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nurses as dementia care specialists. The content included assessment and management of neuropsychiatric symptoms of dementia, pharmacological and non-pharmacological management strategies, caregiving as part of the health care team, advance care planning, and components of the dementia care specialist visit and billing. Case studies, use of evidence-based assessment tools, and role-playing were incorporated into the workshop's day.

The preconference workshop was led by the lead dementia care specialist of the ADC Program Leslie Chang Evertson, DNP, RN, GNP-BC, and by GAPNA leaders Carolyn Clevenger, DNP, RN, AGPCNP-BC, GNP-BC, FAANP, FGSA; Sherry Greenberg, PhD, RN, GNP-BC, FGSA, FAANP, FAAN; J. Michelle Moccia, DNP, ANP-BC, CCRN, GS-C; and Jennifer Serafin, MS,

GNP-BC, GS-C. Introductions were given by David Reuben, MD, director of the UCLA ADC program, and Rani Snyder, MPA, vice president of the program at the John A. Hartford Foundation. Jane Carmody, program officer at the John A. Hartford Foundation, as well as members of the Alzheimer's Association team attended along with 75 GAPNA members!

How Can You Learn More?

With support from the John A. Hartford Foundation and GAPNA, the UCLA ADC Program developed the Dementia Care Specialist Curriculum. This 22-module online curriculum provides a fundamental knowledge base for advanced practice nurses who are looking to expand their expertise in high-quality care for persons with dementia. For access to these modules, go to www.gapna.org/DCS.

For more information about the UCLA ADC Program, access to caregiver

training videos that model nonpharmacological behavioral modifications, and Alzheimer's caregiver education videos that cover topics such as dementia diagnosis and management, advance care planning, and safety and legal concerns, please visit the website at <https://www.uclahealth.org/dementia>.

For more information about becoming a dementia care specialist, please contact Leslie Chang-Evertson, lead Dementia Care Specialist for the UCLA ADC Program at DementiaPM@mednet.ucla.edu.

Please join us for the next preconference workshop at the September 2020 GAPNA annual conference in New Orleans, LA! 

Dr. Evertson has been serving as lead Dementia Care Specialist for the UCLA Alzheimer's and Dementia Care (ADC) program since 2012 and is a

geriatric nurse practitioner with experience in primary and long-term care. Dr. Evertson obtained her Doctor of Nursing Practice from the Northern California State University Consortium.

Dr. Greenberg is an associate professor at Seton Hall University College of Nursing, serves as president-elect of the Gerontological Advanced Practice Nurses Association (GAPNA), and is a gerontological nurse practitioner. Dr. Greenberg earned her academic nursing degrees, bachelor, master, and PhD, from the University of Pennsylvania School of Nursing.

GAPNA is the premier professional organization that represents the interests of advanced practice nurses who care for older adults.

Filling the Behavior Tool Kit With Innovative Resources for Dementia Symptom Management

By Joanne Kaldy

"This is an evolution," said Leslie Eber, MD, CMD, board member of AMDA — The Society for Post-Acute and Long-Term Care Medicine, about the Colorado Dementia Partnership, an innovative initiative in her state. The group's impressive and extensive efforts to educate practitioners, caregivers, patients, families, and others are helping to promote person-centered quality care for people with dementia. To date, the Partnership has produced an array of resources and materials, but it didn't happen overnight.

The Beginning

It all started with a desire to have an impact, especially in rural areas. "People really needed education about antipsychotic use and behavioral management for patients with dementia. We wanted to reach rural providers and caregivers," Dr. Eber said. The result was the creation of the Colorado Dementia Partnership, a collaboration of geriatrics physicians (including Dr. Eber) and psychiatrists, the Colorado Society for Post-Acute and Long-Term Care Medicine, the Alzheimer's Association, the Colorado Health Care Association, and the Colorado Department of Public Health and Environment. Its mission is to enhance the care of people with dementia. The group started by creating a smartphone-size card that people could easily carry around.

Card of Caring

The card is small, but it's big on information. It offers valuable tips on nonpharmacologic interventions that "you can

implement in the moment when you're panicking and don't know what to do," said Dr. Eber. "The tips help keep people calm so that they can focus on helping the patient." Appropriately, the card uses the acronym "RESPOND":

- R. Rule out acute illness, pain, or discomfort.
- E. Engage the senses: sight, touch, smell, taste, and sound.
- S. Soothe. Evaluate the environment of noise, climate, and other stimulators.
- P. Practice calm. Adjust your body to be at their eye level.
- O. Offer meaningful choices and things to do.
- N. Never argue, confront, or tell the resident they are wrong.
- D. Develop a plan for physical movement, exercise, and fresh air.

