Impacting the Quality Measures with Innovative Person-Centered Care

August 29, 2017
Today’s objective:

- Learn from your peers about innovative ways to improve residents’ quality of life and reduce the use of antipsychotic medications

Please hold all questions until the very end to ensure we get through all of today’s presentations.

Thank you!
Copper Ridge Health and Rehabilitation
Butte, MT

**Brenna Collins, Administrator**
- With Copper Ridge for 9 years
- Manages day-to-day operations; meets with current and potential residents

**April Angove, LPN, CRN, Director of Restorative Nursing Services**
- With Copper Ridge for 8 years
- Served in the Army for two years; active duty Army Reserves 1996 – 2013

**Karen Kirkpatrick, RN, BSN, Director of Nursing**
- With Copper Ridge for 5 years
- Has completed post-baccalaureate education in industrial hygiene
Antipsychotic Reduction
For Copper Ridge Health and Rehab
THE ISSUE

• The overuse of antipsychotic medications in the elderly to try to modify behaviors. Some of which are related to dementia
• Anti-psychotic medications are expensive, costing Medicare millions per year
• Anti-psychotic medications have many risks associated with their use. Some of the risks include falls and fractures, increased hospitalizations, and even death. Potential side effects of these drugs can also be a serious risk to our population.
THE GOAL

• To reduce the use of anti-psychotics in our facility
• Provide our Residents with other options
• Educate our staff and give them the tools to provide other options to our residents in dealing with behaviors rather than the use of an anti-psychotic medication
• Enabling our staff to identify triggers to behaviors before escalation occurs
• Enabling our Residents to remain at their highest level of function for as long as possible and as safe as possible
• See a reduction of falls and re-hospitalizations
THE BIRTH

• In January, 2017, in regards to reducing anti-psychotics we needed some ideas to increase activities for our residents with something different than we have traditionally seen in the past.
• Activities Department needed to add more evening activities.
• An evening crafting activity was something new and different than what we had in the past.
• But how could we make this fresh and new and make people want to attend? How do we create excitement and decrease behaviors therefore decreasing the need for some anti-psychotics.
• Myself and April Angove along with Karen Kirkpatrick (Director of Nursing) and our Activities Department started brainstorming.
• We needed a name but most of all we needed a purpose..
• April Angove, the Director of Restorative Nursing made it her focus to make something happen, and she did.
• Copper Crafters Circle was born
THE PURPOSE

Many of our short term residents seemed to struggle with boredom. These residents provided the initial inspiration to pursue something different and something at a different time due to therapy schedules.

At the same time, our long term residents needed something new and something to be excited about. This would be an opportunity to learn new skills and share their own skills with others.

Everyone could all agree that there are so many organizations in the community that could use a helping hand.

Our Residents needed a functional, meaningful activity. A purpose.

GIVING....

This would be the purpose of Copper Crafters Circle.
THE BEGINNING

- Copper Crafters Circle began on a cold Wednesday night in March 2017 after a few months of planning.
- Initially this group was a trial
- Collaboration was key in making this work. Nursing and Activities were main players in getting this off the ground, we needed the support and financial means of the Administration, Dietary to assist with providing snacks for the evening event, Environmental Services to be diligent in having our Dining Room/Activities area clean for the event, and other departments to volunteer to assist residents.
- The joint effort would benefit everyone involved from the facility, to the residents, families, the staff, and the community.
- We had no idea how much this would really mean to our residents.
THE PROJECTS

• Copper Crafters started off with a few participants. A few residents, a few staff members, one or two family members.
• The initial projects were determined by Restorative Nursing (myself) and Activities.
• The projects now are determined by ideas from our Residents and Community needs and interests.
PET BEDS FOR THE SHELTERS

- These beds were donated to The Butte, MT. Chelsea Bailey Humane Society and Pintler Pets Shelter in Anaconda, MT.
- Meet Kimber and Trixie.. I think they approve of the beds.
NEWBORN HATS

• These hats were donated to the New Hope Pregnancy Center. The center helps woman with pregnancy related medical costs.
THE CANCER CENTER

- These Beanies were made for cancer patients going through Chemotherapy.
- This project had special meaning for these two special people, one resident and one staff member who are cancer survivors.
CANVAS PAINTING

