Dementia Support Across the Care Continuum

Michelle Niedens, L.S.C.S.W.
Director of Education, Programs and Public Policy
Alzheimer’s Association - Heart of America Chapter
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Significance of Dementia

- People with Alzheimer’s disease and other dementias have more than three times as many hospital stays per year as other older people.

- Most common reason for Hospitalization of Individuals with Alzheimer’s Disease: Falls (26%)

- More than one-third (about 37 percent) of older people who receive non-medical home care services have cognitive impairment consistent with dementia

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- Forty percent of residents in residential care facilities, including assisted living facilities, have Alzheimer’s disease and other dementias.

- Fifty-nine percent of family caregivers of people with Alzheimer’s and other dementias rated the emotional stress of caregiving as high or very high

- 1 in 9 older Americans has Alzheimer’s disease
Barriers To Early Detection/Early Diagnosis

- Age discrimination
- Myth of hopelessness
- Certain personality/coping styles
- Lack of knowledge
- Apathy
- Fear of honest conversations

What Do We Know About The Early Stage?

- Does not have obvious signs – often very subtle
- Disease moves much slower in the first half of the disease than the second half
- Often unrecognized
- Often not diagnosed
- Depression very common
- Many, if not all, strengths and capacities remain
- Can be managed well through laying a foundation of support
Understanding of early memory loss

- Screening tools
- A shocking or disturbing experience of forgetting
- Understanding baseline

Value of Early Diagnosis

- Allows one to benefit most fully from medications that slow the process
- May open possibility of benefiting from more disease modifying medications currently being studied
- Provides opportunity to accumulate accurate information about disease and what to expect
- Allows one the opportunity to process feelings around the diagnosis and to come to a place of acceptance
- Allows one to take control of their life through making appropriate choices and plans for self and family.
- Can prevent unnecessary crisis
Middle stage: The Game Changer

- Impact of Executive function destruction
- Increasing need for supervision and assistance
- Financial implications
- Family conflicts
- Role of physical activity
- Placement decisions
- Increasing risk of neuropsychiatric challenges

Use of the NPI (Neuropsychiatric Inventory Questionnaire)

- Assessment of:
  - Presence
  - Severity
What makes dementia care different?

- Destruction of executive functions (insight, logic, cognitive flexibility, motivation, initiation, decision making, judgment)
- Challenges to engagement
- Both vulnerability to and reliance on external triggers/cues
- Inability to express needs in direct, consistent, traditional manner

Objectives

- Reduction/elimination of behavioral challenges
- Foster engagement
- Trigger sense of security/comfort
- Promote function
Common Neuropsychiatric Challenges

- Wandering
- Resistance to daily care
- Physical aggression
- Sexually inappropriate behavior
- Repetitious questioning
- Sleep disturbance
- Rummaging/hoarding

Continued...

- Social Withdrawal
- Disruptive Vocalizations
- Sundowning
- Demanding behavior/verbal aggression
- Urinating/defecating in places other than the bathroom
Contributors to behavioral challenges

- Medical status including delirium
- Environment
- Impact on coping strategies
- Sensory deficits
- Language deficits
- Susceptibility to depression
- Sleep disturbances

Follow the documentation trail:

- Behavior logs
- Times of challenges
- Antecedents
- Medications/additions/deletions/changes
- Sleep
- Eating
- Transitions/roommates/staff/new locations
Role of Delirium in Acute Care

- Indicators of possible delirium include: acute state of increased confusion, inattention, sudden increases in agitation, sudden emergence of psychosis, changes in sleep patterns, acute onset — hours to a couple of days and has fluctuating level of consciousness over the course of the day.

- Delirium is always caused by something physical and 25 percent can be fatal if underlying cause is not found.

- Delirium is considered a medical emergency.

- Increased risk in acute care settings

- Reversible

- Often exacerbates existing dementia

Delirium risk factors

- Sensory impairment
- Immobilization
- Medications
- Concurrent illness such as infections, severe acute illness, anemia, dehydration, poor nutritional status, fracture or trauma
- Metabolic complication
- Surgery
- Pain
- Emotional distress
- Sustained sleep deprivation
Delirium Prevention

- Ensuring adequate hydration
- Promoting sleep/providing positive sleep environments
- Promoting mobility within the limitations of physical condition
- Providing visual and hearing adaptations for those with sensory impairments.
- Limiting room and staff changes

Depression vs. Dementia

- Dementia alone
  - Near miss answers
  - Denial of problems
  - Evening – worst part of the day
  - Variable presentation

- Primary Depression
  - I don’t know responses
  - Exaggeration of problems
  - Morning – worst part of the day
  - Consistent presentation
Decision-Making Capacity

- People with dementia may still have decision-making capacity if they:
  1. Are able to communicate a choice
  2. Understand relevant information
  3. Appreciate the situation and its consequences
  4. Rationally manipulate information

- Assessors must be able to determine:
  1. Psychodynamic elements of personality
  2. Accuracy of both historical and present information
  3. Stability of mental status
  4. Communication barriers

Tips when in the Emergency Room:

Reference: Acute Hospitalization and Alzheimer’s disease: A Special Kind of Care
Available through the Alzheimer’s Disease Education and Referral Center 800-538-4380

- Do not leave individuals with a dementia alone in the ER
- Obtain collaborating history
- Pay close attention to caregiver’s description of the person’s usual/baseline cognition
- Perform head to toe assessment. The person may not be able to automatically identify painful or affected areas to you
- Watch for non verbal communication
Continued...

- Apologize each time you cause pain and avoid repeating painful exams, if possible
- Never talk about the person to others as if he/she is not in the room
- System for all to know of dementia

When surgery is necessary....

- Prepare family for possibility/probability of delirium prior to surgical procedures
- Talk with anesthesiologists about Alzheimer’s diagnosis
- Put anything/tubes out of sight if possible
- Avoid surrounding the person with several doctors/nurses/students
- Conversation about post hospital care options should be part of the entire process
Additional general guidelines for inpatient hospital stays:

- Discontinue asking orientation questions once a problem is established
- When possible, schedule tests at a time of day the person is at his/her best/not fatigued
- Limit night awakenings as much as possible
- Limit visitors to 1 or 2 at a time
- Avoid numerous room changes
- Avoid placing the person in a room located in a high noise/high traffic area

Continued…

- Keep lighting as free of shadows and glare as possible
- Simplify food tray
- Protect tubes and dressings as much as possible by making them as unobtrusive as possible
- Good general care and communication strategies!
Dementia and Transitions

- Accuracy in assessment of acute and persistent complications
- Hearing the call for help
- Assuming a therapeutic role in changes
- Recommendations to include those for long term care setting or hospitals as well as those for family members
- Use of bridge programs, like the Alzheimer’s Association

Continued..

- Understanding of CMS mandates with antipsychotic use in long term care cases, discussion and documentation
- List of recognized triggers for neuropsychiatric challenges
- Contact with follow up physician/psychiatrist
State Contacts

Brenda Groves, LPN - Kansas Foundation for Medical Care
1-785-273-2552 or brenda.groves@area-hcqis.org

Krystal Hays, RN, MSN, RAC-CT - CIMRO of Nebraska
1-402-476-1399 or Krystal.Hays@area-hcqis.org

Lori Hintz, RN - South Dakota Foundation for Medical Care
1-605-354-3187 or Lori.Hintz@area-hcqis.org

Michelle Lauckner, RN, BA, RAC-CT - Quality Health Associates of North Dakota
1-701-852-4231 or Michelle.Lauckner@area-hcqis.org

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