

Massachusetts Department of Public Health
Minutes of the Alzheimer's and Related Dementias Acute Care Advisory Committee
Meeting Of Wednesday, December 7, 2016
5th Floor Manning Conference Room
1 Ashburton Place
Boston, MA 02108

Date of Meeting: Wednesday, December 7, 2016
Beginning Time: 1:36pm
Ending Time: 5:17pm

Advisory Committee Members Present: The following (15) appointed members of the Alzheimer's and Related Dementias Acute Care Advisory Committee attended on December 7, 2016, establishing the required simple majority quorum (9) pursuant to Massachusetts Open Meeting Law (OML): Secretary for the Executive Office of Elder Affairs (EOEA) Alice Bonner (Chair), Department of Public Health (Department/DPH) Associate Commissioner Lindsey Tucker, Susan Antkowiak, Dr. Sanford Auerbach, Dr. Sandra Bellantonio (entered at 1:38pm), Alan Holbrook, Dr. Lewis Lipsitz, Lynette Matthews, Ellyn McSweeney, Barbara Moscowitz (left at 4:17pm), Linda Pellegrini, Dr. Daniel Press (entered at 1:45pm), MassHealth Director of Acute Hospital Program Steve Sauter, Dr. Nina Silverstein (left at 4:27pm), and James Wessler.

Advisory Committee Members Non Present: Department of Veterans Affairs General Counsel Eric Donovan and EOEA Director of Home Care Mary DeRoo

1. Welcome and Introductions

Executive Office of Elder Affairs (EOEA) Secretary Alice Bonner called the meeting to order at 1:36pm.

Secretary Bonner announced that she will serve as chair on behalf of the Executive Office of Health and Human Services (EOHHS), Secretary Marylou Sudders.

Secretary Bonner thanked the Department of Public Health Commissioner Bharel, members and their staff in helping plan today's meeting. She also acknowledged the talented experts for their insights and knowledge in the area of Alzheimer's and Related Dementias in acute care settings to help the Department and ultimately the residents of the Commonwealth.

Secretary Bonner asked each member of the Advisory Council and visitors to introduce themselves by saying their name and affiliation. Introductions were made by each member.

2. Open Meeting Law & Conflict of Interest Presentation

Lisa Swanson, Department of Public Health (DPH) Director of Training & Staff Development presented on the Conflict of Interest Law (COI) at 1:49pm. COI is meant to prevent conflicts between a state employee's private interests and his/her public duties. Members must go online to the Performance and Care Enhancement Learning Management System (PACE) to fulfill the Commonwealth's ethics requirements. Ms. Swanson encouraged members to contact her at (617) 624-5081 or by e-mail at lisa.swanson@massmail.state.ma.us or the State Ethics Commission at (617) 371-9500 for further questions.

Rebecca Rodman, DPH Office of the General Counsel, presented on the Open Meeting Law (OML) at 1:59pm. OML ensures transparency in the deliberations on which public policy is based; a deliberation is an oral or written communication including electronic mail between a quorum of a public body on public business within its jurisdiction. Deliberations do not include distribution of a meeting agenda, scheduling or procedural information. If members of a public body want to discuss public business with that body's jurisdiction, they must do so during a properly posted meeting. She also informed the members that meetings do not include on-site inspection of a project/program; members attending a conference, training or event; and members attending a meeting of another public body, provided that they communicate only through open participation in that meeting. Ms. Rodman ended her presentation by encouraging members to contact her at (617) 994-9811 or by e-mail at rebecca.rodman@state.ma.us.

Ms. Rodman asked for members to sign the acknowledgement form, to indicate they agreed and understood the OML. All present members signed the forms and submitted them to the Chair.

3. Overview, charge, goals and anticipated outcomes of the Alzheimer's and Related Dementias Acute Care Advisory Committee

Secretary Bonner presented a brief overview of the charge, goals and anticipated outcomes of the Advisory Committee at 2:09pm.

Secretary Bonner summarized the law: the Advisory Committee was created by Chapter 228 of the Acts of 2014 to bring together 17 individuals to focus on advising the Department on Alzheimer's and related dementia policy in acute care settings. The Advisory Committee will: (i) craft a strategy to address dementia-capable care in all acute care settings; (ii) present strategy for implementation; (iii) help to ensure that acute care settings are dementia-capable with Alzheimer's and related dementias; (iv) coordinate with the federal government 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 the state.