• Canvas Painting was so much fun!
• We discovered a few of our residents have some talents that we were not aware of.
• Family members were so impressed by the talent of their loved ones.
• Out of the discovery of talents and skills that we were previously unaware of, other activities were created.
• These paintings will be tangible memories for many families.
CANVASES
The Homeless

• In April 2017, our Community lost its Homeless Shelter and many people were displaced.
• Action Inc. worked diligently to place as many people as possible.
• Copper Crafters wanted to help. So some calls were made to Action Inc. and it was determined that hygiene items were badly needed. So our residents put together hygiene bags with a special Easter Cookie and Easter Egg made from our Dietary Director Mike.
• These simple bags included shampoo, conditioner, lotion, soap, feminine products, razors, and a whistle for safety.
• We had 25+ involved in this activity. And the gratitude that our residents received warmed many hearts here.
Hygiene Bags
Upcoming Projects

• Hats and Gloves with Love – This is a project that Copper Crafters will do in conjunction with the Citywide Annual Coats for Kids event in September and October.

• Keeping the Community Warm- Scarf making for those in the community who need some assistance

• Rock Painting- for gift giving

• Christmas beading project for holiday gift giving
The Results

• We have decreased our Anti-Psychotic use from 15.79 to 9.09 in 6 months.
• The falls w/ major injury ratio is trending downward.
• Evening activity resident involvement has increased
• We have been humbled by the effect that our residents have experienced regardless of their different functional capacities.
• The appreciation that our residents and our staff have received from the community has been instrumental in creating the smiles on their faces that we have had the opportunity to see.
• Due to the overwhelming response and success of Copper Crafters Circle, we have now opened it up to the public to come in and volunteer to share their talents with us and reap the rewards of engaging in a meaningful activity.
• Copper Crafters Circle occurs the 2nd and 4th Wednesdays of every month. What started as a group of 5-6 people now is a group of 15+.
WHAT WE HAVE LEARNED

• By providing a normal social setting, people become more comfortable and their disabilities become less obvious.
• Active people do not fall as much, do not require additional medications, and experience less anxiety and agitation.
• Industry builds self worth.
• Helping others takes focus off our own troubles.
• This is a population that is happy to give.
• All of us at Copper Ridge look forward to continuing to reduce the use of anti-psychotic drugs and decreasing falls by providing a meaningful and humbling experience from what Copper Crafters Circle has to offer.

• The goal is to get below the CMS National Target of 6.00 for anti-psychotic use

• I would encourage other facilities to form their own “Circle.”

• I would like to thank April Angove and Karen Kirkpatrick for their unwavering commitment to our residents and the elder population as a whole. You are a true inspiration.
FOR IT IS IN GIVING
THAT WE RECEIVE

ST. FRANCIS ASSISI
Village Health Care Center
Missoula, MT

Toshua Krushensky, BSN
Director of Nurses

• Past experience as a floor nurse and DON at another facility before joining Village Health

• Enjoys camping, fishing, boating and quilting
The Goodman Group

ESSENTIAL OIL
AROMATHERAPY
Essential Oil Aromatherapy

• Program was developed in partnership with the University of Minnesota’s Center for Spirituality and Healing

• The protocol created was designed around many key quality measures
# Key Quality Measures

<table>
<thead>
<tr>
<th>Symptom Addressed</th>
<th>Consequences</th>
<th>Observations that may indicate need for aromatherapy</th>
<th>Recommended Essential Oils</th>
<th>Method of Delivery</th>
<th>Practice considerations</th>
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</thead>
<tbody>
<tr>
<td>Pain</td>
<td>Falls</td>
<td>Facial Grimacing Guarding Immobility Non-participation</td>
<td>1) Lavender 2) Spearmint</td>
<td>1) Inhalation by sticker or 1 drop of oil on a cotton ball 2) Hand massage 3) Diffusion</td>
<td>Spearmint not after 5 pm because it can be stimulating.</td>
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<tr>
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<td>Pacing / Wandering Anger / yelling Striking out</td>
<td>1) Lavender 2) Mandarin 3) Frankincense</td>
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<td></td>
<td></td>
<td>Insomnia Unable to fall asleep Waking frequently</td>
<td>1) Lavender 2) Mandarin 3) Roman chamomile</td>
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<td>Sleep disturbance</td>
<td>Behaviors Affecting Others</td>
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<td>Poor appetite</td>
<td>Antipsychotic Meds</td>
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<td>Depressive Symptoms</td>
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<td>Weight Loss</td>
<td>Crying / Sadness Withdrawn Hopelessness Self-Isolation</td>
<td>1) Lavender 2) Spearmint 3) Bergamot</td>
<td>1) Inhalation by sticker or 1 drop of oil on cotton ball 2) Diffusion 3) Hand massage</td>
<td>Avoid skin exposure to bergamot</td>
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Methods of Delivery

