

Commonwealth of Massachusetts  
Department of Public Health  
Helping People Lead Healthy Lives In Healthy Communities

## Alzheimer's and Related Dementias Acute Care Advisory Committee

### Recommendations Report (2017)

Lindsey Tucker, Associate Commissioner  
October 11, 2017

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Department of Public Health

## Legislative Action Chapter 228 of the Acts of 2014

- An Act Relative to the Massachusetts Alzheimer's and Related Dementias Acute Care Advisory Committee

*The department of public health shall convene an Alzheimer's and related dementias acute care advisory committee. The committee shall consist of the secretary of health and human services or a designee; the secretary of elder affairs or a designee; the commissioner of public health or a designee; the secretary of veterans affairs or a designee; the office of Medicaid or a designee; 2 Alzheimer patient advocates; 2 Alzheimer caregivers; 2 health care providers from acute care settings; 2 researchers with Alzheimer-related expertise in basic, translational, clinical or drug development science; 2 representatives of the Massachusetts/New Hampshire chapter of the National Alzheimer's Association; and 2 representatives of the Massachusetts Hospital Association. The committee shall meet within 90 days of the effective date of this act and a minimum of 3 times.*

*The committee shall: (i) craft a strategy to address dementia-capable care in all acute care settings in the Commonwealth; (ii) be responsible for presentation of strategy to the general court and all pertinent state agencies and departments and participate in implementing the strategy; (iii) help to ensure that acute care settings are dementia-capable with Alzheimer's and related dementias; (iv) coordinate with federal government bodies to integrate and inform dementia-capable care in acute care settings; and (v) provide information and coordination of Alzheimer's and related dementia care in acute care settings across all state agencies. The committee shall advise the general court on Alzheimer's and related dementia policy in acute care settings and make a written report to the general court, the governor and all other pertinent state agencies within 9 months of the committee's first meeting.*

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## Committee Membership

- Co-chairs: Secretary of Elder Affairs Alice Bonner and DPH Associate Commissioner Lindsey Tucker
- 15 additional members:
  - elder affairs or a designee
  - the secretary of veterans affairs or a designee
  - the office of Medicaid or a designee
  - 2 Alzheimer patient advocates
  - 2 Alzheimer caregivers
  - 2 health care providers from acute care settings
  - 2 researchers with Alzheimer-related expertise in basic, translational, clinical or drug development science
  - 2 representatives of the Massachusetts/New Hampshire chapter of the National Alzheimer's Association
  - 2 representatives of the Massachusetts Hospital Association

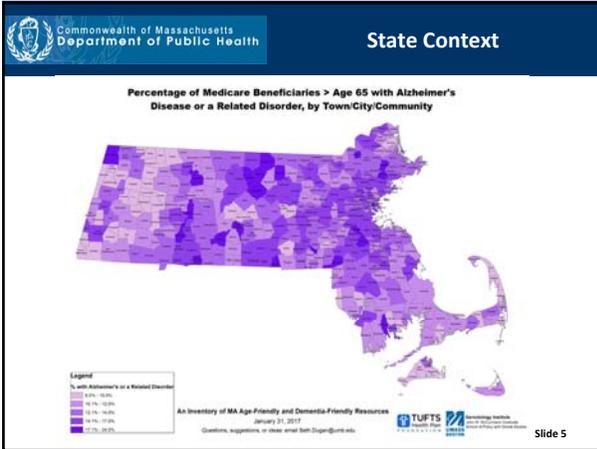
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## Committee Context

- Committee's charge aligns with other current Massachusetts initiatives:
  - Dementia Friendly Massachusetts Initiative
    - Launched in partnership between the Massachusetts Executive Office of Elder Affairs, Jewish Family & Children's Services and other partners
    - Goal of "[enabling] people living with dementia and those who care about them to live full, engaged lives."
  - Caregiver Advise, Record, Enable (CARE) Act
    - Enacted in December 2016
    - Allows hospitalized patient to designate a caregiver—to give access to patient's medical records, health information, and discharge plan

