

# Case Study: HAS-QOL

## The Hospice Advanced Dementia Symptom Management and Quality of Life Trial

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# Pre-Pilot Readiness Assessment for Pragmatic Trials (RAPT) Diagram



# R61 Purpose

- To sequentially test and adapt Aliviado Dementia Care for use by the hospice interdisciplinary team through stakeholder input

# R61 Aims

01

Establish the infrastructure necessary for implementing a pragmatic clinical trial of Aliviado Dementia Care.

02

Further tailor the Aliviado program specifically for hospice IDT members caring for PLWD receiving end of life care and adapt for wide-scale implementation in hospice.

03

Pilot test the complete protocol in 2 hospice agencies and refine the protocol further based on feedback from the pilot agencies.

# R61 Methods of Engaging Staff

Pre-Implementation huddles with executive Leadership and data managers at each hospice

Post-champion training focus group with champions

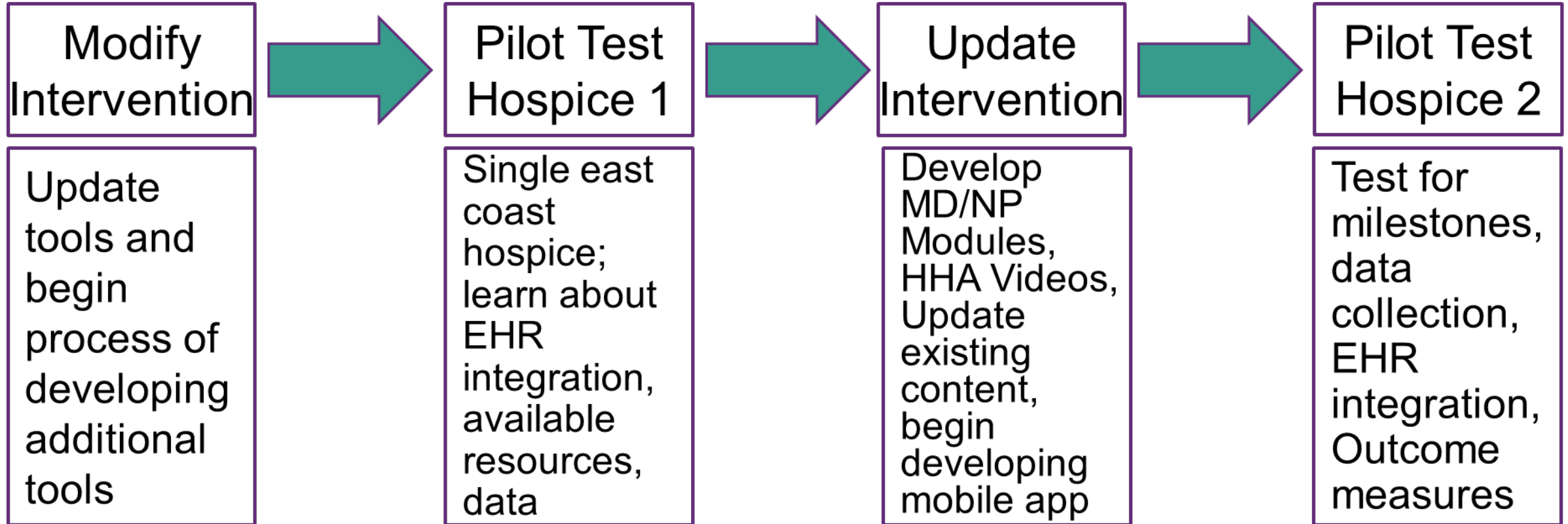
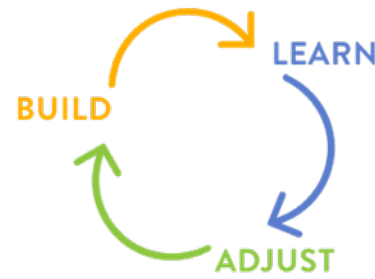
Post-online training program evaluations

Follow up telephone calls with champions at 1-week, 1 month

# R61 Milestones

- 1) Feasibility. Milestone: completion of all required education and training by at least 80% of eligible hospice IDT members
- 2) Applicability. Milestone: post-implementation surveys indicating 80% of IDT members feel the program is applicable to their work and that they will implement changes in their practice
- 3) Fidelity. Milestone: at least 75% of advanced dementia patients receiving home hospice having at least 1 care plan or assessment instrument utilized within the month following implementation.

