

as committed to assessing if our resident may have a need they cannot express or be in a
ey don't understand before jumping to a medication.
it for me, or is it for you?"

Educational Compo
- ✓ Understanding Demer
- ✓ Communication
- ✓ Reduction of Preventa
- ✓ Dining and Nutrition
- ✓ Pain Management
- ✓ Empowering the Pers
- ✓ Palliative and End-of-L

Understanding Dementia	Completed	Dat Comp Asses
pes of Dementia and knows the difference between irreversible and reversible Dementia.		
etween Alzheimer's disease and Dementia.		
oms of Dementia.		
o an individual's experience of Dementia.		
Communication	**Completed**	**Dat Comp Asses**
an influence communication and interaction with individuals living with Dementia.		

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HOSPITAL TRANISITIONS PROCESS

A collaborative process between the hospital and SNF that assures that residents who have been put on APMs while in the hospital will not remain on them.

- **Establish pre-emptive strategies such to avoid unnecessary hospitalization**
- **Use Decision Guide to decide if hospitalization is needed**
- **Utilize INTERACT tools**
- **Use hospital transfer form that is person-centered**
- **Ensure Advance Directives are in place**
- **Admissions collaboration**

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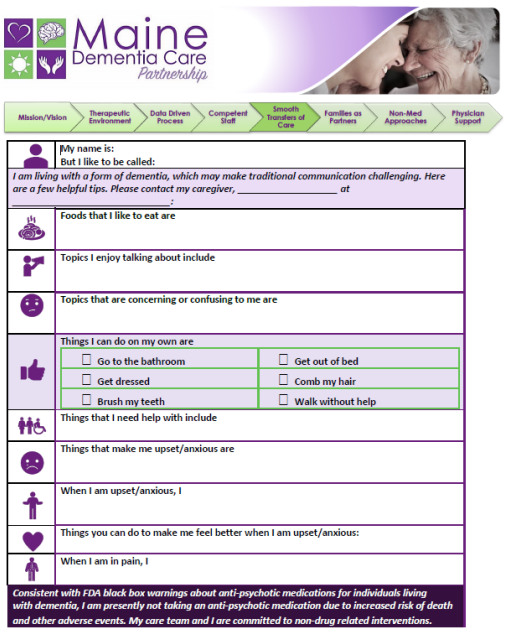

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Mission/Vision | Therapeutic Environment | Data Driven Process | Competent Staff | Smooth Transfers of Care | Families as Partners | Non-Med Approaches | Physician Support

My name is:
But I like to be called:

I am living with a form of dementia, which may make traditional communication challenging. Here are a few helpful tips. Please contact my caregiver, _____ at _____:

Foods that I like to eat are

Topics I enjoy talking about include

Topics that are concerning or confusing to me are

Things I can do on my own are

☐ Go to the bathroom	☐ Get out of bed
☐ Get dressed	☐ Comb my hair
☐ Brush my teeth	☐ Walk without help

Things that I need help with include

Things that make me upset/anxious are

When I am upset/anxious, I

Things you can do to make me feel better when I am upset/anxious:

When I am in pain, I

Consistent with FDA black box warnings about anti-psychotic medications for individuals living with dementia, I am presently not taking an anti-psychotic medication due to increased risk of death and other adverse events. My care team and I are committed to non-drug related interventions.

Sample Resident-Centered Transfer Form

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FAMILY EDUCATION

A structured program of education that ensures that families understand why APMs are not used, the risks, the issues and the need for Advanced Directives

- **Create opportunities for family engagement and training about dementia and A/P medications**
- **Educate families with Decision Guide for hospitalization**
- **Provide factual resource materials**

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PROCESS FOR GRADUAL DOSE REDUCTION

A collaborative plan among all care-givers and clinicians that:

- **Identifies specific individuals for dose reduction**
- **Outlines the necessary steps for the actual GDR**
- **Identifies alternative strategies that will be implemented to ensure comfort of the resident and success of the GDR**
- **Assures that the strategies will be recognized in the individualized plan of care**
- **Includes a review process**

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EXAMPLE GRADUAL DOSE REDUCTION POLICY

PURPOSE

1. To ensure the facility follows CMS regulations for proper management of antipsychotic medications in residents with dementia who have behavioral issues/concerns.
2. To provide the facility with a deeper understanding and recommendations regarding the management of responsive behaviors associated with cognitive impairments in older adults undergoing a gradual reduction in antipsychotic medication.

POLICY

[Name of Facility] will use antipsychotic medications appropriately working with an interdisciplinary team to ensure appropriate use, evaluation, monitoring and person-centered programing.

1. The facility will comply with State and Federal CMS regulations related to the use of antipsychotic medications in the long-term care environment to include regular review for continued need, appropriate dosage, side effects, risks and /or benefits.
2. The facility supports the appropriate use of antipsychotic medications that are therapeutic and enabling for residents suffering from mental illness.
3. The facility supports the belief that all behaviors are communication and will investigate the underlying causes of behavioral symptoms so the appropriate treatment of environment, medical, and/or behavioral interventions can be utilized to meet the individual needs of the resident.
4. Efforts to reduce dosage or eliminate of antipsychotic medications will be performed by an interdisciplinary team and ongoing as appropriate for the clinical situation of the resident.

PROCEDURE

To comply with this policy, each employee of the interdisciplinary team must comply with the following requirements:

ADMISSION:

1. All residents admitted to the facility on a previously prescribed antipsychotic will be immediately reviewed for drug appropriateness. The nurse will collaborate with an interdisciplinary team to attempt to determine the reason why the antipsychotic medication(s) was initiated and confirm diagnosis.
2. If the antipsychotic medication started led to a delirium, tapering/discontinuing the antipsychotic medication if the underlying cause of delirium has been treated. Physician orders will be obtained for recommended gradual dose reductions. The order will reflect the following information:
3. The nursing staff will initiate a behavior sheet with specific behaviors for which the antipsychotic medication was originally prescribed.
4. An interdisciplinary care plan will be established and include person-centered non-pharmacological interventions. The care plan should address any underlying causes of responsive behaviors, non-pharmacological approaches and interventions/approaches in managing responsive behaviors. The non-pharmacological interventions should include family input.
5. Involve available resources if management of responsive behaviors continues to be a challenge. Follow the outline noted for non-pharmacological approaches to care.
6. Include [Name of Facility] consultant pharmacist
7. Consider all team members and discuss the care approaches to trial, risks and benefits, intended goal(s) and the observation period. All members of the team including family should be included in the discussion.

Example GDR Policy

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PHYSICIAN/MEDICAL DIRECTOR ENGAGEMENT

A collaboration that:

- **Provides access to peer physician support on the initiative (phone, webinar, in person, etc.)**
- **Develops/distributes physician Fact Sheet on the initiative**
- **Identifies ways to promote physician buy-in to the "shared philosophy"**

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Next Steps

- ☑ *Today's participants have received an electronic version of the Toolkit. Hard copies will be available via an order form to be distributed.*
- ☑ *The Partnership seeks to engage 40 nursing homes in the use of the Toolkit over a period of nine months with the goal of reducing off-label use of A/Ps and illustrating improvement in resident quality of life.*
- ☑ *Participants may choose 1 or more items from the Toolkit to implement. Participants are NOT expected to implement the entire contents for the purpose of this grant project.*
- ☑ *Interested nursing homes will receive a one-page summary of the project to include timeline, basic data collection requirements pre- and post-intervention, an assigned volunteer from LTCOP or Partnership who will provide support, check-ins, etc.*

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