The response to the card was positive. Dr. Eber and her group heard from many people that educating caregivers and others about managing behaviors in patients with Alzheimer's disease or other dementias was challenging, particularly in rural areas. These individuals clearly wanted more, so the Partnership put together a powerful program and presented it at a Colorado Health Care Association meeting.

"We had people close their eyes and imagine having someone touch or move them, having something cold pushed in their lips, and so on. We helped them imagine what it would be like to have dementia. It reached people in a way

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Introducing the Society's Podcast: AMDA On-The-Go Hosted by: Dr. Wayne Saltsman



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they hadn't experienced before. It was very effective," said Dr. Eber.

The Partnership wanted to present the program throughout the state. However, they soon discovered that many facilities, especially those in rural areas, couldn't spare the time to participate in person, even though they needed the information. Dr. Eber said, "In some places, people have to travel 45 to 50 minutes to get to a grocery store. They have limited access to resources." The answer, the Partnership decided, was a webinar — a program that people could view at their convenience.

Mock Meeting Rocks

Part of their presentation involved a mock psychopharmacology meeting. "By law, facilities have to have this meeting, but people often don't know what to do with it; so we presented Psychopharmacology Meeting 101," said Dr. Eber. This meeting, she said, is an important opportunity for the interdisciplinary team to review psychotropic medication usage in the nursing home.

Accompanying the mock meeting was a handout with a checklist of issues that should be addressed at the meeting, medications to review, suggestions for additional resources, and more. This is designed to help teams make the most of

their psychopharmacology meetings to ensure that medications are used appropriately, dose reductions are happening in a timely fashion, documentation justifies use, and nonpharmacologic, person-centered approaches are prioritized and used.

Helping teams understand the value of accurate and detailed documentation also is key, Dr. Eber observed. "Explicitly documenting the intended benefit(s) of psychotropic medication gives them something objective to evaluate the 'success' of the agent one to three months later," she said. For instance, if the goal was to decrease unprovoked, aggressive behaviors, but the drug is still being used two months later because the patient sleeps all the time, she said, the drug has failed; and the documentation will reinforce this.

Additionally, the group developed a one-page PsychPharm Tracking Tool instruction set that includes sample nonpharmacologic interventions. In conjunction with effective meetings, this helps ensure that "residents with a primary dementia diagnosis aren't receiving unnecessary psychotropic medications," Dr. Eber said.

One-Page Wonders

The Partnership also developed one-page information sheets on the appropriate use of psychotropic medications in nursing facilities. "We found that if we limited information to just one page, people would read it," said Dr. Eber. Cutting the information down to one page wasn't easy, she admitted. "We had to pick and choose." However, the result was a handy resource, particularly to help nonclinical staff, caregivers, patients, and family members who, she said, often don't really know what these drugs are or how they're used. The information sheet starts with a definition: "Antipsychotic medications are used for psychiatric and inherited conditions like schizophrenia, bipolar disorder, Huntington's disease, and Tourette's syndrome. They are seldom effective for other conditions."

Dr. Eber said, "We've heard from people that they're grateful for this resource. They're hungry for this information." She stressed how much facility teams need evidence-based data about these medications and the importance of focusing on nonpharmacologic interventions to address behavioral issues. "We heard from facility teams that it is often families driving the use of these drugs. They don't understand what they're for or the risks they pose," she said. **Providing care teams, patients, and families alike with consistent, clear information not only improves outcomes but also communication and relationships.**

The Secret Sauce of Success

Thanks to the Partnership's efforts, more practitioners, caregivers, family members, and others are focusing on nonpharmacologic interventions for behavioral issues in patients with dementia. "Our secret sauce is that the first

thing we did was get the right people at the table," said Dr. Eber. "We asked people who are truly invested in this population. We wanted people with connections to the post-acute and long-term care community." Another key, she said, was that they didn't bite off more than they could chew. They took one project at a time — starting with the card — and finishing each to the group's satisfaction before moving on to the next.