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- ### Disease Context
- Greater likelihood that someone with dementia will have or will develop comorbid conditions that require hospitalization
  - Dementia complicates the day-to-day management of chronic conditions and contributes to difficulty identifying and expressing new symptoms of comorbid conditions
  - An individual with dementia may become more acutely ill and require hospitalization as compared to someone with the same condition who does not have dementia
  - A change in situation (e.g. living situation or caregiver change) might disrupt the day-to-day care for a person with dementia
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- ### Three Priority Recommendations
- Hospitals should have an operational plan in place, available to the public and Department of Public Health upon request, to identify dementia and/or delirium in the ED and/or inpatient settings and to create a specialized care plan in the event that delirium, dementia, or both are detected.
  - Pursuant to the CARE Act, hospitals should develop a process to ensure that designated caregivers are involved in hospital processes, specifically transfer and discharge planning, when an individual has dementia.
  - Hospitals should also develop Quality Assurance Performance Improvement (QAPI) measures and processes, available to the public and Department upon request, that outline the hospital's operational plan effectiveness and include how clinical and relevant non-clinical staff receive routine training in the care of individuals with Alzheimer's and related dementias and their caregivers.
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- ### Complete Recommendations
- Recommendations grouped into 4 categories:
    - Emergency Department (ED)
    - Inpatient
    - Education and Training
    - Quality Measures
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### Emergency Department Recommendations

- Hospitals should prepare an Emergency Department (ED) operational plan for the recognition and management of patients with dementia and/or delirium. This plan should be reviewed by the hospital's Patient and Family Advisory Council and should include but not be limited to:
  - Recognition of dementia and/or delirium
  - Screening procedures
  - Management and treatment
  - Developing a dementia-friendly environment
  - Advance Care Planning
  - Transfer or discharge procedures

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### Inpatient Recommendations

- Hospitals should have an operational plan in place to identify dementia and/or delirium and to create a specialized care plan in the event that delirium, dementia, or both are detected. This plan should be reviewed by the hospital's Patient and Family Advisory Committee and include but not be limited to:
  - Recognition of dementia and/or delirium
  - Screening procedures
  - Management and treatment in all departments
  - Developing a dementia-friendly environment
  - Advance Care Planning
  - Transfer or discharge procedures

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### Education and Training Recommendations

- Hospitals should provide culturally sensitive education on delirium and dementia to all personnel, volunteers, and students who may encounter patients with dementia and/or delirium and/or their caregivers.
- Hospital surveyors should receive training specific to the recognition, screening, management, and treatment of dementia and/or delirium.

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### Quality Measures Recommendations

- The hospital should ensure that a process is in place to identify patients with dementia and/or delirium.
- The hospital (including inpatient floor and observation unit) should have a discharge plan in place that addresses care coordination and caregiver needs.
- The hospital or ED should have a method of identifying new prescriptions written for contraindicated medications who were seen in the hospital or ED.
- The hospital or ED should have a reporting structure in place to ensure that evidence of a "goals of care" discussion is included in the medical record for any elderly patient (>75 years of age) who may be at risk of developing Alzheimer's or related dementia.

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### Recommendations Priority #1

- Hospitals should have an operational plan in place, available to the public and Department of Public Health upon request, to identify dementia and/or delirium in the ED and/or inpatient settings and to create a specialized care plan in the event that delirium, dementia, or both are detected. This operational plan should include, but is not limited to, the following: a) recognition of dementia and/or delirium; b) screening procedures; c) management and treatment in all relevant departments; d) development of a dementia-friendly environment; e) transfer or discharge procedures; and f) an annual hospital self-assessment. Hospitals should review the plan with their Patient and Family Advisory Council prior to implementation.

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### Recommendations Priority #2

- Pursuant to the CARE Act, hospitals should develop a process to ensure that designated caregivers are involved in hospital processes, specifically transfer and discharge planning, when an individual has dementia.

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### Recommendations Priority #3

- Hospitals should also develop Quality Assurance Performance Improvement (QAPI) measures and processes, available to the public and Department upon request, that outline the hospital's operational plan effectiveness and include how clinical and relevant non-clinical staff receive routine training in the care of individuals with Alzheimer's and related dementias and their caregivers.

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### Education & Dissemination Plan

- Presentation to the General Court
- Dissemination to key stakeholders statewide as well as to relevant national organizations
  - Health care organizations
  - Professional organizations
  - Community organizations that provide care and/or support to persons with dementia and their caregivers
  - Advocacy organizations

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- For more information, please visit:  
[www.mass.gov/dph/alzdementia](http://www.mass.gov/dph/alzdementia)

Thank you.