

Quality Partners Dementia Curriculum:

A Proactive Approach to Support & Sustain Overall
Well-Being

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Goals of Project: Goals of Care

This session will outline the Well Being Model to Dementia Care.

- By using this proactive approach to dementia care, the individual living with dementia will have:
 - Improved quality of life
 - Improved overall well-being
- Secondary gain
 - Reduction in antipsychotic usage

If you believe it, you can see it!

FDA Black Box Warning

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

Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. Analyses of 17 placebo-controlled trials (modal duration of 10 weeks), largely in patients taking atypical antipsychotic drugs, revealed a risk of death in drug-treated patients of between 1.6 to 1.7 times the risk of death in placebo-treated patients. Over the course of a typical 10-week controlled trial, the rate of death in drug-treated patients was about 4.5%, compared to a rate of about 2.6% in the placebo group. Although the causes of death were varied, most of the deaths appeared to be either cardiovascular (e.g., heart failure, sudden death) or infectious (e.g., pneumonia) in nature. Observational studies suggest that, similar to atypical antipsychotic drugs, treatment with conventional antipsychotic drugs may increase mortality. The extent to which the findings of increased mortality in observational studies may be attributed to the antipsychotic drug as opposed to some characteristic(s) of the patients is not clear. [this drug] (risperidone) is not approved for the treatment of patients with dementia-related psychosis.

National Partnership to Improve Dementia Care in LTC

- Mission to deliver health care that is **person-centered, comprehensive and interdisciplinary** with a specific focus on protecting residents from being prescribed antipsychotic medications unless there is a valid, clinical indication and a systematic process to evaluate each individual's need.
- CMS is tracking the progress of the National Partnership by reviewing publicly reported measures. The official measure of the Partnership is the percentage of long-stay nursing home residents who are receiving an antipsychotic medication, excluding those residents diagnosed with schizophrenia, Huntington's Disease or Tourette's Syndrome.
- In 2011Q4, 23.9 percent of long-stay nursing home residents were receiving an antipsychotic medication; since then there has been a decrease of 31.8 percent to a national prevalence of 16.3 percent in 2016Q2.

Arkansas's Progress

- 2011Q4- 26.1 % - ranked 46th in Nation
- 2016Q3- 16%- ranked 24th in Nation
- 40% RRI
- 3rd most improved state

Arkansas Quality Partners: Aligns with CMS National Initiative

- Goal: Reduce use of antipsychotic medications in nursing homes
- “larger mission is to enhance the use of non-pharmacologic approaches and person-centered dementia care practices”
- *www.cms.gov*

Measurable success

Facility	Q4 2015	Q1 2016
1	18.4%	16.4%
2	41.2%	16.2%
3	24.1%	7.9%
4	17%	5.9%

Person Centered Proactive Approach

- Culture Change
- Developing leaders
- Changing of mind set
- More than changing our vocabulary
- Reframe approach to proactive not reactive
- Putting the resident in the center
- Let the resident lead the approach (person-directed)

Methods

- Staff education
 - Along with resident visits/assessments
- 8 hour curriculum
 - “Dementia in the Long Term Care Setting: A Model for Well-Being” ©

The model consist of a combination of fundamental dementia education, plus a reframing culture change to a proactive person centered approach.

Dementia in the Long Term Care Setting: A Model for Well-Being ©

- Module 1 : Overview of Dementia, Delirium, & Depression: Diagnosis, Types, & Treatment
- Module 2 : Supporting & Sustaining Well-Being: A Person Centered Approach
- Module 3 : Communicating Successfully with those Living with Dementia
- Module 4 : Proactive Approach to Behaviors
- Module 5 : Assessment of Pain in the Older Adult Living with Dementia
- Module 6 : Activities and Personal Care
- Module 7 : Caregiver Support
- Module 8 : Cultural Awareness & Diversity in Dementia Care
- Module 9 : End of Life Care
- Module 10 : Communicating among Team Members

Model of Well-being

- Built on framework of Eden's Domains and work of Dr. Al Power's reordering of the hierarchy of needs.
- “I remain firmly rooted in the belief that most distress arises as expressions of unmet needs, and that drugs are not the answer. The problem lies not in that underlying philosophy, but in how it is applied”

Dementia Beyond Disease: Enhancing Well-Being

- Identity
- Connectedness
 - Security
- Autonomy
- Meaning
- Growth
- JOY

Reframe

- Proactive
- Strength based approach - not focused on deficit, but what's good
- Person-centered

Sustainable Success

- Culture Change
- Changing your mind set
- More than changing our vocabulary
- Developing leaders
- Reframe approach

Transformational Success

Success requires transformation in three areas

- Personal transformation
 - We change how we believe-changes our responses
- Operational transformation
 - We apply our knowledge to practice
- Physical transformation
 - We make changes to the physical environment

Transformation

- Remember to apply in all domains of well-being
- 3 areas of transformation can be applied to any quality measure
- Becoming more aware of 3 areas and be consistent - sustainable SUCCESS

Traveling the Path to Well-Being

- Not a quick fix
- *“If it were a quick fix it would have already been solved”* Angie Norman

Identity

- “being well known; having personhood; individuality; wholeness; having a history”

Fox et al. 2005

- Occupation
- Cultural background
- Relationships
- Standing in community
- Faith

Connectedness

“A state of being connected, belonging, engaged, involved, connected to past present and future”
(Fox et al. 2005).

