

**State:****State Dementia Care Coalition Best-Practice Strategies:**

<b>Alabama</b>	<ul style="list-style-type: none"> <li>• Send out Nursing Home Composite Report to providers on a monthly basis</li> <li>• The Quality Innovation Network-Quality Improvement Organization (QIN-QIO) partnered with the Alabama Coalition for Culture Change (ACCC) in offering, Dementia Boot Camp: Getting to the Heart of the Behaviors Designed for caregivers providing care in the home, as well as anyone providing care in nursing homes and assisted living facilities; Conference speaker was Dr. Rita Jablonski, an internationally-recognized researcher who looks at ways to improve the care of older adults with dementia</li> <li>• Cross task Coordination with the Transitions of Care Communities across the state, supports efforts around the reduction in the use of inappropriate antipsychotic medication – encouraging use of person-centered care and non-pharmacological interventions</li> <li>• The Hand in Hand Training Series was presented as a “train-the-trainer” type event – offered to all provider types, not just nursing homes Attendance included providers from nursing homes, home health care, hospitals, hospice, and assisted living; The hope is that this training may also reduce the number of unnecessary readmissions to the hospital, through promoting person-centered care and non-pharmacologic interventions</li> <li>• Participation with the Alabama Medication Campaign Leadership Team One of the goals of this campaign is therapeutic use of medications - to include reducing the inappropriate use of antipsychotic medications, focusing at the community-level; Communities to be informed and educated using aggregate data</li> </ul>
<b>Alaska</b>	
<b>Arizona</b>	<ul style="list-style-type: none"> <li>• Teach nursing home staff how to use CASPER - to analyze their data, compare and benchmark to state and national averages, and identify specific residents to help through structured performance improvement projects</li> <li>• Connect low-performing nursing homes to high-performing homes and facilitate the sharing of best practices and ideas through peer coaching</li> <li>• Identify and distribute best-practice resources through the National Nursing Home Quality Care Collaborative, such as Music and Memory programs, gradual dose reduction (GDR) guides, the National Nursing Home Quality Improvement Campaign website, and webinars with dementia-care experts</li> <li>• Identify and support local dementia-care focused groups and promote community education to raise awareness</li> <li>• Meet regularly with state stakeholders, such as nursing home associations and the state health department, to identify opportunities for collaboration and education in an effort to reach a wider audience, unify messaging, and reduce the duplication of effort</li> </ul>

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<p><b>Arkansas</b></p>	<ul style="list-style-type: none"> <li>• The collaborative work of the Arkansas Quality Partners group has remained at the center of the State’s success</li> <li>• Building on the foundation of our direct caregiver education, we have focused our efforts on a proactive model of care             <ul style="list-style-type: none"> <li>Utilizing the well-being model, the caregiver is encouraged to apply a communication model referred to as the PITTTTS; At the first sign of distress, we are educating the caregiver to consider the areas PAIN-ILLNESS-TEMPERATURE-TOILET-THIRSTY-STIMULATION before the distress has the potential to escalate</li> </ul> </li> <li>• Held workshops, focused on the topic of pain management             <ul style="list-style-type: none"> <li>These workshops explained the impact that unaddressed pain can have on what may be interpreted as a “behavior”; defined the need for the consistent use of pain scales; provided detailed information on the importance of using the Pain Assessment in Advanced Dementia (PAINAD) to identify the presence of pain for residents with dementia; introduced the use of non-pharmacological interventions</li> </ul> </li> <li>• Held workshops specifically designed for the medical directors and pharmacy consultants             <ul style="list-style-type: none"> <li>Presented the need and the evidence basis for discontinuing antipsychotic usage; Included strategies to improve communication between nurses and physicians to limit overprescribing</li> </ul> </li> <li>• A Special focus has been placed on the top 20 nursing homes with the highest percent of antipsychotic medication use             <ul style="list-style-type: none"> <li>Provided an intensive full day workshop with the key leaders of the nursing home; Assisted with auditing residents on appropriate antipsychotic medication use; Identified individuals that could potentially be removed or reduced; Provided consistent follow-up and serve as a resource</li> </ul> </li> </ul>
<p><b>California</b></p>	<ul style="list-style-type: none"> <li>• Corporate engagement in reducing antipsychotics</li> <li>• High performing nursing homes to share best practices at in-person learning sessions or webinars</li> <li>• Coalition promotion of the Music and Memory program</li> </ul>
<p><b>Colorado</b></p>	
<p><b>Connecticut</b></p>	<ul style="list-style-type: none"> <li>• Partner with behavioral health groups to participate in monthly coalition calls</li> <li>• Facilities volunteer to participate on monthly coalition calls             <ul style="list-style-type: none"> <li>Bring forward a difficult case and the partnership members offer ideas to alleviate the resident’s behavioral expressions of distress</li> </ul> </li> <li>• Developed a tri-fold with information for beneficiaries and families on antipsychotic medication and the National Partnership to Improve Dementia Care</li> <li>• The QIN-QIO partnered with the staff of the behavioral health group to offer joint education in nursing facilities             <ul style="list-style-type: none"> <li>Primarily for frontline staff (Certified Nursing Assistants)</li> </ul> </li> <li>• Monthly coalition calls also focus on the Music and Memory program</li> </ul>