The law requires a final report on Alzheimer's and related dementia policy in acute care settings and must be submitted within 9 months of the first meeting to the General Court, the Governor and all other pertinent state agencies. She suggested that a possible final report will include members' input and knowledge and should answer the following questions: "What are the problems/issues in this area?"; "What are successful policies and best practices?"; "What

recommendations do we have for moving forward that can make a difference in the lives of patients, families, caregivers, and clinicians?"; and "What is useful to someone with dementia and a family member or caregiver?".

Secretary Bonner indicated that subsequent meetings will occur to help the Advisory Committee answer the above questions. She added that later on the agenda, three presentations would help set the stage for the members. Secretary Bonner further stated that the recommendations for the final report will be a consensus of the group.

Secretary Bonner emphasized reading Ellyn McSweeney's personal story of a family caregiver, which was sent out prior via e-mail.

Secretary Bonner further asked the members to think about who should present at the next meeting. She gave one example could be a caregiver to discuss what happens when they go to the hospital and the feelings they have during the entire stay.

Secretary Bonner recapped various attachments sent by e-mail to members prior to the first meeting. These materials included: Alzheimer's Association - *2016 Facts and Figures Report*; Katie Maslow - *Try This AJN Recognition of Dementia 2008*; Geri-ED Guidelines (an example of guidelines to help treat patients with Alzheimer's); a reflection by Ellen McSweeney; American Geriatrics Society – *A Guide to Dementia Diagnosis and Treatment*; Alzheimer's Australia: *Dementia Care in the Acute Hospital Setting--Issues and Strategies*; NICHE (Nurses Improving Care for Healthsystem Elders) App (an app to help members see what might be useful to use when in the hospital); Bucket List; and, Excel Spreadsheet.

Secretary Bonner explained that the 'bucket list' and Excel spreadsheet were provided to help members see what might be missing.

4. State of the State

Secretary Bonner, at 2:16pm, asked Jim Wessler, President and CEO of Alzheimer's Association to give a background presentation of the state of dementia and Alzheimer's in Massachusetts. (See attached slide deck.)

Mr. Wessler presented an overview of what is going on in hospitals today. He gave a brief overview of Medicare and Medicaid costs to the system for individuals with Alzheimer's. Mr. Wessler further spoke about initiatives of the Alzheimer's Association and their partners within the health care system in Massachusetts, and touched on key opportunities to improve acute care.

Mr. Holbrook posed a statement that Alzheimer's is not the only type of dementia and elders are not the only population affected by dementia. He further stated that the Advisory Committee needs to look beyond just Alzheimer's and elders in hospital settings. Mr. Wessler commented that he agreed with comments from Mr. Holbrook, but emphasized that the data is from

Medicare, which is for 65+ years of age and individuals with Alzheimer's are elderly. This represents a potential data gap.

Dr. Press commented that some medicines need to be avoided depending on age and diagnosis. Ms. Moscovitz explained that home care and long term care are examples of parts of the system that are no longer in the acute care bubble, and there are many layers in the acute care system. She further noted that for the final report, members cannot ignore some of the major shifts occurring now in the health care environment, such as ACOs, observation days, capitation, various relationships with SNFs, just a few to mention as it is harder and harder to navigate the current system. Ms. Moscovitz mentioned that in dementia, clinical signs are often missed and better training around detection needs to be built into the system.

Secretary Bonner noted that it might be useful to bring in a systems engineer to help understand these issues. She thanked Mr. Wessler for the presentation.

Secretary Bonner, at 2:41pm, asked Pat Noga, Vice of Clinical Affairs, Massachusetts Health and Hospital Association (MHA) to present on "What's challenging, best practices, and consistent approaches across the state as it relates to the acute care settings." (See attached slide deck.)

