



MOVING FORWARD ON LOOKING BACK:

Modern Memory Care Advancements

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Introduction

Many assisted living communities are bereft of some of the resources that skilled nursing facilities have. Patients with memory diseases like Alzheimer's previously found this difference between assisted living communities and skilled nursing facilities difficult to find treatment in the former. However, recent advancements beyond pharmaceutical care have given assisted living centers the ability to effectively care for patients suffering from memory loss or dementia.

In this eBook, discover how the healthcare field has evolving to include many nontraditional and hands-on methods of care when it comes to memory diseases.

Read the discussion from healthcare professionals coming together to share their treatment victories at the Memory Care Forum, all of which focus on personal and drugless care ([What's Your Best Practice for Memory Care?](#)).

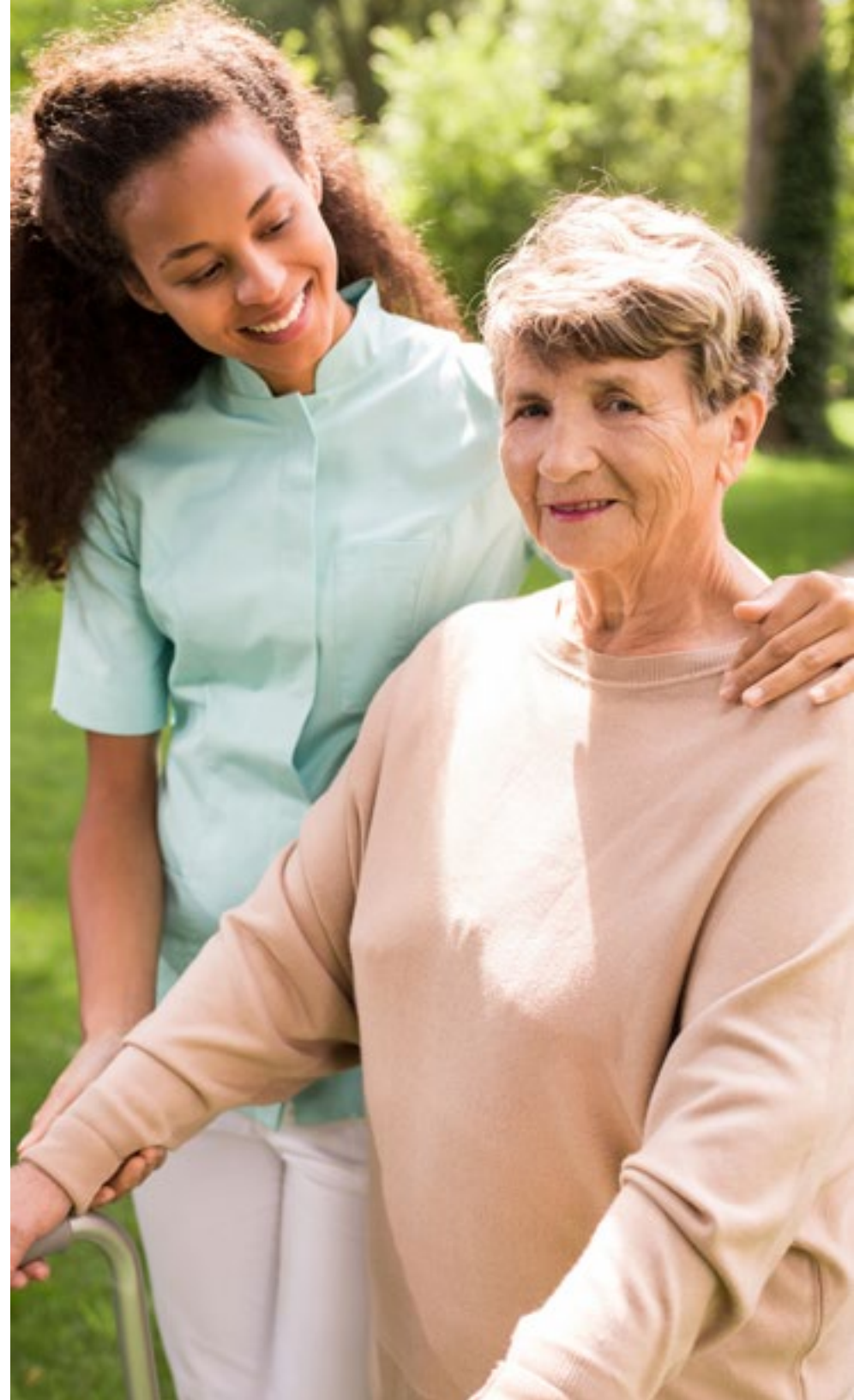
Cynthia Morton, Executive Vice President of the National Association for the Support of Long Term Care (NASL), relays the progress is pay-for-quality models as well as the future of reimbursement for assisted living facilities ([The Fate of Your Stars: CMS and the New Quality Measures](#)).