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	<p>Facilities are awarded “scholarships” from the Connecticut Department of Health to start a Music and Memory program; These facilities are encouraged to report on the status of their program during monthly coalition meetings; Coalition plans to use data to see if the antipsychotic medication rates of these facilities is reduced</p>
<b>Delaware</b>	<ul style="list-style-type: none"> <li>• Mandated dementia training for individuals working in long-term care facilities</li> <li>• Hand in Hand training</li> <li>• Music and Memory program funded and led by the state department - volunteerism project</li> <li>• Sharing best practices with different nursing homes through peer coaching on reduction of antipsychotic medications</li> <li>• QIN collaborative approaches and offering of resources</li> <li>• Promoting person-centered care through education and family involvement</li> <li>• Share QIN success of resources and scheduled calls to assist with GDRs</li> <li>• QIN resources focusing on antipsychotic medication quality measures</li> <li>• Use Quality Assurance Performance Improvement (QAPI) guidelines to lesson or resolve behavioral expressions of distress and identify challenges</li> <li>• Family involvement with care decision-making processes</li> </ul>
<b>District of Columbia</b>	
<b>Florida</b>	<ul style="list-style-type: none"> <li>• Use annual stakeholder meetings for the partnership/stakeholder group to meet in-person</li> <li>• Train-the-Trainer Quality Assurance Performance Improvement (QAPI) Dementia Care Plan toolkit provided to Directors of Nursing and Medical Directors</li> <li>• Present success stories of nursing homes who have reduced off-label antipsychotics in a panel format (Partnership member, Nursing Home, Pharmacist, and/or Medical Director) at stakeholder annual conference</li> <li>• Create overview of success stories in pamphlet format for easy distribution to other nursing homes</li> <li>• Use peer-to-peer (peer coaches) from nursing homes that have been successful in reducing off-label antipsychotics to assist nursing homes looking for assistance</li> </ul>
<b>Georgia</b>	<ul style="list-style-type: none"> <li>• Civil money penalty (CMP) funds to help the nursing homes improve care and quality of life for residents with dementia</li> <li>• Root cause analysis work with Quality Committee at Georgia Health Care Association (GHCA)</li> <li>• Focused work with pharmacist group – strong connections with prescribers</li> <li>• Learning &amp; Action Network (LAN) events: Walter Coffey (Leading Age Georgia) on Dementia Care and Dr. Phillip Sloane (UNC Chapel Hill) <i>“Bathing Without a Battle”</i> and <i>“Mouth Care and Oral Hygiene Without a Battle”</i></li> </ul>

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	<ul style="list-style-type: none"> <li>• Advisory Board (quarterly meetings) with good stakeholder support for input and advisement, with a willingness to assist when called upon</li> </ul>
<b>Hawaii</b>	
<b>Idaho</b>	<ul style="list-style-type: none"> <li>• Work with providers in skilled nursing facilities to train and educate them on appropriate use of antipsychotics</li> <li>• Sustain efforts to help facilities apply for CMP grants</li> <li>• Understand and support new requirements of participation that include person-centered care principals</li> <li>• Use Oregon's "Let's Get Real, person-centered care in a task oriented world" training program</li> </ul>
<b>Illinois</b>	<ul style="list-style-type: none"> <li>• Illinois Department of Public Health Town Hall meetings Inform nursing home administrators and leaders on the state's rate of antipsychotic medication use and survey related topics; Recommend resources and technical support</li> <li>• Quality focused educational resources for antipsychotic medications (<a href="#">Antipsychotic Medications</a>)</li> <li>• Hand in Hand Training</li> <li>• Website development Tools, resources, and recorded webinars (<a href="https://telligenqinqio.com/our-work/nursing-home-care/">https://telligenqinqio.com/our-work/nursing-home-care/</a>)</li> <li>• Newsletters/Email blasts from statewide trade associations and QIN-QIO (Telligen) Alerting nursing homes about educational opportunities, resources and technical support</li> <li>• QIN-QIO provide support via phone/email/participation in corporate meetings Enrollment in QAPI Push Course 7 week course aimed to improve to long stay QMs; &gt;75% of all the nursing homes in the state have joined the National Nursing Home Quality Care Collaborative</li> <li>• Statewide education Leading Age - Offered a six day program for professionals caring for persons living with dementia; CARES® Dementia Basics™ (<a href="http://www.hcinteractive.com/basics">http://www.hcinteractive.com/basics</a>)</li> </ul>
<b>Indiana</b>	
<b>Iowa</b>	<ul style="list-style-type: none"> <li>• Personalized outreach (e.g., information regarding best practices and available tools) from the Iowa Partnership to all facilities with high antipsychotic medication usage</li> <li>• Promotion of an antipsychotic reduction decision tool developed by Telligen (QIO) and the University of Iowa that helps facilities prioritize and select appropriate candidates for GDRs and drug elimination through the use of interactive provider workshops throughout the state</li> <li>• Providing information from recent CMS surveys regarding unnecessary drug use to providers during monthly conference calls</li> <li>• Promoting person-centered care education, with emphasis on dementia care techniques</li> </ul>

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	<ul style="list-style-type: none"> <li>Engaging facility leaders through a program called the Iowa Leadership Academy, which focuses on best practices to prevent staff turnover and improve person-centered care techniques designed to advance the quality of dementia care provided by all nursing facility staff members</li> </ul>
<b>Kansas</b>	<ul style="list-style-type: none"> <li>Letters sent to each facility that had an antipsychotic medication rate greater than 16 percent, offering them help with lowering their rate</li> <li>Physician training by Coalition members on why antipsychotic medications are not always clinically indicated for residents living with dementia</li> <li>Planning to present at Board of Healing Arts meeting about the National Partnership and mission of the Kansas State Dementia Care Coalition</li> </ul>
<b>Kentucky</b>	<ul style="list-style-type: none"> <li>Formation of a multi-disciplinary team, committed to planning and implementing a structured QAPI to result in improved resident outcomes</li> <li>Collaboration with our QIO The QIO is currently working with 224 licensed nursing homes, roughly 75% of all nursing homes in Kentucky; On average, 50 nursing homes participate on a monthly call that is held</li> <li>Utilize the Five Point Change Bundle (<a href="https://www.nhqualitycampaign.org/files/Change_Bundle-Antipsychotic_Meds.pdf">https://www.nhqualitycampaign.org/files/Change_Bundle-Antipsychotic_Meds.pdf</a>)</li> </ul>
<b>Louisiana</b>	<ul style="list-style-type: none"> <li>Louisiana Department of Health contacted facilities with the highest antipsychotic medication use and required an action plan on how the homes were going to reduce their antipsychotic use</li> <li>Set up a "Dementia Partnership" link on LEADER website (Louisiana Culture Change Coalition) to make materials, resources, and progress updates available to nursing homes</li> <li>Conducted workshops across the state for – Medical directors, attending physicians, nurse practitioners, and pharmacy consultants related to the role these practitioners played in reducing the prescribing of antipsychotic medications; Nursing home staff regarding potentially inappropriate use of antipsychotic medications and the use of non-pharmacological interventions; Consumers/families on potentially inappropriate use of antipsychotic medications for residents living with dementia</li> <li>Tracked antipsychotic use by regions to focus training in areas most needed; Provide regional training for nursing home representatives and clinicians, as needed, based on feedback from onsite visits</li> <li>Piloted and/or implemented best practices and/or QIN-QIO provided tools and resources, as required to facilitate improvement in antipsychotic medication reduction</li> <li>Promoted liberalized medication pass and restorative sleeping programs, as non-pharmacological interventions</li> </ul>

