Patient and Family Engagement Campaign; Dementia Friendly Hospital Initiative

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Patient & Family Engagement Campaign

- Collaboration between Primaris and Alzheimer’s Association St. Louis Chapter
  - Goal: to build on earlier work for more sustainable outcomes
Why focus on dementia?

Adverse Health Events in Hospitalized Patients with Dementia

- **Delirium.** Dementia is the leading risk factor for delirium. Patients with dementia are three to five times more likely than other older adult patients to develop delirium in the hospital, and two-thirds of delirium in hospitals occurs in patients with dementia.

- **Falls.** Hospital patients with dementia are 1.6 to 3.6 times more likely than other older patients to fall in the hospital. One-third to nearly two-thirds of falls in older patients involve a patient with impaired memory, which is indicative of dementia.

- **New incontinence.** Hospital patients with dementia are more likely than other older patients to develop new incontinence. A study of 13,729 older patients in 81 hospitals in Italy found that those with dementia were five times more likely to develop new urinary incontinence and six times more likely to develop fecal incontinence.

- **Indwelling urinary catheters.** Hospital patients with dementia are at greater risk than other older patients for placement of an indwelling urinary catheter without a specific clinical indication. In one hospital, patients with dementia were almost three times more likely than other older patients to have such a catheter placement.

- **Pressure ulcers.** The study of more than 13,000 older patients in 81 Italian hospitals, mentioned above, also found that patients with dementia were five times more likely than other older patients to develop new pressure sores.
Hospitalizations for Persons with Dementia

- Compared with other older people, older people with Alzheimer’s disease and other dementias have:
  - 3 times more hospitalizations
  - 4 times more hospital days
  - almost 3 times more emergency department visits*

*Porell, Medicare Chronic Condition Warehouse, 2009
Why?

- Most older people with dementia have one or more other serious medical conditions: (CMS 2004)
  - 26% also had coronary heart disease
  - 23% also had diabetes
  - 16% also had congestive heart failure
  - 15% also had chronic obstructive pulmonary disease
- People with dementia are usually admitted to the hospital for treatment of their other medical conditions – not for their dementia.
More Hospitalizations & Increased Length of Stay

• Coronary Heart Disease + Dementia
  • 42% more hospitalizations than those with coronary heart disease and no dementia and spent more days in the hospital (6.2 days vs. 3.7 days, respectively)

• Diabetes + Dementia
  • 64% more hospitalizations than those with diabetes but no dementia and spent more days in the hospital (6 days vs. 3.2 days)
Wandering

• 60% of people with dementia wander at some time in the course of their disease.

• Why they wander:
  • Disorientation, restlessness, agitation
  • Looking for something – the bathroom, something to eat, someone they know
  • Trying to fulfill former obligations – get to work, take care of their children

Not all who Wander are lost
-JRR Tolkien
Falls

- Older hospital patients with dementia are 2 - 4 times more likely to fall than other older patients
  - Why they fall:
    - they don’t understand or remember instructions about getting up
    - they are unsteady on their feet because of the physical condition that led to their hospital admission
    - the disease that causes their dementia also causes problems with gait and balance
Delirium

- **Delirium:** dementia is the leading risk factor for delirium; patients with dementia are 3-5 times more likely than other older patients to develop delirium
Hospital Re-Admissions

• 1/5 of all older people who are discharged from the hospital are readmitted within 30 days and more than 1/3 are readmitted within 90 days

• No national data on hospital readmissions for all people with dementia

• Among older people receiving Medicare home health care in 2004, those with dementia were 28% more likely than those with no dementia to be readmitted
Under-Recognition of Dementia

• Most people with dementia in the U.S. still don’t have a formal diagnosis
• For those who do have a formal diagnosis, it often isn’t in the hospital record
Staff Perspective

- Sometimes, hospital staff members say:

  “This patient had dementia when he/she came into the hospital and will have dementia when he/she leaves. We can’t do anything about the dementia. We have to treat the admitting disease or condition. Why focus on the dementia?”
Primaris’ Goals

Primaris will improve patient and caregiver engagement to avoid hospitalization trauma.

– This project will target three main stakeholder groups:
  • Individuals with diagnosed, early cognitive impairment and their families
  • Multi-disciplinary acute care staff
  • Physicians/healthcare professionals treating persons at risk
Primaris’ Two Key Approaches

- Educating family members and health care professionals
- Working very closely with the contractor, the St. Louis Chapter of the Alzheimer’s Association.
Objectives

- Improve understanding of family and caregiver engagement
- Recruit 3 acute care providers to pursue training
- Enlist 3 educational events per hospital
- Preparing case review (CR) staff to better engagement through dialogue through encounters
- Identify benefits through reduced harm
- Supportive community outreach and education throughout
How does this campaign help statewide Dementia care?