You will also learn how modern technology and the Birdsong Initiative have bridged the gap for dementia patients who were having difficulty with social interactions ([Computer Engagement Reduces Antipsychotic Usage, Improves Quality of Life](#)).



Finally, take an in-depth trip with Kim Butrum – Senior Vice President, Clinical Services, Silverado – on the new memory care mindset and how we can provide a more purposeful life, now and in the future, for those suffering from Alzheimer's ([A New Mindset in Memory Care](#)).

When it comes to treating these diseases that dim memories, the future is bright and enlightening as healthcare professionals embrace new ways to treat memory diseases. Computers, intimate care, and many innovations are paving the way to helping those in need in assisted living communities.



What's Your Best Practice for Memory Care?

Nicole Stempak
Senior Editor, *Long-Term Living*

Conferences are a chance to learn from industry experts. The [Memory Care Forum](#) in Austin, Texas, sponsored by the [Institute for the Advancement of Senior Care](#), was no exception. The days were filled with fascinating presentations, but often the richest insights are shared during coffee breaks or while networking at lunch.

Long-Term Living took advantage of those water cooler moments to learn best practices actually in practice. We asked attendees one simple question: What do you think is a dementia care best practice that your facility employs? Here are their responses:

"We just started a music care therapy. We select a few patients who have increased behaviors: wandering, agitation or anxiety. We get with their family members to learn their music preferences, and we put on these headphones a couple times a day. They just listen to music. Some dance. Some of them will keep it on for an hour, some of them for only five minutes. All of the wandering, the agitation goes away. They are calmer, more alert and their general affect is just happier."

—Sarah Stephens, RN, Glen Rose Nursing and Rehabilitation Center
in Glen Rose, Texas



"I call it personal activity preference scrapbooks, which is not life-story books. Having pictures of the family and things that he's been in the past means nothing. Instead, it's objects of special value. I did this with my dad who has dementia, and this is what I teach. I put a picture of his World War II ship with the story on the back. It's laminated so staff can just take it out, read that and show that to him. He was a musician, so I had scores of easy music so he could see the notes on the page. I had poems of some of his favorite poets. These are interests that staff can use to engage him. That becomes the exercise. It works really well."

—*Natalie Davis, activities and education consultant and owner of ActivTimes Consulting and Education in Dallas*

"We do consistent staffing. We have two crews: Monday through Thursday and Friday through Sunday, same staff. We don't rotate them around unless we're short. It gives them consistency. We also encourage our staff to hang out with the resident when they're doing activities to help them engage in activities. We train new hires right off the bat because this is the expectation. We don't do like the other facilities. We don't correct a resident. If a resident says, 'Oh my husband is here,' we don't say, 'Oh no, he's not here, he's dead.' We just ask them to tell me about your husband. What does he look like? Why he's coming to visit? The resident can talk, and we'll listen. And have the familiar face of the staff stay with them."