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	<ul style="list-style-type: none"> <li>Promoted increased communication between in-patient psychiatric hospitals and the nursing homes to ensure antipsychotic medication are received for the shortest period of time and only when clinically indicated</li> </ul>
<b>Maine</b>	<ul style="list-style-type: none"> <li>Maine’s Dementia Partnership sponsored trainings for direct care staff in nursing homes across the state This first training was provided by the Northeast Health Care Quality Foundation staff (Maine’s former QIO) utilizing the “Hand in Hand” training developed by CMS; Oasis training was also sponsored for direct care staff provided by Dr. Susan Wehry, Geriatric Psychiatrist</li> <li>Outreach to Medical Directors A webinar was provided by Dr. Fazeli, a Fellowship Trained, Board Certified Geriatrician, for hospital physicians to educate them about the importance of reducing antipsychotics for patients in hospitals prior to admission to a nursing home</li> <li>Music and Memory Project implemented with CMP funds In 2016, 39 nursing homes implemented Music and Memory; In 2017, another 20 nursing homes will implement Music and Memory</li> <li>Family education Ombudsman Program staff and volunteers distribute flyers containing information about the potential side effects and risks of off-label use of antipsychotics to nursing homes across the state; State Coalition members utilize flyers as well, sharing it with residents and families</li> <li>Peer Mentoring Program Five homes that have made excellent progress in reducing antipsychotics volunteered to provide support/peer mentoring for homes struggling with reductions in the use of these drugs; Letters were sent to homes with the highest utilization, asking if they would like assistance, leading to phone calls and meetings between the homes</li> </ul>
<b>Maryland</b>	<ul style="list-style-type: none"> <li>Periodic calls and email communication regarding events, reports, key research, and best practices</li> <li>Work with QIO efforts around improving dementia care and antipsychotic medication reduction</li> <li>Support local professional organizations and their educational efforts; Utilize their assistance with outreach</li> <li>Support and share information related to research grant efforts</li> <li>Work with mental health professional groups</li> </ul>
<b>Massachusetts</b>	
<b>Michigan</b>	<ul style="list-style-type: none"> <li>Send out (via USPS) antipsychotic medication use trend reports and a letter about the National Partnership quarterly to nursing homes with the highest antipsychotic medication use rates; Calls by Michigan Peer Review Organization (MPRO), representing Michigan in Lake Superior QIN, with these nursing homes discuss</li> </ul>

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	<p>their rates, their current protocols and barriers, and discuss use of QAPI processes; Also discuss best practices, non-pharmacological interventions, and provide evidence-based resources and tools</p> <ul style="list-style-type: none"> <li>• MPRO’s Governor’s Award of Excellence for Nursing Homes (and other healthcare settings) One criteria for the award is to conduct a Performance Improvement Project, using QAPI principles and processes, to reduce the nursing home’s antipsychotic medication rate, submit their Intervention Plan and quarterly updates, and then complete a final narrative</li> <li>• Joint Provider Surveyor Training (JPST) Michigan Bureau of Health Care Services (BHCS) and Department of Licensing and Regulation (LARA), host these training events in the Spring and Fall each year; Include important long-term care education topics simultaneously presented to nursing home providers and surveyors; Approximately 800 attendees usually participate; Promote person-centered care as a ‘best practice’ strategy; Content jointly presented by a content expert, a provider who has successfully implemented the best practice, and a surveyor to integrate the regulatory point of view; Spring 2017 conference included topics on: Activities or Engagement – What’s Missing and What’s Required</li> <li>• Regionally, over the last year, Lake Superior QIN has presented webinars on Dementia Behavior Management in Dementia with Dr. Robert Sonntag; Sleep Hygiene; Resident Centered Care - Natural Awakening; Upcoming webinar group of 18 states - Governor Award of Excellence winner will speak on innovative and effective strategies for reducing the inappropriate use of antipsychotic medications</li> <li>• Lake Superior QIN bi-monthly e-newsletters, which feature nursing home success stories on reducing antipsychotic medications</li> <li>• “Today’s Tips” - monthly tips sent to nursing homes related to reducing antipsychotic medications, including tools, resources, and video links</li> <li>• Lake Superior QIN website - resources such as links to National Nursing Home Quality Improvement (NNHQI) Campaign, National Nursing Home Quality Care Collaborative (NNHQCC) Change Package - to promote avoidance of antipsychotic medications in residents living with dementia, and success stories of how nursing homes have reduced antipsychotic medications</li> </ul>
<p><b>Minnesota</b></p>	<ul style="list-style-type: none"> <li>• Send trend reports with a letter from the state coalition each quarter to nursing homes with the highest antipsychotic rates Include data so homes can see how much higher they are than the state average; Reach out to these homes and support to help them identify factors that attribute to this high rate; Help them develop a plan to mitigate these factors and send them resources to help them in their efforts</li> </ul>

