



cares[®]
Dementia-Friendly Hospitals[™]

Preventing Adverse Events



HEALTHCARE INTERACTIVE[®]

OVERVIEW

HealthCare Interactive, Inc. (HCI) has developed an online educational training program that has made the best practices in dementia care available to direct care and ancillary personnel in hospitals across the nation. Funded by a grant from the National Institutes of Health (NIH), CARES[®] Dementia-Friendly Hospitals[™] will enhance the skills, compassionate approach, and well-being of physicians, nurses, pharmacists, nursing assistants, and Allied Health Workers who provide care to hospital patients with dementia.

(AG044019, “Online Training & Certification for Competency in Dementia Friendly Hospital Care,” MPiS: Mary S. Mittelman, DrPH; John V. Hobday, MA)

RATIONALE

Alzheimer's disease and related dementias (ADRD) are an urgent healthcare challenge facing 21st Century America. In the U.S. in 2019, one person received an ADRD diagnosis every 65 seconds; by 2050, that number will be one every 33 seconds (Alzheimer's Disease Facts and Figures, 2019). ADRD are the third most costly disease sets in the U.S. Despite ongoing research efforts, at present there is no way to prevent onset, decline, or death related to ADRD. Hospitalization is especially difficult for people living with dementia and their family members and presents special care challenges to staff. Acute care is complicated because symptoms of dementia are often exacerbated by illness and a new environment.

There are few studies on the effects of dementia care on non-professional hospital employees, but studies in long-term care and home settings suggest that the difficulties associated with ADRD care cause stress, burden, and lack of job satisfaction in paid caregivers leading to high levels of staff turnover. In the acute-care hospital setting, nursing assistants and other non-professional allied health workers such as dietary aides, transportation employees, and medical technologists generally spend substantial time interacting with people living with dementia, but without specialized dementia-care training. Studies in long-term care suggest that education and skill training in dementia care will result in measurable positive effects on staff, including greater knowledge, sense of competence, job satisfaction, and improved productivity due to reduced illness, sick days and lateness. Because of the new knowledge learned from this program, staff members learn to approach patients living with dementia in new and different ways.

RELEVANCE TO PUBLIC HEALTH

This effort is highly relevant to U.S. public health because the oldest old is the fastest growing population in the United States, the most likely to undergo an acute hospitalization, and the most at risk for chronic dementia.

PROGRAM DESCRIPTION

The CARES® Dementia-Friendly Hospitals™ program is intended to provide top quality dementia training in acute care settings. It is specifically designed to reduce costly “adverse events” such as delirium, falls, urinary tract infections, aspiration, pressure ulcers, elder abuse, and hospital readmissions. The program includes HCI’s framework The CARES® Approach as well as other person-centered tools and strategies for providing enhanced care and communication through increased knowledge and confidence. It was completed in conjunction with the Alzheimer’s Association and researchers at NYU Langone Medical Center.

The online program consists of 16 modules that include real-life video scenarios illustrating the effects of standard and best practices in the acute-care setting and interviews with experts. In addition to video scenarios, the content is rich with animation and interactive experiences suited to the adult learner. With staff time in the acute care setting at a premium, all content has been designed in a way that makes it viewable in 10- or 15-minute blocks, helping staff fit the training into their demanding schedules.

FREE TRAINING OPPORTUNITY

The first two modules of CARES Dementia-Friendly Hospitals are publicly available and may be used at no charge. Visit www.hcinteractive.com/HospitalDemo to train your staff with the *Introduction to Dementia-Friendly Care and Communication and the CARES® Approach* topics.

Figure 1: Main Menu for the Dementia-Friendly Hospitals Program

cares Dementia-Friendly Hospitals™: Preventing Adverse Events

How To Use This Program

Complete Modules 1-4 in order. Complete Modules 5-16 in any order you wish.

Basics of Dementia-Friendly Care
Topics & Objectives

- 1 Introduction to Dementia-Friendly Care
- 2 Communication and the CARES® Approach
- 3 Behavior as Communication
- 4 Delirium and Other Adverse Events

Communication and Behavior
Topics & Objectives

- 5 Understanding the Patient With Dementia
- 6 Dementia-Related Behavior
- 7 The CARES® Approach Explained
- 8 Partnering With Families

Patient Safety and Comfort
Topics & Objectives


- 9 Recognizing and Managing Pain
- 10 Maintaining Patient Safety
- 11 Wandering and Falls
- 12 Mobility, Positioning, and Transfer

Personal Care Practices
Topics & Objectives

- 13 Maintaining the Patient's Abilities
- 14 Eating and Drinking
- 15 Maintaining Continence
- 16 Bathing and Hygiene

View Course Progress Print Completion Certificate

Figure 2: Example of a Video Screen

Applying the CARES[®] Approach 

Now that you have a better understanding of the CARES Approach, this activity allows you to apply what you've learned to a real hospital situation. **Click Play to begin.**










Figure 3: Example of an Interactive Screen

What Can You Do? 