There are 3 approved methods of delivery:

1. Hand massage
2. Diffusion
3. Stickers
4. Wool pins
Essential Oil Aromatherapy

- Residents are provided with a choice of oils (not everyone prefers the same scent)
- Chosen oils have very minimal contraindications
  - The sticker is hypoallergenic with a slow release of oil over 8 hours
- Oils do not require a doctor order
Kamran Chaudhry, NHA, B.Com Honours, Administrator

• Recipient of American College of Healthcare Association’s (ACHCA) Long Term Leadership Award

• 16+ years’ experience in long term care, including 12 years as an administrator with proficiency in preparing and filing Medicare and Medicaid cost reports

• Has served as Qualicare Nursing Home’s administrator since 2005
INNOVATIVE WAYS TO REDUCE QUALITY MEASURES (Antipsychotic Medication)

Kamran Chaudhry, NHA
Qualicare Nursing Home
CIENA Healthcare Community
Improve Behavioral Health and Safely Reduce the Use of Antipsychotic Medications

Background and Goal

**Background:**
- March 2012 - Qualicare IDT sits around the table and watched CMS webcast regarding developing a national action plan to improve behavioral health and to safeguard nursing home residents from unnecessary antipsychotic drug use.
- In order to develop an action plan/roadmap, we asked ourselves a question. How can we work with families and residents to optimally address behaviors through non-pharmacological interventions and environment modifications?
Improve Behavioral Health and Safely Reduce the Use of Antipsychotic Medications

Background and Goal

**Baseline & Goal:**

- National rate in long stay residents was 23.9% (Dec. 2011)
- Qualicare base line rate was 27.1% (2012)
- Qualicare’s first year goal to reduce prevalence rate by 15%
- Qualicare’s recent target goal rate with MPRO’s partnership was to bring it down to 6% by the end of 2016.
Interventions to Safely Reduce Antipsychotic Medication Use in Dementia Residents

1. Therapeutic Environment / Non-Pharmacological Approaches

2. Systematic Changes / Process Improvement (PI)
Therapeutic Environment / Non-Pharmacological Approaches

- **Quality Sleep**
  - Assess residents for sleep disturbance that may be contributing to mood/behavior problems during the day or night
  - Review medication administration and provision of ADL care/treatment at night to reduce interrupted sleep
  - Identify individual residents who have problems with incontinence, pain, anxiety, etc.

- **Noise Control** *(100% alarms free, minimum paging)*

- **Aroma and Massage Therapy**
  - Cool mist aroma diffuser on bed side
  - Massage therapy by staff

- **Activities** *(To keep resident active, involve, and monitored all day)*
  - Evening Activities – offer favorite and appropriate level activities
  - Outing (Casino, Bingo Hall, Museum, Shopping Mall, Movie, Picnic, Cruise etc.)
Therapeutic Environment / Non-Pharmacological Approaches

- **The Patio / Garden**
  - Raised garden beds to assist wheelchair resident to plant tomato's, herbs, and flowers. Residents assist to water, nurture, and enjoy watching them grow.
  - Activities held in patio where resident enjoy good summer weather and their favorite game of bingo.

- **FIT Program**
  - Park and Walk (encourage walking)
  - Exercise / Yoga / Music Therapy
Systematic Changes and Process Improvement (PI)

- **Pre Admission Screening (New & Re-Admits)**
  Many times residents may have been put on antipsychotic medication due to certain behaviors, which may have been due to recent illness or medication.