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	<ul style="list-style-type: none"> <li>• Encourage sharing of success stories from nursing homes in our state, as well as our region; Lake Superior QIN shares success stories via a newsletter, webinars, and collaborative sharing calls</li> <li>• Develop common messaging across our state; Partners in the Minnesota State Dementia Care Coalition share data with providers and share common goal state-wide; Share common messaging in our organization newsletters</li> <li>• Provide education based on the needs of the nursing homes Identify common themes that contribute to the unnecessary use of antipsychotic medications; Plan educational opportunities, provided by the Lake Superior QIN, trade association conferences, state survey agency conference calls, and Medical Director conferences, based on these themes</li> <li>• Use data analysis to help identify root causes Use Mapping technology to visualize where the nursing homes with the top 10% antipsychotic medication rates are located, to help identify trends</li> <li>• MN Department of Human Services has developed two pay-for-performance incentive payment programs Each program requires nursing homes to choose a performance improvement project based on one of the Minnesota Quality Indicators; Many nursing homes have chosen the reduction of antipsychotic medications; This incentive has provided nursing homes with resources to put more focus on improving dementia care</li> </ul>
<p><b>Mississippi</b></p>	<ul style="list-style-type: none"> <li>• Face to face meetings with the facilities that have the highest antipsychotic medication use</li> <li>• QIO, Information &amp; Quality Healthcare (IQH), utilizing Composite scores to work with long-term care providers – Shared tools for performance improvement projects (PIP)</li> <li>• QIO/IQH worked on PIPs with state-operated facilities that have the highest antipsychotic rates</li> <li>• Coalition Meetings/Teleconferences – Facilities sharing best practices</li> <li>• Collaborating with Partners through State Alzheimer’s Conference and Culture Change Coalition, Grow Mississippi conference/workshop</li> </ul>
<p><b>Missouri</b></p>	<ul style="list-style-type: none"> <li>• Leveraged Stakeholders to Promote Antipsychotic Medication Reduction Antipsychotic medication reduction has been an ongoing project of the Missouri Local Area Network for Excellence (MoLANE); MoLANE was already established, the members knew each other, and they had previous success working collaboratively on other projects; Each quarter, review CMS data, dedicate resources to getting this data out to the industry through various communication channels; Organizations in the MoLANE concentrated their educational efforts on the reduction of antipsychotic medications</li> <li>• Educational Resources and Training for Direct Care Staff Monthly One Page CAT Tips – QIN-QIO (Primaris) wrote seven one-page tips on how to understand and work with residents with dementia, including links to current educational events and additional</li> </ul>



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	<p>resources; Distributed to all 500 homes in Missouri via an email contact system and to approximately 50 stakeholders for them to share with their constituents; The audience for these tips were direct care staff</p> <p>Monthly Challenge Posters – Primaris authored a series of 18 posters for direct care staff designed to be posted in nursing home staff lounge areas and used as a point of discussion and training related to person-centered care for residents living with dementia</p> <p>Hand in Hand Training Series – Training on the use of this toolkit was provided at three statewide conventions, as well as directly to staff in some nursing homes</p> <ul style="list-style-type: none"> <li>• Presentations by National Experts           <ul style="list-style-type: none"> <li>Dr. Allen Power – Presentations in three locations; Day session directed towards long-term care staff/Shared insights from his book, Dementia Beyond Drugs; Over 250 nursing home staff in attendance; Evening session for family members to help them communicate better with their loved ones and expectations from nursing home staff; Panel of long-term care Medical Directors to discuss the actions they could take to reduce antipsychotic medication use</li> <li>Empira Restorative Sleep Program – Sue Ann Guildermann presented in three locations in Missouri to provide insight into how Empira was able to enhance sleep for residents in 22 nursing homes; Sessions were attended by over 200 nursing home staff</li> </ul> </li> <li>• Special Projects           <ul style="list-style-type: none"> <li>Music and Memory Project – Dan Cohen presented at annual conference; Publicized through stakeholder network for both long-term care workers and family members; Following, 30 nursing homes were funded to purchase the supplies/equipment to implement the project</li> <li>Life Enrichment Through Poetry – Project funded for 16 nursing homes</li> <li>Restorative Sleep Program – CMP funds to implement the Empira program in 40 nursing homes</li> </ul> </li> </ul>
<p><b>Montana</b></p>	<ul style="list-style-type: none"> <li>• Offer coaching calls regularly with struggling facilities           <ul style="list-style-type: none"> <li>Encourage interdisciplinary team to be on calls; Provide support, encouragement, tools, training, and offer acknowledgment for successes, action plans, and courage to change</li> </ul> </li> <li>• Positive Approach to Care (PAC) in-services (minimum of 4 hours of training) provided for direct care providers</li> <li>• Offer webinars where successful nursing homes are highlighted and share</li> <li>• Provide 60 to 90 minute in-services on many topics including: Pain, Weight loss/gain, Falls, Sleep, and Alarms</li> <li>• Make effort to stop in at local facilities to make a connection and offer support</li> <li>• Let providers know about State civil money penalty funds, and how they can apply for them to improve care</li> </ul>

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	<ul style="list-style-type: none"> <li>• Encourage and provide training on the use of the Music &amp; Memory (or similar) Program Involved State Survey Agency (SSA), Long-Term Care Ombudsmen Program, and Montana Geriatric Education Center in trainings and facility encouragement</li> <li>• Collaboration with Montana State Department of Labor and Industries to create a Dementia Focused training curriculum/course (PAC trainings included) for Certified Nurse Aides (CNA) to empower care-partners with knowledge and skill to improve the quality of life of persons living with dementia</li> <li>• Creation and implementation of the Montana State Plan for Alzheimer’s and Dementia</li> <li>• Provision of online resources for public access</li> <li>• Quarterly meetings with stakeholders (SSA, Long-Term Care Ombudsmen, Agency on Aging, facility representatives at regional and local level, Montana Hospital Association, Montana Health Care Association, and others) to discuss ways we can partner to help implement best practices and problem solve</li> <li>• Created a Google Group, Montana Nursing Homes Working Together, for sharing – This is a safe group where nursing home staff may connect with their peers to learn what best practices are working, gain support, and not feel isolated</li> <li>• Prioritize being there – even if via the phone, to offer assistance to nursing homes</li> </ul>
<p><b>Nebraska</b></p>	<ul style="list-style-type: none"> <li>• CMP Grant Will offer focused curriculum, teaching, and mentorship by engaging 35 participants across 10 participating nursing homes working towards improving the quality of life, care, and well-being for dementia residents in nursing facilities; Training will focus on the delivery of a 2-day Dementia Beyond Drugs training conference and completion of a preliminary and two follow-up team-based mentorship site visits to provide guidance on integration of tools and ideas from the training</li> <li>• Education at one-day workshops and annual conventions Speakers include: Teepa Snow, Erin Bonitto, Dr. Al Powers, Sue Ann Guildermann, Cameo Rogers, and others</li> <li>• Film screenings of Glen Campbell: I’ll Be Me and Alive Inside: A Story of Music and Memory Inviting facilities and the community to participate</li> <li>• Letters sent to facilities with high antipsychotic medication use, outlining available resources</li> <li>• Participated in trade shows of both the Nebraska Health Care Association and Leading Age Nebraska Booths were manned by LANE stakeholders, who discussed available resources and gathered information from facilities</li> <li>• Quarterly newsletter sent out by the Nebraska LANE</li> </ul>
<p><b>Nevada</b></p>	

