Best Practices for Dementia Care

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Disclosures

Neither speaker has conflicts of interests

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Road Map

Update expectations for initial admission procedures and care planning

Introduce UK Supported Decision Making Tool that supports patient-directed care even when safety may be compromised.

Introduce the Well-Being Model of care which reduces the risk of reactive behaviors and the over-reliance on antipsychotics

Share proven resources that improve front-line staff dementia care expertise

Our work group has developed 3 other learning modules in this video series

- Dementia basics & delirium,
- “Getting to Know Me” tool and individualized care planning
- Managing problem behaviors with an initial non-pharmacological approach.

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Overarching Principles/Ingredients

Shift from a place to keep someone safe to a place someone wants to live

Balance Safety with resident Autonomy

Encourage supported resident decision making

Person-centered assessments and care plans (life story)

Pivot to non-pharmacologic interventions prior to prescribing new medications

Enhance resident capabilities (strength-based care planning)

Implement preventative measures that reduce the need for urgent reactive care

Interventions should be sustainable

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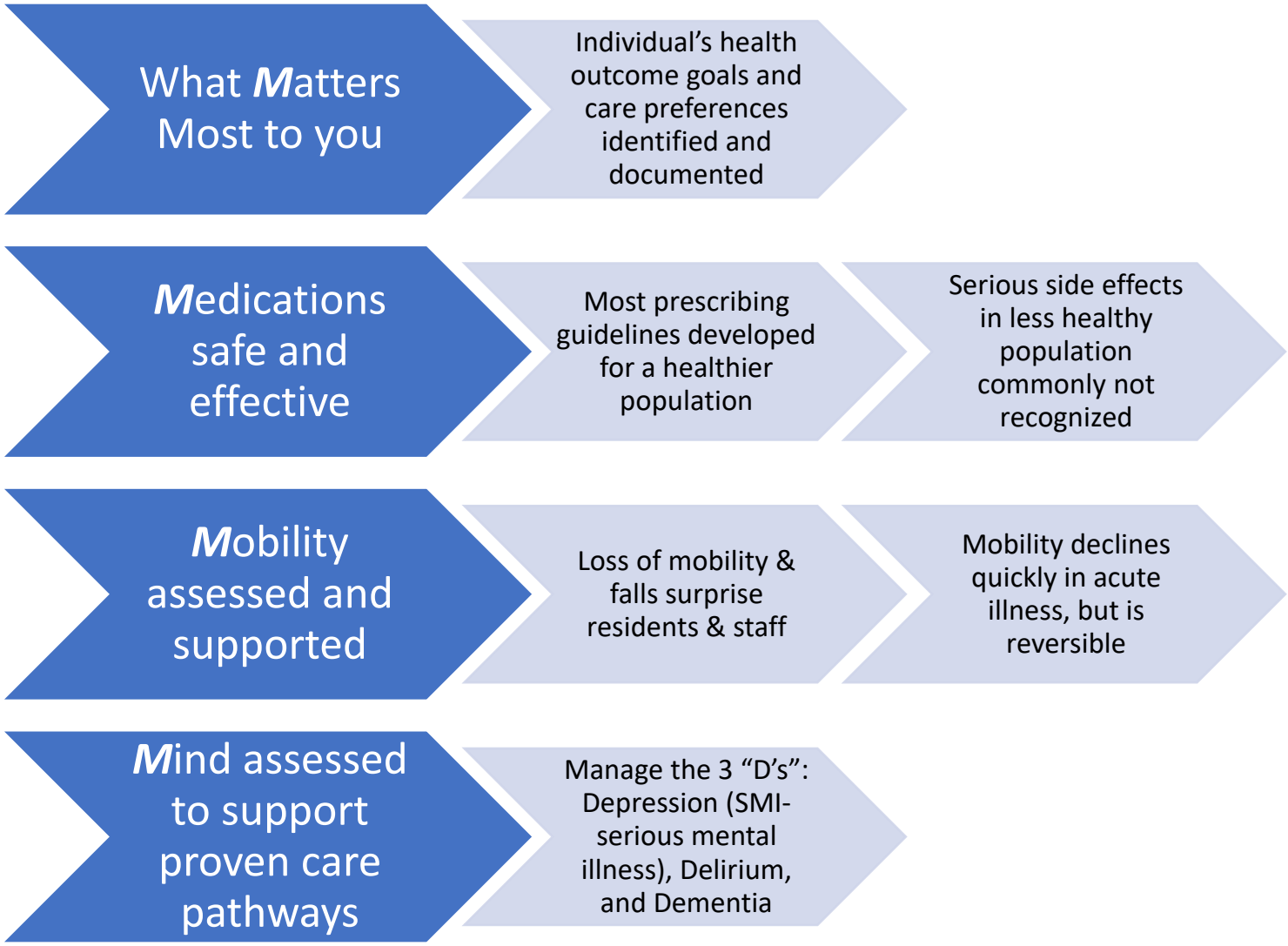
AGS *Age-Friendly Healthcare Initiative*
"The 4Ms" should guide our dementia care
(See link #1 on Resource Page)