- We spend a lot of our lives seeking connections.
- Connect with people (friends and family)
- Faith
- Culture
- More than verbal communication.

Security

“Freedom from doubt, anxiety, or fear; safe certain assured; having privacy, dignity and respect, internal familiarity and comfort with one’s surroundings” (Fox et al. 2005).

- Feeling safe, secure, free from harm
- Free from doubt and/or anxiety
- Having privacy, dignity, respect, comfort

Autonomy

- “Ability to choose our life’s path” (Fox et al. 2005).
- Making choices in daily routine
 - Sense of control in one’s own life

Meaning

“Significance, heart, hope, value, purpose; reflection; sacred” (Fox et al. 2005).

- A reason to get up in the morning
- Significance, value, purpose in activity, communication in daily routine
- Can use music and art to assist in connectedness and meaning

Growth

“Encompassing the following qualities: development; enrichment; unfolding; expanding; evolving” (Fox et al. 2005).

- Most difficult to visualize
- Don't think “disease, decline”
- Allowing growth
- Think of the first 5 elements are providing fertile soil for growth
- Music and art can lead to growth.

Joy

“Happiness; pleasure; delight; contentment; enjoyment” (Fox et al. 2005).

- Ultimate outcome
- Not just respite joy, but sustainable

We must cultivate the other 6 elements of well-being so that JOY can be sustained

Other Paths to Well-being: Stimulating our Senses

- Smell- can stimulate memories
- Taste- food and smell of food
- Vision- observing at times, not always participating
- Sound- music, voice
- Touch- massage

Other Paths to Well-being

- Quiet time- rocking chair, down time
- Faith
- Presence of another
- Conversation
- Activities

Understanding Distress

- Gather the team
- Record observations
- Ensure the person is well known (Identity)
- Look through the person's eyes
- Turn your focus to well-being

Don't fall back in the Trap!

- Don't get stuck on trying to “fix the behavior”
- Remember there is not a quick fix

The Problem with Nonpharmacological Interventions

- Reactive
- Can be treated like pills
- Not person directed
- Are superimposed to usual care
- Not connected to domains of well-being

Future of QP Dementia Initiative

- Quality Partners educating LTC staff across the state with proven, supported dementia curriculum to better support and sustain well-being for those living with dementia

References

- Alzheimer's disease education and referral center. (2017). Retrieved from <https://www.nia.nih.gov/alzheimers>
- Boltz, M. (2012). *Evidence-based geriatric nursing protocols for best practice* (pp. 246-267). New York, NY: Springer Publishing Company, LLC.
- Brackey, J. (2007). *Creating moments of joy: For the person with Alzheimer's or dementia* (4th ed.). West Lafayette: Purdue University Press.
- Center for disease control and prevention. (2017, February 27). Retrieved from <https://www.cdc.gov/>
- Dementia signs, symptoms and diagnosis. (n.d.). Retrieved April 14, 2016, from <http://www.alz.org/what-is-dementia.asp>
- Feil, N. (2017). What is validation? Retrieved from <https://vfvalidation.org/what-is-validation/>
- Florida Atlantic University. (2011). Interventions to reduce acute care transfers. Retrieved from <http://interact2.net/>
- Fox, N., Norton, L., Rashap, A., Angelelli, J., Tellin-Nyak, V., Grant, L., . . . Thomas, W. (2005). *Well-being beyond Quality of Life*, 1-4. Retrieved from <http://actionpact.com>
- Halter, J. B., Ouslander, J. G., Studenski, S., High, K. P., Asthana, S., Supiano, M. A., & Ritchie, C. S. (2009). *Hazzard's geriatric medicine and gerontology* (6th ed.). New York, NY: McGraw-Hill Education.
- Kouzes, J. M., & Posner, B. Z. (2012). *The leadership challenge* (5th ed.). San Francisco, CA: Jossey-Bass.
- Merriam-Webster. (2017). Retrieved from <https://www.merriam-webster.com/dictionary/well%20being>
- Music & Memory. (2013, May 30). Music and memory. Retrieved from <https://musicandmemory.org/>
- National council of certified dementia practitioners. (2001). Retrieved from <http://www.nccdp.org/>
- National institutes of health. (2017). Retrieved from <https://www.nih.gov/>
- Pharmacological management of persistent pain in older persons. (2009). *Journal of the American Geriatrics Society*, 57(8), 1331-1346. doi:10.1111/j.1532-5415.2009.02376.x
- Power, G. A. (2017). *Dementia beyond disease: Enhancing well-being*. Baltimore, MD: Health Professions Press.
- Snow, T. (2017). Positive approach to brain change. Retrieved from <http://teepasnow.com/>