—*Bunleng Hill, director of nursing at Wellsville Retirement Community in Wellsville, Kan.*



"You know how rehabbing old furniture is a big deal? I have an employee who loves to do that. So she went to the antiques store, and she found all these old TV cabinets that everybody's getting rid of. Our maintenance guys put them on rollers so I can roll it wherever I need it. Let's say you have an agitated resident but they love babies but they like that so we might hand them the baby and say 'The baby needs to be changed. Will you help me?' 'Yes.' Then we'll take them into their room with the cuddle station. You open it up. It has a bassinette. All the blankets are textured with the little knobby stuff, soft, satin. On the doors, she actually screwed in old nursery rhyme pictures and songs that we can sing them 'Twinkle, Twinkle Little Star' and things like that. We're doing another one for men related to radios. We put screwdrivers and stuff like that in there so that they can fiddle with it. And when they're not being used, they're closed off."

—Terri Howell, nursing home administrator for John Knox Manor II in Montgomery, Ala.

"The most effective top best practice I've seen, maybe it's because I'm an animal person, is the Eden Alternative program and incorporating that into the dementia program. I have seen a lot of positive effects on the residents' quality of life. If they're acting out, animals relax the resident. The animal has the sense of knowing when a resident is in pain or dying, so it's a calming effect for the family, staff and the residents. I've never seen them get aggressive towards an animal or a cat that goes into their lap or goes into bed with them."

—Barbara Bierstedt, RN, senior nursing consultant for Solutions in Houston



"We have a resident profile and that information that allows us to provide person-centered care. The profile helps us get to know what makes that person an individual and what their triggers are. We do a Montessori program, so it's basically a self-paced program, and we can personalize it towards them. If we do a game of bingo, not everyone will want to play bingo. Some people absolutely hate the number calling part and the repetitiveness. Why are you going to put someone in that position if it's something that they don't tolerate?"

—Jenny Castillo, executive director of Orchard Park in Kyle, Texas

"We receive training on specific Alzheimer's symptoms. Not all of our clients, but some of them are late-stage Alzheimer's, so I think it's really important for the staff to understand. For example, some of our clients won't go past a dark mat on the floor. They won't go past that doorway. They think it's a hole. We learned to pull up mats in their bedroom because that could be a fall hazard. Residents in the nursing home are responding better to the CNAs, nurses and housekeeping because the staff knows how better to approach the residents. In turn, I believe that makes the residents less scared."

—Amy Olson, RN at Yalobusha General Hospital, which operates adult day services and nursing home in Water Valley, Miss.



[Editor's Note: In January 2016, Van Dyk Park Place created Lighthouse Connections, an informal program for residents who need assistance but whose dementia doesn't yet require them to be in a secure, supervised dementia unit. Lighthouse is offered to residents identified by staff as needing more attention and offers sensory-based activities.]

"I think the best practice is really bringing it to a smaller group, a group that's manageable. It's up to nine now, but it still gives it more of a chance to be individualized. They really were being lost in the big population and so, for example, they might not even go to an activity. They might just sit in their room while an activity is going on, and we would see them and say, 'Can we engage them somehow?'"

—Nancy Soto, vice president of strategic planning at Van Dyk Healthcare in Ridgewood, N.J.

"We try to have a care plan meeting within a week or two of their admissions so we can find out through their family what did they do and how did they do it. You find out all kinds of good stuff like mom got up at 3 o'clock in the morning and cleaned the house. That was just what she did. So when mom's getting up at 3 o'clock here, the staff knows not to try to get her to stay in bed. Just get her up, bring her out and have her fold towels or something."

—Kristine Martinez, director of nursing at Brookside Retirement Community in Overbrook, Kan.



"I think the best type of practice would be using an evidence-based model. I think it's appropriate to make sure even direct care staff have some type of training. We do actually get trained to be certified dementia care practitioners. Not everyone is certified because it has to be done in phases. At least two times a year, direct-care staff has the opportunity to become certified dementia care practitioners because the owner is an educator."

—Enjoli Harrington, MSW, social work director at Advantage Management Group in Harper Woods, Mich.



The Fate of Your Stars: CMS and the New Quality Measures

Pamela Tabar
Editor-in-Chief, *Long-Term Living*

Tired of quality measures and ratings? Brace yourself for even more, said Cynthia Morton, MPA, Executive Vice President of the National Association for the Support of Long Term Care (NASL), in the opening keynote at the Memory Care Forum in Philadelphia.