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"*Safety*": Our initial *Priority* for new admissions

FAST (Functional Assessment Team) Approach

Quick screens for functional deficits by your team

- Cognition, impulsiveness, decision-making, and safety awareness
- Vision
- Hearing
- Feeding & nutrition – weight history
- Mobility & footwear
- Toileting & continence
- Skin integrity

Care Plan to manage identified disabilities

Medication reconciliation by attending physician

Assessing Cognition –
Role of Admitting Physician

Review incoming records for Hx/o of:

- impaired cognition, CVA, TBI, SMI, or Substance use DO

Review cognition history with family

Bedside time – Let the patient speak

Brief Cognitive Screening Tools

- PHQ 2 –Screen for Depression (link 2)
- Mini-Cog (link 3) or Rapid Cognitive Screen (mini –SLUMS) & SLUMS (link 4,5)
- Attention - count backwards from 20 or say months of year in reverse

Facility Delirium Mitigation Plan

From AGS-Cocare-HELP (link 6)

1. Connect with family/friends – in-person & virtual visits
2. Support:
   - Orientation – Calendars, Clocks, White Boards, News publications, etc.
   - Sleep – non-essential staff night care, quiet, ear plugs/muffs, eye masks
   - Hearing & Vision – readers, clear masks, hearing aids
   - Oral intake and fluids
   - Therapeutic Activities – personal music, reading, games, reminiscing
3. Early Mobilization – IV & Foley Cath out, maximize exercise & independence

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Assess and Plan for:

- Toileting – trigger of many falls
- Bathing
- Oral care
- Pain care
- Optimal Stimulation
- Footwear when out of bed
  - Tennis shoes are ideal
  - Slippers w/o firm soul increase fall risk as do gripper socks
- Restoring mobility

Polypharmacy is Common

- In SNFs, # of Rx meds > in dementia persons than those cognitively intact (link 7a)
- 1/3 of those with a dementia terminal diagnosis stay on oral anticoagulants (link 7b, 7c)
- Life expectancy is limited so disease prevention meds may not be beneficial
- ADEs (adverse drug effects) may not be reported or recognized
- Drug-Drug interactions are common and may not be recognized, like Seratonin syndrome, Cholinergic burden, Prolonged QT intervals.
- Med refusal is more likely when there's too many meds

AMDA's "Drive to Deprescribe" (link 8)

- ***Medication Reconciliation*** on admission & discharge from SNF
  - New hospital RX-PPIs, SSI Insulin, & Psychotropic meds
  - Informed consent (BB warnings) for psychotropics
  - Meds used for problem behaviors are high risk
- ***AGS Beers' criteria*** for potentially inappropriate drugs in Older Adults (link 9)
- ***Identify & Triage drugs*** that may be candidates for GDR (gradual dose reduction)

A Team *Discovery Process* should follow

Who is this person? – consider

- United Kingdom supported decision making tool (10)
- "Getting to Know Me" - our 4th learning module

Who is their "trusted advisor(s)"?

