

## Bi-Annual State Coalition Call - Summary Report

Discussion Questions-	Discuss how nursing homes in your state are instilling a person-centered care approach for their residents, especially those individuals that have dementia.	What are some creative non-pharmacologic approaches to care that are occurring in your state's nursing homes?	Describe a few successes and challenges that have occurred throughout this transition to a more person-centered, non-pharmacologic approach to care.
State	Comments Provided by State Coalition Members:		
<b>Alabama</b>	<ul style="list-style-type: none"> <li>-More personalized care planning by incorporating life history and customary routines into interventions</li> <li>-Flexible sleep and meal schedules</li> <li>-Creative dining opportunities for residents with dementia (i.e., dining with friends, using table cloths and napkins)</li> <li>-Giving medications when rising in the morning and at bedtime</li> <li>-Better understanding of residents and their perspective</li> <li>-Music therapy &amp; utilization of iPods loaded with music of residents choice</li> <li>-Better staff communication with residents and their needs</li> <li>-Utilizing resources introduced at trainings</li> <li>-Recognizing and honoring activity of daily living preferences</li> </ul>	<ul style="list-style-type: none"> <li>-Taking the time to talk with family members and friends to gain a better understanding of the resident's</li> <li>-Timely pain assessment for residents with dementia</li> <li>-Bundling" services during sleeping hours to improve quality of sleep</li> <li>-Music and Memory – Dan Cohen program</li> <li>-Memories in Music and life review with memory books – taking residents back to a pleasurable time in their life</li> <li>-Light therapy – taking residents out into the sunshine</li> </ul>	<p>Successes:</p> <ul style="list-style-type: none"> <li>-Experienced through implementation of consistent assignment</li> </ul> <p>Challenges:</p> <ul style="list-style-type: none"> <li>-Not everyone understands nor believes in person-centered care; some prefer to stick with the old medical model of nursing home care</li> <li>-Staff resistance to change routine to accommodate personal preference of resident</li> <li>-More education needed</li> <li>-Staff lack the confidence to manage the resident in the facility</li> <li>-Resistance from family members; family members prefer medical model</li> <li>-Medical director prefers medication over person-centered care approaches</li> <li>-Rural vs. urban community</li> </ul>

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			-Competencies around antipsychotic medication from medical staff
<b>Alaska</b>			
<b>Arizona</b>			
<b>Arkansas</b>			
<b>California</b>	<ul style="list-style-type: none"> <li>-More individualized care plans</li> <li>-More family involvement</li> <li>-More utilization of available resources</li> <li>-More communication</li> <li>-Changes in staffing (more consistency, permanent assignments, hiring more one on once care, increasing resources for activities personnel)</li> <li>-Added clinical psychologists to psychotropic medication review</li> </ul>	<ul style="list-style-type: none"> <li>-Behavior modification</li> <li>-Reduced or no overhead paging</li> <li>-Routine hydration and toileting</li> <li>-Non-see through film over windows at certain exits</li> <li>-Psychology services</li> <li>-Intergenerational programs</li> <li>-Music and Memory program</li> <li>-Using resident's prior profession as part of their daily activity</li> <li>-Small affinity groups with activities</li> <li>-Flexible scheduling for residents</li> <li>-Adventure club (early breakfast, activities before 8 am, afternoon program designed to focus on behavior issues)</li> </ul>	
<b>Colorado</b>			
<b>Connecticut</b>			
<b>Delaware</b>			

