A Holistic Approach to Dementia Care

Skilled Nursing Facilities: Solutions for the Current Climate
• Develop your **first line of defense**
• Establish a **therapeutic environment**
• Use **data** to drive **quality dementia care**
• Ensure the **daily practice** of obvious and demonstrable competencies

• Have a **defined hospital transition process** in both directions
• Engage **families** in education
• Engage in **gradual dose reduction** once staff are equipped with non-pharmacological approaches
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1. FIRST LINE OF DEFENSE
• About Off-Label Use
• The Dopamine effect

WARNING: INCREASED MORTALITY IN ELDERLY PATIENTS WITH DEMENTIA-RELATED PSYCHOSIS

See full prescribing information for complete boxed warning.

• Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death.
• NUPLAZID is not approved for the treatment of patients with dementia-related psychosis unrelated to the hallucinations and delusions associated with Parkinson’s disease psychosis.

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Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. RISPERDAL® is not approved for use in patients with dementia-related psychosis. (5.1)
1. First Line of Defense

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

- Compelling elevator speech-why we don’t use them
- A shared moral imperative explaining the many risks including death
- A pharmacological perspective on why the off label use is ineffective and inappropriate for many elders
- A shared philosophy that all behaviors are communication can and should be addressed directly
- A clear statement of alternatives and best practices utilized by competent staff and clinicians
- A publicly visible goal
2. CREATING A THERAPEUTIC ENVIRONMENT

At the Heart of Dementia Care
Creating a Therapeutic Environment

• What is it?
• How does it help?
Four key factors

Healthcare architects, interior designers, and researchers have identified four key factors that can measurably improve resident outcomes:

- Reduce or eliminate environmental stressors
- Provide positive distractions
- Enable social support
- Give a sense of control
Measurable benefits to:

1. Resident outcomes,
2. Safety, and
3. Quality of care
Benefits for staff and families in terms of satisfaction, effectiveness, and staff retention, from environmental factors such as:

- Noise reduction
- Access to daylight
- Access to outdoor space
- Appropriate lighting
- Providing 'off-stage' areas for respite
- Proximity to other staff
- Appropriate use of technology
- Decentralized observation, supplies, and charting
Creating a Therapeutic Environment

A. Philosophy of care focused on well being
B. Being fluent in Alzheimer’s
C. Drug free/minimal
D. Reduced Noise
E. Shift Change
F. Redefined “activity”
G. A process to enhance sleeping & waking
H. Restructured bathing
A. Philosophy of care focused on well being

- Understanding Behaviors as Unmet Needs
- Zone - Thinking
B. Being fluent in Alzheimer’s

- Staff develop such a keen understanding of their residents that they understand their actions, words and expressions
- Can anticipate problems before they arise
- Can deliver through their own actions, words and expressions a deep sense of caring and love that comforts and supports the resident
- Described as KNACK-David Troxell & Virgina Bell (Best Friends Approach to Alzheimer’s Care)
C. Drug free/minimal environment

- Black-box warning
- Antipsychotic medications are ineffective and dangerous in this population
- There is no chemical rationale for their use to “treat symptoms of dementia”
D. Noise Reduction

- Identify & Measure
- Recognize the intrinsic benefits for residents and staff
Bob’s Secret!

- Bob’s Special care unit
- 38 men/2 women
- Compared to a correctional facility
- 81 combative reportable events in 1 month
Outcomes

- Decreased the incidents of combative events: 81-3
- Saved money on medication: $75k
- Hired activity staff person for 4-9 PM (with the savings)
- Decreased staff absentee rate by: 41%
ICP Pilot

- Listen to the sounds in your setting.
  - What do you hear?
  - From where is it coming?
Measurement at Riverview

• Decibels
  - Under speaker in ceiling when telephone rings (2 N/S unit)
    91 db > 66 db
  - Nurse call stations 3 feet away
    84 db > 41 db
  - Under paging speaker
    70 db > 0 db
  - Overhead music
    62 db > 0 db
  - Shredder
    74 db > db

• Pages
  - Overhead paging (in 1 month)
    57-3
Other Resources: See conference website for handouts

- Change idea sheets
- Decibel 10 App
- Module on Noise Reduction
- Stop & Listen Tickets
E. Shift Change

- Stagger departures
- No long goodbyes
- Don’t put the words in their mouth
F. Restructured “Activities”

- Built from the Holistic Model and 5 essential needs
- In-house Day Care
  - 7:00 am - 9:30 PM
  - Universal Workers
  - Clustered activities
- Meaningful/therapeutic activities
- Personalized interventions
G. Strategies for Sleeping & Waking

• Find unique routines for each resident
H. Strategies for bathing

- ICP Pilot- Spa/guest book
- Experiential exercises
3. DATA THAT DRIVES QUALITY
An organization-wide practice of using data to drive and inform quality approaches and solutions, resulting in high levels of quality care that keep resident’s comfortable, safe and engaged without the threat of off-label use of antipsychotic drugs

- CASPER-How to use CASPER data to identify residents; how many? Who?
- MDS - How to use MDS data to identify specific behavioral, mood issues
- Ties into QAPI COMMITTEE-how to tie quantitative and qualitative data into committees
- Assures daily feedback through daily huddles-all shifts – how to engage staff in day to day QI and identification of residents needs through huddles
4. 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 all staff on an annual, “as needed” and review basis
- Provides Just-in-Time coaching and education
- Evaluates the success of education based on low rates of APM and staff injuries, high staff satisfaction and self-determined skill, low levels of fear, high levels of attendance
5. HOSPITAL TRANSITIONS PROCESS
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A collaborative process between families, hospitals etc.

- Admissions collaboration that explores feelings and wishes about hospitalizations before it happens
- Clear Advanced Directives
- Activation of a BAT team to eliminate unnecessary hospitalizations
- Information to ER care team addressing personal interventions
6. FAMILY EDUCATION
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- Go or Stay
- Black Box
- SNF Competencies
7. PROCESS FOR GRADUAL DOSE REDUCTION
GDR: A Person-Centered Approach

- Not until staff have training and an understanding of personal interventions.