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“DEMENTIA CARE IMPROVES IN OHIO”

Forty Ohio Skilled Nursing Facilities Participated In Grant Project Funded by Ohio Department of Medicaid.

Forty skilled nursing facilities (SNFs) in Ohio signed up to participate in a three- year grant project. The project was entitled; “*Reducing the Use of Antipsychotic Medications in Northwest Ohio Skilled Nursing Facilities*”. The grant from Ohio Department of Medicaid was approved by Centers for Medicare and Medicaid Services (CMS) and awarded to Waugh Consulting (WACON) of Waterville, Ohio in 2016. The goal was to reduce the use of antipsychotic medications by implementing non-pharmacological tools and approaches to improve the lives of residents at the SNFs.

Diana Waugh, RN, BSN, CDP owner of WACON chose Communication Art, Inc. a Toledo, Ohio based company owned by Barbara Brock, Published Research Author, RCCT Expert and healthcare educator to collaborate with her on the grant project. Communication Art, Inc. specializes in development of dementia specific tools and dementia education. Communication Art, Inc. conducted educational workshops that featured certification of their standardized cognitive assessment known as the Reality Comprehension Clock Test (RCCT 1999. Brock, B., et al) and dementia education. The RCCT predicts the cognitive status of individuals who are experiencing memory loss. Communication Art, Inc. also conducted educational workshops that focused on their non-pharmacological brain exercises known as the “*Dementia Populations Gift of Purpose*”. These unique brain exercises are designed to diminish behaviors and bring enjoyable, contented days for participating residents at the SNFs.

GRANT FUNDED EDUCATION AND CERTIFICATION

Grant funds were used to conduct educational workshops for the enrolled healthcare professionals from the SNFs. Education focused on implementation and certification of the RCCT cognitive assessment as an integral part in development of individualized plans of care. Workshops emphasized the components of a Cognitive Care Model and non- medication management of behaviors.

In 2017 designated healthcare professionals from the enrolled SNFs attended a two-day educational seminar that included a presentation by Barbara Brock and staff entitled “*Cognitive*

Tools". Attendees completing the educational session received a certificate of completion that certified them to administer the RCCT. They also received training in non-pharmacological interventions contained in "*Dementia Populations Gift of Purpose*" brain exercise program and earned 6.5 approved professional contact hours. The enrolled healthcare professional also attended one-day educational seminars and received certificates of completion, RCCT Certification renewals, continuing dementia education and approved professional contact hours in 2018 and 2019.

Diana Waugh of WACON conducted education on non-medication behavior management, behavior program implementation and mentoring to assure sustainability of the programs at the SNFs beyond the terms of project. Mrs. Waugh also presented the utilization of her workbook "*I Was Thinking*" as a vital component in successful communication techniques and the selection of person - centered care, non-pharmacological interventions. Various consultations empowered the healthcare professionals to successfully implement their knowledge in behavior management techniques based on the RCCT's cognitive data and results. Also included was a variety of non-medication behavior interventions to reduce antipsychotic use. Monthly visits to participating SNFs by Memory Care Coaches provided by grant funds and offered through WACON enabled healthcare professionals continued, supportive contact that extended their learning experience beyond the educational seminars. Participating SNFs received resource materials each year of the grant project from WACON and Communication Art, Inc. to support the implementation and utilization of the RCCT, behavior management program and other non- pharmacological tools.

CONTINUED EDUCATION AND SUPPORT

The components of the Cognitive Care Model provided extensive RCCT cognitive data and additional skills for the healthcare professionals to use when creating cognitive plans of care for their dementia residents. During the three -year grant healthcare professionals received: dementia education, RCCT certification and RCCT certification renewals, RCCT resources, behavior management program education, communication techniques, individualized consultations and Memory Care Coach visits. The education and support assisted them in implementing dementia specific protocols and non-pharmacological approaches at their SNFs. This enabled them to reduce their use of antipsychotic medications and improve their dementia care.

Barbara Brock provided one-on-one consultations for enrolled healthcare professionals that supported their implementation and utilization of the cognitive tools during the three years of the grant. These individualized telephone/internet consultations gave the healthcare professionals the opportunity to obtain additional RCCT knowledge. This knowledge assisted them in perfecting their skills of the RCCT scoring method, interpretation of RCCT clock drawings and knowledge to conduct the non- pharmacological brain exercises contained in the "*Dementia Populations Gift of Purpose*". The impact of the individualized consultations with Mrs. Brock were instrumental in keeping the project moving forward.

