Northeast Geriatric Integration Project – Summary

A Collaborative Integration Project – Acadia Hospital, First Atlantic HealthCare & Rosscare – with funding from MeHAF
Defining the Problem:

- Hospital Languish/”stuck”
  - Dementia
  - Difficult Behaviors
- Avoidable tags for inappropriate PRN antipsychotic medication use, personal safety concerns
- ED “bounceback” with readmissions
- No psychiatric support available
Project Goals:

• Reduce unnecessary antipsychotic use in SNF/LTC
• Decrease unnecessary length of stay in tertiary/acute care beds or improve transition to SNF/LTC
• Reduce ED “bounce-back”
• Improve patient & staff satisfaction
A little background

- 2006 Report to legislature shows 61% of NF residents have MH diagnosis
- Maine has highest depression rates in NF in the country
- Existing programs have higher staff ratios, increased/focused activities, great patient/staff satisfaction
What we did

• Westside Court – Group of inpatient beds
  – Staff competency
  – Regular Psychiatric rounding – LCSW, PMHNP/Psychiatrist
  – Focused activities
  – Opportunity to leave room
  – Less hospital stimuli
What we did – Cont’d

• LCSW support in 4 NF
• Staff training
• Regular Psychiatric support
Meet Joe – single, age early 50’s

Referred due to new onset of verbal & physical aggression – Admitted to Facility 4 months prior to referral

• Diagnostic History includes:
  – Seizure Disorder
  – Schizophrenia
  – Dementia
  – Liver cirrhosis
Staff Report

- BMs on floor (purposeful)
- Not able to be redirected
- “in your face”
- Easily agitated, especially when doesn’t get way
- Awareness of history of disturbing sexual misconduct – and immediate onset of profound sexual behaviors (hands in his pants, touching others etc.)
- Demanding
- Constant requests for help
LCSW Observations During Assessment and Early Intervention:

- Mr. Manor
- Constant Wandering
- Requires Significant cueing to complete ADLs
- Demonstrates some awareness of surroundings
- Concerned that he was “in trouble”
- Easily engages 1:1 with staff
- Makes good eye contact
- Smiles when smiled at
- Asks repetitively (120+ x) to call family, and/or other care requests
• When engaged in activities demonstrates 20+ min of sustained attention
• Can easily follow single step directions
• Much later in treatment began running into things, causing injury

Why are there such significant differences between how the staff and LCSW view and describe this patient?

How do you think these differences impact treatment?
Positive & Successful Interventions

- Assessment for hydro encephalopathy
- Planned Ignoring
- Involvement in activities
- Smiling
- Reviewing hunting/fishing magazines
- Notes/Instructions on the desk
- Answering with a question
- Walking with him
• Consistent Blood work (Depakote & ammonia levels)
• Cueing for bathroom usage/toileting plan
Outcomes & Interventions

- Over 11 months LCSW visited/supported facility staff twice weekly, weekly, bi-weekly
- Provided training
- Facilitated psychiatric referral and management
- Provided family support
- Preserved safe placement, without injury to staff or residents
- Eliminated PRN use of non-effective medications
Outcomes Cont’d

- Offered improved quality of life
- Maintained and sustained placement/residence until level of care was no longer appropriate
- Assisted with transfer to new care facility with family participation
Lessons Learned from Joe

• Early intervention
• Staff debriefing/training
• Family Involvement
• The power of information (good & bad)
• Assess & Treat medical symptoms
• Trust in providers
• Capable staff
Important Considerations

• Cognitive impairment alone does not explain the etiology of abnormal behaviors
  – > Can we modify the environment or provide different treatment?
  – > How we assess makes all the difference in how we respond.
Other factors to consider

- Pain
- Temperature
- Fear
- Over stimulating environment
- Grief
- Depression
- Sleep patterns
- Language deficits
- UTI/Other Infection
- Perspective is key
- Other mental health (hallucinations, paranoia, delusions, etc.)
NIGC Project Outcomes
Year One - 2009

- Westside Court Opens and LCSW begins: Spring ‘09
  - Westside Court LOS ▼11.2 days (Baseline 40 Days)
  - Highest Satisfaction Scores at EMMC
  - NO ER Bounce Backs from Rosscare Nursing Homes
  - Acadia Patient with LOS over 100 days successfully transitions to Rosscare Nursing Facility
  - Rosscare NF effectively manages sudden onset of aggressive behavior/altercation resulting in resident fx
  - LCSW geriatric caseload totals over 50 patients served, waitlists developed at Rosscare NF’s for evaluation/treatment
Year One Nursing Home
Patient Clinical Outcomes

2009 NIGC Mood & Behavior Symptoms
Post Intervention Outcomes

Percent Improvement

<table>
<thead>
<tr>
<th>Mood &amp; Behavior Clinical Measures</th>
<th>Percent Improvement</th>
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<tr>
<td>Sad</td>
<td>10.0%</td>
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<tr>
<td>Crying</td>
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<tr>
<td>Loss of Interest</td>
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<tr>
<td>Verbal Abuse</td>
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<tr>
<td>Physical Abuse</td>
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<tr>
<td>Socially Inappropriate</td>
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Year Two Impact 2010

- Continued reduced LOS at EMMC to 8.6 days (Baseline 40 days)
- NO emergency room bounce backs
- Two ER “near miss” patients cared for in the NF
- Positive feedback from staff attending “train the trainer sessions”
- Increased primary care referrals to program
- Resident/Family Satisfaction 4.15 (1-5 scale)
Year Two NF Post Intervention
Clinical Improvement

NIGC Project Clinical Outcomes 2010
Post Intervention

Percent Improvement

Feel Down/Depressed
Little Interest/Pleasure
Physical Behaviors
Verbal Behaviors
Other Behaviors

EMHS
Access to Quality Healthcare
Year Three Impact 2011

- Continued reduced LOS at EMMC to 7.2 days (Baseline 40 days)
- NO emergency room bounce backs
- Two ER “near miss” patients cared for in the NF
- PCP Satisfaction with Integration Services at NF Improved (1-10 Scale)
  - 2009 (4.8)
  - 2011 (6.9)
Year Three NF Post Intervention
Clinical Improvement

NIGC Project Clinical Outcomes 2011
Post Intervention

<table>
<thead>
<tr>
<th>Percent Improvement</th>
<th>Down/Depressed</th>
<th>Little Interest/Pleasure</th>
<th>Physical Behavior</th>
<th>Verbal Behavior</th>
<th>Other Behaviors</th>
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<tbody>
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<td>50%</td>
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<td>40%</td>
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Thank you!

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