The Centers for Medicare & Medicaid Services (CMS) announced the addition of [six new quality measures](#) in April, and more are on the way as the healthcare reimbursement system continues to move away from fee for service and toward payment for quality models, says Morton, who has spent decades as a post-acute care policy expert and congressional policy lobbyist.

"We're going to be quality-measured to death," she says, but it's all about proving value of the care being delivered. "Before, we delivered a service and sent a bill. No one really looked at whether that care was worth it."



Cynthia Morton, MPA, Executive Vice President of the National Association for the Support of Long Term Care (NASL)



Now, everyone's eyes are on the prize of lower cost and higher quality. The goal is to reach a 30 percent ratio of value-based reimbursement by the end of 2016, and a full 50 percent ratio by the end of 2018. All entities from CMS to MedPAC are seeking measurable, trackable data to prove that care services are worth what they cost to deliver.

The next measurement challenges

Most skilled nursing facilities are accustomed to the emphasis placed on reducing unnecessary hospitalizations. That isn't going away anytime soon, Morton says. "Everything is going to be about rehospitalizations in the next five to 10 years, so change your processes so you can sustain your improved hospitalization rates over the long term."

The next two big measures will be emergency department utilization and discharge-to-community processes, primarily because "CMS doesn't need to add anything to the MDS to track those," Morton says.

Then there's payroll-based journal (PBJ) reporting, a staff hours and payroll reporting system whose mandated compliance is slated to begin July 1 and which Morton predicts will be a bit of a mess. "We weren't quite good enough at self-reporting our staff the way we had been doing it, so now we'll have to prove it."



The impact of the IMPACT Act

The IMPACT Act, passed by Congress in 2014, is all about post-acute care, including all segments from long-term care to rehabilitation and long-term care hospitals. Its two main goals are data standardization and data interoperability, two topics housed firmly in the information technology (IT) department. But accomplishing these goals includes plenty of changes all the way down the line right to the nursing staff at the resident's side, with new ways of charting data, entering data and even naming data.

Apples and oranges

One of the biggest complaints from skilled nursing facilities (SNFs) is that the CMS quality measures don't take the resident population acuity into account—in other words, caring for the most challenging residents doesn't pay any more than caring for residents with average needs. "Right now, CMS doesn't discern allow SNFs to express what they specialize in," Morton says. "They don't adjust for acuity and don't account for special populations like ventilation therapy or wound care centers. Maybe that will be changing sometime soon."

Another hint: Collaboration is definitely the future, especially among post-acute care, acute care, physicians and specialty services, Morton says. Preventing unneeded visits to the emergency room involves everything from medication reviews to falls prevention, and the more clinicians work together across care settings the better, she says.



What else is coming

Therapy caps: Expect plenty more arguing over what to do about therapy caps, Morton says. "The idea of therapy caps is so anti-patient, but will we ever get rid of them? I don't know."

SNF Part A: Get ready to shake out those RUGs. The Resource Utilization Groups we know so well may get a serious overhaul in the near future, especially the ones related to therapy, Morton says. "How do the payers know if therapy is doing any good? We need a way to show the value of the therapy we're providing."

Assisted living: Yes, you just might be next. Most of the assisted living market has been accustomed to focusing on regulations applied by their individual states, but there are those who think standards should be applied at the federal level. "Congress would love to get their hands on assisted living," Morton warns.