Memory Care Coaches gathered data from participating SNFs regarding their utilization of the

RCCT, components of the “*Dementia Populations Gift of Purpose*”, the “*I Was Thinking*” book and the behavior management program every month of the three- year project. Although the healthcare professionals were educated regarding the value and impact of each cognitive tool, the Memory Care Coaches found SNFs were choosing to start with a component of the Cognitive Care Model they felt most comfortable with at that time. This decision worked to their advantage. It increased their confidence and helped them recognize the importance of the Cognitive Care Model. This encouraged them to include more components when they felt they had mastered the ones they were currently conducting.

IMPACT OF RCCT RESOURCES

The healthcare professionals perfected their skills in recognizing cognitive deficits revealed in resident’s RCCT clock drawings and identified what interventions could be applied to residents plans of care. They also became proficient in utilization of RCCT resources listed below.

-*RCCT Cognitive Result Forms* record resident’s RCCT score. The RCCT score predicts the individual’s Functional Age, Stage of Deterioration and Risk of Fall. RCCT score also reveals considerations of appropriate level of healthcare services for the resident. The clear and concise form educates facility staff members and resident’s family members about the individual’s cognitive status. The addition of the cognitive information helped SNFs improve dementia care and lead to a higher degree of trust and confidence among resident’s family members.

-The *RCCT Quick Reference Guide* contains RCCT clock drawing examples. RCCT certified healthcare professionals can compare a RCCT clock drawing by one of their residents to the examples in the guide. This enables them to investigate reasons for the deficits and determine what interventions to apply to the resident’s care plan.

Communication Art, Inc. developed a *RCCT Apply Data Worksheet* during the grant. It was used internally at the participating SNFs. The worksheet directs healthcare professionals to investigate and record deficits revealed in residents RCCT clock drawings. The *RCCT Apply Data Worksheet’s* ability to reveal various interventions to improve dementia care brought a NEW process to SNF’s care planning when they integrated the cognitive data to the care of their dementia residents.

-The *RCCT Apply Data Worksheets* record memory deficits revealed in resident’s RCCT clock drawings such as: Left Side Neglect, (a result of a recent TIA or stroke), Perseveration, (repetitive behavior often seen in Alzheimer patients), Risk of Fall, Infections (such as a UTI), Frontal Temporal Dementia, Diabetes, Functional Incontinence and more. RCCT certified healthcare professionals investigated deficits in the RCCT clock drawings. They chose an intervention that may result in diminished behaviors when applied to the residents’ plan of care. For example, turning the plate of a resident who is experiencing left side neglect and cannot see all his food due to his visual field cut or cortical blindness. Utilization of the *RCCT Apply Data Worksheet* assisted healthcare professionals in developing resident’s plans of care.

-The “*Dementia Populations Gift of Purpose*” offered residents non-pharmacological, brain stimulating exercises that matched their cognitive skills and abilities. Through consistent participation residents benefitted when their dementia related behaviors decreased. This cognitive, person-centered approach to dementia care opened pathways to diminish dementia behaviors and reduce the use of antipsychotic drug use.

DATA AND OUTCOMES

The primary goal of the project was to affect a reduction in the antipsychotic Quality Measure (QM) score at the enrolled SNFs. The 2017 January Nursing Home Compare data was utilized to create a baseline for each SNF.

Reduction goals were set as follows:

A 15% reduction in the QM score for facilities with an initial QM score of 20.6 % or HIGHER

A 5% reduction in the QM score for facilities with an initial QM score LESS than 20.6 %

SIGNIFICANT SUCCESSES

Thirty-four out of 40 participating SNFs completed the 3-year grant project.

82.4% of the SNFs met their goal of reducing their use of antipsychotic medications.

1 SNF reduced their QM score by 89.8% from a QM of 15.7% to a QM of 1.6% .

1121 SNF residents in project.

85% of SNFs Medical Directors were informed and were supportive of the grant work.

90% of SNFs utilized the RCCT standardized cognitive assessment.

85% of SNFs utilized the non-pharmacological “*Dementia Populations Gift of Purpose*” brain exercises.

58% of SNFs utilized the “*I Was Thinking*” workbook.

GRANT WORK SUMMARY

The creation of the grant project “*Reducing the Use of Antipsychotic Medications in Northwest Ohio Skilled Nursing Facilities*” aimed at improving the lives of residents at the SNFs in NW Ohio and reducing facilities use of antipsychotic drugs. It was the intention of the grant writers, Waugh and Brock, that SNFs would implement the Cognitive Care Model, behavior management program and other non-pharmacological tools to achieve these goals.

