

Comprehensive Training for Care Givers of Dementia Patients in Missouri

Patients with dementia have higher rates of readmission, longer inpatient stays, more frequent emergency room visits, higher health care utilization, higher costs and a greater likelihood of early placement in a long-term care facility. Caregivers often report increased stress in managing dementia patients at home, which may lead to this earlier placement. In Missouri, TMF Health Quality Institute, the CMS Quality Improvement Network Quality Improvement Organization (QIN-QIO), formed community coalitions to help bring communities together and improve transitions of care. Within the St. Louis coalition, Memory Care Home Solutions—a not-for-profit organization designed to serve the needs of dementia patients and caregivers—developed and implemented a Comprehensive Caregiver Training Program to decrease caregiver stress and improve their ability to care for the patient at home (to learn more about Memory Care Home Solutions, please visit the organization’s site at memorycarehs.org).

Project Overview

Intervention

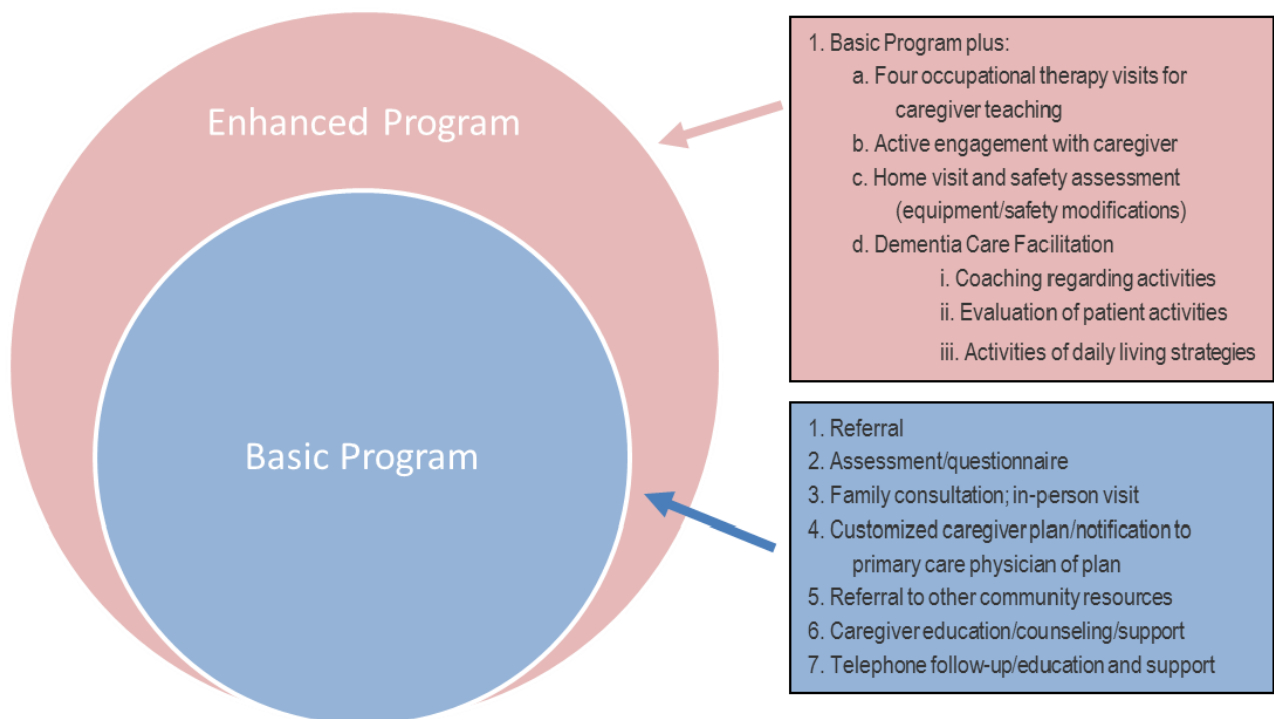
The team involved in the development and implementation of the Caregiver Training Program included Memory Care Home Solutions, TMF Health Quality Institute QIN-QIO, Washington University School of Medicine Occupational Therapy Program and Missouri Foundation for Health. More information about the Memory Care Home Solutions Caregiver Training Program can be found at memorycarehs.org.