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<p><b>New Hampshire</b></p>	<ul style="list-style-type: none"> <li>• Monthly review of CASPER Data monthly for nursing homes in our state</li> <li>• Promotion of our webinars for homes that are showing high numerators for their long-stay antipsychotic medication use</li> <li>• Set-up monthly affinity calls for 11 nursing homes with the highest rates of antipsychotic medication use Followed those homes for a year, seeing significant reduction in many of them, and noting a trend in certain corporate homes that differed from smaller homes and non-chain homes;</li> <li>• Close monitoring of nursing homes Offered to make site visits; Sent resources and tools (<a href="https://www.nhqualitycampaign.org/files/Life_Story_Questionnaire_April_2016_ph.pdf">https://www.nhqualitycampaign.org/files/Life_Story_Questionnaire_April_2016_ph.pdf</a>; <a href="https://www.nhqualitycampaign.org/files/Directions_for_use_of_the_Life_Story_questionnaire_ph.pdf">https://www.nhqualitycampaign.org/files/Directions_for_use_of_the_Life_Story_questionnaire_ph.pdf</a>); Having good relationships with nursing home staff has been most productive</li> </ul>
<p><b>New Jersey</b></p>	
<p><b>New Mexico</b></p>	<ul style="list-style-type: none"> <li>• QIO and Health Care Association are helping facilities improve quality measures by letting them know of resources, offering education, support, and suggestions about what has worked with other facilities</li> <li>• One-on-one nursing home support, seems to be the best strategy</li> <li>• Quality measures will also be the subject of an upcoming educational program</li> <li>• Continue to focus on providing resources to Directors of Nursing and other facility staff</li> </ul>
<p><b>New York</b></p>	<ul style="list-style-type: none"> <li>• Focusing Measurement Led by the New York State Department of Health (NYS DOH) Nursing Home Quality Initiative (NHQI) Workgroup; Monitor both the national antipsychotic medication rates and the State-specific rates; Also monitor the percentage of antipsychotic use for long-stay residents living with dementia; Dementia care is supported by many of the other measures that are part of the NHQI and are often more process-oriented and harder to track</li> <li>• Sharing Resources and Practices The NYS DOH, trade associations, and the QIO, IPRO, regularly meet at State-sponsored meetings, as well as other events throughout the year; Stakeholders continue to coordinate with their national organizations to disseminate resources and education through newsletters, briefings, trainings, and resources</li> <li>• Providing Educational Programs Stakeholders continue their support for dementia care improvement through educational programming focused on a variety of priority areas, including non-pharmacologic practices, end-of-life care for residents living with dementia, and performance improvement Some examples include:</li> </ul>

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	<p>Aligning the CMS Quality Improvement System (QIS) into Daily Performance Improvement – The Continuing Care Leadership Coalition (CCLC) assisted providers in learning about the new survey process and how it supports performance improvement practices, including sessions on reducing medication issues and antipsychotic use</p> <p>Behavioral Health Education - Through its efforts to align high-quality clinical practice among group of providers, CCLC provided behavioral health education supported by data collection, tracking, and evaluation related to antipsychotic drug use</p> <p>ComfortMatters: A Program to Improve End-of-Life Care for People with Dementia – CaringKind (formerly the NYC Chapter of the Alzheimer’s Association) expanded its holistic and effective program to a broader circle</p> <p>Expanding Support for Music and Memory through Direct Care Staff – The Quality Care Community provided nurse aide education on how to appropriately respond to mental health disorders in its efforts to expand the use of a successful non-pharmacologic personalized music program, Music and Memory</p> <ul style="list-style-type: none"> <li>• Coordinating Care Across Settings           <p>Through the CMS Innovation Center Initiative to Reduce Avoidable Hospitalizations in New York and led by the Greater New York Hospital Association (GNYHA) Foundation, New York-Reducing Avoidable Hospitalizations, highlighted opportunities to use specially-trained nurse care coordinators to assist nursing facilities and hospitals improve care coordination, including efforts to improve quality and reduce the use of antipsychotic drugs</p> </li> </ul>
<p><b>North Carolina</b></p>	<ul style="list-style-type: none"> <li>• Emails, containing antipsychotic medication use data, are sent to all surveyors, facilities, and stakeholder groups on a quarterly basis; Surveyors are reminded to look at the list, share it with the facility when they go in, and pay attention to the nursing homes that have high rates of use</li> <li>• Participation and support of our QIO’s calls and efforts for reduction in this area</li> <li>• Support of culture change initiatives involving Music and Memory and Its Never 2 Late Computer System</li> </ul>
<p><b>North Dakota</b></p>	<ul style="list-style-type: none"> <li>• Care Consultation offered by North Dakota Alzheimer’s Association staff           <p>Provided free of charge; These sessions provide individualized assistance, problem solving, and identification of resources available to individuals, family members and care settings (including nursing homes)</p> </li> <li>• Providing antipsychotic medication education to nursing homes residents and family members/resident representatives utilizing an informed consent document (signed informed consent is not mandated by federal long-term care requirements)           <p>Within the document, there is education about dementia and the increased risks associated with antipsychotic medication use, as well as a signature line to allow for individual or family member to</p> </li> </ul>