Through participation in the “*Reducing the Use of Antipsychotic Medications in Northwest Ohio Skilled Nursing Facilities*” grant project the majority of SNFs realized significant reductions in their antipsychotic medication QM score. The enrolled SNFs that embraced the use of dementia specific tools are excited about the changes it made at their facilities. It is common knowledge that change is difficult. Implementing changes takes time and persistence regardless of the type of industry. The enrolled healthcare professionals that received strong management support at their SNF were the most successful. They worked diligently to redefine prior perceptions regarding cognitive care, behavior management and -non- pharmacological approaches in dementia care.

As healthcare professionals applied the person-centered, directed care practices of the Cognitive

Care Model into their facility care policy, they experienced improvements in their dementia care, changes in resident behaviors and a decrease in their use of antipsychotics. Staff members welcomed the change the Cognitive Care Model and behavior management program produced. Previous perceptions related to dementia care changed dramatically as they recognized resident's cognitive status, remaining skills and abilities. Addition of the cognitive data gave healthcare professionals the ability to know and care for the "Whole Person".

RCCT clock drawings often bring- to- mind the old - adage, "*A picture is worth a thousand words*". It's a win-win for dementia residents, facility care staff and family members of the residents when the RCCT, "*Dementia Populations Gift of Purpose*", behavior management program and the "*I Was Thinking*" book become part of SNF's care policy. Participating healthcare professionals reported when they used the cognitive tools they experienced a marked improvement in dementia care at their facilities. Lives have been changed for all involved. Quality Care took a significant step forward at their facilities. The facilities grant work became successful when healthcare professionals adopted these new practices and protocols to their care. The constant contact provided by all consultants kept the project alive.

IN CONCLUSION

The SNFs and their enrolled healthcare professionals were committed to learning something new, supporting it and making it a reality at their facilities. Their dedication to improve dementia care and reduce the use of antipsychotics at their facilities is commendable. Congratulations to the SNFs and their healthcare professionals who changed their approach to caring for our precious elderly. We recommend other SNFs not only in Ohio but through - out the United States complete the required educational training to improve dementia care and reduce the use of antipsychotics at their facilities by implementing the Cognitive Care Model. The reduction of antipsychotics and improvement in dementia care dictates the ongoing need for improvement in these vital areas of healthcare in SNFs. We welcome future studies to reach even higher qualities of care.

Impact of antipsychotic drugs revealed in RCCT clock drawings. See next page.

NO Antipsychotics

ON Antipsychotics

OFF Antipsychotics

RCCT administered prior to resident's behavior incident

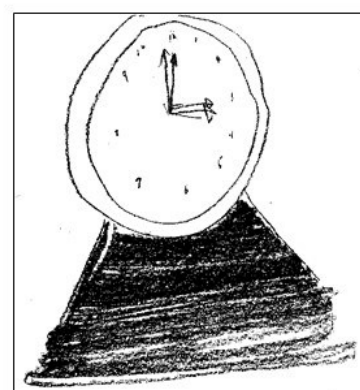
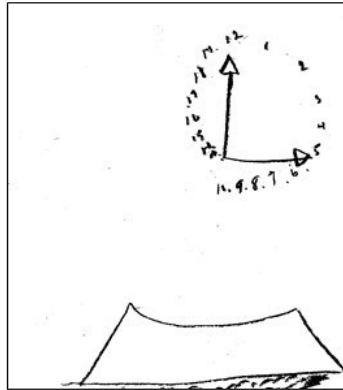
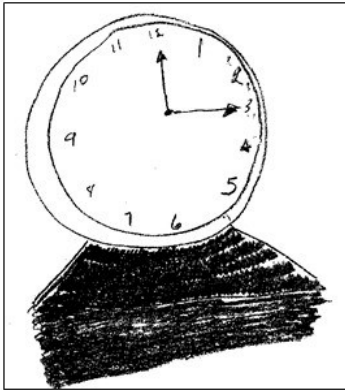
RCCT administered when resident returned from hospital stay in psychiatric ward

Back at nursing home RCCT administered one month later

Aug 1

Sept 1

Oct 1



RCCT score 41
FA 7.2
GDS 4.8
VSS fall risk 7

RCCT score 25
FA 6.2
GDS 5.5
VSS fall risk 0

RCCT score 34
FA 6.8
GDS 5.1
VSS fall risk 8

ANTIPSYCHOTIC DRUGS and Dementia

RCCT's Visual Spatial Score (VSS) of 9 reveals a **SERIOUS RISK OF FALL**

RCCT's Visual Spatial Score (VSS) of 5 reveals a **SEVERE RISK OF FALL**

Journal of Gerontological Nursing Sept. 2005.

"Visual Spatial Abilities and Fall Risk for Individuals with Dementia"

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