The Care Giver Training Program includes:

1. Basic Program:
 - a. Identification and referral of the patient and caregiver
 - b. Pre-intervention assessment of patient and caregiver
 - c. Caregiver questionnaire (acute care usage, caregiver stress)
 - d. Family consultation via in-person visit
 - e. Development of customized caregiver plan
 - f. Referral to other community agencies for support and resources
 - g. Caregiver education
 - i. Education on dementia disease process
 - ii. Education on medical condition and treatment (e.g., UTI, dehydration, bed sores)
 - iii. Medication management

- iv. Health literacy
 - v. Importance of adherence to medical appointments
 - h. Caregiver counseling and support to decrease stress
 - i. Telephone follow-up and continuing caregiver education and support (three and six months)
 - j. Notification of caregiver plan to primary care physician
 - k. Follow-up questionnaires (acute care usage questionnaire, caregiver stress questionnaire)
2. Enhanced Program—In addition to the tenets of the Basic Program, the Enhanced Program includes the following:
- a. Four occupational therapy visits for caregiver teaching
 - b. Active engagement with caregiver
 - c. Home visit and safety assessment (equipment/safety modifications)
 - i. Bathroom
 - ii. Extension cords
 - iii. Evaluation of safe versus non-safe activities
 - d. Dementia care facilitation
 - i. Coaching regarding activities
 - ii. Evaluation of patient activities
 - iii. Activities of daily living strategies

The enhanced program is offered to all participants, but not all participants opt for the additional services.



Memory Care Home Solutions Caregiver Training Program—initial steps and evolution over time

Assessment

Comparisons of self-administered, pre- and post-questionnaires were conducted to assess this intervention.

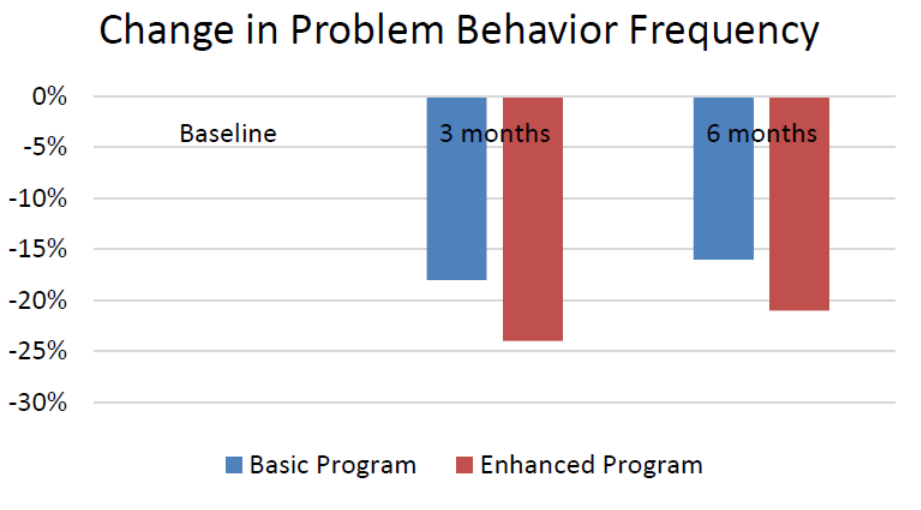
Measure	Data Collection Tool	Description	Number Completed (by MSWs)
Problem Behavior Frequency	Revised Memory and Behavior Problems Checklist	The caregiver completes a checklist to measure the frequency of dementia-related problem behaviors such as wandering, agitation and repeating one's self.	319 participants
Caregiver Upset	Modified Caregiver Strain Index	The caregiver completes an evaluation and self-rating of level of personal upset from a list of behaviors common to dementia patients. All caregivers were given the opportunity to self-report from a standard list of behaviors, thereby measuring the degree of impact of these behaviors on the caregiver and not necessarily frequency of the behaviors in the patient.	298 participants
Risk of Hospitalization	LACE Index Scoring Tool	The LACE tool is used to predict the risk of unplanned readmissions to the hospital within 30 days of discharge. It is comprised of four categories: L = length of hospitalization, A = acuity of admission, C = comorbidities of the patient, E = emergency department visits. MSWs administered to 303 participants.	303 participants

Outcomes

Results showed improvements in all of the measures, indicating that the training improved caregiver implementation of learned strategies to prevent/de-escalate the patient's difficult behavior, lessen caregiver upset and decrease the risk of hospitalization for the patient.

