

# Best Practices in Dementia Care for Successful Surveys



Presented by,  
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## Objectives

At the end of this session, participants will...

- Identify the principles of the CMS National Partnership to improve Dementia Care.
- Learn how to use the BIMS as a Tool to determine the level of dementia and understand how it can be applied to creating behavioral intervention plans.
- Discuss ways to empower staff to be critical thinkers and creative problem-solvers when managing challenging behaviors.

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## National Alzheimer's Project Act & National Plan

December 2010, U.S. Congress unanimously passed the National Alzheimer's Project Act, which was signed into law by President Obama in January 2011.

- Required the U.S. Department of Health & Human Services to create & annually update a national strategic plan to address the ADRD epidemic & to coordinate efforts across the federal government.
- Established an Advisory Council on Alzheimer's Research, Care and Services with both federal and non-federal representation, including caregivers, patient advocates, health care providers and researchers.

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## 5 Goals of National Plan

1. Prevent and effectively treat Alzheimer’s Disease by 2025.
2. Optimize care quality and efficiency.
3. Expand supports for people with Alzheimer’s Disease and their families.
4. Enhance public awareness and engagement.
5. Track progress and drive improvement.

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## Pennsylvania State Plan for Alzheimer’s Disease and Related Disorders

February 2013, Governor Corbett signed an Executive Order to establish the Alzheimer’s Disease State Planning Committee to develop a state plan to address the growing ADRD epidemic in PA.

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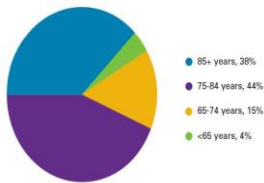
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- 5.2 Million people diagnosed with Alzheimer’s in the U.S.
- PA has the 5<sup>th</sup> largest population of people diagnosed with ADRD.
- 400,000 Pennsylvanians are diagnosed with ADRD
- 5<sup>th</sup> leading cause of death in people over 65.

### Statistics

figure 1 Proportion of People With Alzheimer’s Disease in the United States by Age



Percentages may not total 100 because of rounding.  
Created from data from Hebert et al.<sup>104,105</sup>

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### Facts Don't Lie...

- 710 Skilled Nursing Homes in PA
  - 89,000 Beds
  - 66% of residents living in Skilled Nursing Facilities have cognitive impairment.
- ❖ They're not all going to fit in a Memory Care "Unit" or neighborhood!

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### Partnership to Improve Dementia Care in Nursing Homes

- March 29, 2012, CMS launched the National Partnership to Improve Dementia Care and Reduce Unnecessary Antipsychotic Drug Use in Nursing Homes.
- **Goal**-Optimize the quality of life and function of residents in nursing homes by improving approaches to meeting the health, psychosocial and behavioral health needs of all residents, especially those with dementia.

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### Dementia Care Principles Determined by CMS

1. Person-Centered Care
2. Quality and Quantity of Staff
3. Thorough Evaluation of New or Worsening Behaviors
4. Individualized Approaches to Care
5. Critical Thinking Related to Antipsychotic Drug Use
6. Interviews with Prescribers
7. Engagement of Resident and/or Representative in Decision-Making

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## Person-Centered Care

CMS requires nursing homes to provide a supportive environment that promotes comfort and recognizes individual needs and preferences.



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## Quality and Quantity of Staff

The nursing home must provide staff, both in terms of quantity (direct care as well as supervisory staff) and quality to meet the needs of residents as determined by resident assessments and individual plans of care.

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## Thorough Explanation of New or Worsening Behaviors

Residents who exhibit new or worsening behavioral or psychological symptoms of dementia (BPSD) should have an evaluation by the interdisciplinary team, including the physician, in order to identify and address treatable medical, physical, emotional, psychiatric, psychological, functional, social, and environmental factors that may be contributing to behaviors.

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### Individualized Approaches to Care

Current guidelines from the US, UK, Canada, and other countries recommend use of individualized approaches as a first line intervention (except in documented emergency situations or if clinically contraindicated) for BPSD. Utilizing a consistent process that focuses on a resident's individual needs and tries to understand behavior as a form of communication may help to reduce behavioral expressions of distress in some residents.

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### Critical Thinking Related to Antipsychotic Drug Use

In certain cases, residents may benefit from the use of medications. The resident should only be given medication if clinically indicated and as necessary to treat a specific condition and target symptoms as diagnosed and documented in the record. Residents who use antipsychotic drugs must receive gradual dose reductions and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.

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### Interviews With Prescribers

None of the guidance to surveyors should be construed as evaluating the practice of medicine. Surveyors are instructed to evaluate the process of care. Surveyors interview the attending physician or other primary care provider (NP, PA), behavioral health specialist, pharmacist and other team members to better understand the reasons for using psychopharmacological agent or any other interventions for a specific resident.

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### Engagement of Resident and/or Representative in Decision-Making

In order to ensure judicious use of psychopharmacological medications, residents (to the extent possible) and/or family or resident representatives must be involved in the discussion of potential approaches to address behavioral symptoms. These discussions with the resident and/or family or representative should be documented in the medical record.

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### F 309-Quality of care

Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.

**INTENT-483.25** The facility must ensure that the resident obtains optimal improvement or does not deteriorate within the limits of a resident's right to refuse treatment, and within the limits of recognized pathology and the normal aging process.