Dr. Noga presented on current dementia care initiatives at MHA. She started the presentation by indicating that these slides were also presented to MHA's Clinical Advisory Council. She outlined the Dementia Friendly Massachusetts Initiatives (DFMI) and the Dementia Care Coordination Program (DCC) which are currently ongoing. Dr. Noga explained the Nurses Improving Care for Healthsystem Elders (NICHE) Hospitals, and the Patient CareLink that is part of MHA. She emphasized that Patient CareLink provides resources to patients and families in an effort to be 'user friendly.' PFACs (Patient Family Advisory Councils) do this as well. Secretary Bonner commented that this was an excellent presentation and asked the group to consider some ways to implement aspects of this work. She said that dementia friendly communities are important, and that the health system is now "without walls," and patients and families need to know about resources across many settings. Secretary Bonner encouraged members to think about how to scale existing programs and that the NICHE app is one example of a possible best practice and could be included as part of our recommendations. Secretary Bonner, at 2:56pm, asked Dr. Silverstein and Katie Maslow (Fellow at Gerontology Association of America, by phone) to present on their research. (See attached slide deck.) Their presentation discussed the importance of recognition of cognitive impairment and dementia in hospitalized patients with dementia.

Ms. Maslow outlined the dementia-related hospital initiatives through the Alzheimer's Association and UMass Boston, data on hospital use with an emphasis on patients with possible

dementia, and documented adverse health events in hospitalized patients with dementia. She outlined current promising practices throughout the country including training programs for hospital staff. Dr. Silverstein mentioned various *Try This* documents (included in the members' packet). She discussed potential hospital policies that could improve safety and care for patients with dementia and additional topics for the Advisory Committee to consider in their final report. Dr. Silverstein ended the presentation by emphasizing the tenets of *Recognize, Record, and React*. She stated that to *Record* it is important how information is included in the patient's record.

Secretary Bonner called for a brief break, from 3:20pm to 3:35pm.

5. Preliminary discussions for framework/brainstorm and next steps

Secretary Bonner called the members back to order at 3:37pm. She asked members for their thoughts on current pressing issues for individuals with dementias and/or Alzheimer's in the Acute Care Settings. She asked members what are best practices, policies and programs to investigate and potentially recommend in the Advisory Committee's report. Secretary Bonner added that the members will need to decide the set of recommendations to cover and prioritize them. She encouraged members to think about possible solutions that are narrow in scope and also longer term solutions that might take 3-5 years to complete.

Dr. Press said that researchers come with biases and called for solutions that are supported by solid evidence/data. He suggested that possible interventions will have costs and perhaps take clinician time, and therefore what seems like an obvious recommendation may in fact lead to unintended negative consequences and all should be carefully considered before including them in the report.

Secretary Bonner proposed the idea of pilots to test some recommendations—both small and large. She reminded members to think of existing studies that are ready to be scaled up and expanded.

Secretary Bonner mentioned that Dr. Mary Mittelman's program might be too expensive, but asked for similar studies that will not cost much money.

Mr. Wessler advised the membership that Dr. Silverstein studies the Alzheimer's Care Coordination at Tufts Health Plan and perhaps they might support pilots partnering with MHA.

Secretary Bonner remarked that Massachusetts has large and small hospitals. She then asked the membership to identify the most significant issues, including transitions to/from assisted living facilities.

Dr. Lipsitz questioned if Secretary Bonner is referring to only acute care hospitals, or also LTACs or integrated systems of care.

Secretary Bonner suggested focusing on the acute care hospitals, LTACs, rehabilitation facilities, pre/post-acute periods. Mr. Wessler mentioned that there is a need to look at before and after hospital care to avoid repeat admissions.

Dr. Lipsitz remarked that the members need to consider transitions to and from the Emergency Room (ER).

Dr. Auerbach proposed the need to also understand the process of decisions regarding semi-elective procedures in the ER.

Dr. Press answered that the ER is a decision tree where clinicians decide if the patient needs to be admitted or not.

Dr. Lipsitz commented that members need to think about acute versus chronic issues. He also advised that there should be pathways to identify dementia in the ER. Dr. Lipsitz further advocated for mental health in the ER.

Ms. Moscowitz mentioned that medical students do not understand dementia when they graduate.

Associate Commission Tucker responded that DPH has been looking at core competencies for medical students particularly in the area of opioids.

Ms. McSweeney spoke about her mom placed in an assisted living.

Dr. Press talked about many problems with transitions from nursing homes.

Dr. Auerbach commented that there is a whole set of literature about nursing home residents.

Secretary Bonner suggested that the recommendations include a small ongoing task force to understand those systems for nursing homes, assisted living residences and transitions to the ER.

Mr. Wessler also advocated that the report should include transitions from nursing homes to hospitals.