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<b>Florida</b>	<ul style="list-style-type: none"> <li>-Skilled care centers being challenged to reduce their use of antipsychotic drug use for persons with dementia by the Quality Improvement Organization, the state associations, and the state survey agency (all members of the Florida Partnership)</li> <li>-Successful nursing homes focus on person-centered care for appropriate decision making of medication changes and the activities associated with the drug reduction</li> <li>-Providers training direct care staff on person-centered dementia care; training for staff across all departments on person-centered care so that all may participate in care support (housekeeping, etc.); and interdisciplinary team approaches (specifically via Quality Assurance Performance Improvement (QAPI) projects, to reduce the use of anti-psychotic medication use)</li> <li>-Centers using "Alive Inside" for staff training</li> </ul>	<ul style="list-style-type: none"> <li>-Skilled care centers using consistent assignment in the care for persons with dementia</li> <li>-Decline in the use of special dementia units; persons with dementia are being placed with other residents</li> <li>- "Activities" continue to evolve into "life enrichment", which confers person-centered principles to non-nursing care strategies</li> <li>-Non-traditional therapeutic approaches being used (tactile/art, storytelling, memory books, animals, music innovations, aromatherapy, and linking pre-retirement hobbies &amp; job skills to present-day life enrichment)</li> </ul>	<p>Successes:</p> <ul style="list-style-type: none"> <li>-Skilled care centers increasing communication between the center's medical director, attending physicians, consultant psychiatrists/psychologists, as well as the pharmacy consultants, on the decision-making process to reduce the use of anti-psychotic medications</li> </ul> <p>Challenges:</p> <ul style="list-style-type: none"> <li>-Persons newly admitted from the hospital, who have dementia, but have been prescribed anti-psychotic drugs; difficulty getting psychiatrist to change the medication order in the skilled care center</li> </ul>
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<b>Georgia</b>	<p>Examples of how nursing homes are ensuring adequate and educated staff</p> <ul style="list-style-type: none"> <li>-Hand in Hand program</li> <li>-Having consistent staffing</li> <li>-Conducting medical review monthly</li> <li>-Providing close supervision by consistent staff</li> </ul> <p>Examples of how creative resident activities are being implemented</p> <ul style="list-style-type: none"> <li>-One-on-one activities based on individual preferences and needs, such as spa days, reading/writing activities, or things resident enjoyed in the past</li> <li>-Sensory and stimulating activities such as music, aroma, and pet therapy, and activities stimulating memories</li> <li>-Change in dining experience</li> </ul> <p>Examples of how individual needs and preferences are being considered</p> <ul style="list-style-type: none"> <li>-Conducting activities related to individual needs and experiences</li> <li>-Initiating individual care plans</li> </ul>	<p>Examples of how creative and individualized activities are being implemented</p> <ul style="list-style-type: none"> <li>-Sensory and stimulating activities: Music, aroma, other therapies, walks, massages</li> <li>-Using quiet room or a special room</li> <li>-Encouraging families to assist with care</li> <li>-Taking outdoor trips/walks</li> </ul> <p>Examples of how consistent and adequate staffing is occurring</p> <ul style="list-style-type: none"> <li>-Having consistent and educated staff</li> <li>-Getting direct care staff and other team members involved</li> <li>-Training staff members in Hand in Hand</li> <li>-Providing doctors with educational material about antipsychotic medications and behavior sheets on all patients</li> <li>-Hiring or seeking other personnel resources such as hiring an evening activity aide to work with sun downer residents or utilizing masters level social services interns</li> </ul> <p>Examples of how specialized behavior plans and emphasis on individual behavior is being encouraged</p> <ul style="list-style-type: none"> <li>-Adapting existing programs to fit the needs of the resident</li> </ul> <p>Focusing less on “controlling” and allow for more flexible schedules, especially</p>	<p>Successes:</p> <ul style="list-style-type: none"> <li>-Utilizing non-pharmacological approaches (music, pet therapy, specific tasks, spa activities, memory boxes, scrapbooking activity, walking outside, other outdoor activities, dining room activities)</li> <li>-Physical and Social environment changes (adequate staff on board, not changing staff assignments, providing dementia care training consistent with role and responsibilities of staff, providing residents a structured environment)</li> <li>-Involving family and providing individualized care (working with doctor, family, and pharmacy to improve residents over all well-being; developing and reviewing individual behavior plans; providing one-on-one care with consistent care givers)</li> </ul> <p>Challenges:</p> <ul style="list-style-type: none"> <li>-External/management concerns</li> <li>-Not enough staff to manage needs of residents with dementia</li> <li>-Managing resident with severe behaviors &amp; anticipating their</li> </ul>
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		with sleeping patterns	needs -Transportation challenges, inside facility and to outside activities -Implementing a calm environment -Helping families understand dementia -Residents wandering into other resident's room & disturbing others -Frequent falls -Wheel chair bound residents -Dependency on medications -Working with doctors to reduce medication; antipsychotics
<b>Hawaii</b>			
<b>Idaho</b>	<ul style="list-style-type: none"> <li>-Hand in Hand training series; Train the trainer approach</li> <li>-Collaboration between iCare (Individualized Care for All Residents Every time; Idaho's Culture Change Coalition) and JAVA (Justice Alliance for Vulnerable Adults), as well as the Caregivers Alliance and other organizations</li> <li>-iCare produced a guide to help families choose person-centered nursing homes</li> </ul>	<ul style="list-style-type: none"> <li>-Music and Memory program; Civil money penalty grant submitted to fund additional homes</li> </ul>	Challenges: <ul style="list-style-type: none"> <li>-Reliance on old methods</li> <li>-Freedom to attempt nonpharmacologic approaches because it is perceived that state surveyors have zero tolerance for an atmosphere where aggression occurs</li> <li>-Establishing a baseline of knowledge in the state and focusing resources on areas of need as efficiently as possible</li> </ul>