What's most important to them and their family?

What are their current and potential capacities?

How can we modify our environment and care plan to be more like their home?

What might bring them a sense of purpose, meaning, and joy?

How can family, friends, and volunteers contribute to their care?

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UK Supported Decision Tool

Appendix A (link 10)

1. What is important to you in your life?
2. What is working well?
3. What isn't working so well?
4. What could make it better?
5. What things are difficult for you?
6. Describe how they affect your life
7. What would make things better for you?
8. What is stopping you from doing what you want to do?
9. Do you think there are any risks where you live?
10. Could things be done in a way, to reduce the risks?
11. Would you do things differently?
12. What do you need to do?
13. What do we need to change?
14. What could family or caregivers do?
15. Who is important to you?
16. What do people think who are important to you?
17. Any differences of opinion between you and the people who are important to you?
18. What would help to resolve this?
19. Who might be able to help?
20. What could we do to support you?

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Adapted SNF Tool for Supported Decision Making @ Chaparral House

What's important in your life?

What's working well or not so well?

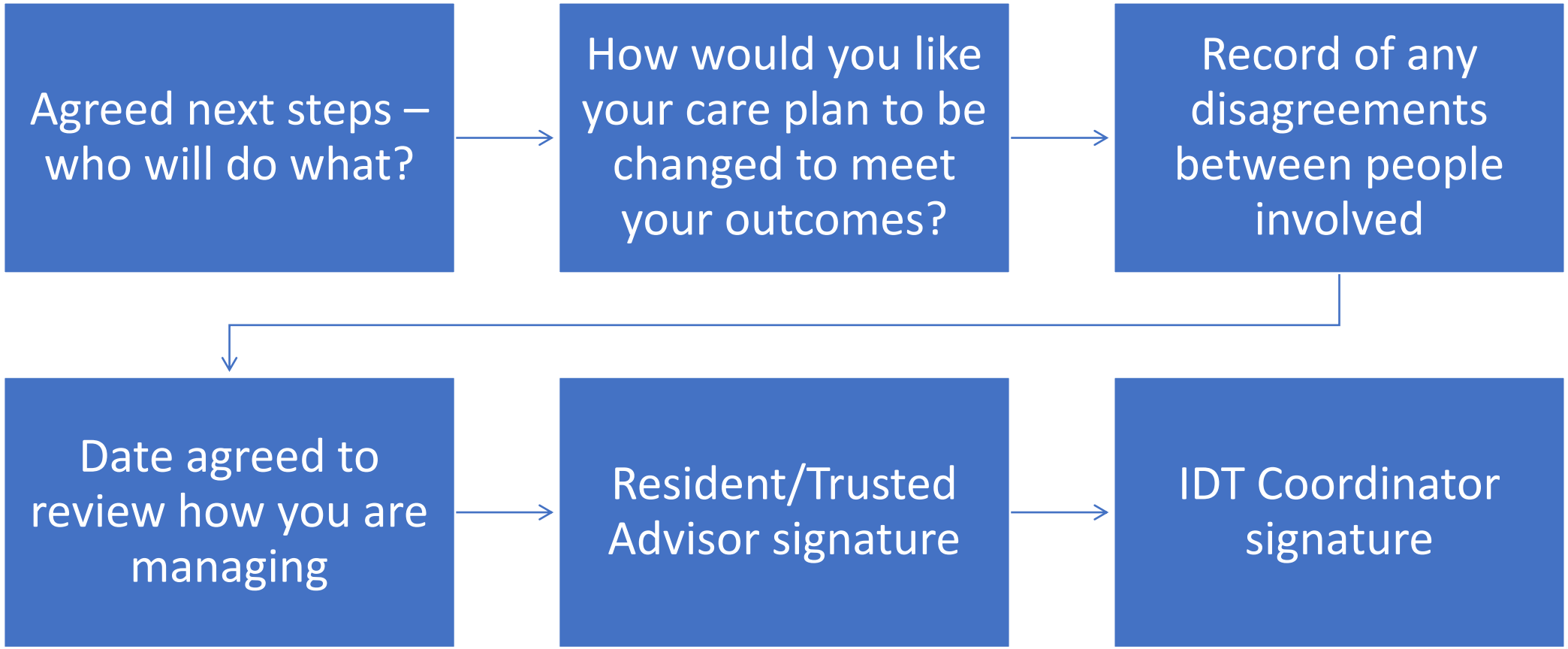
What could make it better?