Dr. Lipsitz asked what about a loved one not knowing their “mom” has dementia and what happens next.

Secretary Bonner commented on the need for training ER physicians. She also emphasized the importance of developing specific guidelines.

Mr. Holbrook questioned what the regulatory requirements for ambulances are, as individuals in nursing homes go to the ED via ambulance. Dr. Bellantonio mentioned that regulations are in place for the transport from a nursing home to ED.

Dr. Holbrook told a story about his wife, who was transferred to a hospital and then asked for her oral history; she had not spoken for 2 years.

Ms. Matthew explained the importance of recognizing patients with dementia in the ER.

Dr. Bellantonio noted that dementia is different from delirium. She further mentions that it is often difficult to recognize dementia in hospitals.

Dr. Press added the importance of knowing baseline impairment.

Dr. Lipsitz suggested the topic of advance directives.

Ms. Moscovitz stated that dementia patients do not survive without caregivers. She further agreed about the need for advance care planning. Ms. Moscovitz advised that caregivers be a separate bucket item.

Ms. McSweeney mentioned the caregiver relationship and the relationship with the clinician. She explained it is a triad (patient, caregiver, and clinician).

Mr. Wessler noted that there are two laws, federal and state, addressing training for direct care with patients.

Secretary Bonner explained that the CARE Act passed the Massachusetts legislature and was awaiting the Governor's signature [*It has since been passed and is now law in Massachusetts*]. She mentioned that the bill would mandate hospitals need to inquire from the patient whether there is another person to talk with regarding the patient's care needs.

Dr. Press added that hospital staff needed to be trained on patient contact. He further explained the importance of assessing goals of care.

Ms. Moscovitz left at 4:17pm.

Dr. Silverstein referred to the "Recognize," in her presentation as one of the three R's. She asked where the paperwork goes after the ER visit. Dr. Silverstein proposed the need for a geriatric ER speaker for the next meeting. She also added that a screening tool can be administered in the hospital to detect dementia. Dr. Silverstein questioned the group how should they push forward and are the existing tests the appropriate ones to use. She further commented that the group should advocate for hospitals to decide which tool to use.

Dr. Silverstein left at 4:27pm.

Associate Commissioner Tucker suggested the need to consult MHA to understand what is possible and practicable for their members.

Dr. Lipsitz mentioned that dementia could be the 6th vital sign.

Mr. Wessler spoke about a national process where everyone who enters a hospital receives a cognitive assessment. He explained that it occurs in UK and Australia, and inquired if the Advisory Committee should consider this model.

Secretary Bonner asked the group what is feasible. Secretary Bonner emphasized the need to sensitize people about this issue.

Ms. Antkowiak stressed the importance of educating families.

Dr. Lipsitz referred to the bucket list and commented on the need to understand the implications of pain management, restraints, and how treatment plans are adjusted. He further mentioned ACE teams, which have geriatric trained MDs, nurses and allied health professionals. Dr.

Lipsitz stressed the need to look at specific roles. He mentioned one example would be to train one nurse who then would train other nurses in different locations (resource nurse model).

Dr. Bellantonio commented that delirium is not easily recognized. Dr. Lipsitz added the need for training on delirium.

Dr. Press questioned if there is a delirium screening test.

Secretary Bonner suggested that one approach could be rather than the state mandating one particular tool, providing a list of 3-5 evidence-informed tools and allowing hospitals to choose one that is the best fit for their population and model of service delivery. There could be a requirement that a delirium screen is used; but hospitals would retain some choice in which one they select.

The group agreed that an ED physician and/or hospitalists should be included in the next meeting.

Dr. Lipsitz commented that falls and infection control are required reports. He then indicated that maybe delirium should be required for public reporting.

Mr. Wessler indicated that pharmacology is messy at home and should be included as part of the training process for clinicians. Ms. Wessler implied that perhaps before prescribing certain medications, clinicians would need to consult a geriatric specialist first.

Ms. McSweeney added the importance of caregivers to prevent adverse events. She also stressed that caregivers need to be drawn in more as part of the process.

Mr. Wessler commented that “sitters” in Australia were successful but that policy stopped as it was too expensive to continue.

Dr. Auerbach noted that not all caregivers are motivated.

Dr. Press said that caregivers can identify potential triggers and thereby prevent some manifestations of distress.