# R61 Methods





# Stakeholder Engagement Led to:

- Flexibility in how we collect data because of the limited flexibility of hospice EHRs
- Creation of a mobile health app with access to the tools and tracking of results over time\*\*\*
- Spanish language tools, home health aide training requested by sites
- Modification of social work and chaplain tools to even further de-medicalize

# Stakeholder Engagement Led to:

- Substantial Implementation Enhancements
  - Creation of QAPI templated plans for champions
  - Continuing monthly champion calls beyond 6 months
  - Implementing automated, personalized, nudge push notifications and emails that are discipline specific and thematic

# Sample Email



Hey Ab,

Wow, how time flies! Aliviado Test is in full swing of implementing Aliviado Dementia Care. This is the week where everyone should be completing their training if they haven't already. At this point you should be implementing the Aliviado tools in real-world care if you haven't been already.



You did it! Congratulations on completing all your training. Now is the time to focus on putting what you learned into practice.

## Tool of the week



Communication with Persons Living With Dementia is HARD! The Communication tip sheet in the Aliviado mobile app focuses on how you can better communicate how you are trying to help them, and also better understand their needs. This can reduce agitation and make it easier to perform care tasks.

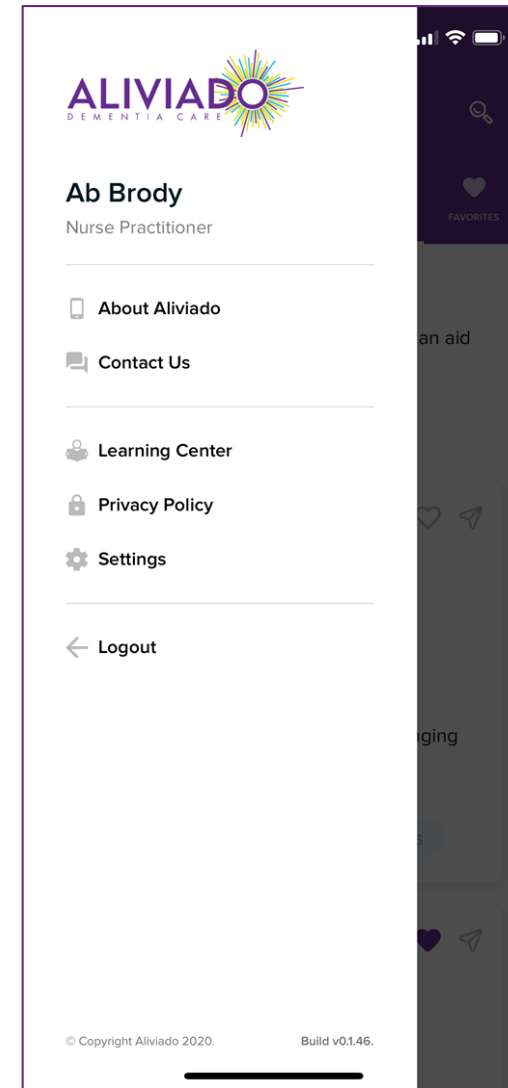
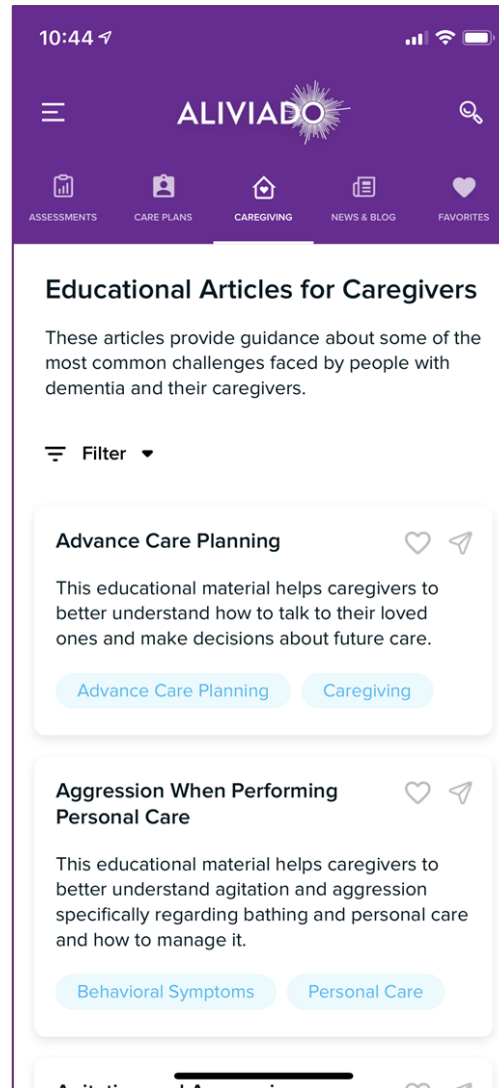
We noticed you haven't logged into the Aliviado mobile app yet. If you need help accessing, please reply to this email and we'll get you all setup.