**State:**

**State Dementia Care Coalition Best-Practice Strategies:**

	<p>demonstrate informed consent when deciding to use this type of medication for themselves or their loved one</p> <ul style="list-style-type: none"> <li>• Behavior mapping for those residents who are transferred from or readmitted from the hospital with a new antipsychotic medication Explore whether a reduction in the medication should be attempted; Help staff to explore triggers and potential interventions</li> <li>• Series of focused improvement efforts through the Great Plains QIN (GPQIN) – Enhanced Care Home Outcomes (ECHO) type effort inviting a few nursing homes from four different states to participate Six months of monthly calls, with data tracking and review each month; Each call had an educational portion with a pertinent topic presented by a subject matter expert, followed by a question &amp; answer session, and sharing of progress within each home; Successes are shared via live calls, presentations, monthly e-newsletters, and GPQIN blogs</li> <li>• Active involvement by the University of North Dakota School of Medicine and Health Sciences, Geriatrics Department Fellowship Chair Participation in calls with nursing homes, offered on-site visits to facilities, and has provided education to hospitalists; Recommended looking at treatment of pain to potentially reduce behavioral expressions of distress (<a href="http://www.bmj.com/content/bmj/343/bmj.d4065.full.pdf">http://www.bmj.com/content/bmj/343/bmj.d4065.full.pdf</a>)</li> </ul>
<p><b>Ohio</b></p>	<p>Top five dementia care practice strategies currently focus on the following CMP projects approved by CMS and funded by Ohio's CMP Grant Program:</p> <ul style="list-style-type: none"> <li>• CARES® Dementia Training CMP Project Through the training of direct care staff and other staff in participating nursing facilities in the CARES® Dementia Basics™ Online Training Program, residents with dementia and dementia-related conditions in 150 nursing facilities are expected to receive improved care, which is then expected to result in an improvement in resident satisfaction scores for these individuals</li> <li>• Antipsychotics Reduction CMP Project Offers certification of a standardized cognitive assessment tool for up to 80 interdisciplinary team members in Ohio nursing facilities that can then be used to create individualized plans of care that focus on non-pharmacological interventions for behavioral expressions of distress that result from dementia and dementia-related conditions</li> <li>• Opening Minds Through Art (OMA) CMP Project A person-centered project designed to provide opportunities for creative self-expression and inter-generational social engagement for people in approximately 100 participating nursing facilities who have Alzheimer’s disease and other forms of dementia</li> <li>• Music &amp; Memory CMP Project</li> </ul>

**State:**

**State Dementia Care Coalition Best-Practice Strategies:**

	<p>A person-centered approach to dementia care that proposes to reduce depression, pain, and the use of antipsychotic medications through the provision of personalized music for individuals living with dementia and dementia-related conditions</p> <ul style="list-style-type: none"> <li>• LifeBio CMP Project This project proposes to improve person-centered care for approximately 830 nursing facility residents, including those with dementia and dementia-related conditions, by collecting biographical information and developing two LifeBio tools for each resident: a Life Story Booklet and a 1-page laminated Life Story Summary; These two items are to be shared with direct care staff who interact with the residents, and posted in a prominent location in or directly outside each resident’s room</li> </ul>
<b>Oklahoma</b>	<ul style="list-style-type: none"> <li>• Organized a new stakeholder’s network who has elected to reinvigorate and intensify efforts to improve dementia care, with an emphasis on sustainability of antipsychotic drug reductions; This will focus on all factors related to dementia including resident care, staff education, etc.</li> <li>• QIN/QIO is working with over 230 homes in Oklahoma, with an emphasis being placed on reduction of inappropriate antipsychotic medications</li> <li>• Leading Age project that is providing assistance for 100 nursing homes to create a certified Music and Memory Program</li> <li>• The Oklahoma Foundation for Medical Quality, The OU College of Pharmacy and The Eden Alternative, have started a “Less Is More” project which provides assistance to optimize medication systems and reduce unnecessary medication</li> <li>• The OUHSC College of Public Health is providing “Step-Up for Dementia Care”, a hands on training that builds empathy and improves skills for dementia care</li> <li>• Multiple entities are providing education for facility’s related to dementia care and decreasing the use of antipsychotic medications, including: <ul style="list-style-type: none"> <li>The Oklahoma State Department of Health at two regional provider trainings this year will include education from: <ul style="list-style-type: none"> <li>Dr. Beth Nolan regarding Brain Changes: What is Lost – What is retained in dementia; and Naomi Feil and Paula Mixon regarding Validation Methods for communicating with cognitively impaired individuals</li> </ul> </li> <li>Leading Age has provided: <ul style="list-style-type: none"> <li>A series of webinars for participants of the Music &amp; Memory program regarding dementia care &amp; best practices; A one day event with Teepa Snow.</li> </ul> </li> <li>QIN/QIO provided: <ul style="list-style-type: none"> <li>A webinar for nursing homes related to reducing the use of antipsychotic medications</li> </ul> </li> </ul> </li> </ul>
<b>Oregon</b>	<ul style="list-style-type: none"> <li>• Series of Three Webinars</li> </ul>

