

1. Memory Care Across Long Term Care settings:

**Cynthia Conant Arp – Adult Day Programs:** Cynthia shared that there are 21 Adult Day programs in the state. All of them have a population that includes Alzheimer's Disease.

- Hope and Cornerstone are explicitly dementia care, which demands a few additional requirements:
  - Must provide more than typical day center; and
  - Maintain client records, staffing and environmental requirements.
- Hope Adult Day serves a wide array of RI residents. They get referrals from police, care managers, Alzheimer's Association, physicians and many hear of them via word of mouth.
- Hope Adult Day see's the entire spectrum of the disease and often keep them as clients through the end of life.
- Adult Day programs typically offer an array of services:
  - Family support and education (to sustain caregiving) like support groups/education circles with other families;
  - Care management for clients (everyone gets a care plan, updated a minimum of every 3 months – by regulation); regulations are strict with respect to supervision, nutrition, etc.
  - Nutritional services (2 meals and a snack);
  - Personal Care (showers, hair, nails, ADLs, podiatrist visits, flu shots);
  - Nursing Services; wide array (8-9 comorbidities) (mostly use nurses for meds, some use med techs);
    - Dressings, bathroom, skin breakdowns, interventions, etc.
  - Therapeutic activities
- Adult Day programs receive \$52.98 per day per person from the state (the cost is approximately \$90+/day to run it);
- Unless going to dementia-specific assisted living residence, infrequently able to transition from adult day to an Assisted Living. Success typically depends on the family caregiver commitment to bring the person there on a regular basis for at least 2 weeks. Because of the memory loss issues with this population, trust is key during the transition.
- One difficulty adult day programs have with respect to attracting attendance is the cost for adult day versus free senior centers services.
- Case management services offered by the adult day's include discussions of next steps from the very start – what is likely to happen as the disease progresses, what additional services may be needed, what the person's future needs will be. This includes work to help get the person onto a nursing home waiting list early on (potentially multiple lists) and encouraging visits in the meantime. Staff often

- have to explain the difference between Medicaid and Medicare – expedited eligibility not their typical experience even when needed.
- Case management services also look at wrap around care like meals on wheels, wake up/tuck in services, night care, respite service for the person with the disease and will also help to coordinate these services with the families.
  - Young Onset patients are also served; they have a large staff and many rooms so that several concurrent groups are held at one time. Activities are “tiered” to meet the spectrum of disease level.
  - Additionally, everyone gets an intake appointment: life history forms (get a copy), care plan includes the “hooks” that will engage the person throughout their experience with the center.
  - With respect to capacity, Cynthia felt that adult day programs are the most underutilized service in long term care. Nearly every center (PACE, Generations may not) have additional capacity. May encounter a wait list for a particular day, but not long term. One issue is that families may be eligible for Medicaid on hardship – often denied 2-3 times before eligible.
  - Medicaid varies from center to center – at Hope about 20% on Medicaid and more than 50% are on the copay program. Statewide its about 40% Medicaid and 40% co-pay. So 80% state funded on adult day. The co-pay: family pays either \$11.50 or \$7-8 and the state pays the difference.
    - Another challenge is that Day Care staff salaries are very low.

**Akshay Talwar – Assisted Living and Nursing Home (Briarcliff):**

- Briarcliff retrofitted their space in some subtle ways to address the needs of their dementia population in the nursing home setting, but they also have ongoing staff education and training.
- Akshay shared that they’re hearing from family members that they’re not ready for the medical model offered by the nursing home, and some people were leaving to go to an assisted living residence, but those individuals would cycle through the hospital and then return to Briarcliff in need of the dementia unit services.
- There are different approaches to take for dementia patients; segregation of different levels of dementia, smaller units, or intermingle with each other/society and allow freely mix so long as safe.
- What they have found to be critical at Briarcliff are elements such as sunshine, light, air, large central gathering places, cooking with the residents (a la Eden/Dr. Thomas model)
- Mini-mental scores will go up once person in appropriate environment. Their focus is on ability rather than inability – enable the person to contribute.
- Another focus at Briarcliff is on staff communication skills and providing the caregiver support services.
- Staff productivity with chores = more time to staff/resident personal interaction and the design of the space really went into this goal.
- Nursing home will have those with higher medical need – assisted living will have high need residents, just not medical needs.
- Other elements Briarcliff is working on:

- Staff education: hands on, morning and evening staff meetings; new approaches quickly disseminated among the shifts. Creating a “library of experiences” and taking education to the floor to show rather than tell.
- Quarterly staff meetings on smaller – one hour sessions to regroup.
- ABC: antecedent, what can we change about that that will change the behavior for the better, change the consequences of the behavior – what can we do to avoid the outcome of the antecedent?

**Jessica – Atria Senior Living:**

- Jessica felt that in-service trainings are less effective in her perspective – she prefers to challenge the staff while they’re in their day-to-day routine.
  - Empathy training is a priority for her – particularly with the long-term staff who have been there for a long time.
    - There’s a real need to work with task-focused staff to change that culture. The goal is to be somewhat task-focused without ignoring the resident’s preferences and needs.
    - Shift-to-shift communication can also be improved.
    - Finding the balance between focus and not forcing the resident into a schedule that doesn’t work for them
    - Environment, education, communication are the key essentials to creating the right environment
2. The group also discussed their approaches to family support groups:
- Hope Alzheimer’s calls their support group “hope family network” as “support” seems to put family caregivers off in that it implies they “need the help.”
    - They’ll address topics such as garments, showering, attorneys to talk about preparing for the future, or home care/hospice, meals on wheels all brought in to speak to the families.
    - Also a peer-to-peer network to learn about what has worked for them and to realize they’re not alone
    - There’s a great fear among families with multiple cases of dementia that they’ll discuss new research and learn more than they’re prepared to.
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3. The conversation veered back to adult day programs:
- A couple of centers are open 7 days/week. Half days and full days are available, but it depends on the center. They don’t have to stay all day, but the payment is per day. 7:30 am is the earliest for all of them, some open later and most stay until 4:30 when buses arrive. Some are open until 6 pm.
  - Some volunteers, many students; challenge is flu immunization and BCI
  - Unclear if they must have all volunteers with flu and BCI
4. Lindsay McAllister asked each of the speakers to give the group their “Wish List” items – what they’d love to see as a result of the State Plan:
1. Less regulation – the paperwork burden, agency visits – they’re too often and uncoordinated among agencies.

2. There is a low threshold requirement for nurses to call police that is disruptive (Akshay).
3. For adult day programs, the need is really for a real push to make the industry known. They cannot afford marketing and adult day care sounds childish, assumption is that they provide bingo and nothing else for engaging the more active participants.
4. CNA classes with separate focus on alzheimer's and dementia would be a welcome addition to what is currently offered: this would ensure staff have a base to start with.
5. External training (less emphasis on in-service):
  - Extract practical ideas from those with experience.
  - GEC: these workshops offer theoretical education. Cindy sends 6-7 staff there and has found it valuable, but must be combined with the practical on the job training.
  - On the job is the best once you know the communication skills and then the staff meets and tries to rehash what has gone on and how to change the outcome by changes their own approach/behavior
5. The meeting was adjourned.