What's difficult for you?

What's stopping you from doing what you want to do?

If what you want to do is too risky, what could be done to lower that risk?

Supported Decision Tool Actions



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Let’s abandon the BPSD Term

- This term isn’t accurate.
- It fails to see problems as expressions of our patient's response(s) to a world that is no longer easy to understand
- It set us up to search for medical solutions to these expressions of dementia.
- ***BPED*** – Behavioral & Psychologic ***Expressions*** of Dementia
- A much more accurate pneumonic that supports a team approach to understanding the patient’s situational response.

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Well-Being Model of Care (link 11)

This model facilitates person-directed care.

In 2015 the Arkansas QIO partnered with UAMS (UA Medical Sciences) Arkansas Aging Initiative using CMP funding

- 67 SNFs participated
- Within 1 year, antipsychotic use dropped from 16 % to **~ 6.7%**
- Low use sustained through 2020

A proactive model

- Puts the resident in the center leading the approach
- Focuses on a residents' current and potential strengths

Results:

- Improved resident quality of life & well-being
- Improved family and staff satisfaction
- Significantly reduced antipsychotic usage

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7 Domains of "Well-Being"

1. Identity – our personhood and individuality
2. Connectedness – with people, faith, and culture
3. Security – feeling safe, secure, & free from harm
4. Autonomy – choices re daily routine & one's own life.
5. Meaning – purpose & value, a reason to get up each day.
6. Growth – personal music, art, games, world view, & service projects
7. Joy & Contentment – a sustainable by-product of domains

The Path to “Well-Being” is:

Not a quick or easy fix (If it were, it would have already been solved)

Ten learning models

Project NPs require 6-month facility commitment for staff trainings and champion(s) development

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This is a Proactive Approach

- Reduces the risk of ***BPED*** events
- Reduces the need for urgent care plan adjustments
- Reduces the use of Psychotropic meds
- When problems occur, use the 7 domains of well-being for root cause analysis
- Improves staff moral and patient/family trust in your care

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Dementia Care Resources for DSD

- CMS Hand in Hand Training Series for Nursing Homes (link 12)
- Bathing without a battle (link 13)
- Mouth Care without a battle (link 14)
- Training Videos from Ca Partnership for Improving Dementia Care (link 15)
- Teepa Snow Dementia training videos (link 16)

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Dementia & Geriatric Care Resources for Staff

AGS Foundation has A-Z free education resources on numerous subjects (link 17)

Free Apps – android & IOS platforms

- ***Sign Decision Support –*** identifies delirium with POC information on management (https://www.caltcm.org/the-caltcm-wave December 1 2021) – from Scotland – the other 3 apps are from AGS
- ***GeriKit*** – Assessment of Cognition, Depression, Function, Strength, Falls, Nutrition, Medications, and ACP
- ***AGS GEMS*** – Evaluation & management of geriatric syndromes
- ***iGeriatrics*** – Updated Beers Criteria, Cognitive Screening, Cultural navigator, Geri-Psych consult & Falls prevention

See attached bibliography for internet linked resources referenced in this learning module (1-17)

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Questions?

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