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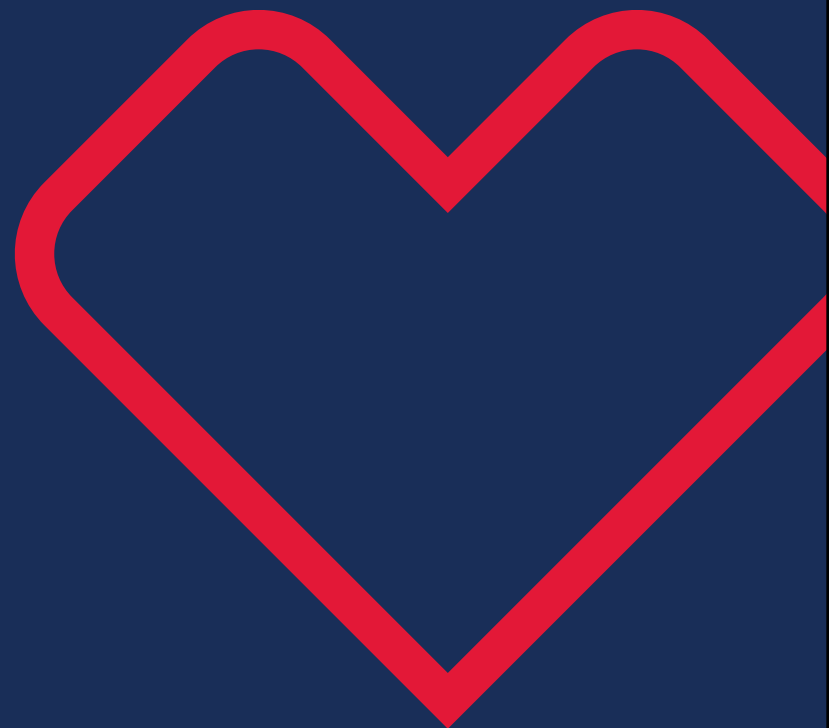
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Computer Engagement Reduces Antipsychotic Usage, Improves Quality of Life

Amy Chidester, MS, LNHA

Director of The Birdsong Initiative and Special Projects
for Westminster-Canterbury on Chesapeake Bay

It's widely recognized that engagement programs can make a positive difference for people with dementia. The lack of meaningful focus can lead to boredom, depression and frustration, and even to behavioral expressions that result in administration of antipsychotic drugs that may otherwise not be needed. But across long-term care, providers face the dilemma of how time-stretched staff can offer the amount of personalized activities required to have impact.

Now, a recent research project involving dementia residents of the Hoy Nursing Care Center, located at our non-profit life plan community Westminster-Canterbury on Chesapeake Bay in Virginia Beach, Va. has shown the promising potential of bedside technology to provide one-on-one engagement. The initiative improved quality of life and produced a clinically significant reduction in antipsychotic drug doses. The latter is especially compelling as their negative side effects are better understood, leading to the Center for Medicare & Medicaid Services' mandate that skilled nursing facilities reduce the use of these pharmaceuticals by 30 percent.

The research project was conducted in partnership with Eastern Virginia Medical School and Virginia Wesleyan College. It was funded by Westminster-Canterbury Foundation board member Sue Birdsong and her husband George, who donated \$228,000 to fund the project. We named it The Birdsong Initiative in their honor.



The Birdsong Initiative took place over a 24-week period between June and December of 2015. During this time, 31 Hoy Center residents whose dementia makes it difficult to participate in social activities used specially-designed computers to regularly access enriching content customized to their personal interests and cognitive ability. Meantime, another 31 residents with dementia took part in routine personalized therapeutic recreation programs that were non-computerized. Twelve weeks into the initiative, the two groups switched roles, so that by the time the study concluded, all of the participants had engaged with the computer. Its touchscreen technology has been devised to be easy for seniors and offers Skype, social networking and a spectrum of content. It offers over 3,000 experiences through applications that involved wellness in spiritual, physical, social, emotional and intellectual capacities. It was developed by Colorado-based It's Never 2 Late (iN2L).

At The Birdsong Initiative's conclusion, researchers found a clinically significant reduction of antipsychotic drug doses among four in 10, or 40 percent, of the people in the intervention group across the 24-week period who had been taking the medications throughout the study. In addition, the study was proven to significantly improve the quality of life of the participants when engaged with the computer by:

- Reducing the frequency of behavioral episodes for 54 percent of participants, ceasing entirely for 30 percent of those. They became less intense for 75 percent of the participants.
- Decreasing depression symptoms by 41 percent as indicated in the Geriatric Depression Scale.