- QIO lead decision making
- Inform the influences, activities, next steps or support that can be used for:
  - Patient centered outreach statewide
  - Targeted outreach to at-risk patients and families seeking discharge determinations or having quality concerns
  - Enhance educational sharing of resources from our QIO Clinical Review work
Project Tasks

Clinical Review
Staff Education
Clinical Review Staff Education

• Goal: Empower families of patients with dementia in transitions of care
  – CRS Encounters
    • Listen for Cues
    • Script
    • Sensitivity Refresher
  – CRS provide tailored resources
  – Targeted referrals & follow-up
Project Tasks

Clinical Review
Staff Education

Hospital Partnerships
History

• 2006 St. Louis Chapter began the Dementia Friendly Hospital Initiative
  – Response to Helpline Calls

• 2008 – 2012 funded by Retirement Research Foundation and Practice Change Fellowship
  – Curriculum was developed & researched for efficacy
  – Staff education delivered
Dementia Friendly Hospital Initiative
Goal: Enhance care for persons with dementia through on-going advanced training. Create web-based option.

Goal: Partner to provide patient & family consumer engagement education for better patient outcomes.
Based on “Partner With Me”: University of California, San Francisco

Goal: Conduct Grand Rounds, webinars and fellows visits

Goal: Improve a transitional care collaboration through on-going partnership.
**PFEC - Partnership with the Alzheimer’s Association**

Maximize use of Alzheimer’s Association services for both the staff of partner Hospital and the patients with dementia. The partnership will allow for on-going collaboration, mutual benefit and continued quality improvement.
Hospital Partnerships

- Christian Hospital
  - 485 Beds
- St. Luke’s Hospital
  - 493 Beds
- St. Alexius Hospital
  - 337 Beds
Project Tasks

- Clinical Review Staff Education
- Hospital Partnerships
- Staff Education
Curriculum

• Where did it come from?
• International Best Practices
• National Advisory Panel

DEMENTIA-FRIENDLY HOSPITALS: Care Not Crisis

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Advisory Committee

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- Nancy Smith-Hunnicutt, Coordinator of Dementia Responsive Care, Mission Hospitals, NC
Curriculum Overview

• Module 1 – Introduction – Hospital and Association
• Module 2 – Medical Overview- Geriatrician, Gero-Psyche or Neurologist
• Module 3 – Communication & Behavior- Chapter expert
• Module 4 – Dementia Friendly Care-ADL, Safety, & Environment-OT/OT/Nursing
• Module 5 – Connecting the Caregiver- Social Worker
• Case Studies-participants
• Other Components –
  • Pre- Post Survey
  • Video clips of Families and Try This Practices
Staff Education

• Full Day of Education
• Multi-Discipline
• Lessons Learned
  – Staff is hungry for information / tools
  – Willingness to tailor programs, important
Data from Staff Education

• Total # Educated = 230
• 85–90% of participants reported post-ed
  – Able to define Alz Disease & other dementias
  – Understand how dementia effects communication
  – Feel prepared to incorp. positive interventions
  – Identify red flags for discharge challenges
• Self-Rated Knowledge Scores
  – Increased from a 3 to an 8
Project Tasks

- Clinical Review Staff Education
- Hospital Partnerships
- Staff Education
- Physician Education
Physician Education

• Webinars
  – Reimbursement / Detection / Assessment Tools

• Partner with our local Alzheimer’s Disease Research Center
  – Diagnosis Information / Research Update
  – Promote referrals to Alzheimer’s Association

• Lessons Learned
  – Eager for information and resources
Project Tasks

- Clinical Review Staff Education
- Hospital Partnerships
- Staff Education
- Physician Education
- Community Education
Community Education

• In person education class
  – Partner with Me – UCSF/ADRC
    • [http://memory.ucsf.edu/caregiving/hospitalization](http://memory.ucsf.edu/caregiving/hospitalization)

• Care & Conquer Conference - 349

• Living with Dementia Beyond Drugs

• Lessons Learned
  – Class topic may be too narrow
  – Deliver information to them in various ways
Project Tasks

- Clinical Review Staff Education
- Hospital Partnerships
- Staff Education
- Physician Education
- Community Education
- Website Tool Kit
Website Toolkit

• Primaris
  – http://primaris.org/services/quality-improvement-organization/special-innovation-projects
  – Alzheimer’s Association
    – For Professionals
      • http://www.alz.org/stl/in_my_community_62182.asp
    – For Community
      • http://www.alz.org/stl/in_my_community_62131.asp
Overall Lessons Learned

- Hospitals
  - Not connecting link between adverse health events and dementia
  - Dementia is not an educational priority.
    - Budgeted
    - On-Going
  - There are many urgent voices in the market.
Partnership is Key

• Partnering with other Stakeholders to form better safety net approach to a fragmented healthcare system, especially with high risk beneficiaries.
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