

# STATE INNOVATIONS



## VERMONT'S CHAMPIONS OF DEMENTIA CARE

### Background

Vermont has been dedicated to the development and improvement of programs that provide essential services to individuals with Alzheimer's disease and related dementia (ADRD). In 1991, the legislature established the Governor's Commission on Alzheimer's Disease and Related Disorders. In collaboration with the Department of Disabilities, Aging, and Independent Living (DAIL), they recently identified several areas that could be improved. There were a growing number of incidents among residents with ADRD in nursing facilities, residents with ADRD had an increased risk for involuntary discharge, these residents were also at risk for receiving inappropriate medications, clinicians were having difficulties finding nursing facilities for people with cognitive impairment, and facilities were reporting that additional support was needed to properly care for those with ADRD.

### Implementation

Vermont designed the Companion Aide Pilot Project to address these issues and improve the care for residents living with ADRD. The project's primary objective is to advance a culture of person-centered care in nursing facilities by creating "Companion Aide" positions. Since March of 2015, Vermont has been paying an enhanced Medicaid rate to participating facilities in order to fund the new staff; the pilot is expected to continue through June of 2017. Champion Aides are trained licensed nursing assistants (LNA) that

champion the care of individuals living with dementia. Their goal is to improve the resident's quality of life by reducing the use of antipsychotic drugs, limiting resident to resident altercations, and increasing the satisfaction of all staff at the nursing facilities in order to enrich the overall environment.

Specific job functions of Companion Aides include: interacting with the resident and the resident's family to understand individual preferences, identifying unmet needs, communicating the 'who' to the care team, participating in the resident's care planning meetings, and encouraging resident participation in community activities, among other activities to enhance the individual's personalized care. Additionally, the Companion Aide assists with person-centered care training for other staff members. And perhaps most importantly, the Companion Aides are expected to help drive a culture change within each facility.

The four participating nursing facilities were selected for the pilot based on their proportion of residents with an ADRD diagnosis, and a total of fourteen Companion Aides were chosen to work at these facilities. LNAs with two years working experience in a nursing home setting and previous dementia training were eligible to apply to become Companion Aides. Their experience is supplemented with required training that must be completed throughout the first year of the pilot. The program also encourages cross-communication during monthly calls and in person at quarterly meetings for all participating nursing facilities.

## Results

The nursing facilities must submit quarterly as well as annual reports to evaluate progress along the pilot's following targets:

- Reduce resident to resident incidences by 10% in the first year and an additional 25% in the second year.
- Reduce antipsychotic drug use by at least 5% below the state's average by the completion of the pilot.
- Reduce LNA turnover by 10% each year.
- Reduce involuntary discharges to 0 by the completion of the pilot.
- Maintain or improve resident satisfaction by the completion of the pilot.
- Increase Care Practice Artifact score by the completion of the pilot.
- Increase Family and Community Artifact score by the completion of the pilot.<sup>1</sup>

The first annual report was submitted in November of 2015 and showed positive results along many of these objectives. Participating facilities reported a reduction in the use of antipsychotic drugs (18% decrease), fewer involuntary discharges based on behavioral issues (average of 0 involuntary discharges), and 90% of the resident/family satisfaction survey responses indicated excellent to good overall satisfaction. Encouraging anecdotal evidence has also emerged since the start of the pilot.

A Companion Aide started a reading program for two residents with end stage dementia who rarely spoke. Since reading to these residents, both are more alert and talking almost daily. The reading program also inspired another resident to begin reading herself; her primary care physician stated she could not believe the change in her.

One Companion Aide employee has started to experience “buy-in” from her LNA peers who are now witnessing the positive changes in residents. Family, visitors, and other residents have commended the positive changes as well. She did this by: providing CMS “Hand in Hand” training to staff, updating care plans to add “What works well for...” instead of “What does not work well for...”, providing education to staff around using labels with residents, and participating in all care plan meetings.

Preliminary results also highlight some challenges that DAIL is monitoring and plans to address throughout the remainder of the pilot. The number of resident to resident incidences increased slightly during the first year, and there does not appear to be a change in LNA turnover rates as originally intended. The department is also looking for ways to further drive a culture change by adapting the Companion Aide role within each facility and integrating their work with other LNAs. Despite budgetary constraints, DAIL hopes to continue the Companion Aide program after the pilot completes based on the positive experiences and impressive results observed thus far.

## Additional Information

### **CMS approval and description:**

<http://dvha.vermont.gov/administration/vt-1115-companion-aide-pilot-attachment-h-approval-02272015.pdf>

### **Global Commitment Annual Report (page 36):**

<http://dvha.vermont.gov/global-commitment-to-health/ff15-gc-annual-report-final.pdf>

### **Vermont Division of Rate Setting Regulations:**

<http://humanservices.vermont.gov/departments/office-of-the-secretary/abs-drs/nursing-homes/adopted-rule-effective-6march2015.pdf>

<sup>1</sup> The Care Practice Artifact score and Family and Community Artifact score are sections of the “Artifacts of Culture Change” tool (Developed by the Centers for Medicare & Medicaid Services and Edu-Catering, LLP). The tool is used to evaluate culture change in nursing facilities. For more information and a web-based version of the Artifacts of Culture Change, please visit: <http://www.artifactsofculturechange.org/ACCTool/>.