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### Care Process For a Resident With Dementia

It is expected that the resident's record reflects the implementation of the following care processes:

- Recognition and Assessment
- Cause Identification and Diagnosis
- Development of Care Plan
- Individualized Approaches and Treatment
- Monitoring, Follow-up, and Oversight
- Quality Assessment and Assurance

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### Criteria for Compliance

- Obtained details about the person’s behaviors, risks of those behaviors, and discussed the potential causes.
- Excluded potentially remediable causes of behavior and determined if symptoms were risky enough to endanger residents’ safety.
- Implemented approaches in an attempt to understand and address behavior as a form of communication.
- Implemented the care plan consistently and communicated to everyone.
- Assessed the effects of approaches, identified benefits and complications timely, involved physician as appropriate and adjusted accordingly.

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### F 329-Unnecessary Drugs

Antipsychotic drugs may be considered for elderly residents with dementia but only after medical, physical, functional, psychological, emotional, psychiatric, social and environmental causes have been identified and addressed. Antipsychotic medications must be prescribed at the lowest possible dosage for the shortest period of time and are subject to gradual dose reduction and re-review.

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### Inadequate Indications

Antipsychotic drugs should **NOT** be used if the only indication is one or more of the following:

- Wandering
- Poor Self Care
- Restlessness
- Impaired Memory
- Mild anxiety
- Insomnia
- Indifference
- Sadness or Crying
- Fidgeting
- Nervous
- Uncooperative

UNLESS:

- Behavioral symptoms present a danger to the resident or others.
- And one or both of the following:
- The symptoms are identified as being due to mania or psychosis (such as auditory, visual, or other hallucinations, delusions, paranoia, or grandiosity)
  - Behavioral interventions have been attempted and included in the plan of care, except in an emergency.

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What Are the KEYS to  
SUCCESS?

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*“Behavior Management is  
not changing their  
behavior, but changing  
**OURS.**”*

Dr. Paul Kettl, MD, MHA

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### Required Documentation

Resident Record Must Include the Following:

- Past life experiences, description of behaviors, preferences for daily routines, food, music, exercise, oral health, presence of pain, medical conditions, cognitive status, related abilities and medications.
- How the resident typically communicates physical needs (pain, hunger, thirst) and emotional or psychological needs (frustration, boredom).
- Resident’s baseline-current cognitive patterns, mood and behavior.
- How the resident typically displays personal distress such as anxiety or fatigue.

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## BIMS

### Brief Interview for Mental Status

[..\HYPERLINKS\bims form instructions.pdf](#)

How can we use this to create  
more practical behavioral  
interventions?

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## Characteristics Levels of Dementia

- [..\HYPERLINKS\GNC PDF HANDOUT - CHARACTERISTICS OF LEVELS.pdf](#)

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## Empowering Staff to be Critical Thinkers and Creative Problem-Solvers

- Identify the Behavior
- Is it Risky?
- Brainstorm Triggers
- Observe for trends/patterns

*Empower Staff to be Person-Centered by making  
**Connections** which will prevent a vast majority  
of behavioral concerns.*

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## BEHAVIOR IS COMMUNICATION

- Communicating feelings
- Communicating a need
- Can become an activity - repetitive
- ALL BEHAVIOR HAS MEANING – it just doesn't happen
- BEHAVIOR is in RESPONSE to something REAL or PERCEIVED

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## MANAGING BEHAVIORAL SYMPTOMS

### BEHAVIOR MANAGEMENT in DEMENTIA CARE

**KNOW THE RESIDENT**  
 Psychosocial Assessment  
 Medical Assessment  
 Behavioral Assessment

**PROBLEM SOLVE**  
 What? Where?  
 When? Why?  
 What Intervention?

**PLAN OF CARE**  
 Behavioral Symptom and Possible Trigger  
 Planned Intervention and Expected Outcome  
 Timeframe and Monitoring / Review / Update

**DOCUMENTATION**  
 Behavioral Symptom Monitor  
 Intervention Monitor  
 Progress Notes (c - i - o)

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## Triggers to Behaviors

[..\HYPERLINKS\GNC HANDOUT-Triggers to Behaviors.docx](#)

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### BUILDING RELATIONSHIPS

**STAFF**

- Know history
- Display respect for individuality
- Know abilities
- Encourage skills use
- Provide emotional support and encouragement

**RESIDENT**

- Builds trust
- Able to continue own routine
- Use skills as long as possible
- Feel loved and respected

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### DEALING WITH DISTRESS

- USE POSITIVE APPROACH
- DETERMINE THE NEED or EMOTION
- VALIDATION TECHNIQUES
  - REPEAT BACK TO THEM WHAT THEY SAY
  - GO TO THEIR REALITY
  - USE EMPATHY
    - Seems like... Sounds like... Looks like...
  - DON'T ARGUE
- USE REDIRECTION or DISTRACTION

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### IS THE BEHAVIOR "RISKY"

NO

- Let it go
- Leave it alone
- Learn to live with it

YES

- Personal History
- Level of Dementia
- Time of day
- Environmental Triggers
- Physical – Medical Triggers
- Staff Approach

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## Scenario

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## Resources

- “2014 Alzheimer’s Disease Facts and Figures”, Alzheimer’s Association, [www.alz.org](http://www.alz.org)
- “Memorandum May 24, 2013, Dementia Care in Nursing Homes Clarification to Appendix P State Operations Manual”, CMS, [www.cms.gov](http://www.cms.gov)
- “Pennsylvania State Plan for Alzheimer’s Disease and Related Disorders”, February 2014, The Pennsylvania Alzheimer’s Disease Planning Committee, [act.alz.org](http://act.alz.org)

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## Summary

- Identify the principles of the CMS National Partnership to improve Dementia Care.
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