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<b>Illinois</b>	<p>Trainings provided by trade associations:</p> <ul style="list-style-type: none"> <li>-Consistent assignments and promoting use of the Advancing Excellence tool to verify it is occurring</li> <li>-Person-centered care plans that recognize and honor routines/rituals and integrating family input</li> <li>-Creating smaller units</li> <li>-Certified dementia units</li> <li>-Development of 4 hour dementia training at orientation for all staff</li> <li>-Integrating the Hand in hand training; One corporation has adapted/modified this program to 6 hours for all staff</li> </ul>	<ul style="list-style-type: none"> <li>-Decreasing noise on the unit and the use of alarms</li> <li>-Corporate guidance/influence focusing on behaviors from a communications standpoint; Behaviors must be viewed as messages</li> <li>-Using the Telligen recorded webinar for medical directors to increase awareness, promote choosing wisely campaign</li> <li>-Collaborative Performance Improvement projects partnering with Telligen</li> <li>-Fidget boxes; A box containing things such as puzzles, coloring supplies, tools and items to be folded</li> <li>-Quiet Rooms on dementia units for those who may be overwhelmed (soft dimmed lights, comfy chairs)</li> <li>-Exercise (SAIDO, Chair Chi)</li> </ul>	<p>Successes:</p> <ul style="list-style-type: none"> <li>-Getting staff to move away from the "everyone needs to be up by a certain time or showers need to occur at a certain time" thought/care process</li> <li>-Training helps staff transition from task- focused to patient-centered</li> <li>-Changing overall culture in the home</li> <li>-Holding ongoing education for staff and family members</li> <li>-Gaining corporate support</li> <li>-Viewing behaviors as messages/ prompting staff to recognize unmet needs</li> </ul> <p>Challenges:</p> <ul style="list-style-type: none"> <li>-Staff turnover</li> <li>-Medicate first culture</li> <li>-Interpretation of regulations</li> <li>-Prescriber buy-in</li> </ul>
<b>Indiana</b>			

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<b>Iowa</b>	<p>-Use of consistent staffing (When staff know their residents they can improve the quality of life for a person with dementia with caring relationships)</p>	<p>-Music -Pet therapy -Exercise -Social interaction -Patient-centered care</p>	<p>Successes: -Decrease in antipsychotic use in dementia care -Use of "I" care plans with individualized interventions</p> <p>Challenges: -Maintaining consistent staffing -Family resistance to removing antipsychotic medications for residents with dementia -Physician resistance to gradual dose reduction of antipsychotics for residents with dementia -Transforming staff thinking to create more home-like interventions</p>
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<b>Kansas</b>	<ul style="list-style-type: none"> <li>-PEAK (pay for performance within Medicaid program)</li> <li>-Hand in Hand videos (taping and placing on material on the internet for easier and more convenient training)</li> <li>-Association work (contacted 100 top facilities for specific assistance)</li> <li>-Dementia Capable Care workshops in all regions of state</li> <li>-Collaborating with Quality Improvement Organization, Culture Change Coalition and other partners with similar goals</li> <li>-Trade Associations</li> <li>-Virtual dementia tour; Kansas was first state that sponsored Virtual Dementia Tour Train the Trainer course for use in facilities across the state</li> </ul>	<ul style="list-style-type: none"> <li>-Find out what they like to do (Alzheimer's Association Life Story)</li> <li>-Remove environmental issues that cause behaviors</li> <li>-Music &amp; Memory (several facilities have become certified providers with great success)</li> <li>-Volunteer programs and community service projects (Heart 2 Heart - community volunteer takes elder volunteer to perform volunteer services in local community; Latchkey programs with local elementary schools)</li> <li>-Animal therapy</li> </ul>	<ul style="list-style-type: none"> <li>-BBET (Behavioral Based Ergonomics Therapy) for memory care units</li> <li>-Music therapy</li> <li>-Restorative programs for communication (developed basket of all kinds of activities)</li> <li>-Staff engagement</li> </ul>
<b>Kentucky</b>			