The group discussed the potential for a patient portal to send to families and caregivers; an app might be useful.

Dr. Press suggested that many seniors and caregivers may not yet be ready to use an app, in general.. He explained further that medical records cannot go from one hospital to another hospital. Dr. Press also noted that some families are tech savvy and some are not.

The group agreed that the Advisory Committee should understand why previous programs have stopped/failed and should also look at existing/successful programs and scale current models where appropriate. The group agreed to look at tools currently in use in EDs, hospitals, and by caregivers.

Ms. Pellegrini commented on the need to understand who has implemented such programs and present them to the group. She added the need to discuss advance care planning. Ms. Pellegrini noted it is critical to understand goals of care.

Dr. Press suggested having a single unified advance care planning document online.

Ms. McSweeney added that her mom often referenced what was in her advance care directive, to remind her family about her wishes.

Secretary Bonner mentioned to contact the Serious Illness Coalition with the Advisory Committee's next steps. She noted that collaboration with the Coalition should take place [*contact made with Ellen Goodman subsequent to these minutes*].

Dr. Lipsitz commented that Beth Israel had the GRACE program. Others noted that Sarah Cooper is doing work at Partners.

Dr. Press mentioned that the UK has some cognitive assessment tools. He also added that Melissa Mattison is at MGH and wrote a paper on the GRACE program.

Dr. Press suggested having ER physicians, ER chiefs, and smaller community hospitals invited to present.

Dr. Bellantonio noted that some programs at hospitals have stopped because the leader left and the program had not been systematized.

Ms. Pellegrini suggested that a hospital Chief Nursing Officer present at the next meeting.

Associate Commissioner Tucker emphasized the need to make reasonable recommendations. She further added that we need to make recommendations sustainable and practical for hospitals.

Mr. Wessler added that this report will be presented to the Legislature, as required by law.

Dr. Lipsitz recommended that the Advisory Committee frame this report as a safety issue and also address cost effectiveness.

Secretary Bonner noted that members will be asked to review relevant data. She alerted the members that she and Associate Commissioner Tucker will be sending out materials periodically.

Secretary Bonner thanked the members for the many suggestions.

6. Date for next meeting

Secretary Bonner thanked all who responded and filled out the Doodle Poll. She indicated that the next meeting will be Friday, February 3rd from 11:00am-2:00pm.

Mr. Wessler suggested that the next meeting be held at the Alzheimer's Association office in Watertown.

Secretary Bonner noted that a reminder e-mail will be sent with the date, time, and location of the meeting.

7. Adjournment

Having no further business before the Advisory Committee, Secretary Bonner asked for a motion to adjourn.

- Motion: By acclimation
- Second: By acclimation
- All in favor: Unanimous

The Alzheimer's and Related Dementias Acute Care Advisory Committee meeting concluded at 5:17pm.

Documents Presented at the December 7, 2016 Meeting

- *Adverse Health Events in Hospitalized Patients with Dementia* (2008), The American Journal of Nursing (PDF).
- Alzheimer's Association - *2016 Facts and Figures Report*
- Alzheimer's Australia: *Dementia Care in the Acute Hospital Setting--Issues and Strategies*
- American Geriatrics Society – *A Guide to Dementia Diagnosis and Treatment*
- Bucket List (Word Document)
- Excel Spreadsheet
- Fick, Donna and Lorraine Mion, *Assessing and Managing Delirium in Older Adults with Dementia* (2013), The Hartford Institute for Geriatric Nursing, New York University, College of Nursing (PDF)
- Geri-ED Guidelines
- Maslow, Katie - *Try This AJN Recognition of Dementia 2008*
- Maslow, Katie & Mathy Mezey, *Recognition of Dementia in Hospitalized Older Adults* (2007), The American Journal of Nursing (PDF)
- NICHE (Nurses Improving Care for Healthsystem Elders) App ([please download Android or Apple operating system](#))
- Open Meeting Law documents
- PACE Training document
- Presentation by Alzheimer's Association
- Presentation by MHA
- Presentation by Dr. Nina Silverstein and Katie Maslow
- A reflection by Ellen McSweeney (written by a fellow committee member)
- Silverstein, Nina and Gerald Flaherty, *Wandering in Hospitalized Older Adults* (2012), The Hartford Institute for Geriatric Nursing, New York University, College of Nursing (PDF)