All Things Dementia- An Interdisciplinary Perspective on Your 2021 Comments

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Speaker Disclosures

Dr. Posar has no relevant financial relationship(s).

Dr. Heiser has no relevant financial relationship(s).

Anita Reid has no relevant financial relationship(s).

All financial relationships have been identified, reviewed, and mitigated by The Society prior to this presentation.

What Problem will this Session Address?

This session will address the comments/questions regarding dementia care that arose from attendee evaluations in 2021. These responses reflect the day-to-day issues that PALTC providers and staff face in facilities. The importance of addressing attendee concerns is the basis for this session from an expert interdisciplinary team perspective. This will be an interactive panel discussion with team input, case studies and time for audience questions.

Session Summary

The goal of our time together will be to address the identified concerns of past attendees that occur in the daily practice of dementia care in PALTC facilities.

Topics will Include

- Interdisciplinary collaboration and communication
- Staff training and education on non-pharmacologic approaches to dementia care
- Medication Management in BPSD, including:
  - Antipsychotics
  - Polypharmacy
  - Gradual Dose Reductions (GDR)
  - Regulatory compliance
- Best clinical practices and how to implement in the clinical setting

Learning Objectives

By the end of the presentation, participants will be able to:

1. Describe key components of interdisciplinary clinical team collaboration and communication
2. Become familiar with the non-pharmacologic approaches in managing BPSD (behavioral and psychological symptoms of dementia) behaviors
3. Discuss the strategies involved in medication management, including BPSD (behavioral and psychological symptoms of dementia)
4. Define ways in which to implement Evidence-based clinical practices for Person-Centered Dementia Care

Collaboration and Communication

2021 Attendee comment on communication:

Resolve communication gaps at all levels: Patients to CNA's and Nurses, Nurses to Nurses and CNA's, Administration to family members, Nurses to MDs/NPs, Patients to Administration, Administration to other nursing home staff

Learning Objective: Describe key components of interdisciplinary clinical team collaboration

Poll Question #1

Approximately how much of communication is non-verbal?

- 15%
- 30%
- 55% (correct)
- 75%

Collaboration and Communication

Interdisciplinary communication reminders:

- Know your team members, their job function, and/or your relationship to them
- Typical Communication Gaps
  - Missing the big picture
  - Stuck on individual concerns
  - Skipping details
  - Not identifying missing knowledge
  - Technological
  - Generational

Collaboration and Communication

Phase 3 requirement for Communication (F941) is that a facility must include effective communications as mandatory training for direct care staff

Collaboration and Communication

Real World PALTC Communication Breakdowns:

- Social Service Director is in a Care Plan Meeting. She has the most updated behavior list from the EMR. At the team meeting, the DON states that there are new behaviors that are not reflected in the Care Plan. The Social Service Director states she is only able to Care Plan for behaviors that are documented in the EMR.

- CNA reports to nursing at the end of the shift, that all resident care was able to be provided. A nurse notes that she witnessed a resident being combative with staff during a shower. CNA states that this is “normal behavior” for the resident and therefore did not require documentation.

Non-Pharmacological Approaches

2021 Attendee Comments on Non-pharmacologic approaches to BPSD

- Management of aggression in Dementia (BPSD)
- Ongoing strategies for educating staff on decreasing dementia behaviors without the use of antipsychotics/benzodiazepines
- How to engage and train staff to better understand how to speak to and interact with residents with dementia

Learning objective: Become familiar with the non-pharmacologic approaches in managing BPSD behaviors

Poll Question #2

Standard non-pharmacologic approaches to psychiatric residents are typically as effective when used with Dementia residents

- True
- False (correct)

Non-Pharmacological Approaches

Strategies for Non-pharmacologic Interventions

- Announce yourself and intent to help if/when possible
- Maintain respective distance
- Remain calm, pleasant and supportive
- Maintain a non-threatening/non-challenging stance
- Establish verbal contact and engagement
- Use simple, clear and concise statements
- Always redirect when possible

Non-Pharmacological Approaches

This an easily remembered strategic template used in any resident crisis situation or management of aggression

- STEER Strategy for Restoring Calm
- S – Solve the issue if you can
- T – Talk less and turn down the noise
- E – Empathize with and validate emotions
- E – Exit ramps and alternatives
- R – Redirect and distract

Non-Pharmacological Approaches

Examples of how to engage and train staff to better understand how to speak to and interact with residents with dementia, include:

- Proper Interdisciplinary communication and collaboration
- Proper understanding of different types of dementia and neurologic differences
- Phase 3 requirement mandates that a facility must develop, implement, and maintain an effective Behavioral Health training program (F949) for all new and existing staff

Poll Question #3

How many different types of Dementia are there?