All hospital staff are responsible for preventing adverse events and improving the outcomes of a patient's stay. Are you wondering what you can do? Here are some tips.

Scroll through the job titles. Click a job title to read the tips.

 Nursing assistant	 Unit secretary	 Transporter	 Dietary aide
--	---	--	---



OUTLINE OF COURSES, MODULES, AND TOPICS

Each module is subdivided into approximately 5-minute topics to allow staff members to more easily fit the training into their busy workdays.

Basics of Dementia-Friendly Care

#	Module	Topics
1	Introduction to Dementia-Friendly Care	<ul style="list-style-type: none"> • Dementia in Hospitals • How Can You Recognize Dementia? • Alzheimer’s Affects Each Person Differently • Importance of Dementia-Friendly Care
2	Communication and the CARES® Approach	<ul style="list-style-type: none"> • A Positive Start • The CARES® Approach • The Family
3	Behavior as Communication	<ul style="list-style-type: none"> • How Does Dementia Affect Communication? • Common Communication Problems • Understanding Behavior as Communication
4	Delirium and Other Adverse Events	<ul style="list-style-type: none"> • Delirium • Decreasing the Risk of Delirium • Other Adverse Events

Communication and Behavior

Note: Although there is some overlap in topics between this course and the **Basics of Dementia-Friendly Care** course, this course goes into greater depth.

#	Module	Topics
5	Understanding the Patient with Dementia	<ul style="list-style-type: none"> • Dementia and the Brain • The Hospital Experience • Adjusting Your Care
6	Dementia-Related Behavior	<ul style="list-style-type: none"> • What Is Dementia-Related Behavior? • Triggers of Dementia-Related Behavior • Responding to Dementia-Related Behavior
7	The CARES® Approach Explained	<ul style="list-style-type: none"> • Overview of the CARES® Approach • The CARES Approach—Step by Step • Applying the CARES Approach
8	Partnering With Families	<ul style="list-style-type: none"> • The Family’s Perspective • Learning from the Family • Involving the Family in Care

Patient Safety and Comfort

#	Module	Topics
9	Recognizing and Managing Pain	<ul style="list-style-type: none"> • Pain in Patients with Dementia • Recognizing Pain • Managing Pain
10	Maintaining Patient Safety	<ul style="list-style-type: none"> • Dementia and Patient Safety • Reducing Risks • Elder Abuse
11	Wandering and Falls	<ul style="list-style-type: none"> • Wandering • Falls • Physical Restraints
12	Mobility, Positioning, and Transfer	<ul style="list-style-type: none"> • Mobility • Positioning • Transfer

Personal Care Practices

#	Module	Topics
13	Maintaining the Patient's Abilities	<ul style="list-style-type: none"> • Understanding Functional Decline • Helping the Patient Maintain Abilities • Applying the CARES® Approach
14	Eating and Drinking	<ul style="list-style-type: none"> • How Dementia Affects Eating and Drinking • Helping the Patient Eat and Drink • Mealtime Safety • Applying the CARES® Approach
15	Maintaining Continence	<ul style="list-style-type: none"> • How Dementia Affects Continence • Helping the Patient Use the Toilet • Applying the CARES® Approach
16	Bathing and Hygiene	<ul style="list-style-type: none"> • How Dementia Affects Bathing • Helping with Bathing and Hygiene • Applying the CARES® Approach