- **Interdisciplinary Team Resident Review**
  - Was drug ordered for a valid clinical indicator, with appropriate doze
  - Were the non pharmacological interventions attempted first
  - Is the care plan updated and reflected new interventions and goals
  - Is GDR attempted
  - Is Medication review completed including consultant Pharmacist recommendations
Systematic Changes and Process Improvement (PI)

- Other Positive Systematic Changes and PI to Manage and Safely Prevent Use of Medication
  - Consistent assignments
  - Family involvement in Learning and managing behavior
  - Leadership and staff engagement
  - Behavior Assessment for residents on antipsychotics by the IDT
  - Weekly risk committee meetings for history of behaviors
  - INTERACT training to identifying unusual behavior (e.g. Stop & Watch)
  - We always encourage an on-site visit with the potential resident and their family
  - Review the potential resident’s current history andphysical, hospital notes, (ER, nursing, therapy etc.) and social services notes to get a complete picture of their needs
Results

Antipsychotic Medication

Source: CASPER Report
Conclusions and Lesson Learned

- We learned that we have positive response when all staff using consistent approaches and intervention with integrated team effort moving parallel towards a goal.

- Achievement of goals through consistent implementation of QAPI, RCA, and learning best practices through partnership with organizations like MPRO promoted to apply approaches like 3 R’s.

  - Rethink
    - Rethink our approaches
  - Reconnect
    - Reconnect with our residents via person centered care
  - Restore
    - Restore good health and quality of life
Thank You

Kamran Chaudhry, NHA
Qualicare Nursing Home
CIENA Healthcare Community

qualicare_admin@cienafacilities.com
Racey Gasior, MS, Director of Wellness Initiatives

- Holds a Bachelor’s in Psychology and a Master’s in Human Services
- Certified Personal Trainer with an additional Senior Specialty Certificate
- Certified Tai Chi instructor
- American Red Cross instructor
- Has been in the wellness industry since 2006
- AHCA/NCAL National Quality Award Examiner
Tealwood Senior Living

- Established in 1989
- Over 40 skilled nursing, assisted living, memory care communities in States: MN, SD, IA, NE and WI

**MISSION STATEMENT:** To enrich the lives of those we serve.

Commitments:

* **RESPECT** everyone for who they are and who they may become.
* **RECOGNIZE** that every person is unique and has their own set of values, beliefs, ideas and own way of doing things.
* **RESPOND** to all your concerns, needs and ideas.
Dementia Initiative

- MN Department of Human Services: Pay-for-performance Incentive Payment Project (PIPP)
- Reasons for Initiative:
  - Address the increasing regulatory requirements for Dementia-focused training
  - Opportunity to provide better quality care by redefining approaches toward caring for those with Dementia
  - Opportunity to improve every day systems which in turn will improve State of MN Quality Indicator & Quality Measure Scores
The Dementia Experience

- Goal: Participants will experience for themselves, what it may be like to have dementia and the challenges of living with the disease
The Dementia Experience

• “Over the next few minutes we will change how you see, hear and feel the world around you”
• Participants are given 5 tasks to complete while “dressed up” in a designated room
• They are observed for 10 minutes
• Educational tie-in at the end between the participant and the observer
The Dementia Experience

• Initially Project Managers conducted the Experience at each location
• Trained in-house leadership staff to conduct following training
• Minimum requirement: Once per quarter for all new hires
• Added to our site monitoring forms which are addressed monthly by consultants
Aim: 20% improvement from Baseline

- MN QI Incidence of Worsening or Serious Resident Behavior Symptoms (LS) @ 19.17%
- MN QI Prevalence of Residents who Report Moderate to Severe Pain (LS) @ 14.92%
- MN QI Prevalence of Antipsychotic Medications without a Diagnosis of Psychosis (LS) @ 35.42%
Suggestions

• Think of how you can put staff in their shoes
• Even taking one of the senses away in a task-like situation can show staff dementia affects
• Think of common “behaviors” your residents have and conduct role playing with staff on recommended approaches to care
• Systems analysis in relation to important measures
Contact Information

Racey Gasior
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320-420-3655
Miravida Living
Oshkosh, WI

Theresa Bertram, MBA, President/CEO
• Experienced in leading nonprofit organizations
• Prior experience includes co-owner and senior consultant at Path to Results
• Her leadership successes are detailed in the book *Masterpieces: Excellence in Health Care Leadership*, and her change leadership approaches are noted throughout the book *What Kind of World Do You Want?*
• Taos Institute associate, University of Wisconsin College of Nursing Board of Visitors member, Fox Valley Technical College board member
Honoring the Spirit Within

Namaste Care

I honor the place in you in which the entire Universe dwells,
I honor the place in you which is of Love, of Truth, of Light and of Peace.
When you are in that place in you, and I am in that place in me, we are one.