- Increasing cognitive / brain power scores for nearly 23.5 percent, with an average increase of 4.86 points on a 30-point scale of the Montreal Cognitive Assessment.
- Lowering stress indicators for 47 percent of caregiving staff according to the Perceived Stress Scale.

Just as important as these findings about the impact on residents is what we learned about how to best incorporate technology into daily care. We needed to firmly establish it as part of our caregivers' routines, something that we achieved through upfront education and discussions involving therapeutic recreation and nursing staff. In particular, the following steps were essential:

- Familiarizing the staff with the technology so they were comfortable with it.
- Training residents, families, staff and volunteers on the computers.
- Providing staff with manuals on the "what-if" scenarios for use of the computers.
- Ensuring a consistent, reliable Internet connection.

The Alzheimer's Association projects that the number of Americans with dementia will rise by 40 percent in the coming decade. This anticipated increase is commonly described as an "epidemic." It rightly has the senior care community across the globe concerned about how society will be able to provide the high quality services and meaningful life that each memory-impaired person deserves.



Traditional thinking has been that ever more human interaction will be needed to offer the engagement programs that are so essential for excellent care. However, The Birdsong Initiative shows technology can help fulfill this requirement. Human connection will always be important for those with dementia, as it is for everyone, but not all engagement activities, or even the lion's share, need to be led by people.

In fact, technology allows residents to take control of these programs and use them as often and for as long as they wish. Meantime, staff can focus more of their time on care duties that require a hands-on personal touch. Westminster-Canterbury President and CEO Ben Unkle says he believes "One day, families will expect this kind of bedside technology to be a standard feature in dementia care."

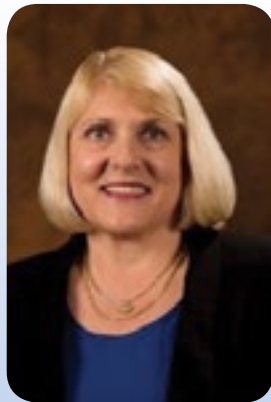
The 2015 research through The Birdsong Initiative was just the first of what will ultimately be three projects. The second and third, expected to take place within about a year, will examine technology's impact on the quality of life for Westminster-Canterbury's independent and assisted living residents. We look forward to publicly sharing the results of those studies too, as part of Westminster-Canterbury's dedication to the collective goal of transforming the aging experience. With people 65 or above expected to comprise 20 percent of America's population by 2030, compared to about 14 percent in 2012, finding new approaches is vital and we are excited to be part of that effort.



A New Mindset in Memory Care

Kim Butrum, MS, RN, GNP
Senior Vice President, Clinical Services, Silverado

Long-term memory care is becoming one of the costliest chronic diseases to society and a pronounced priority in the health care of our nation's aging population. According to research conducted by the Alzheimer's Association, one in nine people aged 65 and older has Alzheimer's disease, the most common form of dementia. By 2050, the prevalence of the disease is expected to triple, with someone in the United States developing Alzheimer's every 33 seconds.



While there currently is no cure for dementia, research indicates that a life filled with value and purpose strengthens neural networks and helps individuals in the early stages of dementia build and maintain cognitive ability. Assisted living communities that cultivate dementia-friendly environments and maintain an acute focus on brain health are realizing meaningful success in memory care, a service that is, all too often, treated as a custodial function.

Adopting the mindset that people – no matter their age, life stage or cognitive ability – are capable of doing more than is expected of them is foundational to success in memory care. It has become our mantra in the memory care communities at Silverado.



The intersection of science and social engagement

Nexus, Silverado's evidence-based program for early-stage memory care residents, has defined six pillars of brain health: Physical Exercise, Stress Reduction, Cognitive Exercise, Specialized Digital Programs, Purposeful Social Activities and Support Groups. The pillars serve as a foundation, creating consistency and structure, but the programming is anything but prescriptive. Nexus involves an element of individualization based on a resident's unique needs.