COMPENDIUM OF RESOURCES FOR DEMENTIA-FRIENDLY CARE IN HOSPITALS

- The Alzheimer's Association. (2006). Dementia care practice recommendations for assisted living residences and nursing homes. Chicago, IL: Alzheimer's National Office.
- Alzheimer's Association Education Institute, St. Louis Chapter. (2007). *Dementia-friendly hospitals: Care not crisis*. St. Louis: Author.
- Amella, E. J., & Lawrence, J. F. (2007) *Eating and feeding issues in older adults with dementia: Part I—Assessment*. Retrieved from ConsultGeri: A clinical website of The Hartford Institute for Geriatric Nursing, Try This:® Dementia Series at <https://consultgeri.org/try-this/dementia/issue-d11.1.pdf>
- Archibald, C. (2006). Meeting the nutritional needs of patients with dementia in hospital. *Nursing standard*, 20(45), 41-45. Retrieved from <http://journals.rcni.com/doi/pdfplus/10.7748/ns2006.07.20.45.41.c4467>
- Cotter, V. T., & Evans, L. K. (2012) *Avoiding restraints in hospitalized older adults with dementia*. Retrieved from ConsultGeri: A clinical website of The Hartford Institute for Geriatric Nursing, Try This:® Dementia Series at <https://consultgeri.org/try-this/dementia/issue-d1.pdf>
- Fazio, S., Pace, D., Maslow, K., Zimmerman, S., & Kallmyer, B. (2018). Alzheimer's Association Dementia Care Practice Recommendations, *The Gerontologist*, 58(Issue Supplement 1), S1-S9.
- Hall, G. R., & Maslow, K. (2007) Working with families of hospitalized older adults with dementia. Retrieved from ConsultGeri: A clinical website of The Hartford Institute for Geriatric Nursing, Try This:® Dementia Series at <https://consultgeri.org/try-this/dementia/issue-d10.pdf>
- Horgas, A. L. (2012) *Assessing pain in older adults with dementia*. Retrieved from ConsultGeri: A clinical website of The Hartford Institute for Geriatric Nursing, Try This:® Dementia Series at <https://consultgeri.org/try-this/dementia/issue-d2.pdf>
- Maslow, K., & Mezey, M. (2008). Adverse health events in hospitalized patients with dementia. *AJN The American Journal of Nursing*, 108(1).
- McGillick, J., & Murphy-White, M. (2013). Getting to yes or how to encourage person-centered dementia care in hospitals. *Generations*, 37(3), 92-96.
- Mezey, M., & Maslow, K. (2007). *Recognition of dementia in hospitalized older adults*. Retrieved from ConsultGeri: A clinical website of The Hartford Institute for Geriatric Nursing, Try This:® Dementia Series at <https://consultgeri.org/try-this/dementia/issue-d5.pdf>
- Silverstein, N. M., & Flaherty, G. (2012). *Wandering in hospitalized older adults*. Retrieved from ConsultGeri: A clinical website of The Hartford Institute for Geriatric Nursing, Try This:® Dementia Series at <https://consultgeri.org/try-this/dementia/issue-d6.pdf>
- Tilly, J., & Reed, P. (2006). Dementia care practice recommendations for assisted living residences and nursing homes. *Washington DC: Alzheimer's Association*. Retrieved from https://www.alz.org/national/documents/brochure_DCPRphases1n2.pdf
- United Hospital Fund. (2013). *Reducing the stress of hospitalization for patients with dementia and their family caregivers: a provider's guide*. Retrieved from http://www.nextstepincare.org/uploads/File/Guides/Provider/Provider_Dementia.pdf
- Zembruski, C. (2013) *Communication difficulties: Assessment and interventions in hospitalized older adults with dementia*. Retrieved from ConsultGeri: A clinical website of The Hartford Institute for Geriatric Nursing, Try This:® Dementia Series at <https://consultgeri.org/try-this/dementia/issue-d7.pdf>

NATIONAL GROUP OF EXPERT CONSULTANTS

Marie Boltz, PhD, RN, GNP-BC, FAAN

Connell School of Nursing, Boston College
Boston, MA

Maria Carroll, MSN, RN, GCNS-BC

Knight Alzheimer's Disease Research Center, Washington University in St. Louis
St. Louis, MO

Jan Dougherty, MS, RN, FAAN

Banner Alzheimer's Institute
Phoenix, AZ

Cynthia Epstein Smith, LCSW

Center for Cognitive Neurology, NYU School of Medicine
New York, NY

Della Frazier-Rios, RN, MS

Alzheimer's Association
New York, NY

Joe Gaugler, PhD

School of Nursing and Center on Aging, University of Minnesota
Minneapolis, MN

Mark Kunik, MD, MPH

Houston VAMC and Baylor
Houston, TX

Elizabeth Larsen, MS, OTR/L

University of Minnesota Medical Center-Fairview
Minneapolis, MN

Katie Maslow, MSW

Institute of Medicine
Washington, DC

Jan McGillick, MSW, LNHA

Dolan Memory Care Homes
St. Louis, MO

Mary Mittelman, DrPH

New York University Langone Medical Center
New York, NY

Maggie Murphy-White, MA

Alzheimer's Association, St. Louis Chapter
St. Louis, MO

Susan Schumacher, MS, APRN, G-CNS

Park Nicollet/Methodist Hospital
Minneapolis, MN

B. Joy Snider, MD, PhD

Washington University School of Medicine
St. Louis, MO

Continuing Education (CE) and Continuing Medical Education (CME)

Continuing education (CE) and Continuing Medical Education (CME) is available for the following professional disciplines through Amedco, our continuing education partner.