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<b>Louisiana</b>	<ul style="list-style-type: none"> <li>-State law requiring mandatory dementia training for nursing home staff</li> <li>-Utilizing Hand in Hand as a State approved portion of dementia training curriculum</li> </ul>	<ul style="list-style-type: none"> <li>Nonpharmacological approaches implemented</li> <li>-Increased amount of time for activity programs and changed the type of activities provided</li> <li>-Implemented liberalized med pass to allow more time for nurses to spend with the residents</li> <li>-Increased staff interventions in a more timely manner</li> <li>-Putting resident wishes first</li> </ul>	<p>Successes:</p> <ul style="list-style-type: none"> <li>-Reduction in the use of antipsychotics</li> <li>-Decrease in incidents between residents</li> <li>-Decrease in resident outbursts when residents were allowed to "be on their own schedule"</li> <li>-Happier residents and family members</li> </ul> <p>Challenges:</p> <ul style="list-style-type: none"> <li>-Changing the mindset of staff</li> <li>-Providing adequate staffing</li> <li>-Families and physicians resistant to decreasing use of antipsychotics</li> <li>-Disease process is difficult to manage</li> </ul>
<b>Maine</b>	<ul style="list-style-type: none"> <li>-Tailoring care and activities to individual resident preferences</li> <li>-Quality time spent with residents</li> <li>-Fostering of positive relationships between residents and staff</li> <li>-New hire orientation and facility-wide training</li> <li>-Cross functional team providing leadership and mentoring to all staff members</li> <li>-Holding departmental meetings</li> <li>-Supervisors and managers are taught a "coaching" communication style</li> </ul>	<ul style="list-style-type: none"> <li>-Restructuring meal service; Reducing noise and crowding in dining areas</li> <li>-Removal of tab alarm use and use of overhead paging</li> <li>-Life stories</li> <li>-Music and Memory program</li> <li>-Opening your Minds to Art program</li> <li>-Never2Late computer software to engage residents</li> </ul>	<p>Successes:</p> <ul style="list-style-type: none"> <li>-Significant decrease in the utilization of antipsychotic medications</li> <li>-Reduction in fall related accidents, due to environmental changes that were made</li> <li>-Change in the overall culture; Interdisciplinary approach to resident care; Support from leadership; Commitment from all staff</li> <li>-Reduction in staff injuries and resident to resident altercations</li> </ul>

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	<ul style="list-style-type: none"> <li>-Staff includes an occupational therapist with expertise in dementia</li> <li>-Dedication from direct care staff</li> <li>-Culture where staff are less task focused and more focused on relationship building</li> </ul>		<ul style="list-style-type: none"> <li>-Decrease in occurrence of pressure ulcers</li> <li>-Improved resident ability related to activities of daily living (ADLs)</li> </ul> <p>Challenges:</p> <ul style="list-style-type: none"> <li>-Breaking the mentality that medications are the answer</li> <li>-Educating night and weekend staff</li> <li>-Structural limitations of the building</li> <li>-New residents prescribed antipsychotic medications prior to arrival</li> <li>-Communication with hospitals and primary care providers</li> </ul>
<b>Maryland</b>			