The Nexus of Needs Assessments

Dr. Eber stressed that it is important to have some way of assessing what tools and/or resources a particular facility or team needs. Just as behavior management in dementia is not a one-size-fits-all effort, neither should training and education on this topic be generic. Dr. Eber said, "Having small-group discussions at the nurses' stations and listening to what people are struggling with is valuable." She added, "On a given day, I'll go to the nurses' station on each shift and just listen. Then I'll ask what they're struggling with and what they do when they encounter a behavioral issue."

These informal conversations are powerful, Dr. Eber said. For instance, she discovered from an early morning conversation with some certified nurse assistants that they had some patients with personality disorders, and they didn't know what to do. "I helped them take a deep breath and develop a plan," she said. "I think that coming in and talking to staff about their toolbox and offering them some tools to fill it is helpful. It is the most organic way to assess and address their needs."

Reaching out and talking to a variety of stakeholders has been enlightening

for Partnership members. "It made us think about things such as what it's like to hear the word 'psychotropic' and not know what that means. It reminded us that we can't assume everyone knows everything or has the same understanding or definition of various terms," Dr. Eber said. "Having that perspective has been very helpful."

Currently, the Partnership is working on a one-pager to address advance care planning. "Again, people often don't understand what care planning is or why it's important. With facts and information, we can help ensure that people have realistic expectations," said Dr. Eber. "We also want to bring a thoughtful, humanitarian perspective to these heartfelt conversations."

As a result of all these efforts, facility team members, especially those in rural areas, can feel more confident and less stressed when patients act out. "It's often surprising how overwhelming behaviors can be. In the heat of the moment, people often aren't sure what to do. The easiest thing to do often is make a phone call and give a medication," Dr. Eber said.

"Our goal is to help people provide care with kindness, dignity, and respect for patients with dementia. Our dream is that the care planning one-pager will go into admission packets at facilities and be kept at the nursing stations to promote a more collaborative care process for these patients. Everyone will be on the same page, and everyone will benefit." ✎

Senior contributing writer Joanne Kaldy is a freelance writer in Harrisburg, PA, and a communications consultant for the Society and other organizations.

Resources

- For a smartphone-size card with information on nonpharmacologic interventions for dementia, one-page PsychPharm Tracking Tool instructions, and one-page information sheets on the appropriate use of psychotropic medications in nursing facilities, access the article's online supplement.
- Faculty members at Pennsylvania State University's College of Nursing developed the Nursing Home Toolkit on nonpharmacologic behavioral health strategies to address the behavioral and psychological symptoms of distress (BPSD) common in long-term care, especially among residents with dementia. <http://www.nursinghometoolkit.com/>
- The National Institute on Aging has developed a set of free resources, including clinical practice tools, training materials, and more, for professionals working with individuals with Alzheimer's or other dementias. <https://www.nia.nih.gov/health/alzheimers-dementia-resources-for-professionals>
- AMDA — The Society for Post-Acute and Long-Term Care Medicine has developed a guide on the 3Ds — delirium, depression, and dementia — in the post-acute and long-term care setting. <https://paltc.org/product-store/3ds-delirium-dementia-and-depression-pocket-guide-set-5>

High Tech and High Touch Take Focus on Alzheimer's Prevention, Diagnosis

By Joanne Kaldy

Every three seconds, an individual somewhere in the world develops dementia. By 2030, the illness is expected to affect 75 million people (Alzheimer's Disease International, <http://bit.ly/2pqfd44>). So it shouldn't surprise anyone that digital health companies are prioritizing high-tech care and services for these patients. However, these innovations seem to be taking a new focus.

Early Diagnosis Takes Center Stage

Early in 2019, Synergus RWE, a European company specializing in providing market access for digital solutions and medical devices, conducted an exploratory internal project analyzing current digital health solutions for Alzheimer's disease (AD) and other dementias. **The findings revealed that companies are targeting person-centered efforts related to prevention, diagnosis, and patient care.** In 59 companies, the

study identified several categories of technological focus including:

- Diagnostics based on eye movements tracking
- Speech recognition
- Analysis of brain images
- Biomarkers
- Training for caregivers
- Communication with relatives

The study suggests that there will be more technology focusing on prevention, early recognition, and ways to keep people safe as the disease progresses. For instance, some research on finding digital biomarkers has harnessed advances in mobile and wearable technologies that could help diagnose the disease even before symptoms appear. One company, Mindstrong, has shown that continuous data from seven days of passive smartphone interactions can predict performance on memory, language, dexterity, and executive function assessments.

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