**State:**

**State Dementia Care Coalition Best-Practice Strategies:**

	<p>Tools for Managing Challenging Behaviors in Persons with Dementia; Avoiding Antipsychotics in Patients with Dementia; Appropriate Use of Antipsychotic Medications          Webinars can be viewed here (under 2016 trainings) -  <a href="http://www.oregon.gov/DHS/SENIORS-DISABILITIES/SUA/Pages/AAA-Training.aspx">http://www.oregon.gov/DHS/SENIORS-DISABILITIES/SUA/Pages/AAA-Training.aspx</a></p> <ul style="list-style-type: none"> <li>• Focus on Palliative Care – In process of gathering information; Plan to develop a toolkit and training material</li> <li>• Support the efforts of coalition members and the work that they do within their organizations             <ul style="list-style-type: none"> <li>Alzheimer’s Association – Art &amp; music programs provided in long-term care communities</li> <li>Making Oregon Vital for Elders (MOVE) – Oregon’s culture change organization; Two part online course addressing person-centered care</li> <li>Older Adult Behavioral Health Specialist Program – Development of ECHO for nursing homes that have residents with challenging behavioral expressions of distress</li> <li>Training modules that address serious mental health and dementia (will need to scroll down to ADRC Dementia Training, Modules 10 &amp; 11) -  <a href="http://www.oregon.gov/DHS/SENIORS-DISABILITIES/SUA/Pages/AAA-Training.aspx">http://www.oregon.gov/DHS/SENIORS-DISABILITIES/SUA/Pages/AAA-Training.aspx</a></li> </ul> </li> <li>• Oregon Care Partners             <ul style="list-style-type: none"> <li>Consortium made up of Oregon Health Care Association, Alzheimer’s Association-OR chapter &amp; Service Employee International Union (SEIU) to provide free training focused on dementia care to family caregivers and paid caregivers and providers who work in Oregon’s long term care settings</li> </ul> </li> <li>• Legislation             <ul style="list-style-type: none"> <li>Two bills passed related to dementia care; In the beginning stages of working with these bills</li> </ul> </li> </ul>
<p><b>Pennsylvania</b></p>	<ul style="list-style-type: none"> <li>• Department of Health Feedback Letters             <ul style="list-style-type: none"> <li>Pennsylvania’s Division of Nursing Facility Licensure uses data collected at the time of annual surveys to provide year to year feedback to nursing homes on their rate of antipsychotic usage; Facilities who have a reduction in usage received a congratulatory letter with a request to share any best practices being used; Facilities who experience an increase in antipsychotic medication usage receive a letter noting the increase and inviting the facility to review peer best practices</li> </ul> </li> <li>• Professional Education             <ul style="list-style-type: none"> <li>Educational outreach through professional societies; Presentations or materials for newsletters</li> </ul> </li> <li>• Stakeholder Best Practice Education             <ul style="list-style-type: none"> <li>Education on best practices provided as part of state-wide calls</li> </ul> </li> <li>• Organization Change             <ul style="list-style-type: none"> <li>The partnership is looking to host at least one annual gathering of stakeholders; In-person meetings would facilitate greater involvement by stakeholders</li> </ul> </li> </ul>

**State:**

**State Dementia Care Coalition Best-Practice Strategies:**

<p><b>Rhode Island</b></p>	<ul style="list-style-type: none"> <li>• Helpful tips for non-pharmacological approaches to care were provided to all Rhode Island nursing homes over the past month</li> <li>• Implementation of a weekly email blast, titled WEEKLY TIPS FOR GDR The first email blast was sent to nursing home leadership; Included various points for nursing homes to consider when conducting GDRs</li> <li>• Increased activities during peak times (e.g., diversionary activities: music, crafts, walking club, and folding towels)</li> <li>• Launched a statewide behavioral health task force In attendance are: nursing home trade associations, the Department of Health, the state designated mental health advocate, the state ombudsman, the community health and mental health centers, the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals, and the Executive Office of Health and Human Services, as well as providers serving this population</li> <li>• Meet with Stakeholders to bring an increased awareness to this topic and to the lack of progress in the state Met with Rhode Island American Medical Directors’ chair to further raise awareness</li> </ul>
<p><b>South Carolina</b></p>	
<p><b>South Dakota</b></p>	<ul style="list-style-type: none"> <li>• Personal site visits to nursing homes by QIO - Effective in improving engagement Site visits typically include informal roundtable discussion with leadership and care team, reviewing those residents on antipsychotic medications and those with challenging behavioral expressions of distress; The QIO leads the discussion modeling QAPI problem solving strategies using an individualized, person-centered process</li> <li>• Discussions with a large telehealth service provider To further promote the use of non-pharmacological approaches to care, before antipsychotic medication prescribing; This telehealth vender hired a behavioral specialist to better assist nursing homes in dealing with challenging behavioral expressions of distress</li> <li>• Frequent articles in state, physician-based journals; South Dakota Medical Directors Association (SDMDA) quarterly newsletters; Bi-monthly to monthly National Nursing Home Quality Care Collaborative e-newsletters; Success stories of homes that have reduced antipsychotics featured in e-newsletters, website, and shared at local conferences and stakeholder gatherings; Promotion of Hand In Hand training series</li> <li>• Great Plains QIN hosted a six month (June 2016 – December 2016) affinity work group Included 19 homes that had high antipsychotic medication rates (most over 15%); 5 participants from South Dakota; Followed the ECHO model and had a panel of experts at each monthly call (pharmacist, dementia specialist, physician, and nursing home task leads)</li> </ul>



**State:****State Dementia Care Coalition Best-Practice Strategies:**

	<ul style="list-style-type: none"> <li>Individual letters were sent to every medical director with information on antipsychotic medication reduction and the National Partnership, along with update on national and state antipsychotic medication rates, goals, resources, and tips Letters were jointly endorsed and co-signed by SDMDA, QIO and South Dakota Dementia Care Coalition; Sent out twice</li> </ul>
<b>Tennessee</b>	<ul style="list-style-type: none"> <li>The QIO is currently partnering with Tennessee Eden Alternative Coalition (TEAC) to assist in a three-year project entitled "Reframing Dementia: Train the Change Agent" Provision of a training kit which explores the art of building meaningful relationships as the fundamental building block of care that puts the person living with dementia first; The QIO will assist TEAC to identify nursing homes with high antipsychotic utilization to be invited to engage in the project; Enables staff attending the training to return to their respective facilities to train the other staff in the facility</li> <li>The QIO partnered with Vanderbilt Center on Quality Aging to host a series of 6 webinars The objectives included - Addressing Barriers to Change: the Perspective of Psychiatry, Nursing, and Medical Directors</li> <li>Lipscomb University partnered with a national nursing home chain, providing increased dementia awareness training to six of their facilities which included attending the Virtual Dementia Tour</li> <li>State of Tennessee hosted Dementia Beyond Drugs training Trained over 600 people and they all received the book, Dementia Beyond Drugs; Every nursing home was also provided with a copy of the American Medical Director's Association Dementia Clinical Practice Guidelines</li> <li>State CMP grant applications to improve dementia care and reduce antipsychotic medication use in nursing homes Topic criteria for application for State CMP grants: Reduction of unnecessary antipsychotic medication use among nursing home residents; Implementation of culture change initiatives that go beyond regulatory requirements to improve quality of care and life; and Improve quality of life and care of residents through person-centered care</li> </ul>
<b>Texas</b>	<ul style="list-style-type: none"> <li>One-on-One technical assistance from both QIN-QIO and state quality monitoring staff</li> <li>Adoption of Music &amp; Memory program</li> <li>Nursing home Staff trainings in dementia care</li> <li>Virtual Dementia Tours at multiple events</li> <li>Implementation of the Oasis training</li> </ul>
<b>Utah</b>	
<b>Vermont</b>	