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<b>Massachusetts</b>	<ul style="list-style-type: none"> <li>-Oasis training program by Mass Senior Care (200+ participating facilities, CMP funding for 3rd year)</li> <li>-Habilitation Training with the quote and Alzheimer's Association (30 participating facilities)</li> <li>-ALOSA Foundation project on academic detailing (100+ participating facilities)</li> <li>-<i>ECHO Age</i> telehealth program providing offsite geripsych consultation (received funding for another year)</li> <li>-Hand in Hand training</li> <li>-New (2014) state regulations for special dementia care units in nursing homes requiring specific staff training</li> <li>-Upcoming legislation requiring written informed consent for all psychotropic medications</li> </ul>	<p>Challenges:</p> <ul style="list-style-type: none"> <li>-Continual funding for existing programs</li> <li>-Need for sustainability (greatly related to high nursing home staff turnover)</li> </ul>
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<b>Michigan</b>	<p>Joint provider/surveyor training each spring and fall:</p> <ul style="list-style-type: none"> <li>-Promote person-centered care as a best practice strategy</li> <li>-Sessions presented by providers that successfully implemented best practice strategies</li> </ul> <p>Training topics include:</p> <ul style="list-style-type: none"> <li>-Person-centered care One Vision</li> <li>-Culture change implementation in an Era of Limited Resources</li> <li>-Greenhouse effect: A business and regulatory case study</li> <li>-Relational staffing</li> <li>-Adequate nutrition, food portions and food choices</li> <li>-Holiday decorations</li> <li>-Potlucks</li> <li>-Pain assessment and management</li> <li>-The alarm and restraint free environment</li> <li>-Activities</li> <li>-Admissions</li> <li>-Resident grievances</li> </ul>		
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<b>Minnesota</b>	<ul style="list-style-type: none"> <li>-Facility wide dementia training using such programs as the Hand-in-Hand manual and CARES Alzheimer’s Training Program</li> <li>-Educational events that are sponsored by state coalition member organizations</li> <li>-New protocols for dementia care training for assisted living staff</li> <li>-Larger percentage of nursing homes working on this due to Department of Human Services (DHS) incentive programs: Performance Based Incentive Payment Program (PIPP) and Quality Improvement Incentive Payment Program (QIIP)</li> </ul>	<ul style="list-style-type: none"> <li>-Empira Restorative Sleep Vitality Program</li> <li>-Ecumen Awakenings Program</li> <li>-Private rooms vs shared rooms; Department of Health (DHS) has offered incentive to downsize beds and organizations are increasing the percentage of private rooms</li> </ul>	<p>Successes:</p> <p>Specific examples -</p> <ul style="list-style-type: none"> <li>-“We have actually discovered that decreasing some medication has decreased the behavior for some of our residents.”</li> <li>-“We have seen wonderful results. One of our gentlemen is now able to hold a conversation with his family. Another resident is no longer making vocalizations 90% of the day and is quiet as she walks around the nursing home.”</li> <li>-Many more homes are holding regular interdisciplinary medication review meetings</li> </ul> <p>Challenges:</p> <ul style="list-style-type: none"> <li>-Many nursing homes are spending their energy trying to find the “right diagnosis” rather than figuring out what the unmet needs are</li> <li>-Gap in who is educating the advanced practice practitioners</li> <li>-Hard to change the learning culture</li> <li>-High turnover rates</li> <li>-Family pressure to not change the medications</li> </ul>
<b>Mississippi</b>			