- 4
- 6
- 8
- 10 or greater (correct)

Medication Management

The Types of Dementias

- Alzheimer's Disease Dementia
- Vascular Dementia
- Parkinson's Disease Dementia
- Lewy Body Dementia
- Frontotemporal Dementias
  - 3 Variants
- LATE Dementia (Limbic-predominant Age-related TD-43 Encephalopathy)
- PART – (Primary Age Related Tauopathy)
- Alcohol and other substance-related Dementia
- TBI related Dementia
- Mixed Dementia

Medication Management

Address the importance of proper diagnosis for neuropsychiatric impaired residents

- Interdisciplinary approach
- Misdiagnosis of neurologic illnesses as psychiatric disorders
- Inappropriate treatment of neurologic illnesses as psychiatric disorders

Medication Management

2021 Attendee Comments on Medication Management of Behavioral and Psychological Symptoms of Dementia (BPSD)

- Working with psychotropics and Managing BPSD behaviors
- Staff are convinced that there are some dementia residents who benefit greatly from antipsychotics. Are there diagnoses in dementia patients to justify ongoing use?
- Management of aggression in dementia when non-pharmacologic measures are ineffective

Learning objective: Discuss the strategies involved in medication management of Behavioral and Psychological Symptoms of Dementia

Medication Management

Once properly diagnosed, the treatment plan becomes clear

- Review medications for polypharmacy and pharmacy burden
- Establish a baseline of pharmacologic support to mitigate the effects of BPSD
- Ensure the proper use of antipsychotics in Person-centered Dementia care, including regulatory and compliance concerns
- Consider secondary neuropsychiatric diagnoses for BPSD

Medication Management

Case Study for BPSD Medication Management

Mr. D is a 81 year old male, admitted to LTC facility 2 years ago after being diagnosed with Alzheimer's Dementia. Prior to diagnosis and admission, he had a 2-year history of declining ability to perform ADL's, intermittent behaviors including wandering, verbal and physical aggression, and incontinence. His wife was struggling to care for him, and 1 year prior to admission they both had moved in with their daughter. Since being at the facility, there has been a noted cognitive decline, continued behaviors as above, poor appetite and repetitive yelling out of "help me, help me." He has had 2 falls in the past month.

Medication Management

Case Study for BPSD Medication Management

Medical History:

Alzheimer's Disease

Unspecified Dementia

Hypertension

Cerebrovascular Disease

Urinary Incontinence

Remote History of CVA

Type 2 Diabetes

Mood disorder

Current Medications:

Lisinopril 10 mg daily-HTN

Metoprolol 50 mg BID-HTN

Detrol 2 mg BID-Urinary Incontinence

Aspirin 81 mg daily-Hx of CVA

Glucophage 500 mg BID-Diabetes

Seroquel 100mg in the am, and 200mg at HS- Agitation and mood disorder

BIMS 1/10/2022 - **6** of 15 (severe cognitive impairment)

PHQ-9 2/10/2022 - **11** of 27 (moderate depression)

Implementing Best Practices

2021 Attendee Comments on How to implement Best Practices and what we have learned here into clinical settings, and ongoing updates to clinical practice:

Learning objective: Define ways in which to implement evidence based clinical practices for Person-Centered Dementia care

Poll Question #4

Which are your most reliable sources for Final Rule Phase 3 information

- Consumer group reviews
- McKnight's articles
- CMS.gov website
- Federal Register
- Both A&B
- Both C&D (correct)

Implementing Best Practices

- Understand the Regulatory requirements for Person-Centered Dementia Care
- Attend specific conferences/educational sessions on dementia and neuropsychiatric issues
- Consider engaging a behavioral healthcare consultant in the facility for care and training
- Bringing change to any system, especially clinical, is challenging. Start with yourself and identify 1 or 2 gaps in your current practice. Begin to implement these identified changes slowly. When asked by the team, what these are, you can begin to answer why

Summary/Conclusion Slide

- Successful interdisciplinary collaboration begins with effective communication
- Quality medication management of BPSD begins with proper diagnosis and treatment
- Non-pharmacologic approaches to care can mitigate BPSD and help avoid unnecessary pharmacology
- Integration of evidence-based clinical practices for Person-centered Dementia care begins with the clinician