**State:**

**State Dementia Care Coalition Best-Practice Strategies:**

<p><b>Virginia</b></p>	<ul style="list-style-type: none"> <li>• Virginia Dementia Care Best Practices <a href="https://www.vadars.org/downloads/publications/DementiaCareBestPractices2014.pdf">https://www.vadars.org/downloads/publications/DementiaCareBestPractices2014.pdf</a></li> <li>• Riverside Microlearning Project - Little Message with a Big Impact A Tool for Delivering Person-Centered Care Training in Virginia’s Nursing Homes; Contact: Mary Martha Stewart, Riverside Center for Excellence in Aging &amp; Lifelong Health, <a href="mailto:Mary.Stewart@rivhs.com">Mary.Stewart@rivhs.com</a></li> <li>• Birdsong Initiative 31 residents in Westminster-Canterbury's Hoy Nursing Care Center were given access to <i>It's Never 2 Late</i> touchscreen technology as part of their activity plan; Another 31 residents took part in personalized therapeutic recreation programs that were non-computerized; The groups switched after 12 weeks; <a href="http://in2i.com/">http://in2i.com/</a>; <a href="http://www.wcbay.com/birdsong">http://www.wcbay.com/birdsong</a></li> <li>• Linked Senior Provides custom personalized and interactive experiences through touch screen interfaces and a web based platform; <a href="mailto:info@linkedsenior.com">info@linkedsenior.com</a></li> <li>• Utilizing the “HEAR” Approach An ordered strategy for examining common sources of a behavior problem; This approach helps guide clinicians toward the nature of the problem behavior, and toward necessary interventions</li> </ul>
<p><b>Washington</b></p>	<ul style="list-style-type: none"> <li>• Choosing Wisely Initiative Utilize the <i>off-label antipsychotic medication for Medicare beneficiaries with dementia</i> measure to provide individualized performance feedback to clinicians <a href="http://www.Medicare.QualisHealth.org/ChoosingWisely">http://www.Medicare.QualisHealth.org/ChoosingWisely</a></li> <li>• Utilize materials available from <a href="https://igec.uiowa.edu/ia-adapt">https://igec.uiowa.edu/ia-adapt</a>, for educational presentations on reducing the use of off-label antipsychotic medications</li> </ul>
<p><b>West Virginia</b></p>	<ul style="list-style-type: none"> <li>• Have family member/beneficiary involvement on advisory council; Plan to find a nursing home resident who would also be willing to sit on the council, as an active member (CMS has been forefront with ensuring the healthcare environment move from a medical model to a person-centered model and we feel that this paradigm shift should be a requirement not just on the provider level, but on all levels of decision making)</li> <li>• In the spirit of QAPI, in the process of developing a charter to direct our state coalition and align our goals as a team; This charter will help give us direction, develop milestones, and ensure active participation from each member</li> </ul>
<p><b>Wisconsin</b></p>	<ul style="list-style-type: none"> <li>• The Wisconsin Department of Health Services (along with many other stakeholder organizations, including the Wisconsin Health Care Association and LeadingAge Wisconsin), have worked to assist 85% of Wisconsin Nursing Homes to implement the Music &amp; Memory program</li> <li>• The Clinical Resource Center is a website, which provides key information and resources to staff working in nursing homes</li> </ul>

**State:**

**State Dementia Care Coalition Best-Practice Strategies:**

	<p>Provides links to educational information about selected care areas and training topics, including dementia; The website is available to all nursing homes in the state of Wisconsin, as well as Wisconsin state employees; Currently 363 of those nursing homes have at least one staff member with registered access; Most facilities have between 1 and 10 registered users</p> <ul style="list-style-type: none"> <li>• The below programs were implemented by member nursing homes who belong to LeadingAge Wisconsin - Noah’s Landing: Pet therapy Virtual Reality Traveling Time Slips Program: Creative Community of Care</li> <li>• The below programs were implemented by member nursing homes who belong to Wisconsin Health Care Association - Sensory Activities for Residents with Dementia - Baking, Music &amp; Memory, crafts Staffing activity CNAs on the PM shift/Consistent staff and routine for residents Ongoing staff education</li> <li>• The Wisconsin Director of Nursing Council spreads their vision through nurse leadership educational opportunities RAVE R- be a resource A- be an advocate V- be a voice E- educate</li> <li>• Lake Superior Quality Innovation Network, as well as the state-based QIO, MetaStar, work with nursing homes across the state to provide: Data awareness; QAPI Tools; One-on-One Performance Improvement Projects; Numerous web-based educational sessions related to dementia care</li> </ul>
<p><b>Wyoming</b></p>	<ul style="list-style-type: none"> <li>• Rocky Mountain Alzheimer’s Summit Co-hosted by the University of Wyoming Center on Aging, Wyoming Department of Health Aging Division, Mountain-Pacific Quality Health, Alzheimer’s Association and several other stakeholders; A 3-day event with an extensive agenda of education and networking opportunities to support dementia caregivers from all settings</li> <li>• Regional Quality Assurance Performance Improvement Workshops for Nursing Homes 6 hour workshops educate nursing home staff on principles and practices of performance improvement; Case study exercises from the resident-level, system-level, and facility-level used to teach the performance improvement skills; Dementia care and reducing the use of antipsychotic medication are</li> </ul>

**State:**

**State Dementia Care Coalition Best-Practice Strategies:**

	<p>topics embedded in these exercises; Teams leave the workshops with performance improvement plans to launch upon return to their facilities</p> <ul style="list-style-type: none"><li>• Mountain-Pacific Quality Health presented at the Leading Age Wyoming and Wyoming Health Care Association Spring Conferences on the history, progress, and success of the National Partnership and its alignment with the CMS 11<sup>th</sup> Scope Of Work</li><li>• Mountain-Pacific Quality Health hosted Annual Wyoming Quality Conference; Topics included fall prevention, restorative sleep, urinary/bowel continence, antibiotic stewardship, and resident/family engagement</li><li>• Working one-on-one with nursing homes - Review individual residents and offer critical feedback on “what could be done better”; Provide resources, data, and personal support; Consistent engagement</li></ul>
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