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<b>Missouri</b>	<p>-Alive Inside documentary &amp; New York Social Worker Dan Cohen; Screening held in three theatres across the state; Q&amp;A with Dan after each screening</p> <p>-Surveyor/Provide joint training</p> <p>Topics included: Culture change, guardianship issues, improving care through antipsychotic medications reduction, root cause analysis, introduction to how nursing homes can participate in the new Quality Improvement Organization Collaborative</p>	<p>-Missouri Department of Corrections “Puppies for Parole” program in which state prison inmates receive extensive dog handler training with shelter dogs moved to the prisons, to prepare dogs for adoption is promoted in nursing homes</p> <p>-Music &amp; Memory (personalized music programs for residents, involving iPods)</p>	<p>-Pioneer Network Learning Collaborative</p> <p>Missouri homes were part of the original national collaborative pilot and have continued to participate in subsequent tiers of the project; Training webinars have also been shared with non-participating homes and homes throughout the state are implementing the key organizational practices</p> <p>-Artifacts of Culture Change 107 homes in Missouri have completed the online assessment and are incorporating it into their Quality Assurance Performance Improvement (QAPI) processes</p> <p>-Quality Improvement Program for Missouri (QIPMO) Supported through civil monetary funds; Employs advance practice nurses and leadership coaches to provide free quality improvement consultation for Missouri nursing homes</p>
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<b>Montana</b>	<p>Administrators -</p> <ul style="list-style-type: none"> <li>-Passionate about care and keeping abreast of the new alternatives</li> <li>-Embrace Hand in Hand and other dementia training events for all employees</li> <li>-Train the trainer model</li> <li>-take the time to find out who the residents are, how they like to live and interact, so this can be incorporated into the</li> <li>-Encourage residents to come out of their secure units, go on meaningful outings, engage in social interactions, activities, and allow them to contribute in ways that matter</li> </ul>	<ul style="list-style-type: none"> <li>-Use of IPod's and music therapy</li> <li>-Workshops pertaining to non-pharmacological approaches to care for residents with dementia; Direct care workers; Train the trainer model</li> </ul>	<ul style="list-style-type: none"> <li>-Difficult to step out and try new approaches; The unknown is scary</li> <li>-Encourage taking small steps and try new things with a sample group</li> <li>-Focus on what works, perfect, revise, and spread</li> <li>-Peer-Coaching models and positive attitudes will create an atmosphere that encourages stepping out and stepping up to new methods that improve the lives of all residents living in nursing homes</li> </ul>
<b>Nebraska</b>	<ul style="list-style-type: none"> <li>-Culture Change Coalition (CCC) &amp; Leading Age have been bringing speakers in several times a year for several years to offer education for this subject; Seeing more speakers at venues speaking on person centered care</li> <li>-Several tool kits through Advancing Excellence which are helpful in caring for individuals with dementia</li> <li>-Empowering and supporting direct care teams</li> <li>-Incorporating the Hand-in-Hand toolkit into staff training and</li> </ul>	<ul style="list-style-type: none"> <li>-Focus on determining resident preferences and recreation likes; Distraction techniques</li> <li>"For example, we have a gentleman with dementia who admitted with some pretty significant behavioral issues. We found out he was a meteorologist. We found that setting up the weather channel on the computer and letting him watch the weather patterns really calmed him down and helped with his insistent wandering."</li> <li>-Use of Montessori approach in dementia care with activity carts</li> <li>-Development and use of a holistic and</li> </ul>	<p>Successes:</p> <ul style="list-style-type: none"> <li>-Engage direct care workers in development of care plan, using nonpharmacological approaches</li> <li>-Hire a full time volunteer coordinator</li> <li>-Extra help to do the 1:1 activities with residents that have dementia</li> <li>-Talk about nonpharmacological approaches in "quality circle" meetings</li> </ul> <p>Challenges:</p> <ul style="list-style-type: none"> <li>-Reaching the front-line staff for educational sessions on dementia</li> </ul>

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	<p>orientation</p> <ul style="list-style-type: none"> <li>-Using the Advancing Excellence templates for Medication Tracking and Staff Stability to improve processes and track progress</li> </ul>	<p>nonpharmacological interventions cart and program consisting of aroma therapy, music, light therapy, and comfort touch</p>	<p>care</p> <ul style="list-style-type: none"> <li>-Turnover of nursing home leadership and staff affects consistent staffing assignments and programming</li> <li>-Nursing homes that are still not aware of the Hand in Hand toolkit</li> <li>-Making sure that non-pharmacological approaches are communicated between team members, especially with part time or prn workers</li> <li>-Time that it takes to deal with an elder who is having catastrophic reactions or even just resisting cares</li> <li>-Understanding person-centered care</li> </ul>
<b>Nevada</b>			
<b>New Hampshire</b>			
<b>New Jersey</b>			
<b>New Mexico</b>			
<b>New York</b>			