Upon joining a Silverado memory care community, residents receive a holistic analysis of their well-being. We conduct a full review of medication to address occurrences of polypharmacy and overmedication, significant issues in elderly health care. Studies have found that nearly half of all older adults take at least one unnecessary drug, and the risk of an adverse drug reaction doubles with every additional medication taken.^[1] We engage Geriatric Pharmacists through Omnicare to review medication regimens and provide guidance on medication safety to alleviate incidents of adverse drug reactions and the emergency room visits and hospitalization that often result.

Residents also undergo several assessments to provide in-depth analyses of their cognitive impairment. These assessments include the Mini Mental State Examination (MMSE), Cornell Scale of Depression in Dementia (CSDD), Brief Agitation Rating Scale (BARS) and Alzheimer's Disease Cooperative Study—Activities of Daily Living Inventory (ADCS-ADLI). In addition to using these tools, we also strive to discover what makes each resident unique, as our residents come to Silverado with treasure troves of life experiences, interests, backgrounds and professions.



Discovering what's truly possible in memory care requires that we lean on our residents' strengths and aptitudes to shape their daily activities. What activities have made them the happiest throughout life? What did they enjoy about their profession? What activities could be a stretch or good challenge for them? These findings serve as baseline guidance to develop residents' individualized care programs.

With 20 hours of tailored programing per week, residents are engaged and challenged both physically and mentally. Nexus is the first memory care program to implement resident support groups, a pillar designed for mood improvement and quality of life versus cognitive stimulation. Social workers at each memory care community not only facilitate resident support groups, they also work with residents' families to track and assess brain health on a quarterly basis.

^[1] Maher, R. L., Hanlon, J. T., & Hajjar, E. R. (2014). Clinical Consequences of Polypharmacy in Elderly. *Expert Opinion on Drug Safety*, 13(1), 10.1517/14740338.2013.827660



Strengths-based, purposeful living

Suffering from cognitive impairment shouldn't equate to loss of dignity or respect. However, those requiring memory care often feel defined by the disease and far removed from the lives they once lived. Silverado's approach, which focuses on building meaningful relationships and promoting strengths-based, purposeful living, allows residents to see value in their everyday activities. Whether residents are enriching the lives of their peers by sharing those treasure troves of life experiences or contributing to their communities through some other activity – such as tending a garden to supply vegetables to the culinary department – individualized programs shaped by residents' aptitudes instill a sense of normalcy and make residents feel valued.

One Silverado resident was a Spanish teacher who found immense purpose in teaching Spanish to other residents, facility associates and even their children. She would give tests and assignments and grade them herself. In another community, a group of men built a stage for the community's improv group. We had a resident give ballet lessons to her peers as she was a professional ballerina when she was younger.

These residents not only help to shape our Nexus program, but they make it better. It's a privilege having the ability to say "yes" to unconventional approaches to memory care. From Spanish class and ballet lessons to kayaking and yoga, our residents continually surpass expectations whenever given the chance.



Shaping tomorrow's memory care

Since putting the Nexus program into practice at Silverado more than a decade ago, we have transformed the way memory care is offered at not only our Silverado communities, but at facilities around the world. We have seen some dramatic improvements in both MMSE and functional status through the program, which speaks volumes.

Barring the development of a medical breakthrough to prevent or cure Alzheimer's, a projected 13.8 million Americans will suffer from the disease by 2050. Assisted living communities around the country will need to expand their memory care offerings and implement best-in-class programs that integrate equal doses of brain health and quality-of-life programming.

When cognitive impairment is severe enough to interfere with everyday life, memory care programs have the ability to not only offer techniques to improve brain health and possibly slow the progression of dementia, they also give those afflicted the chance at more precious, fulfilling moments with family.

This is the basis of Nexus. This is the new mindset of memory care.



About the Author

Kim Butrum is a national speaker on dementia and a lecturer and instructor in neuroscience and nursing. She brings 30 years of Alzheimer's and dementia research and clinical expertise to Silverado, a leading senior living provider specializing in at-home care, memory care communities and hospice care. With a founding vision to change the way the world cares for and perceives people with cognitive decline, Silverado operates 32 memory care facilities in six states. On any given day, Silverado is caring for more than 3,500 people in its facilities across the U.S.



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