Satisfactory Completion

Learners must listen to each self-directed audio recording while following along with the visual slides/read the articles. You must participate in the entire activity as partial credit is not available. If you are seeking continuing education credit for a specialty not listed below, it is your responsibility to contact your licensing/certification board to determine course eligibility for your licensing/certification requirement.

Physicians / Physician Assistants / Pharmacists / Pharmacy Techs / Nurses



In support of improving patient care, this activity has been planned and implemented by Amedco LLC and HealthCare Interactive. Amedco LLC is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Credit Designation Statement – Amedco LLC designates this Enduring Materials activity for a maximum of 7.5 *AMA PRA Category 1 Credits™* for physicians, 7.5 contact hours for nurses, and 7.50 of knowledge-based contact hours for pharmacists. Learners should claim only the credit commensurate with the extent of their participation in the activity.

NOTE to Pharmacists: The only official Statement of Credit is the one you pull from CPE Monitor. You must request your certificate within 30 days of the activity to meet the deadline for submission to CPE Monitor.

Social Workers



As a Jointly Accredited Organization, Amedco is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. Amedco maintains responsibility for this course. Social workers completing this course receive 6.0 clinical continuing education credits.

The following state boards accept courses from ASWB providers for Social Workers: AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NC, ND, NE, NH, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WI, WV, WY

The following state boards accept courses from ASWB providers for Counselors: AK, AR, AZ, CA, CO, CT, DC, FL, GA, IA, ID, IL, IN, KS, MA, MD, ME, MO, ND, NE, NM, NH, NV, OK, PA, TN, TX, UT, VA, WI, WY

AL / Counselors: Activities not providing NBCC approval may be approved by the Board for individual licensees upon receipt of acceptable documentation prior to the activity. Please send course details to your licensing board for approval BEFORE the event. No approvals afterward by the board.

The following state boards accept courses from ASWB providers for MFTs: AK, AR, AZ, CA, CO, FL, IA, ID, IN, KS, MD, ME, MO, NC, NE, NH, NM, NV, OK, PA, RI, TN, TX, UT, VA, WI, WY

MA / MFTs: Participants can self-submit courses not approved by the MAMFT board for review.

The following state boards accept courses from ASWB providers for Addictions Professionals: AK, CA, CO, CT, GA, IA, IN, KS, LA, MO, MT, ND, NM, NV, OK, OR, SC, WA, WI, WV, WY

Physical Therapists

This webinar has been approved by the Texas Board of Physical therapy for 7.50 continuing competence unit(s) (CCUs). Course Approval Number: 70628TX.

The following state boards accept courses approved by the Texas Board of Physical Therapy: AK, AL, AR, AZ, CT, DE, GA, HI, ID, IA, IN, KS, KY, LA, MA, ME, MI, MN, MO, MS, NE, NH, NC, ND, NM, OR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WI, WY

About HealthCare Interactive, Inc.

HealthCare Interactive, Inc. (HCI) is taking on Alzheimer's disease. There are currently 5.7 million people living with Alzheimer's, and by 2050, that number is projected to grow to nearly 14 million. For more than two decades, HCI has been addressing this national crisis by developing the most innovative set of training products for family members and professional caregivers available in the marketplace. HCI's online video-based programs are easy to use (each requiring only basic computer skills), are well researched and published in the academic literature, and can be used on any computer or mobile device in your home, at work, or on the road.

HCI collaborates directly with nationally known Alzheimer's and dementia researchers at organizations such as the Alzheimer's Association, Duke University, Emory University, Michigan State University, NYU School of Medicine, University of Iowa, University of Michigan, University of Minnesota, University of South Florida, U.S. Department of Veterans Affairs, and National Institutes of Health. Its programs have been recognized by CMS/Medicare, American Health Care Association/National Center for Assisted Living (AHCA/NCAL) to help reduce the off-label use of antipsychotic medications, and the National Hospice and Palliative Care Organization (NPHCO).

HCI was founded in 1997 by John Hobday, an educational and instructional design expert, dementia researcher, and software developer. Mr. Hobday serves as HCI's President and CEO.

HealthCare Interactive is located in St. Louis Park, Minnesota—a suburb of Minneapolis.