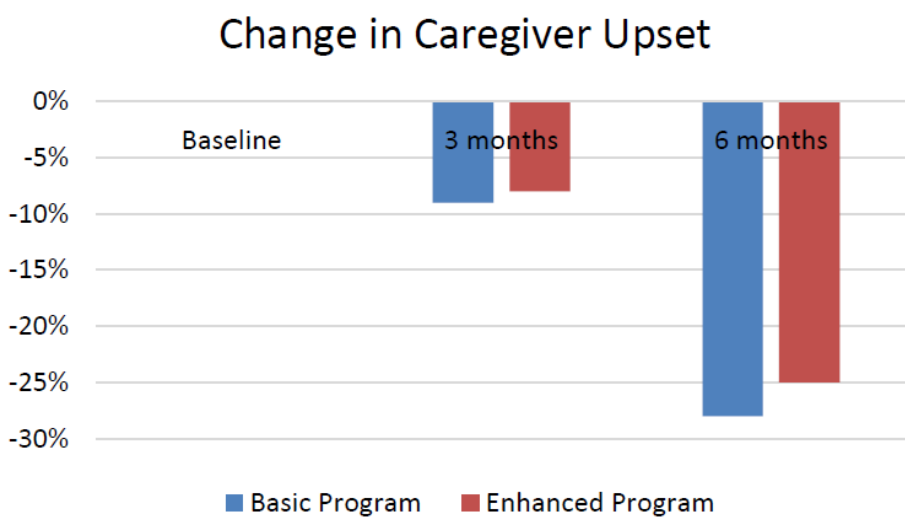
Problem Behavior Frequency

Results indicated that there was a decrease in problem behavior frequency (measure of caregiver implementation of learned strategies to prevent/de-escalate the patient’s difficult behaviors). Problem behavior frequency measures the percent change from the assessment completed at baseline as compared to three and six months after the program began.



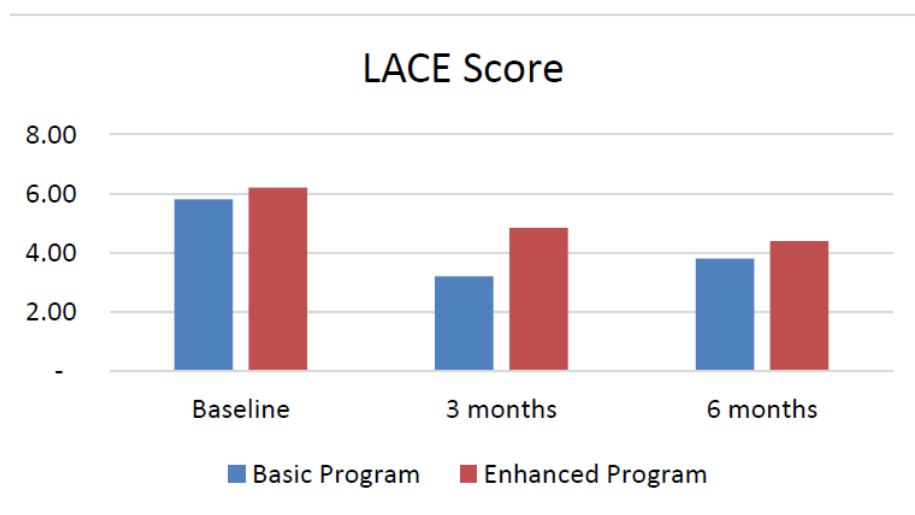
Caregiver Upset

Results showed that there was a decrease in caregiver upset at three and six months.



LACE Score

Results showed there was a decrease in the LACE score. The LACE tool assesses the participant’s risk of hospitalization. A higher score in the LACE index indicates a greater risk of hospital admission and utilization of emergency medical services, as well as higher acuity of illness/comorbid conditions. The LACE score is determined at the initiation of the program and again at three and six months, respectively, after the intervention. It is hoped that the reduction in LACE score will lead to lower risk of hospital admission, utilization of emergency medical services and acuity of illness/comorbid conditions.



Lessons Learned

- Implementing a comprehensive Caregiver Training Program reduces caregiver upset from dementia symptoms/behaviors and improved the caregiver's perception of his/her ability to deal with problem behaviors. This improvement may delay skilled nursing facility placement.
- Families express deep appreciation for customized, in-home training and attention to the quality of life of the patient and family.
- Comprehensive care giver training decreases the risk of hospital admission and utilization of emergency medical services, potentially creating cost savings for the patient and caregiver by delaying institutionalization and decreasing unnecessary utilization for providers.

Recommendations

The benefits of a program like this include the following:

- Improved quality of life for the dementia patient
- Improved support for care givers of dementia patients
- Potentially delayed placement in long-term care facilities
- Reduced risk of utilization of hospital services

All of these benefits result in potential cost savings to the patient in out-of-pocket expenses, as well as both federal and commercial payers. The potential exists to expand the Caregiver Training to a broader cohort of dementia patients, both within the state of Missouri and to other states. Additionally, this program could be further integrated in provider settings, thereby expanding the reach of the training and its potential impact.

Note: Content of this QI Snapshot was taken from the SQUIRE Report: *Memory Care Home Solutions Caregiver Training Program: An intervention to decrease caregiver stress and acute care utilization in cognitively impaired seniors*; Sarah Fiacco, MSW; Dana Schmitz, MS; Lisa Barron, JD; Jill Cigliana, MSOT, OTR/L; Lisa Garrett, OTD, OTR/L