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<b>North Carolina</b>	<ul style="list-style-type: none"><li>-Medication reduction programs that are spearheaded by the pharmacist</li><li>-encourage and promote programing such as Music and Memory; Supported by nursing homes through civil money penalty (CMP) Grants</li><li>-Other uses of CMP Funds have been training on sleep deprivation</li><li>-Monthly newsletter to show case enhancements</li></ul>		-State reduction in use of antipsychotic medications by 15 % each year, since 2012
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<b>North Dakota</b>	<p>-Nursing homes in various stages of understanding and implementing aspects of individualized, person-centered care</p> <p>-Members of the coalition have joined with providers in the state to start a Culture Change Coalition</p>	<p>-Nursing homes have unique access to FREE care consultant services with the state chapter of the Alzheimer's Association (anyone challenged by behaviors can access regional care consultants via phone or to come to the nursing home to help with problem solving interventions specific to their challenges; Also available to individual families and communities)</p>	<p>Successes:</p> <p>-Quality Improvement Organization initiated a 6-month, rapid-cycle focused workgroup inviting the nursing homes in the state with rates of long-stay antipsychotic quality measure rates greater than 20%; Members of the State Coalition specifically the Alzheimer's Association, State Survey Agency, and the Stadter Psychiatric Center contributed to the education provided in this workgroup; Nursing homes in this workgroup made a 10% improvement in their long-stay antipsychotic quality measures during this time frame; Most have sustained these improved rates and continue to make improvements</p> <p>Challenges:</p> <p>-Limited contact and opportunities to collaborate with primary care providers who prescribe many of the medications intended to control behavior</p>
<b>Ohio</b>			

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<b>Oklahoma</b>	<p>Trainings - LeadingAge</p> <ul style="list-style-type: none"> <li>-To educate providers on how to care for residents with dementia, using nonpharmacological approaches versus drugs; Dementia without Drugs</li> <li>-Enhanced training of activity directors to assist them in providing activities for those with dementia; Incorporated Music and Memory program</li> <li>-Restaurant style dining</li> <li>-Letting residents sleep until they wake up without disruption overnight</li> <li>-Adjusting staff schedules to accommodate hours of higher resident need</li> <li>-Oklahoma Health Care Authority's Focus on Excellence - Pay for Performance Initiative requires a monthly person-centered care report to promote the development of systems and processes to identify person-centered care preferences</li> </ul>	<ul style="list-style-type: none"> <li>-Nature walks and more outdoor activities (all staff involved including housekeeping, laundry)</li> <li>-Offer skype for contact with family</li> <li>-Use MP3 players or iPods with music, based upon resident preference or family recommendation</li> <li>-Lots of activities for residents with dementia</li> <li>-Consistent staff assignments</li> <li>-Music therapy</li> <li>-Pet therapy</li> <li>-Family involvement to help identify what is triggering the onset of behaviors and identify interventions to alleviate the stressors</li> </ul>	<p>Successes:</p> <ul style="list-style-type: none"> <li>-Took away all alarms</li> <li>-Were able to get residents off of hospice</li> <li>-Residents gained weight</li> <li>-Huge decrease in the number of falls</li> <li>-Decreased behaviors</li> <li>-Decreased weight loss</li> <li>-Increased staff retention</li> <li>-Increased continuity of care</li> </ul> <p>Challenges:</p> <ul style="list-style-type: none"> <li>-Activity directors and other staff lack knowledge of how to redirect residents</li> <li>-Staff does not always see a resident with dementia as a person, but as a job or task</li> <li>-Family members do not share the same philosophies</li> <li>-Family and/or doctor do not agree on an antipsychotic dosage reduction or elimination</li> <li>-Hospitalized residents return with new orders for antipsychotic medications</li> <li>-Requires more staff to get involved with the residents</li> </ul>
<b>Oregon</b>			
<b>Pennsylvania</b>			

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Rhode Island			
South Carolina			
<b>South Dakota</b>	<p>Facilities that are building new or undergoing major remodeling, attention to patient-centered care designs are forefront, such as:</p> <ul style="list-style-type: none"> <li>-No longer having large nursing stations</li> <li>-Building private rooms with bathrooms and bathing area</li> <li>-Allowing space for larger beds</li> <li>-Small dining areas; Small kitchenettes in rooms</li> <li>-Sitting area for guests in room</li> <li>-Flooring and lighting more homelike</li> <li>-Desk/counter areas where residents can do computer, puzzle, crafts, etc.</li> <li>-Larger windows to view outside.</li> </ul> <p>Letter sent in December 2014 to medical directors &amp; in Medical Directors Association newsletter promoting</p> <ul style="list-style-type: none"> <li>-Reduction of antipsychotic use in nursing homes</li> <li>-State &amp; national antipsychotic rates</li> <li>-National goals</li> <li>-Reminder of guidelines for usage</li> </ul>	<ul style="list-style-type: none"> <li>-Local university music majors working with nursing homes to include a music therapy program for residents</li> <li>-Same university physical therapy students did a “Virtual Dementia Tour” at healthcare trade organization conference; Received really good feedback and being brought back to the spring conference</li> </ul>	<p>Successes:</p> <ul style="list-style-type: none"> <li>-More facilities are working to become alarm free</li> </ul> <p>Challenges:</p> <ul style="list-style-type: none"> <li>-Employee turnover and staffing consistently remains a challenge</li> <li>-Seeing a plateau in antipsychotic reduction rates; Rates maintained for last 3 quarters, but no significant decrease once the 15% reduction goal was achieved</li> </ul>