Miravida Living
Oshkosh, Wisconsin

Theresa M. Bertram
Chief Executive Officer
Like millions of people with differing abilities, elders with a dementia diagnosis are living with a disease and differing abilities.
What are the possibilities for someone living with dementia?

What are their opportunities for **connection**, **joy** and **best moments**?
Namaste Care

A seven-day-a-week program offering personalized care and meaningful activities in a calm, quiet space.

The End-of-Life Namaste Care Program for People with Dementia

by Joyce Simard
Chapter Headings

1. The Beginning
2. What is Namaste?
3. The Team
4. The Setting
5. The Day
6. Implementing Namaste
7. Assisted Living
8. Quality of Life - End of Life
9. Dying and Death
Resources

- Nursing Supplies
- Activity Supplies
- Resources
- ADL Checklist
- Dementia Bill of Rights
- Pain Assessment Advanced Dementia (PAINAD) Scale
Our Process

COMMUNICATIONS

Hard Work
Ideas
Leadership
Idea
$ Leadership
$ Ideas
$ Ideas
$ Ideas
Nurses
Resident Assistants
Life Enrichment
Maintenance
Residents
Families
Board
Members
and
Donors

Media
Volunteers

Regulators, Surveyors, Ombudsmen, Advocates
Representatives from the Department of Health Division of Quality Assurance and OMBUDSMAN

Joyce Simard
Honoring the Spirit Within
Connecting in New Ways

Elders
Spouses
Loved Ones
Staff Members
Volunteers
Regulators
Elder Advocates
Laughter
Delight
Affection
Connection
Anticipated Therapeutic Benefits

Decreases in inappropriate or challenging behaviors

Decreased level of anxiety and depression

Decreased level of pain

Reduction or elimination of antipsychotic medications

Reduction or elimination of anti-anxiety medications and antidepressants

Reduction of elimination of pain medications
An Evidence-Based Approach

Secured funding from the Wisconsin Department of Health Services and CMS to further implement the Namaste Care Program.

Partnered with the University of Wisconsin Oshkosh, College of Nursing to conduct quantitative and qualitative research on the outcomes of the Namaste Care Program. Quantitative research identified changes in cognition, activities of daily living, medication use, and behaviors. Qualitative research focused on elder and caregiver experiences.
Antipsychotic Medications
Behaviors

Bethel-State-National Averages

<table>
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<th>Average</th>
<th>BH</th>
<th>State</th>
<th>Nat.</th>
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<td>%</td>
<td>14.13%</td>
<td>24.44%</td>
<td>23.25%</td>
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</table>

**Table:**

- BH: 14.13%
- State: 24.44%
- Nat.: 23.25%
An Evidence-Based Approach

Partnered with the UWO-CON to add Namaste Care to its curriculum and serving as the clinical site for its students.

Participating in the Dementia-Capable Wisconsin Initiative addressing community awareness and services, facility-based long-term care, care for people with challenging behaviors, dementia care standards/training, and research/data collection.
Center of Excellence for Elders Living with Dementia

Collaborating with the Alzheimer’s Association: Caregiver Support Groups and Oshkosh Memory Café

Music & Memory Initiative

Namaste Care A la Carte

Cycling Without Age

Noah’s Landing

TimeSlips

Virtual Reality Travel
What’s Next ...
Thank you for the privilege of sharing the story of our journey to develop a Center of Excellence in Dementia Care.

Thank for your presence today and many thanks to you and your team ... your work makes a difference in the lives of the elders you serve and gives peace of mind to families entrusting their loved ones to your care.

We would be pleased to support your work by offering telephone consultations and hosting tours of Namaste Care.
225 North Eagle Street
Oshkosh, Wisconsin 54902
920.235.3454  www.miravidaliving.com

Theresa M. Bertram
Chief Executive Officer
Do you have questions for any of our speakers?

THANK YOU FOR YOUR TIME AND ATTENTION!