

Continued from previous page

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.

Continued to next page

Continued from previous page

Elsewhere, there has been a study using a smartphone app, a game called “Sea Hero Quest,” to monitor how people between the ages of 50 and 75 navigate a virtual world. The game involves players using their thumbs to move a boat through a series of mazes.

Expect to see more research on the use of virtual reality for early diagnosis of AD. There already has been some use of virtual reality to test the navigational skills of individuals in an effort to identify patients who are at greatest risk of dementia. Mattias Kyhlstedt, CEO of Synergus RWE, said, “While working on the project, it became apparent that this is an area where digital health may disrupt the way we see health care in the future. Rather than being centered about the doctor/health care system it will hopefully be centered about the empowered patient.”

From Nana to Now

Of course, technology focused on ways to support older people and promote brain health isn't new. *Caring for the Ages* first published about “Nana” technology back in 2006. This was defined at the time as “technology designed, intended, or that can otherwise be used, to improve quality of life for seniors.” The five top categories for products and services at the time were health, safety, cognition, lifestyle, and whole-house/whole-facility.

Here is some of the technology that is getting attention now and, in some cases, achieving results:

- Wearable sensors for people with mild AD which are designed to assess walking are a cost-effective means to detect early AD and monitor its progress.
- Because changes in speech patterns could be an early sign of AD, expect to see chatbots and digital assistants such as Alexa and Siri used to help diagnose various types of dementia. Elsewhere, researchers are looking at ways to analyze written language using smartphone technologies to identify abnormalities in sentence structure and content that could be early signs of AD.
- Consumer digital devices that provide electrocardiograms are being considered for detecting unusual cardiac activity that could be a sign of AD.
- Smart shoes developed by GTX Corp help patients find their way home and get oriented while walking in public.
- Buddi, a smart wearable, has been developed to alert a caregiver if the wearer travels outside of a set zone.
- To detect the loss of fine motor control associated with dementia, a finger-tapping speed test has been incorporated into smartphone apps.
- Abnormal sleep patterns have been detected in AD patients, and smartphone microphones partnered with sleep-monitoring apps or wearables

such as rings and watches can be used to monitor sleep patterns. Devices developed originally to detect sleep apnea can also be used to track changes in sleep patterns.

Technology doesn't have to be complex to help patients with AD and other dementias. Sometimes even simple tools — such as recorded messages to remind patients to take their medications — can be effective in helping to keep people safe and enable them to retain some independence longer.

Both simple and complex solutions require study, however — and practitioners can be an important part of this process. That is one impetus for AMDA — The Society for Post-Acute and Long-Term Care Medicine's Shark Tank program, a unique opportunity for innovators to share their ideas with a broad audience in the post-acute and long-term care community.

“Our members on the front lines need to be innovative and promote innovation,” said the Society's president, Arif

Nazir, MD, FACP, AGSF, CMD. “It's exciting for us to help influence companies and individuals with cutting-edge ideas at a critical decision point in the development of their products.”

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



Congratulations to Our newest Rising Stars!

GAPNA is proud to salute our newest Rising Stars! It's with great pleasure that we recognize outstanding members who are up and coming in their specialty and in leadership. Rising Stars are the future of our organization. Thank you for your excellent work and commitment to the care of older adults!



Nina Ganesh Nandish
AGPCNP-BC



Christina Ramsey
RN, MSN, GNP-BC, LNCC, CWS



Ron Billano Ordone
DNP, FNP-BC



Abby Luck Parish
DNP, AGPCNP-BC, GNP-BC, FNAP