Thanks for reading!

The Aliviado Team



# Mobile App



Assessments (7) Careplans (4)

Score	Assessment Date	Performed By
5	Oct 10 2020	Ab Brody
15	Sep 16 2020	Aditi Durga

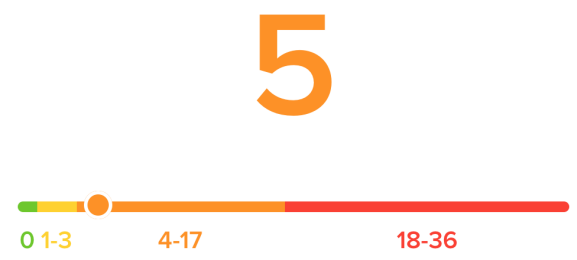
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Score	Assessment Date	Performed By
3	Sep 16 2020	S Lin

10:43 Search

## Neuropsychiatric Inventory Questionnaire (NPI-Q) Score



This person is exhibiting at least one behavioral or psychological symptom of dementia. Listed in order of caregiver stress level:

### Extreme Caregiver Distress

- Anxiety, Severe (3 points); Extreme caregiver distress (5 points)

### Mild Caregiver Distress

- Agitation or Aggression, Moderate (2 points); Mild caregiver distress (2 points)

You should discuss with the caregiver which symptom (or two if more than one) to focus on using the ABCD method (Antecedent, Behavior, Consequence, Discussion). Utilize PIECES and the behavioral symptom treatment algorithm to identify which interventions to implement with the

Throughout this questionnaire you have made selections pertaining to this patient's symptoms, possible interventions, and goals and outcomes. Your care plan is compiled below.

- The patient is experiencing chronic Aggression.
- The Aggression is distressing/harmful for the patient, the caregiver, or both.
- Defining characteristics include:
  - Kicking
  - Pushing
  - Resisting care
- Assessment method(s) used:
  - NPI-Q: Agitation or aggression
  - The behavior is distressing or stressful for the caregiver.
  - The patient is NOT redirectable

### Using PIECES

Before implementing any interventions, review whether Aggression is being triggered or caused by PIECES: Physical, Intellectual, Emotional, Capabilities, Environmental, or Social needs/factors not being met (see Behavioral Symptom Treatment Algorithm).

Aggression Care Plan Instructions

**Music therapy:** Allows patients to express themselves nonverbally. Soothes and relaxes individuals.

**Don't argue or react defensively:** Keeps the tone of the exchange neutral.

**Acknowledge feelings of the person with dementia:** Promotes emotional connectedness and well-being.

**Distraction:** Helps patients to cope more effectively.

## Pharmacologic Interventions

Remove ANTIPSYCHOTICS or BENZODIAZEPINES (if patient is currently on an antipsychotic or benzodiazepines and does not have hallucinations/delusions or sexual disinhibition, then trial deprescribing)

SSRI

## Goals and Outcomes

The patient will not engage in verbal or physical assaults for the duration of the day

The patient will actively participate in care without displaying aggression for the duration of the day

The patient will be receptive to help from others

Aggression Care Plan Instructions

# Post-Pilot RAPT Diagram