## Bi-Annual State Coalition Call - Summary Report

	-Actionable steps that help further the reduction efforts		
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<b>Tennessee</b>	-“A Venue to Excellence” program to improve standard of care, especially with dementia care; Classroom training via simulation that mimic physical and mental conditions of the aged		-Civil money penalty (CMP) grant for reducing antipsychotic drug use through web based staff training -Promote use of Quality Assurance Performance Improvement (QAPI) to improve quality in lower star-rated nursing homes; Targeted nursing homes receiving toolkits that have evidence based tools for conducting medication reviews, behavioral analysis and tracking and environmental modifications
<b>Texas</b>	-Identification of calming tactics such as pet therapy, aromatherapy and music therapy	-Pet therapy, aromatherapy, music therapy and activity boxes	Successes: -Additional staff training on dementia care, including Hand in Hand, as well as others  Challenges: -Physicians and psychiatrists who are unwilling to change their ways -Resistant families have been identified as barriers
<b>Utah</b>			
<b>Vermont</b>			
<b>Virginia</b>			

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<b>Washington</b>	<ul style="list-style-type: none"> <li>-Implementation of Music and Memory programs and Virtual Dementia Tour training</li> <li>-Long Term Care Ombudsman Program (LTCOP) presented to families &amp; staff in long term care settings about reducing antipsychotic medication misuse</li> </ul>	<p>Homes worked with a local medical school to educate staff and residents (not living with dementia) about:</p> <ul style="list-style-type: none"> <li>-Dementia</li> <li>-How to help soothe and calm their fellow residents who may be anxious or otherwise distressed</li> <li>-How to provide peer support and comfort to those with dementia</li> </ul> <p>-Long term care provider group applying for a grant to obtain funding to assist more long term care settings to implement music personalization projects</p>	<p>Challenges:</p> <ul style="list-style-type: none"> <li>-High turnover in leadership roles (Administrators and Directors of Nursing)</li> <li>-Lack of knowledge of appropriate use of antipsychotic agents by primary care providers who prescribe these drugs</li> <li>-Mixed response to the concept of consistent assignment</li> <li>-Facilities focused on avoiding citations versus designing a program to reduce antipsychotic medication prevalence</li> </ul>
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<p><b>West Virginia</b></p>	<p>-Shifting focus to person-centered care by utilizing the Quality Assurance Performance Improvement (QAPI) process; Beginning stages of using Root Cause Analysis and the Plan-Do-Study-Act cycle; Seeing the benefits of using these foundations</p>	<p>Examples of person-centered care successes in local nursing homes:</p> <p>-Symptom: Wandering a night Situation was discussed with the family; Realized resident had slept in the same bed with spouse for 50 years; Spouse had recently passed away -Nonpharmacological Approach: Used a body pillow sprayed with spouse's cologne to place in bed with resident -Result: Success</p> <p>-Symptom: Upset when family left after a visit Situation was discussed with the family; Family participated in creating a resolution -Nonpharmacological Approach: Nursing home purchased a photo album with voice recording; Placed photos the resident had loved in the album; Family recorded messages following these photos; When the family gets ready to leave a staff member looks through the album with the resident -Result: Success; Resident and staff talk and laugh while the resident enjoys the album and hearing loved ones voices</p>	<p>Successes: -Found industry success by teaching providers to find the root cause and fix the systematic failure for the present and future</p> <p>Challenges: -Turnover rate regarding direct care staff, management and leadership</p>
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<b>Wisconsin</b>	-Over 200 nursing homes are participating in Music and Memory program; Sharing Hand in Hand toolkit resources; Using Advancing Excellence resources	-Consistent assignment -Life enrichment programs -Determining and responding to unmet needs	Challenges: -Staff engagement -Sustainment to use non-pharmacological approaches consistently
<b>Wyoming</b>			